

Setting the Momentum for Health Reforms



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Department of Health
Annual Report 2001

Setting the Momentum for Health Reforms

DOH Annual Report 2001



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Ten Principles of Good Governance in the Department of Health

By Manuel M. Dayrit, MD, MSc
Secretary of Health

1. Health is a tool for development. It is an anti-poverty measure that we must recognize. We must maximize its power to reduce inequity and provide the demands of social justice.
2. Government is the major factor in the fight against poverty through the provision of basic health services.
3. Inefficiency, incompetence and corruption are the major obstacles in the provision of quality health care. We must fight these ills with transparency, efficiency, integrity and sense of accountability.
4. Devolution is a reality we must accept and manage properly.
5. There are many stakeholders who will abet or hinder the achievement of health for our people. We must identify these stakeholders and harness their support. The health sector reform agenda will be pursued.
6. The provision of health care is a seamless effort which encompasses preventive and curative interventions. We must synergize efforts across the spectrum of interventions. Accessible, affordable and quality health care must be integrated geographically.
7. We must view regions as the center of gravity in the management of devolution. The Central Office will be reduced to a smaller group of highly technical and highly competent experts in planning and management.
8. We should be sensitive to the needs of our people. They are our strongest resource. Let us harness their strengths and put in place mechanisms to develop their managerial capabilities.
9. While we are able to plan well, we should be able to execute well.
10. I want this administration to be known as the one that made devolution work. We cannot provide preventive and curative interventions unless devolution works. Devolution is NOT the problem but the SOLUTION to the problem. As this might be my commitment to you, we should remain focused on our objectives, act in unison, minimize distractions and dissensions so that we can move further ahead.

New Sense of Optimism and Purpose

Manuel M. Dayrit, MD, MSc
Secretary of Health

The year 2001 will remain an interesting time in our history as a nation, and a most favorable time for us to be riding on the crest of a liberating political event - to institute our own changes for a more responsive health system.

With earnest efforts, we will continue to gain the right work values, and ethical standards. Learn new knowledge, and acquire better skills. Build partners, and strengthen networks. And for all of us – to become the leaders, and catalysts who will create the right environment for more efficient, and effective health systems.

In 2001, we moved towards health reforms as embodied in the Health Sector Reform Agenda (HSRA). This is the framework of the major strategies, organization, and policy changes; and public investments to improve our hospital systems, public health programs, local health systems, health regulatory systems, and health financing systems.

We find new purpose in our role as builders of the capacity of our partners, and the institutions they represent through the development of better systems. Our objective is for them to take active roles as well, in the reform process. We do this through technical collaborations, logistical support, provision of grants and allocation, and other partnership mechanisms.

Realistic targets drive us, knowing that the reform process covering a comprehensive agenda, would take time to be fully implemented at a national scale. We have concretised the reform process in a Health Sector Reform Implementation Plan to involve advance implementation areas, or convergence sites, where the five reform areas would be implemented as a package.

This year, 13 convergence sites have already been established, and with the initial critical activities in various stages of implementation. So far, they have produced favorable interest, and strong commitment from the LGUs, and other stakeholders. These are solid indications of the momentum the reform process has generated, and of a bright outlook for the years ahead.

In the spirit of health reform, and in line with the thrusts of President Gloria Macapagal-Arroyo for more programs to benefit the poor, **Pharma 50** and **Plan 500** were conceived. **Pharma 50** was the government's response to the need to bring down the prices of commonly used drugs, and medicines to affordable levels. This is a collaborative effort of the **Department of Trade and Industry (DTI)**, and the **Department of Health (DOH)**, and their attached agencies, the **Philippine**

International Trading Center (PITC), and the **Bureau of Food and Drugs (BFAD)**. This program has resulted in reducing the price of some 40 imported drugs by at least 50 percent. **The Philippine Health Insurance Corporation (PHIC)** or **PhilHealth** launched **Plan 500** in urban poor LGUs to expand the health insurance coverage to 500,000 urban poor.

While we have fixed our sights on this process of change, and continue to mark its high points, we have remained steadfast in meeting our commitments to ongoing programs, and projects, as well as in responding to the immediate needs of our constituents as various global events unfold that impact on health.

We have shown our capability to respond to the threat of bio-terrorism by addressing with dispatch the "anthrax-scare", the "influenza-panic", and mad-cow disease. We made available our bio-defense laboratory facilities, and manpower

where suspect mails were concerned, and waged an information dissemination drive on the nature of anthrax, and what to do in case of exposure to the bacteria.

We proved that a sober, and immediate assessment of any imminent danger or threat is the best way to allay fears, and dispel rumors of "imminent life-threatening epidemic."

We have remained alert against dengue fever, and doubled our efforts in our campaign against tobacco-smoking, and other substance abuse. The polio-free maintenance immunization campaign successfully immunized 12 million children below five years old to sustain the polio-free status of the Philippines. In

2001, the Oplan - Iwas Paputok program has dramatically reduced by 70 percent the injuries related to New Year's Day fireworks.

More than ever, these commitments have given us the opportunity to demonstrate organizational, and administrative mechanisms to push system-wide reforms in the next years to come. In effect, we are gearing up for the imminent changes, and building the model for nationwide replication of the process of reform.



Dr. Dayrit personally attends to the needs of the DOH's constituents.

Setting the Momentum for Health Reforms

In 2001, the momentum for health reforms has accelerated, and the energy generated over the initial phase has been funneled to jumpstart the initial critical activities in the Health Sector Reform Agenda Implementation Plan.

AO 37 (2001), HSRA Implementation Plan - This order from the Office of Secretary Manuel M. Dayrit contained the guidelines for the implementation of the reform agenda, the detailed plans with regards to its operationalization including organizational, and administrative support, implementing strategy, convergence sites, and expected outcomes.

Implementation Strategy - The five component areas of the HSRA are to be implemented as a single package in advance convergence sites because they are highly interdependent, and complementary. For example, social health insurance reforms through the NHIP, particularly the expansion of the program for indigents, will make hospital autonomy viable, and will ensure that the poor remains protected. Hospital reforms, in turn, will free resources for investments in public health programs, local health systems development, and health regulation at national, and local levels. Effective public health programs, and local health systems should relieve the NHIP from paying for hospitalizations that should otherwise have been prevented, or better handled at primary care facilities.

Remarkable progress in varying levels of achievements is being made in the 13 convergence sites, indicating the soundness of the convergence approach. Local government executives are providing full political, and logistical support; and local technical leadership exists.

HSRA IN CONVERGENCE SITES - The reform package is currently implemented in selected convergence sites, where the five component reform areas are implemented as a single package. Sixty-four convergence sites were identified, with 13 already established. These are in Pangasinan, Nueva Vizcaya, Bulacan, Pasay City, Capiz, Negros Oriental, South Cotabato, Misamis Occidental, Palawan, Southern Leyte, Agusan del Sur, Baguio City, and Ifugao.

Selection Criteria - The convergence sites were chosen based on the following criteria: (1) strong interest, and commitments from local executives; and, (2) initiatives on health reflective of responsive, and dynamic health systems. The number of convergence sites is defined by the capacity of DOH and PhilHealth to provide enabling resources.



There is new vitality in the implementation of health programs with the strong support of no less than President Gloria Macapagal-Arroyo and local government executives.

The Convergence Approach Works in Capiz

The various health reform activities in Capiz are showing remarkable progress and irreversible momentum. Local reform initiatives are in place, and are moving on their own. Majority of these activities have occurred through the initiatives of the LGU, and the various key officials identified as members of the Health Sector Reform Advocates Team with technical assistance from the DOH, and the Health Sector Reform Technical Assistance Program (HSRTAP).

Capiz is ahead of the other convergence sites in the implementation of PhilHealth Plus (formerly referred to as the Health Passport). Close to 9,000 indigents have already been enrolled in the program, and this constitutes about seven percent of the entire population of the province. Moves to increase coverage among the informal sector are underway. The province is also working for the expansion of benefits provided by PHIC to include diagnostics, and that by the year 2004, all Rural Health Units (RHUs) should be receiving their capitation funds.

Hospital reforms are also moving quite well. Various trainings and workshops were conducted for the hospital staff. Part of the hospital income is now being used to improve hospital services. Capiz aims at strategically positioning the hospitals within an integrated management system or Inter-Local Health Zones (ILHZ), with fiscal autonomy wherein 50 percent of the MOOE revenue is generated. The second objective is to have all eight hospitals Sentrong Sigla-certified, and PHIC-accredited.

Access to essential medicines has been greatly improved with Pharma 50. Ongoing drug use review activities will be necessary to ensure that drugs available in the different hospitals are used rationally.

The province has created five ILHZs: Roxas City, Baitan, Mambusao, Dao, and Tapaz with organized management structure, and signed MOA with all LGUs. The Integrated Community Health Services Project (ICHSP) Replication plan was formulated, and the priority areas identified.

With the establishment of five inter-local health zones (ILHZs), it is quite evident that local health system reforms have already commenced. The ILHZ Action Team is overseeing the activities of the different ILHZs, and monitoring their progress through monthly meetings. ILHZ Boards, on the other hand, meet quarterly to set policy and guidelines for implementation. Meantime, they are focusing on setting up the referral system.

The convergence workshops produced two major accomplishments: (1) a convergence work plan (for the province or city) that will serve as the road map in implementing the various reform activities; and, (2) the organization of provincial, or city health reform teams who will ensure that the reforms are actually carried out.

• HOSPITAL SYSTEM REFORMS

The hospitals in the convergence sites are now implementing programs to improve management systems, and quality of services. They are also pursuing measures to increase, and retain revenues they generate to augment their budgets.

The key staff of provincial, and district hospitals in almost all of the convergence sites have been trained on the 5S technique, a Japanese technique designed to upgrade the work environment, as well as improve the staff attitude towards work.

• LOCAL HEALTH SYSTEMS DEVELOPMENT

The vitality observed in the 13 convergence sites demonstrates the advantages from inter-LGU collaboration, and cost sharing. Negros Oriental, South Cotabato, and Capiz have all organized

inter-local health zones (ILHZ) covering all municipalities in these provinces.

To date, 23 ILHZs are already organized, and seven are functional. These are the five ILHZs in Negros Occidental, and two in Iloilo.

A manual on organizing inter-local health zones was developed as the main tool by the Bureau of Local Health

Development (BLHD) in accelerating the propagation, and promotion of this reform component.

• PUBLIC HEALTH PROGRAM REFORMS

Five high impact public health programs that respond to the needs of the majority of Filipinos, especially the poor, shall be

LGU	No. of ILHZ
Aklan	4
Antique	4
Capiz	5
Guimaras	1
Iloilo	11
Negros Occidental	6

integrated in the health benefits package of Health Passport holders. These are the National TB Control Program, Control of Vector-borne Diseases, Vaccine Preventable Disease Control Program, Women's Health Program, and Child Health Program. More information on accomplishments related to the delivery of public health programs are found in another section of this report.

PhilHealth has accredited 65 RHUs, in convergence sites, and Plan 500 areas located in Pasay City (11), Makati (18), Valenzuela (3), San Juan (2), Capiz (11), Laguna (12), Batangas (4), South Cotabato (2), Ilocos Norte (1), and Sagay (1).

The accreditation of RHUs, the traditional providers of public health service, marks PhilHealth's initiative to expand its provider base, and for the RHUs to avail of capitation arrangement for its outpatient services, especially for maternal, and reproductive health.

● HEALTH REGULATION REFORMS

The convergence sites have shown significant level of progress in the area of drug management systems reform. All sites have organized, and trained Therapeutics Committees (TC). This has considerably improved the selection of drugs to be procured by convergence LGUs. Some of the sites have even developed their own local drug formularies.

Capiz leads the 13 sites in terms of experience with procurement, and retail distribution of parallel drug imports. Almost all sites are now implementing innovative drug procurement methods such as bulk, or pooled procurement, including the procurement of parallel drug imports. Some sites have significantly reduced the procurement cost of drugs because of improved drug selection, and procurement systems.

● HEALTH CARE FINANCING REFORMS

The enrolment of the poor under the indigent program of NHIP is actively pursued in the 13 convergence sites. The provinces of Capiz, South Cotabato, Misamis Oriental, and Pasay City appear to be the leading achievers in this reform area.

Some constraining factors, such as LGU reservation on their share of premium payment eventually becoming unaffordable to them, or the insufficient information on the program, have slowed down the progress of this reform in some convergence sites. The necessary measures to address these concerns are currently being worked out.



The fight against TB is one of the major thrusts under the Public Health Programs Reforms of HSRA.

Revenue Enhancement - The Negros Oriental Provincial Hospital Experience

The Negros Oriental Provincial Hospital (NOPH) has found success in its income retention scheme, which could serve as a model to other hospitals. This scheme allows the hospital to retain its entire income, and to use it to augment its regular budget.

While the hospital income is still remitted to the provincial treasury, it goes to a "restricted account" for the exclusive use of the hospital. In other words, it is not combined with other provincial revenues. Formal approval by the Commission on Audit (COA), and the Department of Budget and Management (DBM), as well as provincial council resolutions made this scheme legal.

Although there has been no formal study on the impact of this scheme on the improvement of the quality, and quantity of NOPH services, it has become clear that services in this hospital has not deteriorated in the way of many devolved hospitals.

The Negros Oriental revenue retention scheme has the potential of becoming a viable, and less intimidating alternative to corporatization as a strategy for achieving the goals of public hospital reform.

REFORMS IN NON-CONVERGENCE SITES - Outside of the 13

convergence sites, the implementation activities of health sector reforms are selective, and institutional reforms are focused only on critical activities that are sufficient to generate momentum towards completion of the health sector reform agenda. Individual reforms in specific areas are being implemented through the initiatives of the CHDs.

Institutional activities for basic elements of the reform include all of the following: (1) **Pilot Hospital Fiscal/Managerial Autonomy Programs for some DOH hospitals;** (2) **Sustained Financing and Technical Leadership for Public Health;** (3) **Inter-LGU Cooperation and Cost Sharing Schemes;** (4) **Strengthened Regulatory Activities;** and (5) **Social Health Insurance.**

All **Centers for Health Development**, devolved, and retained hospitals throughout the country have developed their respective implementation mechanisms, and activities that are now in varying degrees of progress. These are mostly done on their own initiatives.

The following is a summary of health reform activities, aside from the public health reforms included in the priority thrusts of the DOH in non-convergence sites:

• HOSPITAL REFORMS

Related reform activities are slowly taking shape outside of the convergence sites. Major preparatory activities towards the pilot corporatization of the **Ilocos Training and Regional Medical Center (ITMRC)**, and the **Quirino Memorial Medical Center (QMMC)** for the granting of fiscal, and management autonomy were intensified in 2001. The National Center for Health Facility Development (NCHFD) took the lead in the formulation of policies, and guidelines for the implementation of Hospital Corporate Restructuring through EO 181, and 172 s. 2001.

Toward this end, the following activities in the two pilot hospitals were completed to start the corporatization process, these are:

- Conducted Inventory of Assets and Liabilities, and Personnel Audit for QMMC, and ITRMC,
- Submitted Concessionaire Agreement, and EO for QMMC, and ITRMC to the **Office of Government Corporate Counsel (OGCC)**, and **Department of Justice (DOJ)** for legal opinion,
- Assessed Information System and Standard Operating Procedure of QMMC,
- Submitted the DOH draft Bill for the Corporate Charter of ITRMC to the Office of Senator Juan M. Flavies, and final draft of Medical Staff By-Laws for ITRMC,
- Conducted two policy, and 18 advocacy fora on corporate restructuring,
- Designed a Communication Plan in support of corporate restructuring, and
- Revised the patient classification through approved AO 51-A s. 2001,

otherwise known as *Implementing Guidelines on Classification of Patients and on Availment of Medical Social Services in Government Hospitals*.

The following is a summary of other activities related to hospital reforms undertaken for the year 2001. These are:

- 24 government hospitals were assessed for operations and financial viability.
- One post evaluation workshop was conducted on Hospital Costing Method and Rate Selling.
- Completed a research paper on Indices of Performance for Government Retained Tertiary Hospitals.

• LOCAL HEALTH SYSTEMS REFORMS

A groundswell for ILHZs is gaining momentum in most provinces, and municipalities through the initiative of both health reform advocates, and LGEs. Frameworks for other health systems such as the small island health system are also currently being developed.

The **Sentrong Sigla (SS)** movement has been successful in promoting improved, and quality health services. It has become a natural adjunct to local health systems reform for giving impetus for LGEs to continue appropriating financial, and logistic support. These go to the upgrade of health facilities, and manpower to meet the required high standards prescribed for Sentrong Sigla certification.

The following is a summary of activities related to local health systems reforms undertaken for 2001. These are:

- Developed guidelines for the conduct of inventory, and assessment of local resources, and facilities, such as:
 - ◆ Upgrading of devolved health facilities for **Sentrong Sigla**, and **PhilHealth** accreditation, and
 - ◆ Identification of training needs on quality improvement.
- Documented four models on health management sub-systems namely:
 - ◆ Integrated Provincial Health Planning
 - ◆ Hospital Management and Information System
 - ◆ Health Referral System
 - ◆ Health Care Financing
- Submitted amendments to the Local Government Code regarding the District Health Board.



Organizational meeting and consultation for the Boracay Small Island Health System.

• PUBLIC HEALTH PROGRAM REFORMS

To improve the delivery of health services, the following activities were undertaken:

- Completed 75 percent of mapping, and profiling of public health facilities,
- Completed construction of one vaccine facility in Alabang,



A regional Sentrong Sigla awarding ceremony in Zamboanga City.

- Filed Senate Bill No. 1 on Tobacco Control, and
- Enhanced capacity of 11 FETP graduates, and 24 FMTP graduates.

• HEALTH REGULATION REFORMS

The **Gawad Botika ng Sentrong Sigla** was developed to showcase the BFAD Quality Seal for drug retail outlets. It has assessed 466 drug retail outlets for the award. Four chain/four single drugstores were each given Plaques of Recognition, and 12 single/15 chain drugstores, Certificates of Recognition.

P 82 million additional investments are proposed in the CY 2002 budget for the modernization of BFAD. Its policies and procedures are currently under review in a move to streamline services. If necessary, obsolete and ineffective policies, and procedures would be revised.

• HEALTH CARE FINANCING REFORMS

Following the lead provided by the DOH relative to HSRA, PhilHealth successfully launched the Health Passport in 14 LGUs in the convergence sites, aside from implementing Plan 500 in non-convergence sites. A total of 156,039 urban poor families were enrolled in the indigent program of PhilHealth from March to December 28, 2001.



PhilHealth has successfully launched Plan 500 in partnership with LGUs, involving the enrolment of jeepney and tricycle drivers.

The outpatient diagnostic package for members of the indigent program is initially implemented in the convergence sites, and **Plan 500** areas. This is made possible through accredited RHUs, and is being paid through capitation. This provision is in recognition of the vital role of LGUs both as financial intermediary, and provider of health services.

Strong advocacy coupled with networking, allowed for the smooth implementation of the **Health Passport**, attaining in the process, 35 percent coverage of the universal health insurance program.

The capitation arrangement with PhilHealth made possible for recipient facilities to provide outpatient benefit packages for Health Passport holders. The accreditation of some 65 RHUs marks PhilHealth's bid to expand its provider base, and realize its goal of improving access to health services.

• SUPPORT TO THE REFORM INITIATIVES

The **DOH Strategic Plan 2001-2004** provides the support mechanism and direction for the implementation of the reform agenda, including the institutional reform initiatives being carried out in various CHDs throughout the country. The DOH Strategic Plan 2001-2004 already incorporates the organizational structure and functions under EO 102 and was initiated by the **Health Policy Development and Planning Bureau (HPDPB)** together with the other Bureaus and Services in the DOH Central Office.

MANDATE

EO 102 mandates the DOH to provide assistance to LGUs, NGOs, other national government agencies, peoples organizations (POs), and other members of the health sector in effectively implementing programs, projects and health care services to every Filipino.

VISION

The Leader of Health for All in the Philippines

DOH will be the staunch advocate and model in health for all. It will set the standards within the country for performance, and health systems that affect the ideals of quality, equity, and sustainability in health care.

MISSION

Guarantee Equitable, Sustainable and Quality Health for All Filipinos, Especially the Poor, and Lead the Quest for Excellence in Health

DOH will do this by seeking all ways to establish performance standards for health human resources, health facilities and institutions, health products and health services that will produce the best health systems not only for the country. It will direct its constitutional mandate to safeguard and promote health for all Filipinos particularly the poor and the vulnerable, including all constituents within the Philippines, regardless of creed or nationality.

Meeting the Challenge of the President

In her 2001 State of the Nation Address (SONA), President Gloria Macapagal-Arroyo made several commitments calculated to improve access, and delivery of social services to the poor and marginalized sector. Two of President Macapagal-Arroyo's urgent commitments: (1) reduction of the cost of drugs and medicines commonly used by the poor, and (2) expansion of the coverage of health insurance to poor families - are in fact two of the major areas of reform under the HSRA, such as, Health Regulation Reforms, and Health Financing Reforms.

Significant progress was made by the DOH in attaining its pledge of reducing by half the prices of drugs commonly used by the poor. The number of drugs for price reduction under the **Pharma 50 Project** has increased from eight to 40 imported drugs.

Pharma 50 has become the main source of drugs being retailed in the project's distribution network because of their low procurement costs, and their assured quality.

A Pharma 50 Unit was created to oversee project implementation, and continue the monitoring of drug prices on a monthly basis through the Drug Prices Monitoring System.

The retail distribution network was expanded to include all 76 DOH hospitals, and several district, and provincial hospitals, Botika ng Barangay, and 300 NFA rolling stores as outlets for low-priced quality drugs. The hospitals will carry assorted, affordable medicines acquired through parallel importation, and through local manufacturers. The NFA rolling stores carry household remedies, herbal medicines, and over-the-counter drugs. This is the result of a MOA between the DOH through its attached agency, the **Philippine Institute of Traditional and Alternative Health Care (PITAHC)**, and the **National Food Authority**.

Additional 800 Botika ng Barangays in hard-to-reach areas shall be provided with P20M worth of seed money as part of the total P100M support from the **Philippine Charity Sweepstake Office (PCSO)** to the DOH SONA commitment to lower drug prices.

Discussions were initiated to allow the retail distribution of parallel drug imports by the private sector, in order to accelerate the attainment of the objective of reduced drug prices for all Filipinos.

To effectively expand the coverage of the National Health Insurance Program (NHIP) to include the poor, the Philippine Health Insurance Corporation (PhilHealth), launched Plan 500 with a target enrollment of 500,000 urban poor by July 2002.

By yearend, PhilHealth has enrolled 156,039 households in 305 LGUs, with a total 720,000 beneficiaries. Efforts on the first six months centered on networking with LGUs, accreditation of health providers, and other support activities. Aside from LGUs, legislators, the private sector were tapped for Plan 500. Coordination with other government agencies, NGOs, private sector, and individuals were also undertaken.

The outpatient diagnostic package for members of the indigent program is initially implemented in the HSRA convergence sites, and Plan 500 areas. This is made possible through accredited RHUs, and is being paid through capitation. This provision is in recognition of the vital role of LGUs both as financial intermediary, and provider of health services.



Health financing reform would translate to the expansion of coverage for the most cost-effective services, particularly primary health care and preventive services, where interventions produce the greatest improvement in health status.

Focusing on Public Health Priorities

To hasten public health reforms, all **Centers for Health Development** throughout the country have doubled their efforts in achieving the national objectives for health, particularly with regards to the five high impact programs that respond to the needs of majority of Filipinos, particularly the poor. These are the National TB Control Program, Control of Vector-borne Diseases, Vaccine Preventable Disease Control Program, Women's Health Program, and Child Health Program.



Garantisadong Pambata provides protection to children through its five key life-saving interventions.

The implementation of Directly Observed Treatment Short Course (DOTS) Chemotherapy was expanded to Abra, Nueva Vizcaya, Mountain Province, and Batanes. It was also started in Nueva Ecija, and Cagayan. Anti-TB drugs were given to 231,105 patients. Overall, NTP achieved 97 percent total target population DOTS coverage.

In two rounds of Garantisadong Pambata Program, 7,239,445 children aged 12-59 months were given Vitamin A capsules, while 45,000 children were given immunization against measles. Garantisadong Pambata, held last April and October this year, was refocused to zero in on five key life-

saving interventions: vaccination, exclusive breastfeeding, Vitamin A supplementation and food fortification, salt iodization and loving care of the children.

The Polio-Free maintenance immunization campaign successfully immunized 12 million children below five years old to sustain the polio-free status in the Philippines. All children below five years old will be immunized against polio starting with 716,500 children in the municipalities of Cavite, Laguna, Quezon, Bukidnon, and Misamis Oriental.

Increasing cases of dengue was noted from January to November 2001, resulting in admission of 20,612 dengue fever cases to sentinel hospitals nationwide. 145 deaths were recorded, corresponding to a case-fatality ratio of one percent. Various actions were immediately done to address this concern.

The Dengue Coordinating Committee was reconstituted, and Case Management Guidelines were disseminated to hospitals, and CHDs. The amount of P700, 000 was spent for health education, advocacy, and IEC materials. These were distributed to the Department of Education, Culture and Sports (DECS), and field health offices. LGUs were reminded to organize community clean-up campaigns to destroy all possible mosquito-breeding sites in preparation for the dengue upsurge.

Under the rabies prevention, and control program, post exposure treatment to high-risk animal bite victims was provided amounting to P24, 375,000. Animal bite treatment centers with staff trained in intradermal regimen of anti-rabies administration were also established.

Responding to Health Emergencies Nationwide

CONTROL AND PREVENTION OF DISEASES

Dengue. As a result of the intensified dengue awareness and advocacy campaign, at least 100,000 cases did not occur as expected, saving the government millions of pesos in hospitalization expenses in 2001.

Measles and other childhood diseases. Vaccination and effective campaigns were sustained especially in Metro Manila, and urban areas where measles remains high.

Food and water-borne diseases (hepatitis, malaria, typhoid, and others). The DOH, Metro Manila Development Authority (MMDA), and the Department of Interior and Local Government (DILG) launched an intensive awareness campaign on Solid Waste Management wherein the DOH shared its multimedia resources with these agencies. One hundred Metro Manila barangays that implement effective waste segregation, composting, and recycling were recognized during the first 100 days of Secretary Dayrit's administration.

IMMEDIATE RESPONSE TO DISASTERS AND CRISES

From February 20 to December 2001, the DOH provided immediate health services that were personally supervised by Secretary Dayrit in response to several emergencies.

Dr. Dayrit personally attended to these emergencies to ensure the immediate assessment, adequate, timely response of the health teams. His hands-on approach provided the DOH with quick assessment of the efficiency, and needs of field response teams, and systems.

TIMELY HEALTH ADVISORY AND ADVOCACY CAMPAIGNS

Sober assessment of health problems brought by global events (mad cow disease, bio-terrorism, anthrax scare, PPA (phenyl propanolamine, GMOs, soy sauce, among others), allayed fears and prevented panic. Surveillance of neurologic manifestations of illnesses, and food sources continues to allow for timely and evidence-based health bulletins.

ANTI-POVERTY PROGRAMS OF THE DOH

Improved access to tertiary care services in KALAHI areas. Since May 2001, DOH retained hospitals provided medical, pediatric, surgical, dental, and laboratory services in all the areas identified by the National Anti-poverty Commission (NAPC),



Dr. Dayrit with Department of Agriculture officials at the height of the "mad cow" scare, showed that the country's beef supply remains safe.

and Philippine Commission for the Urban Poor (PCUP). A total of 27,847 patients were seen by 14 DOH hospitals in about 30 KALAHI areas. Severe cases detected were admitted in the DOH hospitals.

Development and implementation of a more culturally integrated, thus more effective, family planning and responsible parenthood program. Recently, a more aggressive campaign for natural family planning methods, which includes the newly launched Standard Days Method or Necklace Method, has been undertaken with government private sector partners to increase couples' access to family planning methods that are best suited to them.

Central to this campaign is improving the levels of fertility awareness among couples as well as encouraging local governments to support, and advocate for responsible parenthood in their respective localities.

RESPONSE TO THE LONG STANDING PROBLEMS OF LACK OF HEALTH PERSONNEL ESPECIALLY DOCTORS IN POOR AND INACCESSIBLE AREAS

Training for the Doctors to the Barrios Program (DTTB): The Doctors to the Barrios Program is being transformed into a systematic, and more sustainable graduate program in Health Management and Local Governance. The three-year proposed graduate program is envisioned to provide additional support, and incentive to volunteer doctors to eventually remain in the community. Discussions with the Ateneo Graduate School of Business, and a private company, that will provide financial support to the program are ongoing.

Thirty-eight new doctors, and four relievers were assigned to depressed communities. Sixty-five doctors from the DTTB are currently deployed in various communities in the country. There are plans to redesign the program to ensure that doctors get more substantial training in preventive health services. A total of 337 doctors have been deployed under the DTTB over a period of nine years, 30 percent of which have been permanently absorbed by the LGUs.

Marking Developments in All Centers for Health Development

All CHDs anchored their priority programs on the major thrusts of the DOH, which, include control of TB, control of vector-borne diseases, control of vaccine preventable disease, and the promotion of women and child health. Positive development, and accomplishments are reported on these commitments, including breakthroughs from the HSRA advance convergence sites, and institutional reform initiatives from non-convergence sites. In the following pages are the highlights of accomplishments from the CHDs nationwide:



The promotion of women and child health remains among the priorities in all CHDs nationwide.

CHD Ilocos

- **TB DOTS** – 69 percent reduction of the number of TB cases.

- **Vaccine Preventable Disease**

Measles – reduced by 19.5 percent the number of measles cases from 159 at the end of June 2001 to 128.

- **Sentrong Sigla Movement** – 93 RHUs (62 percent), 11 district hospitals (44 percent), and 12 BHS (1.5 percent) were SS-certified.
- **Garantisadong Pambata** – ranked 2nd in VAC coverage at 92.4 percent, which is 7.4 percent higher than the overall VAC coverage for the nine regions.
- **Gawad Botika ng Sentrong Sigla** – regional level award to the St. Joseph Drugstore II (chain drugstore) of Dagupan City.

CHD Cordillera

- **TB DOTS** – cure rate through DOTS showed improvement.
- **ILHZs** – seven new ILHZs were established covering the following: Santa-Marcela-Flora District, Apayao; Villaviciosa-Pilar-San Isidro District, Abra; Kibungan-Kapangan District, Benguet; CHICAMASA District, Kalinga; Barlig-Natonin District, Mountain Province; and Sagad-Besao, Mountain Province.
- **Sentrong Sigla** – three health facilities were SS-certified.

CHD Cagayan Valley

- **TB DOTS** – 90 percent of the total regional target population are covered.
- **Vector-borne Disease**
 - Dengue** – number of dengue deaths was reduced by fifty percent.
 - Malaria** – number of positive cases was reduced from 2,874 to 2,691, and indoor residual house spraying was increased

to 20 percent, and bed net treatment to 66 percent.

- **Sentrong Sigla** – only three RHUs, and five BHS, SS-certified for 2001 due to IRA reduction, and limited human resource.
- **Garantisadong Pambata** – 100 percent coverage of target population (12-59 months) was achieved.
- **Doctors to the Barrios** – five doctors from the program, and a complete team from the Rural Health Team Practice Program (RHTPP) were sent to selected towns in Cagayan, Isabela, and Quirino.

CHD Central Luzon

- **TB DOTS** – conversion rate of 82.6 percent, completion rate of 23.18 percent, and cure rate of 68.72 percent were achieved.

- **Vector-borne Disease**

Malaria – a total endemic population of 339,422 was served. Preventive and control activities exceeded all targets for 2001 including bednet treatment (110 percent), case finding (192 percent), and stream clearing activity (97 percent).

Dengue – 5,039 cases were admitted to sentinel and private hospitals where 27 cases of mortality due to dengue were also reported.

- **Sentrong Sigla** – two hospitals, 16 RHUs, and 81 BHS were SS-certified in 2001. By year's end, Region 3 has a total of 15 hospitals (45 percent), 121 RHUs (48.4 percent), and 81 BHS (six percent) are SS-certified.
- **Garantisadong Pambata** – 92.3 percent coverage was achieved.
- **Sustansya Para sa Masa** – Matching Grant the program benefit 11 LGUs, and one NGO.

CHD Metro Manila

- **TB DOTS** – Technical Guidelines on NTP-DOTS Strategy for private medical practitioners, private, and government hospitals is being developed.



- **Sentrong Sigla** – 12 health facilities in Metro Manila were provided financial grants to enable them to meet SS requirements.
- **ILHZs** – the CAMANAVA (Caloocan, Malabon, Navotas, and Valenzuela) area is revitalizing the district health system, with the Valenzuela District Hospital as the first to establish a functional district health system that caters as well to the health care needs of neighboring Caloocan, Malabon, and Navotas.
- **Health Passport** – Health Passport holders in Pasay City are also entitled to outpatient benefits. Several cities in the capital region are providing health insurance to their constituents in collaboration with PhilHealth. These are Las Pinas (green card), Pasay (green card), Quezon City (red card), Makati (yellow card), and San Juan (orange card).

CHD Southern Tagalog

- **TB DOTS** – approximately 45 percent of 19,000 identified TB cases were given complete treatment; smear positivity rate remained at 16 percent, and DOTS regional coverage was 75 percent with all eleven provinces as DOTS areas.
- **Vaccine Preventable Disease**
Only the provinces of Cavite, Laguna, and Marinduque attained its target FIC of more than 85 percent. Among the cities, Batangas, Lipa, Lucena, San Pablo, Tagaytay, and Trece Martires attained FIC of above 85 percent.



- **Vector-borne Disease**

Malaria – reported cases was 15 percent lower than 2000 figure. The provinces of Batangas, Cavite, Laguna, and Marinduque are for evaluation as Malaria-Free province for Region 4. Bed net treatment achieved high 126 percent coverage; case finding (277 percent); treatment coverage (100 percent); and suspected malaria cases (68 percent).

Dengue – alarmed by the increasing number of report on DHF cases, CHD coordinated with LGUs, and conducted advocacy, and information campaign activities on the prevention, and control of the disease.

- **Sentrong Sigla** – one provincial and one district hospitals, 12 RHUs, and 52 BHS were SS-certified in 2001.
- **Gawad Botika ng Sentrong Sigla** – Trece Martires was chosen for two chain community drug outlets for Mother of Perpetual Help Pharmacy (Citation), and Trece Martires Drugstore for the Luzon National awards.
- **Doctors to the Barrios (DTTB)** – five doctors from Batch 14 were sent to San Vicente and Magsaysay in Palawan; and to Calatrava, San Jose, and Sta. Maria in Romblon.



- **Pharma 50** – procurement of generic drugs to three retained hospitals (Batangas Regional Hospital, Culion Sanitarium, and J.N. Rodriguez Memorial Hospital) was facilitated.

CHD Bicol

- **TB DOTS** – assessed all provinces, cities except Naga City.

- **Sentrong Sigla** – Ragay District Hospital was SS-certified.
- **Local Health System Development** – released P1 M each to Albay, Camarines Norte, Camarines Sur, and Masbate for the establishment of ILHZs.

CHD Western Visayas

- **TB DOTS** – coverage is 86 percent, case detection rate is 33 percent, which is higher than the national, and Western Pacific averages of 23 percent.
- **Sentrong Sigla** – 16 RHUs/CHOs, and one BHS were SS-certified, making a total of seven SS-certified hospitals, and 62 SS-certified RHUs/CHOs region wide.
- **ILHZs** – 30 ILHZs were identified, 23 established, and seven are functional. These functional ILHZs are in Negros Occidental (5), and Iloilo (2).
- **Small Island Health System** – selected pilot areas are in Boracay, Malay, Aklan, and Olutayan, Roxas City (Capiz).
- **Health Passport** – 35 percent coverage was achieved in Capiz.

CHD Central Visayas

- **TB DOTS** – coverage of DOTS was expanded.
- **Sentrong Sigla** – five hospitals, and 50 RHUs are SS-certified.

- **Gawad Botika ng Sentrong Sigla** – Botika Real was chosen for the single drugstore award, and the Mercury Drug for the chain drugstore award.
- **Pharma 50**– Vicente Sotto Memorial Medical Center, and the Gov. Celestino Gallares Memorial Hospital participated in the second shipment of parallel drug importation.
- **Doctors to the Barrios Program**– four doctors from the program were deployed to the 4th and 6th class municipalities of Enrique Villanueva in Siquijor, Guihulngan II in Negros Oriental, Bien Unido, and Sevilla in Bohol.

CHD Eastern Visayas

- **TB DOTS** – expansion to three provinces from funds provided by USAID, JICA, and GOP.
- **Vector-borne Disease**
Dengue – drugs, medicines, and insecticides to LGUs including fluids for dengue cases were provided. Spraying and fogging in houses, schools, and military camps were conducted and Dengue Brigades in elementary schools were organized.



- **Sentrong Sigla** – one SS Regional, and six Provincial Task Forces were organized, and SS-certified facilities were monitored.
- **Garantisadong Pambata** – Vitamin A capsule supplementation was provided (12-59 months old) with the following coverage: 98 percent in April, and 95.91 percent in October.

CHD Western Mindanao

- **TB DOTS** – all provinces are covered by DOTS. TB mortality, and morbidity rates were reduced.
- **Vector-borne Disease**
Malaria – case finding and treatment were intensified.
Dengue – information dissemination was intensified, and the 4 o'clock habit is maintained.
- **Vaccine Preventable Disease**
Polio – Polio-Free region is maintained.
Measles – 2540 cases in 2000 were reduced to 951 cases in 2001.
- **Garantisadong Pambata** – 97 percent Vitamin A supplementation to 12-59 months old was achieved.
- **Sentrong Sigla** – 23 health facilities were SS-certified, and 30 facilities maintained SS-certification.
- **ILHZs** – the Liloy Health District and Alicia Health District are operational.



- **Pharma 50** – two hospitals namely, Zamboanga City Medical Center, and Dr. Jose Rizal Memorial Hospital in Dapitan City implement the program.

CHD Northern Mindanao

- **TB DOTS** – anti-TB drugs for 3,416 cases were provided to provinces, and cities. TB information campaign through various media was intensified, including awareness-generating activities such as motorcade, poster-making contest, and walk-for-a-cause participated in by the community.
- **Vector-borne Disease**
Dengue – Oresol was provided to patients throughout the region, as well as insecticides for preventive fogging in Bukidnon, Misamis Oriental, and Misamis Occidental, and cities such as Cagayan de Oro, and Oroquieta.
- **Vaccine Preventable Disease**
Polio – mopping-up immunization accomplished 90 percent coverage among children 0-59 months.
- **Garantisadong Pambata** – Vitamin A supplementation was given to 330,265 children, 12-83 months (101 percent).
- **Sentrong Sigla** – two hospitals, 20 RHUs, and six BHS were SS-certified. Bukidnon's five RHUs are all SS-certified.
- **Plan 500** – 17,737 (45 percent) of target 39,158 families were enrolled in the program, with subsidy from the LGUs region wide.
- **ILHZ** – 15 ILHZs in Bukidnon (3), Camiguin (2), Misamis Occidental (4), and Misamis Oriental (6) were organized.

CHD Southern Mindanao

- **TB DOTS** – coverage was expanded to two areas in Davao City, and networking established with the Philippine Pediatric Society Southern Mindanao Chapter for DOTS for children with TB.
 - **Sentrong Sigla** – one district hospital, eight RHUs, and 12 BHS were SS-certified. Follow-up monitoring of previous 46 SS-certified facilities revealed that 12 were not able to maintain SS-standards. Eleven RHUs, and seven BHS received grants from CHD for upgrade of their facilities.
- 
- **ILHZs** – six were organized, one each in Compostela Valley, and Davao Oriental, and four in Davao del Norte.
 - **Garantisadong Pambata** – the "Adopt an Indigenous Peoples (IP) Area" strategy was implemented in all 16 provinces in Southern Mindanao to promote 14 key family/community practices using folk media (songs, community, and puppet theaters.)
 - **Health Passport** – 45,224 families were enrolled by LGUs under its indigent program.



CHD Central Mindanao

- **TB DOTS** – cure rate of 61 percent was achieved, and TB DOTS training was conducted for 25 doctors and nurses, and 126 midwives.

- **Vector-borne Disease**

Dengue – fogging operations, and orientation for 120 BHWs, teachers, and 140 health workers were conducted.

- **Gawad Botika ng Sentrong Sigla** – Mercury Drug outlet in the region was given an award under the drugstore chain category.

CHD Caraga

- **TB DOTS – TB Alert**
Campaign was intensified down to the barangay level by organizing Barangay TB Alert Teams and TB Core Teams with the Barangay Captain and the Chairman of the Committee on Health of the barangays council as the team leaders. Hospitals are now involved in the TB DOTS.

- **Vector-borne Disease**

Dengue – level of awareness on dengue fever, and dengue hemorrhagic fever increased to 80 percent, and mortality due to dengue was reduced.

- **Sentrong Sigla** – four (12 percent) hospitals, 28 RHUs (35 percent), and 18 BHS (4 percent) are SS-certified.
- **ILHZs** – 21 ILHZs were established through Executive Orders from three provincial governors.
- **Garantisadong Pambata** – 95.3 percent coverage is noted region wide during the second round of GP, and 90 percent Vitamin A supplementation of children below five years old was achieved.
- **Pharma 50** – the Caraga Regional Hospital has purchased drugs under the Pharma 50 program.
- **Gawad Botika ng Sentrong Sigla** – two drugstores (Cardinal Drug, and Mercury Drug) were awarded the Gawad Botika ng Sentrong Sigla.

Upgrading Government Hospitals and Medical Centers

DOH Hospital Profile CY 2001

Legend:
1 - ABC: Actual Bed Capacity
2 - Occ. Rate: Occupancy Rate for ABC and Impl. Bed respectively
3 - Impl. Bed: Implementing Bed

Hospital Classification	ABC	Occ. Rate	Impl. Bed	Occ. Rate	Total Admission	Total # of Patient Days	Ave. # of Inpts./day	Total Newborn	Total Discharges	Total Deaths
Specialty Hospitals	773	86.74	758	76.88	33419	206330	566	519	30422	1551
Special Hospitals										
Regular	2585	56.08	1507	62.81	94298	544766	1491	37462	94282	4688
Mental	4700	81.28	4234	91.72	9963	1404949	3850	0	10141	279
Research	75	39.73	62	47.89	1678	11258	30	0	1658	112
Medical Center	7800	86.61	7416	93.75	416586	2465759	6754	107256	410173	25429
District Hospitals	400	66.88	198	69.71	13342	42536	6413	6364	13302	658
Regional Hospitals	3500	72.01	2625	111.79	188272	858569	2352	42657	190286	9409
Sanitaria Hospitals	4680	33.27	2466	56.39	4126	688678	1887	905	5579	224
Extension Hospitals	160	37.86	30	96.04	3049	10474	29	384	3028	36
SUB-TOTAL										
Hospitals w/ Regular Beds	15293	74.16	12596	90.04	750644	4139692	11342	194642	743151	41883
Mental and Sanitaria Hospitals	9380	61.15	6700	85.61	14089	2093627	5736	905	15720	503
GRAND TOTAL	24673	69.22	19296	88.50	764733	6233319	17078	195547	758871	42386

Source: National Center for Health Facility Development, DOH

Several government hospitals, both national and devolved, were constructed, renovated or upgraded as part of the Philippine Hospital Development Plan. Part of the funding for these activities came from foreign assistance.

1. La Union Provincial Hospital was inaugurated and became operational in April 2001.
2. New buildings for the JB Lingad Hospital in Pampanga were inaugurated.
3. The Outpatient department of the Batangas Regional Hospital was likewise inaugurated recently.
4. A new rehabilitation unit, and a hemodialysis center were recently established at the Davao Regional Hospital.

Several government hospitals were renovated or upgraded, including the National Children's Hospital.



Hospital Classification	Ave. Length of Stay (3-6 days)	Autopsy	Gross Death Rate ~3%	Net Death Rate .5-2.5%	Total Surgery	Total Out-patient Served	Total Presc. Filled	Total Radio. Procedures	Total Laboratory
Specialty Hospitals	6.78	82	4.92	3.47	10402	119499	1364209	115765	914517
Special Hospitals									
Regular	7.48	7	5.11	3.03	50272	607569	1991863	151603	1106901
Mental	124.85	15	2.75	2.94	200	64314	133824	6491	68613
Research	13.9	3	4.68	3.75	0	96448	3540	4796	95224
Medical Center	7.73	265	6.20	2.99	201604	2572092	8097691	797103	8082641
District Hospitals	3.16	0	3.77	1.64	8824	76226	101432	17343	335880
Regional Hospitals	4.45	49	4.94	1.80	66595	855981	1375463	216496	5288026
Sanitaria Hospitals	498.07	0	4.02	2.96	4441	90273	310022	3944	179005
Extension Hospitals	7.87	0	1.23	0.57	3417	47485	27613	4175	17125
SUB-TOTAL									
Hospitals w/ Regular Beds	5.57	406	5.64	2.46	341114	4375300	12961711	1307281	15840314
Mental and Sanitaria Hospitals	133.18	15	3.20	2.95	4641	154587	443846	10435	247618
GRAND TOTAL	69.38	421	5.59	2.71	345755	4529887	13405557	1317716	16087932

5. Cornerstone laying for a JICA-funded four-storey outpatient department at the Davao Medical Center was conducted.
6. A six-storey wing was added to the National Children's Hospital as well as a Hydrocephalus Center, the first and only one of its kind in the country.
7. New services and facilities were added:
 - Jose Reyes Memorial Medical Center Mammography unit
 - Bicol Sanitarium Endoscopy Unit
 - Bicol Regional Teaching and Training Hospital Conducts Open Heart Surgeries

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Managing Foreign Assisted Projects

President Gloria Macapagal-Arroyo and Secretary Dayrit with JICA official at turnover ceremonies of a JICA-funded project in Pampanga.

The DOH has 35 foreign assisted projects (FAPs), consisting of 11 loan-assisted projects in the amount of US\$ 242 million, and 24 grant-assisted projects in the amount of US\$ 41 million. The projects are implemented by the **DOH through the Bureau of International Health Cooperation with Project Management Offices (PMOs), and partners from LGUs, and NGOs.**



The loans for the projects came from the World Bank (WB), Asian Development Bank (ADB), the governments of France, and Austria. The grants are from the AusAID, GTZ, Kreditanstalt fur Wiederaufbau (KfW), UNICEF, UNFPA, USAID, and from the governments of Belgium, European Union, Finland, and Japan.

Foreign assistance has contributed tremendously to the attainment of the department's goals to develop, and improve the public health system, and provide effective, and accessible health care.

The loans and grants are used for projects in the following areas: (1) construction, equipment, and other paraphernalia for health facilities; (2) development of health, and management information systems; (3) strengthening of key public health programs; and (4) preparatory activities on health accounts, social health insurance, and local health systems development.

Outstanding models in local health systems development, and social health insurance at the community level were in fact developed in several ongoing foreign assisted projects, among which are:

The Misamis Occidental Provincial Hospital has shown considerable improvement following the implementation of several hospital reform initiatives under the Health Sector Reform Agenda (HSRA).



Health Sector Reform Technical Assistance Project

(HSRTAP 2000-2002) -- The primary objective of the project is to provide various forms of technical assistance to the DOH, PhilHealth, and to eight LGU convergence sites, to enable them to pursue hospital and drug management reforms, local health systems development, and to expand the coverage, and benefit spending of the national health insurance program (NHIP). The considerable progress in the implementation of the health sector reform agenda in the convergence sites was achieved through the various technical assistance of the project.



The project is supported by USAID with technical assistance from the Management Sciences for Health (MSH).

Representatives of foreign-assisted projects periodically visit and monitor projects.

Integrated Family Planning Maternal Health Program LGU Performance

Program (LPP 1994-2002) -- The project has provided Base Grant Funds to 98 participating LGUs (provinces/cities) to finance activities to improve health services in the project areas. Under the same project, 37 participating LGUs under the Matching Grant Program (MGP) have met all the coverage targets.

The participating LGUs under the MGP provide counterpart fund as their commitment to the project, and to enhance the sustainability of the program. The fund is used by the participating LGUs to meet **Sentrong Sigla** certification, and/or to enroll indigent families in the **NHIP Indigent Program**.

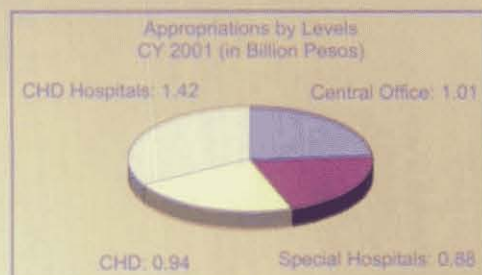
USAID provided grant amounting to US\$ 90M for this project, which is implemented nationwide. Technical assistance support is provided by the Management Sciences for Health (MSH).

Financial Report

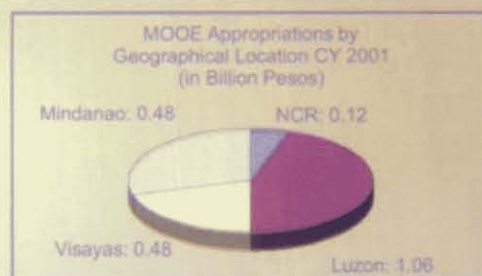
To further advance the bold steps initiated this year for health sector reforms, budget for the year 2001 is focused to operationalize, and to build the capability of stakeholders to carry out the HSRA. The CY 2000 GAA was re-enacted as a result of the non-passage of the CY 2001 GAA brought about by sudden political changes in 2001. However, the CY 2001 DOH budget already reflects the new program, projects, and activities of its streamlined structure, major thrusts, and change strategies.

The reduction of staff services and bureaus, and the redeployment of Central Office personnel to frontline units such as regional hospitals, medical centers, and regional offices were considered for 2001.

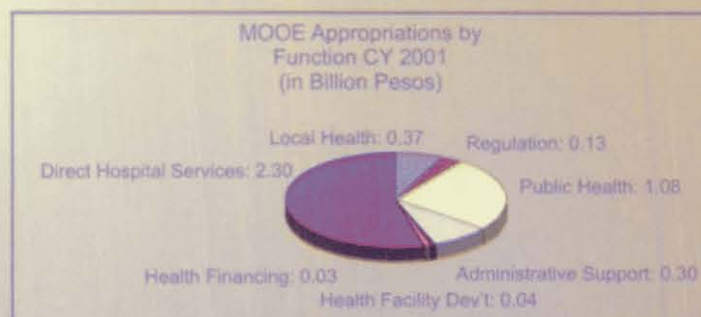
Major Features of the 2001 Budget



The total budget for the DOH in CY 2001 was P 9.26 billion. There is a relative increase in budget allotted to CHDs for capacity building at the regional levels from 52 percent in 2000 to 55 percent of the total health budget for the year 2001. Allocation for Mindanao increased from 28 percent in 2000 to 30 percent for 2001. There is an emphasis for Mindanao in terms of investment for maintenance, and other operating expense (MOOE) budget.



Overall, there is an increase for MOOE budget particularly for public health, and disease prevention including funds for local health development from 32 percent to 35 percent. Another special feature of the year 2001 budget is a provision for health financing initiatives at the local level, which is one percent of the total health spending for MOOE.



There is also a slight increase for personal services (PS). This is due to salary increase of government employees. There is also a notable increase in FAPs from three percent in 2000 to eight percent of the total health budget for 2001. However, there is a considerable decrease in budget allocation for both MOOE and capital outlay (CO), which was the result of the re-enactment of the CY 2000 budget, and government budget deficit.

DOH Officials

The DOH Executive Committee is chaired by the Secretary of Health, Dr. Manuel M. Dayrit. The Executive Committee also includes the PhilHealth President, Dr. Francisco T. Duque, the five Undersecretaries of Health, the Assistant Secretaries and the two clusterheads namely, the Director of Health Policy Development and Planning Bureau, Dr. Mario C. Villaverde, and the Director for National Center for Disease Prevention and Control, Dr. Myrna C. Cabotaje.



1. Manuel M. Dayrit, MD, MSc, Secretary of Health; 2. Antonio S. Lopez, MD, MPH, Undersecretary for Health Operations; 3. Margarita M. Galon, MD, MPH, Undersecretary for Health Regulations; 4. Milagros L. Fernandez, MD, MPH, Undersecretary, Mindanao Health Development Office; 5. Atty. Alexander DA Padilla, Undersecretary for External Affairs; 6. Epifanio A. Lacap, MD, Undersecretary for Special Concerns; 7. Juanito A. Rubio, MD, MPH, Assistant Secretary; 8. Nemesio T. Gaco, MD, MPH, Assistant Secretary; 9. Zenaida O. Ludovice, MD, MPH, Assistant Secretary; 10. Rolando Enrique D. Domingo, MD, Assistant Secretary

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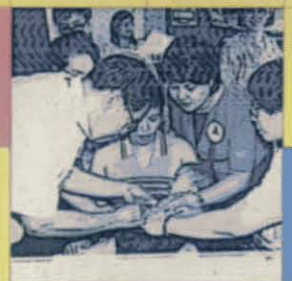
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