

H1.11
An8
2002

Enlarging

Horizons for Health

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Message

The Department of Health (DOH) maintains itself as the primary institution that champions the health of the Filipino nation. With programs tailored for improving the health of all, the DOH has always been and still is the forerunner in achieving accessibility, availability, sustainability of quality health care for the Filipinos. However, the road to attaining this goal has never been easy. Philippine Healthcare had experienced a lot of challenges the past two years. With the advent of the new Government in the Calendar year 2001, the budgetary constraints imposed by the past administration slightly restricted the formulation of new Programs by the DOH. And yet, in spite of the transition, the DOH under the current leadership was able to improve on-going projects and pioneer other new ones all for the pursuit of a healthy Filipino nation.


This year 2002 was a year of partnerships, improvements, and firsts. In the midst of a consistently limited budget, achievements of the previous year were expanded. The coordination between the Government and its partners in the health sector were further strengthened. Records were set in terms of health pledges that were committed during the National Socio-Economic Summit. Through the Greater Medicare Access Program (GMA 500), the Philippine Health Insurance Program (Philhealth) was able to cover an estimated 43.6 M Filipinos nationwide with social health insurance. The "Gamot na Mabisa at Abot Kaya" (GMA 50) Program addressed the problem of high drug prices in the country. With the implementation of the Parallel Drug Importation (PDI) strategy, a 30 to 70% price reduction of the most commonly requested and purchased prescription medicines was achieved within the same year. The restructuring of the Bureau of Food and Drugs (BFAD) was also started. In effect, BFAD was able to shorten by half the time required for drug registration. BFAD was also able to launch the "BFAD Quality Seal" to ensure product excellence.

In this same year, the DOH attained an upper hand in the fight against the prevalent infectious diseases. This Department's effort to combat tuberculosis through the Directly Observed Treatment Short Course Implementation was truly commendable, achieving an unprecedented ninety-seven percent (97%) nationwide coverage. Our Department responded effectively to the emergence of a new strain of the poliovirus with a nationwide vaccination and public information campaign, dubbed as "Door to Door Patak Kontra Polio". The Program exceeded targeted goals and expectations by at least three (3)%.

Investment strategies, especially those that involved high investment and high impact programs, were prioritized in the face of limited and diminishing government resources. For better stewardship and resource management, a One Script Program was drawn out and eventually implemented. An investment framework to systematize reforms and to strengthen the relationships and cooperation with the partners in the health sector was also developed.

Thus, overall, we of the DOH have faced and overcome the challenges that have confronted us. We have expanded our horizons by increasing the coverage of our regular programs, as well as implemented new and necessary ones. In the end, the Filipino people have reaped the benefits of our victory.

Mabuhay tayong lahat!


MANUEL M. DAYRIT, MD, MSc
Secretary of Health



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ENLARGING

The year 2002 was marked by efforts in enlarging borders of action. The DOH continued to pursue expansions of achievements gained in the previous year. New strategies were implemented to cope up with challenges. In the midst of our limited resources, the support we received from partners in the health sectors were focused to help achieve specific targets.

Pledges Made during the 2001 State of the Nation Address

The DOH successfully accomplished what President Gloria Macapagal-Arroyo promised during her State of the Nation Address in 2001. These promises became pledges for health in the National Socio-Economic Summit. The first pledge is the enrollment of half a million beneficiaries into the social health insurance. Various campaign techniques were used by Philhealth to boost membership in its Indigent Program. Philhealth surpassed its target as it enrolled a total of 506,770 urban poor families or 2.5 M urban poor beneficiaries in June 2002. This figure is 5 times the target committed in 2001. Philhealth has now covered 53.4% of the entire Philippine population. Other strategies used in its enrolment included private sponsorship program, tapping organized groups as collecting agents for the Individually-Paying Program (IPP), and registration of non-paying members.

The other pledge for health made by the President is the reduction by half of the prices of commonly used drugs and medicines. The DOH in collaboration with the Department of Trade and Industry reduced by 50% the prices of drugs and medicines commonly used by the poor. This was achieved through the Gamot na Mabisa at Abot Kaya Project (GMA-50). GMA-50 was organized to spearhead the achievement of this objective by procuring drugs through Parallel Importation and distributing it to DOH and LGU hospitals. Supplemental strategies included the utilization of Botikang Barangays (BnBs) as outlets for over-the-counter (OTC) drugs while NFA rolling stores become outlets for OTCs and sambong and lagundi.

GAMOT NA MABISA AT ABOT-KAYA 50% OFF ON SELECTED DRUGS				
sakit gamot		Presyo sa mga Pribadong Botika	Presyong Abot-kaya sa DOH	Nakatipid ka ng
Asthma	SALBUTAMOL (Ventolin) 100 mcg/dose x 200 doses inhaler	294.75	197.80	97.15
	BECLOMETHASONE (Becloforte) 250 mcg x 200 doses inhaler	837.00	532.60	296.50
Hypertension	ATENOLOL (Tenormin) 50 mg tablet	17.75	9.85	8.70
	NIFEDIPINE (Adalat Retard) 20 mg capsule	34.15	5.75	28.40
	COTRIMOXAZOLE (Bactrim) 800 mg SMZ + 160 mg TMP tablet	24.10	5.10	19.00
Pneumonia	COTRIMOXAZOLE (Bactrim) 400 mg SMZ + 80 mg TMP tablet	13.50	2.80	10.70
	COTRIMOXAZOLE (Septin/Sepran) 200 mg SMZ + 40 mg TMP tablet 50 ml bottle	82.68	67.60	15.08
Diabetes Mellitus	GLIBENCLAMIDE (Doranil) 5mg tablet	7.75	3.10	4.65



Door-to-Door for Balik Patak Kontra Polio

The Door-to-Door Campaign for Balik Patak Kontra Polio was held in February and March 2002, to protect children aged five years and below against the wild polio virus detected in the last quarter of year 2001. This program received great support from various organizations including the US government, which through its embassy in the Philippines, offered the services of the US military medical personnel in the anti-polio campaign. Secretary Manuel M. Dayrit assisted in the vaccination of some targeted children in his visit to Tarlac, Cebu, Cotabato, Davao, Zamboanga, La Union, Pangasinan, Aklan, Bohol, Dipolog, Tawi-tawi, Legaspi City, Lipa City, Butuan City, Caloocan City, Parañaque and Taguig. President Gloria Macapagal-Arroyo joined Secretary Dayrit in Tuguegarao, and gave "polio patak" to around 130 children, in a show of support to national and local government efforts in the campaign. We were able to immunized 102.7% of the targeted 12 million children nationwide. This activity garnered for the DOH the Grand Prize for Outstanding Public Information Program in the 2002 Gawad Oscar M. Florendo.

HORIZONS FOR HEALTH



Usec. Antonio S. Lopez administers Vitamin A to a child in Parañaque City during the Door to Door Iwas Tigdas Campaign assisted by Mochi Vargas, City Health Officer and Las Piñas District Hospital OIC, Dr. Irma Asuncion

Iwas Tigdas

To avert an increase in the cases of measles in Metro Manila, Health Secretary Manuel M. Dayrit launched the "Iwas Tigdas" campaign in key cities of Metro Manila with full support from the local government, Philippine Pediatric Society and other partners. The campaign, dubbed as "Door to Door Iwas-Tigdas sa GMA" (Ginhawa sa Measles Vaccine at Vitamin A), is a preview of an intensified nationwide measles campaign planned for 2004.

The campaign utilizes the Door-to-Door strategy used during the successful polio campaign conducted early in the year. More than 470,000 children or about 99% of the targeted children aged 9-59 months were vaccinated against measles. An achievement of more than 90% vaccination coverage can significantly reduce the number of measles cases and deaths.



Secretary Manuel M. Dayrit asks question to a mother during the Door to Door Iwas Tigdas Campaign in Tagig, Metro Manila while Dir. David Lozada and other CHD MM Health Officers and staff look on.

Percent Increase in Iodized Salt Utilization

20%

Before
Patak Asin

50%

After
Patak Asin

Patak sa Asin

A Market to Market Salt testing activity was conducted to strengthen the implementation of R.A.8172 otherwise known as "Asin Law". The National Salt Iodization Program aimed to improve the health and nutritional status of all Filipinos by eliminating the consequences of iodine deficiency disorders through universal salt iodization. An increased utilization of iodized salt from 20% to about 50-60% was noted after the conduct of this advocacy.

Doctors to the Barrios Pfizer Training and Learning Center

The DOH and Ateneo partnered with Pfizer in the "Leaders for Health Project", a program for the continuing medical education of DTTB and DOH staff. Ateneo commenced the Master in Health Care Management in July 2002, with 19 DTTB and 10 DOH staff for its 1st batch. The DOH provides salaries, transportation allowances and related expenses of LHP doctors, while tuition fees and other academic expenses were shouldered by Pfizer. The project was launched in CHD Eastern Visayas and CHD Caraga through Salubungan, attended by key officials from DOH, Pfizer, Ateneo and Local Government Units (LGUs).

Secretary Dayrit inaugurated the DOH Doctors to the Barrios Pfizer Training and Learning Center in July 2002. The construction of the Training and Learning Center was made possible with the support of Pfizer Inc., the leading, global, researched-based healthcare company recognized as among the world's top Corporate Philanthropist. The Center which is located on the 3rd Floor of the Health Human Resource Development Bureau Building of the DOH, houses a virtual library and a training center. The virtual library has five (5) computer stations with internet access, while the training center can hold classroom lectures and workshops for 30 participants. It is equipped with Audio-Visual equipment for use of the participants.

Organizational Performance Indicator Framework

This year, the DOH started adapting the Organizational Performance Indicator Framework (OPIF), developed with NEDA and DBM, in defining and measuring its performance. OPIF specifies outcome oriented performance indicators consistent with Public Expenditure Management (PEM) initiatives in government. The PEM is one of the reforms being implemented in the government bureaucracy to measure performance of agencies within the mandate given the organization, their contribution to desired societal outcomes in the country, and in relation to the budget allocated for the agency. Efficiency in utilization of budget will be measured according to major final outputs delivered and resulting outcomes within the control and mandate of DOH. The major final outputs (MFOs) were the basis for measuring DOH midyear performance by DBM in August 2002. The DOH midyear performance was rated as "excellent" utilizing indicators in the OPIF.

The DOH controllable outcomes

Improved public tertiary care

Improved quality and access of priority public health logistics,

Improved standards/ systems/ technical leadership on quality, access and efficiency,

Improved quality assurance on products/devices and facilities

Improved social health insurance

The major final outputs are:

Financially viable and technically efficient health facilities providing quality services to the general public

Development, coordination and integration systems and services of various efforts to prevent and control diseases and promote health among the general population

Development of a functional local health system providing quality health care at the community and LGU level

Regulation of health care providers, facilities, food, drugs, cosmetics, devices and health technology to ensure that the public gets quality health care services

Health care financing systems development services for LGU and general population

The DOH OPIF specifies measures of performance in terms of national average as well as for poor and disadvantaged groups.



Convergence Site Planning Workshop and Health Summits

Continuous efforts in the expansion of HSRA implementation sites were exerted this year. Planning workshops and Health Summits were conducted in 16 provinces and 1 city namely: Laguna, Quezon, Romblon, Oriental Mindoro, Catanduanes, Surigao del Sur, Cagayan, Zamboanga Sibugay, Zamboanga del Sur, Bukidnon, Davao del Norte, Nueva Ecija, Biliran, Ilocos Norte, Siquijor, North Cotabato and Iloilo City. The said activity serves as the preparatory stage in the implementation of the 5 reform packages within the area. During the planning workshops and Health Summits, reform options for implementation in the site are identified and commitment of LCEs are elicited.

One Script System

As an early start for the work of the succeeding year and to ensure the accomplishment of the DOH 2003 Work and Financial Plan and the attainment of the national targets for 2003, the DOH laid down the foundation for focusing on key priorities and for an intensified monitoring and evaluation of such priorities through the "one script strategy". The one script strategy is an effort at better stewardship of limited resources in order to achieve desired outcomes for the country. Through this, the DOH aims to pursue with more vigor, programs and activities that create the maximum impact and utilized substantial portion of the DOH budget by focusing its resources, unifying its approaches, strengthening operations at the regional level and intensifying advocacy as well as monitoring efforts at the national level, on these priority programs.

The One Script Strategy tackles five broad thematic messages and thrusts with specific key programs.

THRUSTS	PROGRAMS
Affordability. To lower the prices of medicines and make quality health services affordable.	Gamot na Mabisa at Abot Kaya (GMA 50)
Accessibility. To make quality primary, secondary and tertiary care services, as appropriate, more accessible to underserved in rural and urban communities.	Social Health Insurance (PHIC), Hospital Development Plan, Sentrong Sigla Certification
Prevention of diseases and epidemics. To prevent epidemics and diseases and their undesirable consequences.	National TB Control Program, Expanded Program on Immunization, Micronutrient Program, Maternal Care & Family Planning Program, Rabies Prevention & Control Program
Promotion of Healthy Lifestyle, including responsible parenthood. To enable citizens to live healthy lifestyles as individuals, families and communities.	Healthy Lifestyle, Responsible Parenthood, Smoking Cessation, Prevention and Control of Alcohol and Drug Abuse
Protection. To protect citizen from fake, substandard products and services	BFAD restructuring

As early as December 2002, specific National, Regional and Hospital targets were identified for 15 programs and for health sector reforms as embodied in Administrative Order No. 184 s. 2002.

MARKING ACHIEVEMENTS IN THE REFORM AREAS

HSRA Convergence Site Planning Workshop & Health Summit. To expand implementation in 5 major reform areas as a package in selected convergence sites, the DOH in partnership with PHIC, conducted convergence planning and health summit in 16 provinces and 1 city. The Health Summit and Workshop obtains commitment from the Local Chief Executives (LCEs) for the HSRA strategies, targets and Convergence Plan which were developed by the LGU participants. Pledges of Commitment are signed by LCEs of the convergence sites in support of the implementation of the HSRA. This commitment provides the mandate and impetus for pursuing implementation of the HSRA packages of reforms in the area.

Local Project Desk. The Local Project Desk is the action center of the DOH in its move to make devolution work. Through this, the DOH responds to the different requests and queries of the LGUs, other Government Offices (GOs) and non-government offices (NGOs), Representatives of the House and the Senate and the general population, and provides technical and financial support based on local health needs and development. A total of 1,067 requests received were acknowledged and facilitated. These consist of requests for drugs and medicines, technical assistance and lump sum for medicines from LGUs, POs, GOs and other organizations. The Local Project Desk was linked with HSRA in terms of identifying priority areas which should be given assistance in the construction/upgrading of health facilities for effective and efficient delivery of health care services.

Geographically Isolated and Disadvantage Area. The development of Local Health Systems in Geographically Isolated and Disadvantaged Areas (GIDA), which refers to a cluster of communities separated from the mainstream of socio-economic activities, will enhance the capability of LGUs in managing the local health system and in effective delivery of health care services. Four (4) Centers for Health Development (CHDs) have already conducted inventory of their respective GIDA and four (4) projects grants have been provided worth P1.34 million since 2001-2002. It is envisioned that through convergence and integration of activities, sharing and pooling of resources in these GIDA, the basic minimum needs of the poor, the underserved and the high risk group will be addressed.

LOCAL

DOH-CHD VII SIGLA RECOGNITION & AWARDING CEREMONY



Healthy Cities (HC) Initiative. To improve the quality of social and physical environment supportive of health in urban areas, integration of health and environmental protection measures in the planning and health promotion activities were introduced in LGUs. Several activities were undertaken to jumpstart implementation of this initiative at the different cities nationwide. A task force was constituted, and an orientation meeting on the healthy city planning workshop was conducted. An administrative order on the guidelines in the implementation of HC as well as an organizational structure framework was drafted. This initiative was linked with the HSRA due to its strong environmental component, political commitment, community participation, intersectoral action, innovative mechanisms/strategies and local policies which are key strategies in HSRA implementation once integrated with existing provincial/city/CHD activities. There are 3 pilot/key cities which initially undertook various activities to become Healthy Cities, these are: Marikina, Makati and Quezon City. The initiative has expanded to San Fernando City, La Union; Valenzuela City; Tagaytay City; Dagupan City; and Tuguegarao City.

Kapit Bisig Laban sa Kahirapan (KALAHI). KALAHI serves as the administration's anchor program for its poverty reduction strategies. An Administrative Order on Guidelines on KALAHI medical and dental mission was drafted, to strengthen delivery of quality health care services to identified KALAHI areas and to ensure proper coordination between National and LGUs. There were a total of 50,798 patients served during the medical and dental mission conducted by the different MM hospitals and 29 patients were also referred to these MM hospitals.

Sentrong Sigla Program (SSP). SSP which is the quality assurance program of the Department of Health in partnership with the LGUs continues to promote quality health services at the frontline health units through recognition and rewards. As of September 2002, an amount of P134.5 Million was awarded to certified health facilities. There were 501 seals provided from 2001 to 2002 certified facilities. Improved standards for quality assurance have also been developed. An amount of P4 M was sub-allotted to the CHDs for their Regional Awards for Sentrong Sigla.

HEALTH

SYSTEM

2002

PUBLIC HEALTH PROGRAMS

Tuberculosis Control Program. In an external evaluation made by WHO, WB, JICA, CDC and USAID, the Philippines TB Control Program was labeled as a success story waiting to happen because of the rapid expansion of Directly Observed Treatment Short-Course (DOTS) implementation. We continue to gain headway in TB control with five (5) percent reduction of cases every year. Nationwide coverage of DOTS implementation is now 97% covering a total of 78 provinces and 84 cities. TB case detection rate is 53% and success rate is at 88

An orientation of Health Workers on the Revised Manual of Procedures (MOP) for the National TB Control Program was conducted in all the 16 CHDs, to standardize the implementation of NTP policies in consonance with operationally feasible strategies, to include the DOTS strategy. Implementors and NTP managers were likewise updated on internationally accepted TB case definition and treatment outcome. The dissemination and orientation on the MOP provides technical support to the health workers in their implementation of the DOTS strategy and strengthened the capacity of hospital staff in TB management. All CHDs were provided with drug augmentation and 12 other government organizations were educated on NTP-DOTS.

Rabies Control Program.

Responsible Pet Ownership is an important factor in the prevention and control of rabies. The DOH provided vaccines for the vaccination of 500,000 dogs nationwide (33,200 vials worth P5.2 M) and anti-rabies vaccine for human (13,091 vials worth P6.8M). The DOH in partnership with Department of Agriculture and in collaboration with DepED, DILG, DND and NGOs is intensifying its campaign for all LGUs to implement and enforce ordinances on responsible pet ownership, and the mandatory "Oplan Alis Askal" and to organize an anti-rabies control committee in the move to eliminate rabies by 2020. Information campaign materials were also distributed to the different stakeholders to increase awareness on this disease.

Dengue Control Program. There is a 50% reduction in dengue cases this year compared to that of last year. An Annual Dengue Forum was conducted and each CHD came up with their own communication plan and action plan for the prevention and control of dengue. Participants were updated on the Revised Dengue Case Management, Integration of Dengue Prevention Control in Healthy Cities and Schools and the appropriate use and application of pesticides in the prevention and control of dengue. Training on vector surveillance was also conducted in CHD Southern Mindanao.



TB DAY
 22, 2002
 Poverty, Do it with DOTS"



Child Health

Balik Patak Kontra Polio. The re-emergence of polio virus in another form due to failure in maintaining high routine immunization alerted the DOH to the need for a renewed action. A strategy called "door-to-door patak kontra polio" was employed to ensure that children below five years old will be given an extra dose of OPV to ensure their protection against the mutant polio virus. In two rounds of the Balik Patak Kontra Polio, 102.7% of the targeted 12 million children were immunized against polio. The success of this activity was due to the support from various partners, volunteers and parents.

After successfully immunizing millions of children against polio, the DOH won the Grand Gawad for Outstanding Public Information Program in the 2002 GAWAD OŠCAR M. FLORENDO, for the information campaign it mounted on Anti-polio campaign. The award proved that DOH can produce high quality information program deserving of the highest commendation.

Ligtas Tigdas. Supplemental Immunization Activities (SIAs) to prevent disease and possible death from measles, was conducted in selected high risk areas particularly at the national Capital Region, Lubao in Region 3 and in Antipolo City. A total of 500,897 children (99 percent of target) were vaccinated against measles. A Project proposal for a Follow-up Measles Campaign was developed for a nationwide immunization campaign in 2004 targeting more than 21 million children aged 9 months to less than 8 years of age. This project proposal was submitted to NEDA for approval under the Japan Grant Aid funding. The Follow-Up Campaign is one of the critical activities towards elimination of measles in the Philippines. A Japan Mission Team will visit the country in the early part of 2003 to evaluate the country proposal.

Garantisadong Pambata Campaign. This is an annual campaign held twice a year in April and October. The campaign serves to highlight routine health services for children under five years old and provides a second opportunity for children who "missed" their routine services, e.g. vitamin A supplementation, immunization for OPV, DPT, measles, Hepatitis B and TT for mothers, weighing, deworming, and distribution of iron syrup/tablets and toothbrushes. A total of 18 million children received Vitamin A capsules during this activity.

2002

Market to Market Salt Testing (Patak sa Asin) Campaign.

Around 3,284 markets were visited and salts sold in these markets were tested. About 47% of salt vendors are selling iodized salt. This intensified advocacy and enforcement of the "Asin Law" resulted in an increased utilization of fortified iodized salt from 20% to an average of 50-60% utilization. Secretary Manuel M. Dayrit visited markets advocating for the enforcement of the Asin Law among market administrators.

Women's Health

Family Planning. Mainstreaming of Natural Family Planning Method to enforce the policy of providing full information for couples in their choice of FP methods will be implemented with the development of a strategic plan for year 2002-2006. About 640 volunteer health workers were hired in KALAHI areas of NCR for the provision of FP services in urban poor. Volunteer Health Workers (VHWs) from 250 municipalities were trained on Community Based Management Information System (CBMIS) and provisions of FP services. A framework for Fertility Awareness and Natural Family Planning modules were also developed, pre-tested and produced. All CHDs and 23 DOH hospitals participated in the national consultative and planning workshop on family planning conducted on May 21-23, 2002.

Women's and Children Protection Unit (WCPU).

To enable members of the health team to respond to the needs of women and children who are victims and survivors of violence, training of WCPU staff in DOH hospitals was conducted. In relation to this, financial support amounting to P3M was provided to 3 WCPUs for their operations.

Nationwide Launching of Safe Motherhood Week.

To revitalize and renew public interest on Safe Motherhood, a nationwide launching was conducted with the participation of LGUs. The Safe Motherhood Technical Working Group was also reconstituted to provide direction setting in the implementation of the program, and the finalization of a 5-year strategic plan and development of protocols for birthing homes and lying-in clinics.

Anti-tobacco and healthy lifestyle.

Several health promotion activities were conducted to address the problems of lifestyle related diseases. Among others are the Lakad laban sa Kanser, Walk for Life Challenge in celebration of Heart Month, celebration of World Health Day and World No Tobacco Day and other information campaign such as symposium, workshops and tri-media campaign. A policy on smoking cessation was drafted. The Tobacco Regulations Act was approved on the 3rd reading.

Fireworks injuries. The Oplan:

Iwas Paputok 2002 campaign of the DOH resulted in a lower number of firework related injuries during the New Year's celebration. A total of 503 cases of fireworks injuries have been reported this year. This figure is 15% lower compared to the same period last year which is 591 cases.

Disease Surveillance

Field Epidemiology Training Program (FETP). FETP is an in-service training program designed to strengthen the epidemiologic capabilities of the government health sector. In 2002, FETP fellows conducted twenty-four (24) epidemiologic investigations and four (4) special studies. Sixteen (5 oral presentations and 11 poster presentations) were presented during the 2nd Scientific Asian Conference in Field Epidemiology, Training Programs in Epidemiology and Public Health Interventions Network in Madrid, Spain wherein the Philippines won the Charles Merieux Award for "Ciguatera Fish Poisoning Outbreak". Six (6) fellows graduated from the training program and were certified by DOH as Public Health Specialist in Field Epidemiology. There are now 67 FETP graduates working as Field Epidemiologist at various Centers for Health Development and LGUs.

Field Management Training Program. This program aims to develop management skills of health workers in evidence-based decision-making and quality improvement process to further improve health service delivery at the local level. Seventeen (17) LGUs and six (6) CHD health workers completed the course and were certified in applied management course by the National Epidemiology Center. The graduates developed and implemented 24 applied management projects in their respective localities. Another 26 LGU health workers were accepted for the 4th batch.

2002

HOSPITAL REFORMS

Hospital Corporate Restructuring. To determine the viability for hospital corporatization, two (2) DOH hospitals (Ilocos Training Regional and Medical Center and Quirino Memorial Medical Center) and 2 LGU hospitals (Capiz Provincial Hospital and Benguet General Hospital) were assessed and monitored for hospital operations and financial viability. An executive order to provide the mandate for hospital corporate restructuring in two (2) DOH hospitals has been prepared.

Upgrading of Emergency Room Services. To consistently deliver and continuously improve the quality of health care services to our people, ER services need to be strengthened thru the provision of equipment, drugs and medicines and development of SOP treatment guidelines. The NCHFD sub-allotted funds amounting to P100,000 each to the following 4 hospitals to develop SOP treatment guidelines for ER cases:

- a. Davao Medical Center medical protocol
- b. Jose Reyes Memorial Medical Center surgical protocol
- c. National Children's Hospital pediatric protocol
- d. Jose Fabella Memorial Hospital gynecology protocol

An amount of P 82 M was provided for the procurement of ER drugs and medicines and another P43 M will be used for upgrading of ER equipment. Upgrading of ER services will strengthen hospital capability for tertiary, specialized and referral hospital services

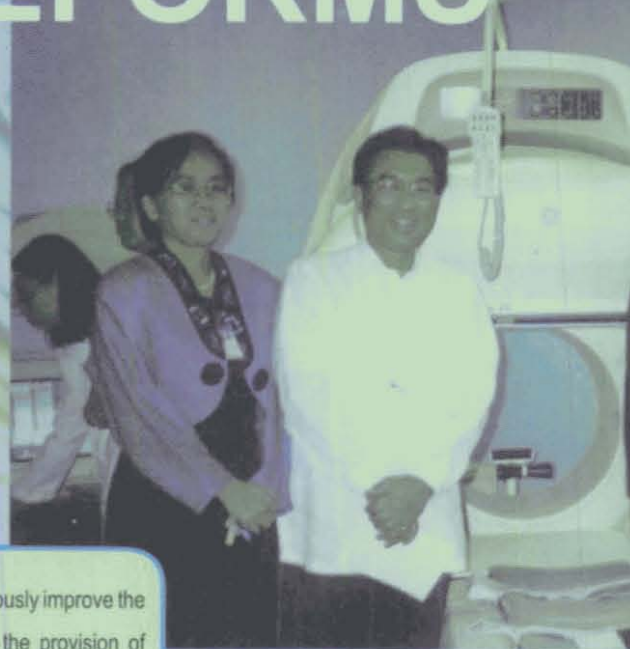
Hospital upgrading under the Philippine Hospital Development Plan.

Model Development Plans and technical guidelines for Phase I of the 250-bed model plan (pharmacy, radiology, laboratory, acute psychiatric unit (APU), and blood bank) have been developed. Conducted consultation for Phase II of the 250-bed model plan remaining services, development plans and technical guidelines (ER, Administrative, OPD, physical rehabilitation, and OR-DR). Eight (8) out of the 35 targeted Master Site Development Plans have been prepared this year

Equipment Upgrading of Hospitals. Seventeen (17) DOH and LGU hospitals were monitored for the delivery of equipment to upgrade the medical and non-medical equipment of 4 Medical Centers/Regional Hospitals and 12 Provincial and District Hospitals. NEDA approved the project proposal for the upgrading of Essential Medical Equipment for Strategic Government of Referral hospitals in the Southern Mindanao region under the funding of Japan government.

Upgrading of Referral Hospital under the Convergence Sites.

Eight (8) referral hospitals under the HSRA convergence sites were given financial assistance amounting to P62.5 million. The amount is for capital outlay to be used for upgrading of their facility or equipment. These hospitals are: Region I Medical Center, Veterans Regional Hospital, Jose B. Lingad Memorial Medical Center, Western Visayas Medical Center, Vicente Sotto Memorial Medical Center, Negros Oriental Provincial Hospital, Mayor Hilarion Ramiro Sr. Memorial Hospital, and Davao Medical Center. This upgrading is aimed at strengthening government and private hospital networking and patient referral systems and, works toward the development of the Philippine Hospital System.





Hospital as Center of Wellness Program (HCWP) including Mother and Baby Friendly Hospital Program.

Four (4) batches of Strategic and Planning workshop for HCWP implementation were conducted in Piliia, Rizal and Bohol. The regular conduct of the National Hospital Week and MBFH Program week were also done this year. Six (6) hospitals were monitored for HCWP/MBFHP implementation and another 6 NCR hospitals were monitored for MBFHP sustainability.

Hospital Waste Management Program. In preparation for the phasing-out of hospital incinerator as mandated under the Clean Air Act, a Health Care Waste Management Plan (HCWMP) is being prepared. Guidelines for the preparation of HCWMP were already disseminated to CHDs and 15 MM DOH hospitals. Funds for the conduct of Air Emission Testing in Jose B. Lingad Memorial Medical Center and Batangas Regional Hospital were also provided. In compliance to hospital waste management (solid and liquid), as well as fire safety, accessibility law, housekeeping, building and equipment maintenance, and hospital as center of wellness, assessment of 3 NCR hospitals, Special and Specialty Hospitals and 23 CHD hospitals were conducted.

National Voluntary Blood Services Program. The DOH continuously advocates the provision of safe blood to the population through voluntary blood donation. This year, the National Sandugo Recognition Ceremonies for Local Chief Executives (LCEs) was conducted, and 27 LCEs were given awards. A Blood Donors Month Recognition Ceremony was also conducted. Four (4) blood mobile units donated by the Japan International Cooperation Agency (JICA) were turned-over to the DOH. Several blood-letting activities were also conducted in celebration of the Blood Donation Month.

HOSPITAL PROFILE YEAR 2002 DOH RETAINED HOSPITALS

CLASSIFICATION OF HOSPITALS

Hospital Profile	Specialty Hospitals			Research	Medical Centers	District Hospital	Regional Hospital	Sanitaria Hospital	Extension Hospital	Sub-Total		Grand Total
	Specialty Hospitals	Special Hospitals Regular	Mental							Hospital w/ Regular Beds	Monitor and Contain to Population	
Actual Bed Capacity (ABC)	590	2,185	4,700	50	6,550	350	2,825	4,220	10	12,560	8,920	21,480
Occupancy Rate	76.75	74.55	77.56	41.57	88	76.63	70.73	42.48	71	78.24	40.2	62.44
Implementing Bed	582	1,841	4,291	42	5,692	204	2,416	1,706	0	10,777	5,997	16,774
Occupancy Rate	78.64	79.32	81.6	49.49	101	109.21	86.21	75	0	91.18	59.8	80
Total Admission	18,656	86,934	9,658	1,095	372,808	28,955	165,380	5,966	605	674,493	15,624	690,117
Total No. of Patients/Days	167,447	539,731	990,738	7,588	2,096,394	68,781	704,407	318,352	2,585	3,586,933	1,309,090	4,896,023
Ave. Number of Inpatients/Days	152	247	1,357	21	5,744	188	1,930	872	7	9,827	3,586	13,414
Total Newborn	404	33,678	0	0	103,373	7,060	28,684	1,067	102	173,301	1,067	174,368
Total Discharges	23,233	86,806	9,415	1,091	378,208	70,713	154,771	5,906	605	715,496	15,401	730,897
Total Deaths	1,232	4,279	214	130	22,170	805	8,344	261	11	36,971	475	37,446
Ave. Length of Stay (3-8 days)	7.26	7.89	91.45	7	5.54	3.64	4.55	53.18	4	5.01	85	6.7
Autopsy	94	5	12	4	177	0	29	0	0	309	12	321
Gross Death Rate (<3%)	5.25	4.3	1.93	12	5.85	3.22	5.39	7.44	1.65	5.16	3.08	5.1
Net Death Rate (.5-2.5%)	3.79	2.5	2.35	5	2.26	1.62	1.91	3.33	0.03	2.44	2.84	2.64
Total Surgery	5,810	50,683	171	0	181,023	10,340	59,524	7,778	802	308,182	7,949	516,191
Total Outpatient Served	126,628	602,070	59,089	86,189	2,072,779	108,556	696,986	112,143	20,917	3,714,125	171,232	3,885,357
Total Prescription Filled	654,387	1,568,344	119,418	144,888	10,664,021	159,876	1,251,399	336,442	24,415	14,467,930	489,860	14,957,790
Total Radiological Procedures	97,067	146,079	6,662	4,255	685,293	16,465	195,668	5,567	0	1,144,827	12,229	1,157,056
Total Laboratory	396,749	899,909	95,134	81,503	6,159,890	215,854	1,636,872	83,306	6,904	9,397,681	178,440	9,576,121

HEALTH REGULATION

GAMOT NA MABISA AT ABOT-KAYA

GMA 50 (Gamot na Mabisa at Abot Kaya pa!). In response to the call of Pres. Gloria Macapagal Arroyo in her SONA in 2001 to reduce the cost of medicine by 50%, the GMA 50 (Pharma 50) Project was created to attain the said pledge.

- 2nd shipment of eight (8) PDI worth P20M were sold in 75 DOH hospitals. Sales already amounted to P13M. In March 2002, the 8 drugs were redistributed from 30 to 74 hospitals and also made available to Batanes General Hospital.
- 3rd shipment of 41 GMA 50 drugs and medicines amounting to P75M was made in June 2002. Twelve (12) drugs and medicines are being delivered to 57 DOH hospitals and 2 provincial hospitals. Twenty-four (24) drugs and medicines were delivered to 72 DOH hospitals and 3 provincial hospitals.

An average of 50% price reduction in 42 drugs was achieved this year. Antihypertensives and antibiotics were included in the 42 drugs.

A memorandum of Agreement between PCSO, NFA, PITC and DOH was forged to buy drugs and medicines out of the P100 M given by PCSO in support of GMA 50. Of this amount, P60M was used to purchase more PDI drugs for 2002 primarily to increase LGU participation. About 353 LGUs are currently participating. About P20M was used for the procurement of over-the-counter and prescription drugs for distribution through a nationwide network of Botika sa Barangay (BnBs). An amount of P20M for the procurement of household remedies for distribution through the mobile/rolling stores deployed at various areas nationwide was provided. Policy guidelines and procedures on the implementation of P60 M drugs and medicines have been approved.

There were 612 Botika ng Barangays identified to distribute GMA drugs, and 1,508 National Food Authority (NFA) rolling stores nationwide as outlets of Lagundi and Sambong.

President Gloria Macapagal-Arroyo, together with Sec. Manuel M. Dayrit and Asst. Sec. Rolando Enrique Domingo turned-over the new drugs and medicines to CHD directors and Chief of Hospitals in 10 selected provinces and cities nationwide as part of the GMA-50 activities.



BFAD Restructuring. BFAD restructuring has been started, and strengthening of its capacities is ongoing. The construction of BFAD annex laboratory building in Alabang is now 96.5% completed. Notice of Award has been given to the winning bidder for the construction of Phase II BFAD annex laboratory building. About 80% of the laboratory and IT equipment was purchased.

There has been a significant decrease in the processing time for initial registration of drugs from 6 months to 120 working days, and for renewal of registration of the same from 6 months to 90 days. An average of 20% decrease in backlogs processed for drug registration was also noted.

Additional 33 personnel were hired, while 56 vacant positions for reclassification and conversion for the use of BFAD was approved as requested.



Launching of the BFAD Seal of Excellence for Drug Products.

BFAD gives recognition to drug manufacturers which continuously serve as partners in safeguarding the quality of pharmaceutical products. The BFAD seal of excellence for drug products was launched in September 2002. Those who qualify can print the BFAD quality seal on its products. The seal of excellence awards will be given only by September 2003. The criteria for receiving the BFAD quality seal include bioavailability or bioequivalence, CGMP compliance, track record, cost or price and percentage of generics manufacturing in the product line. These will ensure that health products particularly pharmaceuticals are of good quality, safe, efficacious, and affordable.

Upgrading of BFAD capacities at the Regional level.

The capability of the Laboratory Services Division of the BFAD to provide the necessary laboratory data is severely constrained. Eighty percent of its current capability is utilized to analyze government procured and purchased samples. Only twenty percent is available for quality monitoring, e.g., surveillance monitoring and verification of product claims from the current sector.

At present the central Quality Control Laboratory (QCL) at Alabang handles all the testing requirements of BFAD. In order to augment this, two testing laboratories have been built in the south, one in Mandaue City, just outside Cebu City and another in Tagum City, about one hour by car from Davao City.

The building in Mandaue City is 95% completed, and that at Tagum City is 87% completed. Each building will be provided with systems to handle the waste water generated in a manner which meets government mandated environmental requirements. A small building for storage of hazardous supplies is also being set up for each facility. Upon full operationalization, it is expected that with the increased capacity, the percentage of products subjected to surveillance can be increased by a factor of 20% and the percentage of complaint samples tested and evaluated within one week can be raised to 90%.

These laboratories will provide adequate QCL capability to meet the key functions of the BFAD throughout the Philippines through timely conduct of laboratory tests on finished products to determine compliance with standards of safety, efficacy, purity, and quality.

GAWAD Botika Award.

BFAD recognizes drugstores that continually exert efforts to safeguard the health of the public by ensuring that pharmaceutical products sold are of good quality, safe and affordable. Quality Seal Certificates are awarded to qualified drugstores that passed the BFAD set of criteria for the quality seal. The certificate is valid for two (2) years and is subject to revocation anytime should a violation is committed.

2002

Regular Monitoring of counterfeit drug products. BFAD conducts regular monitoring of counterfeit drug products in the different CHDs including Metro Manila, to ensure that only quality drugs are available in the market. There were 51 essential drugs and 30 drugstores monitored. Suspicious samples of medicines were collected and referred to Products Services Division (PSD) or Laboratory Services Division (LSD) and those found not complying with R.A. 8203 were endorsed to the Legal Information and Compliance Division for appropriate action. This activity aims to increase awareness of pharmacist and drugstore owners in detecting counterfeit drugs and decrease the number of drug outlets selling counterfeit drugs.



Expansion and Licensing of the Botica ng Barangay (BnBs).

This is one of the strategies in providing low cost quality drugs to reach majority of the Filipinos. Administrative Order No. 70 s. 2002 was issued to regulate these BnBs as outlets selling over-the-counter (OTC) drugs and 2 selected prescription drugs (amoxicillin and cotrimoxazole) within the barangay, by issuing them a Special License to Operate. This aims to facilitate the distribution of common drugs and medicines to its intended beneficiaries. Out of six hundred twelve (612) BnBs have already been identified, there are now 22 BnBs nationwide issued with License to Operate. A volunteer health worker will be trained on the BnB standard of operating and managing a BnB outlet and will be under the supervision of a registered pharmacist. The BnB operator will have to be accredited by DOH to serve far flung barangays and depressed areas.

National Conference on Regional Enforcement of BFAD Rules and Regulation and Related Matters.

This National conference was conducted by BFAD, and was participated in by 60 Food and Drug Regulation Officers (FDROs) from the different CHDs. Participants of the conference were updated on the following: the new BFAD rules and regulations and its effective implementation/enforcement, the technical know-how of the proposed Good Manufacturing Practice (GMP) guidelines in the manufacture of food products (ASIN law, bromated flour, bihon, bottled water, etc.) and Hazard Analysis Critical Control Point (HACCP) on seafoods. The conference also sought to develop uniformity and consistency in the application and interpretation of the pertinent provisions on the new laws, rules and regulations among FDROs in the country.

Parallel Importation - Registration of Imported Pharmaceutical Product with a Registered Counterpart Brand in the Philippines.

The parallel importation scheme was adapted to provide cheaper quality drugs to the Filipinos. Through this Parallel Importation, similarly branded products that are cheaper in other countries are imported and introduced in the local market. These products are registered and tested at BFAD before being sold to the public as mandated under A.O. 85 s. 2000. Full laboratory testing and evaluation is being conducted by BFAD prior to registration of the product. A total of 86 products are now registered under the parallel importation scheme.

Licensing

- Formulated and issued Administrative Order No. 70-A s. 2002 revising the rules and regulations governing the registration and operation of hospitals and other health facilities in the Philippines. Licensing requirements for birthing homes, infirmary, psychiatric care facility, medical out-patient clinic, drug testing laboratory, blood collecting unit, and blood station were also stipulated in this administrative issuance.
- Pre-testing of standards and inspection tool for hospital and infirmary conducted in CHD Metro Manila, CHD Central Luzon and CHD Zamboanga Peninsula.
- Issued License to Operate to 334 Hospitals, 59 Dental Prosthetic Laboratories, 22 Dialysis Clinic, 532 Clinical laboratories and 161 Blood Banks.
- Issued Clearance to Operate to 18 Health Maintenance Organization
- Issued Certificate of Accreditation to 129 Medical Clinics for OFWs, 22 Ambulatory Surgical Clinics, 72 Water Testing Laboratories, 191 HIV Testing Laboratories and 73 Training Laboratories for Med Tech Interns.
- Conducted 4 licensure examinations for masseurs and 3 licensure examinations for embalmers.
- Amended the Supplemental IRR on Water Supply and Sanitation of the Code on Sanitation of the Philippines (PD 856).

HEALTH CARE FINANCING

Expansion of Philhealth Enrollees. The coverage of 54.3% of the population or an estimated 43.6M Filipinos nationwide by the end of 2002, is the biggest by far of Philhealth's accomplishments. From the membership base inherited from the former Medicare comprising of most employed members, a share of voluntary members and families from the lower end of the social strata have been enlisted in the program as well. The said members are covered by the Individually Paying Program and the Sponsored Program (formerly the Indigent Program), respectively.

President Gloria Macapagal Arroyo's pledge of enrolling 500,000 poor beneficiaries by the end of June 2002 served as the catalyst for massive enrollment to the Philippine Health Insurance Corporation. Philhealth launched Plan 500 which was later termed Greater Medicare Access (GMA) 500 to ensure enrollment of 500,000 urban poor under the NHIP. Philhealth surpassed its target as early as December 2001. As of year end 2002, a total of 1,260,864 families or 6.3 M beneficiaries have been enrolled in the program.

The Individually Paying Program (IPP) which was formally launched in October 1999, have reached 1.36 M members as of December 2002. Government sector has about 10.2M beneficiaries while the private sector has reached 19.6M beneficiaries.

The implementation of non-paying sector enrollment was also started last February 1, 2002 and had a membership of 31,894 as of year end 2002.

Benefit Enhancement. To increase support value and to make the program more responsive to the needs of the members, the 1st round of benefit package increase was implemented on January 1, 2002. Inpatient benefit package has increased by as much as 45% for x-ray and laboratory and 34% for drugs and medicines.

About 136 LGUs are now implementing the outpatient diagnostic package. There are 1,498 accredited hospitals and 13 ambulatory surgical clinics while accredited RHUs have reached 349. February was declared by President Macapagal-Arroyo as NHIP Month in her proclamation No. 154.

Consolidating Plans and Investment

The Health Planning Division of the Health Policy Development and Planning Bureau was instrumental in the participation of DOH in the National Socio-Economic Summit (NSES), which established reform strategies on the expansion of Philhealth coverage, reduction of the prices of drug and BFAD restructuring as national commitments. Four (4) HSRA Technical Working Group meetings were also coordinated for the year. The conduct of the National Health Planning Committee (NHPC), chaired by DOH continued to be implemented this year with a consultative workshop to strengthen NHPC in June, one (1) secretariat meeting and 1 national committee meeting. The NHPC meeting held in October 2002 presented assessment on 42 LGU health plans to no less than the Secretary of Health Manuel M. Dayrit, DILG Asst. Secretary Austere A. Panadero, Congresswoman Nerissa Soon-Ruiz, DBM Undersecretary Cynthia G. Castel among others. NHPC oversee and ensure LGU adherence to appropriate guiding principles and the implementation of a comprehensive and integrated National and Local Health Plans, the establishment of Inter-Local Health Zones and the reactivation and strengthening of the Local Health Boards.

The System for Monitoring and Tracking the Health Sector Reform Agenda was developed with the assistance of the Management Sciences for Health (MSH). The Monitoring and Evaluation System defines performance indicators based on the desired outcomes of the HSRA Implementation Plan on three (3) levels of implementation (Central, Regional and Site Implementation). It includes several methods, of data collection, namely: the use of structured questionnaires/forms for each level during field visits, regular meetings, a web bulletin, and other secondary sources such as agency statistical reports, conferences, or workshops. The system allows electronic entry and retrieval of data.

The Organizational Performance Indicator Framework (OPIF), developed with NEDA and DBM, was the basis for measuring this year's DOH performance. The investment framework was developed this year. Eighty per cent (80%) of the DOH budget allocated for foreign assistance shall support investments utilizing the convergence site approach while only twenty percent (20%) was earmarked for individual health reforms. The health planning division also assisted in the development of investment plans for the Health Sector Reform Project (HSRP), Health Sector Development Project (HSDP), Mindanao Investment Plan and 20/20 Plan on Health.

Health Policy Planning

Research Management

The 4th Annual Health Research for Action National forum for policy action was held in May 23-24, 2002. Sixteen studies were presented with the theme focused on poverty issues in relation to health. The annual forum disseminates current research results with the aim to "Bridge the gap of health inequities through research".

Series of consultative sessions were conducted on Research Priority-Setting in order to develop a Research Agenda responsive to the requirements of implementing systematic reforms in the health sector.

Funding was awarded to 10 research projects out of the 20 research proposals reviewed in the year. Also, all CHDs were provided a research grant to stimulate research activities and projects at the local level.

MANAGEMENT

Institutional activities in support of the HSRA implementation were also undertaken to ensure efficient and effective implementation of activities in all levels of the health sector. These activities were made possible by four (4) offices namely: Health Policy Development and Planning Bureau, Health Human Resource Development Bureau, Health Emergency Management Staff, and Information Management Service.

Development and Bureau

Institutionalizing Mechanisms for Policy Development

A series of 6 Roundtable Discussions (RTDs) were held with various stakeholders to revisit the Health Sector Reform Agenda (HSRA) and each of the 5 reform areas. The rich exchange of ideas and insights from among these varying stakeholders brought to fore some policy gaps and issues both in the design as well as implementation of the HSRA.

The conduct of two World Bank-supported policy notes was also facilitated: Making Philhealth Policies More Pro-Poor and Making Drug Prices More Affordable. These policy notes have proven to be useful evidences in improving the financing and drug regulation component of the HSRA.

As a way of assisting LGUs in formulating their own financing policies, a Handbook on Health Care Financing Options was developed with the Integrated Community Health Service Project (ICHSP). The handbook details the requisite steps for LGUs to institutionalize their options.

To make health policies more accessible not only to DOH personnel but to other DOH partners and other stakeholders as well, the health policy databank was linked with the DOH website. Health policies which come in the form of DOH Administrative Orders, and Executive Orders emanating from the Office of the President are now easier to search and retrieve with the use of key words and dates of issuance.

SUPPORT CLUSTER

Health Human Resource Development Bureau

Human Resource Development. The development of a Human Resource Planning System for the Health Sector, that will contain HR standards complying with both domestic and international HR requirements, were already started. The retraining and retooling program for DOH staff continues to be implemented.

Human Resource Planning System for the Health Sector.

There is an increasing demand for health workers worldwide. A perceived imbalance of health workers nationwide also exists. To resolve this scenario, the Health Human Resource Development Bureau spearheaded the preparation of a sectoral-wide health human resource plan that will ensure the equitable distribution of competent health workers nationwide while meeting the global demand for such health workers. As an initial undertaking, the DOH embarked in the development of databases which contains information on all DOH health personnel as well as health workers across the health sector. Two (2) advisory councils were convened for inputs in the development of the plan. Three researches have been conducted and presented in round table discussions to serve as basis in policy formulation.

Career Development and Management (CDM)

Systems. The institutionalization of the CDM system aims to provide opportunities for personal and professional growth to individuals in the organization. Installation of the CDM system will be done not only in the Department of Health but also in the entire health sector. Initial activities were done to implement the CDM system which includes the development of competency dictionary for the DOH, systems installation in 4 provinces (Palawan, Guimaras, Kalinga, Apayao), development of job evaluation tool and preparation and refinement of job descriptions.

Sustainable Training and Development Mechanism.

The implementation of EO 102 calls for an effective training program that will upgrade and enhance the skills and competencies of the DOH employees. A training package was developed for the retraining and retooling of the Central Office staff. A total of 10 courses with an attendance ranging from 88% to 108% (25 participants/course) were conducted in 2002. Ten (10) training courses were reviewed while 50 courses were issued clearance. Fund assistance for post-graduate degree was provided to 40 scholars. There are 10 scholars from ARMM who completed medicine at UP-Palo in Leyte. Fifteen (15) training programs for foreign nationals were developed under the 3rd Country Training Program. The 4th Annual Qualifying Examination for Residency Training (QUERT) was conducted in July 2002 to screen applicants who would pursue residency training in various DOH Teaching/Training Hospitals and Medical Centers. A total of 1215 (57%) passed out of the 2125 examinees, 1057 of which were matched.

Health Workers Deployment Program. To augment the needs for health workers in the underserved areas especially in the rural areas, various deployment programs were instituted namely: the Dispersal Program; Medical Pool Program; Specialist to the Province Program (STTP); and Doctors to the Barrios (DTTB) Program. Under the Dispersal Program, 76 senior residents of various residency programs were matched/assigned to various provincial and district hospitals. There are 114 MS II and 33 MO III assigned to DOH and LGU hospitals, to serve as temporary replacements for doctors undergoing training and/or medical education, under the Medical Pool Program. Under the STTP, a joint program of DOH, Philippine College of Surgeons, Philippine Society of Anesthesiologist and UNILAB Philippines, surgeon-anesthesiologist teams were deployed to Batanes General Hospital, Carmen District Hospital and Placer District Hospital.

This year, a total of 35 new doctors (DTTB batch 15) and 71 non-medical health workers (Rural Health Team Placement Program) were deployed nationwide. Twenty (20) DTTBs of Batch 13 graduated from the program, 6 of which were absorbed by LGUs and 4 were awarded outstanding DTTBs. Another project called the "Leaders for Health Project" is a collaborative venture of DOH, Pfizer and Ateneo for the continuing medical education of DTTB and DOH staff. Recruitment of participants for the Master's Degree in Health Care Management has been conducted and 19 DTTBs and 10 DOH personnel were selected for the 1st batch of training which started last July 2002. Pfizer provided financial assistance in the transformation of the 3rd floor of HHRDB office into a training-learning center with virtual library, training room, 4-bed dormitory and office space.

Health Emergency Management. Four (4) protocols were formulated to improve the management of health emergencies and disasters in the country. These are: Protocol on Mass Casualty Incident; Protocol in Ambulance Conduction; Protocol in Evaluation of the DOH Hospitals in relation to Hospital Preparedness; and Protocol in Evaluation of the Regional Offices in relation to Preparedness. A monitoring tool for Hospital Response to Emergencies was also developed. DOH Contingency Plan in an event of Nuclear Biological Chemical (Weapons of Mass Destruction) was drafted. Finalization of Emergency Medical Technician's Course Module and preparation for the conduct of the first course is being undertaken. HEMS maintained the 24 hours Operation Center for the Department, which monitors all health emergencies/disasters and other health-related concerns for proper referral and appropriate actions of the Department.

Health Emergency Management Staff

Information Management Service

Development of the Electronic Procurement System. The DOH Electronic Procurement System through our-bid.com was developed to help DOH uphold transparency, responsibility, accountability and achieve equity, effectiveness, efficiency and economy in its operations and at the same time minimizing if not eliminating graft and corruption in procurement dealings. The system is now being used by some of the DOH suppliers for testing purposes, after the latter's platform has been duly evaluated for compliance to the Implementing Rules and Regulations of Executive Order No. 40 (consolidating procurement rules and procedures for all national government agencies, government-owned or controlled corporations and government financial institutions, and requiring the use of the government electronic procurement system). The system shall be fully utilized to cover the procurement through public bidding of goods, supplies and materials for all offices and units within the Department of Health Central Office. A decrease in procurement costs could prove a major boost to macroeconomic adjustment in programs, thereby ensuring that all funds or grants will now reach, benefit and help the poor. All invitations and results will be made available to the public through the Internet. Any eligible supplier, regardless of distance, can participate in the bidding. Some procurement procedures will be automated while still giving the Bids and Awards Committee (BAC) complete control of the bidding process. A procurement manual was also developed based on EO 40. A drug supplier accreditation system was developed.

The Contract Distribution System LMIS server has been transferred from JSI to the DOH IMS. CDS databases for 4 regions, under phase I implementation were upgraded and synchronized with the DOH Central CDS databases. Hardware, software and peripherals for the 12 other regions for phase II and phase III were already procured, shipped and installed. Corresponding capability building for users of the system was also conducted.

DOH Central Library



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CHD

Center for Health Development

HORIZONS

CHD ILOCOS

● Organized the 1st Health Summit in the region, marked by the signing of the Pledge of Commitment between and among the participating LGUs and CHD Ilocos ● Pilot Inter-Local Health Zones in Bangui District Hospital and its catchment municipalities and provided grants for the upgrading of Bacarra and Solsona RHUs. ● Ranked third among the regions with the highest positivity rate (63.18%) on the number of sputum tested in 125 markets regionwide in the first round of Patak sa Asin and further increased to 93% during the 2nd round. ● Provided water supply system through the Water for Life Project benefiting 355 households in four (4) barangays, namely: Brgys. Tara, Bolinao, Pangasinan and San Jose and Namagbagan, in Anda, Pangasinan and Brgy. Cadumanian, Rosario, La Union. ● Conducted a regionwide fogging operation to 2605 houses, 4365 school buildings and 112 markets that resulted in dramatic decline in the number of dengue cases from 2,444 in 2001 to only 221 cases. ● Established a strong collaboration with the provinces of Ilocos Norte, La Union and Pangasinan in the development of Local Health Systems. ● Attained 101% coverage in the 2 rounds of the Vitamin A Supplementation ● Launched the Bantay Ngipin Project or the Caries-free Campaign

CHD CORDILLERA

■ Facilitated the establishment of new Inter-Local Health Zones (ILHZ) in Besao District Health System and Sabata District Health System ■ Replicated the Integrated Community Health Services Project in Mountain Province and Ifugao ■ Pilot Matching Grant Program in three (3) municipalities in Mountain Province and three (3) municipalities in Benguet Province ■ Upgraded the X-ray section of Mayaoyao District Hospital ■ Upgraded the Rural Health Unit buildings of Mayaoyao and Aguineldo ■ Provided logistics support to 6 provinces and Baguio City amounting to P14.3 million ■ Awarded Sentrong Sigla seal to three (3) Rural Health Units and three (3) Barangay Health Stations ■ Fifty-two (52) Local Health Boards made functional ■ Established TB Direct Observation Therapy unit at Baguio General Hospital and Medical Center ■ Established Cervical Cancer Registry in Mountain Province ■ Established seven (7) new Municipal Epidemiology and Surveillance Units and strengthened 11 existing Local Epidemiology and Surveillance Units ■ Facilitated the delivery of vaccines (BCG, OPV, DPT, Measles, Hepa B and Verorab) to the LGUs ■ Conducted "Patak Polio" campaign with an accomplishment of 91% for the two rounds ■ Operationalized the Collaborating Center for Vector Studies (Regional Entomology Laboratory) ■ Set-up Animal Bite Treatment Centers (ABTC) in 5 provinces and 1 city

YEAR-END PROGRAM REVIEW & AWARDING December 18, 2002



CHD CAGAYAN VALLEY

- ◆ Completed the Catchment Water Basin of the Veterans Regional Hospital
- ◆ CHD retained hospitals conducted voluntary sterilization outreach in selected district and municipal hospitals
- ◆ Increased its Rural Health Units certification for Sentrong Sigla Movement from 35.16% to 40.65%
- ◆ Created Site Implementation Teams in the province of Nueva Vizcaya and Cagayan
- ◆ Implemented the DOH Facilities Licensing Information System
- ◆ Provided a grant to one (1) Local Government Unit district hospital
- ◆ Conducted Training on Quality Assurance on Sputum Microscopy
- ◆ Conducted Baseline survey for KAP on Local Health Account and Community Based Health Care Financing
- ◆ Enrolled 19,426 indigent families to the LGU Indigency Program of Philhealth
- ◆ Organized Cagayan Coalition Against Tuberculosis in the province of Cagayan

CHD CENTRAL LUZON

- ✱ Launched 10 Unified Local Health System (ULHS) areas out of the 12 areas that were organized and developed.
- ✱ Advocated Sentrong Sigla Movement (SSM) which resulted in intent of twenty-eight (28) LGUs to join the SSM.
- ✱ Certified eighteen (18) health facilities as Sentrong Sigla facilities.
- ✱ Enrolled five (5) new expansion sites and re-enrolled two (2) municipalities and three (3) ULHS areas to the Matching Grant Program
- ✱ Identified Nueva Ecija as the 2nd convergence site with 4 ULHS areas that comprise 16 municipalities
- ✱ Conducted Provincial Summit which was marked by the signing of Pledge of Commitment to the health sector reform targets in Nueva Ecija
- ✱ Conducted an advocacy/orientation on GMA 50 for DOH-Representatives, FDROs and LGU health workers
- ✱ Assessed 22 drugstores for Gawad Botika wherein 4 were given plaque and Quality Seal Certificate and 18 were given quality seal certificate.
- ✱ Accomplished 106% coverage for the two rounds in the Door-to-Door Patak Polio Immunization Campaign.

CHD EASTERN VISAYAS

- Conducted Integrated Orientation on Local Health Board (LHB), Matching Grant Program (MGP) and Geographically Isolated and Disadvantaged Areas (GIDA) in six (6) provinces
- Enrolled 13 LGUs in MGP and provided GIDA grants to 7 LGUs
- Organized six (6) Provincial Health Boards
- Completed the construction of Eastern Visayas Regional Medical Center's two-storey building for inpatients
- Achieved 100% participation of municipalities in the Indigency Program of PhilHealth
- Launched Health Plus
- Two (2) RHUs have been accredited by PhilHealth as Health Plus facilities
- Awarded the SASAKAWA Health Prize for GIDA Implementation Program in San Pedro and San Pablo Islands
- Implemented GIDA in Maslog, E. Samar, Jipapad, E. Samar, Arteche, E. Samar, San Policarpo, Matuguinao, Samar and Tagpul-an, Samar
- Certified sixty (60) new Sentrong Sigla health facilities
- Conducted training/orientations on GMA 50 Zonal Systems Implementation and PDI Drug Monitoring Systems
- Issued license to operate to 81 hospitals and 76 laboratories
- Four (4) drugstores were given Gawad Botika Sentrong Sigla award
- Balik Patak Kontra Polio Campaign increased OPV coverage against the wild poliovirus to 95%
- Attained 100% coverage in the two rounds of Vitamin A Supplementation among children 12-59 months
- Formulated 7-Year Help for Catubig Agricultural Advancement Project (HCAAP) Directional Plan

CHD SOUTHERN TAGALOG

▲ Developed DOTS Communication Plan in four (4) provinces ▲ Prevalence of malnutrition among pre-school children has decreased to 3.2% ▲ Accomplished 97% coverage in the 2 rounds of Garantisadong Pambata ▲ Increased Fully Immunized Children (FIC) from 85% to 86% ▲ Accomplished 111% coverage for the two rounds of the Door-to-Door Patak Polio Immunization Campaign. ▲ Accomplished 100% coverage on supplemental measles mass immunization campaign in identified high risk areas, namely: Antipolo City, Biñan, Laguna, Carmona, Cavite, Taytay, Rizal, and Palawan ▲ Inspected 100% of the 251 hospitals and issued 95% or 239 licenses ▲ Certified 96 Sentrong Sigla health facilities ▲ Established 15 Inter-Local Health Zones some of which have functional referral system, cost-sharing mechanism and networking ▲ Renationalized the Ospital ng Palawan ▲ Increased enrollees for the PhilHealth Indigency Program overshooting its target of 139,198 to 179,027 (129%) ▲ Conducted training of Speaker's Bureau to Provincial and City Health Care Financing Coordinators on Social Health Insurance

CHD METRO MANILA

* Conducted "Patak Polio" campaign with an accomplishment of 107% coverage for the two rounds. * Vaccinated 99% of targeted children aged 9-59 months against measles. * Provided Vitamin A to 97.9% of the targeted children. * Implemented the Cervical Cancer Screening using Acetic Acid Wash Technique in selected health centers of the 17 cities and municipalities * Affirmed the support of the Catholic Church for the Natural Family Planning program as a Catholic program for responsible parenthood and not for population control through Circular No. 2002-52 issued on 16 October 2002 regarding the statement of His Eminence Jaime L. Cardinal Sin titled "Operational Directives on Natural Family Planning (NFP) Services the Ministry of Family and Life of the Archdiocese of Manila" * Initiated the Safe Motherhood Program through the launching of "Search for Super Nanay and Star Kid" which aims to ensure safe motherhood and healthy newborns through provision of health packages for pregnant women and the baby in collaboration with the LGUs, private sector and other agencies

CHD BICOL

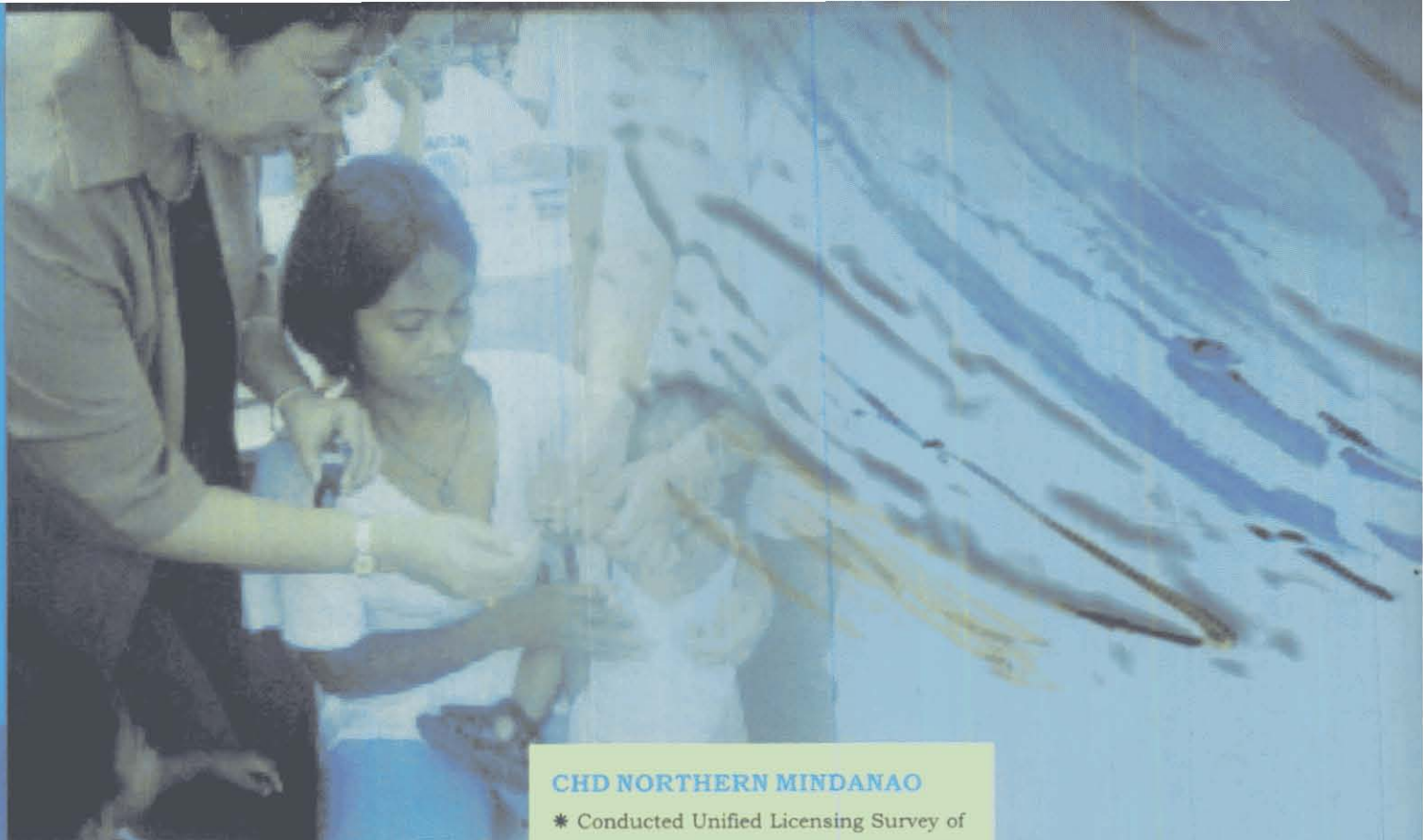
* Established Epidemiologic Surveillance Units in the Province of Masbate, Camarines Norte and Naga City * Initiated 2nd dose of Filariasis Mass Treatment in Sorsogon * Established Poison Center and Toxicology Unit in the regional laboratory * Conducted Hospital-based DOTS Training in 2 CHD retained hospitals and 4 provincial hospitals * Implemented cost recovery scheme in 2 CHD retained hospitals * Conducted Community-Based Management Information System for 18 Matching Grant Program (MGP) areas * Established four (4) additional ILHZs namely: 2 districts of Albay, 1 Sorsogon and 1 Camarines Norte * Recognized 17 drug stores to the Gawad Botika Award * Upgraded 1 hospital as 1st level referral and 3 hospital as 2nd level referral hospital

CHD WESTERN VISAYAS

+ Facilitated the replication of HOMIS in 2 provinces + Financial assistance to ILHZ workshops in 8 provinces/HUCs + Assisted 14 LGU in planning activities + Advocated the creation of Local Epidemiology and Surveillance Unit + Assisted in the conduct of special surveys and surveillance activities + Established a Monitoring System in Research and Development (to be completed in 2003) + Conducted Price monitoring for 30 essential drugs + Conducted Orientation of Therapeutic Committee by province on Medicine Importation Project (6 provinces, 13 cities) + Conducted networking with partners and the LGUs in 4 provinces + Upgraded Capiz-Basilan Hospital + Supported HSRA Convergence Sites Package of civil works, equipment, supplies and materials, tri-media + Conducted Round table Inter-Agency Discussion to increase participation of NGOs/POs/PS in health care delivery + Conducted Local Research on ILHZ

CHD CENTRAL VISAYAS

• Provided technical and financial assistance to 10 LGUs, 17 RHUs/BHS and 3 district/provincial hospitals • Provided grants to identified 4 LGU KALAHI areas • Established 1 model barangay for TB DOTS in Cebu City • Conducted research on Pilot Project on Rabies-free Siquijor • H o l d Breast and Cervical Cancer Awareness Symposium for government and private agencies • Conducted 4 Orientation on Lifestyle-related Programs for Chairmen, Committee on Health • Provided LGU grants under Water for Life Project for 2 priority districts • 16 out of 22 organized ILHZs are functional • Assessed /certified 47 Main Health Centers (MGP areas) and 34 health facilities in non-MGP areas as Sentrong Sigla facilities • Started the construction of the BFAD Satellite Laboratory at the compound of Eversley Child Sanitarium at Jagobiao, Mandaue City • Cure rate for TB cases registered and achieved at 87.9% (highest) with positivity rate for the first half of 2002 at 18.9% • Increased Contraceptive Prevalence Rate (CPR) from 47% to 49% based on the Family Planning survey conducted • Provided regulatory services to 992 food establishments, 815 drug establishments, 106 hospitals both private and government, 146 clinical laboratories and 46 dental prosthetic laboratories • Provided hospital/medical equipment maintenance services to 140 devolved health facilities in 3 regions



CHD ZAMBOANGA PENINSULA

- Organized the Olutanga Island Health System Development in Zamboanga Sibugay through the GIDA strategy
- Provided Matching Grants to 10 LGUs (6 municipalities and 4 cities) amounting to P1,250,000
- Seventy four (74) health facilities were certified as Sentrong Sigla facilities
- Enrolled 45,243 families in 46 LGUs in the PHIC Indigency Program
- Conducted orientation on National TB Program Revised Manual of Operation
- Conducted Responsible Pet Ownership Advocacy Campaigns to LGUs with seven (7) LGU ordinances passed on Responsible Pet Ownership
- Provided Vitamin A supplementation to 303,382 children aged 12-59 months old
- Provided 26 LGUs with Iodized Salt Livelihood Project Grants
- Conducted Salt Summit in 8 LGUs (3 provinces and 5 cities) that resulted in 100% of LGUs passed resolutions supporting the Asin Law
- Accomplished 96.2% coverage for the two rounds in the Polio Patak Door-to-Door of the Polio Free Maintenance Immunization Campaign
- Launched the Community Based Malnutrition Rehabilitation Program in Zamboanga del Sur.
- Provided medical assistance to the twelve thousand eighteen (12,018) deportees from Malaysia

CHD NORTHERN MINDANAO

- * Conducted Unified Licensing Survey of 56 primary hospitals and 23 secondary hospitals, 45 pre-standing and hospital-based clinical laboratories, 70 pre-standing and hospital based x-ray facilities
- * Inspected 45 hospital pharmacy and drug rooms
- * Issued licenses to 149 hospitals and 45 Clinical Laboratory
- * Inspected and monitored 1,740 Food and Drug establishments
- * Provided assistance to 18 LGUs/Retained hospitals in public bidding
- * Assessed and reassessed 56 RHUs, 6 BHS, 11 health facilities for the Sentrong Sigla
- * Provided 7 Sentrong Sigla signboards to Sentrong Sigla health facilities national awardees
- * Provided drugs and medicines to 12 LGUs, 19 hospitals and 14 RHUs
- * Provided Sentrong Sigla Certifications/awards to 25 health facilities
- * Provided 4 provinces and 7 cities with Pyrazinamide drugs and verorab vaccines
- * Implemented 47 ordinances on Responsible Pet Ownership
- * 5 Bite Centers functional (CHO, Cagayan de Oro City, CHO, Ozamiz City, PHO, Misamis Oriental, MOPH Hospital, Bukidnon Provincial Hospital)
- * Distributed 703,600 Vitamin A Capsules

CHD SOUTHERN MINDANAO

- ▲ Inspected 1134 BFAD regulated establishments
- ▲ Conducted signing of MOA for establishment of ILHZ in 10 municipalities
- ▲ Organized 1 ILHZ with resource sharing, referral network system, IHPS and HOMIS
- ▲ Conducted provincial convergence site participated in by 10 municipalities
- ▲ Organized 2 TB Diagnostic Committees
- ▲ Provided logistic support for anti-malarial drugs, laboratory supplies to 57 LGUs
- ▲ Provided mosquito nets to 2,100 households for outbreak areas
- ▲ Conducted an evaluation study on the bio-efficacy of PERMANET and Alphacypermethrin in Collaborating Center for Insecticide
- Provided technical assistance to 8 LGUs on the Monitoring of "Patak sa Asin" Campaign
- ▲ Provided Vitamin A capsules to 89 health facilities



CHD SOCCSKSARGEN

- Institutionalized the Collaboration Center on Epidemiology and Surveillance for Mindanao (ECCM)
- Provided technical assistance to LGUs on the formulation of Annual Investment Plan for 2003-2004 using the Integrated Health Planning System (IHPS) approach
- Established databases on vital health information at 9 provinces/cities
- SOCCSKSARGEN region profile
- Health policies
- Health Projects (Local/ODA)
- Health Financing
- Installed Health Human Resource Planning Information System at the CHD-HRDU
- Conducted drug price monitoring for 30 drugstores
- Conducted evaluation of drug establishments on Gawad Botika ng Sentrong Sigla
- Conducted inventory of vaccines and cold chain equipment and facilities in 50 RHUs, 4 PHOs and 5 CHOs
- Provided technical assistance to LGUs in the implementation of health regulations
- Provided support for the Convergence Initiatives of the pilot area (Cotabato Province) in 17 RHUs, 6 hospitals, and 4 ILHZ
- Provided technical assistance to 5 ILHZ and 16 district hospitals
- Provided P 3.9 million worth of drugs and medicines to 35 LGUs and project grants to 7 LGUs
- Supported 57 Local Health Boards
- Assessed 25 health facilities for Sentrong Sigla

CHD CARAGA

- * Initiated the GMA 50 drugs monitoring system
- * Conducted monthly monitoring of 37 essential drugs in 30 drugstores regionwide and PDI drugs in 2 retained hospitals
- * Assessed/Inspected 175 health facilities and 950 food establishments
- * Provided assistance to City Health Officers in the improvement of their Drug Selection System (1 Procurement and Therapeutic Committee Training conducted)
- * Conducted HSRA Convergence Planning Workshops in Surigao del Sur and Bislig City
- * 100% functional Provincial Health Board
- * 97% functional Municipal Health Board
- * Five (5) area health zones in Agusan del Sur with Memorandum of Agreement, organized/functional District Health Board and Technical Management Committee
- * Adopted four subsystems for replication namely: Integrated Health Planning System, Hospital Management Information System (HOMIS), Hospital Referral System (HRS), Health Care Financing Options adopted: Drug revolving fund scheme and PHIC Indigency Program
- * Assisted in the Installation of Community-Based Monitoring Information System (CBMIS) in partnership with MSH-piloted in Matching Grant Program (MGP) and sub-granting SGP sites
- * Provided Matching Grant to five Sentrong Sigla Certified health facilities (3 hospitals, 1 RHU and BHS), for Improvement
- * Assessed/reassessed 94 health facilities for CQI/SS certification
- * Conducted monthly monitoring of 50 RHUs and 40 BHS SS certified health facilities

2002

Harnessing FAPs for a Better Health System

The Department of Health is implementing 30 ODA-assisted projects worth P13.48 B, consisting of 11 loans worth P 8.98 B and 25 grants amounting to P 4.5 B. Loan assistance were extended by ADB, WB, AusAID, Spain, French and Austria while grants were provided by USAID, AusAID, EU, Germany, Belgium and Japan.

Five out of 30 projects, which include Women's Health and Safe Motherhood Project, Tuberculosis Control Project, Korea-Philippines Friendship Medical Hospital, establishment of the National Tuberculosis Reference Laboratory and Phase 2 of Family Planning and Maternal Child Health Project, were completed in 2002.

New ODA-funded projects were also started in 2002. Two new projects will be implemented including Upgrading of the Zamboanga City Medical Center and Quality Tuberculosis Control Project while project identification and preparation activities were underway for Health Sector Development Project, Health Sector Reform Project and 2nd Women's Health and Safe Motherhood. The last three projects were considered landmarks in project development in the sense that their components were geared to support the development of Health Sector Reform Agenda.

Highlights of 2002

Completed Projects

The **Women's Health and Safe Motherhood Project** jointly funded by ADB and WB pilot tested the life-cycle approach (LCA) in which health care is provided through a proactive involvement of community members. The project also supported the designs of maternal GIS model and the National Health Atlas, which lists down all government health facilities including the Rural Health Units.

Similar to WHSMP, the **Family Planning and Maternal Child Health Project Phase II** supported the public health programs. It succeeded in enhancing awareness in PHC with particular focus on Reproductive Health by improving the quality of RH services, establishing a health-oriented environment and promoting community participation.

Quality Tuberculosis Control Project funded by GOJ/JICA provided capacity building in the implementation of the National Tuberculosis Program in Nueva Ecija, Eastern Samar, Laguna, Rizal, Bulacan, Negros Oriental, Bohol and Siquijor and CHD Davao Region. It also completed the Cebu TB Reference Laboratory.

Both the projects on **Korea-Philippines Friendship Medical Hospital** and **Establishment of the National Tuberculosis Reference Laboratory** provided hard investments that were important to hospital and public health reforms.

2002

FINANCIAL REPORT

The total DOH budget for 2002 is P11.42 billion. This is 20% higher compared to last year's budget of P9.5 billion. About 47% of the DOH budget is spent for personal services, 45% is spent for maintenance and other operating expenses while only 8% is spent for capital outlay.

There is a 16% increase for maintenance and other operating expenses this year compared to the 2001 budget. About 58% of these is allotted for hospital services, 32% goes to preventive and promotive services and 10% for administrative and regulatory functions. To augment the hospital budget, CY 2002 GAA provided a line item for the retention of hospital income up to an amount of P600M. Of these, P580M was appropriated as MOOE and P20M as capital outlay.

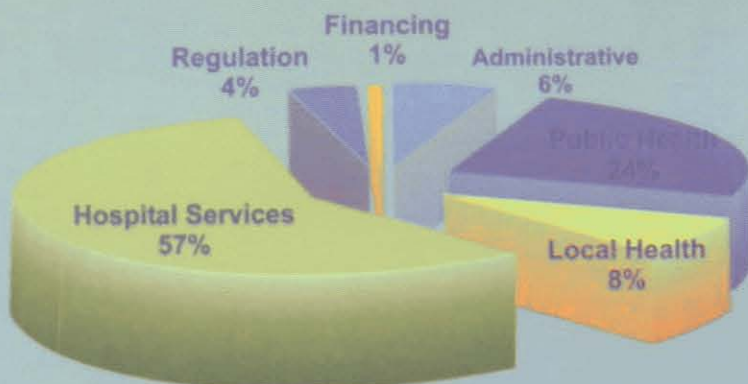
Luzon gets the biggest MOOE share of about 45%. Mindanao has 30% share, Visayas has 20% and NCR gets 5% share.

Percentage Allocation By Expense Class CY 2002

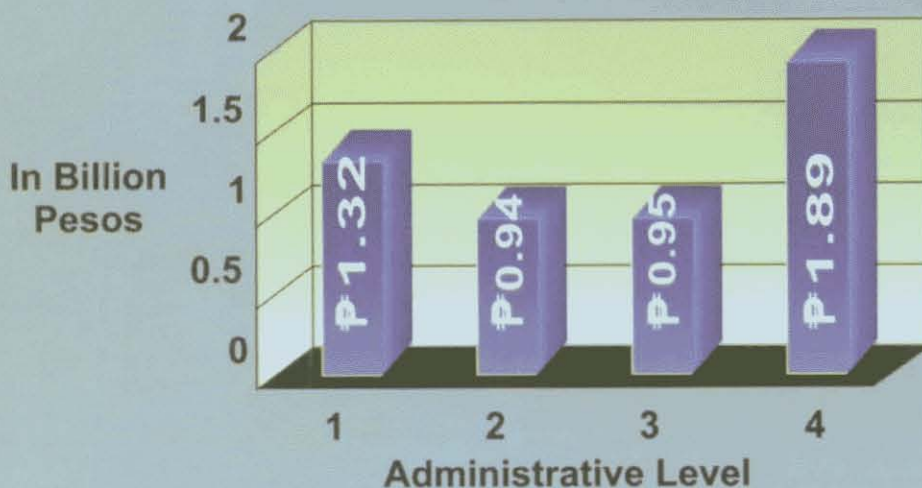


2002

Percentage MOOE Allocation By Function CY 2002



MOOE Allocation by Administrative Levels CY 2002



Legend

- 1- Central Office
- 2 - MM Hospitals
- 3 - CHD's
- 4 - CHD Hospitals

Percentage MOOE Allocation By Geographical Area CY 2002



DOH OFFICIALS

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Secretary

Dr. Antonio S. Lopez
Dr. Margarita M. Galon
Dr. Milagros L. Fernandez
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The Unified German Technical Cooperation Support to the Philippine Health Sector

The **German Technical Cooperation (GTZ)** supports the Health Sector Reform Agenda (HSRA) through organizational, institutional and human resource development at central and local levels. GTZ provides long- and short-term technical assistance to the Department of Health (DOH), the Philippine Health Insurance Corporation (PHIC) and local government units mainly in the Visayas and Mindanao. The present phase of the program is planned until 2004. The total duration of the program is until 2012.

There are four areas of GTZ Support for the Health Sector Reform Agenda. These are:

- **Social Health Insurance (GTZ-SHI).** The main objective of GTZ-SHI is to increase the health insurance coverage of poor Filipino families especially in the informal and indigent segments of the population.
- **Local Health Systems Development (GTZ-LHSD).** LHSD aims to improve the delivery and quality of basic health services at the local level by strengthening health systems. GTZ currently supports the establishment of interlocal health zones in Region 8 particularly the Province of Southern Leyte, one of the convergence sites of HSRA.
- **Pharmaceuticals (GTZ-Pharma).** GTZ-Pharma aims to provide good quality and affordable generic drugs to low income families. This is accomplished by supporting the establishment of a network of private non-profit pharmaceutical foundations at the national and local levels. These foundations distribute essential pharmaceuticals trademarked HEALTH Plus.
- **Family and Reproductive Health (GTZ-FP/RH).** GTZ-FP/RH is geared towards improving community-managed family/reproductive health services at the local level. Self-help initiatives are promoted in poor and remote areas to increase family planning acceptance, thereby improving the health conditions of mothers, children and family members.

Special attention is given by the GTZ support to the issue of poverty and inequalities in general. Solidarity between rich and poor, urban and rural population and aged and the young people is a major principle in the work of GTZ.

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