



Department of Health *Annual Report 2005*

*Shifting Gears Towards a
More Efficient, Responsive and
Sustainable Health Care Systems*

Shifting Gears Towards a More Efficient, Responsive and Sustainable Health Care Systems

2005 DOH ANNUAL REPORT

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M E S S A G E

The year 2005 marked another fruitful year for the Department of Health as we laid down better and more critical strategies in fulfilling our quest for better health care for all Filipinos.

The National Objectives for Health was updated for 2005-2010 to serve as our road map in the implementation of health reforms. This monograph embodies the targets and strategic directions for health as well as a comprehensive plan for reform implementation in line with the global targets set in the Millennium Development Goals and the nation's goal and objectives as stipulated in the Medium Term Philippine Development Plan. As we implement health reforms, the FOURmula ONE for Health (F1) was launched as the health sector's blue print for the implementation of reforms to bring about better health outcomes, more responsive health system and more equitable healthcare financing.

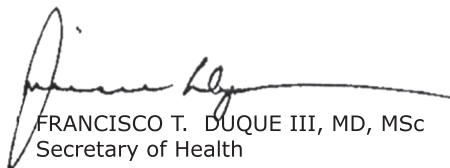
We remain steadfast in fighting and preventing various diseases of public health concern and gain control over diseases which can be eradicated and eliminated. The Patak Kontra Polio campaign has been successful in warding off the importation of wild polio virus in the country, with 94% of targeted children immunized against polio. We have prevented and controlled various emerging and re-emerging infectious diseases such as meningococccemia and avian influenza, which continue to threaten the health of global communities. Yet, we maintain our vigilance and preparedness to combat them whenever their resurgence is observed.

Aside from health outcome objectives, we have incorporated institutional reforms for a more effective and efficient health care system. We have initiated reforms in the field of Financial Management with the diagnosis of information flow involved in the Department's procurement system. Moreover, groundworks on the improvement and strengthening of the Health Information System, Knowledge Management and Procurement and Logistic System has been started.

A renewed enthusiasm was seen as we strengthen our partnership with the Local Government Units and in the implementation of health reforms. Province-wide Investment Plans for Health were developed in selected 16 provinces as the basis of F1 implementation in these sites. The institutionalization of the Sector-Wide Development Approach (SWAP) for Health locally known as Sector Development Approach for Health (SDAH) is envisioned to bring a more effective donor coordination and resource mobilization for the health sector.

All these accomplishments were made possible with the concerted efforts of all stakeholders in the health sector, and we share with them these achievements.

We look forward to another fruitful year. Let's all make F1 work!


FRANCISCO T. DUQUE III, MD, MSc
Secretary of Health



Shifting Gears Towards a More Efficient, Responsive & Sustainable Health Care Systems



FOURmula ONE for Health (F1) - The DOH Strategic Plan to Implement Health Reforms for 2005-2010

What is FOURmula ONE for Health?

FOURmula ONE for Health (F1) is the implementation framework for health sector reforms in the Philippines for the medium term covering 2005-2010. It is designed to implement critical health interventions as a single package, backed by effective management infrastructure and financing arrangements.

F1 engages the entire health sector, to get involved in the implementation of health reforms. It is an invitation to join the collective race against fragmentation of the health system of the country, against the inequity of healthcare and the impoverishing effects of ill-health. With a robust and united health sector, we can win the race towards better health and a brighter future for generations to come.

Starting the Race with the End in Mind: *FOURmula ONE for Health Goals and Objectives*

Over-all Goals: The implementation of F1 is directed towards achieving the following end goals:

- Better health outcomes;
- More responsive health system; and
- More equitable healthcare financing.

General Objective: To achieve critical reforms with speed, precision and effective coordination directed at improving the quality, efficiency, effectiveness and equity of the Philippine health system in a manner that is felt and appreciated by Filipinos, especially the poor.

Specific Objectives: F1 will strive, within the medium term, to:

- Secure increased, better and sustained financing for health;
- Assure the quality and affordability of health goods and services;
- Ensure access to and availability of essential and basic health packages; and
- Improve performance of the health system

Defining the Rules of Engagement: *Seven (7) General Guidelines for Health Reform Implementation*

1. FOURmula ONE for Health will organize the critical reform initiatives into four implementation components, namely, Financing, Regulation, Service Delivery and Governance
2. The implementation of F1 will focus on a few manageable and critical interventions. Such interventions will be identified using the following criteria:
 - Doable given available resources
 - Sufficient groundwork and buy-in
 - Triggers a reform chain reaction
 - Produces tangible results and generates public support
3. The reforms will be implemented under a sector-wide approach, which encompasses a management perspective that covers the entire health sector and an investment portfolio that encompasses all sources.
4. The National Health Insurance Program (NHIP) will serve as the main lever to effect desired changes and outcomes in each of the four implementation components.
5. The functional and financial management arrangements will be defined in terms of specific offices having clear mandates, performance targets and support systems, within well-defined time frames in the implementation of reforms within each component.
6. The functional clustering of teams and assignment of specific Team Leaders shall facilitate implementation, monitoring and supervision in a coordinative manner and shall not, in any way, prejudice the corporate nature of the DOH-attached agencies nor the autonomy of Local Government Units (LGUs).
7. The selection of FOUR-in-ONE Convergence Sites will be governed by the following criteria:
 - Willingness of the LGU to participate in the FOURmula ONE for Health implementation;
 - Presence of local initiatives or start-up activities relevant to FOURmula ONE strategies;
 - Relatively high feasibility of success and sustainability; and
 - Availability of funds from GOP and external sources for capital investment requirements.

Building on the Gains of the Philippine Track Record on Health Reforms: Drawing Impetus for FOURmula ONE for Health Implementation

The current implementation of health reforms builds upon the lessons and experiences from the major health reform initiatives undertaken in the last 30 years namely:

- Primary Health Care approach in the late 1970s
- Generics Act in the late 1980s
- Devolution of public health system in the early 1990s
- National Health Insurance Act of 1995, and
- Health Sector Reform Agenda (HSRA) conceptualized in the late 1990s

Since the inception of the HSRA in 1999, health reforms have made inroads in at least 30 provinces.

In health governance municipalities have joined together to form Inter-Local Health Zones (ILHZs) to optimize sharing of resources and maximize joint benefits from local health initiatives

In health regulation local government units have pooled their procurements to lower the price of essential drugs

In health service delivery key LGU facilities have been upgraded to meet accreditation requirements and be entitled for capitation or reimbursements from PhilHealth

In health financing LGUs have increased contributions needed to enroll indigents into the social health insurance program

Hurdling Major Roadblocks and Obstacles: Overcoming Healthcare Challenges in the Philippines

While the above developments in the health sector have given rise to opportunities, the following existing constraints must be taken into account in the crafting of relevant strategic action plans:

- Very restricted DOH budget, with around 60 percent automatically spent for personal services alone, leaving very little to provide for operational and capital needs
- Declining share of health in the national budget, as well as the real value of its actual allocation
- Most LGUs spend at least 70 percent of these resources for salaries and benefits of local health personnel, also leaving very little for operational expenses and capital investment
- Inflexible allocation of public subsidies for health, across its major expense categories
- Very limited national government cash position, causing delays in the release of health budgets
- The way existing budgets are allocated across the various health agencies and programs has no clear bearing on performance
- DOH continues to face the difficult mandate of steering the highly decentralized and fragmented local public health systems and private health care markets
- Need for DOH to manage the total national health financing requirements from a multitude of sources

The significant lessons learned from experiences in the last five years, with respect to health reforms in several localities, the growing interest and support from external development partners, the deeper understanding of the requirements of implementing reforms, the reinforcement from partner government agencies, and the revitalized political support for reforms from national leadership, suggest that the timing for full implementation of health reforms is now.

Carrying out the Game Plan: Winning Strategies to Attain FOURmula ONE for Health Component-Specific Objectives

F1 Component No. 1: HEALTH FINANCING

Objective: to secure increased, better and sustained investments in health to provide equity and improve health outcomes, especially for the poor

Strategies:

- Mobilizing resources from extra budgetary sources
- Coordinating local and national health spending
- Focusing direct subsidies to priority programs
- Adopting a performance based financing system
- Expanding the National Health Insurance Program

F1 Component No. 2: HEALTH REGULATION

Objective: to assure access to quality and affordable health products, devices, facilities and services, especially those commonly used by the poor

Strategies:

- Harmonizing licensing, accreditation and certification
- Developing quality seals
- Pursuing cost recovery with income retention
- Assuring the availability of low-priced quality essential medicines commonly used by the poor

F1 Component No. 3: HEALTH SERVICE DELIVERY

Objective: to improve the accessibility and availability of basic and essential health care for all, particularly the poor, which shall cover all public and private facilities and services

Strategies:

- Ensuring availability of basic and essential health service packages in all localities
- Making available specific and specialized health services in strategic locations
- Intensifying current efforts to reduce public health threats

F1 Component No. 4: GOOD GOVERNANCE IN HEALTH

Objective: to improve health systems performance at the national and local levels

Strategies:

- Establishing FOUR-IN-ONE advanced implementation sites
- Developing an LGU FOURmula ONE for Health Scorecard
- Institutionalizing a FOURmula ONE for Health Professional Development and Career Track



HIGHLIGHTS OF ACCOMPLISHMENTS

FOURmula ONE (F1) for Health

In June 2005, the Department welcomed the change in its leadership. With the assumption to duty of the new Secretary of Health, Secretary Francisco T. Duque III, new policies and programs were conceptualized in pursuit of health reforms initiated by previous administrations. Secretary Duque issued his administration's thrust and direction through the concept of FOURmula ONE for Health. The Health Policy Development and Planning Bureau (HPDPB) was tasked to develop the agenda of the new policy direction. Issued through Administrative Order 2005-0023 dated August 30, 2005 entitled "Implementing Guidelines for FOURmula ONE for Health as the Framework for Health Reforms" is the DOH Strategic Plan in the Implementation of Health Reforms for 2005-2010. Its functional management arrangements was subsequently issued under Department Personnel Order 2005-1862. In order to more effectively disseminate F1, eleven (11) orientations were made, and one (1) investment planning workshop was conducted.

National Objectives for Health 2005-2010

Conceptualization of the National Objectives for Health (NOH) 2005-2010 started in 2004. In 2005, various activities to refine and finalize its contents were done. The revised NOH includes not only the public health aspects of health service delivery but a more comprehensive plan of implementing health sector reforms incorporating the lessons learned from the Health Sector Reform Agenda and the NOH 1999-2004. It provides the "road map" to bring the health sector to its desired outcomes, in consonance with the implementing guidelines of the FOURmula ONE for Health.

Sector Development Approach for Health

During the year, the policy framework for the Sector Development Approach for Health (SDAH) implementation plan was formulated. Subsequently, a draft Executive Order on SDAH was forwarded to the Office of the President for approval. A functional SDAH technical working group (TWG) was also organized. Under the SDAH, effective donor coordination with DOH taking the lead, will be pursued and to the extent possible, donors are encouraged to harmonize their procedures with Philippine Government procedures, all towards full support of health sector reforms.

ADB Policy Matrix

The Philippine Government through the Department of Health and the Department of Finance was able to obtain a policy loan from the Asian Development Bank (ADB) to finance major policy reforms within the health sector. As such, there are several policy loan conditionalities needed to be accomplished on limited timelines. The focus/areas of the policy loan conditions are based on the FOURmula ONE for Health components: Health Financing, Regulation, Service Delivery, and Good Governance.

There are forty-six (46) loan conditionalities to be accomplished by both DOH and PHIC, thirty-three (33) of which are for DOH compliance and thirteen (13) are for compliance by PHIC. Of the 46 conditions, twenty (20) are tranche conditions and twenty-six (26) are non-tranche conditions. Five of the 46 conditionalities have been complied in 2005. A Task Force that will fast track the accomplishment of the remaining conditionalities for the release of the second tranche was also established.

HEALTH CARE FINANCING

Health Sector Expenditure Framework

The development of the Health Sector Expenditure Framework (HSEF) is one of the start-up technical assistance of the Public Finance Component of the European Commission, geared towards improving budgetary planning at the Department of Health through policy-based medium term expenditure estimates in the health sector. In the last quarter of 2005, a task force composed of DOH offices and oversight agencies such as the National Economic and Development Authority (NEDA), Department of Budget and Management (DBM) and Department of Finance (DOF) was created. The task force will review and approve the technical outputs of the consultant and interface with the other Task Forces for integration of related activities of the Public Finance Component. Relevant documents and reports were identified and provided to the consultant to review the different planned and ongoing health sector budgeting efforts and their link to HSEF development.

Consolidation of Health Funds

Several offices under the Office of the President were transferred to the Department of Health by virtue of Executive Orders issued by President Gloria Macapagal-Arroyo namely:

- ❖ Executive Order No. 455 was signed by President Arroyo on August 22, 2005, transferring the supervision of the Philippine Charity Sweepstakes Office (PCSO) from the Department of Social Welfare and Development (DSWD) to the Department of Health (DOH), in as much as PCSO is the principal government agency in charge of raising and providing funds for health programs, medical assistance and services and charities of national character.
- ❖ Executive Order No. 441 signed on June 27, 2005 by the President, delegated the Secretary of Health the power to exercise oversight functions over the Philippine Sports Commission in order to better monitor the health and fitness of sports athletes of the country.
- ❖ Executive Order No. 472 signed on November 30, 2005, transferred the National Nutrition Council from the Department of Agriculture to the Department of Health.

Philippine Health Insurance Corporation

PhilHealth marked its 10th anniversary on February 14, 2005 with a brilliant presentation of activities chronicling the evolution of PhilHealth through the years. The celebration at The Fort was led by then President and CEO and now Secretary of Health, Dr. Francisco T. Duque III.

• Expansion of Health Insurance

PhilHealth reached another high point in 2005 with the assumption of the Medicare Program of the Overseas Workers Program (OWP) beginning March 1. Accordingly, under EO 392, the administration for some 2.5 million Overseas Filipino Workers (OFWs) and members of their families is now under PhilHealth, and the amount of P530,382,446 for benefit payment, administration and capital expenditures was also transferred to PhilHealth.



• Membership

Through Board Resolutions, PhilHealth provided several options for the renewal of membership in the Sponsored Program, such as Track 1, or the Regular Sponsored Program; Track 2, or the Special LGU Premium which was offered to all cities and first to third class municipalities for the renewal of membership of their Plan 5M enrollees; and Track 3, or the Oplan 2.5M Renewal, which was offered to all LGUs with enrollees under Plan 5M.

For the year, the PhilHealth's active membership reached 13.4 million registered/active members or about 54.6 million beneficiaries. This represents 64% of the 85 million estimated population of the country in 2005.

The Sponsored Program membership enrollment reached about 2.3 million indigent families, which translates to an estimated 12 million poor Filipinos who are eligible to the benefits of the program.

Enrollment in the Formal and Informal sectors showed a notable increase during the year with a total of 7,291,160 and 2,839,455 registered members, respectively. Also, the Retirees Program posted a total of 196,650 members in 2005.

By the end of the year, the OWP registered about 700,000 members or an estimated 3.4 million beneficiaries. There were about 496,000 OFW members enrolled when PhilHealth took over the functions of overseeing the program from the Overseas Workers Welfare Administration in March 2005. In addition to the P530 million worth of premiums turned over to PhilHealth, about P471 million worth of premiums were collected from March to December 2005 under the OWP.

• Benefit Packages

PhilHealth amended its policies on Normal Spontaneous Deliveries (NSD) Package for the reimbursement of drugs, medicines and supplies, etc., wherein a member will now be allowed to claim for reimbursement in cases when the provider's claim for facility charges is less than the benefit package, subject to conditions.

A total of 2,750 health facilities including hospitals, medical clinics, rural health units, TB-DOTS, maternity clinics and Free Standing Dialysis Clinics were accredited by PhilHealth by end-2005 to deliver medical services to Filipinos nationwide. Accredited professionals reached more than 21,148. As PhilHealth continues to expand, it stepped up its information campaign for the enrollment of OFWs in the Individually Paying Program and developed systems that could facilitate their membership to PhilHealth by continuing the operationalization of the One-Stop-Shop Centers for OFWs in Clark Pampanga, Cebu and Davao.

• Networking with Partners

PhilHealth maintained its strong collaboration with foreign as well as local partners. With the assistance from GTZ, a study on "Segmenting the Informal Sector with a View to Adjusting Premiums based on Ability to Pay" was undertaken with a goal to provide PhilHealth with options for segmenting the Individually Paying members and present an adjusted premium schedule.

On the other hand, The Philippine Center for Communications Program (PCCP) funded by the World Health Organization (WHO) conducted an Assessment of the PhilHealth Communication Program and Development of a Communication Plan with a Social Marketing Approach. This was aimed at ascertaining the members' prevailing knowledge, attitudes, and practices pertaining to PhilHealth, among other objectives.

In June 2005, PhilHealth signed a memorandum of understanding with Philippine International Trading Corporation (PITC) to lower prices of drugs through its Preferred Partner Pharmacy Program (PPPP).

• Stronger NHIP Thru Legislation

PhilHealth initiated the passage of two (2) revenue laws that supported and provided a move for the government to secure consistent and sufficient sources of financing health care through social health insurance. Republic Act 9334 or the so-called "Sin Tax Law" directed 5% of the expected incremental revenues from the excise taxes from the sales of alcohol and tobacco products to go to health, half of which is earmarked to the NHIP in order to sustain the goal of universal coverage given its mandate. Revenue Regulation No. 3-2006 of RA 9334 has been issued recently by the Bureau of Internal Revenue (BIR).

The NHIP is also listed as one of the beneficiaries of RA 9337 or the Expanded Value-Added Tax Law, which mandated NHIP to receive 10% of the 50% representing the share of LGU from its incremental revenues. This will be released as part of the Internal Revenue Allocation (IRA) of LGUs starting 2006.

HEALTH REGULATION

- **Ensuring Support to Low-Priced, Quality Medicines (GMA 50 - Gamot na Mabisa at Abot Kaya Program)**

A key strategy to lower drug prices is the importation of a similarly branded product that is cheaper in other countries that will then be introduced to the local market. The PITC handles the procurement process while the DOH facilitates the registration, distribution and the price and quality monitoring of the imported drugs. The Bureau of Food and Drugs (BFAD) provided assistance to the PITC through the issuance of Certificates of Product Registration (CPRs) and Licenses to Operate (LTOs). From 2000 to 2005, BFAD had already issued of total of 148 CPRs and 47 LTOs to Botikas ng Bayan.

GAMOT NA MABISA AT ABOT-KAYA

50% OFF

ON SELECTED DRUGS

MABIBILI SA MGA DOH BOTIKA!

GMA 50 Hotline:
Tel. No. 338-6438

- **Ensuring Access to Low-Priced Medicines through the Botika ng Barangay**

As of 2005, there were 4,738 "Botika ng Barangay" (BnBs) or village drug outlets established/functional nationwide, 1,869 of which have been issued LTOs. Priority areas for establishing BnBs cover far-flung and depressed areas. These BnBs sold 18 of the 21 over the counter (OTC) drugs, household remedies and 2 prescription drugs. In 2005, six (6) new prescription drugs were included in the Botika ng Bayan drug list namely: metformin 500 mg tablet, glibenclamide 5 mg tablet, metoprolol 50 mg tablet, captopril 25 mg tablet, salbutamol 2 mg tablet and salbutamol 2mg/5ml syrup (60 ml).

- Improving Governance in the Operations and Management of BFAD**

As part of BFAD's commitment to improve its operation, its ongoing automation project is nearing completion. This project is expected to minimize red tape, graft and corruption by improving frontline transaction services and streamlining inter-agency processes through a web-based on-line facility. More Certificate of Product Registration processed electronically would mean more products entering the market, thereby increasing competition which is expected to lower the prices of drugs and medicines.



- Licensing and Accreditation of Health Facilities**

For 2005, the Bureau of Health Facilities and Services issued Licenses to Operate to 404 hospitals and other health facilities, 86 dental prosthetic laboratories, 37 dialysis clinics, 605 clinical laboratories, 181 blood banks, and 31 ambulatory surgical clinics. Certificates of Accreditation were also issued to 1278 drug testing laboratories, 42 drug abuse treatment and rehabilitation centers, 144 OFW clinics, 78 water testing laboratories, 265 HIV testing laboratories, 54 medical technologists intern training laboratories, 17 private school dental clinics, and 2 occupational establishment-dental clinics. Clearances to Operate were also issued to 19 health maintenance organizations. The Centers for Health Development also issued LTOs and Certificate of Accreditation to same health facilities.

A baseline study on ambulance service was done as part of the standards development of the BHFS. Evaluation Studies on Water Testing Laboratories and Training Laboratories for Medical Technologists Interns was also conducted.

- Regulation of Water Purification Devices**

Two guidelines/policies were issued concerning the regulation of water purification devices namely: (a) AO 2005-003, "Guidelines on the Issuance of Certificate of Product Registration for Water Purification Equipment and Device" and (b) AO 2005-003-A which is an "Amendment to AO 2005-003 to include National Reference Laboratory for Performance Testing of Water Purification Device". Implementation of the former started in February 2005 and 15 devices have been given temporary certification.

- Development of Standards for Medical Devices**

The Bureau of Product Standards (BPS) of the Department of Trade and Industry has given the Bureau of Health Devices and Technology (BHDT) the authority to review each international standard pertaining to medical devices and to recommend its adoption as Philippine National Standard (PNS). For 2005, 23 international standards were approved as PNS, 9 standards are being circulated to other stakeholders for review, and 5 standards were recommended to the BPS for adoption as PNS.

- Regulation of Radiation Facilities**

In 2005, the BHDT issued 1,871 licenses or 111% of the year's target for different ionizing radiation facilities which cover x-ray, CT scan, linear accelerator, magnetic resonance imaging, mammography, etc. The bureau also issued 2,054 certifications or 139% of the year's target for desktop radiation safety evaluation of telecommunication facilities.

- Enhancing Technical and Regulatory Capability of BFAD**

The BFAD is now working towards the operationalization of the Cebu and Davao Satellite Laboratories and have allotted P30 M for each facility in the GAA 2006 for the procurement and installation of needed equipment and instruments.

Nine (9) private laboratories and four (4) government counterpart laboratories were recognized for food and drug testing in line with outsourcing its product testing function. Recognition of Good Manufacturing Practices – Compliant Manufacturers was done through the awarding of the Seal of Excellence to 29 drug manufacturers.

- Hazard Analysis Critical Control Point System**

The Bureau of Quarantine utilized Hazard Analysis Critical Control Point (HACCP) system in the monitoring and control of Vibrio Cholera outbreak in Pangasinan. Data gathered from DOH officials and local government units were consolidated and evaluated. A consultative meeting with concerned agencies and seafood industry was conducted to better handle the situation.

Good Manufacturing Practice – HACCP audit training courses were conducted for quarantine food safety auditors in the regional offices of Zamboanga, Iloilo, Cebu, and Davao.

HEALTH SERVICE DELIVERY

• “Patak Kontra Polio” Campaign

The DOH made all efforts to prevent the importation of wild polio virus by conducting “Patak Kontra Polio” in ARMM and Region 9. Secretary Francisco Duque III led the Round 1 Patak Polio Immunization last August 29 – September 2, 2005. Out of 601,836 children aged less than five years old, 94% (565,075 children) were vaccinated. Round 2 of the activity conducted on Sept. 26-30, 2005, achieved 93% of the targeted children, even with partial reports from the provinces of Basilan and Lanao Sur. This Supplemental Immunization Activity for Polio Eradication Initiative aimed to increase the population’s immunity against the wild polio virus and reduce the risk of imported polio virus being transmitted into the country.

• Reaching Every Infant through... Reaching Every Barangay Strategy.

This strategy aimed to immunize more than 95% of the 0-11 months old children against the seven (7) vaccine-preventable diseases: polio, measles, neonatal tetanus, extra pulmonary tuberculosis, diphtheria, pertussis and hepatitis B infections. Prioritized are those with poor access to health services specifically those in marginalized and far-flung communities, a major gap of the Expanded Program on Immunization. Vaccines worth P300 million were procured for routine immunization in all LGUs. About 80% of provinces and cities and 65% of municipalities nationwide were trained on this strategy with mentoring activities done in all regions. Fully Immunized Child (FIC) coverage as of 2005 stood at around 77%, lower than the 83% coverage in 2004.

• Emerging and Re-Emerging Infectious Disease Program

In 2005, the Philippines continued to minimize the impact of Severe Acute Respiratory Syndrome (SARS) on the country’s public health, social and economic life. This was the result of carrying out appropriate quarantine and isolation measures, strengthening of surveillance and quarantine procedures in communities, effective information dissemination and risk communication since 2003 when SARS affected at least 30 countries.



Technical assistance, including media management was provided to the Cordillera Autonomous Region (CAR) where there was an unexpected and unusual increase of meningococcal disease, with meningococemia as predominant form. Administrative Order No. 2005-0021 was issued as the Guidelines on the Management and Control of Meningococcal Disease.

An Avian Influenza (AI) Pandemic Preparedness and Response Plan was also formulated and disseminated in response to AI or bird flu which has spread in many countries in Asia and in some European countries. The unpredictability of the influenza virus and the serious consequences that may occur during a pandemic warranted constant vigilance and foresight. Thus, Resolution No. 2005-01-03 calling for “Strengthening Preparedness and Response System for Avian Influenza and Influenza Pandemic” was approved during the DOH National Staff Meeting on November 11, 2005.



• Infant and Young Child Feeding Program

The Philippines adopted the Global Strategy for Infant and Young Child Feeding (IYCF) jointly developed by the WHO and UNICEF to revitalize its commitment to infant and young child nutrition and its impact on survival and development of children. The program targets to save more than 13,000 children's lives every year, and will help improve the nutritional status and over-all health of under-five children by ensuring that:

- All newborns are initiated to breastfeeding within one hour after birth;
- All infants are exclusively breastfed for 6 months;
- All infants are given timely, adequate and safe complementary food; and
- Breastfeeding is continued up to 2 years and beyond.

The IYCF National Plan of Action 2005-2010 was approved by the DOH Executive Committee, and was launched in Malacañang with President Arroyo during the celebration of World Breastfeeding Week on August 2005. Likewise, the National Policy on Infant and Young Child Feeding has been formulated and disseminated. The Implementing Rules and Regulations of the Milk Code (Executive Order No. 51) was revised to include the IYCF Global Strategy, prohibitions on advertising, promotion or sponsorships of the milk and infant formula, and the prohibition for milk companies to be part of the policy making body relating to the advancement of breastfeeding.

• Food Fortification Program



Activities focused on (1) the provision of technical assistance on food fortification technology and quality assurance to the food industry, (2) promotions using print media, advocacy, particularly to local chief executives and food industry, (3) regulatory monitoring which includes establishment of a Unified Monitoring System and organization of Regulatory Monitoring Management Group, (4) formulation of 5-year strategic plan 2005-2010, (5) training on LGU Micronutrient Program Monitoring System, and (6) formulation of local ordinances.

The program has achieved the following:

- Rice Fortification with Iron
 - 400,000 tons of NFA rice supply is fortified with iron
 - 5 rice brands carry the Diamond Sangkap Pinoy Seal
- Flour Fortification with Vitamin A and Iron
 - All 12 flour millers are fortifying flour with Vit. A and iron
 - 49 brands from 6 millers carry Diamond Sangkap Pinoy Seal

- Sugar Fortification with Vitamin A
 - 1 sugar trader fortifying
 - 2 brands with Diamond Sangkap Pinoy Seal
- Cooking Oil Fortification with Vitamin A
 - 36 out of 46 refiners with technology to fortify
 - 38 brands from 18 refiners with Diamond Sangkap Pinoy Seal
- Salt Iodization
 - 56% of households utilizing iodized salt (2003 FNRI Survey)
 - 95% of salt tested in the market are positive for iodine
 - 6 brands from 3 companies with Diamond Sangkap Pinoy Seal
- Sangkap Pinoy Seal
 - 91 processed food products carry the Sangkap Pinoy seal on product label

• "Ligtas Buntis" Campaign

The "Ligtas Buntis" (or Safe Pregnancy) Campaign was launched as a nationwide response to address the needs of men, women, and couples to plan their families which have not been met due to deficiencies in social structures and health care systems as well as problems on availability, accessibility and affordability of family planning (FP) services. This Campaign targets about two million men and women with unmet needs on FP. The major components of this campaign are as follows:

- Prioritization of areas where the unmet need for FP is high
- Provision of basic information on Fertility awareness and, the four pillars of FP: Responsible Parenthood; Respect for Life; Birth Spacing; and Informed Choice, all modern FP methods, maternal and reproductive tract infection, PhilHealth benefits package on FP and maternal care
- Counseling, Group or Individual
- Provision of chosen FP method, and
- Referral to appropriate health facility for services

This campaign also served as the venue to improve delivery of FP information and services to address the unmet needs of men and women of reproductive age. It increased the visibility of FP as an essential public health service and dramatically improved the access to FP and safe motherhood services.

The campaign targeted 2 million men and women with unmet needs but due to effective networking and inter-sectoral collaboration with LGUs, NGOs and other government organizations, close to 4 million men and women were served during this campaign.



• National Tuberculosis Control Program

The National Tuberculosis Program (NTP) framework includes Directly Observed Treatment for Short-Course Chemotherapy (DOTS) where case detection is identified through direct sputum smear microscopy. In 2005, the local translation of the DOTS strategy "Tutok Gamutan" was crafted into a jingle that was launched during the World TB Day. The first "DOTS Achiever Awards" given to selected public and private DOTS facilities was done in August 2005, in recognition of their efforts to achieve the objective of the National Tuberculosis Program. There is now a total of 263 DOTS certified facilities, 46 of which are private facilities. Of these 127 were accredited by Philhealth. The joint efforts of the public and private DOTS facilities were instrumental in the achievement of a Case Detection Rate (CDR) of 71% and a Cure Rate of 81% and a Treatment Success Rate of 88% in 2004, viz-a-viz targets of 70%, 85% and 85%, respectively.

• Malaria Control Program

Malaria is still a public health problem as well as a major impediment to economic progress in areas where malaria persists. Populations at risk are communities in remote, hard-to-reach areas that belong to 5th and 6th class municipalities. From 2002 to 2004, the malaria morbidity rate increased from 48/100,000 to 59/100,000 cases, respectively. This is due to the increase in detection of malaria cases because of the implementation of different program strategies, such as trained microscopists assigned in remote areas and in RHUs with no previously assigned medical technologists. The strategies of the DOH, in partnership with other agencies call for: (1) the early diagnosis and prompt anti-malaria treatment of febrile patients through strengthening and expansion of health care services; (2) vector control to reduce malaria transmission; and (3) enhancement of local capability in the implementation of community-based malaria control through social mobilization. As of 2005, 1,417 malaria diagnostic and treatment facilities have been established. A total of 1,252 (out of a target of 739) health facilities are now giving malaria diagnostic and treatment services, and receiving anti-malarial drugs.



• National Filariasis Elimination Program

Key activities of the National Filariasis Elimination Program (NFEP) are the conduct of mass drug administration (MDA) and disability prevention or morbidity control of affected individuals. The objective of the MDA is to interrupt the transmission by reducing the prevalence rate to the elimination level set by the Global TWG which is attainable by sustaining an annual MDA coverage of 85% and above for a minimum of 5 consecutive years. Endemic mapping has been done and mass drug administration (MDA) was established in endemic municipalities, integrating efforts with other existing parasitic control programs like the schistosomiasis and soil transmitted helminthiasis programs. This year's coverage of MDA is pegged at 80% of the targeted population. A sentinel survey in selected endemic provinces showed a decreasing trend in all survey sites except in one area in Surigao del Norte. Data showed that the higher MDA coverage, the greater is the reduction in Microfilaria densities (MFDs). Executive Order 369 s. 2005 was issued by President Gloria Macapagal-Arroyo declaring November of every year as Filariasis Mass Treatment month.



• Rabies Prevention and Control Program

Rabies is a fatal disease that affects all age groups. A 2005 survey on rabies knowledge, attitude and practices was conducted in Bicol region and showed that only 19% of the respondents knew how rabies is transmitted. In line with this, the National Rabies Prevention and Control Program in coordination with the Department of Education developed a Rabies Program Curriculum Integration and Instruction for Public Elementary School for nationwide use. The aim of the curriculum is to enhance rabies information on the prevention and control among grade school children. Said curriculum was launched at the Museu Pambata Manila and was attended by children from different schools and teachers from Bicol Peninsula. Launching of the Rabies Jingle was also done during the said activity.

• Dengue Prevention and Control Program

A series of training courses on "Clinical Case Management of Dengue" for hospital and RHU staff of highly affected areas were conducted. The course included topics on the new consensus guidelines on dengue case management, pathology and laboratory diagnosis. This course was also a venue for identifying

causes of high morbidity and increasing case fatality rate and other issues related to dengue prevention and control.

• HIV/AIDS

Based on surveillance reports from the National Epidemiology Center, the number of sexually transmitted infections (STIs) remains high. Likewise, the number of HIV cases continue to increase despite interventions being implemented by a multi-sectoral collaborative effort for its control.

In 2003, the Philippines was one of the recipients of the Global Fund for AIDS, TB and Malaria – Round 3. The areas covered by this proposal include the 11 sites for preventive and promotive STI-HIV/AIDS measures and 3 geographic sites for access to treatment, care and support. The proposal submitted by the Philippines in its fight against HIV/AIDS was mainly focused on interventions to prevent sexually transmitted diseases, which is also the main mode of transmission of HIV in the country.

Administrative Order (AO) 2005-0027 "Rules and Regulations Governing the Regulation of HIV Testing Laboratories" was issued setting the standards for accreditation of HIV testing laboratories. Subsequently, AO 2005-0032 dated November 18, 2005 or "Guidelines on Quality Assurance Program (QAP) for All HIV Testing Laboratories" was issued to establish and promote QAP for HIV testing laboratories, provide training for medical technologists and strengthen coordination thru networking among HIV testing laboratories.



• Healthy Lifestyle

In March 2005, the Philippine Coalition for the Prevention and Control of Non-Communicable Disease (PCPCNCD), led by the DOH, initiated efforts to engage in a dialogue with fast food establishments recognizing that the fast food industry can take an active role in influencing Filipinos to have more healthy and nutritious diets. An agreement was forged and embodied in the "Action for Life" script. A Technical Working Group was formed, and a more comprehensive program was proposed, called "Recognition Program for Healthy Lifestyle Promoting Food Establishment". Three levels of implementation were identified: Engagement with Food Establishment through MOA; Recognition of Food Establishment as a Healthy Eating Place; and Certification Program for Healthier Food Products.

The Framework Convention on Tobacco Control was ratified by the Senate of the Philippines in April 2005. Several local ordinances relative to the national law on tobacco control and extensive implementation was significantly observed in some LGUs. Smoking Cessation clinics were also established in several hospitals.

The Healthy Lifestyle Training Module was utilized by two demonstration sites for the integration of Non-Communicable Disease in the country. NCD point persons in all CHDs were given "Training of Trainers" on the module. Training of representatives from more than 40 National Government Agencies was also conducted.

President Gloria Macapagal-Arroyo declared the years 2005-2015 as the "Decade of Healthy Lifestyle" pursuant to Executive Order No. 958 dated December 25, 2005. This directed the DOH to organize all concerned sectors and civil society in initiating activities for a National Healthy Lifestyle Advocacy Campaign.





• Healthcare Waste Management Program

The DOH in coordination with the Department of Environment and Natural Resources (DENR) promulgated Joint Administrative Order (JAO) No. 02 dated August 24, 2005. The JAO highlights the policies and guidelines of the two Departments on effective and proper handling, collection, transport, treatment, storage and disposal of healthcare waste. It also clarifies the jurisdiction, authority and responsibility of the DOH and DENR regarding healthcare waste management as well as the harmonization of their efforts on proper health care waste management.

• Water and Sanitation Program

For 2005, the Water and Sanitation Program focused on improving the knowledge and skills of Sanitation Inspectors (SIs) as one of the steps to reduce the occurrence of diseases caused by inadequate supply of water and poor sanitation. The operations manual for SIs was developed to guide them both in the technical and administrative aspects of sanitation. The Integrated Environment and Health Modules for Capacity Building of Sanitation Inspectors in the LGUs was likewise developed to enhance SIs' roles in the implementation of the Code on Sanitation of the Philippines.

A study on Health and Environmental Impacts of the Carmona Sanitary Landfill on the host community was conducted to determine the health and environmental impact of the first sanitary landfill in the Philippines to the host community. The results of the study recommended, among others, policy on establishment of sanitary landfill with respect to the distance to the population.

• Field Epidemiology Training Program

To promote evidence-based decision making, the Field Epidemiology Training Program (FETP) seeks to equip public health workers with epidemiologic skills to continuously improve the capabilities of every municipality, province and city in the country. FETP starts with recruitment followed by 8 weeks of didactics and hands-on training for two years at the National Epidemiology Center. Fellows respond to outbreak investigations, special surveys, program evaluations and special researchers/projects.

For 2005, the following were some of the important studies conducted by the fellows: Dengue Surveillance System, Avian Surveillance System, Malaria Investigations in Gen. Santos City, Typhoid Fever and Malaria in San Lopez, Quezon, Rapid Health Assessment in Tondo, Manila, 23rd Southeast Asian Games Disease Surveillance, and a Rapid Assessment Survey during Flashfloods in Calapan, Oriental Mindoro.

Results of outbreak investigations and the surveillance system are used as basis for strategic planning, decision-making, policy and guidelines formulation by the municipal, provincial and regional health offices.

• Towards Fiscal Autonomy of DOH Hospitals

During the last three (3) years, all DOH hospitals have been allowed full income retention and utilization as initial steps towards fiscal autonomy. With the continuous implementation of a Special Provision in the General Appropriations Act, DOH hospitals generated a total of P1.489B in CY 2004 as compared to P1.182B in 2003. This amount is expected to increase by 14% in 2005. The use of hospital income had contributed significantly to a more responsive delivery of quality health services since funds are readily available for day-to-day operations and the purchase of hospital equipment, as well as priority projects for hospital infrastructure development. Parallel to these activities on hospital reforms, correlated activities are continuously done to ensure that the DOH policy on social responsibility for indigents and safeguarding patient's rights are being enforced.

• Continuing Quality Improvement Program

The implementation of Quality Improvement Program in the delivery of health services is embodied in the draft AO which will require the establishment of Continuing Quality Improvement (CQI) Programs and Committees in all DOH hospitals. CQI in DOH health facilities will ensure all stakeholders the availability of quality and cost effective health services through a qualified, diverse and multidisciplinary network of services in DOH hospitals.

• Integrated Hospital Operations and Management Program

The Integrated Hospital Operations and Management Program (IHOMP) is a computerized routine data collection system linking patient-based information with hospital performance indicators to better aid research, training, service, planning, policy formulation and decision-making. It is envisioned to link with the different service components of the hospital to facilitate a more systematic cost analysis of hospital service delivery for better implementation of quality management programs.

For 2005, 24 DOH retained hospitals and 4 LGU hospitals were assessed for IHOMP-readiness. Among the DOH hospitals, 4 were installed with HOMIS Module I and are maintaining the operation of the software, 6 were recommended for installation of Module I, and 14 were subject to revisit. Subsequently, only 3 of the recommended 6 hospitals were able to have Module I installed, the 3 others were not able to install the system due to budgetary constraints for the procurement of required hardware. The LGU hospitals were subject for revisit to determine their readiness for the implementation of the system.

• Hospital Infection Control Program

Infection control has become a very important issue globally especially during the global pandemic of SARS in 2003. It has become very clear that countries should be prepared and critical to such preparedness is the existence of a National Standard on infection control that is followed and implemented by all healthcare facilities.



In 2005, preparatory activities for the establishment of the Hospital Infection Control Program were conducted: Standards in Infection Control for healthcare facilities were finalized, printed, published and presented before the Philippine Hospital Association; Tools for hospital infection control for administrators and health care workers were also formulated; Draft standards underwent review by stakeholders; Hospital Survey and Needs Analysis, planning and training preparation; Training on "The Impact of Emerging and Re-emerging Infectious Diseases on Hospital Infection Control and Occupational Health and Safety."

• Health Emergencies and Disaster

In 2004, Administrative Order No. 168 "The National Policy on Health Emergencies and Disaster" was issued to guide the health sector in ensuring preparedness and response during emergencies as well strengthen its capability to respond during disasters and emergencies. A draft IRR for this issuance was developed in 2005 which included the following:

a) Directory of Services for Emergency Management/Disaster, b) Organizational Chart of Disaster Management Plan applicable to any hospital, c) Statistical Report on Disaster Management, d) Assessment of Health Facility in Securing and Protecting Critical Infrastructure, e) List of Drugs and Equipment for Major Disasters and Resource List for Chemical Disaster, f) Standard Design for Specialized Area, g) Essential Equipment needed in Emergency Room. A meeting with other offices (HEMS, BHFS, BHD, NCHFD) on the delegation of roles and responsibilities was also conducted.



• Humanitarian Assistance to Disaster Stricken Countries

Three (3) batches of Philippine Medical Teams for Tsunami and Earthquake-Stricken countries were dispatched to the following countries: Colombo, Sri Lanka (January 5-26, 2005 with 12 volunteers); Banda Aceh, Indonesia (January 11-24, 2005 with 11 volunteers and January 26-February 13, 2005 with 11 volunteers) and Nias Island, Sumatra, Indonesia (April 7-17, 2005 with 15 volunteers). These teams were in response to the worldwide call for human relief operation to tsunami-affected areas. The Medical Teams which stayed and served for 10-15 days were composed of disaster workers, public health practitioners, hospital-based clinicians and psychosocial stress debriefers. Services rendered included: (a) medical missions/outpatient consultations; (b) environmental sanitation; (c) psychosocial stress debriefing for victims; (d) health survey and rapid needs assessment; (e) provision of drugs, medicines and supplies; and (f) manning a hospital with other international volunteers.

• Capability Building on Emergency and Disaster Preparedness and Response

Several trainings were done to ensure preparedness and immediate response during emergencies namely: Training on Chemical Emergency Response and Preparedness aimed at strengthening the technical capacity of staff on the key elements or toxic and hazardous waste management; Basic Emergency Medical Technician (EMT) Training; Training of Trainers on EMT; 2nd National Public Health and Emergency Management in Asia and Pacific Training Course, aimed at strengthening the national and local capabilities in the public health aspects of emergency management; Training of Trainers on Basic Life Support - Cardiopulmonary Resuscitation; and various international trainings.

• Drug Testing Program

After the transfer of Treatment and Rehabilitation Centers (TRCs) for drug dependents to the administrative supervision and control of the DOH, the Drug Testing Operations Management of Information Systems (DTOMIS) software that linked all Drug Testing Laboratories (DTLs) nationwide into a central database processing system was developed and implemented. Based on DTOMIS, the national prevalence of drug dependents users among those requesting drug testing decreased from 0.19% in 2004 to 0.10% in 2005. Majority of the requesting population are drivers and uniformed personnel. The big drop should be viewed in the light of the large pending applications for confirmatory testing in the PNP laboratory whose testing machines needed fixing at that time. The Manual of Operations for Confirmatory DTLs was developed. The National Reference Laboratory for Drugs was established with the latest equipment installed and corresponding capability building for the staff conducted.





• Philippine Hospital Development Plan

Several foreign assisted projects are being implemented to help in the development of the different national health facilities which include upgrading of hospital facilities to: (a) meet DOH licensing requirements; (b) meet standards per category; (c) meet PhilHealth accreditation and (d) subspecialty level as targeted under the Philippine Hospital Development Plan.

One of these projects is the Hospital Development Project, an Austrian funded project, which entails supply of equipment to selected hospitals. As of the end of 2005, there were 96 recipient hospitals, 50% of which were LGU Hospitals. Continuous monitoring of preventive maintenance scheduled in all regions is also being done.

Another project is the upgrading of Emergency Rooms of 35 re-nationalized DOH and selected LGU hospitals which is being done through the upgrading of selected hospital equipment. To-date, 14 of said hospitals have undergone complete delivery, installation and commissioning of said equipments.

Delivery and installation of equipment for the upgrading of the Zamboanga City Medical Center, Zamboanga del Sur Provincial Hospital and Margosatubig Regional Hospital, under the auspices of the Spanish Government were also completed.

The "Development of Subspecialty Capabilities in Heart, Lung and Kidney Diseases in Selected DOH Medical Centers/ Regional Hospitals in Luzon, Visayas and Mindanao" aims the following: (a) developing regional counterparts of the Philippine Heart Center, National Kidney and Transplant Institute and the Lung Center of the Philippines, (b) installation of the remaining equipment (MRI, bi-plane catheterization laboratory, mobile C-arm), and (c) training of CathLab team from Davao Medical Center at the Philippine Health Center which is ongoing. The program completed the installation of 40 slices of CT scan, Gamma Camera and single plane catheterization laboratory diagnostic x-ray for angiography at the Phil Heart Center. Sites preparation at the Vicente Sotto Medical Center, Bicol Regional Teaching and Training and Davao Medical Center are ongoing.

Ambulances were also turned-over to 72 DOH hospitals.



GOOD GOVERNANCE

The DOH was rated by the Philippine Anti-Graft Commission (PAGC) as number 1 in terms of the implementation of programs to eliminate corruption in government.

The August 26-September 5, 2005 Social Weather Stations (SWS) Survey revealed that the DOH had a high satisfaction rating of 70%, while Philhealth came close at 69%.

• **Creation of the DOH Integrity Development Committee and CHD-Integrity Development Committees.**

On January 7, 2005, pursuant to Department Personnel Order No. 2005-0112, the DOH Integrity Development Committee (IDC) was created, replacing the DOH Anti-Graft Committee. Department Memorandum No. 2005-0146 dated September 30, 2005 was also issued pursuant to the commitment of all Cabinet Secretaries in their Integrity Development Action Plans, and directed all regions to create their CHD-IDCs. As of December 6, 2005, all Regions have conducted orientation on the newly created CHD-IDCs. EHEM...AHA! Cultural Sensitivity Seminar/Workshops were also conducted for Regions 6, 8, 9, 10, 11, 12, and CARAGA and the same will be done for the other regions in 2006.

LOCAL HEALTH SYSTEMS DEVELOPMENT

• **Establishment of Inter-Local Health Zones**

There were 120 Inter-local Health Zones (ILHZs) organized in 39 convergence sites nationwide as of 2004, 58 (48%) of which were functional. A functional ILHZ is one with at least 3 of the following local health management support systems present: a) integrated health planning; b) health information system; c) 2-way referral and networking system; d) drug management system; e) health care financing; f) quality improvement systems; and g) governance/management structure. In 2005, an additional 50 ILHZs have been reported by the CHDs as operational, bringing the total number of functional ILHZs to 108 or 90% of the 120 ILHZs.

The local health systems development strategy has been developed and approved by the DOH Executive Committee. Orientations on the said strategy to Central Office and Centers for Health Development (CHDs) staff were conducted to guide DOH in managing health actions at the local level.

• **Quality Improvement Program (Sentrong Sigla)**

"Sentrong Sigla" (SS) or the Quality Improvement Program (QIP) has been instrumental in supporting public health interventions at the level of the LGUs after devolution. With this program, the poorest 25% of the communities have been assured access to out-patient benefit packages, TB-DOTS, maternal care packages and hospitalization whenever necessary.

In 2005, 50 Rural Health Units (RHUs)/Health Centers (HCs) were certified under the new basic certification program (SS Phase I level 1) on top of the 1,375 out of the 2,385 RHUs/HCs (or 58%) that have been certified under the old certification program (SS Phase I). The SS Program since then, have been continuously supporting the non-SS RHUs/HCs in the 4th to 6th class municipalities and primary facilities in priority pilot ILHZs in HSRA convergence sites in order to gain the desired health impacts.

Formulation of SS Phase II level 2 standards is now on its finalization stage after a series of consultative meetings and workshops were conducted. Development of technical assistance packages for SS Phase II level 2 is now on its final stage after it was presented in a workshop in November 2005 and will be pre-tested in early 2006.

A technical working group was created to review and study the harmonization of the SS certification and PhilHealth accreditation process. A draft Joint Memorandum Circular has been formulated and presented to the SS National Steering Committee, DOH and PhilHealth Execom for deliberation and approval.

A consultant commissioned by the WHO conducted a study on the QIP in order to evaluate the understanding of RHU staff on Continuing Quality Improvement concepts, principles and techniques. The survey was done in 24 SS RHUs/HCs in 4 provinces.

• Healthy Cities Initiative

Healthy Cities Initiative (HCI) provides an effective approach to health creation hinged at stakeholders' cooperation in addressing complex individual, organizational, institutional and environmental determinants of people's health, many of which are hardly within the control of DOH. Thus, the Department sees it imperative to build and strengthen national and local networks of stakeholders whose organizational and individual resources positively contribute to the overall improvement of people's health and overall living conditions.

HCI was adopted as an approach to urban health system development. It provides a framework for F1 implementation in an urban setting. In collaboration with WHO, the National College of Public Health Administration and the University of the Philippines, the DOH conducted a 2-day orientation and consultative workshop on HCI. The activity accomplished the following: Orientation of the different stakeholders on their roles and responsibilities in HCI promotion; Formulation of a framework for stakeholders' cooperation; and Development of a strategic plan for HCI. This was participated by representatives from key national agencies such as DILG, DENR, DBM, DOF, DepEd, DOT, NEDA, MMDA, DOH, and representatives from LGUs, League of Cities of the Philippines, House of Representatives, educational and training institutions and international development partners.



• Province-wide Investment Plans for Health

A series of investment planning activities were conducted by the Bureau of Local Health Department (BLHD) and CHDs in partnership with official development partners for 16 provinces nationwide, namely Ifugao, Mt. Province, Ilocos Norte, Nueva Viscaya, Pangasinan, Mindoro Oriental, Romblon, Capiz, Oriental Negros, Biliran, South Leyte, Eastern Samar, Misamis Occidental, Agusan del Sur, North Cotabato, and South Cotabato. These provinces are the Four-in-one advanced implementation sites for an integrated implementation of the FOURmula ONE for Health. Thus, a total of 16 Province-wide Investment Plans for Health (PIPH) were developed by the respective provinces which mirrored the sector-wide approach in the development of local health system.

• Learning and Development

The DOH through the Health Human Resource and Development Bureau (HHRDB) provides opportunities for further learning and development of HHR in the field by managing local scholarship grants through fund assistance and Barangay Health Workers (BHWs) one-child scholarship program, which facilitates capacity enhancement.

Funds were set for the development of health workers from LGUs. The scholarship includes tuition and miscellaneous fees, book and training allowance. There were 9 scholars in 2005 under the Health Resource Funds Assistance. Scholarship grants were also provided to qualified BHW's children for health science courses. A total of 8 individuals were provided with this scholarship in 2005.

• Health Human Resource Systems Development

HHRDB developed the Health Human Resource (HHR) Master Plan as well as HHR systems specifically the Career Development and Management System and its 4 other subsystems. The HHR Master Plan provided the framework and recommended strategic thrusts that will guide stakeholders in the management and development of HHR.

The Health Human Resource Information System (HHRIS) will be the backbone of all HHR systems which can be used as basis for evidence-based HR decisions. A competency model for DOH-Central Office was finalized in 2004. This model was used in the development of competency-based job descriptions (CBJD) that was started at the Central Office and was expanded to the sub-national offices and hospitals and local government health facilities. This CBJD is currently being used by DOH in the recruitment and selection of personnel.

A rapid assessment survey on the career development environment of DOH Central Office personnel revealed that 55% of them perceived that there is little information on career opportunities; 52.5% said there is unclear career path, little success in career planning, lack of career planning and lack of career mobility. About 66% however, said that there is no shortage of promotable employees in DOH. Instituting Career Development Management System, a system ensuring that conscious efforts are exerted to plan, organize and administer the employees' career over his/her professional life within the organization, and will address the issue and concern raised in the survey.

• Deployment Program

Inadequate human resource is one of the main reasons why health facilities could not deliver full health service delivery. Under the DOH deployment program, DOH assists LGUs by augmenting, replacing and complementing existing human resource for health at the rural health units, provincial and district hospitals. These programs are the Doctor to the Barrios Program, Medical Pool Replacement and Utilization Program, Specialist to the Province, and Residency Program.

❖ **Doctors to the Barrios (DTTB) Program:** Under this program, physicians are sent on a two-year assignment to act as Municipal Health Officers (MHOs) in municipalities that have been "doctorless" for at least two years. There were 30 DTTB physicians fielded in 2005. An innovation of the DTTB program is the Leaders for Health Program (LHP). LHP is a collaborative venture of DOH, Pfizer Philippines and Ateneo Graduate School of Business Health Unit. Sixty-eight (68) percent of LHP batch 1 were absorbed by LGUs in 2005, while 18 physicians of batch 2 LHP have started their stint.

❖ **Medical Pool Replacement and Utilization Program:** Physicians (Medical Specialist II and Medical Officer III) are assigned to district and provincial hospitals to serve as replacements for doctors undergoing training and/or postgraduate education. Medical Specialist II items are assigned to various DOH Teachings and Training Hospitals to augment the specialists needed for accreditation and licensing, and to LGU hospitals as replacements. There were 35 MO III and 78 MS II Part Time and 3 MS II Full Time in 2005.

❖ **Specialist to the Provinces Program (STTP):** In order to augment the health human resources specifically in the specialty field of surgery and anesthesia in LGUs/hospitals particularly in remote areas, the STTP was created as a joint program in collaboration with United Laboratories Inc., Philippine College of Surgeons, Philippine Society of Anesthesiologists and selected local governments. The program has planned to field 3 teams but was able to field only 1 team in 2005.

❖ **Residency Program:** Senior residents were matched/assigned to various provincial and district hospitals. The 6 month residency service is designed to complete and/or enhance the medical resident's acquired skills. Furthermore, the program hopes to augment and/or complement the training program in various specialties who had rendered their dispersal service in various parts of the country.

INTERNAL MANAGEMENT SYSTEMS

• Public Finance Management

The Public Finance Management is another reform that was initiated in 2005. An IT expert conducted 2 missions in 2005 as part of the start-up technical assistance under the Public Finance Component. The technical assistance aims to strengthen the institutions involved in the implementation of the Health Sector Reform Agenda and targeted as potential beneficiaries of the EU sector Programme in order to improve the effectiveness and efficiency of their operations and thus their capacity to manage EC support. The IT missions focused on the information flow involved in the DOH procurement system and how information technology can be used to make this process more effective. A third mission will be conducted in the early part of 2006 to complete the analysis of the data gathered. Final report of the analysis of the DOH procurement system will be available in early part of 2006.

• Philippine Health Information System

This year saw revitalized interest in health information. The Philippine Health Information Network composed of health information gathering agencies was initiated. The Philippine Health Information System aims to increase availability and use of timely, reliable health information globally through shared agreements on goals and coordinated investments in health information systems. Through this system, a harmonized framework for the country's health information system will be created, strengthening our country's health information system and improving access to and use of health information.



OTHER ACCOMPLISHMENTS

- **Organizational Performance Indicator Framework**

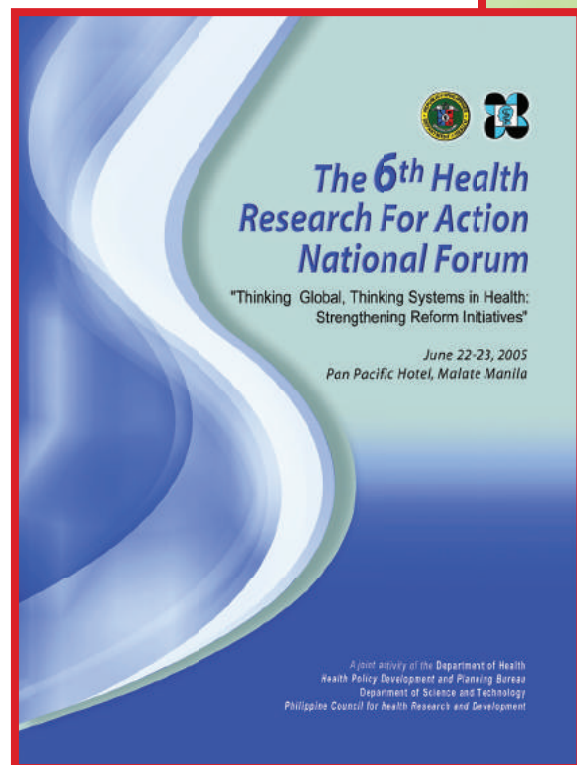
As one of the agencies pilot-tested in the implementation of the Organizational Performance Indicator Framework (OPIF) developed by the Department of Budget and Management (DBM), the DOH provided inputs in the updating of Major Final Outputs (MFOs) and Indicators that is being used in the measurement of products and services provided to its clients. DOH and DBM were the two agencies that were successful in the implementation of the OPIF, according to DBM consultant Bernard Woods.

- **Updating of the 2005-2010 Medium-Term Philippine Investment Plan and Submission of Inputs for the 2004 Socio-Economic Report**

Updating of the 2005-2010 Medium-Term Philippine Investment Plan (MTPIP) and Submission of Inputs for the 2004 Socio-Economic Report which assesses the implementation of policies/strategies in the 2004-2010 Medium Term Philippine Development Plan or MTPDP were done in consultation with the different offices in the Department, and submitted both documents to the National Economic and Development Authority (NEDA).

- **Strengthening the Implementation of the Philippine National Health Research System**

In collaboration with the Philippine Council for Health Research and Development (PCHRD) of the Department of Science and Technology (DOST), HPDPB sought to strengthen the implementation of the Philippine National Health Research System (PNHRS) in 2005 through the formulation of the PNHRS Strategic Plan for 2006-2010 and conduct of consultative meetings and workshops on the Unified Health Research Agenda. The 6th Health Research for Action National Forum was convened on June 22-23, 2005 at Pan Pacific Hotel, Manila with the theme, "Thinking Global, Thinking Systems in Health: Strengthening Reform Initiatives." Seven (7) papers presented during the plenary sessions were grouped into 3 topics namely: (a) Sector-Wide Approaches for Health Reforms; (b) Health Reforms in Asian Countries; and (c) Globalization and Migration of Health Professionals. Twenty-four (24) papers presented during the parallel sessions talked about the following: (a) Knowledge Management for Health; (b) Health Care Financing and Economics; (c) Local Health Systems Development; (d) Hospital Systems Development; (e) Family and Environmental Health; (f) Infectious Disease Prevention and Control; (g) Healthy Lifestyle and Occupational Safety; (h) and Clinical and Health Technologies. The forum proceedings were finalized during the year.



• DOH Research Ethics Support

HPDPB spearheaded the conduct of the 1st DOH Ethics Committee Assembly held on June 20-21, 2005 at the Atrium Hotel, Pasay City. Eight (8) papers were presented namely: (a) Global Challenges in the Conduct of Ethical Reviews, (b) An Overview of Ethics, Bioethics, Health Care and Health Research, (c) International Guidelines for Protocols, (d) Ethical Issues in Clinical Trials, (e) Ethical Issues in Epidemiological Researches, (f) Report on the WHO International Clinical Trials Registry Platform, (g) Caring for Research Subjects, and (h) Organizing and Managing the Ethics Committee. In addition, DOH and Hospital Guidelines, and the Operational Guidelines by the National Ethics Committee were discussed. A workshop on the Ethical Issues Encountered in Health Settings, as well as some action planning and presentation of plans were also made.

• Knowledge Management

Preparations were made for the establishment of the Health Sector Reform Resource Center, and the eventual turnover of the Scientists for Health Research for Development (SEARCH) software/server. The Information Management Service initiated the development of a Knowledge Management (KM) Framework which will serve as the knowledge roadmap of the Department. Likewise, knowledge mapping was also undertaken which inventoried knowledge assets, document management and information systems currently available in DOH. A KM team composed of various division chiefs and technical staff of different units and bureaus who will champion KM development was also established and capacitated.

• Resource Mobilization

The Bureau of International Health Cooperation obtained Investment Coordinating Committee and NEDA Board clearance for the Health Sector Policy Support Project (EU Grant 33 M Euro). This project will support the Grant Counterpart of the 16 Province-wide Investment Plans for Health for F1. It will likewise support the National Investment Plans specifically for the Public Finance Management.

• Information Systems Development

Among the information systems developed and implemented are:

1. The Drug Test Operations and Management Information, Confirmatory Laboratory System which automatically retrieves data uploaded by the Screening Drug Test Laboratories, enables entry of confirmatory drug test results and send the final Drug Test Results/Reports to the Screening Drug Test Laboratories;
2. The Accreditation of Rehabilitation and Drug Testing Laboratories which captures data from accrediting drug testing laboratories and rehabilitation centers, drug testing operations at different levels of implementation, verification of pending transactions, monitoring and evaluation of standards, systems and performance;
3. Sentrong Sigla monitoring system which allows data entry and report generation was also tested and a web-enabled system that records profiles on Non-Government Offices and Community/Peoples Organizations considered advocates of Primary Health Care was developed; and
4. Technical support was also provided in the Integrated Blood Bank Information System's design, development and implementation.

CHD CENTERS FOR HEALTH DEVELOPMENT

CHD METRO MANILA

- Actively participated in the Ligtas Buntis 2005 Campaign. Intensified advocacy on FP resulted in 47% reduction in unmet FP needs, with Pasay, San Juan and Las Piñas registering a reduction of more than 60% in their unmet needs. Manila did not participate in the Ligtas Buntis but conducted their own "Ligtas Buhay Campaign"; all 16 MM municipalities and cities have their Contraceptive Self-Reliance plan in place.
- Re-launched Breastfeeding Campaign in Makati; created the CHD-MM Regional Milk Code Task Force.
- Celebrated the 1st year of Food Fortification Day in collaboration with the Philippine Federation of Baker's Association and participated in by almost a hundred bakers from MM and nearby areas who committed to consistently use fortified flour in their bakery products.
- Strengthened Garantisadong Pambata in the different LGUs through strategies such as "Balik GP sa Jollibee!", door to door campaign and bayanihan approach; Vit. A supplementation coverage among 6-11 months posted an average of 78.4% for 2005 while an average of 91.6% were registered among preschoolers.
- Conducted several trainings to improve microscopy services, case-holding mechanism and quality of DOTS implementation; 11 DOTS centers were assessed, 8 of which were recommended for certification and accreditation; Initial monitoring and evaluation of DOTS implementation among PPMD units was conducted; Organized the coalition of TB in MM; A total of 66, 038 TB symptomatics were examined with a Case Detection Rate of 66.2% and 21,114 TB cases were treated with a cure rate of 76% and a success rate of 83%.
- Conceptualized and developed the manual of procedures on the Adolescent Friendly Reproductive Health Service (AFRHS) Network which focus on the organization of the network and the management and operations of quality comprehensive adolescent health services. The network adopted 7 standards for implementation, namely: multi-stakeholders partnership in quality services, adolescent gender youth involvement and partnership, respect for diversity and acceptance, accessible and suitable adolescent friendly facilities, 3 way referral system, gender culture sensitive IEC materials, and adolescent friendly health service providers.



CHD ILOCOS

- Pilot-tested the Safe Water System (SWS) in two municipalities of Pangasinan that were heavily affected by the diarrheal outbreak in June 2004. SWS is an alternative water treatment using simple but inexpensive technology. Water is treated with Sodium Hypochlorite Solution at the point of use, and storing it in a recommended safe water container to prevent recontamination. Completion of the project will be on Feb 2006 but initial results showed a very good adherence by the households to the SWS.
- Conducted Leprosy Elimination Campaign in Ilocos Sur as a strategy to find all hidden cases in the province. The campaign has improved the health-seeking behavior of the people pertaining to skin disorders, and significantly led to an increase in the number of new cases found, 132; a CDR of 25.39 and a prevalence rate of 2.5 in the province.
- Established 100% coverage of ILHZ in Ilocos Norte and 5 ILHZ in Pangasinan with signed MOA in both provinces. Technical and Management Committees were created in all ILHZs.
- Ligtas Buntis Campaign was implemented using door-to-door strategy with emphasis on areas with known FP unmet needs and/or high percentage of continuing users comprised of 28 municipalities and 8 cities; out of the 224,570 eligible population for LBC services 43,500 were provided services or 38.72%, almost double the Region's target of 20%.
- Made a significant leap towards Universal Salt Iodization with 99.41% of salt testings, positive of iodine content.





CHD CAGAYAN VALLEY

- Adopted the Public-Private Mix DOTS (PPMD) as the latest national strategy to increase CDR and harmonize TB diagnosis and management among health providers both in public and private. The average CDR of the PPMD sites from January-December 2005 was 91% compared to the whole year average in 2004 which was 58%, surpassing the 90% CDR target and way above the annual target of 75%. Cure Rate for PPMDs also surpassed the annual target of 85%.
- Introduced the REB strategy in the priority areas namely Cagayan and Isabela and the city of Tuguegarao which has the most number of un-immunized children. Significant number of children and women from hard to reach and low performing barangays were vaccinated, resulting in the significant reduction on morbidity and mortality due to EPI- vaccine preventable diseases.
- Vitamin A Supplementation among 6-74 months during the first and second rounds of Garantisadong Pambata (GP) showed accomplishment rates of 85.6% and 86.9%, respectively; Patak sa Asin (Market to Market Salt Testing) showed a 99.6% iodized salt in the market and 99.5% of household utilized iodized salt.
- Maintained its rank as the region with the highest Contraceptive Prevalence Rate (CPR) for several years now and further enhanced by the conduct of Ligas Buntis.

- Organized/installed a Hospital Ethics Review Board (HERB) at Cagayan Valley Medical Center to conduct ethical reviews and screening of all studies related to human subjects/clinical trials; won the 3rd Prize in the Poster Exhibit Contest on the study entitled "KAP on Induced Abortion in Selected Areas of Tuguegarao City" by Ms. Sandra M. Sangab, Dr. Roberto Macatuggal and Dr. Ramelo Ramirez, Jr. presented at the Health Research for Action and National Forum, on June 22-23, 2005 at Pan-Pacific Hotel, Malate, Manila.
- Undertook a total of 76 essential drug price availability monitoring survey (EDPAMS); issued license to operate to 5 BNBs, and is now processing the SLTO of 50 more BNBs bringing the total number of BNBs established in the region to 213; BFAD made a series of "raid" and has "confiscated" for sample analysis, a total of 96 drugs and food not complying with labels, registration and packaging. BFAD successfully screened, evaluated a total of 16 drugstores for Gawad Botica awardee for the Region, of which 8 eventually made it to the National Award which made BFAD Region 02 as recipient of the BFAD National Award for the most number of Botica awardees nationwide.
- HSDP, ADB, DOH-CO & DOH-CHD-CV personnel conducted an evaluation of the different RHUs & hospitals to validate the submitted inventory checklist for the physical facilities & equipment needed. An Investment Planning seminar workshop & write shop was conducted & participated by LCEs, PHOs, MHOs, PPDO/MPDOs, DOH-Reps. & some Botika.
- Launched and opened 3 Botika ng Barangays.
- To ensure a timely, appropriate, coordinated and effective public health response to disaster and emergencies, the following activities were undertaken during the Pre-Disaster Phase: advocacy/orientation was done among Chief of Hospitals, Blood Coordinators and hospital/RHU staff; identified and masterlisted blood donors; identified blood dispensing units and networked with the different agencies and other stakeholders. During the Post Disaster Phase of the program; the following were made: assessment and monitoring activities were done especially on the blood stock level & blood collecting equipment and supplies of these blood facilities; and evaluated the activities of the program including documentation and reporting of data. Region 02 was a recipient of the National Sandugo Awards last August 4, 2005, wherein Mayors Rodrigo C. de Asis of Solana and Dr. Leonardo C. Pattung of Baggao, Cagayan were awardees of the said awards.
- 98.4% of households are using iodized salt while 99.5% of the salt sold in markets are iodized based on market to market salt testing.
- 82% Fully Immunized Children, 89.2% coverage of second round of Garantisadong Pambata for 12-71 months, while 72.2% coverage for those 6-11 months old children
- Enrolled a total of 187, 660 indigent households to the indigent program of PhilHealth and available 61 accredited hospitals, 17 RHUs and 403 accredited health professionals.

CHD CENTRAL LUZON

- Established 38 BNBs bringing to a total of 880 the functional BNBs in the region.
- Continued operations of the Reference Laboratory; analyzed 3310 water samples, examined 314 drug testing clients and validated 175 malaria blood smears, among others.
- Pursued the conduct of the Leadership and Management in Public Health Practice (LMPHP) training course, which has already produced 2 batches of graduates since 2003.
- Conducted the 3rd Public Health Emergency Management for Asia Pacific (PHEMAP) last August 9-11, 2005 which aimed to provide comprehensive and coherent responses to emergencies.
- Conducted case investigations and surveillance of meningococccemia suspects, malaria cases, Acute Flaccid Paralysis cases and food-borne diseases.
- RESU served as the data manager for Ligas Buntis 2005 which enabled the teams to monitor low performing provinces/cities and commend high performing ones.
- Surpassed the Ligas Buntis target of 170,000 clients by providing FP services to 681,168 clients.
- Conducted all year activities on dengue prevention and control, ranging from case monitoring to outbreak investigation.
- Conducted trainings, boarder mopping, clearing of canals, fogging, bed net impregnation with insecticides and distribution of bed nets, mass treatment and blood screening on malaria, in collaboration with local executives and RHU personnel.
- Achieved a TB CDR of 80.2% and a Cure Rate of 76%; 19 LGUs were provided with anti-TB medicines using Fixed Dose combination; recognition of Outstanding TB DOTS facility; assessed 2 private hospitals for NTP DOTS certification; and Hagonoy municipality in Bulacan conducted the first Municipal Coalition Against Tuberculosis (MCAT).
- Intensified advocacy campaign on Responsible Pet Ownership, Rabies Control Ordinance, and conducted various trainings and campaigns on rabies control and prevention.
- Celebrated the Heart Month with fun-run, followed by Hataw Exercise. Promotion of physical activities were conducted in the region and in other NGAs.
- A total of 26 Unified Local Health Systems (ULHS) District Hospitals with 94 catchment municipalities and 174 RHUs in 7 provinces have now been identified/established.



CHD MIMAROPA

- Attained a significant increase in TB Case Detection Rate from a low of 73% in 2004 to 87% in 2005 and a Cure Rate of 68% to 76%.
- Established 207 new BNBs each provided with the seed capital of P25,000, while the existing 283 BNBs received the additional P12,500 worth of drugs and medicines; Conducted Orientation to 213 BNBs operators; 505 BNBs already operational by end-2005
- Strengthened the implementation and monitoring of the ASIN and Food Fortification Laws.
- Through the Ligas Buntis Program, provided 202,177 clients with information on Family Planning; 9,095 clients with information on maternal care; 35,100 clients with information on fertility awareness, and posted 32,394 new acceptors of FP.
- Conducted a convergence workshop and health summit for Marinduque province and started developing 2 ILHZ (the north and south health zone) in the same province; enthusiastically participated by all LCEs both in the province and 6 municipalities convinced that inter-LGU cooperation in health reform is a major step in attaining quality health care in every level of health service delivery.

CHD CALABARZON

- Conducted installation of Model Quality Assurance System (QAS) for TB Diagnosis in Cavite province. The establishment of the QAS includes capability building of medical technologists and nurses, orientation of microscopists and construction of QAS Center within the Cavite Provincial Hospital compound which a project of the Local Government with support from an NGO (Cavitenos residing in the USA).
- Evaluated 18 RHUs and 6 PPMD (Public-Private Mix DOTS) Units for certification as DOTS Centers for the TB Outpatient Benefit Package
- Ongoing operational research in collaboration with Maynilad Water Services Inc., Cavite Provincial Health Office, Cavite City, Kawit, Noveleta and Rosario municipalities and UP-PGH entitled "Study on the Prevalence of Dental Fluorosis and Dental Caries and its Correlation to High Fluoride in the Drinking Water.
- Conducted review and validation of EPI data from 2000-2004 as part of the Stop Transmission of Polio (S.T.O.P.) Monitoring. Visited 38 health facilities relative to strengthening EPI disease surveillance activities; attended the AFP Polio Expert Panel meetings on Feb. 17, May 25, August 24, 2005 for the final classification of AFP cases; Conducted 19 interviews with EPI disease surveillance teams; Performed active case surveillance on EPI diseases in the 20 hospital sentinel sites; Reviewed 888 medical records to evaluate hospital AFP, Measles and NT surveillance; Identified cases consistent with AFP (3), Measles (19) and NT (1); Facilitated writing of 30 agreements with health facility managements to improve EPI disease surveillance; and Provided on-site orientation on EPI disease surveillance to selected health workers in the 38 health facilities visited.
- Conducted capability building of personnel and medical mission in collaboration with KABARO and PIA with a total of 1,060 patients of which: 58 minor operations, 17 major operations, 945 medical and 40 dental services; and data collection for renal disease case registry in the 36 dialysis centers in the region of which a total of 432 patients were registered as part of the Kidney Disease Prevention and Control.
- Healthy Lifestyle related activities: (1) Participated in the 'Calories for a Cause' fund-raising activity; (2) A total of 460 students in 132 classes were advocated in the School Caravan on Healthy Lifestyle; (3) Visual Health orientation / advocacy; and (4) Participated in the Lay Education on Heart Disease Forum.
- Initiated a new HCF scheme known as LGU Health Insurance thru Family Empowerment or L.I.F.E. model which aims to strengthen partnership with different stakeholders and guarantee sustainability of health insurance's universal coverage.
- Established 171 operational BnBs for 2005 and gave recognition/awards to the best performing BnBs.
- Provided a total of P4 million worth of drugs, medicines, medical supplies and equipment to priority targeted Sentrong Sigla – Matching Grant Program areas and technical assistance in pilot testing the SS IEC materials for LCEs and health workers.
- A total of 22 ILHZs has been organized of which, three (3) of them are functional (with at least 4 health sub-systems in-place).



CHD BICOL

- Increased availability of iodized salt in the market from 91% in the first quarter of 2004 to 98% during the same period of 2005.
- Implemented strict monitoring on the compliance to generic prescription resulting to an increase in the correct prescription issued by doctors and dentists from 90% in 2004 to 96% in 2005.
- Initiated the assessment of hospitals as blood collection units and blood stations.
- Established CASILI ILHZ in Camarines Sur.
- Provided technical assistance to 48 municipalities/cities for the Sentrong Sigla Phase II certification.
- Monitored LGU performance on National Health Thrusts in 100 municipalities and 5 cities through Action Card.
- Established an additional 70 BnBs in the region.
- Conducted Food and Waterborne Disease Regional Fora in response to increased number of cholera epidemics in 2005.
- Responded to 59 epidemics and technical assistance to 8 food/chemical poisonings.
- Provided assistance to a distress call from a Chinese sea vessel requesting disembarkment and hospital admission of 2 crewmembers.
- Established a continuing Community Diarrhea Surveillance, including weekly reporting of diarrhea cases in 128 RHUs in response to a predicted cholera outbreak.
- Conducted PFMEC with 97% accomplishment and post PMEC survey in Camarines Norte and regional survey on Fertility in the provinces of Camarines Sur, Catanduanes, Masbate and Sorsogon.
- Conducted prevalence survey for Soil Transmitted Helminthiasis in Sta. Magdalen and Legaspi City in coordination with UP Manila Department of Parasitology.
- Collaborated with Dep Ed for the design of modules for the integration of Rabies Prevention and Control Program in school curriculum; and launched "Rabies Supilin, Askal Hulihin" Project in the cities of Legaspi and Naga to decrease the number of "asong kalye" by monetizing surrender of askals by concerned persons.
- Operationalization of the Regional TB Reference Laboratory and establishment of 3 PPMD areas using TB DOTS Strategy.
- Conducted 2nd year of Mass Drug Administration (MDA).

CHD WESTERN VISAYAS

- Achieved the highest in TB Case Detection Rate at 96% and Cure Rate at 87%. As of 2005, there were 88 (4-private, 84-public) DOTS Centers certified by DOH and PhilCAT and 35 DOTS Centers that are accredited by PHIC. Five (5) TB Diagnostic Committees were established for a total of 17 regionwide, and an additional 4 Private Public Mix DOTS (PPMD) were established bringing a total of 16 PPMDs in Western Visayas.
- Established Dog Immunization and Population Control Centers in 25 pilot municipalities and cities, in coordination with Dept. of Agriculture.
- Western Visayas remained as one of the top performers in blood collection nationwide, with seventeen (17) LGUS as recipients of the National Sandugo Awards and fifty-one (51) LGUS awarded during the Regional Sandugo Awarding Ceremony, for having collected at least 100 blood units.
- Inaugurated the new 2-storey pay ward of the Western Visayas Medical Center.
- Awarded as the "Model DOH-CHD for Newborn Screening" in 2003 and 2005 by the DOH and National Institute for Health (NIH) University of the Philippines.
- Five health facilities offering NBS are recognized as "Outstanding NBS Facilities" for their exemplary performance.
- Reaching Every Barangay strategy was integrated in the conduct of 12 batches of EPI Basic Skills Training for Frontline Health Workers and 1 batch of EPI Midlevel Management Course for DOH Representatives.
- A total of 78% of the targeted 198,116 infants 6-11 months old were provided with 100,000 IU Vitamin A capsules, while 90.58% of the targeted 739,633 children 12-71 months bracket were provided with 200,000 IU Vitamin A capsules.



- Provided family planning services to 87,520 women and couples in various health facilities. A total of 1,246 women availed of the bilateral tubal ligation (BTL) and 308 males availed the No Scalpel Vasectomy (NSV), increasing FP current users to 114,261 and reducing unmet need for FP services for an estimated 175,000 couples or 19% of all women of reproductive age.
- Conducted Needs Assessment of Emergency Obstetric Care facilities at the provincial level, where in 59 hospitals and health centers were identified to be either BemOC (Basic Emergency Obstetric Care) or CemOC (Comprehensive Emergency Obstetric Care).
- Established a total of 382 new Botika ng Barangay (BnBs) in addition to 98 BnBs sustained, making a total of 480 BnBs nationwide.
- Established four (4) more smoking cessation clinics in Guimaras, Iloilo, Aklan and Capiz, 108 of 139 LGUs or 77% passed local anti-smoking ordinances which more than doubled the 2004 accomplishment of 32%.

- Maintained the following registries: Philippine Registry of PWDs; Diabetes Registry; Renal Disease Registry (RDR) and hospital-based Cancer Registry. Results of the Philippine Registry of PWDs showed a total of 52,284 PWDs registered or about 0.8% of the population of the region.
- Four (4) LGU health facilities were recognized as SS Phase II certified facilities.

CHD CENTRAL VISAYAS

- Involvement of the private sector and the establishment of both private and public initiated PPMD units were instrumental in attaining a TB Cure Rate of 88% and Case Detection Rate of 71%.
- As of the third quarter of 2005, AMV coverage was 60.58% while Vitamin A coverage was 80.19%.
- On EPI Disease Surveillance, a total of 27 AFP and 6 neonatal tetanus cases were reported, while 17 clinically confirmed cases of measles were admitted at different RESU 7 sentinel hospitals in Cebu Province.
- Led by NIH and DOH-CO, 2 orientations on the Newborn Screening Program were held and attended by private and government hospital personnel.
- Organized a Regional Technical Working Group for Natural FP & Adolescent & Youth Health Development Program (AYHDP).
- Conducted NSV promotional activities in different industrial establishments, health facilities and local government units through the help of an organization of vasectomized men called "Maginoong Bisaya".

- 95% of targeted hospitals and lying-in clinics were Mother and Baby Friendly Hospital facilities.
- RESU and HEMS conducted outbreak investigation and provided medical assistance to people affected by pesticide poisoning in Mabini, Bohol; the cholera outbreak in Argao, Cebu; the typhoid fever outbreak in Borbon, Cebu; the Cholera outbreak in Toledo City, Cebu.
- As of end of 2005, a total of 89 Botika ng Barangay, 85 Health Plus Outlets and 2 Provincial Drug Distribution Network available.
- Held a Health Congress at East Visayan Academy in coordination with the Seventh Day Adventist with various activities such as Health Expo Fair, Lectures, Health Age Appraisal, Smokers Profile, Sports Competition and HATAW exercise.
- Celebrated the Heart Month with Lakad Puso activities such as symposium, blood glucose and cholesterol screening, ECG, HATAW exercises and Fun Walk.

- Advocacy and organization of informal sectors to enroll beneficiaries under the Individually Paying Program (IPP) and Medicare Para sa Masa through PCSO.
- Initiated different preparatory activities for the full functionalization of the BFAD Satellite Laboratory Cebu, such as: 1) installation of electricity and water in the building; 2) establishment of Quality Management System by drafting quality manual, SOPs, test methods, work instructions and forms; and 3) identification and evaluation of modular laboratory furniture and fixtures and needed equipment. The soft opening and blessing of the BFAD Satellite Laboratory Building was held on December 2005.

CHD EASTERN VISAYAS

- Two privately initiated PPMD Units in Tacloban City became DOH-PhilCat certified and PhilHealth accredited, through the assistance provided by the Global Fund through PhilTIPS.
- South Leyte was chosen as the pilot area of JICA for the Quality Assessment of Sputum Examination.
- Simultaneously conducted the Breastfeeding Week, National Hospital Week and Mother Baby-Friendly Hospital Initiative Week Celebration to maximize the resources and integrate programs.
- Sustained the operations of 117 BnB nationwide (88 DOH BnBs and 29 Health Plus Outlets), opened 28 more HPOs; 2 HPOs were among the awarded Best Performing BnBs nationwide.

- Conducted a one-day training for stakeholders in the ILHZ of South Leyte that enabled them to acquire knowledge and skills on drug price monitoring, quality procurement and detection of counterfeit drugs in the market.
- As of 2005, 37 RHUs/health facilities in the Region were certified under the Sentrong Sigla level I, Phase II certification program, a 100% accomplishment of the CHD-EV target for 2004-2005.
- Creation of Smoking Cessation Clinics at EVRMC and provincial hospitals of North Samar and South Leyte.
- 58% of 141 municipalities issued ordinances on anti-smoking in consonance to the implementation of RA 9211 "Tobacco Regulation Act of 2003".
- Region Eight Administrators' League is conducting aerobic exercises every Thursday, enjoining all agencies and their employees to participate in the said activity. The region also conducted a 30 minute aerobic exercises every Monday-Thursday at 4:00 p.m.
- Conducted orientations on Social Health Insurance and Other Health Care Financing Scheme Initiatives among Community Based Health Organizations (CBHOs) and in different WHSMP areas.
- Additional grants of P54,000 coming from the SASAKAWA Prize Trust Fund were given to identified GIDAs for their Sustainability Plans; 5 out of 4 targeted LGUs had approved grants.
- Thirty-five (35) participants were trained in the use of the Philippine Local Health Information System which uses the internet and web based technology in the entry/editing of health data. Southern Leyte Province benefited from the use of said information system and established a functional ILHZ based on the submitted data to the Central Office.
- All ILHZs (10) of the region have developed integrated annual health plans which were revised in line with the FOURmula ONE for Health.

CHD ZAMBOANGA PENINSULA

- A City-Wide Clean-Up Day was declared by the Mayor of Zamboanga City to increase the awareness of the populace regarding the importance of cleanliness in its drive against Dengue. On July 15, all DOH-CHDZP personnel were designated in the different barangays to help barangay and health officials in their campaign against Dengue.
- The RESU-CHDZP conducted a capillariasis prevalence survey in the 2 municipalities of Dumingag and Midsalip in Zamboanga del Sur. Results showed that the prevalence of capillariasis in all barangays were less than 1 percent.
- Conducted an Orientation/Training on Newborn Screening for the first batch of doctors, nurses, medical technologists and administrative staff of government and private hospitals at the Zamboanga City Medical Center in coordination with the National Institutes of Health – Manila.
- Conducted Ligtas Buntis Campaign in 14 municipalities of Zamboanga del Sur, 2 districts of Pagadian City and 8 districts of Zamboanga City.
- Conducted a two-day lecture on the Quality Assurance (QA) revisions, updates and practical exercises on the proper filling up of QA forms and Correlation tables on the Feedback Sheets, and a two-day Practical Microscopic Reading of Sputum Smears using the New National Standard Reporting Scale.



CHD NORTHERN MINDANAO

- One of the three (3) regions which attained the target of 70% Case Detection Rate and 85% Cure Rate; Seven (7) PPMD units have been established under the PHILCAT-GF. CHD-NM had the most number of PPMDs; Conducted 3 batches of training on Basic DOTS Course for Referring Physicians. Of the total 116 trained, 84 were already PHILCAT certified.
- A total of 321,438 filariasis patients were given Albendazole and DEC in the Mass Drug Treatment conducted in three filaria endemic provinces: Bukidnon, Misamis Oriental and Misamis Occidental.
- Conducted orientation of Integrated Maternal and Child Health Illnesses to members of the academe of medical, nursing and midwifery schools for integration to their curriculum and also to faculty and students to Medina College, Ozamiz City and to Capital University, Cagayan de Oro City.
- Relunched the Newborn Screening Program to increase awareness of the community on NBS Program; Conducted NBS Orientation to RHUs/CHOs/PHOs personnel in 4 provinces and 8 cities within the region; Created an interagency advocacy group composed of DILG, DSWD, POPCOM, PHOs, and CHOs representatives, which served as an advocator in NBS activities within the region.
- Formulated a module on Fullness of Life and Responsible Parenthood which served as guide to the service providers in the implementation of Natural Family Planning Program.
- Reactivated the Mother and Baby Friendly Hospital Speaker's Bureau in the five (5) provinces and eight (8) cities and in the CHD-NM, wherein the members were the provincial nutrition coordinators, HEPOs, MCH coordinators, doctors, nurses and midwives.
- Four (4) GMA 50 Botikas were operational and functional in three (3) retained hospitals and one (1) LGU, Camiguin Island Hospital, Camiguin Province; a total of one hundred eighty six (196) functional/operational BnB in the region, of which one hundred ninety three have already the MOA, undergone the required training and provided the Kit (drug packages) worth P25,000 each. Eighty nine (89) of the 196 operational BnB have already been issued a License to Operate as required under Administrative No. 144 on BnB guidelines.
- Developed one system of the Philippine Renal Disease Registry and installed in 11 hospitals with hemodialysis unit region wide which provide an updated annual information on new patients with END-Stage-Renal Diseases undergoing dialysis and kidney transplantation nationwide.
- Conducted 3 networking/collaboration to 17 Local Chief Executives in functional ILHZs in the development of health saving scheme livelihood program.

CHD DAVAO REGION

- One self installed public initiated PPMD Unit was launched through the efforts of the CHD in collaboration with the local PhilCAT and the LGUs of Nabunturan, Compostela Valley province.
- To-date, 9 PPMD units are promoting NTP-DOTS to private patients in the provinces and cities of Davao Region; 105 (46.5%) of the 221 trained private physicians on NTP/DOTS are certified; 25 medical technologists from the private hospital/clinic have been trained on basic sputum microscopy; TB case detection rate is 79%, up from 74%.
- The number of unlinked donations to the DOH blood banks increased by 33% from 14,932 in 2004 to 19,880 in 2005. This increases the probability that adequate ready-to-use blood is available in hospitals for administration to bleeding postpartum women.
- Established a functional Health Emergency Operation Center (OPCEN) that is operating a 24 hour Monitoring System equipped with monitoring and communication gadgets, the objective of which is to detect any health or health related event that would require DOH intervention.
- Launched the Davao Regional Hospital Nursing School Affiliation Program (DRH-NSAP) providing opportunities to enhance the knowledge, attitude and skills of nursing students affiliating with DRH to prepare them for excellence in clinical practice. This program was fully implemented in June 2005.
- Repaired and renovated the 2-storey OPD building and the Dormitory building; also upgraded the Hemodialysis building.





CHD SOCCSKSARGEN

- Conducted the Symposium on Rabies Control and Prevention Program aimed at developing capabilities of health workers and other stakeholders on Rabies Prevention and Control.
- Conducted training on the Integrated Management of Childhood Illnesses aimed at teaching health workers to integrate assessment of a child (key signs and symptoms), decide what problems need to be treated, and make an integrated plan for treatment.
- Conducted Training for BnB Operators in Alabel, Saranggani pharmacists and LGU representatives.
- A total of 75 BnB outlets were issued Special License to Operate from the BFAD.
- Accomplished more than 100% of enrolment targets for the government, private and individual paying sectors, 68.51% for non-paying and 91.18% for the sponsored sector; accomplished collection targets by 115% from all the sectors; Conducted an on site assessment and advocacy in hospitals, RHUS and other health facilities in the province of Cotabato and Sultan Kudarat to determine the technical assistance needed for PHIC Accreditation.
- 7 RHUs and 1 CHO were certified as Sentrong Sigla Phase II Level I facilities.

- In coordination with the Health Human Resource Development Bureau, conducted the Regional Orientation on Health Human Resource Information System (HHRIS).
- Facilitated by UP-PGH and NITC, conducted the Capability Enhancement Program for DOH.

CHD Caraga

- Conducted Training of Health Workers on Monitoring System on Micronutrient Supplementation and Food Fortification Program among 3 pilot areas of Surigao del Norte and Surigao del Sur.
- Creation of a Regional Task Force and Regional Speakers Bureau for "Ligtas Buntis 2005 Campaign".
- Conducted Orientation on Milk Code Monitoring which were attended by representatives from government and private hospitals in all 3 cities and 4 provinces of the region.
- Celebrated the Heart Month through the conduct of a Fun Walk and Aerobic Exercise that was participated by CHD staff, GOs, NGOs, Media and Academes.
- Conducted Training on Cold Chain and Logistics Management Course to enhance the knowledge and skills of health workers for the delivery of basic immunization services.
- A total of 737 eyes were screened and operated in the conduct of Surgical Operations for the Removal of Cataract in Patients with Cataract.
- Conducted a Symposium on the Prevention and Control of Kidney Diseases designed to raise awareness of key Dep-Ed nurses, BHWs and public high school students on the prevention and control of common kidney problems.
- Held the Sandugo Awarding and Recognition Rites 2005 where outstanding local chief executives, health personnel and blood program coordinators, donor recruiters and individual voluntary donors are recognized for their exemplary contributions to the blood program.
- Conducted an Orientation/Training on the Revised Manual Operating Procedures on National Leprosy Control Program.

CHD Cordillera

- Philhealth enrolment in the Region totalled to 215,382 members, or 18% more than the target of 182,547, 43,161 of which are enrolled under the Sponsored program.
- Certified 4 TB-DOTS facilities, issued LTO to 32 BnBs, and set-up 27 new BnBs bringing to 194 the total BnBs in the region.
- Given commendation by the WHO for the active case finding of the EPI Program Officer which increased AFP surveillance coverage by more than 200%, 22 cases of AFP were reported and investigated.
- Conducted 12 disease outbreak investigations on dengue, food poisoning, cholera, amoebiasis, and malaria.
- A total of 386 meningococemia cases were registered in CY 2005, with fatality rate of 18.91% or 73 deaths. Anti-meningococcal disease vaccination started in October 26, 2005. Children 2-8 years old in the provinces of Benguet, Mountain Province, Ifugao and the City of Baguio were prioritized since this age group was the most affected. Vaccination coverage was expanded to grade school children and to the local health workers in Baguio, Benguet and Mountain Province. Out of the 226,737 targeted children, 79% were given vaccination. There were also 36,681 belonging to other age groups who were vaccinated bringing the total number to 216,383 persons. Comparing it to the 232,650 doses given, the vaccine utilization was 93%.
- The Collaborating Center for Vector Studies in CAR conducted 2 malaria program related studies in collaboration with the Research Institute for Tropical Medicine, first field study was done in Pinupukpuk, Kalinga to assess the efficacy of K-O Tab on Global Fund mosquito nets for a period

of 6 - 12 months, using WHO bioassay test. The initial result showed 95% percent mortality among the test mosquitoes after a 24-hour post exposure observation. A follow-up test was conducted after 6 months which showed a 47% mortality rate of test mosquitoes, far below the desired mortality level of 80% set by WHO. The second survey was on the prevalence and KAP survey of Malaria among indigenous people. This was conducted in Paracelis, Mountain Province and funded by the Global Fund Malaria Component Project. The results were submitted to RITM in May 2005 for national consolidation and analysis.

- Conducted the "Search for Healthy Hospital" among government-owned facilities, the Primary Care category was won by Benguet General Hospital, while Amma Jadsac District Hospital in Pudtol, Apayao won in the Infirmary Category.
- Launched a regular dissemination of updated health messages to the public, through a weekly radio program in partnership with the DZEQ Radyo ng Bayan, entitled "Mamuhunan Sa Kalusugan", an inter-active program that encourages to participate through phone-in questions and comments.
- Conducted the annual "Most Functional Local Health Board" (LHB) contest, with the municipality of Bucay, Abra winning the 1st prize again this year. All provincial and regional winners were given cash prizes which will be used by the LHB to fund health-related projects and activities towards achieving Sentrong Sigla Certification.



FOREIGN-ASSISTED PROJECTS

For 2005, the DOH has four (4) ongoing projects and program loans, and nine (9) ongoing grant projects in the Official Development Assistance (ODA) portfolio. The four (4) ongoing project and program loans are: Health Sector Development Project (ADB), Health Sector Development Program (ADB), Second Women's Health and Safe Motherhood Project (WB), and Development of Sub-specialty Capabilities for Heart, Lung, and Kidney Diseases in selected Regional Hospitals, Medical Centers in Luzon, Visayas and Mindanao Projects (Netherlands).

The nine (9) Grant Projects are the following:

1. AIDS Surveillance and Education Program (USAID)
2. Integrated Family Planning Maternal and Child Health Program (USAID)
3. Quality TB Control Project (JICA)
4. Strengthening the Health Delivery System in the Autonomous Region in Muslim Mindanao (JICA)
5. Towards a Well-Functioning High Quality EPI in the Philippines Aiming at Introductory New ARI Vaccines into EPI (ARIVAC) Project –Finland
6. Prevention and Control of SARS Project – WB-JSDF
7. Improved Supply of Essential Drugs – Health Plus – KfW
8. Unified Support to the Philippine Health Sector Reform Agenda – GTZ
9. Japanese Grant for the Preparation of the Health Sector Reform Project (now National Program Support for Health Sector Reform (NPSHSR) – WB

There are five (5) ongoing loans co-implemented with other Government Agencies namely:

1. Early Childhood Development Project –ADB, WB
2. Second Social Expenditure Management Project – WB
3. Southern Philippines Irrigation Sector Project – ADB
4. Help for Catubig Agricultural Advancement Project – JBIC
5. Investment Component of the Metro Manila Air Quality Improvement Sector Development Program – ADB

Health Sector Development Project

HSDP is an investment loan that would finance critical interventions to improve effectiveness and efficiency of health services in selected five (5) convergence sites (Ifugao, Ilocos Norte, Nueve Vizcaya, Oriental Mindoro and Romblon) DOH and PhilHealth. This project has two components: a) Strengthen the DOH Leadership and Capacity in the Implementation of the HSRA; and b) Implementation of HSRA at the local level.

Under this project, two DOH personnel: the Director of the HHRDB and a senior technical staff from the HPDPB participated in the Flagship Course entitled "Health Sector Reform and Sustainable Financing" from Oct. 17 – November 4, 2005 held in Washington DC. The national Resource Center was conceptualized, its architectural design and approved budget cost was submitted to the Central Office Bids and Awards Committee for review. The Project Management Procurement Plan was also approved.

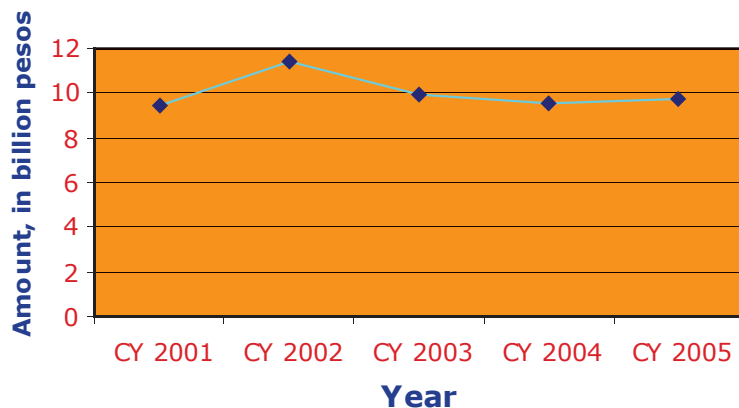
In the implementation of HSRA to Local Level component, Investment Planning Workshops were conducted for the five (5) provinces. Assessment of health facilities and equipment of these areas was also conducted.

FINANCIAL REPORT

The Department of Health's budget for CY 2005 is P11.39B. This includes P9.72B for the DOH-proper and P1.66B for the DOH-attached agencies namely the Commission on Population, Lung Center of the Philippines, National Kidney and Transplant Institute, Philippine Children's Medical Center, Philippine Heart Center, Philippine Institute for Traditional and Alternative Health Care and premium subsidy for indigents under the National Health Insurance Program.

DOH-Proper Comparative Budget

2001-2005, in billion pesos

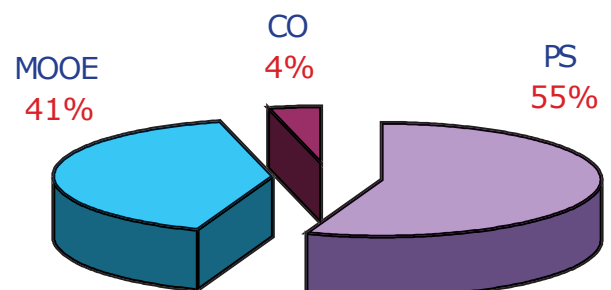


The budget for the DOH-proper increased slightly from CY 2004 to CY 2005 by P0.16B. This is due to the P0.13B budget intended for the prevention of use and abuse of dangerous drugs and the treatment and rehabilitation of drug dependents, which was transferred from the National Bureau of Investigation for the operation, maintenance, modernization and expansion of the existing drug treatment and rehabilitation centers.

Out of the total budget, the biggest share, about 55% goes to Personal Services, 41% for the Maintenance and Other Operating Expenses, and only about 4% goes to Capital Outlay.

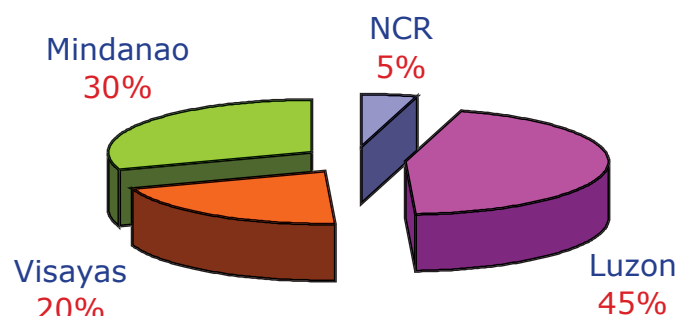
Allocation by Expense Class

CY 2005

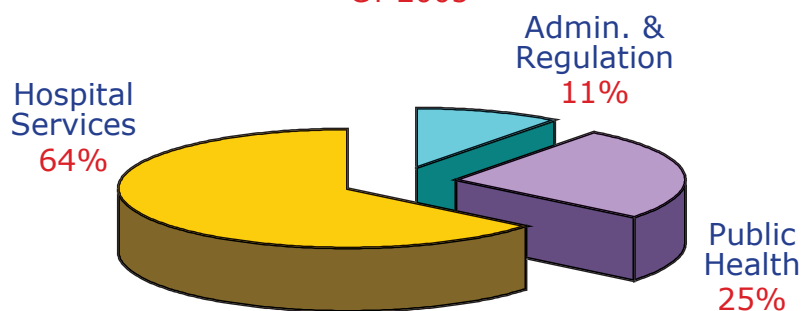


Luzon gets the biggest chunk of the MOOE with 45% share, followed by Mindanao with 30%, Visayas with 20% share and NCR with 5% share.

MOOE Distribution by Geographical Area CY 2005



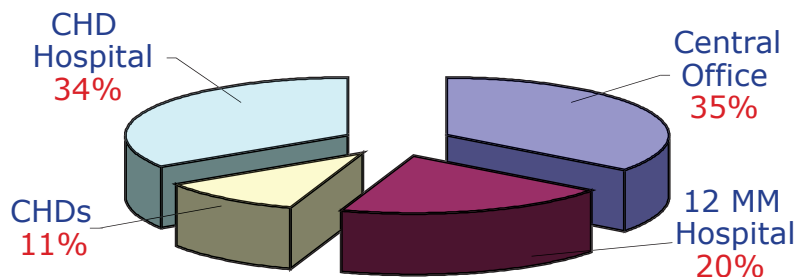
Distribution of MOOE by Function CY 2005



Since 2000, more than 50% of the MOOE is allocated to hospital services. For 2005, 64% of the MOOE is used for health facilities because of the high cost of maintaining hospitals. All DOH retained hospitals are also authorized 100% retention and use of their income, as specified in a Special Provision of the General Appropriation Act since 2003.

Our budget for 2005 allocates 55% of the MOOE to the Central Office and the 12 Metro Manila Hospitals.

MOOE Allocation by Administrative Level CY 2005



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