

ZUELLIG FAMILY FOUNDATION

# 2008-2009 ANNUAL REPORT

# Reaching Empowering Changing

Transforming the Philippine Health Care System

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# VISION

We envision ZFF to be a catalyst for the achievement of better health outcomes for the poor through sustainable healthcare programs and services, with a primary focus on health inequities in rural areas of the Philippines.

# MISSION

We are committed to enhancing the quality of life of the Filipino by focusing on the achievement of targets in the country's Millennium Development Goals for health, in partnership with the government and other stakeholders in the health sector.

# GOALS

- Empower and build the capability of communities and individuals
- Train local health leaders to establish equitable and effective local health systems and to be responsive and accountable for better health outcomes for the poor
- Disseminate information to health leaders and professionals as well as to healthcare institutions
- Advocate equitable policies in public health
- Form partnerships with other agencies
- Establish better access to affordable, high-quality essential medicines for poor communities

# A LEGACY OF GIVING BACK



Dr. Stephen Zuellig



Gilbert Zuellig

**THE ZUELLIG FAMILY FOUNDATION** is rooted in the distinctive context of the Zuellig family's enterprises in the Philippines. The Zuellig Group traces its roots to 1901 when Frederick Edward Zuellig came to the Philippines to join a Swiss trading company. After over a decade, he became a partner in another trading firm which he bought in 1922 to establish F. E. Zuellig. When the Second World War broke out, Frederick's sons Stephen and Gilbert were in Manila handling the business. The war and the death of their father in 1943 placed the responsibilities of charting the future of their family and their business on the brothers. The two proved to be highly capable leaders as they not only rebuilt the company from the ravages of war but also steered it to become one of Asia's most successful business groups. As their company grew, so did their desire to bring forth positive changes to the country where their business first flourished.

Aside from the family's individual philanthropic engagements and the corporate social responsibility (CSR) programs of the Zuellig Group of companies, both Stephen and his late brother Gilbert envisioned putting up a foundation that will help improve health outcomes in the Philippines.

In 1997, the Zuellig Group established the Pharmaceutical Health and Family Foundation which addressed health needs of nearby communities in Canlubang, Laguna where the new manufacturing plant of the company was located. Four years later, the Foundation was renamed Zuellig Foundation and redirected its attention to advocacy for public health reforms and training health leaders and professionals. On the occasion of their 100 years of business presence in the Philippines, Stephen announced the grant of P100 million to the Foundation to support its work.

In 2008, following a thorough review of the Philippine health situation, the Foundation adopted strategies that were envisioned to systematically address existing health inequities and bring lasting improvements to the health situation of the Filipinos, particularly of the poor in rural areas. The strategic reorientation highlighted a change in the Foundation's institutional identity and brought fulfilment to the brothers' aspiration to give back to the country of their birth. To denote its autonomy from the Zuellig Group, the Foundation adopted the name Zuellig Family Foundation (ZFF) whose funding comes from the family.

Thus, as Zuellig Group and its affiliates and subsidiaries continue their own CSR programs, ZFF focuses on the Zuellig family's mission of promoting relevant, effective and sustainable healthcare systems in the Philippines, with an emphasis on primary healthcare services in rural communities.

# MESSAGE OF THE CHAIRMAN, PRESIDENT & EXECUTIVE DIRECTOR



Ernesto D. Garilao  
President

Roberto R. Romulo  
Chairman

Dr. Kenneth Y. Hartigan-Go  
Executive Director

**The transformation** that the Zuellig Family Foundation underwent in 2008 and 2009 called for a shift in our strategy that is linked to a Health Change Model. This Model focuses on creating more responsive health leadership that can institute reforms to enhance people's access to better health programs and services.

Recognizing the importance that leadership plays in the success and sustainability of health reforms, the Foundation had local chief executives, municipal health officers and civil society leaders of our first cohort of nine municipalities go through a capability-building program called the Health Leaders for the Poor. This aimed to strengthen their abilities in finding effective solutions to existing health problems in their localities. Our flagship training course for senior to mid-level health professionals—Health Leaders and Managers for the Poor—also underwent modifications to mirror the change in institutional focus. In acknowledging the importance of our youth, the Foundation initiated the Health Youth Leaders Congress to expose and prepare the country’s future health leaders and professionals to real-world problems of the health sector.

Innovative programs were also introduced to target specific health concerns, such as the “Buntis Congress” and Pregnancy Databoard for maternal and infant care improvements, the Food Always in the Home or FAITH Program and the “INSUMIX” program for better nutrition, and the Preferred Provider Program for access to cheap medicines. The Foundation also started providing grants to build or reconstruct health facilities in the nine municipalities.

Training modules in pandemic and disaster preparedness were established, and in 2009, the Foundation pioneered a series of forums on the Influenza A(H1N1) pandemic. The Foundation was also quick to mobilize people and other organizations for the packing and distribution of relief kits to various communities badly hit by the typhoons.

In the years ahead, our interventions will extend to cover provincial and regional leaders as well. It is hoped that their inclusion will lead to a cohesive healthcare delivery system more responsive to the needs of the poor compared to the prevailing fragmented healthcare system in the country.

The past two years saw the Foundation undergo internal expansion, and we are grateful for having recruited qualified and dedicated staff who made all these milestones possible. We also would like to express our appreciation to the Zuellig family for their unwavering support for the vision and mission of the Foundation.

On behalf of the other members of the Board, we would like to thank you, our partners in both the government and the private sectors, for your steadfast support in this period of transition. We hope you will continue to work with us as we go through the succeeding phases of our long-term plan that includes achieving the targets we set for 2013 as our contribution to the achievement of the country’s Millennium Development Goals for health.

# INTRODUCTION

The most pressing health problem that the nation has been contending with for the longest time is the existing disparity in access to healthcare between the rich minority and the poor majority. While the rich have access to high-quality health services, the poor suffer from a general lack of healthcare in preventive, curative and rehabilitative medicine.

Statistics<sup>A</sup> show the glaring differences between affluent communities in urban areas such as Metro Manila, Cebu and Davao and the poor communities of Bicol, the Autonomous Region of Muslim Mindanao and some provinces in the Visayas. In the former, life expectancy at birth (LEB) is at 80, infant mortality rate (IMR) is 10 for every thousand births and maternal mortality ratio (MMR) is less than 15 for every hundred thousand live births. On the other hand, poor communities have LEB of 60 years, IMR of over 90 and MMR of above 150.

The result of this inequity in healthcare delivery is the main reason why the Philippines lags behind its Asian neighbors such as Thailand, Vietnam, Malaysia and Singapore in almost all health status indicators. For one, Filipinos have an average life expectancy of 70 years, which is more than 15 years less than those in developed countries. The country's IMR of around 35 roughly translates to 80,000 babies dying of preventable causes each year. Even more alarming is the country's MMR, which has consistently remained at more than 150, or about 3,000 mothers dying unnecessarily each year.

Moreover, records show that only half of children of poor families receive vaccinations, while over 83% of children of affluent families get the treatment. Only 25% of poor pregnant women give birth with professional medical attendance, compared to 92% of upper class women who receive professional assistance.

	Sta. Fe		Padre Burgos		Dingalan		Dao		Bacolod		SSB		Datu Paglas		GSKP		Paglat	
	Nueva Vizcaya		Quezon		Aurora		Capiz		Lanao del Norte		Maguindanao		Maguindanao		Maguindanao		Maguindanao	
	2008	2009	2008	2009	2008	2009	2008	2009	2008	2009	2008	2009	2008	2009	2008	2009	2008	2009
Total no. of live births	342	295	210	216	547	512	517	521	492	447	484	611	848	790	1,134	853	435	472
Total no. of deaths	48	41	104	117	67	66	265	411	71	77	72	29	26	14	47	60	19	28
Total no. of maternal deaths	0	0	0	1	1	0	3	3	0	0	1	0	0	0	3	0	2	2
Total disease recorded	3,204	8,701	1,719	789	-*	1,835	1,969	-*	-*	-*	5,383	4,155	5,280	3,614	7,155	7,155	-*	2,111
Total no. of infant deaths	0	0	1	0	5	3	1	0	1	0	3	1	1	0	8	16	1	1
Crude birth rate	22.19	21.53	10.56	10.73	25.51	22.73	16.45	16.2	24.80	22.27	17.81	25.21	26.77	28.56	29.41	28.91	16.07	15.1
Crude death rate	3.11	2.99	5.23	5.81	3.12	2.93	8.45	12.78	3.58	3.84	2.65	1.19	0.82	0.51	1.22	2.03	0.70	0.9
Infant Mortality Rate	0	0	8.93	0	9.14	5.86	1.93	0	2.03	0	6.20	1.64	1.18	0	7.05	18.76	2.30	2.12
Maternal Mortality Ratio	0	0	0	463	183	0	580	576	0	0	207	0	0	0	265	0	460	423

Source: Field Health Service Information System (FHSIS) Annual Report, submitted by the different municipalities to the DOH  
\*No data provided

<sup>A</sup> "State of the Nation's Health," UP Centennial Thematic Lecture of former Health Secretary Alberto Romualdez, Jr., M.D., September 9, 2008



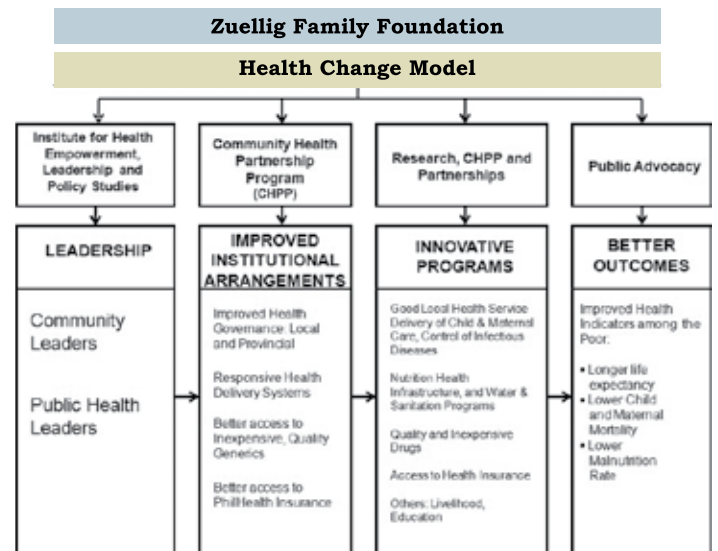
Knowing these, it has become imperative that something concrete be done to remedy the situation. Zuellig Family Foundation decided to respond to the urgent need to uplift the state of the country's healthcare system. Its response was to address the existing inequities in healthcare delivery through interventions that are in line with the country's Health Sector Reform Agenda (HSRA) and the Millennium Development Goals on health.

The Foundation recast its strategies to strengthen the capabilities of the country's healthcare systems by implementing programs that will minimize, if not totally eradicate, such inequities especially in rural areas. Focus shifted from national issues to more pressing local health issues in pursuit of more strategic and sustainable interventions in rural communities.

The Foundation came up with a Health Change Model that serves as a basis for all the Foundation's interventions. The Model is a complete mechanism that outlines the various health components that need to be addressed, and thus guides the Foundation in determining appropriate program responses. It also refocuses the Foundation's thrust from merely improving systems to also helping, educating, and training the people who run the systems.

Recognizing that leadership is key, the Health Change Model prescribes building the capability of health leaders and professionals to make them more accountable for health outcomes and encourage them to adopt and implement health reforms. The Model includes the introduction of best practices and innovative programs that can immediately bring improvements in health institutions and healthcare delivery services.

This Model hopes to prove that better health outcomes are possible given transformational leadership, responsive systems and innovative programs.



ZUELLIG FAMILY FOUNDATION

# Read



# ehining

Barangay Caragsacan in Dingalan, Aurora



Health of women and children are of primary importance to any nation, hence, the Millennium Development Goal of improving maternal health and child mortality rates. But healthcare services are even rarer for those living in rural communities such as these women attending the 2009 Community Health Summit in Paglat, a fifth class municipality in the province of Maguindanao.

To address inequities in healthcare delivery, the Foundation needed to identify communities where inequities exist and where intervention is most needed. The basic requisites are: these communities should need the intervention; partners should have done initial development work in the community to increase probability of project completion; and local health leaders should be committed to the improvement of the health situation in their area.

In some of these communities, existing political conflict has made it difficult for local health workers to provide healthcare services. In Maguindanao, for instance, the worsening health situation in many areas of the province is due to the fact that local health workers are afraid of being caught in the middle of firefights between government troops and secessionist rebels, particularly in remote barrios.

After thorough research, it was learned that communities in Maguindanao, particularly those belonging to the Southwestern Ligawasan Alliance of Municipalities (SLAM), suffer from common health issues: poor and inaccessible health facilities, the absence or lack of properly trained health professionals, and poor health-seeking behavior, which may be attributed to the improper dissemination of health information.

In Datu Paglas, for example, 68 cases of tuberculosis were reported in 2008. Influenza, skin diseases and diarrhea are common illnesses, and only 26% of households have access to safe drinking water.



Children of Natividad, a fourth class municipality in Pangasinan, awaiting distribution of relief goods in the aftermath of typhoons Ondoy and Pepeng.



In Sultan sa Barongis, only 20.71% of total households had sanitary toilet facilities as of 2008. Moreover, only 165 of 484 births were attended to by skilled health personnel in the same year.

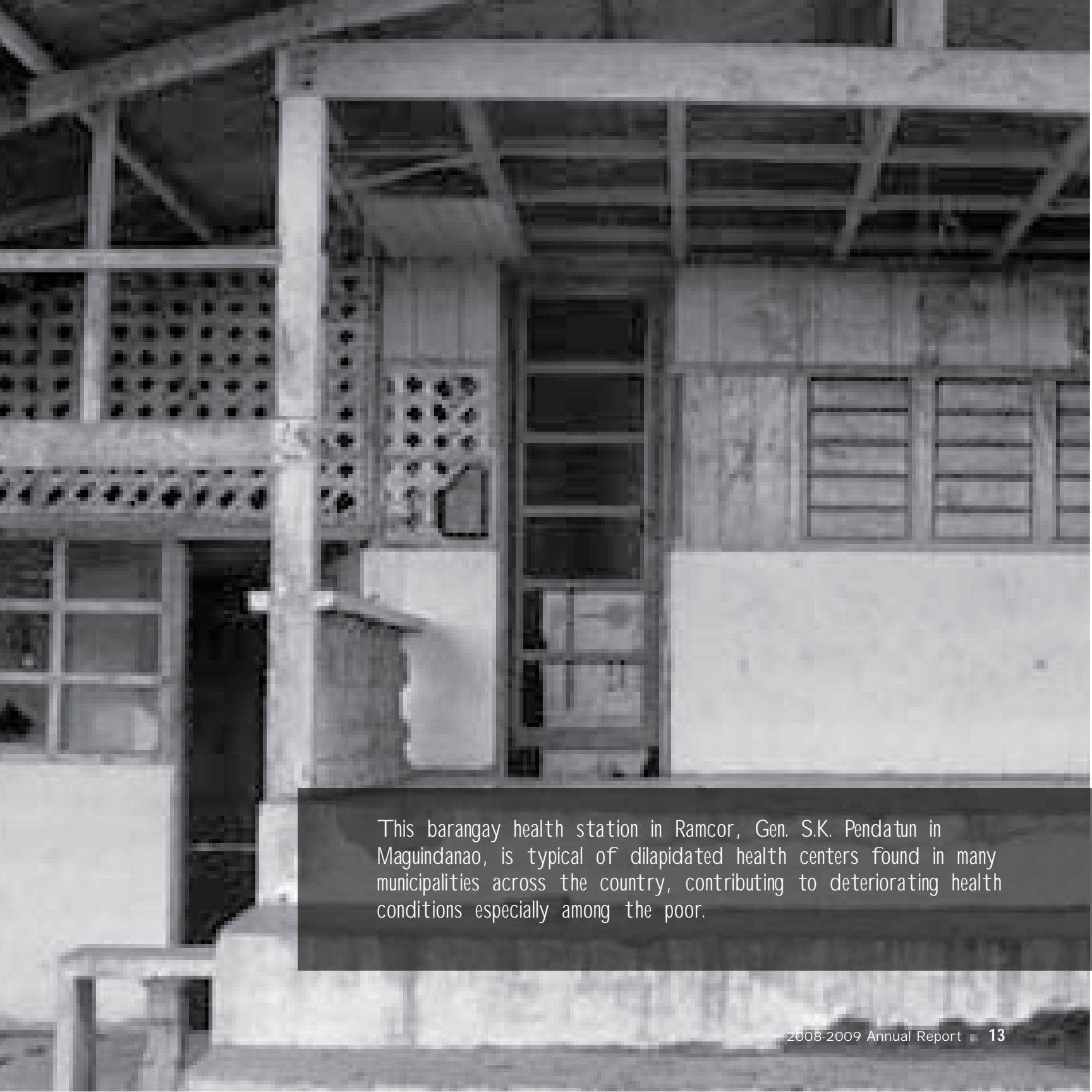
The situation in Gen. S.K. Pendatun was no better. In 2008, urinary tract infection, diarrhea and acute gastritis and peptic ulcer were the leading diseases, all of which may be attributed to poor sanitation. In addition, of 1,134 births that year, only 272 were attended to by skilled health personnel. Also in the same year, MMR at the municipality was at 265 for every 100,000 live births, much higher than the national average of 162.

In Paglat, barely-equipped health facilities hamper the delivery of proper medical services and contribute to the very high MMR in the municipality, which in 2008 was at 460.

In Bacolod, a coastal community in Lanao del Norte, prevailing tension between Christians and Muslims has hampered the effective delivery of healthcare services. The Rural Health Unit was also sorely lacking in facilities, and sanitation practices were found to be poor. Moreover, of the 13 midwives for the entire municipality of 16 barangays, only one Muslim midwife was providing services to five Muslim-majority barangays in 2007.

In Dao, Capiz, a 4th-class municipality in Region VI, research showed that the most common health issues include the inadequate supply of safe drinking water, the limited availability of medicine, and the lack of facilities in barangay health stations.

ZFF staff and volunteers walked through rugged terrain to deliver relief goods to Benguet after the devastation brought about by two typhoons in the province.



This barangay health station in Ramcor, Gen. S.K. Pendatun in Maguindanao, is typical of dilapidated health centers found in many municipalities across the country, contributing to deteriorating health conditions especially among the poor.



Aside from old medical instruments, improperly disposed syringes were found inside one of the barangay health stations in Padre Burgos, Quezon, further highlighting the need for more, and better equipped, health centers in rural areas.



In times of disasters, health services sometimes cease to exist, which leaves poor Filipinos even more vulnerable to diseases. Residents of Rizal Province, one of the worst hit by typhoon Ondoy, line up for disaster relief kits from the Foundation.



In Sta. Fe, Nueva Vizcaya, an upland municipality where up to 80% of the population are indigenous people belonging to the Kalanguya, the situation was basically the same. Birthing facilities were sorely lacking, forcing mothers to settle for home-based deliveries.

Medical facilities, particularly those for giving birth, were also found to be inadequate in Dingalan, Aurora, likewise contributing to the high MMR in the municipality. Much like in Sta. Fe, residents had to resort to home-based deliveries to cope with the absence of adequate birthing facilities.

In Padre Burgos, Quezon province, the lack of adequate medical facilities and trained health personnel contributed to the fact that in 2008, only 25 out of 210 births were attended to by skilled health personnel.

For the past two years, the Foundation has reached out in response to acute and enduring inequities in local health systems, which have resulted to poor health conditions especially among the poor. In aiming to transform healthcare systems to become more equitable and responsive, the Foundation recognized the need to pilot a model of health development that aims to introduce strategic and sustainable interventions, in partnership with a select group of municipalities whose leaders have shown commitment to improve health outcomes of their constituents.



# Empower



Mayors, municipal health personnel and civil society leaders from the first cohort of nine municipalities during the Health Leaders for the Poor training program

# Learning



Mayor Joselito Escutin of Dao, Capiz stressing the importance of knowing, owning and collectively tackling the different health problems that he and his constituents face during the municipality's Community Health Summit in 2009.



Aisha Amba, the young public health nurse of Sultan sa Barongis who has gone through ZFF's training, points out pressing health issues on pregnancy during the 2009 Buntis Congress in her municipality.

**The Foundation believes** that training local health leaders to be responsive leaders is an important factor in improving health outcomes in poor communities. In fact, a key component of the Foundation's Health Change Model focuses on the need for community leaders and public officials to have the capability to provide leadership that will ensure the implementation and sustainability of health-related reforms in their respective communities.

To achieve this, the Foundation, through its Institute for Health Empowerment, Leadership and Policy Studies (ZFFI-HELPS), conducted leadership and management training activities for local health leaders and professionals. Identification of appropriate health programs and interventions were made with the aid of findings from extensive research done by the Institute. Further research and empowerment efforts centered on four major areas of the government's Health Sector Reform Agenda: governance, better health service delivery, health financing and health regulations. A Research Advisory Board, composed of senior health professionals and academics, provides technical advice and guidance over the conduct of research initiatives.

In 2009, 31 participants from the nine selected municipalities underwent the first two modules of the two-year health leadership fellowship program dubbed the Health Leaders for the Poor. As part of the program, the health leaders were provided inputs on leadership and other skills, exposed to best practices, and given supervised field practicum. Put together, the fellowship program enables them to address gaps in health governance and service delivery.



(Far Left)  
Program Manager Bong Villamor facilitates a capability building session for health professionals during an HLMP training program.

(Left)  
Student-Participants of the first Health Youth Leaders Congress in 2009 are shown here with (2nd row, from left) Executive Director Kenneth Hartigan-Go, Chairman Roberto Romulo and former Health Secretary Jaime Galvez-Tan.

Interventions created a more enlightened and empowered health leadership which led to the reactivation of Local Health Boards that were found to be dormant except for those in Dao, Capiz and Sta. Fe, Nueva Vizcaya. It also encouraged leaders to get their communities involved in identifying health issues and in creating solutions and innovations. Getting the involvement of the community and other stakeholders culminated in the Community Health Summit, where health action plans were presented for assessment and adoption. On the average, over a hundred residents in each of the municipalities took part in these summits.

The Institute also modified the Health Leadership and Management Program (HLMP) to focus on helping health professionals address existing inequities in healthcare delivery. Over the last two years, the Foundation has trained an additional 61 health professionals from all over the country, bringing our total network of Fellows to 152 (*refer to list of HLMP Fellows at the end of this report*).

# LABORATORY



## CRITICAL INCIDENT

Investigation into the results especially for signal process, since data in patients with relative

## MANAGERIAL SOLUTION

• FIC blood monitoring for:  
• practitioners:  
• the patient - drugs in medicines  
• Unit patient - laboratory  
• some patients have access to blood & blood products

(ELPS)

Dr. Helen Yambao, Chief of Hospital of the Cotabato Regional & Medical Center and an HLMP Fellow, shares insights and recommendations to other medical professionals on how to improve delivery of healthcare services based on her own experiences, as well as lessons learned from ZFF's training programs.

**AHLAN WASAHLAN  
WELCOME**  
**GUESTS & PARTICIPANTS TO THE MUNICIPAL HEALTH SUMMIT  
LGU DATU PAGLAS-ZUELLIG FOUNDATION PARTNERSHIP  
JUNE 18, 2009 @ DATU PAGLAS MUNICIPAL GYM. Compliments: LGU DATU PAGLAS, MAG.**

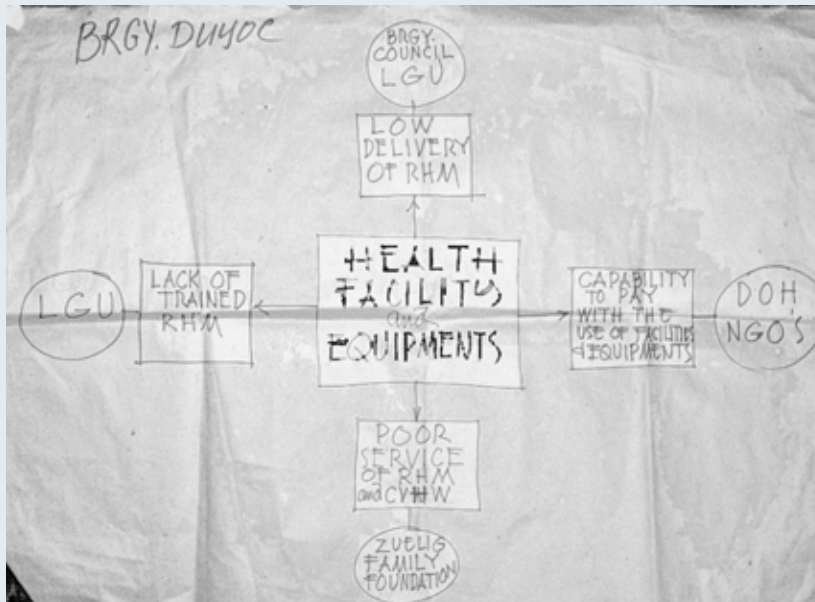


Leading the participants in the Municipal Health Summit of Datu Paglas in 2009 is Mayor Mohamad Paglas. (2nd row seated, 3rd from left)



As a result of their training, the Fellows instituted reforms in their respective DOH units, eventually bringing improvements in healthcare delivery systems. The Fellows likewise shared their knowledge and experiences to their peers during ZFF training activities.

A special program, dubbed the Health Youth Leaders Congress, was initiated for student leaders enrolled in medical, nursing and other allied health fields. This introduced them to health inequities and heightened their awareness on pressing issues affecting the health sector. In March 2009, 32 student leaders from selected schools joined the first HYLCC, becoming part of the Foundation's network of advocates for health sector reforms.



Participants to Health Summits discuss health issues affecting their respective barangays and then work together to come up with relevant solutions to these problems. A diagram created by local stakeholders of Barangay Duyoc in Dao, Capiz, shows various health concerns in their community.

# Calendar





# nggining

Health leaders and pregnant mothers with their husbands during the “Buntis Congress” in Padre Burgos, Quezon. Seated 1st row, 6th from right, is Municipal Health Officer Dr. Rolan Mendiola.



After reaching out and empowering leaders, the Foundation, through its Community Health Partnership Program (CHPP) implemented programs targeted at improving local health indicators, as measured by lower child and maternal mortality ratios, lower malnutrition incidence, and lower morbidity and mortality rates from infectious diseases.

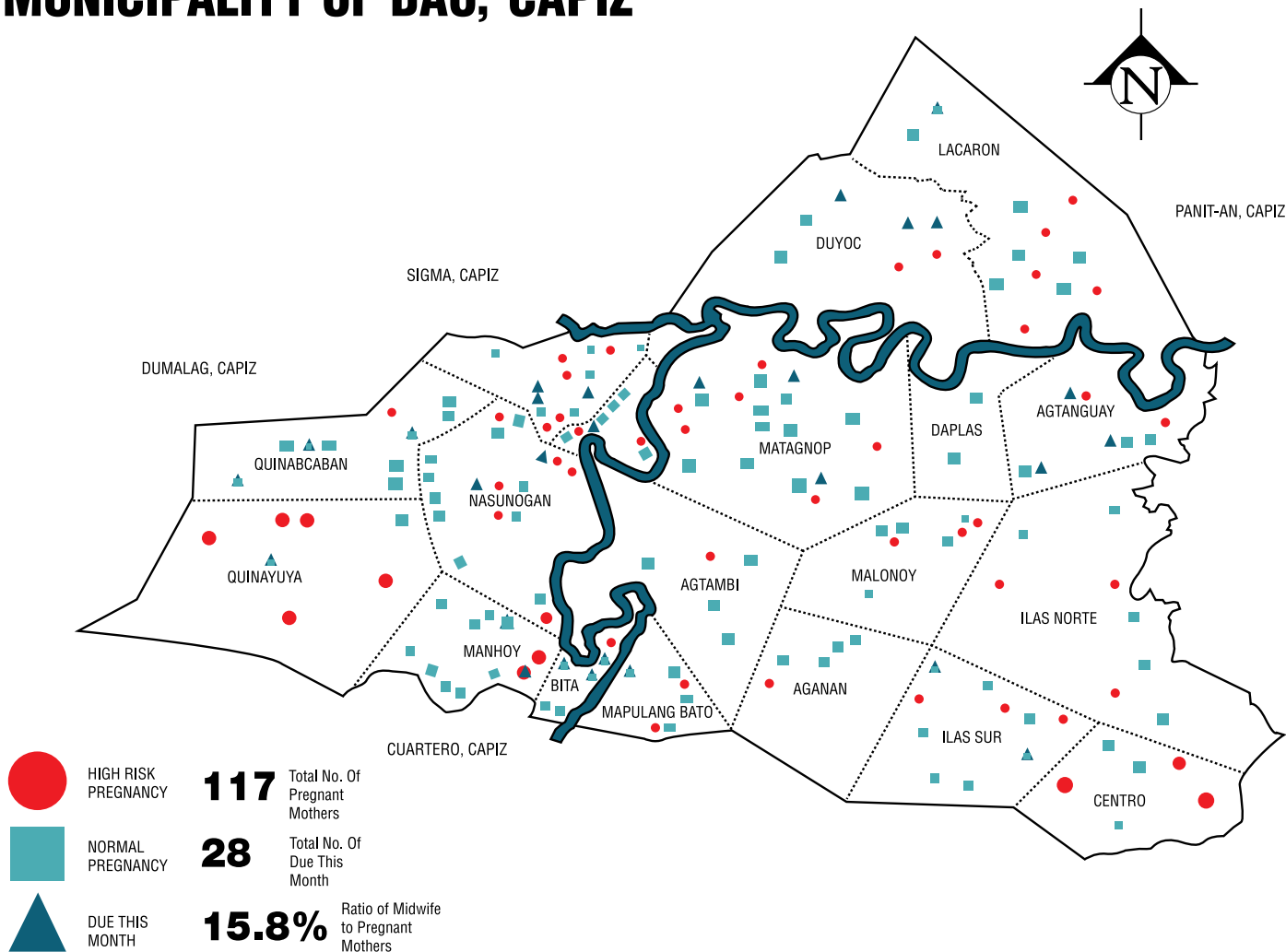
A woman goes through her regular pre-natal check-up in the rural health unit of Dao, Capiz, part of the Foundation's programs to encourage facility-based deliveries.

In terms of maternal and child care, the Foundation spearheaded the formation of *Purok Buntis* teams. Community Pregnancy Databoards were set up and mother and child record books were provided to pregnant mothers, who were then monitored by barangay health workers. Those identified with high-risk pregnancies were given special attention. Some 747 pregnant women were beneficiaries of this project.

In terms of nutrition, the Foundation introduced a nutrition program developed in Dao, Capiz to the eight other municipalities. Using a mixture of rice, mungo, and sesame seeds, the program came up with nutrition supplements that were incorporated in meals served to malnourished children. The Food Always in the Home (FAITH) and *Pabasa sa Nutrisyon* programs of the Nutrition Center of the Philippines were likewise incorporated into the program. Since then, our partner municipalities have started replicating these programs in their respective localities.

To address the need for more and better-equipped health facilities in partner municipalities, the Foundation provided small grants in support of infrastructure development and related requirements. In Maguindanao, the Foundation helped rehabilitate the rural health unit in Paglat and constructed barangay health stations in Gen. S.K. Pendatun and Sultan sa Barongis, as well a birthing unit in Datu Paglas.

# PREGNANCY DATABOARD MUNICIPALITY OF DAO, CAPIZ



To reduce maternal mortality, ZFF promoted the use of a Pregnancy Databoard to keep track of women in the different barangays of cohort municipalities; closely monitored are women classified as "high risk." Shown above is the Databoard in Dao, Capiz as of February 2010.



ZFF, along with CARD-MRI, came up with a program allowing CARD members access to cheap but quality medicines through the Preferred Provider Program (PPP). Dr. Rosario Obleada-Igualada, one of the participating physicians in the PPP, dispenses a prescription for generics to a CARD-MRI member.

(photo credit: Karl Grobel for CARD-MRI)



Dr. Kenneth Hartigan-Go (far left) facilitates a forum on Influenza A(H1N1) preparedness and response at Manila Polo Club in May 2009.

The Foundation also funded the construction of a barangay health station in the municipality of Bacolod, Lanao del Norte, benefitting far-flung and hard-to-reach barangays. The existing rural health unit in Dao, Capiz was refurbished and expanded. In Padre Burgos, Quezon province, the Foundation constructed a barangay health station in response to the lack of adequate health facilities.

As a means of reaching out and improving the health status of indigenous peoples in the hinterlands of Sta. Fe, Nueva Vizcaya, the Foundation constructed a birthing center adjacent to the municipality's rural health unit, effectively expanding the capacity of the local health system to attend to expectant mothers.

As of end-2009, some P3.8 million was disbursed for the construction of these facilities while funds amounting to P1.5 million were earmarked for medical equipment that were donated to partner municipalities.

Additionally, the Foundation collaborates with other organizations that have effective health programs which can bring substantial benefits to people. Such was the case with the Center for Agricultural and Rural Development-Mutually Reinforcing Institutions (CARD-MRI), a microfinance organization with more than one million members nationwide, most of whom are low-income mothers. The Foundation helped CARD-MRI design a program aimed at giving CARD members access to quality, low-cost medicines. This project specifically addressed issues of access to essential drugs among low-income residents of the 3<sup>rd</sup> and the 4<sup>th</sup> districts of Quezon province.



Program Manager Anthony Faraon distributes disaster response kits to victims of typhoon Ondoy in Pangasinan.

Another program, this time aimed at systematizing pandemic preparedness and disaster response, was crafted by the Foundation. Together with eight civil society organizations, ZFF formulated training modules that were conducted in Manila for barangay health workers and community leaders. In 2009, the Foundation also initiated an A(H1N1) pandemic awareness and preparedness program. The program involved a series of forums on A(H1N1), which was attended by more than 5,000 participants all over the country.

In 2008 and 2009, the Foundation allocated P3 million for its Community Disaster Preparedness and Response Program. Last year, this amount was augmented by a \$150,000 donation from Zuellig Pharma Corporation and Metro Drug, Inc. in the wake of the disaster brought by typhoons Ondoy and Pepeng. Through partners like the CARD-MRI and the Rotary Club, some 10,695 disaster response kits were distributed to 41 municipalities all over Luzon. One hundred medical kits were donated by the Foundation Chairman for barangay health workers in affected areas. HLMP and HYLIC fellows helped manage the distribution of the kits.

These programs were implemented with the aim of seeing marked improvements in our country's health indicators and allowing the Philippines to progressively work its way towards achieving the Millennium Development Goals on health despite complications brought about by epidemics and calamities.





ZUELLIG FAMILY FOUNDATION  
BARANGAY HEALTH STATION  
SULTAN SA BARONGIS

People of Sultan sa Barongis milling around the newly-built, ZFF-funded health station, before its formal inauguration in 2010.

# POSITIVE RESULTS

In the past two years the Foundation has touched the lives of those who needed help the most and made a significant difference in the health status of the communities it has reached out to. Improved health status indicators, like IMR and MMR, in cohort communities show that the Foundation's interventions have been well-thought-of and effective.

One example of how the Foundation's interventions were able to improve health indicators is the town of Gen. S.K. Pendatun in Maguindanao. In 2008, prior to the Foundation's intervention, the town's maternal mortality ratio was pegged at a high of 265 for every hundred thousand live births. In just one year of intervention, this ratio fell to zero.

Similar improvements in health indicators can be generally seen in the other cohort municipalities of the Foundation, although in varying degrees.

Improvements in health leadership practices can also be seen in communities that the Foundation has reached. One of the most inspiring examples of such change may be seen in the person of Honorable Datu Boniao Kali, mayor of Gen. S.K. Pendatun in Maguindanao.

Because of limited formal education, Mayor Kali seemed the least likely to immediately respond to the challenge of transforming the health system in his locality. However, Mayor Kali was the first to commit to improving health service delivery in his community. He made good on his promise to hire additional health personnel and give honoraria to barangay health workers as incentives. In addition, he procured an ambulance, enrolled thousands of his indigent constituents to Philhealth, and established nine additional Botika ng Barangays.

<b>GSKP Health Status</b>		
	<b>2008</b>	<b>2009</b>
Rate of births attended by skilled health personnel	23.99	43.49
Death ratio associated with tuberculosis (per 100,000)	20.75	6.78
Number of:		
Doctor	1	1
Nurses	1	2
Midwives	3	8
<i>Other Health Programs in 2009:</i>		
Reactivation of Local Health Board		
Formation of 2 Barangay Health Boards		
Payment of Honorarium to 10 Barangay health workers		
Enrollment of 1,200 indigent families to Philhealth		
Establishment of 9 new Botika ng Barangay		
Acquisition of 1 new ambulance		

Source: FHSIS and report by GSKP municipality



GSKP Mayor Bonnie Kali spearheads the vitamin supplementation program in his municipality.

These initiatives encouraged local health workers and the entire community to share Mayor Kali's advocacy on health, bringing about the gradual but steady improvement of the town's health system (*see table, previous page*).

In just two years, the Zuellig Family Foundation has made significant inroads toward the fulfillment of its mission to address inequities in the country's health system.

In the years ahead, as we continue to work on further improving municipal-level health systems, parallel efforts will also be exerted for health systems in the provincial and regional levels, particularly because most of the poor turn to district and provincial hospitals for curative care.

By providing regional and provincial health leaders and workers the same capability-building and leadership opportunities given to their municipal counterparts, they become more supportive of local health reforms. This is true for regional leaders of the Department of Health, where funds and other resources can augment municipal health needs.

Involvement of regional, provincial and municipal leaders can also lead to the integration of healthcare delivery systems to solve serious problems brought about by a fragmented healthcare system. Indeed, an organized and coordinated healthcare delivery system can bring much needed cost-effective care not just for the poor, but for all Filipinos.

# FINANCIAL HIGHLIGHTS

## STATEMENTS OF ASSETS, LIABILITIES AND FUND BALANCE

	December 31	
	2009	2008
<b>ASSETS</b>		
Cash and Cash Equivalents	P25,478,314	P49,631,012
Receivables	45,894	188,124
Prepaid and Other Current Assets	153,112	242,109
Property and Equipment - Net	3,918,914	1,889,926
	<b>P29,596,234</b>	<b>P51,951,171</b>
<b>LIABILITIES AND FUND BALANCE</b>		
Accrued Expenses and Other Payables	P3,828,922	P5,836,198
Advances from a Related Party	96,434	36,245,406
Fund Balance	25,670,878	9,869,567
	<b>P29,596,234</b>	<b>P51,951,171</b>

## STATEMENTS OF REVENUES AND EXPENSES

	Years Ended December 31	
	2009	2008
<b>REVENUES</b>		
Donations	P53,377,180	P17,652,778
Interest	1,166,396	870,105
Others	7,625	25,002
	<b>54,551,201</b>	<b>18,547,885</b>
<b>EXPENSES (INCOME)</b>		
Materials and supplies	8,916,654	347,930
Professional fees	8,280,351	4,609,206
Salaries, wages and other benefits	8,253,870	3,682,866
Trainings and seminars	3,894,782	1,778,893
Infrastructure projects	3,169,056	-
Transportation and travel	1,760,550	733,222
Communication, light and water	1,199,445	609,958
Rent	1,045,530	911,627
Depreciation and amortization	981,449	552,857
Donations and contributions	257,500	10,000
Meetings and conferences	191,647	167,508
Insurance	188,349	83,488
Foreign exchange loss (gain)	70,077	(357,402)
Others	540,630	317,444
	<b>38,749,890</b>	<b>13,447,597</b>
<b>EXCESS OF REVENUES OVER EXPENSES</b>	<b>P15,801,311</b>	<b>P5,100,288</b>

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**STATEMENTS OF CHANGES IN FUND BALANCE**

	Years Ended December 31	
	2009	2008
<b>FUND BALANCE</b>		
Balance at beginning of year	<b>P9,869,567</b>	<b>₱4,769,279</b>
Excess of revenues over expenses	<b>15,801,311</b>	<b>5,100,288</b>
Balance at end of year	<b>P25,670,878</b>	<b>P9,869,567</b>

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The financial statements and financial data presented in this report have been prepared in accordance with accounting principles generally accepted in the Philippines using the historical cost basis. The financial statements are presented in Philippine peso and all values are rounded to the nearest peso, unless otherwise stated.

The Foundation's financial statements, which appear above is audited by the independent accounting firm of Sycip Gorres Velayo & Company which rendered an unqualified opinion. Preparing these statements is part of the Foundation's goal to improve financial management and to provide accurate and reliable information that is useful for assessing performance and allocating resources. The Foundation's management is responsible for the integrity and objectivity of the financial information presented in the financial statements.

**OVERVIEW OF FINANCIAL POSITION**

The statement shows the Foundation had total assets of P 29.6 million at the end of 2009. This represents a decrease of P 22.3 million (43%) over the previous year's total assets of P 51.9 million. The decrease represents net cash used from operations.

The increase in Fund Balances was a result mainly of unexpended appropriations.

**OVERVIEW OF REVENUES AND EXPENSES**

In 2009, the Foundation received a donation of P 53.3 million from its principal donors, a two hundred percent (200%) increase from the P 17.5 million of the previous year.

Also, interest income increased by thirty four percent (34%) from P 0.87 million in 2008 to P1.16 million in 2009.

The total expenses in 2009 were P 38.74 million, broken down as follows:

Administrative and General Expenses	P 10.30 million	(26.5%)
Project Expenses	28.44 million	(73.5%)

The excess of Revenues over Expenses in 2009 was a result mainly of the unexpended appropriations for infrastructure by the Community Health Partnership Program.

# The People Who Made it Possible

The Zuellig family sought to play a part in improving the Philippine health situation, especially among the poor, by addressing health inequities present in the system.

With an intimate knowledge of the family's strong desire to share the fruits of their success to the Filipino people, the Foundation Chairman and the rest of the Board of Trustees adopted a new strategy to minimize health inequities in the system. The Chairman's relationship with the Zuellig Family stems from his long association with the family's businesses. He was chairman of Zuellig Pharma's holding company, Interpharma Investments Ltd., from 1995 to 2007.

Dr. Kenneth Hartigan-Go served as the founding Executive Director since 2001, while the President came on board in 2008. The officers, along with two Program Managers, led the execution of the Foundation's new strategy, harnessing over 80 years of combined professional experience in public health, government service, development work and the academe. They oversee a team of mostly young professionals from the fields of health and social sciences, management and economics.

In choosing which municipalities to partner with, ZFF staff went on long and regular trips to rural communities across the country to determine their health situation, their needs and the capabilities of local leaders. ZFF staff also brainstormed to ascertain the relevance and practicality of training modules being provided to local executives, health and socio-civic leaders, and students.

When the transition of the Foundation led it to serve a much wider public, more talents had to be recruited to suit positions created to ensure that ZFF operates efficiently. From six employees in 2008, staff size grew to 17 by the end of 2009. Operations of the growing Foundation were further streamlined with the creation of the Support Group to handle finance and administrative matters.

As part of the Foundation's investments in staff development, training on Health Assessment and Health Financing were conducted. The former gave ZFF staff skills to properly conduct community assessments, analyze results and write technical and health policy papers, while the latter provided a more in-depth understanding of the government's policy on health financing and healthcare financing strategies.

# MANAGEMENT & STAFF

Ernesto D. Garilao

Kenneth Y. Hartigan-Go, M.D.

Juan A. Villamor

Anthony Rosendo G. Faraon, M.D., MPH

Cesar B. Yu, Jr.

Eileen P. Leus

Sherwin D. Pontanilla, R.N., M.D.

Neil Ryan V. Lumacad

Wesley T. Villanueva

Marian Theresia R. Valera

Czarinnah G. Araneta

Coneve C. Camba

Victoria B. Gidaya

Ana Katrina A. Go

Jenny Christy R. Macaraan

Rocio Isabel R. Paloma

Charles Cedrick C. Maghirang

Gilmer C. Cariaga

President

Executive Director\*

Program Manager/Deputy Executive Director

Program Manager

Finance Manager

Administrative Services Manager

Program Associate

Human Resources Associate

Program Associate

Health Information Management Specialist\*\*

Program Assistant

Program Assistant\*\*\*

Program Assistant

Program Assistant

Program Assistant

Program Assistant

Executive Assistant

Administrative Staff

\* (retired Dec. 31, 2009)

\*\* (resigned Dec. 24, 2009)

\*\*\* (resigned June 30, 2009)



## BOARD OF TRUSTEES

Seated from left : Ernesto Garilao- President, Roberto Romulo-Chairman,  
Washington SyCip, Kasigod Jamias-Treasurer

Standing from left : Francisco Billano, David Zuellig, Alberto Romualdez M.D.,  
Daniel Zuellig  
Reiner Gloor – Vice Chairman (not in photo)



# RESEARCH ADVISORY BOARD

Alberto Romualdez, Jr., M.D.-Chairman	-	Former Secretary, Department of Health
Gerardo Bayugo, M.D.	-	Director IV, DOH Center for Health Development, Region IV-A (Calabarzon)
Ernesto Domingo, M.D.	-	Professor Emeritus, UP College of Medicine
Benny Reverente, M.D.	-	Former Chief of Party, Health Sector Reforms Technical Assistance Project - DOH

## HLMP FELLOWS

### LUZON

NAME	DESIGNATION	AGENCY/OFFICE
Elizabeth S. Alimorong, MD, CFP	Municipal Health Officer	LGU Rosales, PANGASINAN
Adolfo Almanzor, MD	Provincial Health Officer II	MASBATE
Divina C. Antonio, MD, MPH, PHSAE	Head, Regional Epidemiology & Surveillance Unit	DOH-CHD CALABARZON
Leilanie Cherrilina Joy V. Asprer, MD, DPPS, MPH	Medical Specialist IV, Accreditation Department	PHILHEALTH
Ms. Carole A. Bandahala	Chief Health Program Officer, Natl Center for Disease Prevention and Control	Department of Health (DOH)
Ruth Ann S. Balaoas, MD	Municipal Health Officer	LGU Tadian, MOUNTAIN PROVINCE
Clementine A. Bautista, MD	Medical Specialist IV, Standards and Monitoring Department	PHILHEALTH
Liza Fe Capupus, MD	Head, Routine Public Health Programs, Provl Health Office	CAVITE
Francisca Cuevas, MD	Municipal Health Officer	LGU Pateros, METRO MANILA
Reinhard M. Dalumpines, MD	Medical Specialist III Head, Family Health Cluster	DOH-CHD METRO MANILA
Elizabeth De Castro, DDM, MPH	Chairperson, Dept. of Community Dentistry	UP MANILA College of Dentistry
Hubbert Christopher A. Dolor, MD	Municipal Mayor	LGU Puerto Galera, ORIENTAL MINDORO
Melecio Dy, MD, MPH	Medical Officer VII, Natl Center for Health Facilities Development	Department of Health (DOH)
Robert S. Enriquez, MD, MHA, CESE	Medical Center Chief II National Children's Hospital	Department of Health (DOH)
Floyd E. Fernandez, MD	Medical Specialist II Head, Dept. of Pathology & Laboratory Services	Ilocos Training & Regional Medical Center, LA UNION
Frederick E. Fernandez, RMT, MD	Medical Officer IV Eduardo L. Joson Memorial Hospital	Cabanatuan City, NUEVA ECIJA
Editah M. Francisco, MD	Municipal Health Officer	LGU La Trinidad, BENGUET
Wilfredo P. Frondoza, MD	City Health Officer	Lucena City, QUEZON
Angelita Galban, DDM	Assistant Professor	UP MANILA College of Dentistry
Vicente H. Gloriani, MD	Municipal Health Officer	LGU General E. Aguinaldo, CAVITE
Estela E. Javier, MD	Medical Specialist III Valenzuela Medical Center	Valenzuela City, METRO MANILA
Ms. Virginia Francia C. Laboy	Pharmacist VI Food and Drugs Administration	Department of Health (DOH)
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Maricel Quelapio-Leal, MD	Municipal Health Officer	LGU Atimonan, QUEZON
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Simon P. Macario Jr., MD	Municipal Health Officer	LGU Bakun, BENGUET
Julie Ann Mandapat, MD	Medical Officer III, Dingalan Community Hospital	Dingalan, AURORA
Rosalina S. Caraan-Mendoza, MD	Municipal Health Officer	LGU San Pascual, BATANGAS
Ramon A. Olay, MD	Medical Specialist II Luis Hora Memorial Regional Hospital	MOUNTAIN PROVINCE
Mary Jane S. Nones, RN	Nurse III	Ilocos Training & Regional Medical Center, LA UNION
Basilio E. Paculan, MD	Dentist IV, Local Health Assistance Division	DOH-CHD CALABARZON
Ma. Cecilia G. Salinda, DDM, MHPed	Assistant Professor	UP MANILA College of Dentistry
Jeffrey Jesus G. Santos, MD, MPH	OIC-Regulations Division	DOH-CHD CALABARZON
Regina C. Sobrepeña, MD	Chief Health Program Officer, Bureau of Local Health Devt	Department of Health (DOH)
Marie Irene R. Sy, MD, MPH	Medical Officer V City Health Office	Pasay City, METRO MANILA
Luisito G. Teh MD	Provincial Health Officer II	AURORA
Jan Nicanor Tugadi, RN	DOH Representative	NUEVA VIZCAYA
Francisco A. Valdez, MD	Medical Center Director	Ilocos Training & Regional Medical Center, LA UNION
Ma. Virginia R. Valdez, MD, MPH	Municipal Health Officer	LGU Victoria, ORIENTAL MINDORO
Ariel I. Valencia, MD	Exec. Assistant t Office of ASec. David Lozada, Jr.	Department of Health (DOH)
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Ms. Lourdes Risa S. Yapchiongco	Program Associate for Cooperating Agencies	UP DILIMAN Health Policy Development Program
Giselle Yumul, DDM	Assistant Professor	UP MANILA College of Dentistry
Nimfa S. Zarate, MD, MPH	Medical Officer V City Health Office	Quezon City, METRO MANILA

# HLMP FELLOWS

## VISAYAS

NAME	DESIGNATION	AGENCY/OFFICE
Roena C. Abilla, MD	Municipal Health Officer	LGU Hinoba-an, NEGROS OCCIDENTAL
Gilson A. Albaña, MD	Chief of Hospital Sen. G.M. Roxas Memorial District Hospital	Dao, CAPIZ
Joseph Al L. Alesna, MD	Chief Office of Special Concerns Vicente Sotto Memorial Medical Center	Cebu City, CEBU
Lilibeth C. Andrade, MD	Medical Specialist II	DOH-CHD Eastern Visayas
Fidencio G. Aurelia, MD, MHA	PHO Supervisor, Negros Oriental Provincial Hospital	Dumaguete City, NEGROS ORIENTAL
Uldarico I. Babayen-on, Jr., MD	Municipal Health Officer	LGU Sebaste, ANTIQUE
Rodolph V. Baladad, Jr., MD	Municipal Health Officer	LGU Caluya, ANTIQUE
Angie C. Balanga, RMT	Medical Technologist III	DOH- Region 7 [CEBU] Blood Center
Ma. Lourdes D. Banquesio, MD	Medical Officer V Manuel B. Veloso Memorial Hospital	Palompon, LEYTE
Melba M. Billones, MD	Municipal Health Officer	LGU San Jose, ANTIQUE
Reymoses A. Cabagnet, MD	Provincial Health Officer II	BOHOL
Chelsa R. Cacaldo, MD	Medical Officer V Community Primary Health Office, Provincial Health Office	NEGROS ORIENTAL
Ma. Teresa N. Caicid, MD	Medical Officer V Provincial Health Office	LEYTE
Marissa G. Galagawan, RN	Public Health Nurse I City Health Office	La Carlota City, NEGROS OCCIDENTAL
Arnold M. Cagulada, MD	Municipal Health Officer	LGU Jagna, BOHOL
Edgar C. Castaños, MD	Chief of Hospital I Ricardo S. Povido Sr. Memorial District Hospital	Calinog, ILOILO
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Jennifer G. Coritico, MD	Municipal Health Officer	LGU Santander, Cebu
Melissa Dala	Administrative Officer IV Schistosomiasis Control & Research Hospital	Palo, LEYTE
Antonina R. Dalipe, MD	Chief of Hospital I Hilongos District Hospital	Hilongos, LEYTE
Ma. Lucille L. Deximo, MD	Medical Officer IV Inapoy Community Primary Hospital	NEGROS ORIENTAL
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Judy Ann T. Dumayas, MD, MPH	Provincial Officer I Hospital Operations & Management Services	ILOILO
Armando S. Dumdum, MD	Chief of Hospital Barotac Viejo District Hospital	Barotac Viejo, ILOILO
Maria Socorro M. Entera, MD	Medical Specialist III	DOH-CHD Central Visayas
Salvador B. Evardone, MD	Chief of Hospital Eastern Samar Provincial Hospital	Borongan, EASTERN SAMAR
Jessica Fama, MD	Medical Officer V Provincial Health Office	NEGROS OCCIDENTAL
Thelma R. Fernandez, MD	Medical Specialist III-Local Health Assistance Division	DOH-CHD Central Visayas
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Rita P. Gindap, MD	Chief of Hospital Pedro L. Guindap Municipal Hospital	Barbaza, ANTIQUE
Jeodina B. Gumagay, MD	Chief of Hospital Tacloban City Hospital	Tacloban City, LEYTE
Erwina Frances B. Jalandoni, MD	City Health Officer	La Carlota City, NEGROS OCCIDENTAL
Mila Jardiolin	Administrative Officer III Teresita L.Jalandoni Provincial Hospital	Silay City, NEGROS OCCIDENTAL
Honorato C. Jervoso Jr., MD, MHA	Chief of Hospital Northwestern Leyte District Hospital	Calubian, LEYTE
Cora-Lou B. Kintanar, MD	OIC-Local Health Assistance Division	DOH-CHD Central Visayas
Maria Estrella R. Ledesma, MD	Chief of Hospital II Teresita L. Jalandoni Provincial Hospital	Silay City, NEGROS OCCIDENTAL
Lakshmi I. Legaspi, MD	OIC-Director III	DOH-CHD Central Visayas
Susana K. Madarieta, MD	Director IV - Regional Director	DOH-CHD Central Visayas
Feliciano John M. Matibag, Jr., MD	Medical Specialist IV Provincial DOH Representative	DOH-CHD Eastern Visayas
Renato R. Menrige, Jr., MD	Municipal Health Officer	LGU-Calatrava, ROMBLON
Helen B. Minguez, MD	Municipal Health Officer	LGU Concepcion, ILOILO
Suzette D. Palabrica-Moleño, MD	Municipal Health Officer	LGU San Remegio, ANTIQUE
Minerva P. Molon, MD, MPH	Assistant Regional Director	DOH-CHD Eastern Visayas
Rodina Mondragon, MD	Municipal Health Officer	LGU Pototan, ILOILO
Nelita D. Navales, MD	City Health Officer	Ormoc City, LEYTE
Bien Eli P. Nillos, MD	Municipal Health Officer	LGU Candoni, NEGROS OCCIDENTAL
Jeremiah E. Obañana, MD	Chief of Hospital Sara District Hospital	Sara, ILOILO
Claudelia Josefa S. Pabillo, MD	Chief of Hospital Kabankalan District Hospital	Kabankalan City, NEGROS OCCIDENTAL
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NAME	DESIGNATION	AGENCY/OFFICE
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Ms. Elizabeth C. Pablo-Tabasa, MD	Chief Administrative Officer	DOH-CHD Central Visayas
Ms. Leticia Obligado-Tan, RN	Nurse III Maasin City DOH Representative	DOH-CHD Eastern Visayas
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Rosarie T. San Luis, RND, PhD	Provincial Dietary Service Coordinator & PNPC	ILOILO
Arlene V. Santo, MD	Municipal Health Officer	LGU Tanauan, LEYTE
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Zenaida M. Villareal, MD	Medical Officer VII, Chief - Local Health Assistance Division	DOH-CHD Western Visayas
Reinerio H. Zamora, MD	Provincial Health Officer II	EASTERN SAMAR

## MINDANAO

Rubelita H. Aggalut, MD	Rural Health Physician/ Provincial Health Team Leader	DOH-CHD Central Mindanao
Alexander U. Ampatuan, MD, Al Haj	Chief of Hospital Buluan District Hospital	Buluan, MAGUINDANAO
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Marlyn W. Convocar, MD	Director III	DOH-CHD Caraga
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Agnes E. Fernando, RN ED.D	Nurse V LHAD	DOH-CHD Zamboanga
Blanche Bombase-Flores, MD	City Health Officer II	Oroquieta City, MISAMIS OCCIDENTAL
Sharon Rose P. Garcia	Food & Drug Regulations Officer III	DOH-CHD Zamboanga
Felina M. Hernandez	Chief Nurse Cotabato Provincial Hospital	Kidapawan City, COTABATO
Annie P. La Rosa, MD	Medical Officer III-PHTL	DOH -CHD Davao
Marilou Barbara T. Libatique, MD, MCH	Rural Health Physician	DOH-CHD Central Mindanao
Joseph George L. Lechonsito, MD	Chairman, City Council on Health & Nutrition	LGU Tacurong City, SULTAN KUDARAT
Joy M. Lucman, RN	Public Health Nurse	LGU Gen SK Pendatun, Maguindanao
Evelyn B. Magsayo, MD	Medical Specialist III	DOH-CHD Northern Mindanao
Rachel T. Micarandayo, MD	Provincial Health Officer II	MISAMIS OCCIDENTAL
Nicanora D. Rabara	Food & Drug Regulation Officer II	DOH-CHD Central Mindanao
Ernesto A. Redoble, MD, MPH	Medical Specialist IV	DOH-CHD Central Mindanao
Leda C. Tejam	Chief, Administrative Officer, Management Support Div.	DOH-CHD Central Mindanao
Pauly Jean B. Rosell-Ubial, MD	Director IV - Regional Director	DOH-CHD Davao
Hilben Jose B. Sarigumba, DDM	Dentist III-Chief of Technical Staff IPHO	MISAMIS OCCIDENTAL
Joel Nelton V. Sungcad, MD	PHO/ Chief of Hospital Cotabato Provincial Hospital	Kidapawan City, COTABATO
Cleo Fe S. Tabada, MD	Medical Officer IV	DOH-CHD Davao
Emelie S. Viola, MD	Municipal Health Officer	LGU Hinatuan, SURIGAO DEL SUR
Helen de P. Yambao, MD, FPOGS, FSGOP	Chief of Hospital Cotabato Regional & Medical Center	DOH-CHD Central Mindanao

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