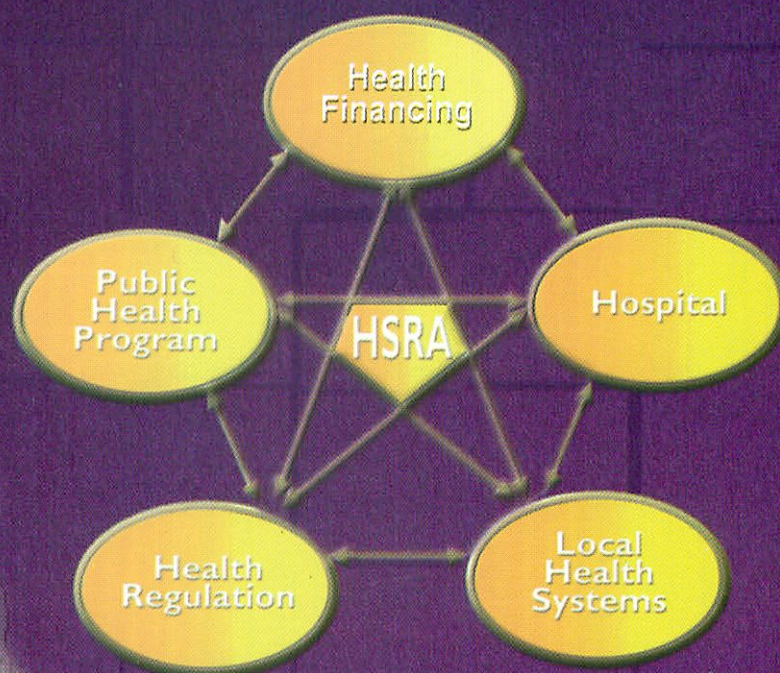


Building Foundations for Health Sector Reforms

2000 Annual Report



Republic of the Philippines
Department of Health

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Message

The year 2000 marked the institutionalization of the Health Sector Reform Agenda (HSRA). After setting the agenda for reforms completed in the previous year, the next inevitable task was in firming up foundations for sound reforms in Hospital Systems, Public Health Programs, Local Health Systems, Health Regulation, and Health Financing.

The HSRA was endorsed for approval and support by National Government Agencies, national and local stakeholders in health, and partners in the international community. The HSRA has consequently become the major framework for policies and investments for the health sector in the country.

Specific investment packages were identified. A supporting legislative agenda was formulated. The DOH was reorganized, clustering its programs and decentralizing operations. Plans for HSRA implementation were drafted. And, initiatives on key reform processes were started. These hub of activities marked a year engaged in laying up a solid groundwork for reforms to build on.

The Department of Health leads the health sector in outstanding achievements shared with all partners and stakeholders, for the year 2000.

A stylized, handwritten signature in black ink, appearing to read 'Alberto G. Romualdez Jr.'.

Alberto G. Romualdez Jr., M.D.
Secretary of Health

HIGHLIGHTS OF ACCOMPLISHMENTS

In year 2000, the Department of Health began the task of institutionalizing the Health Sector Reform Agenda (HSRA) as a major perspective of work for DOH and the country's health sector. Major steps were undertaken to pursue the institutionalization of the HSRA. Several innovative projects and programs were even started under various components of Health Sector Reforms.

With the support of National Government Agencies like the National Economic and Development Authority, the Department of Budget and Management, and the Economic Coordinating Committee, the HSRA became the foundation for national health plans and investments in the country. The National Health Planning Committee (NHPC), likewise set the HSRA as a priority framework for all Local Government Unit health plans in the country.

In formal launching ceremonies, the National Objectives for Health (NOH) and the HSRA were presented to national and local stakeholders in health, and to partners in the international community as the twinned context of work in the health sector.

Three sets of project packages were assembled from the established HSRA investment plans. The HSRA implementation plan was conceptualized to initiate reforms in strategic selected sites.

Major strategies were started out with the assessment of selected hospitals for conversion to fiscally autonomous units; the implementation of Parallel Drug Importation to provide people with quality drugs and medicines at an affordable cost; and lobbying for the legislations necessary to strengthen the mandate of regulatory services. Culminating the year was the DOH restructuring which was done to make it more responsive to the new mandates of the Department.

Launching of NOH and HSRA

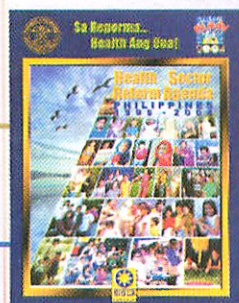
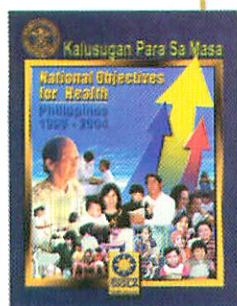
Two important national documents for the Health Sector in the Philippines, the National Objectives for Health, 1999-2004 and the Health Sector Reform Agenda, 1999-2004 were published and launched at the Cultural Center of the Philippines on June 23, 2000.

The **National Objectives for Health (NOH)** is a statement of the national goals for health. It sets our national goals and objectives for health through the prevention and control of diseases and promotion and protection of health. It states our objectives for the eradication and control of infectious diseases commonly affecting our people, major chronic illnesses and injuries that compromise lives of the productive sector of our society. It also encourages the promotion of healthy lifestyle and health-seeking behavior that in the long run effectively prevents or controls certain kinds of debilitating illnesses and life-threatening diseases.

NOH contains the national strategy for significantly improving the health of the nation over the medium term.

The **Health Sector Reform Agenda (HSRA)** describes the major strategies, organizational and policy changes, and public investments needed to improve the way health care is delivered, regulated, and financed. It tackles reforms in five areas: local health systems, public health programs, hospital systems health regulation, and health financing. Ultimately, these reforms will lead to significant improvements in health status through greater and more effective coverage of national and public health programs, to increased access to health services especially by the poor and the disadvantaged, and to reduced financial burden on individual families.

HSRA shall be the mechanism that will bring the country towards its national goals and objectives for health and the realization of the common vision of Health for all Filipinos.



Launching of the Health Passport

The Health Passport (HP) Initiative is a joint effort of the DOH, Philhealth, and the LGUs to ensure that Filipinos will have access to essential health services through universal coverage of social health insurance within a specific area. Health Passport was established as an alternative financing scheme that will pay for health services such as drugs, laboratory examinations and hospitalizations. It was conceptualized in February 2000 to create an irreversible momentum for the HSRA.

Health Passport was launched on June 30, 2000 at the Cuneta Astrodome before an audience of 5,000 stakeholders in Pasay City. His Excellency, President Joseph Estrada personally handed Health Passports to 23 families.

Initial implementation of health passport in Pasay City and Capiz showed the enrollment of 6,000 and 8,577 indigent families respectively. Preliminary implementation site also included South Cotabato province. This will be expanded to cover all regions, with each region having at least a province and a city implementing this initiative by 2001.

The HP entitles a member and dependents to a wide range of health benefits through a network of providers.



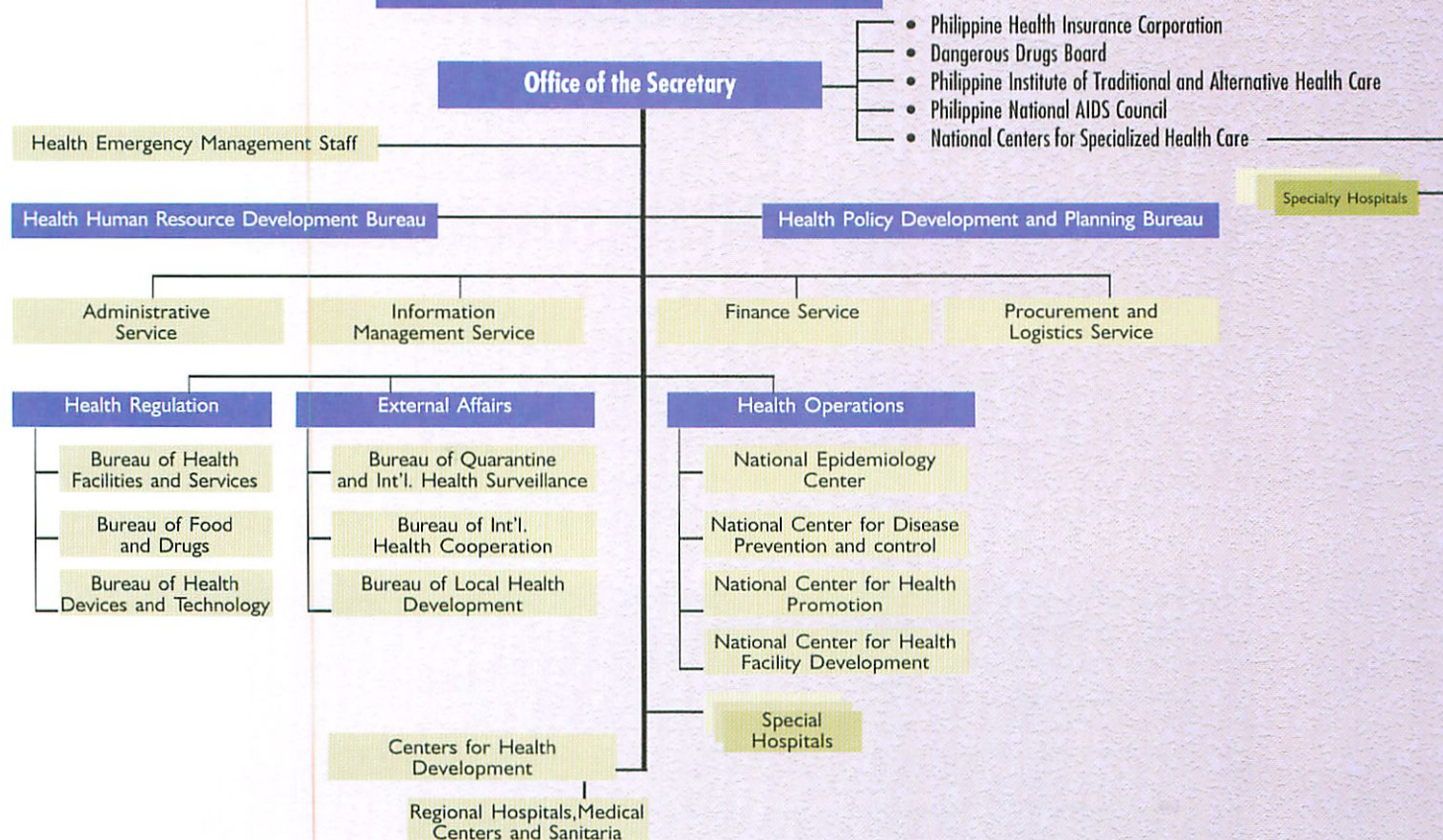
Rationalization and Streamlining Plan

The DOH is the first government agency to pursue reorganization, with the implementation of its Rationalization and Streamlining Plan (RSP) for the Central Office. Executive Order No. 102 "Redirecting the Functions and Operations of the Department of Health", gave the mandate for the DOH to institute its latest organizational reform. A new DOH structure was formed consistent with its new roles and functions.

The Notice of Organization, Staffing and Compensation Action approved by the Department of Budget and Management (DBM) in July 2000 reduced the central office plantilla positions from 2,937 to 1,299. Over 90 percent of these personnel have been issued new appointments duly approved by the Civil Service Commission. The excess central office plantilla items were redistributed to other DOH operating units and frontline service areas like the Centers for Health Development (CHDs) and hospitals and attached agencies to make these offices more responsive to the needs of the public and its other constituents.

The organizational change in the DOH was guided by the following principles:
leaner and better central office;
stronger and more responsive regional offices;
technical leadership over local health systems;
public health concepts fully integrated in hospital systems;
stronger regulatory mechanisms for quality assurance in health;
and, stronger National Health Insurance System.

The Department of Health Under E.O. 102



Mindanao Health Development Office

The armed conflict in Mindanao left hundreds of thousands homeless, aggravating the health situation of the population and its vulnerable groups, consisting mainly of indigenous peoples (IPs) situated in hinterlands or inaccessible areas, the urban poor communities, and the other disadvantaged sectors of Mindanao.

While innovations in pursuit of HSRA are being carried out in Mindanao, the coupled special health needs of conflict affected areas led to the establishment of the Mindanao Health Development Office (MHDO) through Department Order No. 391-6 issued on November 13, 2000.

No less than the Undersecretary of Health Milagros L. Fernandez was assigned top command of the MHDO to spearhead the development of the Mindanao Health Plan and direct all efforts of the MHDO to efficiently and effectively implement the health sector wide reforms in Mindanao.

Health Sector Reform Agenda Implementation Plan

The HSRA requires interdependence and synchronization of the implementation of reforms in local health systems, public health systems, hospital systems, health regulation, and health financing. The conceptualized Health Sector Reform Agenda Implementation Plan (HSRAIP) outlines the institutional and site specific activities and strategies for the five reform areas, to be undertaken over a four-year period.

The HSRAIP employs selected advance implementation sites that will serve as convergence areas for implementation of an integrated and comprehensive package of reforms by the DOH, Philhealth, and LGUs.

Successful implementation in a convergence site should generate support in favor of the reform agenda and inspire other LGUs and political offices to advocate for the implementation of the HSRA within their jurisdiction.

The HSRAIP will result in:

- increased health insurance coverage;
- access to equitable and cost effective public and private health care delivery;
- adequate supply of quality, safe, and affordable medicines and medical equipment; and,
- sustained health financing participated in by all stake-holders.

Three Project Packages for Health Sector Reform

The estimated public investments for HSRA is P112 billion over the next five years. Definitive sections of this investment plan have been initially identified in three main project packages and submitted to the National Economic and Development Authority (NEDA), DBM, and the Department of Finance. The three project packages is comprised of a total of 19 projects with a total cost of P91.13 billion.

Package I Project consists mainly of programs for systems development which will provide the foundation for the implementation and institutionalization of the different reform areas of the HSRA.

Project Package I

- Health Insurance for Indigent Project
- Hospital Fiscal Autonomy and Corporatization
- Universal DOTS in 2004
- Institutionalizing Local Health System thru Facilities Enhancement
- National Pharmaceutical Policy Project

Package II focuses more on the infrastructure and equipment component that will strengthen the management capability and systems development specified in the Package I projects.

Project Package II

- National Center for Disease Prevention and Health Promotion
- Philippine Center for Specialized Healthcare
- Asia-Pacific Institutes for Health Leadership
- Development of an Information Technology System and Web Application for Regulatory Agencies
- Information Technology System for the DOH Financial Management Reforms
- Philippine Blood Transfusion Center
- HIV/STD Support Network

Package III consists mainly of the retooling and retraining of the health human resources to better adapt to the changing health needs of the country, and the development of support systems.

Project Package III

- Development of Electronic Network and International Health Surveillance
- Expansion of the Implementation of the Hospital Operation and Development of an Integrated Information System in 5 other hospitals in Metro Manila Complex
- Development of an Integrated Management Information System for Licensing and Regulation
- Development of Health Passport Initiative MIS
- BFAD Information Technology
- Human Resource Development Plan in Support to the HSRA
- Benefit Monitoring and Evaluation of the HSRA

Parallel Drug Importation

Parallel Drug Importation (PDI) was undertaken by DOH in coordination with the Department of Trade and Industry (DTI) to address the high cost of drugs in the country. Drug prices in the Philippines are found to be more expensive by 40 to 70 percent compared to other Asian countries.

The PDI is a marketing scheme that will bring into the country quality and affordable drugs and medicines which are equally safe and efficacious but are more affordable compared to its local branded counterparts. At present, DTI, through the Philippine International Trading Corporation, handles the negotiations, importation process, and distribution of the imported drugs to DOH outlets. The Bureau of Food and Drugs (BFAD) of the DOH facilitates registration and selection of outlets, price monitoring, and post marketing surveillance.

The imported medicines are priced five times cheaper than their local branded counterparts. The initial shipment, which cost P1.5 million, has a local value of around P5 million. The second shipment, which is due late in January 2001, amounts to P20 million. This accounts to nearly 500 percent savings for consumers who avail of the imported drugs at DOH participating hospitals.

**Comparative Drug Prices
of Parallel Drug Imports vs. Local Branded Counterparts**
First Shipment, November 2000
(In Pesos)

Generic Name/Brand Name	Price of Local Branded Counter- parts in Private Drug Outlets	Price of Parallel Drug Imports in the 7 DOH Hospitals	Price Difference (A-B)	% Savings (C/B) x 100%
	A	B	C	D
1. Salbutamol (Ventolin/ Ventorlin) 100 mcg/dose x 200 doses MDI	294.75	198.51	96.24	48.48
2. Cotrimoxazole (Bactrim) 800 mg SMZ + 160 mg tablet	24.10	4.73	19.37	409.51
3. Co-Amoxiclav (Augmentin) 375 mg tab.	62.75	59.37	3.38	5.69
4. Co-Amoxiclav (Augmentin) 625 mg tab.	84.70	74.69	10.01	13.40
5. Glibenclamide (Daonil) 2.5 mg tablet	4.00	1.21	2.79	230.58
6. Glibenclamide (Daonil) 5 mg tablet	7.75	2.08	5.67	272.60
7. Nifedipine (Adalat Retard) 20 mg capsule	25.25	4.54	20.71	456.17

* Costs as of year 2000.

MAJOR ACCOMPLISHMENTS IN REFORMS

This year, several innovative projects and programs have been approved and started in pursuit of the HSRA goals and objectives. The accomplishments have been categorized by major reform area of the HSRA.

LOCAL HEALTH SYSTEMS

Local Health Systems Development (LHSD) aims to assist the LGUs in achieving a more efficient and effective delivery of health services. It focuses on four strategies: realization of NOH through decentralized decision making process; DOH-LGU partnership for quality improvement; performance-based grants and cost sharing; and, universal social health insurance coverage or Health Passport.

Major institutionalization processes were done in this reform area. Regional strategic planning workshops on local health systems were done. Inter-local health zones were established in different LGUs as mandated by Executive Order No. 205 issued on January 31, 2000.

Six LHS operational models have been developed to assist the LGUs in the development and institutionalization of models and best practices on local health systems and quality health services. These are the Regional Health Systems Development Program, Urban Health Program, District Health Systems Development Program, Small Island and Geographically Isolated Areas, Local Health Care Financing, and Quality Improvement Program.

A total of 64 health passport sites were identified as well as areas for Collaborating Centers projects.

Quality Improvement Program or Sentrong Sigla

Started in 1999, the Sentrong Sigla Movement (SSM) gained further ground by winning the prestigious Global Media Award for Excellence in population reporting sponsored by the Washington-based Population Institute in December 2000.

The SSM, which aims to promote quality and efficiency in health service delivery, provided incentives totaling to P75 million in awards to two provincial hospitals, four district hospitals, and 49 rural health units and health centers. During the second Annual Sentrong Sigla Awards held at San Fernando, La Union, President Joseph Estrada, Senator Juan Flavier, Health Secretary Alberto G. Romualdez Jr., and Health Undersecretary Susan Pineda-Mercado presented the various awards to LGUs that excelled in quality improvement.

Sentrong Sigla Movement
Certified Facilities and Awardees
2000

Region	Certified			Awarded		
	Rural Health Units	Hospital		Rural Health Units	Hospital	
		District	Provincial		District	Provincial
I	41	2	2	4		
II	12	2		3		
III	46	5		10	2	
IV	85	2	8	6		1
V	20	2	2	1	1	1
VI	13			1	1	
VII	27	4	1	2		
VIII	32	1	2	5		
IX	5			2		
X	13			3		
XI	43			2		
XII		1	1	1		
CARAGA	24	1	1	1		
ARMM	1			1		
CAR	24	1	1	1		
NCR	82			8		
TOTAL	458	21	18	49	4	2

Source: Bureau of Local Health Development

Collaborating Centers for Local Health Systems

The year 2000 also saw the establishment of seven collaborating centers (CC) providing specialized technical services in different areas nationwide. A Collaborating Center for Mental Health was established in Bataan; Population Health and Nutrition Center for National Capital Region; Healthy City Collaborating Center in Marikina City; Cebu Reference Laboratory for Tuberculosis; Collaborating Center for Patient Education in Diabetes at West Visayas Medical Center; Tacloban Collaborating Center for Schistosomiasis; and Collaborating Center for Patient Education in a tertiary hospital at UP-PGH.



Convergence Planning for Local Health Systems Development.



DOH Secretary Alberto G. Romualdez, Jr. during one of the Sentrong Sigla awarding Ceremonies.

Lingap para sa Mahirap Program

In line with the national anti-poverty thrust of government, the Lingap para sa Mahirap Program was created to provide an opportunity for government and the private sector to converge efforts as well as resources for poverty alleviation. Under this program, 11,887 families received health insurance from Philhealth and a total of P500 million was utilized for various health programs such as medical assistance, assistance to Rural Health Units (RHUs) and Barangay Health Stations (BHS), as well as Sustansya para sa Masa and Garantisadong Pambata programs.

Local Projects Desk

The Local Project Desk was created to support the requests of LGUs in improving their health facilities through the construction and upgrading of hospitals, RHUs, and BHS, and the acquisition of necessary equipment of these facilities. For CY 2000, projects worth a total of P27,240,365 was provided as support to LGUs.

Allocation of Major Components of Lingap Program

Component	Allocation
Medical Assistance	
* 100 poorest families	P 10,000.00
* Fund for Legislators	133,500.00
Assistance to RHUs and BHS	133,500.00
Public Health Assistance	
* Sustansya Para sa Masa	143,000.00
* Garantisadong Pambata	70,000.00
Administrative Fund	10,000.00
TOTAL	P 500,000.00

PUBLIC HEALTH

Reforms in this area aims to improve the delivery of public health programs and services by upgrading the management infrastructures, increasing investment in public health programs and developing technical expertise on public health at all levels of the health care delivery system.

Polio-Free Philippines

In November 2000, the World Health Organization declared the Philippines, along with the rest of the Western Pacific Region, as "polio-free". This was realized after years of hardwork and relentless efforts by government, international agencies, community service organizations, and public health officers of the Western Pacific Region. To protect this gain, the DOH and LGUs covered more than nine million children under five years of age all over the country with an extra dose of oral polio vaccine during the annual mass immunization.

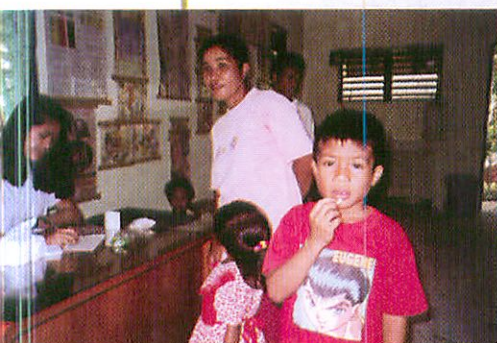
Tuberculosis Alert Campaign

Tuberculosis (TB) control remains as top priority in the health sector. Logistical support to achieve 90 percent coverage of the Directly Observed Treatment Short-Course (DOTS) Chemotherapy implementation have been continually ensured. This was further supported by the TB Alert Campaign launched, in celebration of National Lung Month last August, in Lipa City, Batangas; Las Piñas City; Tondo, Manila; and Quezon City, to heighten TB awareness in the community and among stakeholders. Implementation of DOTS was also expanded to another 30 provinces, bringing to a total of 67 provinces and 62 cities the areas covered by DOTS in the country.

An investment package for TB was also proposed for universal DOTS coverage. This was incorporated in a five-year multi-year budget formulated and presented to the Social Development Committee, NEDA for funding.



A star-studded TB Alert campaign in Lipa City; with Mayor Vilma Santos, Senator Juan Flavio Velasco, running priest Father Robert Reyes, and Usec. Susie Pineda joining DOH Directors for a noble cause.



A child taking a deworming tablet during the National Deworming Day.

"Garantisadong Pambata" (Pre-schooler's Week)

Preschoolers continued to receive a comprehensive package of health services through the Garantisadong Pambata (GP) campaign. This bi-annual event is aimed to reduce childhood illness and deaths by promoting positive child care behaviors. GP ensures that all children below five years old receive the health services that they need to be healthy. Children who missed the routine health services and those living in remote areas are given special attention during GP week.

The GP 2000 in April and October accomplished more than 80 percent coverage of millions of children who received essential nutrients like iron and Vitamin A, deworming drugs, immunization, and other essential health services included in the campaign.

In line with the aim of vaccine self sufficiency in the country, a Modular Biological Production Unit was purchased to be set up at the Research Institute for Tropical Medicine (RITM) in Alabang.



During Garantisadong Pambata campaign where the children are provided with essential health services.

Prevention and Control of other Infectious Diseases

A new strategy called "Mass Treatment of High Risk Population" aimed to eliminate schistosomiasis and filariasis, and to control the prevalence of soil transmitted helminthiasis was implemented nationwide in CARAGA and Eastern Visayas. Ensuring the treatment of potential carriers of the above diseases in selected high risk areas or vulnerable group, is the most cost-effective and cost-efficient method of reducing transmission. Mass treatment was also done on November 30, 2000, the National Deworming Day.

Women and Child Health

Several programs for the protection and welfare of women and children were strengthened. A strategy paper and directional plan on adolescent health were formulated under the Adolescent and Youth Health Development Program. There were 39 Women and Child Protection Units (WCPU) established all over the country to provide personalized gender-sensitive and quick response approach to women and children who are victims and survivors of abuse. A guideline was developed for the provision of health services to children affected or exposed to armed conflict, and their access to these health services through the established WCPU.



Collaborating Centers for Public Health

Several Collaborating Centers (CC) developed for Public Health programs are now functional.

- Infectious Diseases CC in RITM and San Lazaro Hospital;
- Schistosomiasis and other Helminthiasis CC in Leyte;
- Vector Borne Diseases CC in Davao City;
- Tuberculosis CC in Cagayan de Oro;
- Malaria CC in Baguio City;
- CC for Environmental and Occupational Health in CHD Southern Mindanao;
- CC for Disability Prevention, Treatment, and Rehabilitation in Western Visayas; and,
- CC for Older Persons in Zamboanga City Medical Center.

Health Promotion

Health promotion plays an important role in advocating support for the different disease control programs. The year 2000 showed the beginning of upgrading in health promotion activities and capabilities at all levels of the health sector.

Public Health Forum

A monthly forum on public health was conducted by the DOH in collaboration with the Philippine Council for Health Research and Development and the University of the Philippines Manila to increase the effectiveness of health researches through media dissemination. Its aim is to contribute to public awareness, increased utilization of researches for developing, and improving health programs and facilitate appropriate action among stakeholders.

Farm Safety Symposium

To promote health at the workplace, the National Center for Health Promotion, in coordination with the Agricultural Technological Institute and Safety Organization of the Philippines conducted a Farm Safety Symposium. It was attended by 286 participants composed of DOH occupational health coordinators from different regions, 4-H coordinators, association of farmers, farmers leaders, and LGU representatives of Zamboanga del Norte, Zamboanga del Sur, Basilan, and Zamboanga City.

Population, Health, and Nutrition Communication Center

The Population, Health and Nutrition Communication Center (PHNCC), a collaborative effort of the DOH, the Philippine Information Agency, the Bureau of Broadcast Service, and Johns Hopkins University was established to mainstream family planning and public health information through government communication networks. For 2000, PHNCC produced weekly radio programs, mounted special exhibits, trained staff in broadcasting and information management, and set up regional hubs in La Union, Dagupan City, Baguio City, Legaspi City, Iloilo City, Cagayan de Oro City, Cebu City, and Davao City.

HOSPITAL SYSTEMS

This reform area aims to rationally upgrade and revitalize the critical capacities of the DOH hospitals, provincial and core district hospitals for quality service and for responsive and fiscal autonomy.

Philippine Hospital Development Plan

To enable government hospitals to render the highest quality of care to a greater number of Filipinos, the Comprehensive Philippine Hospital Development Plan (PHDP) was formulated to develop a responsive Philippine Hospital System for equity and quality health care. It identifies hospitals and networks for strategic development within the country.

Several projects for the upgrading of both national and local hospitals under the PHDP have been approved. The first hospital to benefit under the PHDP is the Amang Rodriguez Memorial Hospital which has been converted into a Medical Center and its hospital equipment modernized.

Template Bill on Hospital Corporatization

The Template Bill on Hospital Corporatization also known as Corporate Restructuring of Hospitals was drafted this year to establish a system for providing fiscal autonomy to government hospitals. This template when approved will ensure the organizational productivity and efficiency of hospitals leading to fiscal and managerial autonomy and the delivery of quality, equitable, accessible and affordable health care to all.

In order to develop a program for sound conversion of government hospitals to fiscally autonomous units, sixteen (16) DOH hospitals were assessed for possible conversion to fiscally autonomous units, of which two (2) were chosen to be pilot hospitals for conversion.

The NEDA Board approved the investment package for hospital upgrading projects for four (4) DOH hospitals, twelve (12) provincial hospitals, and seven (7) district hospitals.



Promotive and Preventive Health Care in Hospitals

Government hospitals are expected to provide not only curative and rehabilitative care but promotive and preventive health services as well. Administrative Order No. 180 s. 2000 was issued enjoining hospitals to create a public health unit which will ensure integration of principles and policies on health promotion and disease prevention in the community and hospital.



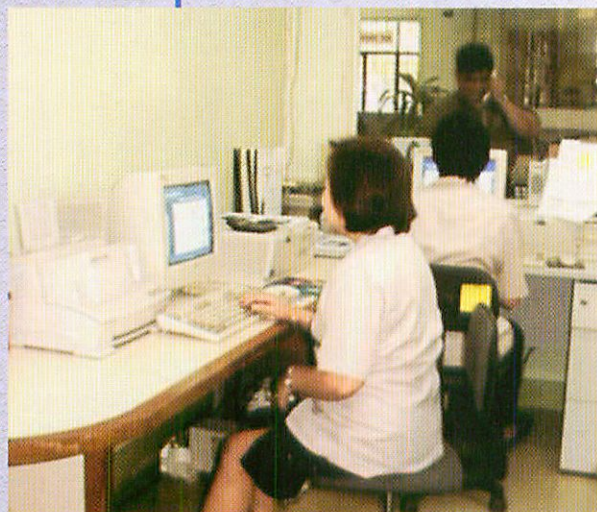
National Voluntary Blood Services Program

The National Voluntary Blood Services Program continued to ensure safe, adequate, accessible, and rational blood use through the network of modernized national and regional blood centers operating on a purely voluntary and non-remunerated blood donation system.

Hospital Information System

To ensure accurate and readily available indices for health planning and policy development, the Hospital Operation and Management Information System (HOMIS) was established. This computer program upgrades routine data collection through computerization, linking patients' information and hospital performance.

The Integrated Hospital Operation Management Program (IHOMP) software was installed in another three (3) LGU hospitals this year. There were thirty six (36) DOH and seven (7) LGU hospitals assessed on the implementation of the program. Monitoring and evaluation of IHOMP implementation in twenty two (22) pilot hospitals, thirteen (13) DOH hospitals, six (6) LGU, and three (3) private hospitals were also conducted. HOMIS software were also installed in pilot hospitals, ten (10) hospitals with module I, and forty (40) hospitals with module II.



HEALTH REGULATION

This reform area aims to identify and address the gaps in health regulation; strengthen central and CHD offices in terms of standards development, regulation, licensing and enforcement; and develop new regulatory instruments to promote competition, cost containment, accessibility, and quality assurance in health care.

Reforms in health regulation continue to ensure that our people have access to adequate, high quality health care at affordable cost. Taking the lead among the many initiatives is the move to lower the cost of pharmaceuticals.



DOH Model Botika

One of the strategies to make pharmaceuticals more affordable is the DOH Model Botika (Integrated Hospital Pharmacy Program) which will sell low-priced but effective drugs and medicines. There were three pilot Model Botikas located in the Jose Reyes Memorial Medical Center, the Davao Regional Hospital, and in the Western Visayas Medical Center, established in January 2000. Several hospitals like the Davao Medical Center have also initiated efforts on the Model Botika.

DOH Gawad Botika ng Sentrong Sigla

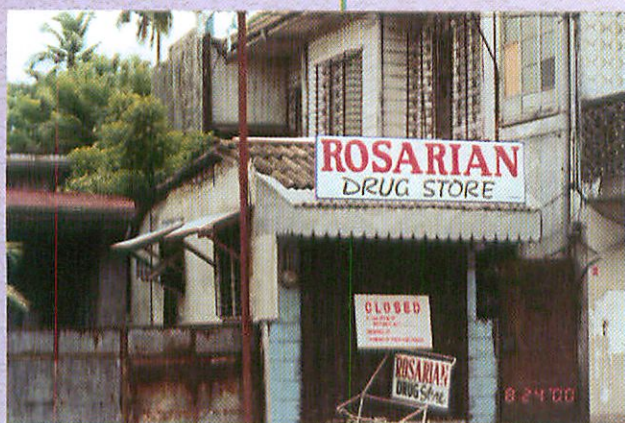
Launched in September 2000 during the Generics Month Celebration, the Gawad Botika ng Sentrong Sigla is a scheme which provides incentives to retail drug outlets that continuously support the implementation of the generics law. This program aims to improve and strengthen the facilities and services rendered by drug outlets towards quality pharmaceutical care.

Ground Breaking Ceremonies for Satellite Laboratories

Plans have been made for strengthening of BFAD's capabilities including the establishment of satellite laboratories in Visayas and Mindanao. The construction of BFAD satellite laboratories in Mandaue City, Cebu and in Tagum City, Davao del Norte was started in November 2000 with the groundbreaking ceremonies attended by the Secretary of Health and the city mayors. The operationalization of these laboratories will provide the Visayas and Mindanao more accessible and efficient laboratory services, and faster registration and licensing services.

Philippine National Drug Formulary

The Philippine National Drug Formulary (PNDF) is a major tool in promoting rational drug use. Under Executive Order No. 49 s. 1993, only drugs listed in the current edition are to be allowed for procurement in government agencies and institutions. The Philippine Health Insurance Corporation use the PNDP as basis for the reimbursement of claims for drugs by its members. The PNDP Vol. I, 5th ed. (2000) was published in series in the Starweek Magazine and printed copies were disseminated to DOH offices, CHDs, DOH hospitals, drug industry members, Philhealth, and other stakeholders.



Inspection of Drug Outlets and Accreditation of Drug Companies

BFAD continues to regularly inspect drug outlets. There were 123 violative drug outlets and establishments which were closed down due to violations. Likewise, the accreditation of 15 pharmaceutical companies was suspended for supplying violative/substandard products to the DOH.

Drug Information Center

The Drug Information Center (DIC) at the Philippine National Drug Policy Program Office, established in 1999 continues to operate. The DIC caters to consumer complaints on substandard, violative, expired drugs, unethical pharmaceutical and medical practices and drug prices which are received through mail, telephone, fax, e-mail, or personal contact. The DIC empowers people by providing them with accurate, reliable, and unbiased information. Response on the complaints is given immediately, or within three working days depending on the nature of the query.

Essential Drug Price Monitoring System

Major moves in regulatory reforms are complemented by efforts on drug price monitoring. The prices of thirty-seven essential drugs from a maximum of thirty randomly selected chain/big drug outlets for each region are monitored monthly. A software program has been developed to generate information useful in the formulation of drug pricing policies.

HEALTH FINANCING

This reform area involves improving Philhealth program benefits, expanding membership coverage, and using the benefit spending to leverage for improving services.

The year 2000 has been a remarkable year for Philhealth and the National Health Insurance Program. Benefit payments and collections soared 60 percent and 53 percent respectively from the previous year's figures. To bring services closer to its members, Philhealth opened 32 service offices nationwide in addition to its information desks. Membership recruitment was stepped up to cover the majority but previously uncovered sectors, the self-employed, and the indigents.

Medicare para sa Masa

Coverage for the Medicare para sa Masa increased by almost fourfold in 2000 over its coverage in 1999. More LGUs participated in the program in 2000 than in its two and a half years of existence combined.

Outpatient Diagnostic Package

In its efforts to expand benefit package, Philhealth launched the Outpatient Diagnostic Package. The program, which is now implemented in Pasay City and Laguna will be implemented soon in Capiz, South Cotabato, and Sagay City. The package includes fees for consultation with a physician and for such diagnostic procedures like urine, stool and sputum examination, chest x-ray, and complete blood count. In its bid to assist the LGUs in their efforts to improve health service delivery, Philhealth will be financing these services provided by RHUs.



Indigent Program

The indigent program enrolled about 344,000 households or 1.6 million beneficiaries in 2000. There are 116 LGUs who signed a Memorandum of Agreement (MOA) for the implementation of the program. This program also received very encouraging support from the members of the House of Representatives through the Lingap para sa Mahirap Program and later through the Priority Development Assistance Fund. A total of P31,305,000 was provided to support the implementation of the program.

Individually Paying Program

Membership in the Individually Paying Program, launched in the last quarter of 1999, has increased 15 times. From a membership of 32,944 in 1999, it increased to almost half a million by the end of year 2000. It surpassed its target by 20 percent. Through extensive marketing and information efforts, the program targets the highly variable informal and self-employed sector.

Accreditation of Health Care Providers

Philhealth seeks to expand its pool of accredited health care providers. For year 2000, Philhealth started the accreditation of RHUs. The development of accreditation guidelines for nurses, midwives, and outpatient clinics for the low-risk maternity care package are in the final stages of development, in time for implementation in 2001.

ACCOMPLISHMENTS OF CENTERS FOR HEALTH DEVELOPMENT

CHD Ilocos

- Attained 100% DOTS implementation throughout the 4 provinces
- Implemented and expanded the Community-based Cancer Care Network
- Conducted assessment of RHUs and CHOs through the research project entitled "Assessment of the Performance of Local Health Units in the Philippines"
- Opened two new hospitals namely Metro-Vigan Cooperative Hospital and Paciencia Gonzales Memorial Emergency Hospital
- Operationalized 24 new Botika sa Barangay
- Provided scholarship grants to 9 scholars-daughters of accredited Barangay Health Workers
- Completed 14 "Water for Life" projects

CHD Cordillera

- Organized 6 ILHZ with the Chico River District as an inter-provincial health zone
- Established 5 Municipal Epidemiology Surveillance Unit and 1 Provincial Epidemiological Surveillance Unit
- Conducted mapping of all RHUs and Government hospitals for the Geographical Information System where the facilities are included in the national ATLAS
- Created the Regional Technical Assistance Team (RTAT) by province
- Advocated the establishment of community based insurance

CHD Cagayan Valley

- Establishment of Epidemiological Surveillance Units in 4 provinces and 1 city
- Awarded outstanding in Acute Flaccid Paralysis surveillance

CHD Central Luzon

- Identified additional 9 District Hospitals for implementation of the United Local Health System
- Started the implementation of the Unified Licensing Scheme in the region
- Created a Health Passport Committee to ensure "Universal Coverage by the year 2004"
- Implemented the Regional Licensing Information System

CHD Metro Manila

- Issued Philhealth card to 1,051 indigent families as the 100 poorest of the poor families
- Created advisory board for the 2 operational Integrated District Health Systems, Las Piñas and in Valenzuela
- Maintained functional validation center in all 17 municipalities for implementation of DOTS
- Nine (9) LGUs have signed MOA with Philhealth for the Medicare para sa Masa Program

CHD Southern Tagalog

- Launched TB Alert Campaign in Lipa City, Batangas
- Established 2 Local Epidemiology and Surveillance Unit in Cavite and Quezon provinces
- Conducted baseline Provincial Health Accounts
- Established 4 ILHZ and 1 Urban Interlocal Health Zone
- Established the Regional FAP information system

CHD Bicol

- Piloted Building Inter-Local Cooperation on Local (BICOL) Health System in 8 areas of the 5 provinces
- Facilitated the enrollment of 616 poorest of the poor families to the Philhealth Indigent Program
- Launched Bicol Laban sa TB (BLTB)
- Formulated the Health Research Agenda in Bicol
- Conducted 15 Regional Symposia on Women and Family Health

CHD Western Visayas

- Provided grants for upgrading of 12 LGU hospitals
- Expanded implementation of DOTS in Iloilo province
- Launched Rabies Action Project in the Visayas (RAP-V)
- Maintained 3 collaborating centers namely: Patient Education on Diabetes Mellitus and its Complications (WVMC); National Voluntary Blood Service Program (CLMMRH); and Population Health and Nutrition Communication Center (CHD 6)
- Established 13 Inter-Local Health Zones
- Undertook the profiling of 68 small islands in northern Iloilo for the pilot implementation of the Small Island Health System Development (SIHSD)
- Developed conceptual framework for the SIHSD
- Established a computerized data bank on food and drug
- Established its own Local Area Network (LAN)
- Organized Financial Planning and Monitoring Committee

CHD Central Visayas

- Established 12 ILHZ/District Health System
- Twenty-nine high school students were granted scholarship under the BHW One-Child Scholarship Program
- Institutionalized masterlisting of food and drug establishment
- Developed a 5-year Strategic Plan on LHSD
- Rated Excellent by WHO on its Research on Drug Susceptibility Test Quality Control for WHO Strains
- Conducted Groundbreaking Ceremonies for the BFAD Visayas laboratory located at Mandaue City, Cebu

CHD Eastern Visayas

- Launched National Anti-Poverty Action Agenda
- Organized Regional Interagency health Disaster Team
- Launched the Schistosomiasis Mass Treatment, with the signing of Declaration of Commitment for LGU and other partners
- Set-up Mini BFAD Laboratory
- Integrated Community Health Plans to Barangay Development Plan and into Municipal Development Plan in 3 municipalities in Leyte



CHD Western Mindanao

- Collaborated with LGUs in the enrollment of 17,605 indigent families in the Philhealth Indigency Program
- Organized 12 Inter-Local Health Zones and maintained 2 functional ILHZ
- Organized 2 Urban Health System and 1 Small Island Health System
- Recognized 11 RHUs as Outstanding DOTS Implementors with 95% DOTS coverage in the region
- Established Collaborating Center on Child Health and proposed Collaborating Center for health of Older Persons
- Awarded for outstanding performance in Acute Flaccid Paralysis Surveillance
- Upgraded the Schistosomiasis and Mosquito Unit to Vector Disease Control Center in Molave, Zamboanga del Sur for regional coverage
- Institutionalized the Sustansya Para sa Masa Cooking Demonstration on television Show (ABS-CBN Zamboanga Station) every Sunday from 9:00 to 9:30 AM
- Launched the Western Mindanao Health Research Journal
- Established 16 Little Dengue Brigades in Zamboanga del Norte and Zamboanga City
- Established 20 Botika ng Barangay

CHD Northern Mindanao

- Established Provincial Epidemiology Surveillance Unit in Misamis Oriental
- Facilitated the organization of 17 Inter-Local Health Zones
- Established weighing posts in 5 barangays of Cagayan de Oro where health and nutrition activities are conducted
- Provided 47 new Binocular Microscopes to DOTS areas
- Expanded the Comprehensive Dental Health Program in the provinces of Bukidnon, Misamis Oriental and Misamis Occidental

CHD Southern Mindanao

- Organized 15 Inter-Local Health Zones, 1 Small Island Health System and 1 Urban Health System
- Installed the computerized Regional Health Information System 2000 in 6 provinces, 2 cities and 24 municipalities
- Provided quick medical response to victims and relatives of the Air Philippines plane crash
- Established 27 Local Epidemiological Surveillance Unit
- Hosted 1st Mindanao Epidemiology Forum
- Completed Aedes Survey in highly endemic areas of Davao City for baseline data in larva indices
- Conducted Groundbreaking ceremonies for the BFAD Mindanao Laboratory located at Apokon, Tagum City

CHD Central Mindanao

- Supported the institutionalization of Mindanao Health Development Office
- Assisted 4 provinces in the establishment of Inter-Local Health Zones
- Launched TB Alert Campaign
- Established the Collaborating Center on Epidemiology and Surveillance
- Enrolled 41,693 indigent families to the LGU Indigency Program of Philhealth
- Conducted mass treatment for Schistosomiasis in 244 barangays and 41 municipalities
- Facilitated the organization of 44 Farmers Organization Against Schistosomiasis, and other health clubs within the region

CHD Caraga

- Assisted LGUs in the formulation of their 3-year Strategic and Annual Health Plans
- Facilitated replication of Inter-Local Health Zones in 3 provinces
- Installed District Health System regionwide
- Provided Philhealth Cards to 536 indigent families
- Re-organized 7 Disaster Teams within the region

ACCOMPLISHMENTS OF DOH HOSPITALS

- Certified nine hospitals as Mother and Baby Friendly Hospitals in Ilocos
- Established Public Health Unit at Mariano Marcos Memorial Hospital
- Opened a new specialty unit called Gastrointestinal Unit at the Cagayan Valley Medical Center
- Started the National Mental Health Outreach Program in CVMC
- CVMC conducted medical mission in cataract extraction
- Opened an Acupuncture Complex at the Veterans Regional Hospital
- Established Hemodialysis Section at the Jose Lingad Memorial General Hospital
- Institutionalized the computerization of hospital services at the Dr. Paulino Garcia Memorial Research and Medical Center
- Certified 15 hospitals as Mother and Baby Friendly Hospitals
 - Created a Public Health Unit and established a Cardiac Rehabilitation Unit in Western Visayas Medical Center
 - Supported Cataract Outreach Mission of the Vicente Sotto Memorial Medical Center
 - Coordinated government and private hospitals on Hospital Waste Management in Central Visayas
 - Supported nine cataract outreach mission in CHD Eastern Visayas
 - Initiated pre-corporatization practices and implementation of IHOMP at Eastern Visayas Medical Center
 - Accredited 54 government and private hospitals as mother-baby friendly hospitals in Western Mindanao
 - Established the Cardiac Rehabilitation Center at Zamboanga City Medical Center
 - Established a center for rehabilitation at the Mindanao Central Sanitarium
- Conducted Sagip Mata surgical outreach mission at Siocon District Hospital, Zamboanga del Norte.
- Zamboanga City Medical Center received another 5-star award for quality x-ray services during the 7th Star Awards Ceremony
- Established Public Health Units in 6 National Hospitals of CHD Western Mindanao
- Converted 24 hospitals/clinics into mother and baby friendly hospital in Bukidnon
 - Conducted free surgical operations under the Kahimsog Mo, Tulubagan Ko Program
 - Started the initial implementation of the IHOMP at the Northern Mindanao Medical Center
 - Implemented the two-way referral system in all levels at the Mayor Hilarion Ramiro Sr., Training and Teaching Hospital
 - Established physical examination of employees of other Government Line Agencies at the Baguio General Hospital and Medical Center
 - Organized therapeutic committees in four hospitals in CAR
 - The Philippine Heart Center supported the Heart Foundation of the Philippines in the surgical missions conducted in Iba, Zambales and Legaspi City, Albay. Open-heart surgeries were performed for free on indigent patients referred by the local hospitals and the Philippine Heart Association chapters to the DOH regional hospitals.
 - The National Kidney and Transplant Institute (NKTi) Transplant Team performed the first kidney transplant in Naga City. Its Center for Special Services (Urology Unit, Endoscopy Unit, Chemotherapy/Transfusion and Pain Unit) was established providing same-day services, which spares patients from hospital admission and longer hospitalization. Due to improved financial performance, NKTi was able to purchase major equipment like spiral CT scan machine, digital radiographic and fluoroscopic machine.
 - The Philippine Children's Medical Center (PCMC) expanded its services by inaugurating its Pediatric Blood Center and Early Intervention Program for the Hearing-Impaired. It also started its Eye Care Program. PCMC created its Medical Records Quality Assurance Committee for the improvement of medical records and library facilities.



- Lung Center of the Philippines. The year 2000 was a turning point for the LCP with the reconstruction of the new building, progressing from about 36 percent at the beginning of the year to about 81 percent by the yearend. There was a gradual steady return of the volume of outpatients seen at the LCP prior to the fire which gutted down the hospital in 1998. While the LCP had essentially fulfilled all major medical requirements for a tertiary hospital, a few minor building requirements remain to be completed.
- The Jose Reyes Memorial Medical Center launched its DOTS/TB Clinic, Rayuma Clinic, Stroke Clinic, Seizure Club, Diabetic Foot Clinic, HINGA (Hika Natin, Gamutin Agad), Spine, Osteoporosis and Arthritic Clinic, and conducted 92 OPD lectures dubbed as "Isang Tanong, Isang Sagot".
 - The San Lazaro Hospital was designated this year as the National Reference Laboratory for HIV/AIDS and STDs. It has revised standard operating procedures (SOP) in the clinical management of diseases. It also started its implementation of the HSRA with the creation of several committees and a finance division.
 - Dr. Jose Fabella Memorial Hospital has been conferred with a four-star award-quality in X-ray service. It was designated as an Acute Flaccid Paralysis Surveillance Site and continued to provide excellent Midwifery Residency Training Program.
 - The Rizal Medical Center conducted various health promotion activities through the Center of Wellness-Public Health Unit and actively participated in the Kilusang Pangkalusugan ng Kawal at Beterano of the DOH.
 - The East Avenue Medical Center (EAMC) formally opened its Detoxification Unit. It created a Department of Public Health Unit integrating public health into hospital setting. Breast Care Center and Ear Care were also established. Hospital restructuring and system development started with the creation of committees to handle hospital reforms. Crimean Light was launched as the official newsletter of EAMC.
 - The National Children's Hospital and Tondo Medical Center supported the parallel drug importation providing cheaper but quality medicines to its clientele.

Profile of DOH Hospitals

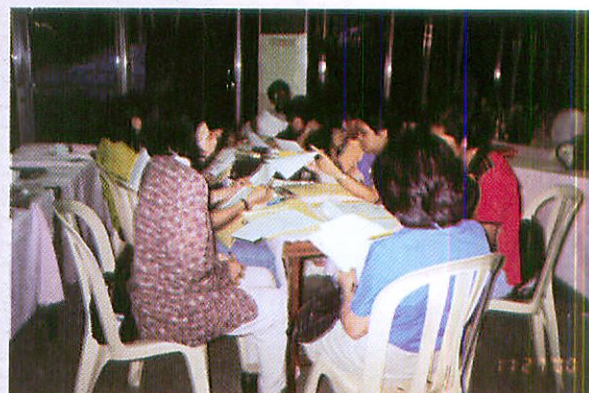
Indicator	Hospital Classification							TOTAL
	Specialty	Special*	MedicalCenter	Regional	Research	District	Renationalized	
Authorized bed capacity	717	2,185	6,400	2,350	75	150	112	11,989
Actual implementing bed	700	1,955	5,905	2,312	60	128	172	11,232
Occupancy rate	79.2	74.0	100.6	79.6	44.2	85.6	121.8	89.9
Total admission	21,494	101,744	396,127	155,359	1,529	12,366	15,019	703,638
Total no. of patient/day	196,609	590,637	2,351,032	683,140	12,091	41,853	57,250	3,932,612
Average no. of inpatients/day	538.6	1,618.2	6,441.2	1,871.6	33.1	114.7	156.8	10,774.3
Total newborn	774	41,109	110,489	35,760	0	5,693	2,503	196,328
Total surgery	8,639	53,035	198,171	64,108	0	9,887	5,097	338,937
Total outpatients served	153,272	567,063	2,767,755	750,252	81,891	62,119	57,790	4,410,142
Total prescription filled	1,437,066	22,282,079	6,212,630	1,514,332	125,295	126,032	34,344	31,731,778
Total radiological procedures	122,229	157,620	738,424	180,457	4,976	13,805	8,173	1,225,684
Total laboratory	944,989	1,168,769	7,521,437	2,018,493	85,742	151,923	194,554	12,085,907
Total discharges	29,034	101,474	402,507	143,779	1,532	12,356	14,949	705,631
Total death	1,600	53,01	23,620	6,284	115	543	568	38,031
Average length of stay	6.7	5.8	5.8	4.3	79	3.4	3.9	5.6
Autopsy	69	40	441	60	14	0	10	634
Gross death rate	5.5	5.2	5.9	4.4	7.5	4.4	3	5.4
Net death rate	3.5	2.5	2.0	1.8	4.5	1.0	1.3	2.4

* Excluding mental hospital and sanatoria.

OTHER ACCOMPLISHMENTS

LOCAL HEALTH

- The BLHD Urban Health Systems developed the social mobilization plan used during the launching of TB Alert Program with the communication plan developed by the National Center for Health Promotion
- Established the Health Leadership Project in November, to address the need for a training program that will bring together various disciplines that continue to influence health systems development
- Developed the Manual for the Operation Center, and the Guidelines on Health Emergency Management for CHDs, and the Guidelines on Hospital Preparedness and Planning to serve as guide for disaster coordinators during health emergencies
- Developed the Speaker's Bureau Manual for Operation Iwas Paputok to standardize response to questions related to the program
- Conducted the Metro Manila wide health sector drill on mass casualty bombing in four sites which was participated in by 20 organizations and 800 participants
- Mobilized a team on Critical Incident Stress Debriefing to assist the victims and relatives of calamities, armed conflicts in Mindanao, and other incidents



PUBLIC HEALTH

- Conducted the commemorative signing of the Memorandum of Agreement for the Rabies Action Project in the Visayas (RAP-V) on March 15, 2000 and the observance of the Rabies Awareness Month on March
- Conducted the national Convention on Degenerative Diseases on October 2000 with the theme "Health Sector Reform: Prevention and Control of Degenerative Diseases"
- Celebrated the World Aids Day Celebration on December 1, 2000, with the Theme: Men Make a Difference
- Collaborated with Rotary International (District 3810) for the Dengue Project on Advocacy and Information Campaign
- Developed a Family Health Care Model in the prevention, control, and elimination of filariasis in the Philippines
- Observed the Leprosy Control Week, which was highlighted by the conduct of Kilatis-Kutis Campaign
- Established Population Based Cancer Registries in Regions VI and XI.
- Conducted skills training on diabetes registry data management
- Coordinated the detoxification of seven children with elevated level of mercury
- The FETP fellows conducted 34 epidemic investigations and seven special studies. Ten scientific papers were presented during the training programs in Epidemiology and Public Health Intervention Network International Conference in Ottawa, Canada. A study on Typhoid Outbreak in a Coastal town in Cebu was also presented during the International Night of the Epidemic Intelligence service Annual Conference in Atlanta, Georgia, USA
- Five FETP fellows graduated from the training program on November, giving a total of 58 FETP graduates working in the various CHDs and LGUs
- 18 LGU health workers completed the Field Management Training Program in May with 20 applied management projects developed and implemented in their respective areas
- Developed, reproduced, and disseminated ICD-10 flyers and posters, oriented academes and hospitals, and conducted training of trainers for different health professionals; a task force was created to revise and update the ICD-10 Student Manual.



REGULATION

- Conducted radiation protection survey and evaluation of 1091 x-ray facilities and 1148 radio-frequency radiation cell site facilities nationwide for licensing purposes
- Accredited 72 medical equipment suppliers and hospital equipment service companies
- Celebrated the seventh Annual Star Awards Competition for Quality in X-ray Service
- Issued initial license to 623 government and 1089 private hospitals, 281 dental prosthetic laboratories, 20 dialysis clinics, 1,485 clinical laboratories, and 86 blood banks
- Accredited 146 medical clinics for overseas Filipino workers, eight ambulatory surgical clinics, 102 HIV testing laboratories and 36 water testing laboratories
- Issued clearances to operate to 20 health maintenance organizations
- Conducted workshop for the Modernization of the Bureau of Quarantine and International Health Surveillance, Subic Bay, Olongapo, on February 2000



World Aids Day

SUPPORT SERVICES

- Lead the development of the National Health Accounts with the National Statistical Coordination Board
- Formulated the Health Legislative Agenda
- Screened 25 research proposals in accordance with DOH research priorities
- Funded 10 research projects under the Essential National Health Research Program
- Assessed LGU Health Plans for CY 2000. A total of fifty nine (59) Provincial Health Plans and sixteen (16) HUC Plans were assessed by the NHPC Secretariat for commitments of Local Government Units (LGUs) to Inter-Local Health Zones (ILHZs), Local Health Board (LHB) strengthening, human resource development and key health programs. Major findings were a) 100% had commitments on capability building for local health personnel; b) 20% of the Plans focused more on their health priorities and program development based on local health needs; c) 25% of Plans had provisions inter-LGU cooperation; d) 10% of LGU Plans had provisions on the reactivation/strengthening of Local Health Boards (LHBs) and e) 24% of the Plans provided adequate share in funding local health programs/priorities.
- Developed the National Health Human Resources Plan, which aimed to achieve equitable distribution of Health Human Resources (HHR), appropriate health facilities with complementary HHR, and provide a monitoring system on the production and employment of health professional
- Oriented all the central office staff on HSRA, NOH, and RSP
- Conducted training on The Consulting process
- Continued implementation of the Qualifying Examination for Residency Training (QUERT) and the subsequent matching/rematching of QUERT eligibility and placement of LGU physician in DOH teaching and training hospitals
- Initiated the implementation of Rural Health Placement Team composed of health professionals who are deployed in various provinces and municipalities to complement existing the health human resources of LGUs
- Deployed 56 doctors to the barrios (DTTB) to remote and hard-to-reach municipalities
- Assigned 110 dispersal resident physicians to different provincial and district hospitals
- Formulated the National Health Atlas through the Information Management Service
- Developed three modules system designed for the hospital management information system
- Revised the time log/MRA system for Windows and developed financial monitoring system for Integrated Family Planning Maternal Health Program and Foreign Assistance Coordination Service System

FOREIGN-ASSISTED PROJECTS

The DOH is implementing 39 ODA-assisted projects worth \$540.6 million this year. This consists of nine loans worth \$162.02 million and 30 grants amounting to \$378.58 million.

These projects are jointly implemented by the DOH with partner LGUs and NGOs.

For the ninth ODA review, the loan assisted projects of the DOH amounted to \$177.2 million consisting of six stand alone projects: Urban Health and Nutrition Project (UHNP), Women's Health and Safe Motherhood Project (WHSMP), Integrated Community Health Services Project (ICHSP), Upgrading of Eulogio Rodriguez Hospital, Waste Water Treatment Project, and Upgrading of Radiological Capability of DOH Hospitals, and three sub-projects -- Early Childhood Development Project, Rural Water Supply And Sanitation Sector Project, and Water Resources Development Project.

Most of the major foreign-assisted projects demonstrated improved performance this year despite exceptional working condition in an agency undergoing reengineering. Extra efforts were exerted by the Project Management Offices to achieve critical benchmarks set by the Review Missions.

A Unified Project Management Office (UPMO) at the Bureau of International Health Cooperation has been created under the new DOH organizational setup to integrate the management of all DOH foreign-assisted projects. The UPMO works towards establishing an integrated system of project management, insuring that project objectives are in line with overall health objectives and ensuring that goal and objectives of projects are accomplished on time within budget and in conformity with sound technical performance.

Notable Accomplishments of Selected Projects

Unified GTZ Support. The GTZ initiated the Program Approach for GTZ-assisted projects in the health sector. The objective of this approach is to streamline the management of GTZ-assisted projects in consonance with the HSRA. The main focus of this program is geared towards increasing social health insurance coverage and improved quality of health services delivery. One of its components supports a revolving drug fund that is managed by pharmaceutical foundations that use social franchising as a mode of distribution to ensure sustainable access to good quality and affordable generic pharmaceuticals and medical devices at the community level.



Urban Health and Nutrition Project, the second largest project has since improved project implementation after the restructuring done in 1999. Under the restructured plan, the project underwent the needed organizational changes in terms of structure and manpower to fit the emerging and changing role of the DOH and its relation to the LGUs implementing the project. Project management of the UHNP was reconstituted to facilitate project implementation and enhance technical integration of project components to the national health programs.

A technical working committee composed of members from different units of the DOH was created to develop an Urban Health Program (UHP) integrating framework. This will link local initiatives addressing urban health concerns to desired national outcomes for urban health concerns in the country. This framework was drafted and finalized in the last quarter of 2000.



Dispensing Area of Famus Main



Famus Outlet

FINANCIAL REPORT

CY 2000 Budget

(In billion pesos)

Total Budget = 10.74 B

Particulars	Amount	%
General Administration and Support Services	1.28	11.9
Support to Operations	0.36	3.4
Operations	8.69	80.9
Locally-Funded Projects	0.14	1.3
Foreign-Assisted Projects	0.27	2.5
TOTAL	10.74 B	100

Appropriations by Expense Class CY 2000

(In billion pesos)

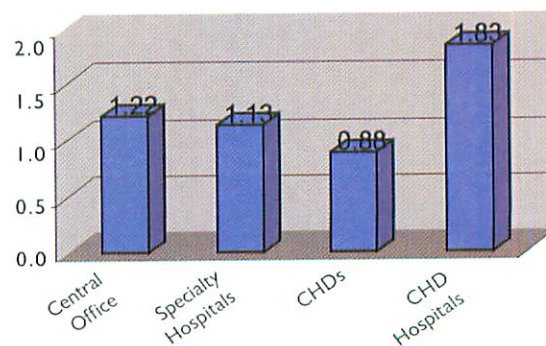
Particulars	Amt.	% Share
Breakdown by Expense (In pesos)		
A. Personal Services	5.03	46.83
B. Maintenance & other Operating Expenses	5.31	49.44
C. Capital Outlay	0.40	3.72
	10.74 B	100

MOOE Appropriations by Levels

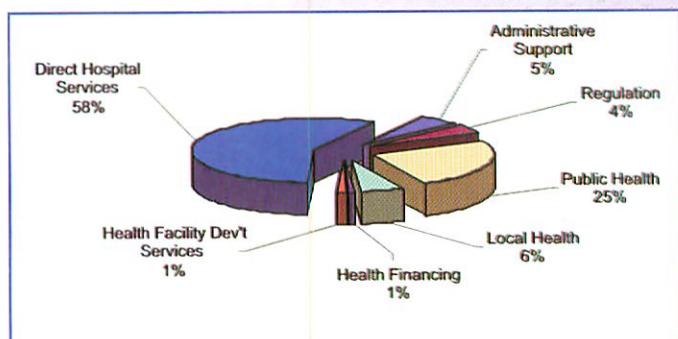
(In billion pesos)

About 24% of the 2000 budget was used for the Central Office; 22% for Metro Manila special hospitals, 17% for the Centers for Health Development (CHDs), and 37% for CHD hospitals.

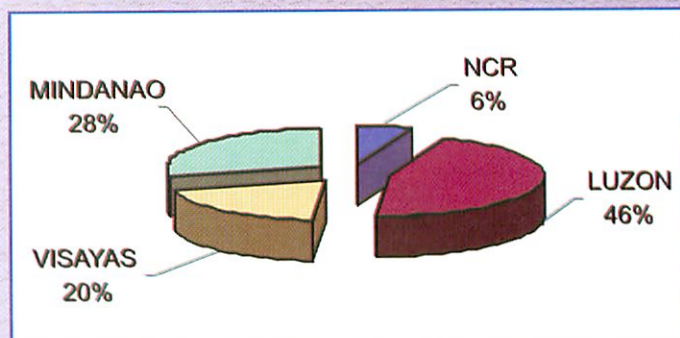
APPROPRIATIONS



Percentage of MOOE Appropriations by Function, CY 2000

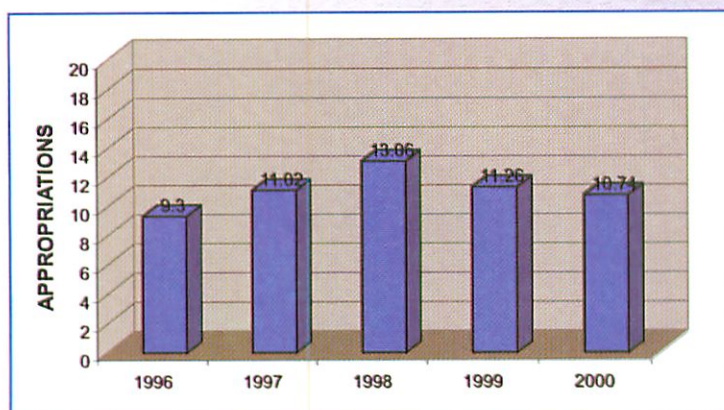


Percentage Appropriations by Geographical Location, CY 2000



Total Appropriations 1996-2000

(In billion pesos)

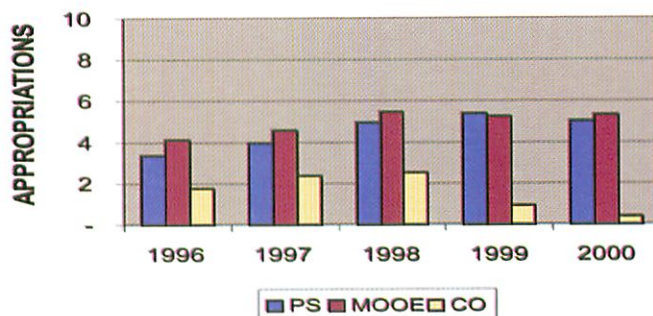


The DOH appropriation increased annually from 1996 to 1998, however it decreased in 1999 and further decreased in 2000.

Appropriations by Expense Class 1996-2000

(In billion pesos)

Maintenance and Other Operating Expenses (MOOE) accounted for the biggest share in the DOH appropriation for 1996-2000 followed by Personal Services (PS) and Capital Outlay (CO).



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Published by:

Health Policy Development and Planning Bureau
Department of Health

ISSN 1655-5988