

Department of Health **ANNUAL REPORT** **2007**



***Making F1 Work through Better
Health Governance***

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Message of the Secretary



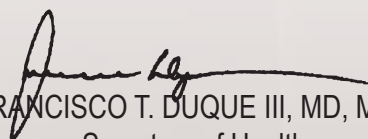
The year 2007 posted a great challenge for the Department of Health as it embarked in an ambitious race towards achieving our vision of “Better health for all Filipinos.” Through health investments and reforms in partnership with the different stakeholders for health, we have laid the foundations to meet the challenges of the future, delivered more care, developed better efficiency and maintained popular support.

During the year 2007, the department continuously implemented FOURmula One (F1) for Health and has inspired additional 21 provinces to participate as F1 implementation sites which includes the Autonomous Region for Muslim Mindanao. The reforms which F1 offers are opportunities for all. No one should really be excluded in our efforts to promote equity, efficiency and effectiveness across the Philippine health system. We have prioritized interventions that target the health challenges particularly facing those who are poor and vulnerable.

This year also marked the halfway point in our commitment to achieve the Millennium Development Goals (MDGs) by 2015, a pledge the Philippines made along with 191 member states of the United Nations when it signed the Millennium Declaration in September 2000. This report highlights our efforts towards the achievement of our MDG targets and serves as a testament of the support and commitment of all stakeholders in creating functional national and local health systems.

I wish to thank our partners for their support and the assistance of the private sector over the activities of our agency. Finally, my deepest appreciation and sincerest gratitude to the officials and staff of the department as well as our development partners and other stakeholders for their support and commitment to improve the health of our people during the year 2007.

It is not doing the things which we like to do, but liking to do the things which we have to do that makes work meaningful!


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



Overview

Calendar Year (CY) 2007 proved to be a productive and eventful year for the Department of Health (DOH) as it vigorously implemented key strategies under the FOURmula One for Health as the framework for health reforms.

Major financing and investment strategies were undertaken to accelerate reform implementation. A Health Sector Expenditure Framework and Paper on Budget Strategy (PBS) were developed to better align budget with policy priorities within the medium-term to meet the targets set under the MDGs. This resulted to an increased DOH budget for CY 2008 and a higher investment portfolio coming from development partners. Consistent with these efforts, PhilHealth also increased its enrolment and expanded its benefit packages to increase financial risk protection particularly among the poor.

To ensure quality and affordability of health products, facilities and services, policies, standards and systems for regulation were revisited and updated. These include policy issuances on harmonizing and streamlining of regulatory processes with the end view of putting up One-Stop Shop (OSS) Licensure System for hospitals. Moreover, it has started the development of unified seal of approval system for health products, devices, facilities and services, in the context of ASEAN harmonization. Efforts to improve the availability and access to low-priced but high quality medicines were undertaken through the establishment of various distribution networks such as 1,390 Botika ng Bayan (BNB) and 10,217 Botika ng Barangays (BnBs) and 4,190 Health Plus Outlets which are strategically located nationwide in partnership with Kabalikat, Botika Binhi and the National Pharmaceutical Foundation.

Reforms in service delivery were undertaken to improve access to essential health services at all levels. A total of 22 provinces were declared Malaria-Free. Around 95% of under-five children were immunized against measles by December 2007 under the Knock-Out Tigdas (KOT) Campaign Round 3. To fast track the reduction of maternal mortality ratio, the DOH shifted its policy from the risk approach to emergency obstetric care approach and started the Basic Emergency Obstetric Care (BEmOC) and Comprehensive Emergency Obstetric Care (CEmOC) facility mapping in all the F1 sites. In line with this, plans for the rationalization of health facilities were also initiated at the local levels.

Intensified advocacy and social mobilization efforts for all major health programs were conducted through various tri-media campaigns. Groundwork activities for the establishment of the Philippine Integrated Disease Surveillance and Response (PIDSR) System are being done to strengthen the regional and local epidemiology surveillance capabilities. Likewise, the Field Health Service Information System (FHSIS) which is a vital health data source is also being strengthened.

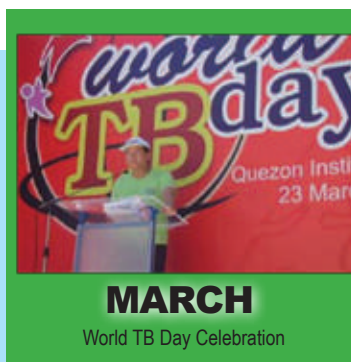
In the area of Governance, stronger partnerships with local and other partners were established. A National Steering Committee for Health (NSCH) was created to help address the current challenges in the health sector. To systematize technical assistance from external experts, a Technical Assistance Coordination Team (TACT) was created to oversee and ensure quality deliverables, outputs and support the smooth implementation of F1. An Administrative Order (AO) on the Sector Development Approach for Health (SDAH) was issued to emphasize the leadership role of the DOH in managing reform processes and to harmonize the systems and processes in managing a portfolio of investments for health from all sources. Local health systems were improved thru the Province-wide Investment Plan for Health (PIPH) and the operationalization of these plans in 16 advanced F1 sites. Additional 21 provinces were selected and geared up as F1 roll-out sites. To augment human resources in critical areas, the DOH deployed 56 physicians under the Doctors to the Barrios (DTTBs) Program and Leaders for Health Program, 1 team under the Specialists to the Province Program and 149 Medical Specialists II and III under the Medical Pool Deployment Program. It has also embarked on the Pinoy MD Medical Scholarship Program to address the lack of doctors in hospitals and in doctorless municipalities. The DOH also established a Monitoring and Evaluation for Equity and Effectiveness (ME3) system to track and measure the progress and performance of F1 implementation within the health sector.

Vital to the success of the DOH as an organization is the improvement in its internal management support systems and processes. It has reviewed its public finance management, procurement and logistics systems, including internal audit. This has resulted in the enhancement of procedures towards greater accountability and transparency. The DOH has visibly exhibited its being the best performing agency by besting 10 other major government agencies in the 2007 Corruption Resistance Review of the Ombudsman.

Given all these achievements, the DOH is definitely not complacently sitting on its laurels and will continue to strive to pursue to make F1 work thru better health governance.

The DOH All-year Round

At a Glance





Highlights of Accomplishments

A. CENTRAL OFFICE

Part I: FINANCING

1. National Financing Reform

- Development of the Health Care Financing Strategy Paper.** This is part of the efforts to improve health system reform in terms of its performance and responsiveness to the people. It focused on the analysis of bottlenecks in health financing implementation. It outlines the process, the healthcare financing strategy framework, the health financing situation and current strategy in the country. The policy options presented in the paper defines the considerations toward which major reforms in 2010 for DOH, PHIC and other stakeholders should be taken. It is desired that implementation of this strategy paper will promote: a) financial risk protection; and b) fair distribution in the burden of funding. It should be able to also address the following intermediate objectives: a) promotion of equitable use and provision of services related to need; b) efficiency in the administration of the health financing system; and c) quality in the efficiency in service delivery.
- Development of Health Sector Expenditure Framework (HSEF) and Budget Restructuring.** This policy-based multi-year expenditure framework for the health sector which ties up policies and budget had been a useful input in the formulation of the PBS by the Health Policy Development and Planning Bureau (HPDPB) in collaboration with the Development Budget Coordinating Council had resulted in the subsequent increase of the DOH budget allocation from CY 2008-2010. The PBS contains the status of the development priorities of government, the macroeconomic outlook, budget performance, pressure points, options and the projected budget ceilings in the medium term. DOH has successfully arrived at the desired budget structure that is aligned with F1 priorities and thrusts after consistent coordination and advocacy with the Department of Budget and Management (DBM) key officials to effect a new budget structure for the CY 2008.
- Creation of a Technical Working Group (TWG) on the Expenditure Management and Monitoring for the DOH Budget.** HPDPB spearheaded the creation of TWG on the Expenditure Management and Monitoring for the DOH Budget on October 23, 2007 to bring about reforms in health financing in improving the way the agency budget is structured, allocated and utilized.

2. Expansion of the National Health Insurance Program (NHIP).

PhilHealth coverage as of 2007 was already at an estimated 73% of the population - totaling to 64.5 million beneficiaries. This includes 14 million beneficiaries from the Sponsored Program. In terms of benefits, there has been an increase from Php17.2 billion in 2006 to Php18.45 billion in 2007. Collections have also increased to Php 23.8 billion in 2007 from Php 22.6 in 2006. In terms of PhilHealth's partners, nine out of ten hospitals nationwide continue to have the privilege of participating in the program through accreditation. The number of accredited rural health units/health centers, free-standing dialysis clinics, TB-DOTS centers and maternity clinics continue to rise. To date, a total of 1,554 hospitals in both government and private, as well as 21,019 professionals have been accredited. For outpatient facilities, a total of 1,252 rural health units, 30 free-standing dialysis clinics, 267 maternity clinics and 474 TB-DOTS clinics have also been accredited.

In 2007, PhilHealth has introduced the 4th category of cases that cover the most catastrophic illnesses. Also, the Outpatient Benefit Package (OBP) under the Overseas Workers Program (OWP) has been expanded and enhanced to make it more responsive to the needs of overseas Filipino workers and their families. Through a Memorandum of Agreement with the DOH, PhilHealth allocated Php 6 million for the Department as a global budget for the implementation of the Enhanced OWP OPB from July to December 2007. Furthermore, the comprehensive review of benefit package has already been put into motion.

Part 2: REGULATION

1. Upgrading, Harmonizing and Streamlining of Regulatory Processes

- Establishment of a OSS Licensure System for Hospitals.** Four Administrative Orders in support of the establishment of OSS Licensure System for Hospitals were issued: AO No. 2007-0021, Harmonization and Streamlining of the Licensure System for Hospitals; AO No. 2007-0022, Violations Under the OSS Licensure System for Hospitals; AO No. 2007-0023, Schedule of Fees for the OSS Licensure System for Hospitals and AO No. 2007-0024, Guidelines for the Licensure of DOH Hospitals. By virtue of the said policies, the licensing process for hospitals has been decentralized to the CHDs beginning October 2007.
- Automation of regulatory systems and processes.** The Bureau of Food and Drugs (BFAD) Automation Project facilitated a more

transparent and systematic processing of applications and enhanced the existing registration and licensing manual business process including development of BFAD Integrated Information System. A total of 47,050 establishments were given licenses and 49,311 products were registered in 2007. Software for the Integrated Drug Test Operation and Management Information System was developed to make efficient and effective the current systems and procedures for accreditation of drug testing laboratories and drug abuse treatment and rehabilitation centers. These paved the way for the automated application, registration, payment of clients as well as verification and confirmation of drug test results.

2. Development of Seal of Approval System in the Context of ASEAN Harmonization. Ongoing development of unified seal of approval system for health products, devices, facilities and services, wherein BFAD was granted a \$15,000 USD for the establishment of the DOH-F1 Seal of Approval System for Health Regulation. A total of 112 processed food products carry Sangkap Pinoy Seal label and a total of 110 staple foods carry Diamond Sangkap Pinoy Seal. Around 90 licensed manufacturers were engaged in fortifying the said staple products.

3. Improving Availability and Access to Low-priced but High Quality Medicines for the Poor. A total of 1,390 BNBs have been issued LTO by BFAD and 10,217 BnBs were established nationwide in partnership with Kabalikat, Botika Binhi and the National Pharmaceutical Foundation, of which 4,190 have been issued LTO. These BnBs sold 18 of the 21 over the counter drugs, household remedies and two prescription drugs. There are 1,570 BNB outlets selling 26 licensed drugs covered with Certificate of Product Registration established nationwide.

4. Institutionalization of Cost Recovery Enhancement Mechanisms for Health Regulatory Agencies. On this, 2 policies were issued: AO No. 2007-001 on Revised Schedule of Fees for Certain Services Rendered by the BHFS and CHDs into the Regulation of Health Facilities and Services and Validity Period of License to Operate, Accreditation, Authority to Operate and Clearance to Operate and AO No. 2007-0023 on the Schedule of Fees under the One-Stop Shop Licensure System for Hospitals.

Part 3: SERVICE DELIVERY

A. PUBLIC HEALTH PROGRAM DEVELOPMENT

1. Disease Free Zone Initiatives

- **Malaria Control Services.** A total of 22 provinces became “Malaria Free Zone” after nine provinces (Benguet, Cavite, Masbate, Marinduque, Albay, Sorsogon, Western Samar, Eastern Samar and Surigao del Norte) were declared malaria-free. The Malaria Benefit Package, Philippine Malaria Network and Malaria Information System are undergoing development and establishment of malaria diagnostic facilities up to barangay level with trained barangay microscopists is being implemented.

- **Leprosy Control Services.** The development of the guidelines for leprosy-free declaration is ongoing. Observance of the World Leprosy Day with the theme “Global Appeal to Stop Stigma and Discrimination Against People Affected by Leprosy” highlighted by the Philippine Declaration to support the Global Appeal 2007 was conducted.

- **National Filariasis Elimination Services.** The endemicity mapping identified 40 endemic provinces and these have given commitment to start mass drug treatment. The integration with other mass treatment campaigns and elimination guidelines also underwent development. The First Fundraising Event entitled “Changing Lives Best Business and Social Practices that Make Remarkable Changes in Filipino” for the benefit of the National Filariasis Elimination Program raised Php 914,000 from cash and in kind sponsorship and registration fees.

- **Schistosomiasis Control Services.** AO No. 2007-0015, Revised Guidelines on the Management and Prevention of Schistosomiasis has been issued. The surveillance system and criteria for elimination as a public health problem of schistosomiasis is being developed. The mass treatment campaign for schistosomiasis is integrated with mass treatment campaigns of filariasis. The program was able to source out funding for the procurement of Praziquantel from World Health Organization to be provided to the different endemic areas.

- **Rabies Control Services.** Republic Act 9482, an Act Providing for the Control and Elimination of Human and Animal Rabies had been passed while AO on “Anti-Rabies Management and Joint Operational Plan for Rabies-Free Areas” are for finalization. The 2nd Rabies Summit on March 2007 was a big success. This highlighted the following: LGU best practices in rabies elimination, Guidelines on Animal Bite Management, Regional Planning for the Declaration of Rabies Free Areas and the Legislative Update on Anti-Rabies Bill. A total of 10 regions integrating education on rabies in the elementary curriculum was reached as the strategy are expanded into two more regions early this year.





2. INTENSIFIED DISEASE PREVENTION AND CONTROL

- TB Control Services.** The management of Multi-Drug Resistant (MDR) was mainstreamed to include Tuberculosis in Children. The Public-Private Mix DOTS (PPMDs) was scaled up to incorporate hospital-based tuberculosis program. A total of 52 DOTS facilities have been certified and 1,121 health personnel on public and private facilities were trained on the 4th edition of the Manual of Procedures of the National Tuberculosis Program. Pilot run of Public to Public and Zonal Approach for Tuberculosis was conducted. The program surpassed the global standard for Case Detection Rate (70 percent) and Cure Rate (80 percent) at 72 percent and 81 percent, respectively.
- Dengue Control Services.** There was a simultaneous launching of Nationwide Awareness Campaign led by Secretary Duque and other health officials to increase awareness of the public on dengue prevention and control including training of health workers on hospital management of dengue.
- STI-HIV Control Services.** The Philippines is one of the few remaining low prevalence country in Asia. Free Anti-Retro Viral and OI drugs were provided for Persons Living with HIV/AIDS. Voluntary counseling and testing facilities was expanded to five UNICEF and 18 Global Fund sites. The 100% Condom Use Program had been evaluated in five sites.
- Emerging and Re-Emerging Infection Prevention and Control Services.** As of December 2007, the Philippines remain Bird Flu Free. Consultative Forum/Training for DOH Regional Coordinators and LGUs on Preparedness for SARS, Avian Influenza and other emerging infectious diseases and Orientation of Barangay Health Emergency Response Teams on Avian Influenza were conducted as well as production/reproduction of IEC materials.

3. IMPROVING REPRODUCTIVE HEALTH OUTCOMES

Child Health Programs- Package of services is provided among under-five-years old children which includes the following:

- Expanded Program on Immunization (EPI).** This year the Fully Immunized Child (FIC) reached 91% with the immunization coverage for the following antigens: 90% BCG, 87% OPV, 87% DPT, 92% Measles and 87% Hepatitis B. The KOT Campaign 2007 as a sequel to the 1998 and 2004 "*Ligtas Tigdas*" or mass measles immunization campaign for 9 months to 48 months old children achieved 95% coverage.
- Integrated Management of Childhood Illnesses (IMCI).** IMCI is now integrated in the medicine, nursing and midwifery courses. Institutionalization of the curriculum in selected schools/universities is ongoing and training for school deans is being done.
- Newborn Screening (NBS).** This is an essential public health strategy that enables the early detection and management of several inborn errors of metabolism, which if left untreated may lead to mental retardation and even death. The total NBS are 1,502 (Private Facilities - 941; DOH Retained - 58; LGU - 401; Special and Other Government - 102).
- Nutrition Services.** Around 86% were given Vitamin A and 61% were dewormed among pre-school children and 43% among school children during the first round of *Garantisadong Pambata* (GP) 2007. The second round of GP in 2007 achieved 88% coverage for Vitamin A supplementation and 73% coverage for deworming among pre-school children and 42% were dewormed among school children. Eighty five percent were given Vitamin A while 67% were given deworming tablet during the KOT campaign. Training of trainers on Infant and Young Child Feeding (IYCF) Counseling, Social Marketing and Study on Strategies to Promote Mother Baby Friendly Community and Workplace considering cultural beliefs and practices was conducted. Safety tips for children, growth monitoring and promotion of good nutrition and other health services were also provided to under-five children. Executive Order 616 on the Creation of Anti-Hunger Task Force issued by President Arroyo created the Task Force to work closely with faith-based organizations and fast track implementation of hunger mitigation efforts. Through efforts of the Inter-agency Task Force, the National Nutrition Council (NNC) in collaboration with the Department of Education, Department of Social Welfare and Development and the LGUs attempts to improve the demand for food through better incomes and improved food supply through increased food production and access programs. NNC continues to fulfill its role as oversight body for the implementation of the Accelerated Hunger-Mitigation Program.

Maternal Health Programs - Package of services is being provided among women which includes the following:

- Reproductive Health to Include Family Planning and Adolescent Health.** A major paradigm shift in maternal care was introduced from the risk approach to the Emergency Obstetric Care (EmOC) approach which considers all pregnant women to be at risk of complications at

childbirth. Designated facilities for upgrading are 36 CEmOC and 180 BEmOC facilities. Three EmOC training centers were established in Luzon, Visayas and Mindanao with a total of 111 health facilities capacitated to provide BEmOC services nationwide. Upgrading of BEmOC facilities in 12 provinces and three cities (Agusan del Sur, South Cotabato, North Cotabato, Mountain Province, Ifugao, Eastern Samar, Mindoro Oriental, Albay, Legaspi City, Masbate, Catanduanes, Capiz, Aurora Province, Manila and Quezon City). AO on Facility-Based Delivery Protocol and EmOC Guidelines is now in the finalization stage, while AO on Public- Private Partnership for Women's Health and Safe Motherhood was already issued. The guideline to transfer funds from DOH to the LGUs to leverage the implementation of modern family planning method underwent development. Gender-Responsive and Rights-Based Integrated Reproductive Health Modules have been formulated. The Proposed Population and RH Bills from the Senate and House of Representative for the 14th Congress focused on the creation of an RH and Population Management Council. Orientation/training for the establishment of Women and Child Protection Units in all government hospitals in Luzon and Metro Manila was also conducted.

- **Nutrition Services.** Vitamin A which was given to 58% of lactating mothers and 0.3% of targeted women 15-49 ages were given iodized oil capsules has been continuously provided by the LGUs to their constituents.

4. HEALTHY LIFESTYLE AND MANAGEMENT OF HEALTH RISKS

- **Advocacy Campaigns for Healthy Lifestyle (HL) and Management of Health Risks.** The HL campaign against risk behaviors (physical inactivity, unhealthy diet, smoking and alcoholism) and risk factor screening (blood pressure monitoring, breast examination and digital rectal examination) as part of routine examination of patients were promoted and advocated. Strengthening of networks with professional and other private groups were undertaken to set up local support and advocacy teams for HL campaigns. Revision of the AO 124 s. 2002 on National Policy on Kidney Transplantation from Living Non-Related Donors was conducted. The 3rd year anniversary of the Philippine Coalition for the Prevention and Control of Non-Communicable Diseases was celebrated on April 17, 2007 and highlighted the alignment of member's organizational plan of activities to the National Non-communicable Disease Strategic Plan and their key contributions to the achievement of the key performance indicators.



- **Water and Sanitation Programs.** Issuances developed: AO No. 2007-0012 on the Philippine National Standards for Drinking Water; AO No. 2007-0005 Guidelines on the Use of 1.25% Sodium Hypochlorite Solution for Household Water Treatment and DM No. 2007-0066 regarding the use of non-ozone depleting substances in the fire extinguishers and air conditioning units in all DOH offices and hospitals. The National Chemical Safety Framework was crafted to guide the establishment of the National Chemical Safety Management Program for the health sector. The Driver's Health Manual, which aimed to equip drivers with the necessary knowledge on diseases and health conditions that can be acquired related to driving and measures on how to prevent was developed in collaboration with the Department of Labor and Employment and Department of Environment and Natural Resources. Development of the National Health Guidelines for Lead Exposure Among Children and Pregnant Women has also been started. In addition, the Model on the Basic Food Safety for Food Handlers for the LGUs was formulated in the conduct of food handler's classes in their areas, which comes with an audio-visual presentation as additional learning aid.

B. HEALTH FACILITIES DEVELOPMENT PROGRAM

1. **Updating and Monitoring the Hospital Development Plan.** A total of 22 MOA between LGU Hospitals and DOH-CHDs regarding hospital upgrading to contribute to the expansion of facilities as base for nursing students was reviewed.
2. **Upgrading of National Health Facilities.** There is an ongoing hospital upgrading of 15 DOH and four military hospitals amounting to Php 285 million and Php 45 million for 43 LGU hospitals. Evaluation of three LGU hospitals for upgrading from primary to secondary care and ten LGU and two military hospitals from secondary to tertiary care with a total funding requirement amounting to Php 300 million was done.
3. **Rationalizing Services in the Facilities.** DOH expanded the scope of hospital regulation by controlling the establishment of new general hospitals through the institution of the Certificate of Need as a requirement for the issuance of a permit to construct and LTO to promote



geographic access to hospital services and to maximize the use of limited health resources. Two LGU provincial hospitals of tertiary care categories were assessed to determine its readiness for the implementation of the Hospital Operations and Management Information System.

4. Health Human Resource Provision and Capacity Building. The DOH continues to augment the human resources for health of the LGUs through the following programs: A total of 134 scholars under the Pinoy MD Medical Scholarship Project are currently enrolled in various medical schools (52 for Academic Year 2006-2007 and 82 for Academic Year 2007-2008); a team (one surgeon and one anesthesiologist) was deployed in Bohol Hospital under the Specialists to the Province Program was implemented to facilitate the deployment of Medical Specialists to the hospitals of the LGUs; a total of 101 Medical Specialist II and 48 Medical Specialist III deployed in various hospitals nationwide under the Medical Pool Deployment Program and a total of 56 Rural Health Physicians were also deployed to doctorless municipalities under the DTTB Program.

C. STRENGTHENING OF SURVEILLANCE AND EPIDEMIC MANAGEMENT SYSTEM. To harmonize and strengthen the various infectious disease surveillance systems in the country and respond effectively to the threat of emerging and re-emerging infectious diseases, the PIDSR was initiated through the AO No. 2007-0036. The PIDSR guidelines included strengthening and establishment of Regional and Local Epidemiology Surveillance Units, renewal of hospital license, infectious diseases reporting and development of the manual of operating procedures. To strengthen the FHSIS, workshop was conducted to come up with guidelines, identification of a national minimum data set requirement, establishment of data collection, flow of reporting and identification of the core set of indicators.

D. STRENGTHENING OF DISASTER PREPAREDNESS AND RESPONSE SYSTEM. The organization, integration and coordination of the entire health sector for emergency/disaster preparedness, providing and augmenting the necessary logistic resources for effective and efficient response were done. Full operation of the 24-Operation Center which monitors, coordinates and facilitates immediate response to health related emergencies and disasters was maintained by monitoring 593 emergencies and disasters from January to December 2007. Issuance on the AO No. 2007-0018, National Policy on the Management of the Dead and Missing Person during Disasters and Emergencies, that serve as a guide to an efficient and well coordinated action in managing dead and missing persons during emergencies and disasters was approved and a manual of operation was being finalized. The resolution concerning the Issuance of Certificate of Presumptive Death for Missing Persons during Disasters which will facilitate the issuances of necessary certificate required for the processing of claims of benefits for the bereaved families during emergencies and disasters was developed and submitted to the National Disaster Coordinating Council.

E. HEALTH PROMOTION. The Health Promotion (HP) Plan which addresses information, education and communication part of the specific delivery package, identified activities that would create the supportive environment, encourage stakeholders, community participation and standardize or improve service delivery was developed. A task force was organized to work for the creation of a HP Foundation, access funds from the sin tax and develop criteria for the selection of projects to be funded under the foundation.

Part 4: GOVERNANCE

A. SECTORAL MANAGEMENT AND COORDINATION

1. Creation of the National Steering Committee for Health (NSCH). Cognizant that health is a multi-sectoral, multi-level concern, the NSCH was created through the issuance of AO No. 2007-0037 dated November 9, 2007. The NSCH is chaired by the Secretary of Health and co-chaired by the Secretary of the Department of Interior and Local Government (DILG), with members composed of the Secretary of the Department of Budget and Management (DBM), Director-General of the National Economic and Development Authority (NEDA), President and Chief Executive Officer of the Philippine Health Insurance Corporation (PHIC), Presidents of the Leagues of Provinces, Municipalities and Cities of the Philippines, one Non-Governmental Organization (NGO) representative, one private sector/professional organization representative and the WHO Country Representative as development partner. The NSCH is mainly responsible for setting the directions for health reform towards the achievement of desired health goals.

2. Development and Advocacy of the National Unified Health Research Agenda (NUHRA). In collaboration with the Philippine National Health Research System, the NUHRA was developed which specifies priority areas for research to support the evidence requirements of policy and program development under a reform setting. To gain wide support and mobilize funding resources, this was presented

in various fora. Several researches were conducted and funded through the Essential National Health Research Program under the HPDBP. Other agencies such as the Department of Science and Technology and Commission on Higher Education have also supported its operationalization.

3. Health Executive Agenda for Legislation. This presents the priority agenda for legislation which will facilitate the achievement of targets under F1. Among its top priority bills include the Quality Affordable/Cheaper Medicines Bill; The BFAD Strengthening Bill and The Picture-Based Health Warnings Bill on the Cigarette Packs.

4. Creation of the Technical Assistance Coordination Team (TACT). This technical body was created through the DPO 2007-2964, Creation of TACT in Support of Health Reforms to harmonize all technical assistance provided to the DOH by the various partners who are operating under the sector development approach. TACT has started to put in place mechanisms to ensure technical assistance efforts are appropriate to the needs of the different offices and that complementation among all technical assistance providers is maximized.

5. Establishment of Resource Learning Center (RLC). The RLC aims to be the focal point for learning and sharing information on health sector development. Civil works were completed and systems are being developed in preparation for its full operation by 2008.

6. INVESTMENT PROGRAMMING



• **Official Development Assistance (ODA) Portfolio.** For 2007, the country's ODA loan portfolio for ongoing projects consists of 125 loans with a net commitment of around USD 9.189 billion. About USD 159.15 million (1.73%) of this allocation is committed for the implementation of the four projects of DOH. Although, the physical accomplishments under the Health Sector Development Program (HSDP) funded by Asian Development Bank (ADB) amounting to USD 200 million will be included, it is not incorporated in the DOH financial portfolio since it is classified as program loan and thus, included in the Department of Finance Portfolio. Of the USD 159.15 million committed for the implementation of DOH projects, World Bank assistance accounted for 79.17%. This is followed by the Netherlands with net commitment of USD 20.15 million or 12.66%. Last is ADB, which accounted for the 8.17%. However, if Health Sector Development Project is to be included, ADB will account for the biggest share with 59.3%, financing one program loan and one project loan amounting to USD 213 million.

7. OPERATIONALIZATION OF THE SECTOR-WIDE DEVELOPMENT APPROACH FOR HEALTH (SDAH)

• **Adoption of SDAH.** This was implemented through the issuance of AO No. 2007-0038 dated November 15, 2007, Adopting SDAH in the Implementation of F1 for Health to coordinate support among development partners and stakeholders toward a unified health sector policy and partners in devolved setting.

• **Institutionalization of venue for an active engagement with various development partners.** Oversight agencies, development partners and other stakeholders with top DOH policymakers regularly met to discuss F1 as framework for effective coordination of programs and strategies under programs, projects and activities through the following: Health Partners Meeting conducted monthly served as venue for technical discussions relating to various technical assistance and updates on F1 implementation; Joint Assessment and Planning Initiative (JAPI) which is done twice a year allows all stakeholders to jointly assess the implementation of F1 in convergence provinces and identify problems per health reform area is undertaken for a period of two weeks including one week field visit. JAPI design has been revised to look at Health Sector Performance rather than reviewing individual projects supporting the sector; and Philippine Development Forum held in March 8-9, 2007 at Cebu City facilitated substantive policy dialogue among stakeholders on the country's development agenda and for developing consensus and generating commitments among stakeholders toward critical actionable items of the Government's reform agenda.

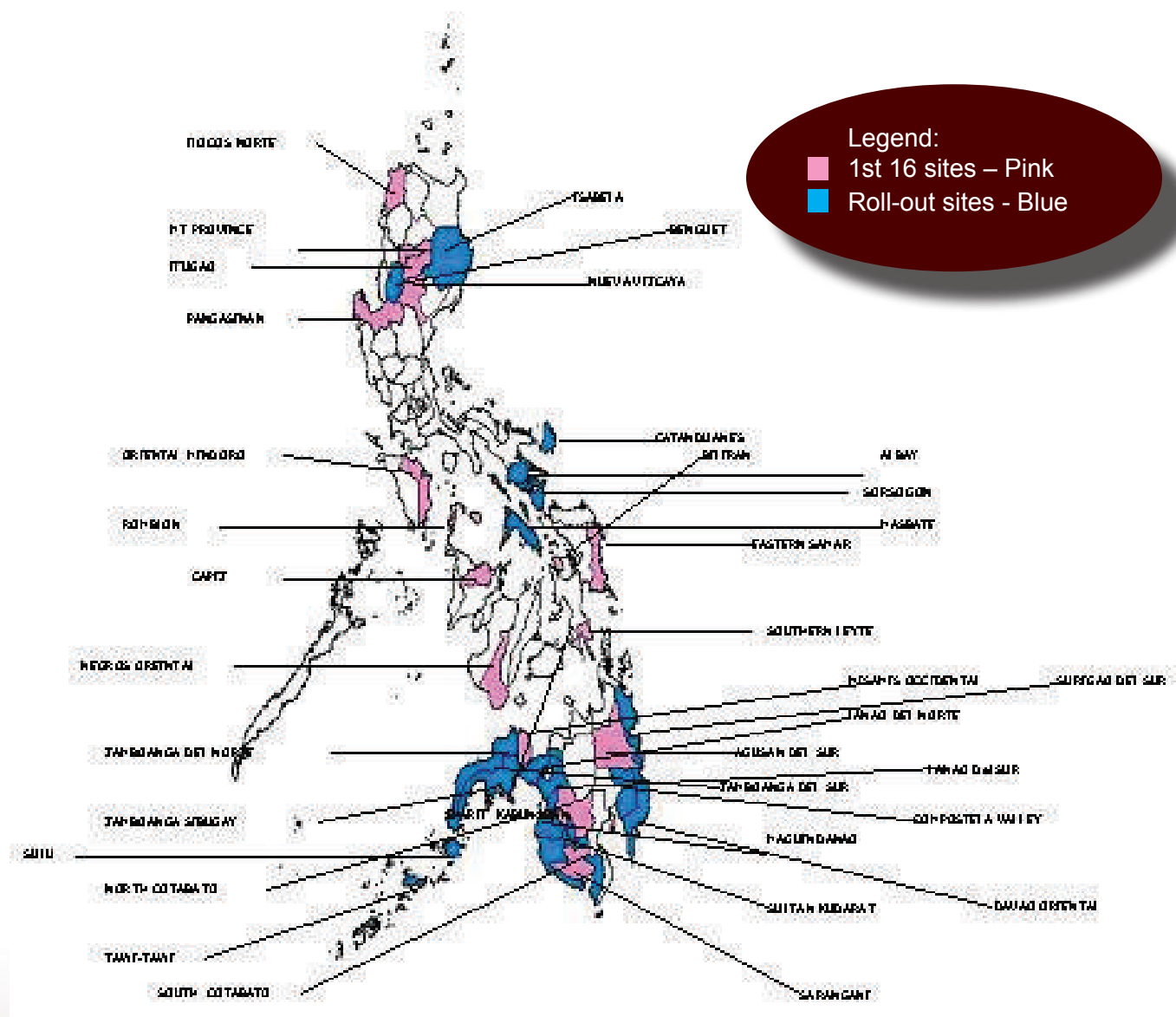
• **Project Tracking Management Information System.** A computer-based system developed by a WHO contracted local consultant to assist the Bureau of International Health Cooperation in developing a system and establishing capacities to implement SDAH at the DOH was installed in December 2007 to improve the current systems and procedures of planning, managing, monitoring and evaluating Foreign Assisted Projects (FAPs) and simplifying project management process. This also facilitated sharing of programs/projects related data with different stakeholders.



8. LOCAL HEALTH SYSTEMS DEVELOPMENT

Province-Wide Investment Plan for Health. The 16 F1 advance implementation sites were provided technical assistance to ensure effective operationalization of their PIPH. Succeeding plan formulation was guided by AO No. 2007-0034. Guideline in the Development of the PIPH. Governor's Summits were held on August and September 2007 for the 16 priority sites to renew both LGU and DOH commitment in the implementation and F1 Roll-out sites and advocate to the 21 Local Chief Executives (LCEs) for strategies in implementing health reforms in their localities and firm up commitments in adapting F1 framework in instituting local health reforms and started development of their PIPH, respectively. PIPH aims to strengthen local health system in the F1 provinces reflected in Figure 1.

Figure 1: Map of FOURmula One (F1) Implementation Sites



- **Development of the Philippine Local Health Information System (PLHIS).** This is a web-based monitoring and evaluation system to track the progress on local health system development which is aligned into the Local Health Information System of F1 (LGU Website). The sub-allotment guidelines were approved and funds were released for the conduct of PLHIS in Southern Leyte, Ilocos Norte, Agusan Sur and Negros Oriental.

- **Documentation of LGU Exemplary Practices in F1 Implementation and Models of Functional Inter-Local Health Zones (ILHZs).** A number of exemplary practices and ILHZ Models are being documented, packaged and prepared for replication and adoption as a single set of interconnected packages, e.g. Rainbow Tent, Community Breastfeeding Program, Drug Inventory Board, Improving Access to Facility-based Delivery thru Women's Health Team, LGU Hospitals as Economic Enterprise and Cost Recovery Mechanism. Development of the Audio-Visual (AV) documentation of models of functional ILHZ is ongoing, consisting of two segments: the 1st part is a 5-minute advocacy on promoting inter-LGU coordination and agreements to LCEs to establish ILHZ in their locality as a strategy to achieve better health outcomes through improve performance of the health system and fairness in health care financing; the 2nd part is a 30-minute presentation of exemplary practices of three ILHZs: the Baybay ILHZ in Laguna (Back-up System), the DA Best CA ILHZ in Negros Occidental (Community-based Surveillance System) and the Oroquieta ILHZ in Misamis Occidental (Public Pharmacy). This AV documentation will facilitate the CHDs in their advocacy to LGUs for establishing/strengthening their ILHZs.

9. NATIONAL HEALTH HUMAN RESOURCE FOR HEALTH PROGRAM

- **Institutionalizing a Retooling and Retraining Program.** The DOH started partnership and collaboration with academic organizations to institutionalize the conduct of various training courses in the health sector. This includes the implementation of F1 Orientation/Flagship Courses with the Development Academy of the Philippines and Master in Health Care Management of three doctors of the Leaders for Health Program under the Ateneo de Manila University. Technical assistance for the establishment of policies for the retooling and retraining programs of HRH and strengthening of the HRH Network is being undertaken.

10. MANAGEMENT INFORMATION SYSTEM

- **Philippine Health Information System (PHIS).** An assessment of the PHIS using customized Health Metrics Assessment tool with health program managers, statisticians, Information Technology specialists, policymakers, finance managers, donors and local health providers was undertaken. This involves formal Health Information System status assessments, inventory, integration and development/improvement in various data, information and data sources.
- **Knowledge Management (KM).** A DOH KM strategy and framework was developed to include the identification and development of priority KM tool kits such as Frequently Asked Questions, Wiki pages and Employees Handbook.

7. MONITORING AND EVALUATION SYSTEM DEVELOPMENT. Scorecards for major stakeholders under the Monitoring and Evaluation System for Equity and Effectiveness (ME3) were initiated to include LGUs, DOH CHDs, DOH Hospitals, DOH Central Office and Donors. The LGU Scorecard is undergoing finalization.

B. INTERNAL MANAGEMENT SUPPORT

1. Procurement and Logistics Management. Cognizant of the Department's thrust to strengthen technology application in processes, the establishment of the Procurement Resource Center was started to systematically organize all available reference materials and pertinent documentations of procurement transactions both for Government of the Philippines and FAPs. The Guidelines for Health Commodities Reference Information System (HCRIS) for the procurement of drugs and medicines to be prescribed to government agencies to improve drawing of specification of goods to be procured as part of the guidelines of RA 9184 on Procurement Law has been drafted. Integrated procurement and logistics system design, continuous process improvements and capability building in drugs/vaccine procurement thru UNICEF/WHO/UNDP/GTZ was developed. The draft guideline for HCRIS to improve drawing specification of goods and implementation of price data for CHDs and hospital was piloted. The guidelines on the procurement of drugs and medicines and other health goods to support implementation of RA 9184, The Government Procurement Reform Act of 2003 was likewise developed.

2. Internal Audit. The systems and procedures for internal audit of DOH was strengthened to monitor the financial and internal operations and performance of the DOH to make sure that all resources are managed and utilized in accordance to prescribed laws and regulations, with two investigations and three audits done and corresponding reports prepared.

3. Integrity Development. The DOH is still on top of many other rating surveys based on integrity by being number one in Integrity Development Review among 11 agencies (Office of the Ombudsman, DAP and European Commission); Best Performer among 11 government agencies (2nd cycle) in terms of Integrity Development and for Instituting Corruption Prevention Measures (Asian Development Bank and Ombudsman); Good Performance in Fighting Corruption (SWS Business Survey on Corruption) and number two Most Compliant in Terms of Integrity Development Action Plan (IDAP) Implementation (Presidential Anti-Graft Commission) in 2007. The different DOH Integrity Development Committees at the Central Office and CHD levels have not found any anomalous activities.



The CHDs in Action At a Glance

The Centers for Health Development playing active roles in ensuring the implementation of major programs, projects and activities nationwide



CHD-METRO MANILA



**CHD-CORDILLERA
ADMINISTRATIVE
REGION**



CHD-ILOCOS



**CHD-CAGAYAN
VALLEY**



CHD-CENTRAL LUZON



CHD-CALABARZON



CHD-MIMAROPA



CHD-BICOL



CHD-WESTERN VISAYAS



CHD-CENTRAL VISAYAS



CHD-EASTERN VISAYAS



**CHD-ZAMBOANGA
PENINSULA**



**CHD-NORTHERN
MINDANAO**



CHD-DAVAO



CHD-SOCCSKSARGEN



CHD-CARAGA

B. CENTERS FOR HEALTH DEVELOPMENT

CHD METRO MANILA

I. Health Financing

- **Expansion of NHIP.** Series of advocacy and 17 orientation trainings were conducted among the LGUs. As of June 2007, there are 199,384 families actively enrolled under the IPP.

II. Health Regulation

- **Upgrading, Harmonization and Streamlining of Regulatory Systems and Processes.** Conducted orientation on F1 and AO No. 2007-0021 among medical directors of the hospitals in Metro Manila; started establishing the OSS Licensure Center which is expected to be operationalized by 2008; conducted Orientation on the New Monitoring and Inspection Tool for Dental Laboratories and Clinical Laboratories.
- **Improvement of the Availability and Access to Low-Cost and Quality Essential Medicines and Other Health Commodities.** Conducted orientation on AO No. 2007-0027 and Drug Testing Laboratories for the stakeholders and CHD Staff in preparation for DTOMIS to the Integrated Drug Testing Operation and Management Information System.

III. Service Delivery

A. Public Health Program Development

1. Intensified Disease Prevention and Control

- **Tuberculosis Control Services.** Installed 41 new PPMD units and disseminated Technical Guidelines on NTP-DOTS Strategy for Private Practitioners and Private and Government Hospitals.
- **Dengue Control Services.** Conducted massive health promotion activities in the 16 cities and one municipality re: 4 S; MOP for Dengue Prevention and Control; developed and distributed A. aegypti surveillance guidelines to the LGUs; formulated a five-year Strategic Plan to guide program implementers for a concerted and well planned activity to reduce dengue infection by 50% from a five year average (2001-2006).

2. Improving Reproductive Health Outcomes

● Child Health Programs

- Expanded Program on Immunization.** The KOT 2007 achieved coverage of 94% of the target children given measles immunization.
- Newborn Screening.** NBS health facilities increased from 152 in 2005, 249 in 2006 and 294 in 2007 as well as number of newborns screened from 53,200 in 2005, 76,263 in 2006 and 95,561 in 2007.
- Nutrition Services.** Established Community Breastfeeding Projects in Makati and Caloocan and conducted advocacy for exclusive breastfeeding. The GP II achieved Vitamin A capsule coverage of 84% while deworming drugs is 75%.
- **Maternal Health Programs.** Trained community support groups on Community Managed Maternal and Newborn Care; conducted advocacy and changing behavior for Safe Motherhood and Responsible Parenthood in partnership with LGUs, ABS-CBN and other stakeholders and strengthened enforcement of local policies/ordinances on RH.

B. Health Facilities Development Program. Strengthened networking mechanism and referral systems among the 17 LGU and four CHD-MM retained hospitals in collaboration with the TATAK PGH Plus activity of the Philippine General Hospital, that was developed in the Integrated Urban Health System of the CAMANAVA area; conducted strategic workshop through the hospital coordinators handling the program to discuss the priority hospital programs/projects/activities and advocated for the integration in their hospital development plan; conducted orientation/training on the Ten Steps to a Successful Breastfeeding Program to 10 private hospitals in Metro Manila to become an accredited MBFHI health facility.

C. Surveillance and Epidemic Management System. Out of the 14 diseases under surveillance, dengue has the highest morbidity, with 10,537 cases while rabies is 100% CFR. CHD Conducted Basic Epidemiology and Disease Surveillance Training in Caloocan, Pasig, Navotas and Mandaluyong Health Centers.

D. Disaster Preparedness and Response System. Developed four training packages: BLS Training Package for Health Care Provider, Lay Rescuers, Standard First Aid (rescuer and health provider) and BLS Training of Trainers in coordination with the HEMS BLS Core Trainers.

E. Intensification of Health Promotion and Advocacy. Conducted health promotion activities: Breastfeeding advocacies of Secretary Duque at MRT/LRT, dengue school tour in NCR, partners' advocacy meetings with NGO/stakeholders, hanging of KOT campaign materials all over NCR using Metro Manila Development Authority pylons from north, south and eastern portion of Metro Manila and launching, validation and monitoring activities of KOT.



IV. Good Governance

• **National and LGU Sectoral Management.** Identified and documented four LGU exemplary practices supporting F1 reforms: Community-Based Breastfeeding Program in Barangay Pembo; Drug Inventory Board in Marikina City; Rainbow Tent-Health Iskool of Pateros and the District TB Program Monitoring Approach. Other identified exemplary practices, include the Community-Health Information Tracking System of Pasay City, Community-Based Non-Communicable Disease Prevention and Control Program of Pateros and Elderly Health Care in Marikina City.

CHD CORDILLERA ADMINISTRATIVE REGION

I. Health Financing

• **Expansion of NHIP.** Enrolled 297,726 individuals, but there is an overall decrease of around 11% in enrollment in 2007 as compared to the total enrollment in 2006; accreditation of 95% of all hospitals (54 out of 57 government and private), three RHUs of Benguet for Maternal Health Package, 54 RHUs and sub-district health centers for Out-Patient Consultation and Diagnostic Benefit Package by PhilHealth and upgraded Benguet General Hospital's accreditation from secondary to tertiary level. TB DOTS accredited facilities have increased from 25 in 2006 to 32 in 2007.

II. Health Regulation

• **Upgrading, Harmonization and Streamlining of Regulatory Systems and Processes.** LTO issued: hospitals 82%, clinical laboratories 100%, dental prosthetic laboratories 67%, drug establishment 84%, food establishment 87% and BnBs 34%.

• **Improvement of the Availability and Access to Low-Cost and Quality Essential Medicines and other Health Commodities.** Established 125 BnBs for a total of 401 and conducted Training of BnB Operators. CHD is targeting the establishment of one BnB for every two barangays to achieve a total of 587 BnBs by 2010.

III. Service Delivery

A. Public Health Program Development

1. Disease-Free Zone Initiatives

• **Rabies Elimination Services.** Identified three areas to be rabies-free by 2008: Balbalan in Kalinga, Tayum in Abra and Barlig in Mountain Province and provided rabies immunizations to closely monitor dog bite victims and technical assistance to sustain the operations to six Animal Bite and Treatment Centers.

• **Malaria Control Services.** Conducted Bioassay testing of insecticide-treated bed nets at Alfonso Lista, Ifugao by an entomological team from RITM, showing a CHD Alphanet of 79% and that of the K-Othrine tablet of 86.7% and the Susceptibility Testing of Anopheles Mosquitoes against insecticides in Tabuk City in Kalinga with RITM.

2. Intensified Disease Prevention and Control

• **Tuberculosis Control Services.** Established five PPMD units at Baguio Health Department and at a private tertiary level hospital in Baguio City; trained 46 private and six public physicians on NTP and they also signed a Letter of Agreement to refer their TB patients to these PPMD units and accredited 16 RHUs as TB DOTS facilities, increasing the total to 40.

• **HIV/AIDS Control Services.** Conducted Integrated HIV-AIDS Behavioral and Serological Surveillance in several cruising sites in Baguio City to understand the magnitude of infection and how it is spreading among the vulnerable groups.

3. Improving Reproductive Health Outcomes

• Child Health Programs

-**Expanded Program on Immunization.** Conducted Cold Chain Management Training in Apayao and Mountain Province and EPI Basic Skills Training in Ifugao and Kalinga as well as KOT Campaign, which resulted in coverage of 85% for measles immunization.

-**Integrated Management of Childhood Illnesses.** Conducted the IMCI Facilitators Training in Ifugao, Abra, Baguio City and Mountain Province, Training of Trainers of Community-managed Maternal/Newborn Care and Orientation/Updates on GP.

-**Nutrition Services.** Conducted Orientation on MCHN Guidelines, Protocols and Standards and seven batches of Orientation on Micronutrient Guidelines for Midwives. Around 82% were given Vitamin A while 79% was dewormed during the KOT Campaign.

• **Maternal Health Programs.** Conducted trainings on CBT-FP for new and untrained health workers of the LGUs, the Revised FP Clinical Standards, Training on STD/AIDS Surveillance and Management for LGU Municipal Health Officers, Public Health Nurses and selected Medical Officers from hospitals and Training of trainers on Community-Managed Maternal and Newborn Care for Apayao, Abra, Benguet, Kalinga and Baguio City.

4. Healthy Lifestyle and Management of Health Risks. Conducted Preventive Nephrology Training in Baguio City and Mountain Province and Training on EOH Program Children's Environmental Health.

B. Health Facilities Development Program. Assigned four of the five deployed rural health physicians under the DTTB Program of DOH in Ifugao and one in Abra; under the Medical Pool Program, eight out of the 10 physicians were assigned in district hospitals, one in a regional hospital and one in a medical center and 10 out of the 23 applicants for Pinoy MD Program was accepted.

C. Surveillance and Epidemic Management System. Conducted enhancement program on epidemic management wherein CAR registered the lowest dengue fatality rate of 0.0005% or one death only despite the high number of hospital admissions for the disease and an investigation for an outbreak of cholera and amoebiasis in Aguinardo, Ifugao, wherein 11 of the 156 diarrhea cases from November to December 21, 2007 were positive for vibrio cholerae ogawa and 10 were positive for entamoeba histolytica.

D. Disaster Preparedness and Response System. Conducted Hospital preparedness training for the LGU and DOH hospitals, BLS and Standard First Aid training for DOH Reps and other CHD staff.

IV. Good Governance

National and LGU Sectoral Management

- **Stewardship of National and Local Health Systems.** Approved 23 new provincial/city health board policies and four of the six Provincial Health Boards remained functional; Mountain Province has 4 functional ILHZs while Ifugao has only one ILHZ.
- **SDAH Implementation.** Conceptualized an LGU Forum to showcase the best practices of the different units worth emulating, which was attended by LCEs, board members and health HR from different provinces, cities and municipalities
- **Internal Management.** Conducted 28 Management Committee meetings to improve management systems and put in place Inventory System, Managerial Management Team and Procurement Team to improve asset management.

CHD ILOCOS

I. Health Financing

- **Expansion of NHIP.** Coverage is 95% with estimated beneficiaries of 797,369 and the Indigency Program is estimated to have 74% or 205,315 beneficiaries.

II. Health Regulation

- **Enforcement of National Health Legislation, Policies and Standards.** Licensed: hospitals 96.85% , radiation facilities 90.28%, dental prosthetic laboratories 57.55%, clinical laboratories 93.8%, blood services facilities 90%, DTLs 98.6%, drug establishments and outlets 36.12%, food establishments and outlets 20.9%, water refilling stations 485% , embalmers 135.9% and masseur 400%.
- **Expansion of Pharmaceutical Distribution Networks.** Trained 100 new BnB operators in Ilocos Norte and Alaminos City wherein 55% of all BnBs were given LTO.

III. Service Delivery

A. Public Health Program Development

1. Disease-Free Zone Initiative

- **Leprosy Elimination Services.** Seven LGUs in Ilocos Sur (Candon, Cabugao, Sta. Maria, San Juan, Narvacan, Bantay and Sto. Domingo) initiated and funded the LEC in their areas, which only showed that the LCEs are really determined to eliminate leprosy. CDR increased from 3.05 in 2006 to 5.02 in 2007 and prevalence rate of 0.36 in 2006 to 0.53 in 2007 due to increased case finding.
- **Malaria Control Services.** Assisted in the indoor-residual spraying and bed net treatment and conducted evaluation of malaria-free municipalities and barangays.

2. Intensified Disease Prevention and Control

- **Tuberculosis Control Services.** Conducted the following trainings: Basic Microscopy Training, Comprehensive and Unified Policy of TB Program, TB in Children Expansion, DOTS Modular Training, School-based TB Program Echo-training and Basic Referring Physicians Course and a Regional PPMD Program Implementation Review.
- **HIV/AIDS Control Services.** The CHD has three Global Fund sites for STI/HIV cases: Ilocos Training and Regional Medical Center which acts as a treatment hub for STI/HIV cases, Bauang RHU and San Fernando City Health Office are focused on STI/HIV prevention. The CHD is the 1st region in the country to implement the locally initiated STI/HIV Prevention and Control Program which was recognized by the WHO in 2004 and documented in 2006. WHO supported and adapted the initiative for expansion to other regions in the country. The 100% Condom Use Program is in the cities of San Fernando, Urdaneta, Dagupan and Laoag.
- **Dengue Control Services.** The CHD conducted larval survey, fogging and larviciding of households and schools.



3. Improving Reproductive Health Outcomes

• Child Health Programs

-**Expanded Program on Immunization.** Conducted KOT Campaign with 90% coverage; Training on EPI Mid-Level Management Course with focus on REB strategy and Review and Enhancement Training Course on EPI Disease Surveillance System.

-**Integrated Management of Childhood Illnesses.** Conducted training in Community Managed New Born Care.

-**Nutrition Services.** During KOT, achieved 72% Vit. A and 82% deworming; attained 97% of households using iodized salt and eight out of ten salt refiners in Pangasinan and one out of three in La Union underwent a MOA with the LGUs concerned for salt iodization.

• Maternal Health Programs

-**Safe Motherhood Policy.** Conducted Orientation on the New Maternal Death Reporting System.

-**Reproductive Health to Include Family Planning and Adolescent Health.** Attained a 95% attendance for the Training of Trainers on NFP for health personnel, the religious sector and some NGOs.

Healthy Lifestyle and Management of Health Risks

• Advocacy Campaigns for Risk Behaviors.

Celebrated culminating activity for the Drug Abuse Prevention Program through ceremonial burning of seized drugs by the Regional Trial Court, Bauang Branch making it more meaningful especially to the high school students; conducted an orientation-seminar among bar, hotel and restaurants, resorts and casino establishments about the myths and facts of tobacco use, AO No. 2007-2000, National Tobacco Prevention and Control Program and the RA 9211 on the packaging, use, sale, distribution and advertisement of tobacco products.

• Water and Sanitation Programs.

Provided technical assistance in the design and construction of sanitary landfill in six LGUs (Bauang, Vigan City, Candon City, Nagaillan, Bayambang and Agoo).

B. Health Facilities Development Program.

Civil Works is ongoing at the F1 sites particularly at the Nueva Era RHU/Lying-in which is already 40% complete.

C. Disaster Preparedness and Response System.

Participated in the Summer Vacation Operation of the Regional Disaster Coordinating Council; monitoring of the incidents during the Local Elections and Lenten celebrations including Fireworks Injury surveillance during the Christmas Season and provided assistance to families affected by Typhoons "Mina" and "Nonoy".

D. Intensification of Health Promotion and Advocacy.

Conducted Health Summit attended by MHOs and Mayors of Ilocos Norte in Ilocos Norte.

IV. Good Governance

National and LGU Sectoral Management. In Ilocos Norte, only one ILHZs (Double North) is functional. In Pangasinan, three are functional (Mangabul, Manleluag and Palaris).

CHD CAGAYAN VALLEY

I. Health Financing

• **Expansion of NHIP.** Attained enrolment: Sponsored Program 1, 555,950; Individually Paying Program 11,113; Employed Sector 9,943; Non Paying Program 1,418 and Overseas Welfare Program 2,520. CHD assisted self-assessment of facilities for DOTS accreditation (four RHU's prepared for PHIC accreditation on TB DOTS in Quirino).

II. Health Regulation

• **Enforcement of National Health Legislation, Policies and Standards.** Enforcement of: MBFHI and Milk Code; Asin Law, Food Fortification, Expanded Senior Citizens Act and Consumer Act and On Special Law on Counterfeit Drugs and apprehended 13 facilities; confiscated 562 Drugs; sampling of Chinese products in 12 stores of which 9 out of 86 samples were found positive for formaldehyde and voluntarily withdrawn.

III. Service Delivery

A. Public Health Program Development

1. Disease-Free Zone Initiatives

• **Schistosomiasis Elimination Services.** Monitoring and surveillance of schistosomiasis cases in Gonzaga, Cagayan and in the three adjacent municipalities in coordination with RESU, PHO and other partner agencies; CHD is now in the third year of annual mass treatment with Praziquantel and deworming drugs for three endemic barangays of Gonzaga followed by repeat mass stool survey.

• **Rabies Elimination Services.** Conducted Regional Rabies Summit by DOH in March 2007 and by NEDA in August 2007; noted decrease

in rabies cases from 27 in 2006 to 23 in 2007; continued the IEC activities especially among high-risk areas and pursued networking and linkage with other NGAs.

- **Malaria Control Services.** Lobbied for procurement of drugs and insecticides among LGU; retrieval of near expiring anti malarial drugs and transfer to more endemic areas has been done throughout the region; pursued the implementation of Malaria Microscopy QA and trainings on: Epidemic Management, Barangay Based Malaria Management, RDT and Basic Malaria Microscopy among BHWs and implemented Border Operations in Alfonso Castaneda, Nueva Vizcaya and Nagtipunan, Quirino resulting to No Malaria Cases in these areas.

2. Intensified Disease Prevention and Control

- **Tuberculosis Control Services.** Conducted TB alert in all provinces, TB advocacy, quarterly Program Implementation Review (PIR) in some municipalities/annual PIR per province, MOP and Basic DOTS Training; sustained monitoring of all PPMDs/non-PPMD units; recognized TB Champions/Achievers; launched two new PPMD units in Ilagan I and Solano and participated in TB in Children Program in coordination with schools.
- **HIV/AIDS Control Services.** Facilitated the re-organization/strengthening of AIDS Council and assisted in contact tracing and arrangements for STD examination of Commercial Sex Workers of QAS in Isabela and Quirino provinces.
- **Dengue Control Services.** Conducted and synchronized “Search and Destroy” activities in all provinces and surveillance of dengue cases.
- **Emerging and Reemerging Infection Prevention and Control Services.** There are no recorded cases of Bird Flu and the Region still remains on Stage I; continuously provided technical assistance during training and orientation on bird flu and pursued continuous networking/linkage with other agencies.

3. Improving Reproductive Health Outcomes

• Child Health Programs

-Expanded Program on Immunization. Conducted KOT, with an achievement of 92% and RCA in all provinces; assisted in the REB in priority areas; continuous monitoring of cold chain maintenance/FHSIS/TCL including a mid-level and cold chain management and EPI surveillance Training.

-Integrated Management of Childhood Illnesses. Conducted Facilitators Course and Basic IMCI Course.

-Nutrition Services. Provided technical assistance during GP campaign and deworming among school children with 73% coverage on Vit. A and 58% on deworming; monitored FFP and Salt Iodization Program in coordination with BFAD; iodine supplementation/provision of iodized oil capsule to validated cases in the province of Nueva Vizcaya in collaboration with the MHOs and other health staff; regular monitoring and strict implementation of ASIN law; intensified monitoring of our partner agencies at the check points, wherein the market to market (Patak sa Asin) salt testing revealed that 100% of the salt being sold in the market is iodized. Accomplishment through NNC: conducted School Nutri Tours in collaboration with the Rotary Club of Tuguegarao particularly in secondary schools with lectures on proper nutrition and HL; distributed vitamins to 2000 students.

• Maternal Health Programs

-Safe Motherhood Policy. Under POPCOM: Monitoring of RPEB Resolution Requesting Full Support from LGUs to sustain the Implementation of the Population Management Program of the Government particularly FP and Support to RPM/NFP; 26 LGUs allocated budget for contraceptives; issued three local issuances on RP/NFP; organized one Regional RPM Team, 23 Municipal RPM Teams and 432 BRPM Teams; formulated RP/NFP Behavior Change Communication Plan, conducted 346 RPM Classes NFP Training for Lay Workers of Tuguegarao Parish Pastoral Council; advocacy for the establishment of Pregnancy Watch Board and Safe and Maternal Death Review in some municipalities with high MMR and provided feedback and recommendations.

-Nutrition Services. Iron supplementation among pregnant women and lactating mothers showed an accomplishment of 70,089 and 57,108, respectively.

4. Healthy Lifestyle and Management of Health Risks

- **Advocacy Campaigns for Risk Behaviors.** Implemented advocacy on HL supported with resolutions and tri-media campaign and organized regular HATAW exercises at the CHD and other health facilities/LGU offices and the Regional Coalition for HL.
- **Water and Sanitation Programs.** Conducted a meeting with all water refilling station owners and issued initial and operational permit, inspected and issued an initial clearance to two proponents of a memorial park and dialogue with LGU's with high incidence of water and water-related diseases; evaluated and approved the renewal of licenses of registered embalmers.

B. Surveillance and Epidemic Management System. Conducted Routine Public Health Surveillance, EPI Surveillance, Influenza like Illness Surveillance; validation of PESU/MESU report; provision of technical assistance to Epidemiology and Surveillance units in Cagayan Valley; PIDSR establishment and outbreak response and action.

C. Intensification of Health Promotion and Advocacy. Conducted through POPCOM: Sabay-Sabay Sumuso sa Nanay Campaign; development and production of advocacy/IEC materials; aired NFP Infomercial; media networking; production of localized RPM/NFP materials; integration of RH/FP Topic in the Motorcycle Repair and Maintenance Training of FETODA and orientation of 250 tricycle drivers on RH/FP and NFP.





IV. Good Governance

- **National and LGU Sectoral Management.** Conducted LCEs orientation of the new members of LHBs and all provincial LGUs on F1; facilitated the PIPH implementation in Nueva Vizcaya, consolidation and finalization of the PIPH in the roll out province of Isabela; ensured functionality of LHBs through dialogues; strengthening the two-way referral system between RHUs and District Hospitals; facilitated the initial phase of planning for Hospital Development in Quirino and signing of MOA for upgrading of Quirino Provincial Hospital as tertiary hospital; pursued advocacy for the reactivation of Barangay Task Force for Malaria and Dengue; recruitment of additional BHWs and advocacy for additional budget for health services to be allocated by the LGUs from their IRA, provision of full implementation of Magna Carta benefits by the LGUs to their HHRs, integration of RHU with Hospital, passage of resolutions and ordinances on all health programs and enforcement of existing local Health Laws.

CHD CENTRAL LUZON

I. Health Financing

- **Budget Reforms in DOH and Attached Agencies.** Increased CHD budget thru income derived from the Collaborating Center for Disease Prevention and Control (majority of income realized is from Water Analysis and collaboration with WHO, UNICEF, JICA, LGUs and other organizations); trainings of various programs and projects especially NTP and Malaria; sub-allotments from the Central Office and the provision of drugs and medicines for TB Drugs, EPI drugs and supplies and BnB needed medicines which in turn are subsidized to LGUs and the newly established BnBs.

II. Health Regulation

- **Upgrading, Harmonization and Streamlining of Regulatory Systems and Processes.** Issued LTO to: 208 hospitals, Birthing Home and Psychiatric Care Facilities (62 Government and 146 Private), 193 drug establishments and 26 food establishments; monitored 93.75% with deficiency and 100% of the target for the unlicensed drug/food establishments; served and executed 25 Ceased and Desist Orders; submitted 12 ROVs to BFAD for legal action; evaluated/awarded Gawad Botika Seal 3 and conducted seminar to strengthen the capabilities of the 10 FDROs from seven provinces.

- **Improvement of the Availability and Access to Low-Cost and Quality Essential Medicines and other Health Commodities.** Establishment of 261 BnB has surpassed the target of 200 BnBs (Bataan 25, Bulacan 100, Nueva Ecija 52, Pampanga 46, Tarlac 35 and Zambales, (three) for a total of 1,631 BnBs, of which 1,005 are with SLTO and 1,549 is functional.

- **Enforcement and compliance to National Health Legislation, Policies and Standards.** Undertook processing, evaluation, issuance of permit and the training of interested stakeholders. Salt Iodization Program monitoring revealed almost 85% compliance among manufacturers and food processors. Of the total 10,586 tests done in the market, 77.70% yielded positive results for iodine while 53% of the tested samples in the households were found using iodized salt.

III. Service Delivery

A. Public Health Program Development

1. Disease-Free Zone Initiatives

- **Rabies Elimination Services.** The total animal bite victims was 19,566, an increase of 1.2% from 2006 cases and a mortality of 40 cases which is .9% reduction from the previous year and gave post exposure treatment to 70% of the victims.
- **Leprosy Elimination Services.** There are 200 registered Hansen cases under MDT, with CDR of 1.8 per 100,000 population. Among the new cases, 5% were less than 15 years old and 4% have visible physical deformities. The prevalence rate is 0.23 per 100,000 populations (207 persons) and allocated MDT drugs and prednisone tablets to the provinces and cities.
- **Malaria Control Services.** The number of positive cases of malaria has dramatically increased by 34.38%, from 1,236 positive cases in 2006 to 1,661 in 2007. Of the 9,924 case findings done, 1,661 are confirmed. Interventions include 20,734 bed net impregnation; 3,786 bed net distribution; 13,145 residual house spraying; 435 kilometers stream clearing; distribution of medicines to affected areas, surveillance and intensive advocacy to the LGUs.

2. Intensified Disease Prevention and Control

- **Tuberculosis Control Services.** Achieved a CDR of 56 % and a CR of 76 %. A total of 260 RHUs are utilizing DOTS (Tutok Gamutan). A total of 11 PPMDs are now installed and financially supported by PhilCAT while 77 private doctors are actively referring TB symptomatics to these facilities.
- **Dengue Control Services.** Morbidity cases of dengue has decreased dramatically from 5,363 in 2006 to 2,858 cases in 2007 while mortality cases from 41 in 2006 to 28 cases in 2007.

3. Healthy Lifestyle and Management of Health Risks

- **Advocacy Campaigns for Risk Behaviors.** Conducted 78 lectures to LGUs, NGOs and students on HL Program; coordinated the implementation of A.O. 177 or “Amendment to Administrative Order No. 171, s 2004” on the Policies and Guidelines to Implement Relevant Provisions of Expanded Senior Citizens Act of 2003 with all three DOH retained hospitals, one provincial and two district hospitals and orientation to 114 regional staff; facilitated advocacy on cancer control program to 240 students; conducted breast examination, pap-smear and acetic acid wash at the RHU/BHS funded by LGU to facilitate early detection of breast and cervical cancer, three Trainings on Acetic Acid Wash Screening and one Stress Management Training.
- **Water and Sanitation Programs.** Implementation the Supplemental IRR of the Sanitation Code of the Philippines (PD 856) Chapter 2 “Water Sanitation” particularly on the water source of the Water Refilling Station; formulated and recommended actions or solutions on the major problems that occurred; formed multi-prototype monitoring group on the complaints against the piggery in Porac, Pampanga; ordered securing the areas affected on mercury spill in Cambitala Elementary School, Pantabangan, Nueve Ecija and confinement/treatment of the affected students and teachers wherein the gymnasium was used as the temporary laboratory.
- B. Health Facilities Development Program.** Assessed five private hospitals, of which two were accredited; advocacy to LGUs and Hospital Administrators of their commitment; continuous monitoring in the sustenance of MBFHI; provided posters and other IEC materials on breast feeding to LGUs for augmentation; hospitals under renovation: Dr. Paulino J. Garcia Memorial Research and Medical Center, PJG-Talavera Extension Hospital, Bataan Provincial Hospital and Mariveles Mental Ward.
- C. Surveillance and Epidemic Management System.** Disease Outbreak Investigation of five meningococccemia cases, 74 AFP cases, two dengue outbreaks, four cases of food-borne diseases and malaria cases in Zambales and transported stool to RITM.
- D. Disaster Preparedness and Response System.** Conducted BLS demonstration in SM Pampanga and participated in simultaneous Earth Drill conducted by the NDCC and coordinated with PHTOs, Sentinel Sites and Health Emergency Team of the Retained Hospitals.
- E. Intensification of Health Promotion and Advocacy.** Conducted advocacies among LGUs on the priority programs; localization of IEC messages, development, production, reproduction and distribution of different IEC to provinces, retained hospitals, LGUs, NGOs and POs to reach a wider range of targets for information and dissemination.

IV. Good Governance

- **National and LGU Sectoral Management.** The 28 Unified Local Health System areas with 94 catchments municipalities in seven provinces had been continuously implementing the different programs under F1.
- **Internal Management.** Reviewed/monitored agency compliance with laws, regulations and policies and recommended measures for improvement when necessary and evaluated the status of management’s implementation of previous IAU and COA recommendations and the effectiveness of operating and personnel performance.

CHD CALABARZON

I. Health Financing

- **Budget Reforms in DOH and Attached Agencies.** Implemented AO No. 2006-0022 and 0027, performance-based budgeting in the development and review of its agency plans and budget proposal; conducted regular review of agency physical performance as against financial utilization quarterly and by the CHD management committee on a monthly schedule and notified programs/projects not meeting its quarterly targets or those with low performance to catch/fast-track its program activities.

II. Health Regulation

- **Upgrading, Harmonization and Streamlining of Regulatory Systems and Processes.** Conducted orientations on OSS to hospital owners/chiefs on the new requirements and processes; inspect and issued LTO to: 223 level 1, and level 2 hospitals, 29 birthing homes, 359 clinical laboratories (seven of which were new), seven HIV testing laboratories, 12 drug testing laboratories, 92 dental prosthetic laboratories and 2,192 food and drug establishments.
- **Improvement of the Availability and Access to Low-Cost and Quality Essential Medicines and Other Health Commodities.** Established 842 BnBs, an increase of about 148% from last years’ figure of 340. However, only 20% of them were issued Special LTO.

III. Service Delivery

A. Public Health Program Development

1. Diseases-Free Zone Initiative

- **Rabies Elimination Services.** Provided continuous technical support to LGUs and 5 ABTCs to monitor and assist these units in the management of cases and advocacy among LCEs for the passage/implementation of resolutions on Responsible Pet Ownership.
- **Leprosy Elimination Services.** Conducted year-end program review and formulated the regional plan for the elimination and sustenance



of low leprosy prevalence in the region (0.07/100,000 population).

- **Malaria Control Services.** Cavite continues with their preventive strategies, IEC campaign and active disease surveillance to maintain its malaria-free status.

2. Intensified Disease Prevention and Control

- **Tuberculosis Control Services.** Conducted Orientation on the Revised Manual of Procedures, Basic DOTS Modular Training, Hospital-based DOTS Training and Basic Refresher Course on Direct Sputum Smear Microscopy and TB in Children Training; sent RHUs to the National TB Reference Laboratory at RITM; installed 3 PPMD units in Clinica Antipolo, St. Mattheus Hospital of San Mateo and San Juan RHU of Batangas, funded under GFATM. A total of 10 units have passed the on-site evaluation in which they met the 10 standards set by DOH and PhilCAT.

3. Improving Reproductive Health Outcomes

• Child Health Programs

-**Expanded Program on Immunization.** Obtained the highest coverage in KOT implementation with 99% accomplishment

-**Nutrition Services.** For GP-II 87% Vitamin A and 69% for deworming.

- **Maternal Health Programs.** Conducted capability building/trainings: IMCI, REB, Maternal Death Review, TOT on Community-Managed Maternal and Newborn Care, TOT on Revised Clinical Guidelines on FP-CSM, TOT for Responsible Parenthood and Natural FP and Lactation Management Training for health workers.

- 4. **Healthy Lifestyle and Management of Health Risks.** Advocated campaigns on a year-round thematic advocacy/IEC campaigns on specific HL messages: January-Regular health check-up, February-Exercise regularly and May-June-No Smoking campaign; developed prototype advocacy/IEC material in CD form to be used in several lectures/information dissemination activities; conducted a survey to gather data on persons afflicted with lifestyle-related diseases and to gather and evaluate baseline data on HL prevalence.

- B. **Health Facilities Development Program.** Established Public Health Units in Batangas Regional Hospital and Tagaytay Treatment and Rehabilitation Center, which are all functional; provided advocacy and services for EPI, FP, and other public health programs regularly; assisted LGU hospitals in the repair/renovation/upgrading of Laguna Provincial Hospital and Camp Capinpin Hospital in Tanay, Rizal (both PGMA funded); repaired Records Office, HOS and LHAD Conference Rooms (CHD funded) and purchased IT equipments from re-aligned CHD-MOOE funds.

- C. **Surveillance and Epidemic Management System.** Developed, pilot-tested the Disease Surveillance Field Guide Handbook/Manual in Laguna and disseminated for adoption by the different sentinel sites; established 38 NESS sentinel sites in the different hospitals of CALABARZON, an increase of more than 200% from only 11 sentinel sites in 2005; PESUs/CESUs and MESUs conducted trainings on Basic Course on Public Health Surveillance System for DOH Reps; Disease Surveillance System/VPD surveillance among health staff; active VPD surveillance; case/epidemiological investigations; dissemination of IEC materials; continuous advocacy and logistic assistance.

IV. Good Governance

- **National and LGU Sectoral Management.** Established 21 ILHZs, eight of which are functional; four additional ILHZs were added: JP-Rizal ILHZ (Jala-Jala and Piliilla, Rizal), Pinagpala ILHZ in Laguna; and SigMaCarDas ILHZ in Cavite; Good practices were presented by three ILHZs; namely: Baybay in Laguna, MagNaMarTe in Cavite and Gumaca in Quezon; implemented Community Health Information Tracking System in Quezon as its pilot area is currently on its expansion; installing CHITS in selected RHUs of Laguna and Cavite; provided training assistance to LGUs of Pagsanjan and Pila of Laguna and AMIGA ILHZ of Cavite to replicate the CHITS.

CHD MIMAROPA

I. Health Financing

- **Expansion of NHIP.** The total enrolment is 93%: government sector 103%; private sector 43%; NPP 42%; NPM 71% and IP 122%.

II. Health Regulation

- **Upgrading, Harmonization and Streamlining of Regulatory Systems and Processes.** LTOs issued: 100% of targeted food and drug establishments; 226% of targeted hospitals; 100% of targeted birthing homes; 120% of targeted clinical laboratories; 133% of targeted HIV laboratories; 125% of Dental Prosthetic Laboratories and 225% of targeted drug testing laboratories.
- **Improvement of the Availability and Access to Low-Cost and Quality Essential Medicines and other Health Commodities.** Out of the 609 operational BNB outlets, 76.68% were issued with Special LTO.
- **Enforcement of National Health Regulations, Policies and Standards.** Enforced strict implementation of "ASIN Law" by monitoring the iodization of salt at six production sites with 100% adherence to salt iodization and inspected all the 12 warehouses.

III. Service Delivery

A. Public Health Program Development

1. Disease-Free Zone Initiatives

- **Filariasis Elimination Services.** Conducted Filariasis Awareness Campaign in El Nido, Palawan through parade, symposium and press conference in all provinces of MIMAROPA (all endemic). Palawan started MDA last November 2006 in 16 out of the 24 municipalities including Puerto Princesa City and was still remaining in seven municipalities not implementing MDA.
- **Schistosomiasis Elimination Services.** Orientation of four endemic municipalities (Baco, Naujan, Socorro and Pola) of Oriental Mindoro.
- **Rabies Elimination Services.** Provided updates on the Global Rabies Situation and briefed on the Policies and Guidelines for the Declaration of Rabies-Free areas and its prevention and management.
- **Leprosy Elimination Services.** Finalized and submitted LEC proposal for Occidental Mindoro and Palawan to WHO for approval and conducted monitoring and evaluation of program implementation in Oriental Mindoro, Palawan and Romblon.
- **Malaria Control Services.** Conducted Malaria Borderline Operations on bordering areas of Oriental Mindoro and Occidental Mindoro.

2. Intensified Disease Prevention and Control

- **Tuberculosis Control Services.** Conducted the installation of 2nd PPMD site at Pinamalayan RHU, training of Private MDs on DOTS Management, MOP revision including training for DOTS provider in Oriental Mindoro and Romblon; provided technical assistance for DOTS Certification for Brookes Point and San Vicente RHUs of Palawan (under process for DOTS Certification awaiting for the approval of DOH central) while Corcuera and Odiongan RHU of Romblon are still for assessment.
- **Dengue Control Services.** Conducted Celebration on Dengue Awareness and launching on Barangay Brigade Kontra Kiti-Kiit at the Municipality of San Agustin, Romblon to initiate an anti-dengue larval campaign at the barangay in coordination with LGUs to mobilize the volunteers and key leaders of the community.
- **HIV/AIDS Control Services.** Conducted Basic Case Management, Voluntary Counseling and Testing and Orientation on Program Policies and Treatment Protocol for provincial/city coordinators and heads of social hygiene clinics, updated on the global and national status of STD/HIV/AIDS.

3. Improving Reproductive Health Outcomes

• Child Health Programs

- Expanded Program on Immunization.** KOT Campaign attained 89% measles coverage with Occidental Mindoro and Calapan City acquiring the highest coverage of 98% and 102%, respectively.
- Nutrition Services.** Through GP, 64% was given Vitamin A and 34% given deworming drugs; launched Synchronized Breastfeeding Campaign in Puerto Princesa City in celebration of World Breastfeeding Week in five provinces and two cities in MIMAROPA with 4,863 breastfeeding mothers in 57 breastfeeding sites.
- **Maternal Health Programs.** Conducted NFP, Lactation Management, Philippine Code of Marketing of Breastfeeding Substitute, Rooming-In and Breastfeeding Act of 1992 and Mother Baby Friendly Hospital Initiatives.

- 4. **Healthy Lifestyle and Management of Health Risks.** Launched the new regional Hataw Exercise during the campaign with motorcade and press conference with Secretary Francisco T. Duque III as the main guest speaker during the World No Tobacco Day; conducted orientation and advocacy among owners and managers of restaurants and restaurants on the posting of "No Smoking" signs and designation of no smoking areas, radio guesting and Training on Mental Health (Stress in the workplace).

IV. Good Governance

- **National and LGU Sectoral Management.** Consolidated all the planning workshops major outputs of the different member municipality; followed-up the status of the executive summary of the three ILHZs (SaMaRiCa in Occ. Mindoro and District 1 and 2 in Marinduque) and submitted the Executive Summary of District 1- ILHZ in Marinduque, while those of the SaMaRiCa and District 2 are being revised.

CHD BICOL

I. Health Financing

- **Expansion of NHIP.** Enrolled 80% of the poor families in Catanduanes under the Sponsored Program, representing 39% of the total population; conducted baseline mapping in six provinces to determine the segment of the population to be targeted under the IPP; cascaded Social Marketing programs geared towards increasing IPP enrolment; rolled out the KASAPI Project by channeling the participation of Organized Groups in the enrolment of new IPPs and developed new and more responsive IEC materials zeroing in on IPPs and the Informal Sector at the local level. Turismo Mismo Sponsorship and Legislative Sponsorship under the IPP increased membership coverage in Sorsogon.





II. Health Regulation

- **Upgrading, Harmonization and Streamlining of Regulatory Systems and Processes.** Licensed 99% of existing hospitals and Laboratories; accredited 100% of Drug Testing Laboratories and 100% of food manufacturers' utilized iodized salt in their production; resolved 68% cases with administrative fine (10 failed to settle pending motion for reconsideration); conducted closure of establishments with TCO/CDO; established DTOMIS in Drug Testing Laboratories and developed the Food Drug Service Quality Manual and Standard of Operations. The number of non-compliant BFAD-regulated establishments decreased from 119 in 2005 to 92 in 2007.
- **Improvement of the Availability and Access to Low-Cost and Quality Essential Medicines and Other Health Commodities.** Established 427 BnBs and networking for the inclusion of BFAD LTO in the licensing requirements of Albay, Catanduanes and Sorsogon.

III. Service Delivery

A. Public Health Program Development

1. Disease-Free Zone Initiatives

- **Malaria Control Services.** Albay, Catanduanes, Masbate, and Sorsogon were declared as Malaria-Free Provinces.
- **Leprosy Control Services.** Conducted information/dissemination, agricultural livelihood symposium, Lakbay Aral for leprosy patients and lecture on basic facts on leprosy for five visiting school; Kilatis Kutis activities at Bato Rural Health Unit; 238 patients were served and one patient found positive

2. Intensified Disease Prevention and Control

- **Tuberculosis Control Services.** Installation of eight PPMDs in Albay, Camarines Norte, Camarines Sur, Catanduanes and Sorsogon.

3. Improving Reproductive Health Outcomes.

• Child Health Programs

-**Expanded Program on Immunization.** KOT accomplishment was reported at 93%, awarding and recognition of LGUs with 95% and above after the campaign and formulated policy on the serving of healthy foods in canteens and seminars/meetings.

-**Nutrition Services.** Around 81% were provided Vitamin A.

4. Healthy Lifestyle and Management of Health Risks.

Collaborated closely with LGUs on the enforcement of NO SMOKING Ordinances and conducted the Global Youth Tobacco Survey and the Global School-Based Student Health Survey in Masbate and Catanduanes.

B. Health Facilities Development Program.

Completed on-going infrastructure projects of Bicol Medical Center and Bicol Regional Training and Teaching Hospital; rehabilitation of hospital infrastructure/upgrading of hospital service capability – Heart, Lung, Kidney subspecialty thru BCARE.

C. Disaster Preparedness and Response System.

Conducted Orientation on Disaster Surveillance for WHO Fellows and LGUs and Orientations on Hygiene Promotion in Evacuation Centers and Community-Managed Maternal Care; provided assistance to the Humanitarian Mission for Typhoon Reming.

IV. Good Governance

- **National and LGU Sectoral Management.** Two newly organized ILHZ; four ILHZs are with signed MOA; and one GIDA (Rapu-Rapu Island in Albay) is in its organizational stage; working on the establishment of management systems required for the ILHZ's functionality and provided technical assistance on the formulation of PIPH in F1 Roll-out Sites (Albay, Catanduanes, Masbate and Sorsogon).

CHD WESTERN VISAYAS

I. Health Financing

- **Expansion of NHIP.** Enrolment has improved to about 50-60% and conducted advocacy activities to increase membership to the Indigency and IPP through the LHB meetings monthly for the 1st semester of 2007.

II. Health Regulation

- **Upgrading, Harmonization and Streamlining of Regulatory Systems and Processes.** Enforced standards and policies for the establishment, licensing and accreditation of 67 1st and 2nd level hospitals; 197 clinical laboratories; 152 X-ray facilities (hospital-based and free-standing); and, 20 dental prosthetic laboratories by adopting the strategy/initiative of tapping/utilizing field personnel, notably the FDROs and DOH Reps; issued initial and operational permits for 232 water re-filling stations, clearances for seven memorial parks/crematorium and permits on exhumation of 11 human remains.
- **Improvement of the Availability and Access to Low-Cost and Quality Essential Medicines and Other Health Commodities.** Conducted BnB Operators Training for 516 participants

III. Service Delivery

A. Public Health Program Development

1. Disease-Free Zone Initiatives

- **Filariasis and Schistosomiasis Control Services.** Conducted survey of schistosomiasis and soil transmitted helminthiasis with UP College of Public Health among Grade 3 school children in Sagay City and 2% were found positive for schistosomiasis and 75% for STH and were treated; conducted Baseline survey for microfilaria in Lambunao, Iloilo resulting to a microfilaria rate of 5.18% and Antigen Rate of 13.1%, making the province moderately endemic for filariasis.
- **Rabies Elimination Services.** There were 15 human rabies deaths in 2007 which is 25% lower than the 20 cases reported in 2006. Established two ABTCs for a total of 37; set-up six Dog Vaccination and Population Centers increasing the total to 66 and conducted activities to declare Boracay and Guimaras as rabies-free islands.

2. Intensified Disease Prevention and Control

- **Tuberculosis Control Services.** Established 20 TBDCs; 145 (public-141 or 96%; private-four) DOH-PHILCAT certified DOTS Centers and 116 (public-112; private-four) PhilHealth accredited DOTS Centers and established two PPMD Units for a total of 22 units.
- **HIV/AIDS Control Services.** Organized the Regional Multi-sectoral Mechanism for STI, HIV and AIDS Prevention and Control to strengthen collaboration with LGUs, OGOs and NGOs; revitalized HIV and AIDS Core Teams (HACTs), provincial hospitals and some selected district hospitals for a total of 13 HACTs and provided technical and logistic assistance to 12 social hygiene clinics and 11 Local AIDS Council.

3. Improving Reproductive Health Outcomes

• Child Health Programs

- **Expanded Program on Immunization.** The KOT Campaign Round 2 attained coverage of 93% and was validated through the RCA.
- **Integrated Management of Childhood Illnesses.** Trained 57% of the estimated 2053 local health personnel on IMCI and 88 % of the RHUs is already implementing the program; provided assistance for the integration of IMCI in the curriculum of 10 nursing schools in Regions 6, 7, 8 and 9; 138 health facilities implementing NBS, screened 18.79% newborns in 2007 compared to the 13.62% accomplishment in 2006 and maintained its rank as the 2nd Top Performer in NBS implementation nationwide.
- **Nutrition Services.** Attained Vitamin A coverage of 84% and 81% for deworming under GP II; conducted Monitoring of the ASIN Law implementation; installed Quality Assurance and Control System in three production sites of Pulupandan Cooperative (Negros Occidental); RIVSON commercial (Bacolod City); and Rojas Salt Farm (Iloilo City) and assisted all provinces/ILHZs in the conduct of IYCF.
- **Maternal Health Programs.** Led the region in participating in simultaneous breastfeeding advocacy in May and August, 2007 with about 4,500 mothers and set-up a Breastfeeding Station in the mall in collaboration with SM City-Iloilo.
- **Healthy Lifestyle and Management of Health Risks.** Conducted advocacy and promotion activities on healthy diet and nutrition, control of tobacco use, promotion of regular physical activity including TV/radio guestings, advocacy lectures/meetings, reproduction/distribution of IEC materials, trainings/orientations on substance abuse prevention and stress management; joined the DOH-CHED random drug testing to tertiary level students in Iloilo City; assisted the Provincial Health Offices of Iloilo and Negros Occidental in setting-up the Local Committees on Sight Preservation; established networking system on Cancer Support Group for Iloilo; disseminated the Framework for Establishing Smoking Cessation Clinics and maintained/updated five registries such as Philippine Registry of People with Disability; Diabetes Registry; Renal Disease Registry; Cancer Registry; and Cataract Registry.

- **B. Surveillance and Epidemic Management System.** Reported and investigated 43 Acute Flaccid Paralysis cases (AFP Rate: 1.6/100,000 children below 15 years old) and seven neonatal tetanus cases, all were delivered at home by traditional birth attendants or hilots. Established Guimaras Provincial Epidemiology and Surveillance Units to strengthen local capacities in disease surveillance and epidemic management; provided technical assistance on the maintenance/strengthening of PESUs in Negros Occidental, Iloilo and Aklan and the STI Etiologic Sentinel Surveillance System with funding assistance from GFTAM in Bacolod City and started Influenza-like Illnesses Surveillance in Roxas City and trained 35 coders from government and private hospitals on ICD 10 coding.

IV. Good Governance

National and LGU Sectoral Management

- **Stewardship Over National and Local Health Systems.** Coordinated orientation sessions upon assumption of new LCEs to strengthen coordination with Provincial Health Offices and enhance further the management support systems necessary for the functionality of ILHZs.
- **National Human Resources for Health Program.** Assisted LGUs along HR planning, production, utilization, placement, learning, development and information system; facilitated the implementation of the Pinoy MD Program with four scholars for SY 2007-2008 and 20 scholars were assisted in enrolment; deployed 13 Medical pool Doctors to four DOH-Retained Hospitals and one LGU-Managed Hospital and conducted three training courses and Competency Proficiency Assessment and Training Needs Assessment for LGU health personnel at the RHU level.



CHD CENTRAL VISAYAS

I. Health Financing

- **Expansion of NHIP.** Membership Enrollment Status: 166,043- Sponsored program; 106,241-government; 545,666- private; 148,939- individually paying; 23,302- non-paying program and 49,053- OWP.

II. Health Regulation

- **Upgrading, Harmonization and Streamlining of Regulatory Systems and Processes.** LTOs issued: 88 Hospital, two Dialysis Clinic, three Kidney Transplant Facilities, two Ambulatory Surgical, seven Birthing Home, 138 Clinical Laboratories, eight Blood Station, two Blood Collection Unit and 156 X-ray Facilities and seven Initial LTO; Environmental Permits/License/Clearance to nine Water Sources, three Masseurs, and four Cemeteries/Memorial Parks Initial Clearance and three Operational Clearance and 84 Embalmer's Certificate of Registration.

III. Service Delivery

A. Public Health Program Development

1. Disease-Free Zone Initiatives

- **Filariasis Elimination Services.** Conducted selective treatment, epidemiological investigation and referral of all cases, Immuno Chromatographic Test on all suspected cases in Oriental Negros and orientation of Filariasis Control Program on all local health personnel and community assemblies.
- **Schistosomiasis Elimination Services.** Conducted stool examination on all cases in endemic places and malacological survey and provided treatment to all cases.
- **Rabies Elimination Services.** Provided post exposure immunization to 11,724 (8,242 active and 920 passive) animal bites and 18 human rabies cases; monitored seven ABTCs and Bohol Rabies Free Island and supported the activities conducted for the declaration of Siquijor Province as Rabies Free Island.
- **Leprosy Control Services.** Identified 47 new cases and conducted contact tracing activities, advocacy and information and education campaigns among the five cities and four municipalities.
- **Malaria Control Services.** Conducted active case finding; examined 125 smears slides for confirmation and provided radial treatment on 14 confirmed positive cases (imported), four cases given chemoprophylaxis and followed-up cases given radial treatment.

2. Intensified Disease Prevention and Control

- **Tuberculosis Control Services.** Conducted MOP Orientation Training on DOTS Referring Physicians, Training on Revised NTP-MOP; installation of nine PPMD Units, TOT on DOTS; certification of 15 units DOTS Facilities; monitoring of 48 PPMD units and 26 units of DOTS Facilities. The total number of Certified DOTS Facilities is 57 and the PHIC Accredited Facilities are six only.
- **HIV/AIDS Control Services.** Conducted orientation/seminar on Basic Facts of HIV and AIDS to various schools, agencies, establishments and institutions, STI Case Management, HIV Orientation with Emphasis on Universal Precaution for Embalmers, assessment of Social Hygiene Clinics and Implementation of 100% Condom Use Programme, Voluntary Counseling and Testing, Joint Programme on HIV and Migration, Review of Safety Guidelines on Hospital Based Care for Patients with HIV and AIDS and Safe Practices and Procedures, Philippine Adaptation of the HIV Preventive Education Information Kit for School Teachers, UNESCO HIV/AIDS Prevention Workshop for Teachers of Asia and SK Forum on HIV and AIDS on selected LGUs.

3. Improving Reproductive Health Outcomes

• Child Health Programs

- Expanded Program on Immunization.** Conducted supportive supervision on 96% identified priority areas through REB Strategy.
- Integrated Management of Childhood Illnesses.** Trained MHOs/PHNs and BHWs on IMCI; 42 Health Facilities with at least one trained health worker on IMCI and 35 Health Facilities in Central Visayas are implementing IMCI; 79 Health Facilities are implementing NBS (54 are active).
- Nutrition Services.** Attained 84% for Vitamin A and 81% for deworming under GP.

- **Maternal Health Programs.** Conducted trainings on BEmOC Skills Course, Community Manage Maternal & Newborn Care and MCH, Program Implementation Review, Orientation on Safe Motherhood and CSR/Monitoring Tool and Anti-VAWC Law; CSR Advocacy; Guinness World Record on Simultaneous Breastfeeding and monitoring of BEmOC/MBFHI and KOT.

- **Intensification of Health Promotion and Advocacy.** Conducted Avian Influenza Orientation for farm owners of Argao, Cebu, DOH Reps and DA Personnel of Negros Oriental, Cebu, Bohol and veterinarians of Bantayan, Cebu; dengue Orientation for Naga, Cebu and in Mandaue City, Cebu and Disease Surveillance Orientation among Negros Oriental RSIs.

IV. Good Governance

Sectoral Management

- **Stewardship of the National and Local Health System.** Out of 32 organized ILHZ, 19 are functional and all the 135 LGUs have organized their LHBs but only 117 are functional.
- **National Human Resources for Health Program.** Crafted definite steps and plans to formalize alliances with the academe (Public and Private Sector Partnership) for collective and harmonized actions towards promoting world class medical and health sciences education; 10 recipients of the BHW One-Child Scholarship Program; six PINOY MD Scholars; one specialist to the Province absorbed in Bohol; 11 physicians under the Medical Pool Deployment Program and 5 five physicians under the Doctors to the Barrios Program; conducted 40 trainings and the HRH Stock Survey is on going.
- **Internal Management.** Assisted in the investigation of Integrity Development Committee Findings and provided comments on COA Annual Audit Report Findings and Audit Observations Memoranda.

CHD EASTERN VISAYAS

I. Health Financing

- **Expansion of NHIP.** Cumulative membership 54% (government 22%; private 22%; non-paying 3%; individually paying 16%; sponsored program 33% and OFW 4%).

II. Health Regulation

- **Development of Quality Seals for Health Products, Food, Devices, Drug Establishments, Facilities and Services.** Awarded 29 drugstores with Drugstore Quality Seal in Kalibo, Aklan.
- **Improvement of the Availability and Access to Low-Cost and Quality Essential Medicines and other Health Commodities.** Issued special LTO to 13 Health Plus Outlet and five BnBs; conducted nine batches of Training for BnB Operators; facilitated six batches of training per request from the LGUs and two batches of Orientation for LGU pharmacist and Midwives on BnB and their roles and functions; gave recognition to three BnB outlets for the Regional Category (BnB Outlet in Culaba, Biliran), Provincial Category (BnB Outlets in Mapanas, North Samar) and Lalawigan (Borongan City, Eastern Samar); highlighted five BnB outlets in Samar during the President's visit and GMA Pamaskong Handog and established Public-Private Partnership between BnBs and Health Plus Outlets in the drug re-ordering scheme including Pop Shops which supplies FP commodities in selected RHUs.

III. Service Delivery

A. Public Health Program Development

1. Disease-Free Zone Initiatives

- **Filariasis Elimination Services.** Conducted MDA monitoring in North Leyte, West Samar and North Samar; coverage for MDA was quiet low for North Leyte at 41.33% and W. Samar at 53.8%, N. Samar has just started the MDA with an overall coverage of 43%.
- **Schistosomiasis Elimination Services.** Conducted case finding among schoolchildren using the Kato/katz stool examination of 42%, of which 3,800 were positive, with a prevalence rate of 7%; selective treatment was 118% including those treated at the RHUs and 86% of the target for mass treatment in HCAAP area (Brgy. Bonifacio, Catubig, North Samar).
- **Rabies Elimination Services.** Conducted consultative workshop with ABTC staff and provincial/city coordinators, inter-agency collaboration (DA, DepEd, LGU and DOH) through monthly meetings and presentation of updates and accomplishments; lobbying with the LGUs in the provision of vaccines to bite cases; update to improve the capabilities of the ABTC staff in the management of bite cases; advocacy to LGUs in the enforcement of ordinances and strengthened IEC campaign to LGUs.
- **Leprosy Elimination Services.** Conducted Kilatis Kutis Campaign clinic consultation; provided MDT drugs to six provinces and four cities, ointments to RHUs; school children and household contacts examination; follow up of defaulters; monitored/evaluated North Samar selected RHU and Ormoc City and visited selected RHUs.
- **Malaria Control Services.** Conducted entomological activities including collection of adult mosquito vectors by Carabao Bait Trap Technique and larval stages by Larval Dipping Technique in Brgy Vigan, MacArthur, East Samar, Brgy San Andres, Catbalogan, Brgy Pajo, Tarangnan and Brgy Hinangutdan, Sta. Rita of West Samar, resulting in two identified *Anopheles maculates* mosquitoes in Brgy Pajo, Tarangnan and Brgy San Andres, Catbalogan, Samar. No *Anopheles flavirostris* mosquito was collected in the four barangays that were surveyed.

2. Intensified Disease Prevention and Control

- **Tuberculosis Control Services.** Conducted launching of two PPMD units in Borongan, Eastern Samar and Maasin, Southern Leyte and conducted symposia in preparation for the launching activity to orient the GOs, NGOs, academe, civic organizations and medical and allied professions.
- **HIV/AIDS Control Services.** Conducted baseline survey on behavioral/capability of six additional sites of Isabel, Kananga, Tacloban,





Catbalogan, Calbayog and Allen for Global Fund Project on HIV; provision of capability building/technical assistance and monitoring to the six sites and Ormoc City.

3. Improving Reproductive Health Outcomes

- **Child Health Program.** Achieved 90% under KOT, 101% for Vitamin A and 84% for deworming.
- **Maternal Health Programs.** Conducted Maternal Death Review Training for hospitals; provided monitoring and technical assistance to Eastern Samar (eight RHUs), Northern Samar (eight RHUs), Samar (four RHUs) and Biliran (seven RHUs); provided technical assistance during Provincial Maternal Death Review in Eastern Samar, MCH-JICA Mid-project Evaluation and PIR on MCH-JICA, training/orientation on Organization of WHTs and New Maternal Death Reporting and Review Protocol in South Leyte, Responsible Parenting Movement and NFP; CSR orientation in partnership with UNFPA and NFP trainings to Samar and North Leyte.

B. Health Facilities Development Program

- **Rationalization of Local Health Facilities.** Conducted Facility Mapping, Needs Assessment in three F1 provinces of Biliran, Eastern Samar and South Leyte and monitored all BEMOC facilities except Maripipi. The existing BEMOC facilities are Biliran -Naval RHU, Almeria RHU, Kawayan RHU, Culaba RHU, Cabucgayan RHU, Caibiran RHU, Biliran RHU and Maripipi RHU, in Eastern Samar - Sulat RHU, Maydolong RHU, Oras District Hospital, Balangiga District Hospital and Taft District Hospital and in Northern Samar- San Roque RHU and Palapag RHU.
- **Integration of Wellness Services in Hospitals.** Conducted orientation/reorientation of hospitals as Centers for Wellness Program among 12 private and six government hospitals.
- **Hospital Development Plan.** Prepared and submitted 5-year Strategic Plan and 2008 Action Plan of the 12 hospitals; conducted Training on Development of Hospital Policies and Procedures based on PhilHealth Benchbook Standards for four private and 15 government hospitals; facilitated the provision of PGMA funds for the upgrading of Eastern Samar Provincial Hospital, Borongan Eastern Samar amounting to P22,357,000.00, Northern Samar Provincial Hospital, Catarman, Northern Samar amounting to P13,527,000 and Western Leyte Provincial Hospital, Baybay, Leyte amounting to P12,156,000; monitored the implementation of the upgrading of facilities with 90% accomplishment.

IV. Good Governance

- **National and LGU Sectoral Management.** Conducted orientation on ILHZ for newly elected officials in Abuyog and Catbalogan Districts; Integrated Health Planning Workshop for the three newly established ILHZ in Leyte (MABAHINHIL, MAINBAY and KAMMAO ILHZ) and a 3-year strategic planning process and Annual Operational Plan for 2008 at the ILHZ and provincial levels, three F1 Provinces (Biliran, Southern Leyte and East Samar) and the three Private Hospitals in Tacloban City (DWU Hospital, Bethany Hospital, Tacloban RTR Hospital), one LGU Hospital (Tacloban City Hospital), two DOH Hospital (Eastern Visayas Medical Center, Schistosomiasis Control and Research Hospital) and one private center (Center for Psychosocial Health Care); signed a MOA re: providing quality health care delivery system through the management of a health referral system; established three Inter-local Health Zones at the 4th and 5th district of Leyte Province, namely MABAHINHIL, KAMMAO and MAINBAY ILHZ through the signing of MOA between different LCEs, DOH and PhilHealth.
- **Sector Development Approach for Health Implementation.** Conducted Development Partners Meetings (GTZ, JICA, Cullion Foundation Inc. Plan International, World Vision) for harnessing and forging a stronger partnership to reach the shared vision of improved health and resolve issues on the schedule, programs, projects and activities in quarterly basis, which are facilitated by DOH.

CHD ZAMBOANGA PENINSULA

I. Health Financing

- **Expansion of NHIP.** Certification of 16 TB DOTS, Maternity Care Package, Out-Patient Consultation and Diagnostic Package and 3 in 1 facilities.

II. Health Regulation

- **Upgrading, Harmonization and Streamlining of Regulatory Systems and Processes.** CHD has been recognized by BFAD for having the highest number of drugstore awardees in Mindanao, given in a formal forum during the 7th Annual Awarding of Quality Seal to 27 Drugstores for Mindanao batch consisting of awardees from CHDs 9, 10, 11, 12, CARAGA and ARMM
- **Improvement of the Availability and Access to Low-Cost and Quality Essential Medicines and Other Health Commodities.** The region has a total of eight BNBs and 388 BnBs.

III. Service Delivery

A. Public Health Program Development

1. Disease-Free Zone Initiatives

- **Filariasis Elimination Services.** Distributed Filaria drug; introduced the concept of integration/linking the strategy during GP Round 2 in filaria endemic areas to maximize resource and lessen the burden of implementers in systematic and synchronize activity through advocacy on the concept and mass treatment activity of Soil Transmitted Helminthiasis deworming and Filariasis and MDA implementation in all provinces and cities.
- **Schistosomiasis Elimination Services.** Facilitated signing of MOA between DOH and LGU's in four endemic municipalities of Zamboanga Del Norte; advocacy on IHCP and Schistosomiasis and conducted Training on Quality Control on the diagnosis of Schistosomiasis and other helminthes.
- **Rabies Elimination Services.** Allocated and distributed vaccines in 13 ABTCs.
- **Leprosy Elimination Services.** Distributed MDT drugs to Zamboanga del Sur, Zamboanga del Norte, Zamboanga Sibugay, Dipolog City, Dapitan City, Pagadian City, Isabela City, Zamboanga City; conducted Kilatis Kutis Campaign with the theme: Working for a Leprosy Free Philippines and collaborated with LGUs/IPHO to assist provinces, cities, leprosy coordinators and nursing attendants on the intensification of case-finding and treatment activities.
- **Malaria Control Services.** Established Zonal Giemsa Stain Center for Western Mindanao to meet the growing need for the reagent and cater to the whole of the Western Mindanao Region to serve all provinces and cities of Zamboanga Peninsula including ARMM provinces of Basilan, Sulu and Tawi-tawi to ensure the availability of reagents for enhanced service delivery that has an assurance of quality.

2. Intensified Disease Prevention and Control

- **Tuberculosis Control Services.** Conducted TB Poster Making and Slogan Writing Contest participated by 10 Grade IV public elementary school pupils of AGAPE areas in the city to create awareness and involvement of our children on the magnitude of the Tuberculosis disease problem and the NTP.
- **HIV/AIDS Control Services.** Developed protocols on how to send blood specimen for CD4 count at SACCL, Manila; Voluntary Counseling and Treatment, HACT Team and support groups for PLWHAs and family.
- **Dengue Control Services.** Conducted a massive clean-up campaign or Alarma Kontra Dengue in Zamboanga City in coordination with the City Health Office to mobilize affected barangays to eliminate breeding sites; conducted entomological investigation in Imelda, Zamboanga Sibugay to identify mosquito specie present causing the clustering of dengue cases in the area; provided dengue chemicals to control larva elimination in large breeding sites in Zamboanga Sibugay; reproduced and distributed 4S Laban sa Dengue CDs and CD Infomercial to all Provincial and City Health Offices to help sustain awareness on Dengue; conducted advocacy on dengue updates and provided IEC materials.

3. Improving Reproductive Health Outcomes

• Child Health Programs

-Expanded Program on Immunization. Conducted mentoring/coaching of health workers on the REB strategy in 40 LGUs to equip them on knowledge needed for program analysis; provided technical assistance during the conduct of the DOP Campaign; on-time provision of vaccines to LGUs to ensure adequate supply of vaccines and conducted KOT activities with 97% coverage and RCA in Zamboanga Sibugay.

-Integrated Management of Childhood Illnesses. Conducted IYCF Counseling for Health Workers in Zamboanga del Sur.

-Nutrition Services. Launching and turned-over of approved AHMP in Dipolog City, and Ipil, Zamboanga; conducted DOP Campaign in time with GP II with 101% on Vitamin A and 84% on deworming and provided technical assistance for salt iodization in Buug, Zamboanga del Sur.

• Maternal Health Programs

-Safe Motherhood Policy. Assisted in the conduct of Early Childhood Care and Development Mainstreaming Planning Workshop for Zamboanga del Sur.

-Reproductive Health to Include Family Planning and Adolescent Health. Trained 70 inter-faith leaders and youth leaders on FA/NFP; monitored CSR implementation and conducted FCCS orientation in 3 provinces.

- **Healthy Lifestyle and Management of Health Risks.** Conducted advocacy to LGUs on FCTC, RA 9211 and RA 9334 to inform the public on the benefits of HL, tobacco control and organ donation; forged linkages with the academe and other stakeholders in health research through membership in the Regional Health Research and Development Council; established a Local Coalition for Sight Preservation in Zamboanga del Norte to oversee the Blindness Program implementation and monitored REDCOP advocacy implementation.

- **B. Surveillance and Epidemic Management System.** Mass Evacuation of 943 households from coastal and island Barangays of Zamboanga City brought by Typhoons Lando and Mina; provided assorted drugs, medicines and compact foods to the Zamboanga City Disaster Coordinating Council; conducted Rapid Health Assessment on affected coastal barangays in the city; strengthening of 25 sentinel surveillance sites; conducted 14 surveillance and outbreak investigations in Zamboanga City and Global Youth Tobacco Survey (Zamboanga City, Zamboanga Del Norte, Zamboanga Del Sur) and LGU Records Review for USAID (Zamboanga City, Zamboanga Del Norte, Zamboanga Del Sur and Zamboanga Sibugay); provided 8 technical assistance for Avian Influenza and responded to mass casualty incident in Tigbao, Zamboanga del Sur.





C. Disaster Preparedness and Response System. Conducted Earthquake Lecture and Drill, Fire Drill, BLS(CPR) training and mass casualty incident training in line with the Health Emergency Preparedness and Awareness during National Disaster Consciousness Month; responded to the Mass Casualty Incident in Tigbao, Zamboanga del Sur; fire investigation and storm surge investigation.

D. Intensification of Health Promotion and Advocacy. Conducted advocacies and dissemination of DOH mandates and policies to be translated into local issuances or ordinances; created a supportive environment for quality health services through regional consultations with regional partner agencies; intensified health education and advocacies through HATAW, school fora, motorcades, radio and TV guestings; enhanced health promotion and a disease-free environment the implementation and promotion of Healthy Settings/Cities initiatives.

IV. Good Governance

National and LGU Sectoral Management

- **Stewardship of National and Local Health Systems.** Conducted sectoral planning by formulating PIPH in three F1 roll-out sites provinces. The region has 11 functional local health systems.
- **National Human Resources for Health Program.** Deployed 13 from Medical Pool, nine DTTB classical and five DTTB LHP and seven scholars for the Pinoy MD Program (one scholar for SY 2006-2007 and six scholars for SY 2007-2008).
- **Philippine Health Information System.** Conducted PHIN assessment for FHSIS and vital registration; ASR reproduction; coordination/ collaboration; technical assistance and Information Technology Management.

CHD NORTHERN MINDANAO

I. Health Regulation

- **Upgrading, Harmonization and Streamlining of Regulatory Systems and Processes.** Conducted Hospital Stakeholders Conference/ Dialogue for Level I to IV government and private hospitals on the Issuance of Certificate of Need and revised schedule of fees; update on the harmonization and streamlining process of regulation; routine yearly inspection/monitoring of 96 Level I and Level II hospitals and renewal of LTO of 105 hospital-based clinical laboratories and free-standing clinical laboratories.
- **Improvement of the Availability and Access to Low-Cost and Quality Essential Medicines and other Health Commodities.** Increased number of BnBs; strengthened operations and coordination by designating LGU BnB Coordinators to enhance partnership; improved capacities to manage as health service providers; developed and implemented Award and Recognition system at the regional level and adapted the same by some LGUs and improved BnB financial management system by introducing implementation of a standard, uniform and organized recording and reporting system.

II. Service Delivery

A. Public Health Program Development

1. Disease-Free Zone Initiatives

- **Filariasis Elimination Services.** Conducted endemic mapping-sentinel site survey with collection of specimen from 1,787 individuals, of which 134 ICT was done with 12 positive results; orientation workshop on the Filariasis Elimination Program and monitoring in all municipalities of Misamis Oriental regarding the allocation of DEC and Albendazole.
- **Schistosomiasis Elimination Services.** Case finding activities in Misamis Occidental, Bukidnon and Lanao del Norte, where positive cases were treated with Praziquantel.
- **Rabies Elimination Services.** Strengthened collaboration with other agencies and LGUs for local rabies ordinances and enforcement of the implementation of the approved ordinances.
- **Leprosy Elimination Services.** Discovered, diagnosed and gave Multi Drug Therapy to 52 new cases and active case finding in the municipalities with pockets of leprosy cases.
- **Malaria Control Services.** Camiguin has been sustained as a Malaria Free province (Category D).

2. Intensified Disease Prevention and Control

- **Tuberculosis Control Services.** Established two additional PPMD units, for a total of 16 PPMD Units.
- **HIV/AIDS Control Services.** Conducted STI/HIV/AIDS Orientation in five provinces and eight cities; reactivation of Hospital HIV/AIDS Core Team at Northern Mindanao Medical Center initiated together with NGO-GF project/ALAGAD Mindanao.
- **Dengue Control Services.** Conducted epidemiological and entomological study to suspect dengue case clustering/outbreak at Oroquieta City with the RESU team of Region X; monitoring five provinces and eight cities and distributed Abate and Resigen to Misamis Oriental and Misamis Occidental.

3. Improving Reproductive Health Outcomes

- **Child Health Programs**
 - **Expanded Program on Immunization.** For KOT 96% measles immunization coverage, 90% given Vitamin A, and 84% children were

dewormed; conducted RCA in 411 identified barangays and 2 EPI Midlevel Trainings for different LGUs and DOH Reps; awarded with Plaque of Recognition deserving health personnel who had helped much in increasing EPI coverage during the Health Summit.

-Integrated Management of Childhood Illnesses. Monitored CARI and CDD program implementation; advocated to purchase essential CARI drugs and CDD logistics specifically the oral rehydration sachet to the different LCEs; conducted IMCI training among Provincial, City and Municipal implementers; conducted GP campaign with the theme Libre 4 in 1 Kalusugan Para Sa Mga Batang 0-5 years old and packages of services are Bakuna, Bitamina A, Breastfeeding and Purga Sa Bulate.

-Nutrition Services. Addressed programmatic concerns including scaling-up efforts to intensify promotion of breastfeeding and complementary feeding and Vitamin A Supplementation; continuous advocacies to LGU's in the implementation of ASIN Law and Food Fortification Law and conducted Training of Salt Producers and Manufacturers on Guidelines for Quality Assurance for Salt Iodization. The CHD also conducted nationwide activity of Sabay-Sabay Sumuso sa Nanay in order to promote Breastfeeding in the country.

• **Maternal Health Programs.** Assisted Gingoog City in conducting CSR guidelines; formulated regional CSR Monitoring Tool which was pilot tested to 11 ILHZs; conducted orientation to Barangay Health Workers of Bulua, Cagayan de Oro City on FP-CBMIS Form I, focusing on NFP methods and the Philippine Clinical Standards Manual on FP for clinic managers and service providers in government health facilities, Training on FP-CBMIS and Partograph Training for Midwives and Maternal Geographic Information System to MCH Coordinators and their respective offices' computer specialists and funded NFP training for BHW's and RHU staff of RHU.

4. Healthy Lifestyle and Management of Health Risks

• **Advocacy Campaigns for Risk Behaviors.** Conducted five lectures regarding CVD prevention and control; provided technical assistance on cancer prevention and awareness and New HL; monitoring on all Non-Communicable Programs and produced/reproduced/distributed 1000 Smokers' Body posters, pamphlets and hand-outs.

• **On Renal Disease Prevention and Control Program.** Implemented Best Advocates awardee with the objective of awarding six barangays annually until all barangays at Gingoog City will implement, be recognized and awarded.

• **Water and Sanitation Programs.** Conducted the 36th Certification Course for Water Refilling Station Owners and Plant Operators in coordination with the UP-College of Public Health, Manila and Center for Health Development.

B. Surveillance and Epidemic Management System. Investigated five outbreaks/clustering: two dengue cases in Don Carlos, Bukidnon and Oroquieta City, Misamis Occidental; Meningococcemia in Oroquieta City, Misamis Occidental and diarrhea cases in Quezon, Bukidnon and hepatitis A incidence in Tubod, Lanao del Norte; conducted monitoring, records review and active surveillance among 29 hospital sentinel sites; conducted Seminars on HIV and AIDS and Water Borne Diseases and HIV AIDS Behavioral and Serological Survey in and outside establishment; and provided technical assistance to PESUs of Lanao del Norte and Misamis Occidental.

III. Good Governance

• **National and LGU Sectoral Management.** Recruited 51 applicants for the Pinoy MD from different schools with preferences to those health related graduates but only 21 were accepted, four were on their proper course (lateral entry) and all students of Mindanao State University, Iligan City.

CHD DAVAO

I. Health Financing

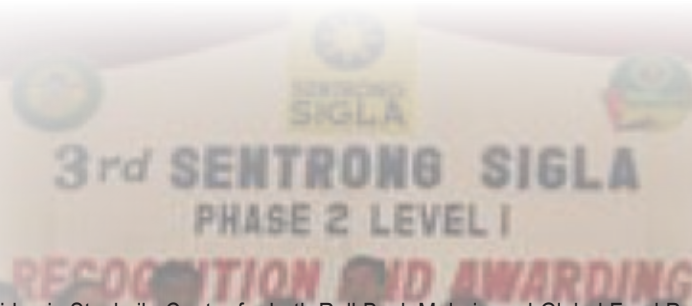
• **Expansion of NHIP.** There is a marked decrease of 71.4% in the number of families actually enrolled in the indigent program from 90.917% in 2006 to 64.905% in 2007

II. Health Regulation

• **Upgrading, Harmonization and Streamlining of Regulatory Systems and Processes.** Issued LTOs: 72% birthing homes, 96% hospital based clinical laboratories, 82% free standing clinical laboratories, 59% DPLs, 47 hospital based x-ray facilities and 21 free standing x-ray facilities, wherein 2,156 food and drug establishments are operating with LTO; analyzed 453 food and drug samples, of which 91% of the samples with laboratory reports conformed to the specification of the test conducted; issued warning to 16 physicians not using generic names in their prescriptions and only 69% of them submitted their explanation on their failure to comply; recommended for the strengthening of regulation of DPLs by locating all those unregistered laboratories and BFAD Satellite Laboratory for Mindanao and conducted 4,919 tests out of the received 464 samples.

• **Improvement of the Availability and Access to Low-Cost and Quality Essential Medicines and other Health Commodities.** Special LTO issued to 350 BnBs out of the 556 existing BnBs; conducted 15 batches of BnB training; monitored and evaluated 60% of BnBs; 12 launching and turn-over ceremonies; 10 advocacies to LCE's for support to BnB program; awarded and recognized as the Best Performing BnB in the region: Brgy. Tupaz, Maragusan, COMVAL; Brgy. New Albay, Maragusan, COMVAL; Brgy. Matina Biao, Davao City; Calinan Proper, Davao City; and Brgy. Busaon, Tagum City and given one package of BnB drugs and medicines and a plaque of recognition.





III. Service Delivery

A. Public Health Program Development

1. Disease-Free Zone Initiatives

- **Malaria Control Services.** The region served as Epidemic Stockpile Center for both Roll Back Malaria and Global Fund Project-malaria component in Mindanao and Bioassay Sentinel Site for Insecticide Treated Nets and Giemsa Production Center and four of the 34 endemic municipalities declared disease-free municipalities have no indigenous cases for five years.

2. Intensified Disease Prevention and Control

- **Tuberculosis Control Services.** Launched the Round 5 Global Fund supported PPMD Units (Riviera Medical Center PPM TB DOTS Clinic and Nabunturan RHU TB DOTS Center) implementing the Inter-zonal Approach on PPMD which is the first in the country and 11 DOTS facilities functioning as PPMD Units, covering 60% of the total population; identified and treated 715 new smear positive TB cases, with 88% treatment success; 1% treatment completed and 11% default rates, with regional CDR reaching 78%.
- **Dengue Control Services.** There is a 36% increase in morbidity rate from 50/100,000 population in 2006 to 78/100,000 population in 2007, however, CFR remained below 1 percent and initiated year round vector surveillance in 1 barangay in Compostela Valley Province.

3. Improving Reproductive Health Outcomes

- **Expanded Program on Immunization.** In KOT Campaign, 95% were vaccinated for measles, that is 55% of the barangays has 95% coverage and only a few has below 80%; conducted mop-up operations and revisited/revalidated barangays below 95% coverage in 123 barangays, of which 64 improved their coverage to 95-100%.
- **Nutrition Services.** Around 86% were given Vitamin A and 80% were dewormed.

- **Healthy Lifestyle and Management of Health Risks.** Conducted the Regional Sanitation Summit in line with the MDG of cutting by half the proportion of people without sustainable access to safe drinking water and basic sanitation by year 2015, noting that in Region XI, only 77% of the households were using sanitary toilet while 93% had access to safe water.

- **B. Health Facilities Development Program.** Davao Region received the National Sandugo Special Award for the CHD with the Highest Number of Local Government Executive Awardees (82 in 2006, and 130 in 2007) from 2004 – 2007.

CHD SOCCSKSARGEN

I. Health Financing

- **Expansion of NHIP.** Enrolled 63,061 households and conducted advocacy campaign to LCEs for increase enrolment to the Indigency Program.

II. Health Regulation

- **Upgrading, Harmonization and Streamlining of Regulatory Systems and Processes.** Licensed government facilities is 26 out of 27; private facilities 77 out of 78, Clinical laboratories 35 and dental laboratories 10.
- **Improvement of the Availability and Access to Low Priced Medicines.** There are 253 functional BnBs with 16 non-functional, of which 251 out of 263 BnBs has been issued LTO.

III. Service Delivery

A. Public Health Program Development

1. Disease-Free Zone Initiatives

- **Filariasis Elimination Services.** Conducted orientation training for the National Filariasis Elimination Program and investigation of new cases, Integrated Helminthiasis Control, IHCP, MDA for Sultan Kudarat and Integrated Planning Workshop for GP Round III, Filaria MDA.
- **Schistosomiasis Elimination Services.** Conducted active case finding and mass treatment to 81.80% of targeted population in endemic areas; selective treatment and deworming in Sultan Kudarat and South Cotabato.
- **Rabies Elimination Services.** Conducted advocacy campaigns on Responsible Pet Ownership and Rabies Prevention and Management; provided 238 vials of rabies vaccines to different LGUs and nine ABTCs.
- **Leprosy Elimination Services.** Conducted elimination campaign in Lambayong and provided MDT drugs to four provinces and two cities.
- **Malaria Control Services.** Provided technical assistance to four endemic provinces on case finding, preventive measures; control and treatment administration; monitoring and evaluation; advocacy and distribution of anti-malarial drugs, insecticide treated bed nets and insecticides for indoor residual spraying.

2. Intensified Disease Prevention and Control

- **Tuberculosis Control Services.** Provided technical assistance to LGUs (Orientation of the revised MOP, Training on Smearing/Staining,

Basic Sputum Microscopy Training); conducted advocacy on PPMD initiatives and monitoring/evaluation/coaching visits to 20 RHUs.

- **HIV/AIDS Control Services.** Conducted advocacy campaign on HIV-AIDS/STD Prevention/Control/Awareness.
- **Emerging and Reemerging Infection Prevention and Control Services.** Distributed IEC materials to RHUs on Avian Influenza; conducted Orientation Training on Avian Influenza/ Meningococcemia and advocacy to six LCEs and four NGOs.

3. Improving Reproductive Health Outcomes

- **Child Health Program.** GP-KOT coverage 98%, Vitamin A 95% and deworming 32%.
- **Maternal Health Programs.** Conducted Symposium on Safe Motherhood and NFP, Forum on Safe Motherhood, orientation trainings and workshops on maternal health, All NFP for Service Providers and Competency Based Training Guide on the Mucus Method of Family Planning, Fertility Awareness Campaign and provided technical assistance to the LGUs in the conduct of advocacy campaigns.

- **4. Healthy Lifestyle and Management of Health Risks.** Conducted orientation among hotel and restaurants owners and managers and press conference on World No Tobacco Day and provided technical assistance on HL.

- **B. Surveillance and Epidemic Management System.** Conducted capability building on the overview of PIDSR and Vaccine Preventable Diseases and Disease Surveillance Training Workshop, outbreak and case investigation on typhoid Fever in Malungon, hot case acute flaccid paralysis turned out measles suspect in General Santos City, food borne illness in Maitum, diphtheria cases in North Cotabato and the dengue cases clustering at General Santos City; provided technical assistance in the conduct of outbreak investigation and management of cases of diarrhea due to Shigella F. in Mlang, diarrhea due to V. cholera in Alabel.

IV. Good Governance

- **Internal Management.** Reduction of fuel consumption by 15% due to consistent economy scheme adopted by the Transport Section, water consumption by 26% due to comprehensive repair of water system and power consumption by 6% due to consistent adoption of austerity measures and prompt insurance of CHD building and all CHD motor vehicles under the comprehensive insurance system resulted in the receipt of insurance proceeds from the Government Service Insurance System in the amount of P2, 077,760.61.

CHD CARAGA

I. Health Financing

- **Expansion of National Health Insurance Program.** Achieved 20% enrolment for sponsorship of poor individuals by LGUs; provided technical assistance to the local health providers and officials in complying to the requirements for Sentrong Sigla Certification; PHIC accreditation and advocating the four PHIC Benefit Packages (capitation fund, TB DOTS, Maternal Care Package and Newborn Screening).

II. Health Regulation

- **Harmonization and Streamlining of License System for Hospital and other Health Facilities.** Conducted Orientation/Updates of Stakeholders in Butuan City.
- **Development of Quality Seals for Health Products, Food and Devices.** Evaluated 124 drugstores for Quality Seal Award, of which 39 qualified and awarded.
- **Improvement of the Availability and Access to Low-Cost and Quality Essential Medicines and other Health Commodities.** Conducted training for BnB Operators and other stakeholders to develop and enhance the capability of the participants on how to operate BnB to sustain the project so that the marginalized poor residents of the underserved, critical and hard to reach barangays can be assured of affordable, safe and effective essential drugs.

III. Service Delivery

A. Public Health Program Development

1. Disease-Free Zone Initiatives

- **Filariasis Elimination Services.** Spearheaded the 5th year of implementation of MDA done every November of each year requiring all individuals over two years old to take albendazole and diethyl carbamazine.
- **Schistosomiasis Elimination Services.** Organized "Sisto Police," CHD Caraga initiative in cooperation with Southern Philippines Irrigation Sector Project in support to the DOH call for the elimination of schistosomiasis in the country, organized during the Farmers' Forum done early in 2007 with farmers acting as police or monitors in the communities to strictly implement the designed control measures. Lumba Kontra Bitok (Race against Intestinal Worms) an initiative endeavor is not only intended to control the spread of schistosomiasis but also to help people who are harboring other intestinal parasites. Trained RHU personnel on identification of ova of different intestinal helminthes and Oncomelania quadrasi.
- **Rabies Elimination Services.** Created Regional Rabies Taskforce in line with the National Goal of Rabies-Free Philippines; launching Askal Caravan by the Provincial Health Office of Agusan del Norte, a team that visited all the 11 municipalities of Agusan del Norte; intensified the campaign to prevent and control rabies by conducting orientation and consultation meetings with the LCEs, representatives from DA, PNP, DSWD, DepEd, RHU, NGOs and other stakeholders.
- **Leprosy Elimination Services.** Conducted Regional Consultative Planning Workshop and Updates on National Leprosy Control Program in celebration



of Leprosy Awareness Week for all Leprosy Coordinators from the provinces and cities; conducted orientation and advocacy on the Strategies for the Sustainability of Leprosy Services among Health Workers in Agusan del Sur and Bislig City.

- **Malaria Control Services.** Surigao del Norte, Surigao City and Dinagat Islands are already declared as Malaria-Free Areas; conducted an epidemiological study and entomological survey in these areas, showing the absence of the malaria primary vector (*Anopheles flavirostris*) and the secondary vector (*Anopheles litoralis*) is of low density and proves that there are no indigenous cases for five consecutive years and awarded with Plaque of Recognition during the Health Service Delivery Implementation Review the LGUs to continually support to the efforts to eliminate until eventually eradicate malaria from Caraga, the officials of areas where the level of malaria is very low.

2. Intensified Disease Prevention and Control

- **Tuberculosis Control Services.** Intensification of case finding and synchronization of TB treatment by expanding the PPMD, wherein eight PPMD units were already established (one in each province of Agusan Norte, Agusan Sur, Surigao Norte and Surigao Sur, one in each component cities of Surigao and Bislig and two in the chartered city of Butuan) and each unit had contributed an additional of 3% to the total case finding.
- **HIV/AIDS Control Services.** Conducted conference of Social Hygiene Clinic Alliance.
- **Dengue Control Services.** Conducted capability building on how to do entomological survey and human and vector surveillance for an intensified environmental clean – up to eliminate breeding sites, and improve referral system of cases.
- **Emerging and Reemerging Infection Prevention and Control Services.** Worked closely with the Bureau of Animal Industry-DA, Department of Tourism, other NGAs, NGOs and LGUs to abort the possibility of outbreak in the three known bird sanctuaries of Agusan Marsh in Agusan del Sur, Lake Mainit in the boarders of Agusan del Norte and Surigao del Norte and Masaw in Butuan City (all are tourist destinations); investigated meningococemia and provided at once the needed prophylactic treatment to everyone who had a direct contact to the suspected case, thus, the diseases were successfully contained.

3. Improving Reproductive Health Outcomes

• Child Health Programs

-**Expanded Program on Immunization.** KOT Campaign was conducted with 95% coverage; conducted EPI Summit, which highlighted REB, where FIC has increased from 83% in 2006 to 89.28% in 2007 but is still 6% short of national performance standard of 95%.

-**Integrated Management of Childhood Illnesses.** Around 74% given Vitamin A and 58% dewormed; received 3,234 AGE cases reported by the sentinel hospitals from five to 97 years old (median 32 years old), of which 12% of cases were children below ten years old and 51% of cases were females. Agusan del Sur reported 32% of the total cases which was the highest in the entire region with three deaths, with CFR of 0.19%. Report on treatment of acute respiratory infections had been outstanding throughout the region; from 2000 all pneumonia cases seen were given treatment (100%).

-**Nutrition Services.** Conducted three batches of training on IYCF Program and Pabasa sa Nutrisyon in Surigao del Norte and Agusan del Sur.

-**Newborn Screening.** After seven years of NBS implementation, 26 health facilities were accredited to provide the service and conducted orientation and training.

• Maternal Health Programs

-**Safe Motherhood Policy.** Launching of Women's Health and Safe Motherhood two in Surigao del Sur that will provide either BEmOC composed of Infirmary Hospitals or RHUs or CEmOC composed of Referral Hospitals.

-**Reproductive Health to Include Family Planning and Adolescent Health.** Conducted orientation on Fertility Awareness and Scientific Modern NFP Methods to enable the participants meet their needs; showed increasing NFP use rate from 11% in 2006 to 18%; promotion of Responsible Parenting Movement by DOH- CHD and POPCOM in the delivery of FP services; reached 582 barangays and conducted 1,355 classes among 14,052 couples, and reported 17,533 NFP methods users and commitment to sustain the CSR strategy: Surigao del Sur committed Php 1,000,000.00; Butuan City Php 300,000.00; Agusan del Sur Php 194,000.00; Agusan del Norte Php 150,000.00; Bislig City Php 157,000.00; Surigao del Norte Php 110,000.00, with a total commitment of the municipalities of Agusan del Sur reaching Php 1,865,714.00 and municipalities of Agusan del Norte Php 850,000.00.

- 4. **Healthy Lifestyle and Management of Health Risks.** Conducted lectures and symposia on Cancer Prevention and Control, Cardiovascular Diseases Management, Renal Diseases Control, Healthy Lifestyle and Anti- smoking campaign; intensified advocacy on HL to LGUs in all provinces and cities through the active efforts of DOH Reps fielded and organized CARAGA Anti – Smoking Team to ensure the effective and sustainable implementation of RA 9211. At present, 94% of various levels of LGUs implemented HATAW and passed ordinances/resolutions on Anti-smoking.

- B. **Surveillance and Epidemic Management System.** Conducted training workshop on Strengthening Surveillance and Epidemic Management System for the implementation of PIDSR.

IV. Good Governance

- **National and LGU Sectoral Management.** There are 21 ILHZ: Agusan del Norte - three; Agusan del Sur - five; Surigao del Norte - four; Surigao del Sur - six; Province of Dinagat Islands – three, all functional LHBs that meet at least on a quarterly basis. Drafted MOPs for the two-way referral system to strengthen its implementation in the four ILHZs of Agusan del Norte, with the CHD sustaining implementation in Agusan del Sur; passage of resolution/ formulation of implementing guidelines on the 70% of the total PhilHealth income from drugs and medicines shall be reverted back to ILHZ revolving fund and support of LGUs to Hospitals thru ILHZs; signing of MOA with the Adela Serra Ty Memorial Medical Center to seal the LGUs commitment to provide funding support to the said hospital for the benefit of their indigent constituents; extracted data at the municipal level for the Municipal Investment Health Plan in one municipality of Agusan del Norte; conducted PIPH in Agusan del Norte and Surigao del Sur for integration in the Provincial Development Plan; worked for the signing of the SLA in Agusan del Sur and conducted advocacy on LGU Scorecard during stakeholders' meeting and DOH Reps quarterly meeting.

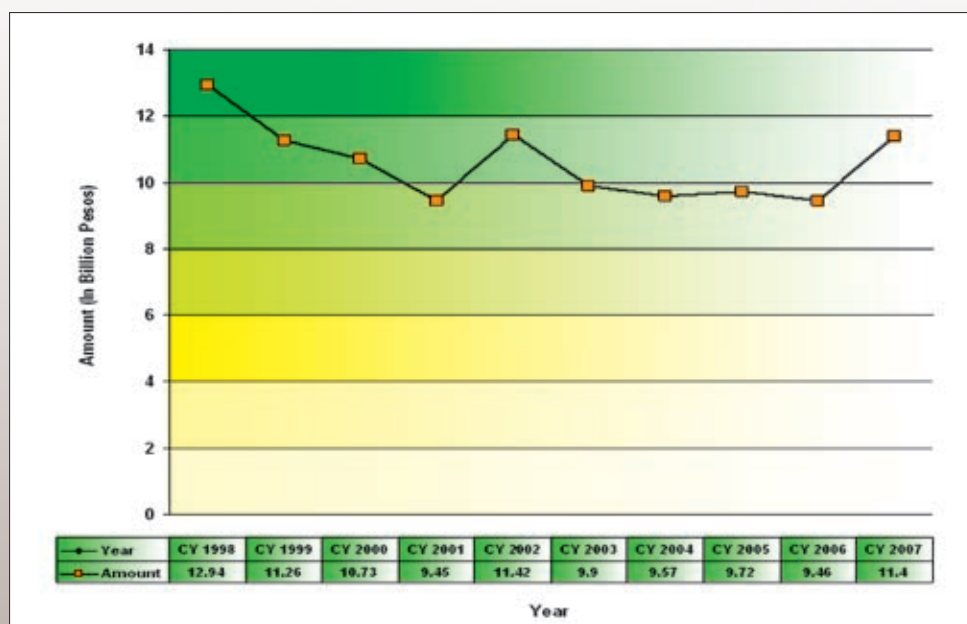
FINANCIAL HIGHLIGHTS

DOH & ATTACHED AGENCY BUDGET, CY 2007, In Thousand Pesos

PARTICULARS	(In '000 Pesos)
DEPARTMENT OF HEALTH	
DOH-Proper	11,398,771
Commission on Population	113,800
National Nutrition Council	50,133
Sub-Total, DOH	11,562,704
ATTACHED CORPORATIONS	
Philippine Health Insurance Corporation	3,500,000
Phil. Inst for Traditional & Alternative Health Care	40,000
Sub-Total, Attached Corporations	3,540,000
SPECIALTY HOSPITALS	
Lung Center of the Philippines	221,560
National Kidney and Transplant Institute	227,500
Philippine Children's Medical Center	239,500
Philippine Heart Center	287,000
Sub-Total, Specialty Hospitals	975,560
TOTAL	16,078,264

The budget of the Department of Health and its attached agencies amounted to P16.1B, distributed as follows: DOH - P11.6B; attached corporations – P3.5B; and specialty hospitals – 0.98B.

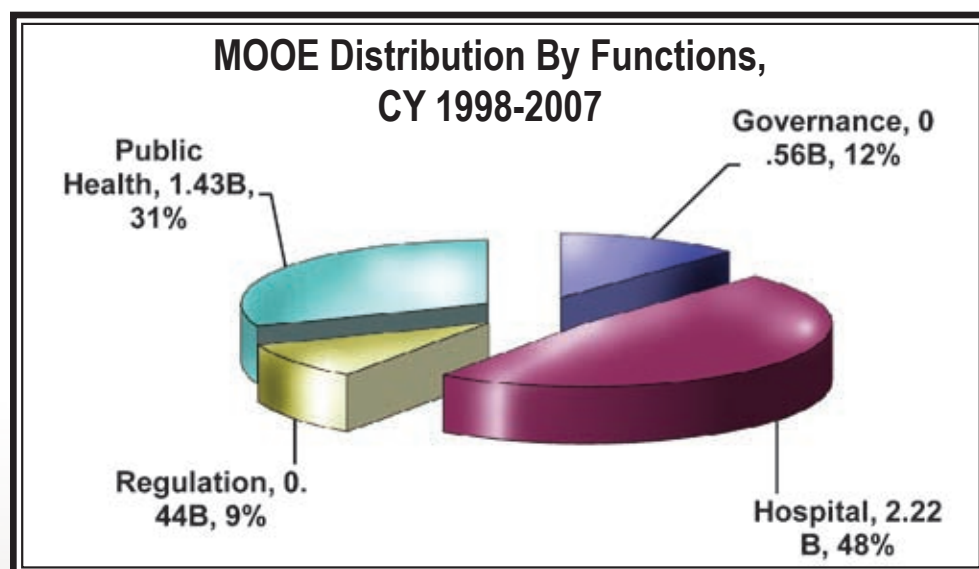
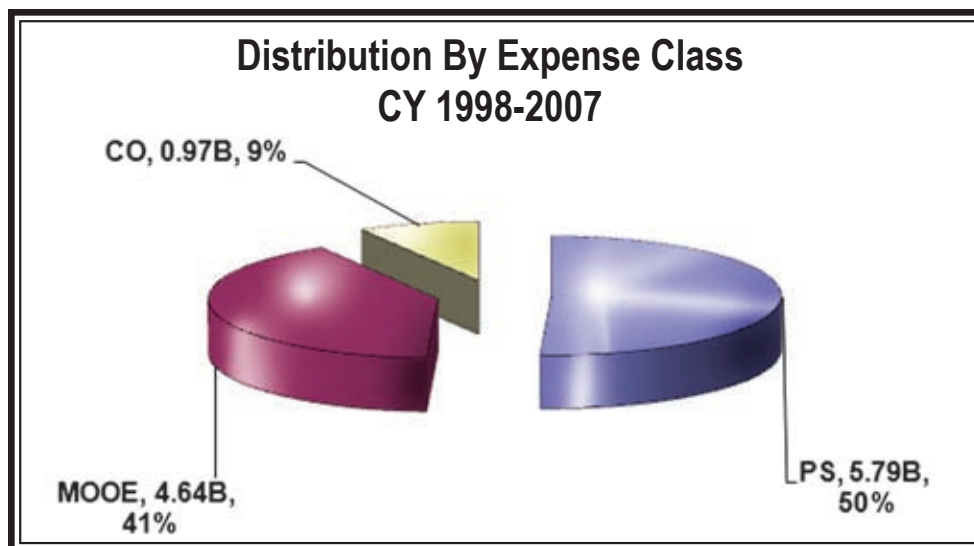
DOH COMPARATIVE BUDGET by Year, CY 1998-2007, in Billion Pesos



The 2007 Department of Health's budget is P11.4B, an increase of P1.9B compared with the CY 2006 budget. The graph shows the decreasing budget since 1998, however, the increase in 2002, has not been regained since then, even with an additional P1.9B.



Out of the total DOH budget, the biggest share of about 50% goes to Personal Services, Maintenance and Other Operating Expenses has a 41% share while Capital Outlay comprised 9% only.



Provision of hospital services continues to get the biggest share of the MOOE budget. For 2007, Hospital Services get 48%, Governance gets 12%, Public Health 31%, and Regulation 9%. Health facilities are costly to maintain and the DOH has 67 retained and renationalized hospitals being managed and maintained nationwide.

SUMMARY BY MAJOR FINAL OUTPUT, BY EXPENSE CLASS FY 2007 DOH-PROPER BUDGET, (In thousand Pesos)

MAJOR FINAL OUTPUTS	PS	MOOE	CO	TOTAL
"MFO 1: Health policy and health program development"	324,378	634,728	81,528	1,040,634
"MFO 2: Capability building services for LGUs and other stakeholders"	324,365	602,716	81,528	1,008,609
"MFO 3: Leveraging services for priority health programs"	273,179	922,133	80,535	1,275,847
"MFO 4: Regulatory services for health products, devices, equipment and facilities"	290,349	275,632	4,573	570,554
"MFO 5: Tertiary and other specialized health care"	4,576,793	2,204,600	721,734	7,503,127
TOTAL	5,789,064	4,639,809	969,898	11,398,771

As to major final output, MFO 5 "Tertiary and other specialized health" has the biggest budget of P7.5B while the least goes to MFO 4 "Regulatory services for health products, devices, equipment and facilities" amounting to P570M. As to expense class, Personal Services has the major share amounting to P5.8B, whereas Capital Outlay is only P970M.

Approved Health Policies by F1 Components

A. Administrative Orders

Number	Subject
Service Delivery	
2007- 0002	Designation of National Epidemiology Center (NEC) as the National International Regulations Focal Point
2007-0004	National Tobacco and Prevention and Control Program
2006-0004-A	Amendment to Administrative Order No. 2006-0004: Guidelines for the Issuance of Certificate of Need to Establish a New Hospital
2007-0007	Guidelines in the Implementation of Oral Health Program for Public Health Services
2006-0007-A	Supplementary Guidelines to Administrative Order No. 2006-0007 to cover Guidelines for Establishment of Governing Boards for Selected Department of Health (DOH) Hospitals
2007-0009	Rational Framework for the Sustainable Establishment of a Mental Health
2007-0010	National Policy on Violence and Injury Prevention
2007- 0015	Proposed Guidelines in the Management and Prevention of Schistosomiasis
2007-0015-A	Amendment to Administrative Order No.2007-0015: Revised Guidelines in the Agreement and Prevention of Schistosomiasis
2007-0018	National Policy on the Management of the Dead and the Missing Persons during Emergencies and Disasters
2007-0019	Guidelines for the Implementation of the Quality Assurance System on Direct Sputum Smear Microscopy (DSSM)
2007-0026	Revitalization of the Mother – Baby Friendly Hospital Initiative in Health Facilities with Maternity and Newborn Care Services
2007-0028	Implementing Guidelines of EO No. 663 "Implementing the National Commitment for Bakuna ang Una sa Sanggol at Ina" Attaining the WHO's Goal to Eliminate Measles, Neonatal Tetanus, Eradicate Polio, Control Hep B and Other Vaccine Preventable Diseases
2007-0032	Amendment to Implements Rules and Regulations of Chapter "Pollution of the Environment" of the Code of Sanitation of the Philippines (PD 856).
2007-0036	Guidelines on the Philippine Integrated Disease Surveillance and Response (PIDSR)
2007-0041	Guidelines on the Mandatory Allocation of a Certain Percentage of the Authorized Capacity as Charity Beds in Private Hospitals
2007- 0045	Zinc Supplementation and Reformulated Oral Rehydration Salt in the Management of Diarrhea Among Children
Regulation	
2007-0001	Revised Schedule of Fees for Certain Services Rendered by the BHFS and CHDs in relation to the Regulation of Health Facilities and Services and Validity Period of License to Operate, Accreditation, Authority to Operate, and Clearance to Operate for Certain Health Facilities and Services.
2007-0003	Policies and Guidelines Governing the Registration and Licensing of Establishments with Medical Devices
2007- 0005	Standard Requirements and Procedures of Treatment of Drinking Water at Household Level Using 1.25% Sodium Hypochlorite, Na(OCl) ₂
2007-0006	Amendment to Administrative Order No. 46 s.1988 re: Organizational Arrangements to Implement the National Drug Policy
2007- 0011	Repeal of Administrative Order No. 118-B s. 1992 entitled "Rules and Regulations Governing the Accreditation of Clinical Laboratories for the Training of Medical Technology Interns"
2007- 0012	Philippine National Standards for Drinking Water 2007
2007- 0014	Guidelines in the Issuance of Certificate of Product Registration for Equipment or Process used for Treating Sharps, Pathological and Infectious Waste
2007- 0020	Policies and Guidelines for the Accreditation of Training Institutions, Training Programs and Training Providers for Embalmers and Undertakers in the Philippines
2007- 0021	Harmonization and Streamlining of the Licensure System for Hospitals
2007- 0022	Violations under the One- Stop Shop Licensure System for Hospitals
2007- 0023	Schedule of Fees for the One- Stop Shop Licensure System for Hospitals
2007-0024	Guidelines for the Licensure of Department of Health Hospitals
2007-0025	Revised Guidelines for Conducting Medical Fitness Examination for Seafarers
2007-0027	Revised Rules and Regulations Governing the Licensure and Regulation of Clinical Laboratories in the Philippines.



Number	Subject
2007-0033	Regulations on the Insurance of a License to Operate to Companies that Manufactures, Import or Distribute Toys for the Philippine Market
2007-0035	Policy and Guidelines Governing the Pilot Testing of the Common Submission Template as Technical Requirements for the Registration of Medical Devices
2007-0039	Regulation of Birthing Homes
2007-0044	Amendment to Section VIII. 3 of Administrative Order No. 18–A s. 1993 dated January 1993 entitled “Standards of Quality Requirements for the Processing, Packaging, Labeling of Bottled Drinking Water”
Governance	
2007-0008	Amendment to Administrative Order No. 93 s. 2003 on Allowable Rates of Payment on Health Human Resource Development Activities of the Department of Health
2007-0013	Guidelines in the Implementation of the Online Job Posting System for Human Resources for Health (e-jobs for Health)
2007-0017	Guidelines on the Acceptance and Processing of Foreign and Local Donations During Emergency and Disaster Situations
2007-0030	Implementation Guidelines for the WHO Support to the Health Sector
2007-0031	Strict Observations of the Management Structure of FOURmula One for Health.
2007-0034	Guidelines in the Development of the Province–wide Investment Plan for Health
2007-0037	Creation of the National Steering Committee for Health (NSCH)
2007-0038	Adopting the Sector Development Approach for Health (SDAH) in the Implementation of FOURmula One (F1) for Health
2007-0040	Adoption of FOURmula One (F1) for Health Operations Manual for Convergence Provinces.

B. Health Laws

Number	Subject
R.A. No. 9419, Enacted 10 April 2007	An Act Increasing the Bed Capacity of the Amang Rodriguez Memorial Medical Center from One Hundred Fifty (150) to Three Hundred (300) Beds and Appropriating Funds Therefor
R.A No. 9420, Enacted 10 April 2007	An Act Converting Two Hundred (200) Beds of the 2000 Bed Dr. Jose N. Rodriguez Memorial Hospital and Sanitarium for Tertiary General Health Care, Appropriating Funds Therefor and for Other Purposes
R.A No. 9421, Enacted 10 April 2007	An Act Upgrading the Valenzuela General Hospital in the City of Valenzuela, Metro Manila into a Two Hundred Bed Capacity Tertiary Level Hospital to be known as the Valenzuela Medical Center And Appropriating Funds Therefor
R.A No. 9482, Enacted 25 May 2007	An Act Providing for the Control and Elimination of Human and Animal Rabies, Prescribing Penalties for Violations Thereof and Appropriating Funds Therefor
R.A No. 9439, Enacted 27 April 2007	An Act Prohibiting the Detention of Patients in Hospitals and Medical Clinics on Grounds of Nonpayment of Hospital Bills or Medical Expenses

The EXECOM at Work



The EXECOM in one of its regular meetings with Secretary Francisco T. Duque III, MD presiding

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Vision

The DOH is the leader, staunch advocate and model in promoting health for all in the Philippines. It will set performance standards and health systems within the country that shape and promote the ideals of equality, equity and sustainability of health care.

Mission

To attain its vision, the DOH shall guarantee equitable, sustainable and quality health for all Filipinos, especially the poor and shall lead the quest for excellence in health.

Core Values

Integrity
Excellence
Compassion and respect for human dignity
Commitment
Professionalism
Teamwork
Stewardship of the health of the people

