



2009 ANNUAL REPORT

*Governance*

*Service Delivery*

*Regulation*

*Financing*

FOURMULA ONE FOR HEALTH

## DEPARTMENT OF HEALTH ANNUAL REPORT 2009

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### **EDITORIAL TEAM**

Ma. Virginia G. Ala MD, MPH

Maria Rosario Clarissa S. Vergeire, MD, MPH

Lester M. Tan, MD, MPH

Antonina U. Cueto, MPM

Mitos S. Gonzales, MPM

Josephine A. Salangsang, MPM

Emylou N. Magbanua

Mauricio R. Barandino

Joanna Marie M. Lim

### **CREATIVE TEAM**

Creativille Concepts + Design (P 3:14)

# FORMULA ONE FOR HEALTH

ANNUAL REPORT 2009



Republic of the Philippines  
Department of Health

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## MESSAGE OF THE SECRETARY



*FOURmula ONE for Health (F1), a strategy for implementing health reforms, has been put into action by the different offices, bureaus, programs, and projects including attached agencies since 2005. Numerous efforts and resources have been poured for the operationalization. Despite this, the agency is still faced with remaining challenges.*

*We are pleased to present the progress of the Department of Health (DOH) in the implementation of F1. The accomplishments are presented by pillars, such as governance, service delivery, regulation and financing.*

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



*Since the **FOURmula One for Health (F1)** program was implemented in the country, the health sector has, to a large extent, made significant progress in implementing these health reforms. However, present efforts are not enough considering the challenges that still remain*

The increases in the Department of Health (DOH) budget for three years from PhP 11.3 billion in 2007 to PhP 18.9 billion in 2008 to PhP 23.7 billion in 2009, an increase of PhP 4.7 billion from the 2008 level and in the Official Development Assistance (ODA) to support the implementation of reforms are unprecedented.

The passage of Republic Act (RA) 9711 “Food and Drug Administration (FDA) Act of 2009” strengthened the DOH regulatory and oversight functions. This was signed in August 18, 2009 amending Republic Act 3720 otherwise known as the “Foods, Drugs, Devices and Cosmetics Act”. Aside from renaming the Bureau of Food and Drugs as Food and Drug Administration, the new law aims to (1) enhance and strengthen the administrative and technical capacity of the FDA in regulating the establishments and products under its jurisdiction; (2) ensure the monitoring and regulatory coverage of FDA; and (3) provide coherence in the regulatory system of FDA

The implementation of the Maximum Drug Retail Price (MDRP) on August 15, 2009, the establishment and institutionalization of Botika ng Barangay (BnBs) outlets and P100 Project increased access of Filipinos to low-cost quality essential medicines. As of December 2009, there are 14,814 BnBs nationwide. The P100 Project provided packages of drug regimen worth 100 pesos or lower, with 100% safety, quality, and efficacy. The project which was piloted in December 2008 was continued in 2009 in both DOH and Local Government Unit (LGU) hospitals. There are a total of 70 DOH hospitals and 16 provinces catering LGU hospitals to sell P100s. These P100 packets offer savings to the public of PhP 64.00 to PhP 1,829.00 compared to leading brands.

On Disease-Free Zone Initiative, DOH did well in eliminating priority public health disease in endemic provinces. Siquijor was declared rabies-free. Southern Leyte and Sorsogon were declared filariasis-free, while Bukidnon will soon be declared free from this disease. Provinces that were highly prevalent for leprosy were reduced to elimination level. Twenty-two (22) provinces were declared malaria-free status: Benguet, Cavite, Marinduque, Catanduanes, Masbate, Albay, Sorsogon, Iloilo, Northern Samar, Guimaras, Western Samar, Capiz, Eastern Samar, Aklan, Leyte, Cebu, South Leyte, Bohol, Biliran, Siquijor, Camiguin, and Surigao del Norte. Bohol has sustained the status of zero-case of schistosomiasis for five consecutive years and scheduled for evaluation.

To provide focus on achieving the Millennium Development Goals (MDGs) 4 (Reduce





# THE OVERVIEW REPORT

child mortality) and 5 (Improve maternal health), the DOH created the Task Force that will implement the Maternal, Neonatal and Child Health and Nutrition (MNCHN) Strategy.

Government Hospital Upgrading Project under the Health Facilities Program (HFEP) of the DOH is continually being pursued in support of one of the DOH's strategic approaches to improve the delivery of basic, essential as well as specialized health services through the rationalization and critical upgrading of health facilities nationwide.

It aims to upgrade priority Barangay Health Stations (BHS) and Rural Health Units (RHUs), nearest to the communities, in order to provide Basic Emergency Obstetrical & Neonatal Care (BEmONC) services to reduce Maternal Mortality Ratio (MMR) which is one of the Philippine commitments to attain MDG 5. This is also in line with PGMA's directive to upgrade "clinics" to provide emergency/primary care services, thus improved "gatekeeping" function of primary care facilities.

It also seeks to upgrade government Level 1 (primary) hospital to Level 2 (secondary); and Level 2 hospital to Level 3 (tertiary) and provide Comprehensive Emergency Obstetrical & Neonatal Care (CEmONC) services to prevent congestion of large tertiary hospitals. Upgrading of health facilities assists government hospitals to meet DOH Licensing & Philippine Health Insurance Corporation (PHIC) accreditation requirements to provide quality and appropriate services, responsive to the priority health needs of their catchment population.

Health Secretary Francisco T. Duque III won the Communication Excellence in Organizations or

CEO EXCEL Award for national and local government category on March 30. CEO EXCEL is a recognition given annually by the International Communicators Philippines to chief executive officers, presidents or top-level executives of companies and organizations for their skillful use of communication strategies and tools to achieve business, environment or social development goals.

DOH continues to rank high on studies involving the least corrupt government agencies despite the nature of its work and transactions which make it prone to graft and corruption. The Pulse Asia Survey that was released on March 18, 2009 placed the DOH as second to the Department of Education (DepEd) in the least corrupt agencies. The DepEd was rated 20 percent while DOH followed with 13 percent, and Department of Social Welfare and Development (DSWD) at 11 percent. Previous survey results from Pulse Asia and Social Weather Station (SWS), over the years yielded the same positive findings.

Surveys by the SWS from 2005 to 2009 have revealed that net satisfaction ratings for both DOH and PhilHealth have been improving, though there was a slight dip in net satisfaction in 2006, following a change in DOH and PhilHealth administrations, but ratings have improved steadily in subsequent years.

The DOH attended to graft and corruption through the office called the Integrity Development Committee, which implemented the Memorandum of Agreement signed on December 2005 between the Presidential Anti-Graft Commission and other government agencies.

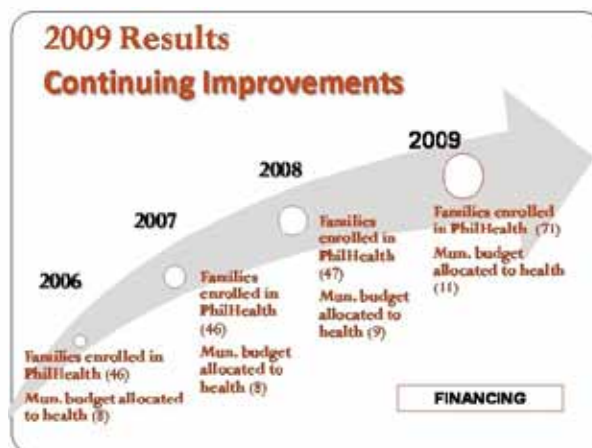




# GOOD GOVERNANCE IN HEALTH

## ME3 Conferences

A monitoring and evaluation system has been put in place to determine the achievements of the health sector reforms, the Annual Monitoring and Evaluation for Equity and Effectiveness (ME3). The DOH 1st Annual ME3 Conference for Luzon was held at Heritage Hotel in Manila on March 27, 2009 and on June 10, 2009 at Waterfront Hotel in Cebu City for Visayas and Mindanao. The highlight of these conferences was the presentation of F1 “Report Cards” per province wherein the governors were provided a quick and general sense of their respective provinces’ performance in F1. The LGU Scorecard is only one of the five components of ME3, a tool for tracking the progress of F1 implementation in the country. The LGU Scorecard measured the performance of the health system within the Province-Wide Health System as a result of implementing F1. It reports to



clients and stakeholders in a manner of accountability, for results that are important to the poor and the Filipino people. Scorecards for 2007 to 2009 have been issued. Other scorecards to measure ME3 are being developed.

The 2009 LGU Scorecard Results (See Annex 1) revealed an increasing performance from 2006 to 2009. The tables showed accomplishments by pillar - service delivery, regulation, financing and governance. The graphs likewise showed an uptrend performance of service delivery and financing components by selected indicators.

## **2009 National Forum on Health Research for Action (NFHRA)**

HPDPB in collaboration with the Research Institute for Tropical Medicine (RITM), National Center for Disease Prevention and Control (NCDPC) and other offices and hospitals in the DOH conducted the 10th NFHRA, which was held on June 25-26, 2009 at the Heritage Hotel, Manila. The theme was “New Research Challenges and Opportunities Towards a Strengthened Health System”.

The end goal of the forum was to formulate initial policy actions and research agenda on infectious and non-communicable diseases in support of DOH’s program interventions to significantly reduce the incidence and negative effects of these diseases to the health and well-being of the Filipinos in the next two to five years.

This was a two-day event that provided the opportunity for interaction and action among different health stakeholders for the most pressing problems and issues known and discovered through research. The event mainly focused on studies and issues on infectious and non-infectious diseases and was attended by almost 240 participants coming from academe, civil societies, non-government organizations and other government agencies.

**The following were the topics discussed/ presented during the forum sessions:**

- a.** Implications and prospects for financing infectious diseases
- b.** Improving financing for vulnerable sectors
- c.** New directions for infectious disease management
- d.** Addressing efficiency in managing catastrophic diseases in DOH specialty hospitals
- e.** Quality in health care
- f.** Catching up on MDGs 4 and 5
- g.** Governance: Health program impact and performance report
- h.** A lecture on useful tools for policymakers such as development of policy briefs
- i.** Special topics on AH1N1 in the Philippines from preventing entry to mitigation

## **DOH Resource Center for Health Systems Development (RCHSD)**

RCHSD was launched in 2009 to provide information on health systems development to enhance its implementation in specific environment context and also to ably support policy formulation with the best or essential evidence available from its resource repository. It encourages maximum use and access of the internet especially for its e-library resources. It also provides other knowledge services such as brokering information and knowledge exchange through roundtable discussions and fora, and also offers its facilities to the DOH community as a meeting venue.

## Local Health Accounts (LHA)

LHA is a methodology to estimate health expenditure in a locality, (province/city or municipality). It traces the sources and utilizations of funds for health. Information gathered from the estimation of a province's/city's LHA can be used as a tool to plan and monitor the progress of Province-Wide Implementation Plan for Health (PIPH). It is also a vital tool to provide evidence for health care financing analysis and decision making at the LGU level to improve their local health systems and a tool at the national level for focusing to be more responsive in supporting the devolved health set-up.

In 2008, a Manual on Estimating LHA in the country was drafted with an accompanying excel tool developed for LHA computation. Orientation for the 16 F1 sites and their CHDs was also conducted in collaboration with the ECTA-Health Sector Policy Support Program. Following the methodology developed, pilot testing of the manual and the excel tools were done in 3 regions: Cagayan Valley, Western Visayas and Eastern Visayas with 11 provinces as participants, 8 of which submitted their draft provincial LHA by the end of 2009. LHA Teams were organized at the DOH Central Office, Regional and Provincial Level with the issuance of Administrative Order (AO) No. 2009-0026 "Implementing Guidelines for Institutionalizing the Estimation and Use of Local Health Accounts", which served as a guide for the LGUs in implementing the LHA and has also set the roles and responsibilities of the other stakeholders in their areas. The draft manual including the excel tool was also revised and finalized during the year.

## National Health Sector Meetings (NHSMs)

The NHSMs continue to serve as the venue for discussing important issues and concerns in the health sector. This high-level meeting is a source of major policy pronouncements which serve as a basis of policy changes and

issuances in the Department. It is participated by the DOH Executive Committee Members, Directors of the DOH Central Office and the CHDs, Chief of Hospitals and Rehabilitation Centers, partners from the private sector, academes, medical societies, LGUs, development partners, civil societies and other health stakeholders. Three (3) NHSMs were held in 2009.

The first NHSM was held on March 4-6, 2009 at the Bohol Tropics in Tagbilaran, Bohol with the theme "Ensuring the Promise of Quality and Cheaper Medicines". Topics discussed were the following: 1) Availability and Accessibility of Medicines in the Philippines: Current Situation and Response through Provisions of Implementing Rules and Regulations of RA 9502 (Universally Accessible Cheaper and Quality Medicines Act of 2008) ; 2) The Role of the Public Sector in Implementing RA 9502; 3) The DOH Essential Drug Price Monitoring; 4) Essential Drug List/Generics Only Prescribing/Good Governance in Medicines; 5) Maximum Retail Price; 6) Monitoring the Quality of Medicines through Post Marketing Surveillance; 7) Making Medicines Accessible through Botika ng Barangay and P100 Medicine Program; 8) Philippine International Trading Corporation (PITC) Role in Ensuring Availability of Medicines; 9) Financing for Medicines at the Local Level through Revolving Drug Fund; and 10) The Role of PhilHealth in Financing Essential Medicines. The resolution on Accessible, Cheaper and Quality Medicines was approved.



The second NHSM was held at Balai Isabel, Brgy. Banga, Talisay, Batangas on July 2-3, 2009 with the theme “Pursuing Higher, More Efficient and Sustained Financing for Better Health Outcomes”. Topics focused on Health Care Financing were the following: 1) Impact of Global Economic Crisis in Implementing the Health Care Financing Strategy; 2) The Role of Private and Local Government Health Insurance Schemes in Achieving Universal Coverage; 3) National Health Insurance Program (NHIP) Membership and Contribution; 4) Improving PhilHealth Benefits and Provider Relations; 5) Are PhilHealth Benefits Supportive of Fulfilling its Mandate?; 6) Insights from PhilHealth Benefits Review; and 7) Capital Expenditures. The meeting adjourned with the approval of the resolution in Pursuing Higher, More Efficient and Sustained Financing for Better Health Outcomes.

The last NHSM was held on November 4-5, 2009 at the Diosdado Macapagal Auditorium, Land Bank of the Philippines Main Office, Malate Manila with the theme “Bridging to Future Health Reforms”.

Topics discussed were the Health Sector Performance under Fourmula One for Health and Bringing the Health Reforms in the Next Level: Policy Options and Recommendations. A resolution on how to implement future reforms was also approved.

### **Health Policy Notes (HPNs)**

HPNs are policy instruments used to convey an analysis of important issues in the health sector. It guides the program managers, policy makers, decision makers and health partners in arriving at a sound decision based on the evidences and complete analysis of all factors affecting an issue. The development of HPNs is an important input to the policy development process in the health sector. The HPNs published in 2009 were mostly policy issues on health regulation and health care financing (See Annex 2).

### **Technical Assistance Coordination**

To ensure that technical assistance is aligned with the current thrusts and priorities of the government, the Technical Assistance Coordinating Team (TACT) have reviewed 227 Terms of Reference, 21 Inception Reports and 55 Final Reports. Five (5) batches of orientation workshop on technical assistance coordination in DOH were attended by participants from the technical offices, CHDs and attached agencies from November to December.

### **Project NARS**

On February 9, 2009, President GMA launched Project: Nurses Assigned in Rural Service (NARS) to address the accumulation in experienced nurses and improve the delivery of healthcare services to our population. This is in joint collaboration of DOH, Department of Labor and Employment, the Professional Regulations Commission (PRC) and its Board of Nursing. This is supported by the Philippine Nurses Association, Association of Deans Philippine Colleges of Nursing, National League of Philippine Government Nurses and the LGUs. The project mobilized unemployed registered nurses to the 1,000 poorest municipalities in the country at an average of 5 nurses per municipality for six months tour of duty, in two batches, to act as “warriors for wellness” to initiate primary health, school nutrition, maternal health programs, and first line diagnosis; inform about community water sanitation practices, surveillance; and immunize children and mothers.

On its second batch, the Project NARS has expanded to rotate in the schools as Nurses Assigned in Rural Schools. As such, the nurse trainees became school nurses to provide health teachings in hygiene and sanitation, prevention and control of childhood

illnesses. For Batch One (March – September 2009), 96 percent or 973 nurses were deployed in all the 17 regions including ARMM.

### **PCSO-DOH Pinoy M.D. Medical Scholarship Program**

Now on its fourth year of implementation, The Philippine Charity Sweepstakes Office-DOH Pinoy MD Scholarship Program aka “Duktor Para sa Masa”, is an eleven-year medical education program scholarship program that aims to produce physicians for local distribution. There are currently 334 Pinoy MD scholars in different year levels from 12 partner medical schools from 4 batches from 2006 to 2010. Five (5) of the Pinoy MD graduates have been deployed under the Doctors to the Barrios Program last October 2009 as part of their pay back for their scholarship. Pinoy MD graduates have 100 percent passing rate in the Physician’s Licensure Examination

### **Rural Health Midwives Placement Program (RHMPP) and Midwifery Scholarship Program of the Philippines (MSPP)**

The RHMPP aims to provide competent midwives and to deliver their services to the people in dire need, the DOH created the MSPP that aims to produce competent midwives from qualified residents of priority areas.

The institutions were Dr. Jose Fabella Memorial Hospital School of Midwifery and University of the Philippines School of Health Sciences, Palo, Leyte. The MSSP produced competent registered midwives after the two-year midwifery education and training, but, they will pay back to the government by serving their respective communities. They will serve under the Rural Health Midwives Placement Program, another program of the DOH for midwives who are returning their service on the scholarship program.

### **Integrity and Combating Corruption**

Among DOH employees found guilty of various administrative offenses, 16 employees were suspended and 9 were dismissed from the service.

## **Good Governance in Numbers**

**240** NFHRA Participants

**227** Terms of Reference Reviewed

**21** Inception Reports Reviewed

**973** Nurses Deployed in 17 Regions

**334** Current Pinoy MD Scholars

**100%** Passing rate of Pinoy MD graduates in Physician’s Licensure Examination

**5** Pinoy MD graduates deployed under Doctors to the Barrios Program



*The persistence of wide disparities in health outcomes across gender, age, regions, and income groups underscores the remaining gaps in the availability and accessibility of health care services in the Philippines. For this reason, Health Service Delivery was highlighted as one of the key reform areas in F1. F1 seeks to improve the accessibility and availability of basic and essential health care, particularly to the poor.*

*Substantial investments were provided for the Service Delivery component of F1 to ensure the attainment of its objective. The budget allocation for service delivery more than doubled between 2005 and 2009.*

## **Focusing on public health priorities**

### **Disease-Free Zones**

The DOH did well in eliminating priority public health disease in endemic provinces. Siquijor was declared rabies-free. Southern Leyte and Sorsogon were declared filariasis-free, while Bukidnon, Romblon, Agusan del Sur, Biliran, North Cotabato and Dinagat Island will soon be declared free from this disease. Provinces that were highly prevalent for leprosy were reduced to elimination level. Twenty-two (22) provinces

were declared malaria-free status: Benguet, Cavite, Marinduque, Catanduanes, Masbate, Albay, Sorsogon, Iloilo, Northern Samar, Guimaras, Western Samar, Capi, Eastern Samar, Aklan, Leyte, Cebu, South Leyte, Bohol, Biliran, Siquijor, Camiguin, and Surigao del Norte. Bohol has sustained the status of zero-case of schistosomiasis for five consecutive years and scheduled for evaluation.

Mass deworming of one- to twelve-year-old children was done twice a year or every six months. During the Garantisadong Pambata Campaign, there were 85 percent and 8 percent of one- to five-year-old children dewormed in April and October 2009 Rounds, respectively. Deworming accomplishments for six- to twelve-year-old school children reached 67 percent and 63 percent, respectively on January and June 2009 Rounds.

### **Tuberculosis (TB) Prevention and Control Program**

There is an increasing trend in the number of all TB cases identified from 134,000 to 150,000 per year for the past five years. Almost half million smear positive TB cases were started on treatment



# HEALTH SERVICE DELIVERY

and almost 90 percent have been successfully treated for the past five years.

The Philippines has reached the targets for Treatment Success and Case Detection Rates since 2004 and has sustained the achievements for the past four years. The latest rate for Case Detection is 72 percent and while 89 percent for Treatment Success.

The NCDPC, DOH led the process in the formulation of the Philippine Plan of Action to Control Tuberculosis 2010-2015 (PhilPACT) from January to September 2009 through the support of World Health Organization (WHO) and United State Assistance for International Development (USAID) through the Linking Initiatives and Networking to Control Tuberculosis (TB-LINC) and Health Policy Development Projects. The PhilPACT is intended to serve as a road map to reduce TB to a level where it is no longer a public health threat in the country and achieve the MDG for TB control in 2015.

DOH has continued to involve the private sector through the PhilPACT to improve access to services and other government sectors through the Comprehensive and Unified Policy to Control TB in the Philippines.

Almost 400 task forces have been created through the World Vision Development Foundation, Inc. and Holistic Community Development and Initiatives, Inc. to empower the community to take part in TB control.

Case finding and case holding services for Multiple Drug Resistant TB (MDRTB) cases are available in 11 Treatment Centers in Metro Manila and Regions 1, 4A, 5, 7, 10 and 11. Drug Susceptibility Testing is available in 3 Drug Susceptibility Testing Centers and cultures in 9 culture centers. See Annex 4 for MDTRB Service Delivery Points.

Thirty-two (32) government hospitals have been involved in the implementation of TB Directly Observed Treatment Short-course (DOTS) to improve access and quality of TB care.

AO for Programmatic MDRTB, Childhood TB, TB-HIV Collaboration and TB in Prisons/Jails were developed and approved.

## **Filariasis**

On July 23, 2009, the DOH declared Sorsogon as the second province to eliminate “lymphatic filariasis” in the country. Mass drug administration was conducted for six years in Sorsogon with concerted efforts of both international and local health authorities with target coverage of 85 percent of the population. The first endemic province to be declared filariasis-free was Southern Leyte in 2008

**22** Malaria-free provinces

**89%** TB Treatment Success Rate

**400** Task Forces to empower community in TB Control

**32** Government hospitals involved in TB-DOTS implementation

**23** Guidelines on AH1N1 developed and disseminated

**16.2** Million people are directly served with portable water

**71%** of households have sanitary toilets

**800** Formed WDs covered **900** cities and towns

**813** Water Supply Projects

## **Emerging & Re-Emerging Infectious Diseases**

Among the notable health issues Secretary Duque have ably led was the Ebola Reston Virus (ERV) in the pig population in 2 farms in Pangasinan and Bulacan. This was the first time that ERV was detected among pigs with evidence of pig-to-human transmission. He endorsed the four lines of defense to limit the animal and human health risks of the ERV.

Four Lines of Defense: First line of defense, unusual occurrence of sick dying pigs should be reported to local veterinary or agricultural authorities. Second line of defense, bio-security measures to prevent and contain any future outbreak must be implemented and enhanced in all pig farms nationwide. Third line of defense is to prevent the entry of double-dead meat into the market. The fourth line of defense involves thorough cooking of pork and pork products. The public was advised to buy pork and other meat products only from reputable sources and certified by the national Meat Inspection Service.

The discovery of the Philippines' first case of Influenza A (AH1N1) is something that the government have been prepared and is a collective efforts of both public and private sectors as well as the effective surveillance system it has put in place. The DOH even partnered with Smart to use SMS text in disseminating vital information on AH1N1.

The Philippines had its first case of AH1N1 on May 21, 2009 after the WHO raised the alarm to Pandemic Level 6, which means that the disease could not be prevented from crossing borders. Daily updates were provided to media on the spread of the virus. The promotion of simple hand washing and the practice of cough/colds etiquette as effective means of preventing the disease were also intensified.

Twenty-three (23) guidelines on AH1N1 were developed and disseminated. The Philippine Pandemic Influenza Preparedness Plan and the Deployment for Plan for H1N1 Vaccines were likewise developed. The DOH through the support of the WHO is currently developing the Mitigation Response Plan (Pandemic H1N1) of 17 CHDs.

See Annex 5 for the list of DOH Hospitals designated as Referral Centers for Emerging and Re-emerging Infectious Diseases like Influenza A (H1N1).

Capability building activities for LGUs on the establishment of Epidemiology and Surveillance Unit (ESU) were conducted. ESU networks in 64 provinces were monitored and assessed for functionality in 2009. About 24 outbreaks have been investigated in 2009.

## **Environmental and Occupational Health**

As of 2009, 98 percent of households have access to potable water supply and 71 percent of households have sanitary toilets and 56 percent of households have satisfactory disposal of solid waste. The awarding ceremony for the 2009 National Search for Barangay with Best Sanitation Practices (Year 2) was done at Sofitel, Philippine Plaza Hotel. The 2009 National awards winner were: 1st place – Barangay Malibago, St. Bernard, Southern Leyte; 2nd place – Barangay Alvenda, Mutia, Zamboanga del Norte; and 3rd place – Barangay San Pascual, Basud, Camrines Norte.

The highlights of Local Water Utilities Administration (LWUA) achieved remarkable gains in water supply development in 2009. An increase of 12 percentage points in LWUA's service area coverage was realized as a result of its accelerated water supply program implemented during the year. Formation of Water Districts (WDs), which is the initial step in water supply development, was aggressively addressed by the Agency.

In a span of one year, a total of 177 WDs were organized increasing the number of formed WDs from 623 in 2008 to 800 in 2009. The 800 WDs now cover a total of around 900 cities and towns out of LWUA's potential market. LWUA's service area coverage expanded to 60 percent in 2009 from 48 percent in 2008 or an increase of 12 percentage points.

With a total investment of PhP 3.8 billion in 2009, LWUA has successfully implemented a total of 813 water supply projects at various stages consisting of 120 completed construction projects, 162 ongoing construction projects,

and 531 completed Programs of Work (POW) preparation projects. This year's accomplishment of 813 surpassed the target of 557 in 2009 and tripled the accomplishment of 260 in 2008.

A total of 258 cities and towns nationwide are benefiting thru LWUA's expansion and rehabilitation projects (120 completed and 162 ongoing construction projects). An estimated additional 1,125,580 Filipinos were given direct access to potable water with the completion of 120 water supply projects and additional service connections generated by existing WDs. To date (1973-2009), an estimated total population of 16.2 million is being directly served with potable water.

Meanwhile, as part of its contribution in addressing the Presidential Priority Program on Water (P3W), LWUA has undertaken water supply improvement projects at various stages for 64 waterless municipalities within the WD areas in 2009, which are targeted for completion in 2010. Since 2004, LWUA has developed/completed construction water supply projects in 51 waterless municipalities served by WDs.

### **Maternal, Neonatal and Child Health and Nutrition (MNCHN) Strategy**

To provide focus on achieving the MDGs 4 and 5, the DOH created the Task Force that will implement the MNCHN Strategy. Various policy instruments were developed and approved, including: 1) Manual of Operations for Implementing Health Reforms to Rapidly Reduce Maternal and Neonatal Mortality; 2) Guidelines Governing the Payment of Training Fees Relative to the Attendance of Health Workers to Basic Emergency Obstetric and Neonatal Care (BEmONC) Skills Training Course at Duly Designated Training Centers (DO 2009-0084); and, 3) Essential Newborn Care Protocol (AO 2009- 0025).

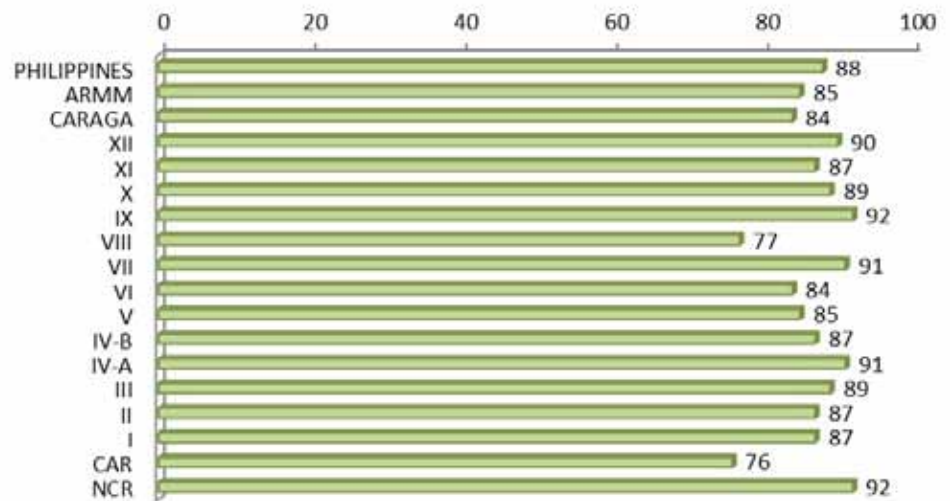


88% of the children are fully immunized



## Fully Immunized Children

Philippines and Regions, 2009



The national data on fully immunized child (FIC) declined to 88 percent in 2009 from 91 percent in 2008. See Annex 6 for the Immunization Accomplishments by Antigen.

For the Responsible Parenthood-Natural Family Planning Program, 887,084 couples reached through the conduct of 56,247 classes in 21,786 barangays.

Several trainings were also conducted to increase the capacity of health managers and services providers across the different levels of care. The capacity building activities include: 1) training of 320 BEmONC Teams on BEmONC Skills, 2) training of 500 midwives on Essential Newborn Care Protocol and Newborn Resuscitation; 3) orientation on the Manual of Operations for

Implementing Health Reforms to Rapidly Reduce Maternal and Neonatal Mortality for key health officers in 15 CHDs; 4) training of 150 Sanitation Inspectors, Municipal Health Officers, Administrative Officers on Health Care Waste Management; 5) 100 midwives, 90 doctors and nurses were trained on Gender Responsive Team Building and Gender and Health; and, 8 obstetricians, 10 pediatricians, 5 nurses and 3 midwives were trained to be trainers on BEmONC Skills.

Several MNCHN Technical Working Group meetings were conducted to engage the different professional organizations and other civil society partners to secure their commitment to support and practice the recommended BEmONC protocol. These professional groups include Philippine Pediatric Society, Philippine Society of Newborn Medicine, Philippine Obstetrics and Gynecology Society, Midwives Associations, Nurses Associations, PRC, Association of Deans of Colleges of Nursing, Association of Schools of Midwifery, representatives of Colleges of Nursing, NGOs and partners. Moreover, the Sustainability (Business) Model for BEmONCs and CEmONCs had been piloted in Sorsogon and Surigao Sur.

## Child Health

Every third week of April, the DOH and the LGUs nationwide hold the Garantisadong Pambata (GP) Campaign, an institutionalized campaign. This year's theme is "9 Ways to Save Your Child", focused on the promotion of 9 child survival interventions for continued and sustained delivery of basic and essential child health and nutrition services. For Round 1 which was done in April, services included

**887,084**  
**Attended**  
**RPNFP**  
**Program**

Vitamin A capsules for six- to seven-month-old children, deworming drugs for those who are 12 to 71 months old. For Round 2 in October, services are diethyl carbamazine together with albendazole in filarial endemic areas for children 24 to 71 months old and routine immunization for children 0 to 11 months old as well as follow-up immunization for defaulters or children 2 to 23 months old who failed to complete their immunization schedules on time.

### **7 Healthy Lifestyle Habits:**

- 1** no smoking
- 2** don't drink alcohol;
- 3** no to illegal drugs;
- 4** eat low-fat, low salt and high fiber diet;
- 5** prevent hypertension;
- 6** do physical exercise; and
- 7** manage stress.

## **Advocacies/Social Mobilization**

On February 16, a revitalized and repackaged Healthy Lifestyle Advocacy Campaign, dubbed as “HL to the Max” was launched. It pushed for the practice of 7 Healthy Lifestyle Habits.

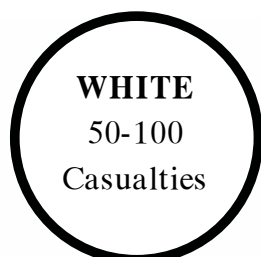
The Philippine Coalition for the Prevention and Control of Non-communicable Diseases through the Degenerative Disease Office organized the Search for the Outstanding Healthy Lifestyle (HL) Advocates in 2008. This is a search for agencies and organizations that exemplify outstanding achievements in the promotion of HL giving recognition to the work of a community, professional organization of societies, food establishment or manufacturer and institution that have demonstrated exemplary contributions in the promulgation and promotion of the HL advocacies of the coalition or have caused the formulation of policies and programs on the promotion of HL and its effective implementation. The awarding ceremony was held on November 27, 2009 at the Heritage Hotel with 4 grand winners: Marikina City Health Office for the City Category; Carmona Municipal Health Office for the Municipal Category; Barangay Cupang West of Balanga City for the Barangay Category and the UST Grade School for its Hit Obesity Preventive Education (HOPE) Program. The entries were judged according to relevance, impact, sustainability and innovativeness. The Philippine Heart Center was given a special tribute, Visionary Leadership Award, as the staunchest advocate of DOH in the promotion of HL.

## **Upgrading Of Health Facilities**

Government Hospital Upgrading Project under the HFEP of the DOH is continually being pursued in support of one of the DOH's strategic approaches to improve the delivery of basic, essential as well as specialized health services through the rationalization and critical upgrading of health facilities nationwide. There were 61 hospitals upgraded.

It aims to upgrade priority BHS and RHUs, nearest to the communities, in order to provide BEmONC services to reduce MMR which is one of the Philippine commitments to attain MDG 5. This is also in line with PGMA's directive to upgrade “clinics” to provide emergency/primary care

## CODE



services, thus improved “gate keeping” function of primary care facilities.

It also seeks to upgrade government Level 1 (primary) hospital to Level 2 (secondary); and Level 2 hospital to Level 3 (tertiary) and provide CEmONC services to prevent congestion of large tertiary hospitals. Upgrading of health facilities assists government hospitals to meet DOH Licensing & PHIC Accreditation requirements to provide quality and appropriate services, responsive to the priority health needs of their catchment population.

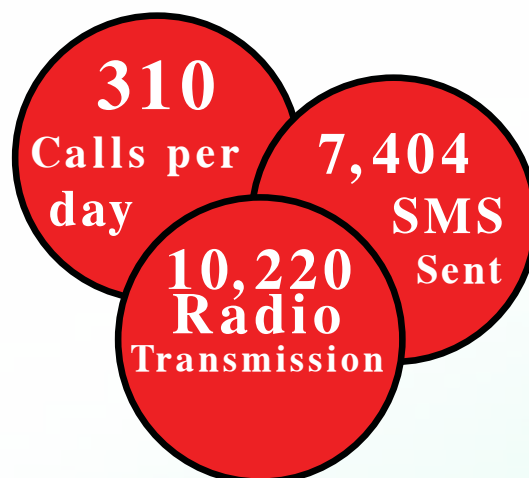
In 2009, a total of 256 health facilities were upgraded costing to about PhP 2.76 billion. Health facilities that were upgraded include the following: 120 BHS/RHUs (BEmONC), 133 hospitals (89 percent Level 1 & 2 hospitals); and 3 specialty centers.

### Responding To Public Health Emergencies

The Health Emergency Management Staff Operations Center (HEMS OPCEN), the 24/7 monitoring and coordinating center of the DOH for emergencies, monitored 605 events, where 585 were minor events, 17 major events and 3 were disasters. In addition, OPCEN developed and disseminated the Health Emergency Alert Reporting System (HEARS) where HEMS provide daily reports. OPCEN had declared 1 Code Red (100 and more casualties), 3 Code White (50 to 100 casualties) and 2 Code Blue (10 to 50 casualties) in order. In addition, HEMS was able to coordinate the deployment of 343 medical response teams. As member of the National

Disaster Coordinating Council (NDCC), HEMS had mobilized OPCEN personnel to the OCD-OPCEN for 117 days, providing a total of 936 man-hours of assistance. During the height of the AH1N1 epidemic, HEMS OPCEN had been used as the coordinating center. They have received an average of 310 calls per day and have received and sent 7,404 SMS. There were a total of 10,220 radio transmissions made.

The twin tropical cyclones Ondoy and Peping hit the country in late September and early October of 2009 respectively. These two typhoons left a path of destruction and misery after causing massive floods in many parts of Metro Manila, Central Luzon and the CALABRAZON Regions as well as landslides in the Cordillera, Ilocos, and Bicol Regions. Thousands of families have been utterly affected by these two destructive typhoons. Because of lack of safe water, the DOH advised all those who are affected to practice personal hygiene such as hand washing using soap and water before eating and after using the toilet; wearing of protective clothing to prevent mosquito-borne diseases; and boiling of water or using chlorine tablets. Mothers were also advised to breastfed during those times.



*Health regulation reforms aim to ensure access to quality and affordable health products, devices, facilities, and services, especially those commonly used by the poor.*

**M a k i n g  
a p p r o p r i a t e ,  
q u a l i t y  
m e d i c i n e s  
a v a i l a b l e a n d  
a f f o r d a b l e**

The DOH has pursued the implementation of several policies and projects to ensure that appropriate, quality medicines are available and affordable to all Filipinos.

# HEALTH REGULATION

## Maximum Drug Retail Price (MDRP)

The Executive Order (EO) 821 s. 2009 entitled “Prescribing the Maximum Retail Prices for selected drugs and medicines that address diseases that account for the Leading Causes of Morbidity and Mortality”, or MDRP, was implemented in August 15, 2009. The MDRP is premised upon the conditions that address public health priorities especially those that account for the leading causes of morbidity and mortality; drugs that have high price differentials/arbitrage compared to international prices; drugs that have limited competition in terms of lack of generic counterparts or lack of market access to these products; drugs where the innovator product is the most expensive and most prescribed and/or dispensed in the market; and

any and all conditions as stated in Section 19(2) of RA No. 9502, among others. The latter three are indicators for market failure. Small and medium sized drugstores that have manual systems and where said price reduction is impossible to implement by August 15, were asked to comply on or before September 16, 2009. Thus, on August 15, 2009, the DOH started implementing a 50-percent cut on 43 essential medicines.

Twenty-one (21) molecules were submitted to the Office of the President for the imposition of MDRP, which include anti-hypertensives, anti-thrombotic, anti-diabetic, antibacterial, anti-neoplastics/anti-cancer drugs. Of these 21 molecules, the prices of 16 were voluntarily reduced by 50% through a resolution by the Advisory Council for Regulation (Resolution No. 2009-001). The remaining 5 molecules were placed under mandatory price reduction through Executive Order 821.

## Botika ng Barangay (BnB)

The Universally Accessible Cheaper and Quality Medicines Act of 2008 (RA 9502) institutionalized the establishment of BnBs which can offer up to 40 essential drugs and medicines and are allowed to sell 8 prescription preparations. Moreover, BnB can provide clients savings of up to 60 percent compared to leading brands.

As of December 2009, there was a total of 14,814 BnBs nationwide. An expanded list of drugs and services is being studied to allow BnBs to offer more services. Gessellschaft für Technische Zusammenarbeit – European Commission’s (GTZ-EC) assessment on BnBs that have been operating for at least two years showed that 85 percent of them remain functional, serving around 500 patients per month per outlet. A BnB can earn an average of PhP 14,000 per year.



## P100 Project

The P100 Project aims to provide packages of drug regimen worth 100 pesos or lower, with 100% safety, quality, and efficacy. The project was piloted on December 2008 and was continued in 2009 in both DOH and LGU hospitals. This prospectively

promotes rational usage of drugs and contributes to the F1 intervention in improving pharmaceutical access to all Filipino people especially the poor. There are a total of 70

DOH hospitals and 16 provinces catering LGU hospitals to sell P100s. These P100 packets offer savings to the public of PhP 64.00 to PhP 1,829.00 compared to leading brands.

## Promotion of Generics

Two (2) DOH policies on promoting generics medicines were issued pursuant to RA 9502. The “Generics Only Prescribing” (DOH Department Memorandum or DM 2009-0009) directs all health workers employed by the government to use generic terminology only in all transactions related to purchasing, prescribing, dispensing, reimbursing and administering the drugs and medicines, while the “Generics Month Celebration” (DOH DM 2009-0225) enjoins all DOH facilities to include in their respective annual plans the activities for the yearly celebration of the Generics Month. Moreover, the Generic Medicines Promotion aims to achieve full competition as the primary instrument to bring down the prices of medicines. The DOH subscribes to this ideology and in this respect has prioritized promotion of quality low cost generics as the main strategy to improve access to essential medicines.

## Alternative Health Care

Pursuant to RA No. 8423, the Philippine Institute of Traditional and Alternative Health Care (PITAHC) shall promote, initiate, and undertake research and development in the field of traditional and alternative medicine.

PITAHC developed the following new products: Lagundi tablet, 600 mg; Sambong tablet, 500 mg; Bayabas feminine wash, powder scent; and Bayabas antiseptic

During the period, the distribution system has significantly improved as shown by an increase in the number of drug distributors, wholesalers, drugstores, LGUs, Government Hospitals, Botika ng Bayan, BnBs carrying PITAHC's products. As a result, more clienteles have been served and continued patronage was attained through continuous regular coverage in these outlets. For the period of January to December 2009, the division has generated a total of PhP 60.513 million in sales, higher than that of last years' by PhP 23.543 million or by 64 percent.

The Institute has 4 herbal processing plants (HPPs) found all over the country. These are the Cotabato Herbal Pharmaceutical Processing and Manufacturing Plant, Davao Herbal Research and Processing Plant, Tacloban Herbal Pharmaceutical Processing and Manufacturing Plant, and Cagayan Valley Herbal Processing Plant. These HPPs are responsible for the production of the different herbal

**54,557**

**licensed establishments**

**64,875**

**registered products**

**42,740**

**inspected and cleared ocean  
vessels and aircrafts**

products being marketed by the Institute. The following are the activities undertaken by the HPPs for the period of January to December 2009: 1) Production of Lagundi tablets (300 mg), Sambong tablets (250 mg), and Tsaang-Gubat tablets; 2) Production of eight (8) variants of herbal soaps – Akapulko, Bayabas, Calamansi, Carrot, Cucumber, Kamias, Labanos, and Papaya; 3) Toll manufacture of Lagundi syrup 120 mL; 4) Processing of herbal powder – Lagundi, Sambong and Yerba Buena.

### **Strengthening BFAD**

The “Food and Drug Administration Act” was signed in August 18, 2009 amending RA 3720 otherwise known as the “Foods, Drugs, Devices and Cosmetics Act”. Aside from renaming the Bureau of Food and Drugs as Food and Drug Administration (FDA), the new law aims to (1) enhance and

strengthen the administrative and technical capacity of the FDA in regulating the establishments and products under its jurisdiction; (2) ensure the monitoring and regulatory coverage of FDA; and (3) provide coherence in the regulatory system of FDA

The FDA investigated peanut butter and peanut paste products after the Centers for Disease Control and Prevention received report from many states of illnesses caused by a type of Salmonella typhimurium. Tests showed that the people who became sick may have eaten foods contaminated with the strain of Salmonella. On January 19, FDA issued an advisory to the consuming public on the list of certain brands of peanut butter and other peanut paste-containing products recalled in the US markets. Peanut butter, pistachio and catsup were recalled and subjected to testing against salmonella

During the year, 54,557 establishments were licensed and 64,875 products were registered.

The Bureau of Quarantine instituted on April a prompt and extensive surveillance measures in all major airports and ports of entry. Medical, nursing and even other personnel were deployed at the airports of entry in three shifts 24/7 to implement quarantine surveillance measures. A total of 42,740 ocean vessels and aircrafts were inspected and cleared.

The Procurement Service Procurement Monitoring checklist was pilot-tested in 3 CHDs and 8 DOH hospitals. The DOH served as a pilot area for the enhancement of the Philippine Government Electronic Procurement System (Phil-GEPS). For public biddings, 88 are awarded for goods; 7 civil works and 11 for consulting services. Regarding the conduct of negotiated procurement, 37 for local shipping and 34 for direct contracting have been awarded

*The goal of Health Financing reform in the Philippines is to secure higher, better, and sustained investments in health, which is expected to bring about equitable access to health care and ultimately improve health outcomes, especially for the poor.*

## Department of Health

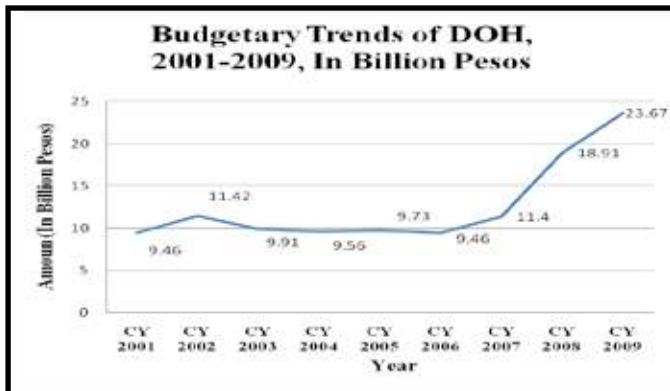
There was an increase in the DOH budget for the last four years and in the Official Development Assistance, (ODA) to support the implementation of reforms. It continuously increased annually from PhP 11.4 billion in 2007 to PhP 18.91 billion in 2008 to PhP 23.67 billion in 2009. It increased by PhP 4.73 billion from the previous year budget. The Maintenance and Other Operating Expenses (MOOE) had the biggest share at 45 percent, followed by the Personal Services at 28 percent and Capital Outlay at 27 percent.

### DOH Budgets

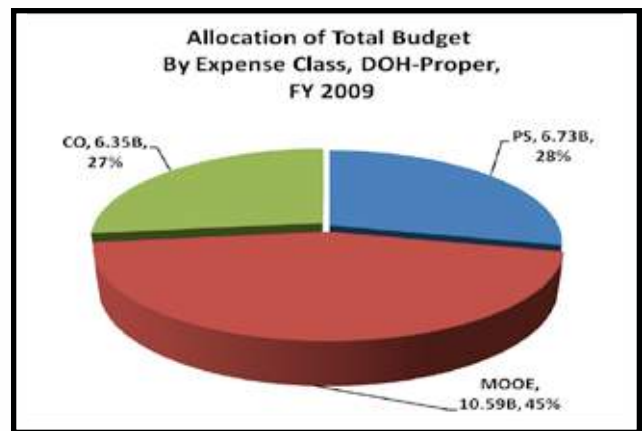
AMOUNT (in "000 Pesos)	PARTICULARS
<b>DEPARTMENT OF HEALTH</b>	
23,666,655	DOH-Proper
395,983	Commission on Population
3,813,608	National Nutrition Council
<b>27,876,246</b>	<b>Sub-Total</b>
<b>SPECIALTY HOSPITALS</b>	
168,560	Lung Center of the Philippines
326,500	National Kidney and Transplant Institute
314,500	Philippine Children's and Medical Center
469,000	Philippine Heart Center
<b>1,278,560</b>	<b>Sub-Total</b>
<b>ATTACHED CORPORATIONS</b>	
5,011,000	Philippine Health Insurance Corporation
40,000	Phil. Inst for Traditional & Alternative Health Care
400,000	Local Water Utilities Administration
<b>5,451,000</b>	<b>Sub-Total</b>
<b>34,605,806</b>	<b>GRAND TOTAL</b>

DOH budget and its attached agencies amounted to PhP 34.61 billion distributed as follows: DOH-PhP 27.88 billion (including National Nutrition Council and Commission of Population); attached corporations - PhP 5.41 billion; and specialty hospitals - PhP 1.28 billion.

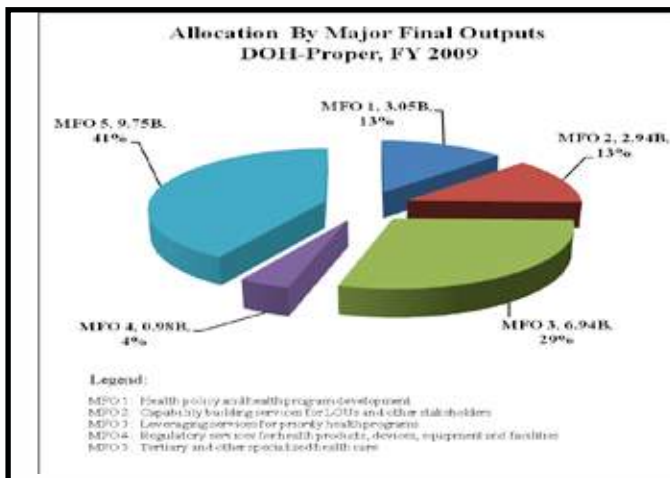
# HEALTH FINANCING



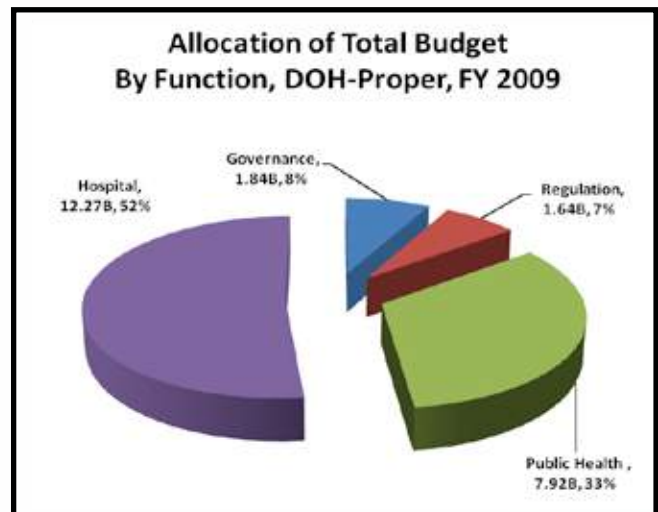
DOH budget for CY 2009 is PhP 23.67 billion, an increase of PhP 4.73 billion compared with CY 2008 budget.



Similarly, with the previous years (2001-2008), MOOE still gets the highest share at 45 percent followed by Personal Services at 28 percent & Capital Outlay 27 percent.



For the allocation by Major Final Outputs (MFOs), MFO 5, “Tertiary & Other Specialized Health Care”, has the biggest budget of PhP 9.75 billion (41%) while the least goes to MFO 4, “Regulatory Services for Health Products, Devices, Equipment and Facilities” amounting to PhP 0.98 billion (4%).



Still, hospital services have the biggest share of 52 percent, followed by Public Health (33%), Governance (8%) and Regulation (7%).

## SOCIAL HEALTH INSURANCE

PhilHealth envisions sustaining universal health insurance coverage, strengthening its information and education campaign and advocacy, optimizing its market reach and maintaining a reliable, quality and accurate database and information systems

PhilHealth has enrolled more than 20 million members for 2009. Forty-one percent (41%) of members are from National Capital Region and North Luzon; 37 percent from South Luzon and Visayas; and 22 percent from Mindanao. As of December 2009, there were 5.38 million Sponsored Program members and 3.6 million individually-paying members enrolled in while 0.45 million pensioners and retirees were registered as Lifetime members.

Premium collection reached around PhP 26 billion as of December 2009. There are about 54 active collecting agencies/banks and 4,095 branches nationwide. PhilHealth plans to intensify collections of arrears, improve collection system through integration of Indigent Billing Collection Systems (IBCS) and PhilHealth Members Accounts Information System (PMAIS), expand remittance by Air Project and promote two-tiered contribution scheme for the Individually-Paying Program (IPP).

About 3.3 million claims were processed for the year. The total benefit payments rose from 18.2 percent in 2008 to 24.3 percent in 2009, reaching a total of PhP 24.3 billion. The benefit payments by sector were comprised of: government (4.688 billion), private (9.36 billion), Sponsored Program (4.015 billion), Overseas Filipino Workers (0.756 billion), IPP (3.745 billion), and Lifetime Program (1.745 billion). Drugs and medicine comprise almost third of the total amount paid by PhilHealth while 23 percent went to professional fees. The trend for the distribution of benefit payment per benefit item has not changed over the years.

PhilHealth's investment performance continued to ascend, reaching PhP 92 billion in 2009, up by 8 percent from the previous year's PhP 85 billion.

## Expanded and Enhanced Quality of Service

In January 2009, PhilHealth started the implementation of new and improved benefits for its members as it reaffirmed its commitment to expand the scope of services and improve benefit packages to ensure adequate support given to PhilHealth members in times of need.

1

**EXPANDED MATERNITY BENEFIT** - The Normal Spontaneous Delivery (NSD) for maternity care package for births which initially covered only the first three NSDs was enhanced to cover the fourth NSD effective January 2009. The package was also increased from PhP 4,500 to PhP 6,500.

2

**UPGRADING OF PAYMENT SYSTEMS FOR SURGICAL AND MEDICAL PROCEDURES** - In February 2009, PhilHealth added 15 new procedures and increased the valuations of some 1,000 procedures. Among the new additions are the High Intensity Focused Ultrasound (HIFU) to be used in treating prostate cancer, eye angiography and bronchoscopy with placement of catheter for radiation treatment of lung cancer. The complete list of additional and enhanced procedures is available.

3

**THIRTY-FIVE PERCENT (35%) INCREASE IN THE MAXIMUM CEILINGS OF BENEFIT PACKAGES** - Effective April 2009, allowances for benefit items posted an increase of more than 100 percent, as in the case of drugs and medicines for Case Type B illness in Primary Hospitals, from PhP 2,500 to PhP 9,000 per single period of confinement. Maximum benefit payments for professional fees increased by 136 percent for general practitioners and specialists combined.

4

**INTRODUCTION OF CASE PAYMENT FOR CATARACT EXTRACTION** - Effective May 1, 2009 admissions, all cataract extraction procedures were reimbursed on a case payment basis worth PhP 16,000. The new payment scheme was applied to all cataract surgeries performed in any accredited healthcare provider institutions whether done in outpatient or inpatient set-up regardless of the number of days of confinement.



**5 COVERAGE OF CONFIRMED CASES OF AH1N1 (H1N1)-** PhilHealth Board Resolution #1260 series of 2009 provide care for its members and their dependents infected with Influenza A (H1N1) virus. Benefit coverage includes a maximum of PhP 75,000 hospitalization benefits for members/dependents while a benefit limit of PhP 150,000 is set for qualified Healthcare Workers who contracted the virus while performing their duties or caring for the Influenza A (H1N1) patients as certified by DOH.

**6 COVERAGE OF “TAKE HOME” MEDICATIONS UNDER THE P100 PROGRAM OF DOH-** This is mandated by the Board Resolution # 1214 series of 2009, wherein coverage for drugs and medicines included take home medications, such as treatment packs worth PhP 100 for eligible Sponsored members.

**7 ENHANCEMENT OF REIMBURSEMENT LIMIT FOR NEWBORN SCREENING (NBS) TEST** -Members availing of the NBS for their babies thru the Newborn Care Package (NCP) are only required to pay a maximum of PhP 100 after deducting the PhP 500 PhilHealth allowance. The NCP includes eye prophylaxis., umbilical cord care, Vitamin K, thermal care, Bacillus Calmette-Guerin (BCG) and Hepatitis B immunization.

**8 INTRODUCTION OF THE MALARIA PACKAGE** - The PhP 600 case rate for this package is paid directly to accredited providers for required services for malaria patients such as diagnostic malaria smears and other laboratory procedures, drugs and medicines and consultation services including patient education and counselling

## Enhancing and Expanding Services

In 2009, PhilHealth accredited 1,654 healthcare providers and 23,500 healthcare professionals nationwide. Out of 2,226 RHUs only 1,301 (55 percent) were accredited. On the other hand, out of 1,784 licensed hospitals, 1,654 were accredited (90 percent). Although the number of PhilHealth accredited health facilities is increasing, this

is still below the National Objectives for Health (NOH) (2000-2005) targets of 80 percent for RHUs and 100 percent for hospitals.

There are 710 TB-DOTS and 627 Maternity Care Clinics providing quality healthcare services to members nationwide. See table below:

Healthcare Providers	Accredited
Institutional/Facilities	4523
Hospitals	1654
Ambulatory Surgical Clinics	36
Rural Health Units	1301
Authorized Hospitals	156
Free-standing Dialysis Clinics	39
TB-DOTS Centers	710
Maternity Care Clinics	627
Professionals	23501
General Practitioner	11042
Medical Specialist	11909
Dentist	195
Midwife	355

Additional budgetary resources for DOH and PhilHealth are earmarked by RA 9334 or the Sin Tax Law. The law provides that 2.5 percent of the incremental revenues from excise taxes on alcohol and tobacco products be allocated each to DOH and PhilHealth starting January 2005 to 2008. The PhilHealth share from sin taxes revenues is for meeting and sustaining the universal coverage of NHIP. For DOH, the revenues go to its disease prevention programs.

## Annex 1. 2009 LGU Scorecard Results

Indicator	2006	2007	2008	2009	2010
Filarisis MDA	68	68	76	69	85
Schistosomiasis	16	20	35	43	85
Malaria API (per 1000 population)	1.42	1.55	1.02	1.67	<0.1
TB CDR	72	72	70	69	70
TB CR	81	81	78	79	85
FIC	84	84	86	85	95
Initial Breast feed	68	72	73	68	85
PEM	12	10	12	10	24
FBD	33	38	38	47	70
CPR	39	39	38	39	85

2009 National Ave.

SERVICE DELIVERY

2009 National Averages

FINANCING

2 GREENS

Indicator	2006	2007	2008	2009	2010
Total Enrolled (NHIP)	46	47	58	90	85
Sponsored Enrolled (NHIP)	106	65	85	85	100
Prov. Health Budget (%)	20	16	17	22	22
Municipal Health Budget (%)	8	8	9	11	15
MOOE for Health (%)	20	22	23	23	45

Service Delivery	National	F16	F15	F44	ARMM	NCR
Safe Water	28	3	1	13	0	11
Sanitary Toilet	19	1	0	5	0	13
ALOS	87	14	12	40	4	17
BOR	27	5	5	11	1	5
GDR	47	11	3	22	2	10

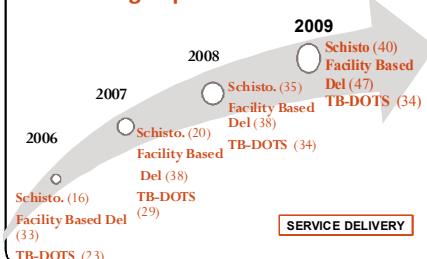
Indicator	2006	2007	2008	2009	2010
Safe Water	85	86	87	82	94
Sanitary Toilet	78	79	78	78	91
ALOS	3	3	3	3	5
BOR	71	79	78	72	85
GDR	0.68	1.66	1.94	0.92	0.99

2009 National Averages

SERVICE DELIVERY

3 GREENS

2009 Results  
Continuing Improvements



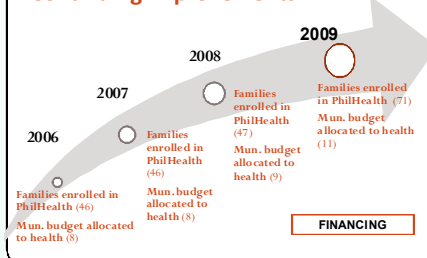
Regulation	National	F16	F15	F44	ARMM	NCR
OPB ACCREDITATION	36	11	5	13	1	6
MCP ACCREDITATION	2	0	0	0	0	2
TB ACCREDITATION	23	7	4	8	0	4
BOTICA NG BGY	29	4	2	17	0	6

Indicator	2006	2007	2008	2009	2010
OPB ACCREDITATION	49	57	56	65	80
MCP ACCREDITATION	13	14	17	14	90
TB ACCREDITATION	23	29	34	36	50
BOTICA NG BGY	1:49	1:13	1:7	7	1:2

2009 National Averages  
REGULATION

0 GREENS

2009 Results  
Continuing Improvements



Financing	National	F16	F15	F44	ARMM	NCR
Total Enrolled	20	5	3	10	0	2
Sponsored Enrolled	16	5	2	7	0	2
Prov. Health Budget (%)	18	5	1	12	0	0
Municipal Health Budget (%)	8	0	0	2	0	6
MOOE for Health (%)	0	0	0	0	0	0

Indicator	2006	2007	2008	2009	2010
Doctor to Pop. Ratio (1: )	32,633	31,897	31,049	30,982	20,000
Midwife to Pop. Ratio (1: )	5,134	5,109	5,766	6,605	5,000
Public Bidding	82	92	89	86	100
Financing Utilized	79	87	81	84	100
Audit Objections Cleared	52	54	91	93	100

2009 National Averages

GOVERNANCE

0 GREENS

Service Delivery	National	F16	F15	F44	ARMM	NCR
Filarisis MDA	6	3	1	2	0	
Schistosomiasis	4	0	1	1	2	
Malaria API	6	3	0	3	0	
TB CDR	52	12	11	17	1	10
TB CR	41	12	4	19	0	6
FIC	13	3	1	2	1	6
Initial Breast feed	19	4	2	11	1	1
PEM	87	15	14	39	2	17
FBD	15	4	1	1	0	9
CPR	0	0	0	0	0	0

GOVERNANCE	National	F16	F15	F44	ARMM	NCR
Doctor to Population Ratio	21	4	1	8	0	8
Midwife to Population Ratio	52	13	7	27	3	2
Public Bidding	30	7	4	13	1	5
Financing Utilized	22	8	3	7	1	3
Audit Objections Cleared	24	5	2	10	2	5

# ANNEXES

## Annex 2. Health Policy Notes Published in 2009

### HEALTH REGULATION:

- Access to Medicines at the Point of Service Delivery
- Essential Drug Price Monitoring System
- Ensuring the Quality of Medicines Through Post Marketing Surveillance
- Framework for Drug Price Control in the Philippines
- Impact of Global Economic Crisis on the Philippine Health Sector
- Sustaining the Gains of Effective Regulation for Health

### HEALTH CARE FINANCING:

- The Role of Private and Local Government Health Insurance Schemes in Achieving Universal Coverage: Opportunities and Risks
- NHIP Membership and Contribution: Braving the Challenges of Universal Coverage
- Improving PhilHealth Benefits and Provider Relations: Leaping Forward in 2009 and Beyond
- Health Sector Performance on Health Financing: Are We Progressing Towards Equitable and Efficient Financing for Health?

### HEALTH SERVICE DELIVERY:

- Health Sector Performance on Service Delivery: Have We Achieved Availability and Accessibility of Essential Health Care for All?

### HEALTH GOVERNANCE:

- A Review of Health Governance Status and Achievements

## Annex 3. Issued Policies on Good Governance in Health

NUMBER	TITLE
2009-0004	Adoption of the Revised DOH Code of Conduct
2009-0007	Implementing Guidelines for the CHD Scorecard
2009-0008	Guidelines for the Adoption of More Efficient and Effective Development, Approval and Implementation of PIPH / AOP under FOURmula One for Health
2008-0016-A	Amendment to Administrative Order No. 2008-0016 "Implementing Guidelines on Monitoring and Evaluation for Equity and Effectiveness (ME3) in Support of Health Sector Strengthening through FOURmula One for Health"
2009-0018	Adoption of the Development Partner Scorecard under the Monitoring and Evaluation for Equity and Effectiveness (ME 3)
2009-0019	Procedures on Handling Complaints in the Department of Health
2009-0020	Interim Guidelines for the Disposal of Health/ Medical Records of Private Healthcare Facilities Damaged by the Typhoons
2009-0022	Guidelines on the Determination of Funds for Transfer to Local Government Units Year 2010
2009-0026	Implementing Guidelines for Institutionalizing the Estimation and Use of Local Health Accounts (LHA)

## Annex 4. MDRTB Service Delivery Points

MDRTB		Public		Private
Treatment Center	1.	Lung Center of the Philippine	1.	Makati Medical Center
	2.	Dr. Jose N. Rodriguez Memorial Hospital	2.	Kabalikat sa Kalusugan (KASAKA)
	3.	Eversley child Hospital	3.	Philippine Tuberculosis Society Inc, Tayuman
	4.	Ilocos Training and Regional Medical Center	4.	De La Salle Health Services
	5.	Davao Medical Center	5.	Community of German Doctors
			6.	Sorsogon Medical Mission Group Hospital and Health Services Cooperative
DST Center	1.	National Tuberculosis Reference Laboratory	1.	Tropical Disease Foundation
	2.	Cebu TB Reference Laboratory		
Culture Center	1.	National Tuberculosis Reference Laboratory	1.	Tropical Disease Foundation
	2.	Lung Center of the Philippines	2.	Quezon Institute
	3.	Region 1		
	4.	Region 5		
	5.	Region 10		
	6.	Region 11		
	7.	Cebu Tuberculosis Reference Laboratory		

## Annex 4. Referral Centers for Emerging and Re-emerging Infectious Diseases Like Influenza A (H1N1)

Classification	Name of Hospital	Contact Number
National Referral Center	Research Institute for Tropical Medicine Alabang, Muntinlupa City	809.7599
Sub-national Referral Center	San Lazaro Hospital Quiricada St., Sta. Cruz, Manila	732.37760 to 78
	Lung Center of the Philippines Quezon Avenue, Quezon City	924.6101 924.0707
	Vicente Sotto Medical Center Cebu City	(032) 253.9882/254.0057
	Davao Medical Center Bajada, Davao City	(082) 221.6574
Satellite Referral Hospitals	Regional Hospitals/Medical Centers of 16 Regions	

## Annex 6. Immunization Accomplishments, by Antigen, Philippines 2009

ANTIGEN	NUMBER	PERCENT
BCG	2,247,528	90
DPT1	2,250,586	90
DPT2	2,208,571	89
DPT3	2,174,288	87
OPV1	2,210,923	89
OPV2	2,200,086	88
OPV3	2,165,262	87
HEPA B1 (within 24 hours)	837,720	34
HEPA B1 (more than 24 hours)	1,550,775	62
HEPA B2	2,143,934	86
HEPA B3	2,138,753	86
Measles	2,209,583	89

## Annex7. Issued Policies on Health Service Delivery

NUMBER	TITLE
2009-0001	Revised Policy and Guidelines on the Diagnosis and Treatment for Malaria
2009-0003	Technical Guidelines for Implementing DOTS Strategy in Jails and Prisons
2009-0006	Guidelines on Antiretroviral Therapy (ART) Among Adults and Adolescents with Human Immunodeficiency Virus (HIV) Infection
2009-0009	Application of Department of Health Policies, Plans and Guidelines Pertaining to Influenza A H1N1 Virus
2009-0010	Rules and Regulations Promoting a 100% Smoke Free Environment
2009-0011	Guidelines to Implement the Provisions of Republic Act 9442, otherwise known as “An Act Amending Republic Act No. 7277, otherwise known as the “Magna Carta for Disabled Persons, and for Other Purposes,” for the Provision of Medical and Related Discounts
2009-0012	Guidelines Institutionalizing and Strengthening the Philippine Renal Disease Registry (PRDR) under the Department of Health (DOH)
2009-0013	Declaring the Month of July Every Year as the Mass Treatment and Awareness Month for Schistosomiasis in the Established Endemic Areas in the Philippines
2009-0016	Policies and Guidelines on the Prevention of Mother to Child Transmission (PMTCT) of Human Immunodeficiency Virus (HIV)
2009-0021	Diagnosis and Treatment Guidelines for Capillariasis Infections
2009-0023	Guidelines on the Institutionalization of a Drug-Free Workplace Program in the Department of Health and Other Government Agencies
2009-0024	Reconstitution of the Country Coordinating Mechanism (CCM) in Support of the Implementation of the Global Fund to Fight Against AIDS, TB and Malaria (GFATM) Grants in the Philippines
2009-0025	Adopting New Policies and Protocol on Essential Newborn Care
2009-0027	Amendment to AO 2007-0029 re: Revised Guidelines on Management of Animal Bite Patients
2009-0028	Designation of the Newborn Screening Reference Center (NSRC), National Institutes of Health - University of the Philippines, Manila to Oversee the Quality Assurance Program for G6PD Confirmatory Test
2009-0030	Revised Policies and Guidelines in the Conduct of Foreign Surgical and Medical Missions (FSMM) in the Country

## Annex 8. Issued Policies on Health Regulation

NUMBER	TITLE
2009-0002	Addendum to Administrative Order No. 1 s. 2003, Operational Guidelines in the Conduct of Pre-Employment Medical Examination of Overseas Workers and Seafarers
2005-0003-C	Addendum to Administrative Order No. 2005-0003, Guidelines on the Issuance of Certificate of Product Registration for Water Purification Equipment and Device
2009-0005	Revised Policies and Guidelines on the Regulation on the Issuances of a License to Operate (LTO), Certificate of Conformity and Certificate of Customs Release Prescribed to Manufacturers, Importers and Distributors of Toys in the Philippines
2009-0014	Guidelines for the DOH Integrated Drug Test Operations and Management Information System (IDTOMIS) Subscription/User Fee Collection and Utilization
2009-0017	Interim Guidelines for the Rendition of Quarantine Services and Quarantine Personnel Assignment Applicable to Offshore Operations Areas / Locations within the Philippines
2005-0029-A	Addendum to AO No. 2005-0029 entitled Amendment to Administrative Order No. 147 s.2004: Amending AO No. 70-A s.2002 re: Revised Rules and Regulations Governing the Registration and Operation of Hospitals and Other Health Facilities in the Philippines



# DOH OFFICIALS



SEC Francisco Duque III



USEC Mario Villaverde



ASEC Paulyn Jean Rosell-Ubial



USEC David Lozada



ASEC Gerardo Bayugo



ASEC Lydia Fernandez



ASEC Nemesio Gako



ASEC Elmer Punzalan



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