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1993

DOH in '93 Annual Report

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*Our cover is an artist's interpretation of what the Department of Health is doing to achieve its dream of providing **health in the hands of the people**. The government's vision for the country is one of peace, progress, and prosperity and a healthy and happy citizenry.*

The printing of this report was assisted by the United States Agency for International Development (USAID) through the Health Finance Development Project. Assistance was undertaken through Cooperative Agreement No. 492-0446-A-00-2097-00 between USAID and the UPecon Foundation. The views, statements, and expressions contained in this publication are solely those of the Department of Health of the Republic of the Philippines. They are not intended and should not be understood as statements of policy of USAID nor of the UPecon Foundation.



FOREWORD

This Annual Report of the Department of Health (DOH) goes beyond the usual figures, statistics, and technical jargon. We have tried instead to convey the vision and strategies of the Health Department.

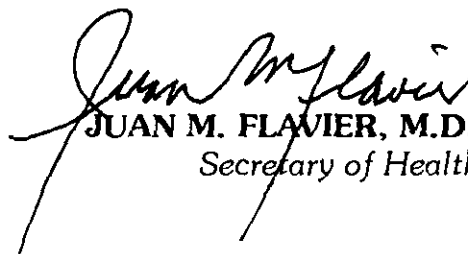
For three years now, the present administration has remained committed to its objective of providing HEALTH IN THE HANDS OF THE FILIPINO PEOPLE. The success stories of 1993 reflect a continuing commitment toward the achievement of this goal.

Our programs have become recognized as innovations; our achievements as "excitements." We have used Filipino creativity to capture the imagination of our people through one social mobilization project after another.

The year was a difficult one because it was the first year in which full devolution, as provided by the Local Government Code, took effect. Despite the difficulties, however, we have seen how keenly the local government units have accepted the tasks and are taking the initiative to ensure the continuity of basic services in their areas.

We have seen, too, how effectively the private sector and nongovernmental organizations (NGOs) have been mobilized to help the Department carry out its "excitements."

What we have achieved, then, in the past year, is the strengthening of the foundation on which we can now build a powerful multisectoral partnership for health.

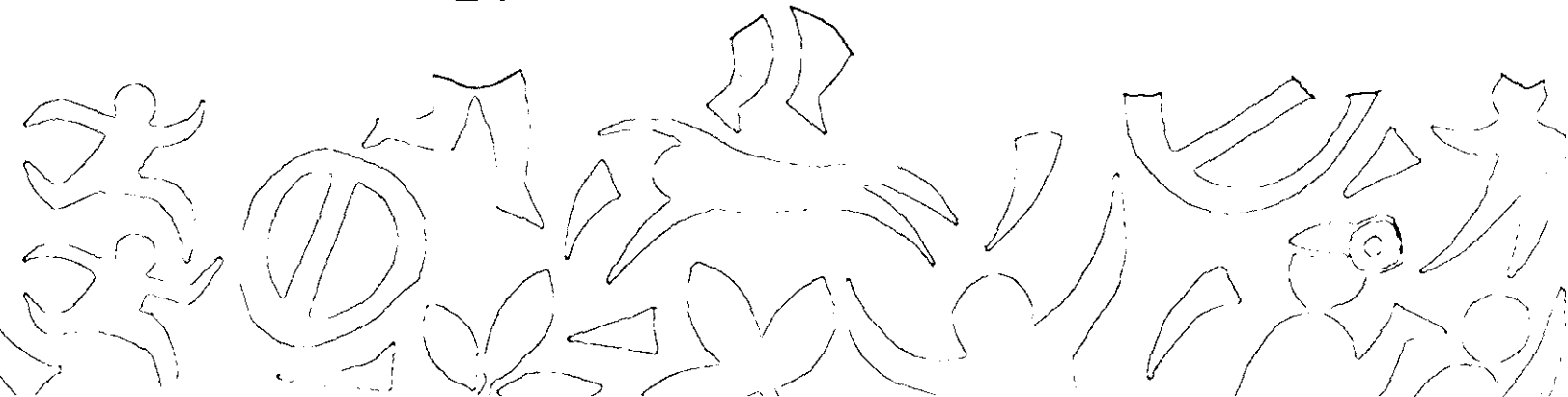

JUAN M. FLAVIER, M.D., M.P.H
Secretary of Health

DOH



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A REPORT TO THE FILIPINO PEOPLE

The year 1993 was a watershed in the history of the Department of Health (DOH). In this year, we truly captured the spirit and style of the approach needed to fulfill our mandate. We successfully implemented **23 in '93**, a series of "exciting" programs designed to address the most serious and urgent health problems of the nation.

23 in '93 marked a highly successful first leg of a long DOH journey toward the goal of **HEALTH IN THE HANDS OF THE FILIPINO PEOPLE**.

Our achievements in 1993 were the achievements of people in the field -- not just people of the Department, but all our co-workers from the local government units, nongovernmental organizations (NGOs), private enterprises, mass media, the arts and entertainment, and other sectors, who proved that mountains can indeed be moved when people put their hands and shoulders together.

We are proud to say that our National Immunization Day, which achieved almost a hundred percent coverage of the target beneficiaries, has become the model for similar campaigns in other countries. We measure the success of *Patak Pinoy*, *ASAP*, and our other programs, not in terms of the number we actually reached, which is now in the tens of millions, but in the people's realization that good health is within their grasp.

We have strongly sustained our information and education campaigns in support of our service component programs, particularly those that demand urgency, such as anti-smoking, AIDS prevention, eye care, and family planning.

Through **23 in '93**, the DOH showed that health should be everyone's business. We mobilized the business community, civic organizations, youth groups, and other nongovernmental organizations to work with the women and men of the DOH and the local government units to realize our vision.

In the years ahead, we will continue to pursue this vision by emphasizing preventive and promotive health services. For 1994, our battle cry is **Health for More in '94**, and for 1995 and 1996, **Think Health, Health Link**. All these strategic programs are geared towards improving the health and life of every Filipino. And, as we have done in 1993, we will wage these campaigns in partnership with all sectors of Philippine society.

Let's DOH it!


JUAN M. FLAVIER, M.D., M.P.H.
Secretary of Health



CHALLENGES AND OPPORTUNITIES: HEALTH, ENVIRONMENT, AND DEVELOPMENT

(These ideas were culled from the book **Health, Environment, and Development: Soul of Philippines 2000** published by the Department of Health.)

We in the Department of Health (DOH) believe that economic growth is a critical factor in attaining industrialization. But it is not the only one.

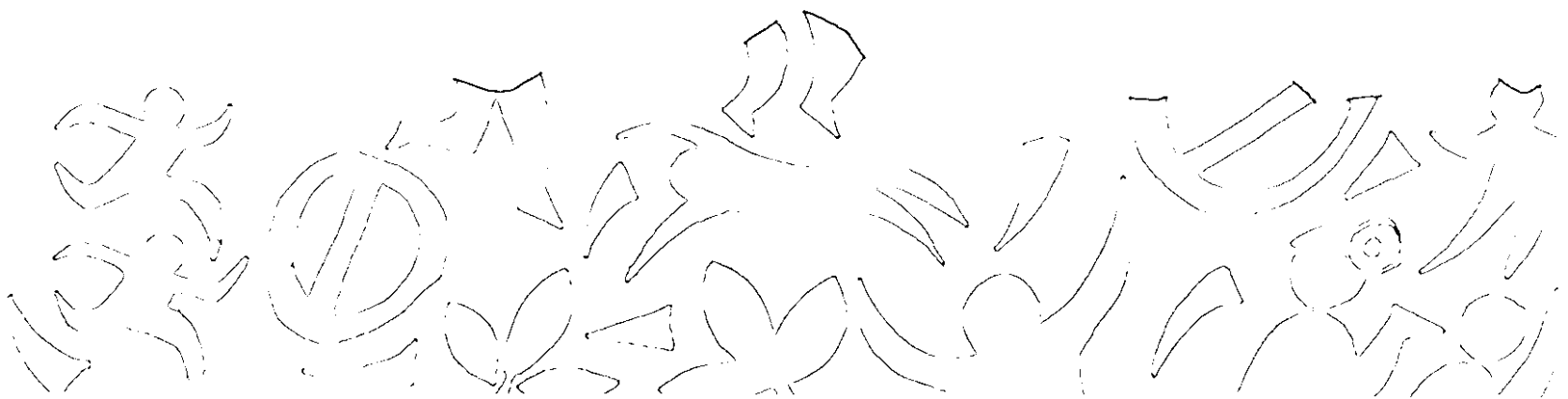
We can invest in infrastructure, defense, and education. And yet if health and welfare are neglected, as has been the case in the last 50 years, we miss out on everything. All countries that have risen from the ground have invested time, talent, and energy in health care specifically for women and children.

When we refer to a healthy population, we do not just mean a population that is free from disease. We refer to health in its broadest social context — health not only as a product offered by hospitals or as services delivered by health personnel, but the attainment of physical, mental, emotional, social, spiritual, and political well-being EVERY STEP OF THE WAY. We cannot wait for government to buy the best health care on the planet or, for that matter, to buy back all the brilliant Filipino doctors who have left our country to earn more in other lands. Everyone must act now to provide the citizenry with every opportunity to achieve well-being.

Hence, health, as it is defined here, encompasses democracy, safe water, pesticide-free food, adequate housing, a safe environment, the preservation of our cultural heritage, more for those who have less, and, yes, more for those who have more: development for and by the people, and by no one else. Health as a way of life. Health in the hands of the people.

These to us are not just motherhood statements. These are our goals. They are not limited to the health services that have been devolved and are now being provided by local governments. They are about health with a capital H.

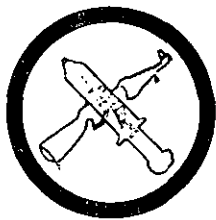
We are saying yes to PHILIPPINES 2000. But we believe that the substance of this grand plan centers around three areas of concern: Health, Environment, and Development. Nothing more, nothing less.



HIGHLIGHTS OF ACCOMPLISHMENTS

23 IN '93

1. Ceasefire for Children: National Immunization Days



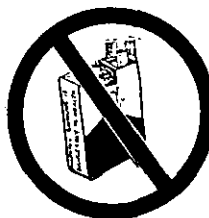
The Department of Health held two National Immunization Days (NID) in 1993: one on April 21 and the other on May 19. Underscoring the need for peace as a prerequisite for health, we asked that there would be no exchange of bullets in areas of conflict so that we could immunize children throughout the country.

The NIDs, the first conducted outside of South America where the strategy originated, was a massive nationwide social mobilization effort that involved more than 100,000 health workers and volunteers from government and the private sector, working out of 64,000 vaccination posts.

Through this cooperative effort, we were able to immunize 9.8 million children below the age of 5 against polio and over 1.1 million children aged 9 to 24 months against measles. In addition, we provided 2 million Filipino women aged 15 to 44 with anti-tetanus toxoid. The NIDs also allowed us to provide vitamin A supplementation to over 5 million children aged 1 to 5 years.

Using cluster surveys, we estimate that the coverage for oral polio vaccine was 89.6% for round one and 90.9% for round two.

2. National Anti-Smoking Campaign



As part of our battle against cancer and cardiovascular diseases, we launched in 1993 a multi-faceted, long-term national anti-smoking campaign.

In 1993, we declared all hospitals, health centers, and health facilities smoke-free zones. In and around these facilities, the no-smoking rule is strictly enforced and the sale of cigarettes is prohibited.

The Smoking Control Program spearheaded the celebration of World No-Tobacco Day and National No-Tobacco Day on May 30, 1993. Among the activities organized by the Department was a fun run with 30,000 participants. The day was also an occasion to celebrate the approval and implementation of provisions in the Consumer Code of 1992 (RA 7493) requiring tobacco manufacturers to print warning labels about the dangers of smoking on both sides of cigarette packs. These guidelines were the result of close collaboration between the DOH and our legislators.

3. Step-Ladder Education for Health Workers



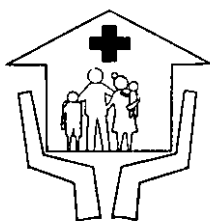
The DOH supports efforts to rationalize medical and health education for professionals. In particular, the DOH is trying to encourage replication of step-ladder types of curricula

such as the one developed in the University of the Philippines, School of Community Health Sciences in Palo, Leyte.

The Palo program has trained 968 people from 12 regions, producing 216 barangay health workers, 360 community health workers (midwives), 127 community health nurses, 172 barangay scholars for community health, and 37 medical doctors.

A total of 79 scholarships were earmarked for 20 provinces in schoolyear 1993-1994.

4. Hospitals as Centers of Wellness



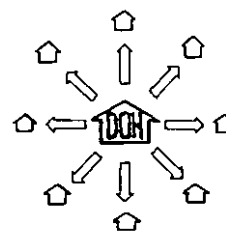
The DOH will institutionalize preventive and promotive health in hospital settings. The intention is to transform hospitals from "centers of illness" into "centers of wellness," with

greater involvement in family-oriented programs to address problems such as smoking, cancer, cardiovascular diseases, drug addiction, alcoholism, and a number of communicable diseases such as tuberculosis, acute respiratory infections, malaria, dengue, and diarrhea.

To implement this program, we conducted a study of existing preventive and promotive programs in DOH hospitals, including a survey of the attitudes of hospital personnel toward the programs. We also conducted a consultative workshop with the chiefs of DOH hospitals as well as Regional Directors of the Department.

We have started pilot-testing of the program at the Ilocos Norte Regional Hospital and the Rizal Medical Center.

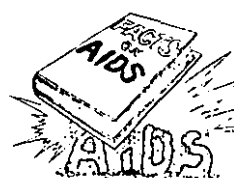
5. Devolution



The Local Government Code provided for full devolution of health services starting in 1993. Nearly all health personnel, 596 hospitals, and 12,580 health centers and barangay health stations have been devolved to local government units.

Issues relating to devolution have been addressed through special training programs for local health boards as well as consultations with local government units. The DOH is working closely with the Department of Interior and Local Governments on health financing schemes, continuing education, and technical assistance for local government units.

6. National AIDS Program



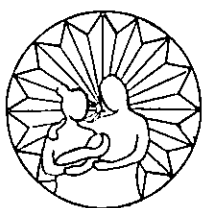
Globally, over 12 million people are infected with the Human Immunodeficiency Virus (HIV) that causes AIDS (Acquired Immune Deficiency Syndrome). In the Philippines, an estimated 20,000 people may have been already infected with HIV. The numbers are expected to grow rapidly.

In 1993, we conducted intensive public awareness programs on this grave health risk. On World AIDS Day (December 1), we held Red Alert Day with heavy mass media support, calling on Filipinos to join in the battle against HIV/AIDS.

We have also launched a National AIDS Surveillance Program to establish changes in the HIV infection rate in the country and to monitor high-risk behaviors.

The National AIDS Prevention and Control Program has begun consultations with various sectors to firm up the country's strategy to deal with HIV/AIDS. In addition, a Philippine National AIDS Council has been created by presidential executive order, with the Health Department as the lead agency, to define appropriate policies and advocacy strategies. The Health Department's strategies support the fight against discrimination and the protection of human rights, and gives emphasis to health education for AIDS prevention.

7. National Family Planning Program



The DOH has intensified the national family program within the context of women's health and safe motherhood. Our program emphasizes a respect for the value of life and the freedom to choose the family planning method to use in a democratic society. Government will assume the role of facilitator rather than regulator. The DOH has maintained its stand against abortion, whether as a birth control method or otherwise.

In 1993, we launched a tri-media campaign on the benefits of family planning, encouraging couples to visit the nearest health center to talk with our service and information providers. More than 25 types of print materials and collaterals were produced and distributed throughout the country.

In line with devolution, we have worked closely with 10 selected local government units to establish IEC (information, education, and communication) teams at the regional, provincial/city and district/municipal levels. These teams are vital in providing interpersonal support for the mass media part of the campaign.

8. Herbal and Philippine Traditional Medicine



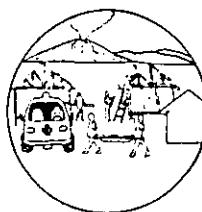
Two out of three herbal processing plants went into full operations. Herbal medicines were provided in all disaster areas. The program also brokered the sale of 5 million *lagundi* tablets to the Department of Budget and Management.

9. Doctors for 271 Doctorless Municipalities



The DOH has identified 271 municipalities without doctors. To provide a package of incentives that would attract doctors to these municipalities, the DOH worked closely with the private sector to formulate alternative funding schemes and benefit packages. In 1993, we were able to recruit 105 doctors, of which 85 have been deployed to 18 priority provinces.

10. Integrated Disaster Management in Mt. Pinatubo Areas



The 1991 Mt. Pinatubo volcanic eruption continues to disrupt the lives of thousands of residents in large areas of Central Luzon. This is because of the lahar flows during the rainy season.

The DOH thrust toward integrated disaster management emphasizes a strengthening of linkages at different levels (national, regional, provincial) for rapid response to emergencies. We have installed community and local disaster

response mechanisms, using community-based primary health care programs in disaster zones. We have also built into these programs psychosocial interventions for the victims of calamities.

In 1993, the DOH provided in the Mt. Pinatubo disaster areas P3.1 million worth of relief assistance in the form of essential drugs, medical supplies, water disinfectants, and oral rehydration salts.

In addition, the DOH has activated provincial, regional, and municipal health disaster teams. A DOH Disaster Assessment Team has been created for needs analysis and prioritization. The regional health disaster teams operate on 24-hour duty to monitor the effects of lahar and to give immediate assistance to local units. Health monitoring and surveillance systems are in place in the affected areas and evacuation centers to prevent disease outbreaks.

11. Cooperative Hospitals



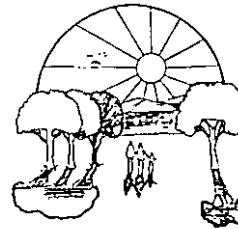
Following the Cooperative Hospital model in Davao, we are encouraging similar community-based innovations in health-care financing. The concept is to have communities own, operate, and manage their own hospitals.

To stimulate interest in this concept, we have included a chapter discussing the cooperative hospital model in a manual called **Management and Organizational Options for Devolved Hospitals**. The discussion contains guidelines for the conversion of government hospitals into cooperative hospitals.

We provided technical assistance to hospitals in

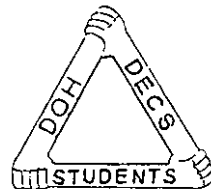
Tarlac and Palawan in their evaluation of the cooperative option. Palawan has taken the first step in turning the pharmacies of its hospitals into cooperatives. Tarlac, on the other hand, has modified the financial management of its hospitals with the goal of eventually turning these institutions into cooperatives.

12. Health and the Environment



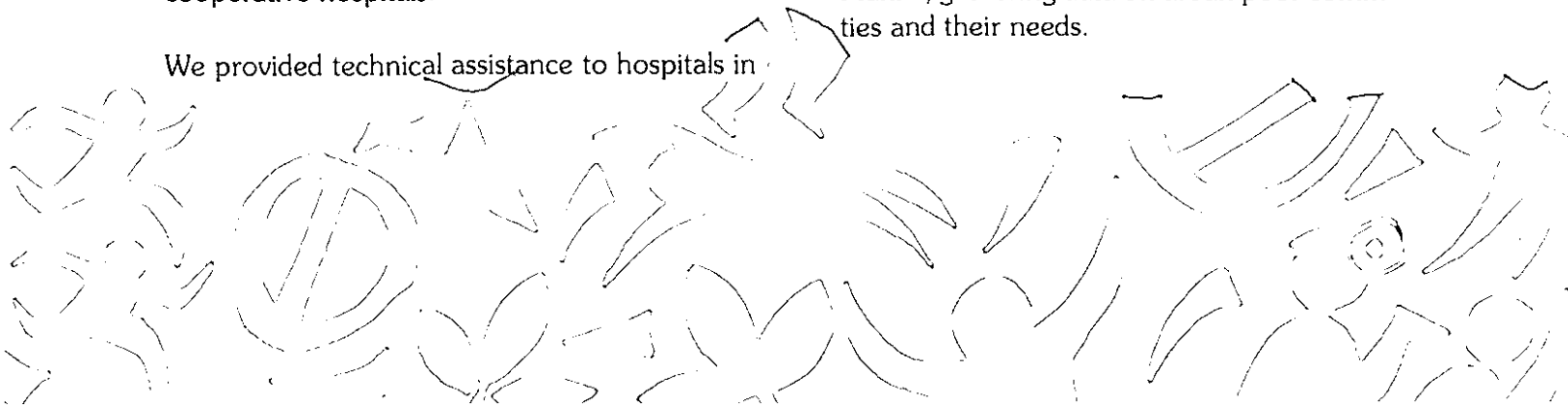
The DOH chairs an Inter-Agency Committee on Environmental Health participated in by 11 major government agencies. Full support has been given to the campaign against smoke belching and air pollution; the zero solid-waste campaign; toxic, chemical, and hazardous waste management; hospital waste management; red tide control and monitoring; integrated pest management and sustainable agriculture; and the Pasig River rehabilitation movement.

13. Health Scouts: Advocacy for the National Youth Health Program



With half of the population below the age of 18, we are targeting this vital segment for health activities. In collaboration with the Department of Education, Culture and Sports, we launched a youth health advocacy campaign called Health Scouts.

In 1993, we recruited 1,827 young Filipinos to work with the President's Summer Youth Work Program, specifically in Oplan Alis Disease. Of this number, 222 volunteers worked in Metro Manila, gathering data on urban poor communities and their needs.



In July, we conducted a program for 30 high school publication editors and their advisers to involve them in youth health advocacy.

14. National Drug Policy (NDP)



We continued to move forward with the National Drug Policy (NDP). We renewed efforts to monitor and implement the Generics Law; undertook regular monitoring of prices and availability of essential drugs; and introduced a generic menu card and generic star-rating system for drugstores.

The National Drug Committee (NDC) published five rational drug use modules for use in the training of members of hospital therapeutic committees. The NDC provided training for health professionals, including pharmacists and pharmacy assistants. The NDC also completed the third edition of the **Philippine National Drug Formulary (PNDF)**, Vol. I. The PNDP has become important with the passage of an executive order (EO 49, S 1993) that recognizes the formulary as the sole basis for procurement of drugs and medicines using government funds.

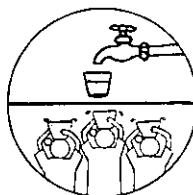
The percentage share of generics in the total drug market is estimated to have increased from less than 2% in 1988 to 10% in 1993 in pharmaceutical unit terms.

The NDP and the World Health Organization sponsored a two-day seminar workshop where, for the first time, three Filipino pharmaceutical associations participated.

We also conducted a study on the drug requirements and consumption patterns of selected DOH medical centers, hospitals, and rural health units.

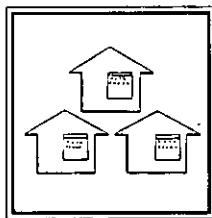
In late 1993, we launched a 5-year project with the support of the Australian International Development Assistance Bureau (AIDAB) designed to improve quality assurance and rational drug use.

15. Safe Water and Sanitation



Through the Environmental Health Service, we continued to improve on the provision of safe water and sanitation. Our thrust is to encourage community-managed sanitation and primary environmental care.

16. Community Health Data Board



First piloted in five areas in Region X, the community data boards represent an innovative approach toward monitoring primary health care efforts at the grassroots level.

We have organized a National Task Force and Steering Committee to work on the technical needs of the project. Separate manuals for promoters and implementors have been developed, finalized, and pre-tested in two regions.

17. Prosthesis-Making Workshops



Prosthesis workshops for amputees, successfully piloted in Zamboanga, will be replicated in health facilities where the cost of artificial legs and arms, wheelchairs, and other prosthetics are prohibitive. The idea is to use indigenous materials to lower manufacturing cost.

In a related development, Jaipur footpieces (below-knee prostheses) are now being manufactured locally by the Prosthetic and Surgical Appliance Factory of the Philippine Orthopedic Center.

18. Mother and Baby-Friendly Hospitals



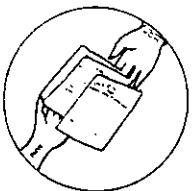
The Philippines has the largest number of mother- and baby-friendly hospitals in the world. These hospitals use rooming-in policies (having the newborn infant stay with the mother right after delivery) to promote breastfeeding.

In 1993, 79 hospitals were evaluated for their mother- and baby-friendly activities, with 36 (30 government and 6 private) receiving accreditation.

We have also completed the monitoring of the distribution of free and low-cost supplies of breastmilk substitutes (that is, infant formula). This project, begun in 1993, will become part of the Department's monitoring activities starting in 1995.

In 1993, 34 nongovernmental and 5 governmental organizations signed Memoranda of Agreement with the DOH to support this mother- and baby-friendly hospital initiative.

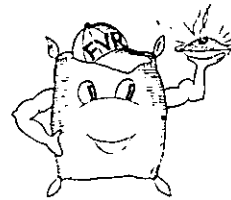
19. Legislation for Incentives for Barangay Health Workers



The private sector, nongovernmental organizations, local government units, and other government line agencies have been mobilized to support legislation to provide incentives for the country's 300,000 barangay health

workers. Senate Bill No. 994, granting incentives and benefits to Barangay Health Workers nationwide, has been approved by the Senate. However, the corresponding House bill still has to be approved by the House of Representatives before it becomes a law.

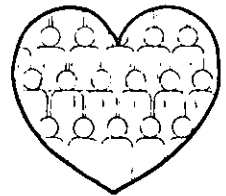
20. Araw ng Sangkap Pinoy (ASAP) - National Micronutrient Day: Prevention of Micronutrient Malnutrition



ASAP was launched in October 1993 with the support of the private sector, NGOs, and other GOs. The program involves the distribution of Vitamin A and iodine capsule supplementation (for child bearing-age women) and *malunggay* seedlings/cuttings (*malunggay* being rich in iron).

Vitamin A supplementation was also incorporated into the National Immunization Day activities.

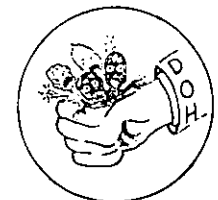
21. Preventive Cardiology and Nephrology



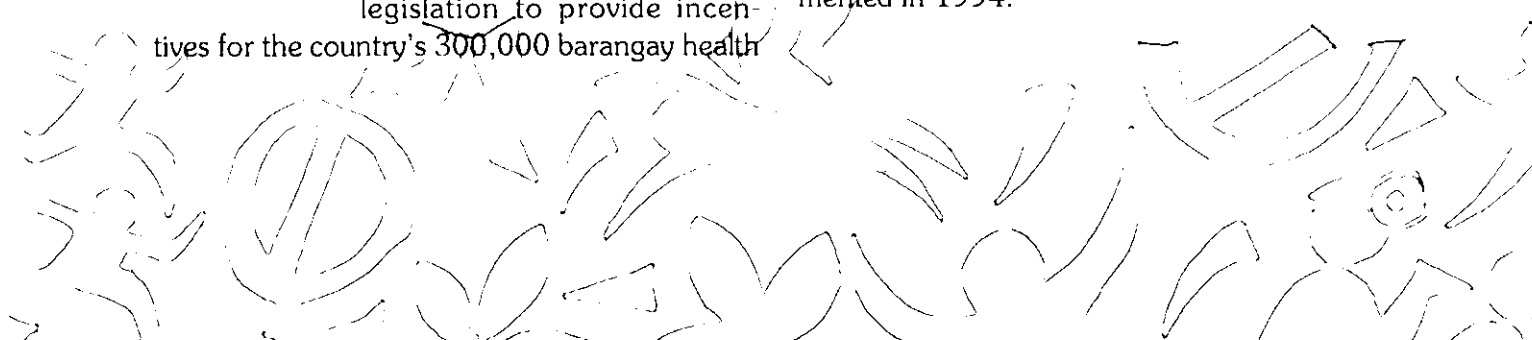
22. Disease Control: Tuberculosis, Schistosomiasis, Malaria



23. Disease Eradication: Rabies, Polio, Measles, and Neonatal Tetanus.



The last three program "excitements" will be implemented in 1994.





SUPPORT

**DOCTORS
TO THE
BARRIOS**



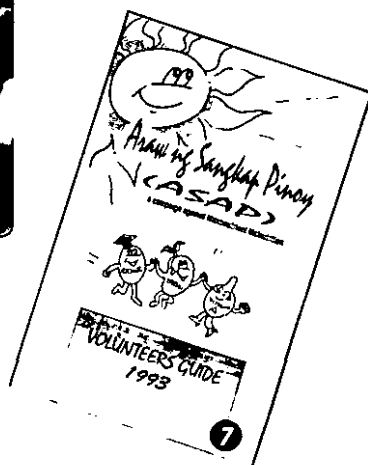
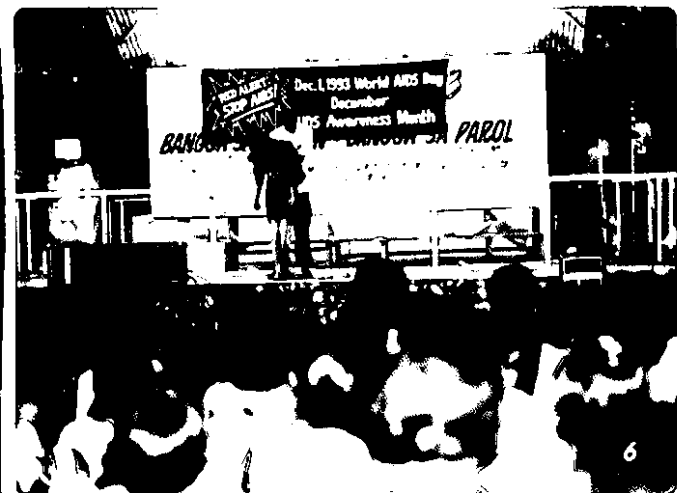
1. NID launching on March 3, 1993.
2. AIDS manual.
3. Doctors to the Barrios flyer.
4. NID team on the way to Buena-suerte, San Francisco del Monte, Agusan del Sur; April 1993.
5. Community Home-Based Data Board, Barangay Sukailang, Surigao City.

COMMUNITY HOME BASED DATA BOARD BRGY. SUKAILANG, SURIGAO CITY



5

23 IN '93



6. Info Caravan on AIDS; Cagayan de Oro City, Dec. 1, 1993.
7. ASAP manual.
8. NID in Region IX.
9. Training of Barangay Health Workers for dentistless areas.
10. Municipal Mayor of San Francisco, Agusan del Sur, administering the first drops of OPV in Barangay New Visayas.
11. Nurses and other volunteers in action.



DIRECT PROGRAMS/PROJECTS

OFFICE FOR PUBLIC HEALTH SERVICES (OPHS)

OFFICE PERFORMANCE

■ IMPROVEMENT OF SYSTEMS AND PROCEDURES FOR PERSONNEL MANAGEMENT IN THE OPHS AND ITS STAFF SERVICES AND BUREAUS

- *Completion of annual evaluation.* The evaluation, done during the first quarter of 1993, helped resolve several issues and problems affecting the different services under the OPHS. It guided the senior and middle managers in their supervisory functions and improved OPHS coordination with its Staff Services and Regional Health Offices.
- *Conduct of short training course on Public Health Management*
- *Holding of Program Managers' Meeting.* The weekly meetings of the Undersecretary with the Service Directors served as both a regular forum for forging decisions on office and program affairs as well as an important venue for the managers to keep abreast with current health issues.

■ FORMULATION OF STRATEGIES AND ACTIVITIES TO STRENGTHEN DELIVERY OF PUBLIC HEALTH PROGRAMS WITHIN THE FRAMEWORK OF LOCAL AUTONOMY.

- *Installation of Health Development Structures in District Health Systems.*
- *Improvement of the performance of Health Centers in District Health Systems.* The effort to improve the performance of local health centers is a research and development

project that is part of a World Health Organization (WHO) multi-country study and is being undertaken in Lucban, Quezon Province in coordination with the Municipal Government and Rural Health Unit. Pertinent records review, interviews, focus group discussions, and community assemblies have been conducted. A health needs assessment survey is also being made to come up with a comprehensive community diagnosis to be the basis for the planning and implementation phases of the project.

- *Devolution of health functions to ARMM.* The OPHS participated in the formulation of the implementing rules and regulations to facilitate the transfer of health functions to the Autonomous Region of Muslim Mindanao (ARMM).

■ DEVELOPMENT OF PROGRAMS AND PROJECTS TO ADDRESS EMERGING PUBLIC HEALTH CONCERNS AND PRIORITIES

- *Development of a Family-Focused Recording System for Rural Health Units and Barangay Health Stations* to improve the consolidation of health information regarding patients and the proximate factors affecting their health, such as their home and family. The Family Folder has been field-tested in five provinces and cities nationwide and is due for evaluation in early 1994.
- *Development and implementation of an Integrated Monitoring System (IMS).* This project, which is funded by the Child Survival Program, seeks to integrate the monitoring of all the programs supervised by the OPHS. A monitoring checklist with guidelines for its use has been formulated and is being field-tested in selected regions and provinces. The IMS will ensure monitoring data

quality, timeliness, and relevance, and at the same time decrease the frequency and costs of monitoring visits.

- *Continuation of Adolescent Health Care Program.* Funded by the Child Survival Program, this project has completed a health needs assessment survey among in-school and the out-of-school youths in selected cities and provinces nationwide. The data collection tools to be used among health service providers and concerned institutions/NGOs have also been developed.

■ OTHER OPHS ACCOMPLISHMENTS

- *Preparation and publication of the draft National Health Code,* a work commissioned by the Philippine Public Health Association.
- *Preparation of the distribution list of drugs and medicines* that were procured using the additional P1.1 billion lump sum for drugs and medicines given to the DOH.
- *Drafting of the DOH Performance Report for 1993,* submitted to the Office of the President in December 1993.
- *Distribution of the Implementing Rules and Regulations of the Magna Carta for Public Health Workers* to the Regional Health Offices and other concerned agencies all over the country.
- *Designation as the referral office for issues raised by health personnel on benefits of the Magna Carta for Public Health Workers.*

OPHS PROGRAMS

■ ENVIRONMENTAL HEALTH SERVICE

The Environmental Health Service has made plans for the role of the DOH in the following projects: Water for Life, Hospital Waste Management, Urban Health and Nutrition Project, Country Program for Children IV, and Pasig River Rehabilitation Project. Two of the projects



Spraying activity of the Environmental Health Service.

already being undertaken are the Rural Environmental Sanitation Project III and the First Water Supply, Sewerage, and Sanitation Sector



FW4SP school toilet construction in Bacusanon Elementary School, Pangantucan, Bukidnon.

Project (FW4SP). The latter provides safe water supply facilities and public school toilets where these are most needed. Plastic toilet bowls and chlorine granules have also been distributed in priority provinces.

The Service actively participated in the activities of the Inter-Agency Committees on Red Tide, Air Pollution, and the Carmona Sanitary Landfill. Other important accomplishments of the Service in 1993 include the Revision of the 1978 National Standards on Drinking Water Supply and Sanitation Decade (DWSSD) in the Philippines. The results will be used for policy, objectives, and strategy formulation on water supply and sanitation projects nationwide.

■ TUBERCULOSIS CONTROL SERVICE

In 1993, the Service identified and examined 1.3 million TB symptomatics, 99,083 of whom were found positive for TB through sputum examinations. An additional 21,427 were found, by x-ray, to have cavitory TB, making a total of 120,510 cases eligible for treatment. Of these, 92% or 111,088 started short-course chemotherapy.

The service conducted 19 field supervisory visits in 1993 and organized a National Consultative Workshop attended by Regional TB Coordinators. In addition, the Service organized an Orientation Course on the National TB program for 124 NGOs implementing the program. In February 1993, an International Symposium on Recent Issues in the Management of TB Control Programs in Southeast Asia was held at the Research Institute for Tropical Medicine (RITM) in Alabang, Muntinlupa.

To mark National Lung Month (August), the Service implemented different activities in different regions. At the DOH Central Office, the Service launched *Oplan Alis Tisis*, providing TB screening services and TB chemotherapy for central office personnel.

■ FIELD EPIDEMIOLOGY TRAINING PROGRAM (FETP)

Six trainees graduated from the program and five new trainees were accepted.

FETP staff completed investigation of 41 epidemics, conducted 12 surveys, and implemented one surveillance system. The results of these different investigations were used to recommend and implement appropriate disease control measures. A total of 34 outbreaks were detected by the Epidemic Sentinel Sites established in all regions and in 37 selected provinces.

The FETP prepared project proposals on Data for Decision-Making Project, Development of a National HIV Strategy Document, and Development of an Integrated Infectious Diseases Strategic Plan. These were submitted to various authorities for funds sourcing. Policy agenda proposals were likewise made on Health Services Priorities, Human Resources for Health Initiatives, Hospital Reforms, Health Financing Initiatives, Health Sector Organization and Management, Health and the Environment, and Essential National Health Research.

Twelve papers prepared by FETP trainees were presented in the International Clinical Epidemiology Network Conference in Cairo, Egypt; 4 papers and 11 posters were presented at the Center for Disease Control in Atlanta, Georgia. Three editions of the DOH Epidemiology Report were published; three papers were published in the Journal of the Philippine Medical Association; one, in the Morbidity and Mortality Weekly Report; and one, in the Bulletin of the World Health Organization.

■ NATIONAL QUARANTINE OFFICE

Indicators of the presence of human plague and yellow fever remained at safe levels throughout the year. The Flea Index (0.03) and the *Aedes aegypti* Index (0.49), which monitor the possible transmission of human plague and yellow fever, respectively, were lower than the safe levels (1.0) set by the WHO. The office intensified its activities in the quarantine inspection and clearance of ocean-going vessels and aircrafts.

The office also increased sanitation activities and supervision at ports and airports enabling most interisland passenger/cargo vessels to obtain passing grades. All the eating establishments being monitored in these areas likewise passed quarantine standards.

□ MALARIA CONTROL PROGRAM

About 1.2 million malarial smears were examined in 1993 for an Annual Blood Examination Rate of 11%, with a Slide Positivity Rate (SPR) of 6.21%. This represented an improvement over the 1992 SPR of 6.34%. Of the total positive slides, 74% were of the *Plasmodium falciparum* species and 25% were of the *Plasmodium vivax* species.

Of the suspected malaria cases detected, 91% were provided with presumptive treatment while 76,732 cases were given radical treatment. The program posted a 95% increase over 1992 in the number of mosquito bednets treated with insecticides. However, residual house spraying decreased by 13%. This reflects the program shift from residual household spraying to less hazardous, biological, and environment-friendly methods of vector control.



Malaria blood smearing.



Mosquito net impregnation.

These have resulted in advances in malaria control in the country. The Annual Parasite Index (API), which reflects the frequency of disease occurrence during the year, was recorded at 6.74, 23% lower than the 1992 API of 8.75. The number of malaria cases in 1993 also went down by 24% compared to the number in 1992.

The service conducted workshops on Basic Malaria Microscopy, the WHO-endorsed Global Malaria Control Strategy, Basic Malaria Control and Epidemiology, and the National Malaria Planning Conference.

■ SCHISTOSOMIASIS CONTROL PROGRAM

The program completed mass stool examination of about 1.4 million people in all endemic barangays. Of those examined, 54,178 (3.9%) registered positively, but only 49,909 of these (92%) submitted themselves for treatment with Praziquantel.

A total of 348 snail colonies were eliminated through a series of focal molluscicide campaigns using Niclosamide. A massive information drive on the prevention and control of the disease was conducted in the endemic areas and 69,310 IEC materials were distributed. Some 279,206 individuals attended the 3,903 lectures on schistosomiasis conducted nationwide.

The average prevalence of schistosomiasis dropped from 4.25% in 1992 to 3.9% in 1993. However, some provinces (Leyte, Davao del Sur, Lanao del Norte, and Lanao del Sur) still have medium prevalence rates ranging from 5% to 9%. Maguindanao continues to register a high prevalence rate of 23%. The program hopes to completely eradicate the disease in the province of Bohol when the clearing of vegetations and intensive molluscicide campaigns are completed.

■ NON-COMMUNICABLE DISEASE CONTROL PROGRAM

● PHILIPPINE CANCER CONTROL PROGRAM

The OPHS conducted pap smear, breast, rectal, and oral examinations as part of the early detection and case-finding activities of the cancer control program. The treatment components and palliative activities in selected medical centers (Jose Reyes Memorial Medical Center, East Avenue Medical Center, V. Sotto Memorial Medical Center, Baguio General Hospital and Medical Center, and Davao

Medical Center) were continued. Morphine tablets were made available in all provincial hospitals, following the training of medical specialists and pharmacists on the use of morphine tablets for cancer pain management.

The program conducted 24 training sessions on cancer control and completed a research study on breast examination. It also produced several IEC (information, education, communication) materials on cancer prevention and control including posters, radio plugs, TV and movie plugs, puppet productions, comic inserts, leaflets, and manuals. The Cancer Section of the Non-Communicable Disease Control Service spearheaded the celebration of Cancer Consciousness Week in coordination with the Philippine Cancer Society.

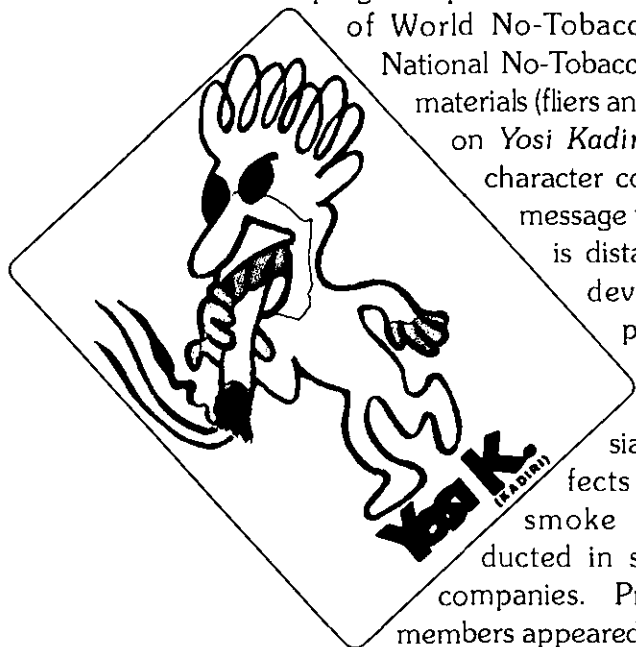
Population-based Cancer Registries were activated in the Cordillera and Muslim Mindanao Regions to respond to the special cancer problems of these populations. Data obtained through these Registries will provide improved understanding of the cancer problem in these areas and serve as valuable inputs in the development of an appropriate cancer control program for the country's cultural communities.

● CARDIOVASCULAR DISEASE CONTROL PROGRAM

The focus of this activity during the year was the Smoking Control Program. The DOH Central Office, Regional Health Offices, and hospitals were declared as Smoke-Free Zones. After consultative meetings with legislators and the health commission, a legislative agenda regarding smoking was put in place. A Multi-sectoral Screening Commit-

tee for Cigarette Advertisement has also been formed.

The program spearheaded the celebration of World No-Tobacco Day and National No-Tobacco Day. IEC



materials (fliers and pamphlets) on Yosi Kadiri (a cartoon character conveying the message that smoking is distasteful) were developed and produced.

Lectures and symposia on the ill effects of tobacco smoke were conducted in schools and companies. Program staff members appeared in television and radio programs to provide additional information on the campaign.

The Cardiovascular Disease Control Program also developed **Alay sa Puso: Bantay Presyon**, a project to increase people's awareness of cardiovascular diseases launched in February 1994.

○ PREVENTION OF BLINDNESS PROGRAM (PBP)

In collaboration with Helen Keller International (HKI) and Orbis, the program conducted training on primary eye care in Iloilo, Antique, and Guimaras. The participants included 1,100 Public Health Nurses and Rural Health Midwives and 900 Rural Health Physicians. A Modified Residency Training Program (MRTP) in Ophthalmology for physicians in the provinces has been implemented to make the services of trained ophthalmolo-

gists available in the countryside.

The OPHS performed more than 5,000 cataract operations in collaboration with various NGOs during the year. The office continues to obtain supplies and materials (including equipment and medicines) needed for cataract operations.

The Oplan Sagip Mata project successfully created greater public awareness of the causes and prevention of blindness. It also provided information on the services that are available from the Department of Health, including eyeglasses and squint/cataract operations.



Volunteers from ophthalmology schools conduct visual acuity screening among school children in different elementary schools in the National Capital Region.

○ OCCUPATIONAL HEALTH PROGRAM

A draft Occupational Health Program has been developed and a draft program on child labor has been completed and is now ready for implementation.

In coordination with the UP-College of Medicine and the National Poison and Information Service, a training course on Occupational Health and Toxicology Principles in Pesticide Poisoning Management was developed and implemented. Under the program, an Orientation Seminar on the implementation of Industrial Hygiene Rules and Regulations was given to 251 core trainers and, in collaboration with the UP College of Medicine, a Workshop on Toxicology and Occupational Health in Geothermal Operations was conducted for 80 field health personnel.



Blood pressure measurement and blood collection for arsenic determination in North Cotabato.

Needs assessment studies were made in connection with the alleged gas leaks in industrial plants in Tondo and Navotas and arsenic poisoning in the geothermally active area of North Cotabato.

○ COMMUNITY-BASED REHABILITATION PROGRAM

Under this program, the OPHS has reproduced training manuals and conducted training workshops on speech, physical, occupational, and psychosocial therapies at the first and high levels for health workers.

Launching workshops have been conducted in provinces where the program's implementation is supported by the local government units.

■ COMMUNICABLE DISEASE CONTROL PROGRAM

○ NATIONAL LEPROSY CONTROL PROGRAM

The leprosy case detection rate in 1993 was 4.37 for every 100,000 people, with 2,844 new cases discovered for a cumulative total of 66,343 registered leprosy cases at the end of 1993. Of these, 53,886 patients, representing 81%, have been put on multi-drug therapy (MDT) over the past six years, with 27,550 or 51% having completed treatment. As a result, the prevalence of leprosy currently stands at 2.3 per 10,000 people, down from the 1992 prevalence rate of 2.4 per 10,000.

The program trained 43 doctors on the complications and rehabilitation of leprosy patients and 131 field health workers on disability limitation. Training was likewise given to leprosy control workers from other GOP

agencies and NGOs. A total of 68,435 IEC materials on leprosy, in the form of comics, posters, flip charts, pamphlets, and fliers were distributed.

- NATIONAL RABIES CONTROL PROGRAM

The program was expanded to cover 15 additional provinces, bringing the total number of priority provinces to 48. Provincial Rabies Committees were established in most of these provinces, with the provincial governors acting as honorary chairpersons. Consultants formulated standards on rabies management.

The program provided canine vaccines for 166,870 dogs. A total of 1,055 doses of anti-rabies vaccine and 515 vials of Rabies Immune Globulin were given to high-risk dogbite victims as post-exposure prophylaxis; 149 doses of vaccine were given to volunteer dog vaccinators as pre-exposure vaccine.

The Service produced posters and leaflets on rabies which were distributed to priority provinces. A model Rabies Control Municipal Ordinance was also distributed to municipal mayors.

- NATIONAL FILARIASIS CONTROL PROGRAM

A total of 39,955 blood smears for microfilariae were collected in 1993, exceeding program target for case-finding by 17.5%. Of the smears collected, 3.81% or 1,525 proved positive for filariasis. This rate is 32% lower than the rate of 5.59% in 1992. Of those found positive, 1,365 cases were treated.

A workshop on filariasis control was held in October for personnel of the Filariasis Control Units and other health workers. Thirty-five health education classes were conducted by personnel of these units in different endemic barangays to sustain awareness of the people. IEC materials used in these activities were provided by the program.

- NATIONAL DENGUE CONTROL PROGRAM

The program was pilot-tested in Dumaguete City, Manila, and Navotas. Linkages were established with local government officials, health authorities, and school authorities.

Training courses on dengue prevention and control were conducted for Regional Malaria Coordinators, pilot area Health Managers, Regional Entomologists, and Medical Technologists. Health education materials were improved and translated into Tagalog and Cebuano.

A Knowledge, Attitudes, and Practices (KAP) survey on Dengue Control and Prevention was conducted in each of the three pilot areas. Further research was made on the vectors of dengue infections.



OFFICE FOR SPECIAL CONCERNS (OSC)

PROJECTS AND PROGRAMS

■ WOMEN'S HEALTH AND SAFE MOTHERHOOD PROJECT

The primary goal of the proposed Women's Health and Safe Motherhood Project (WHSMP) is to improve the health status of women and consequently ensure the health and general welfare of their children, in particular, and their families, in general.

The project has four major components:

○ SERVICE DELIVERY

This component involves the improvement of the delivery of key service interventions for the following programs: Maternal Care, Family Planning, STD/RTI/AIDS, and Women's Cancer at the provincial and district levels.

○ INSTITUTIONAL STRENGTHENING

This component focuses on the strengthening of the provincial, city, and municipal health office in the areas of personnel, budgeting and financial management, facility equipment inventory and maintenance, logistics and procurement, accounting, health and management information systems, and monitoring and evaluation.

○ PARTNERSHIPS FOR WOMEN'S HEALTH AND OPERATIONS

This component will support the establishment of local government-level partnerships for implementation by NGOs.

○ POLICY RESEARCH AND EVALUATION

The fourth component provides for the expansion of DOH's research capability, assessment of cost-effective service delivery options in women's health, and research on high-priority areas affecting women's health.

■ PROGRAM FOR COMFORT WOMEN

This program is designed to respond to the health and psychosocial needs of women, 60 years old and above, who suffered physical, sexual, and psychological abuses when they were forcibly confined in comfort houses by the Japanese Military during the Japanese Occupation. The main objective of the program is to provide medical, psychological, and mental health services to these women-victims.

In 1993, 50 medical cards were issued to comfort women, entitling them to free health services. The women sought treatment for degenerative and infectious diseases (cataract, osteoarthritis, cancer, tuberculosis).

■ NUTRITION SERVICE

The approval of the Comprehensive Nutrition Program has led to more innovative and meaningful challenges in nutrition service delivery. Among the significant accomplishments this year were the series of activities conducted by the program involving all sectors of society. These led to the launching of Fortification for Iodine Elimination (FIDEL), Fortified Vitamin Rice, and People's Day, all aimed at ending the hidden hunger by the year 2000. The National Micronutrient Day (NMD) or *Araw ng Sangkap Pinoy* (ASAP) was a result of these joint efforts. Five regions covered more than 100% of the eligible population for the Vitamin A and iodine capsule sup-

plementation. The national coverage for VAC supplementation was 100.48%; for iodine supplementation for pregnant mothers, 57.24%



ASAP in Trento, Agusan del Sur.



Sec. Flavio with Gov. Emily Lopez during the ceremonial planting of malunggay cuttings in Jordan, Guimaras.

To combat Protein-Energy Malnutrition, OPHS is implementing a Targetted Food Assistance Program that has reached 694,096 beneficiaries. For calamities and disasters, a Nutrition Rescue Treatment for Urgent Relief and Rehabilitation Assistance (NURTURA) pack was formulated to rehabilitate underweight children and pregnant/lactating mothers. These instant mixes were distributed to 2,846 Pinatubo evacuees in Region III in the past year.

■ MATERNAL AND CHILD HEALTH PROGRAM

○ EXPANDED PROGRAM ON IMMUNIZATION

In 1993, the Department held two National Immunization Days (NID) during which it achieved a significant coverage of 95%, immunizing 9.8 million children with Oral Polio Vaccine (OPV) and 2 million women of child-bearing age with tetanus toxoid.

To sustain routine immunizations, a continuous supply of vaccines must be maintained. Thus, the Vaccine Independence Initiative (VII) was developed in collaboration with UNICEF and with the assistance of the Biological Production Service and International Partner Agencies such as the Canadian International Development Agency (CIDA), Rotary International, and UNICEF.

Limited hepatitis B vaccines, reaching about 50% of the service target, have been provided using GOP funds.

To improve the quality of services, health workers' knowledge and skills have been updated through training and consultative conferences. To improve coordination with NGOs and field offices, several workshops have also been conducted. The EPI manual

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was revised to reflect improvements in EPI standard operating procedures.

The budget for 12 coverage surveys and for NID IEC materials and activities were sub-allotted to the different regions.

o MATERNAL CARE AND UNDER-FIVE CARE

In 1993, the Rural Health Midwives' Manual of Operations was developed, pre-tested in Masbate, and reviewed by experts on maternal care. The document is now being finalized.

Program support and logistics were provided to field health workers. These include Growth Monitoring Charts (GMCs), Home-Based Maternal Records (HBMRs), IEC materials for mothers, hilot folders, bags for RHMs, and flipcharts on OB emergencies.

Training activities during the year included training of Implementors and BHWs on the use of HBMR and GMC. Other activities included the conduct of Community Diagnosis and Municipal Planning in selected local government units, a National Consultative Workshop, and Area-Based Consultative Workshops.

o PROGRAM ON THE CONTROL OF ACUTE RESPIRATORY INFECTIONS

The major achievement under this program in 1993 was the production of video and other IEC materials to enhance communication skills among midwives and other health personnel. Prescription kits were developed for midwives and for mothers or caretakers as a home guide.

Successful negotiation for the integration of the program into the FHSIS was also made to have more accurate data on pneumonia incidence as well as the use of cotrimoxazole drugs.

o CONTROL OF DIARRHEAL DISEASES(CDD)/ BREASTFEEDING PROGRAM

In 1993, a 1994-1998 CDD Directional Plan was formulated and approved. The CDD program policies and standards were updated and a Department circular on the program was revised, approved, and disseminated. To plan for and monitor field-level implementation, two national and three area-based consultative workshops were conducted.

To date, 85% of government physicians, 76% of nurses, 87% of midwives, 82% of sanitary inspectors, and 77% of other program-related field workers have received training on clinical management, supervisory skills, and case management. However, it was found that only 21% of hospital-based doctors and nurses have hands-on clinical management training.



Breastfeeding right after delivery.

From the time of the first survey in Bicol in 1992 to 1993, ORT (oral rehydration therapy) use has increased. Feeding rates increased from 66% to 88% and drug use decreased. Latest reports from FHSIS also show a decrease in diarrhea mortality among children below 5 years of age, from 45.8 per 100,000 children in 1988 to 31.1 per 100,000 children in 1990.

The latest breastfeeding rates taken from a 1991 national survey showed a high 91% initiation rate. However, the continuation rate at six (6) months was only 82%.

As of November 1993, 3,352,077 packets of oral rehydration salts had been sent to the regional health offices for distribution to the field health facilities. About 10.7 million packets have been obtained for 1994.

□ DENTAL HEALTH SERVICE

The campaign for oral examination of all employees in the DOH Central Office was encouraged and intensified. A total of 2,640 employees used this service.



Oral prophylaxis (scaling and polishing) on a pregnant mother – one of the target populations of the preventive dental health program.

In 1993, the Dental Clinic - Central Office issued 12 dental certificates for application of employment, both here and abroad, and trained 8 dentists under the Post Basic and Confidence Building Training Course.

The program also recorded 5.6 million (67.07%) oral examinations; 1.6 million (58.3%) oral prophylaxis; and 1.6 million (67.2%) fluoride utilization.

Under the curative section of the program, the following were done: 1.07 million (49.8%) permanent fillings; 1.07 million (48.6%) temporary fillings; and 706,000 (51.6%) gum treatment.



Schoolchildren of Jabonga Elementary School in Agusan del Sur rinsing their mouths with fluoride solution.

□ NATIONAL AIDS PREVENTION AND CONTROL PROGRAM

In light of the DOH decision to place a high priority on the prevention of HIV infection/AIDS, the DOH- AIDS Prevention and Control Committee (APCC) was created to provide technical oversight in the implementation of the program. Furthermore, the Philippine National AIDS Council (PNAC) was created to

advise the President on policy developments for the prevention and control of AIDS.

During the year, 90 HIV-positive individuals and 28 AIDS cases were reported to the AIDS Registry, bringing the cumulative total to 459 and 121, respectively. The total number of deaths due to AIDS in 1993 was reported at 7, bringing the cumulative total to 75 deaths since 1984.

Under the program, the DOH organized an NGO Network Consultative Workshop to formalize the existence of an AIDS network in

Metro Manila for more effective and relevant responses to the challenge of AIDS prevention, care, and control.

A Regional AIDS Program Coordinators Training Program was implemented to develop the skills of regional coordinators and IEC managers in designing and producing information materials on HIV/AIDS appropriate to their respective localities. The training program consisted of two phases: the first consisting of Basic IEC Training; the second involving an immersion program which provides hands-on training in AIDS Unit work.

Another seminar-workshop was also held on Community-Based Social Support Service for Persons with AIDS (PWAs) and People with HIV (PHIVs) to improve the quality of low-cost care. Some of the concepts taken up in the course were: keeping chronically ill persons within the family context; providing psychological and moral support; educating the infected persons, their family, and the community.

Another highlight of 1993 was the celebration of World AIDS Day with the theme Red Alert: Stop AIDS Day. Among the objectives of the activity were to obtain the commitment and support of local government officials in the fight against AIDS and to increase national awareness of the prevention and control of AIDS.

**DON'T BE
FOOLED
BY MYTHS!
LEARN
THE
FACTS!**

- You can't tell if someone has AIDS just by looking at them.
- You can't get AIDS from mosquitos, sneezing, coughing, hugging, kissing, toilets, or sharing glasses, plates, knives, or forks.
- You can't get AIDS from being near someone or touching someone, or working beside someone who has AIDS.
- You can't get AIDS by donating blood.
- You can control your risk of getting AIDS.

Be Smart. Protect yourself and your loved ones.

**CALL THE
AIDS
HOTLINE
500-551
500-921
597-450
10 A.M. to 12 M.M. DAILY**

**RED ALERT:
STOP
AIDS**

Join us in celebrating World AIDS Day

The first round of the National HIV Surveillance System was implemented during the second half of 1993 in Quezon City and Cebu City. This system is meant to provide early warning on increased HIV infection and high-risk behaviors.

■ FAMILY PLANNING SERVICE

Among the major accomplishments under this program in 1993 are the following:

- *Geographic mapping of existing outlets;*
- *Opening of new clinics (together with local government units, nongovernmental organizations, and other government organizations);*
- *Integration of family planning as a preventive and promotive health intervention in existing programs and special clinics (such as, social hygiene, chest, and skin);*
- *Collaboration with military camps and business and industrial establishments in the dissemination of the program; and*
- *Provision of adequate contraceptive support.*

The third phase of the Voluntary Surgical Contraception (VSC) Project was assessed, and additional VSC training centers were accredited.

In 1993, the program recorded 360,741 family planning acceptors, representing 23.8% of the target. Current users total 1,988,979, or 90.9% of the target.

Modules, guides, and manuals for trainers and service providers were developed during the year. The Supervisory Course on FP Quality Care was pre-tested in Region X and finalized. Also, a trainers' manual on Interpersonal Communication Skills Training for Community Volunteer Workers and an ICS Training Management

Course were both tested in Region XI and are now ready for mass production.

The program has started the accreditation of training courses and training institutions to standardize facilities and training designs.

This is the responsibility of an Ad Hoc Accreditation Committee composed of a Chairman and four members from the Family Planning Service, other government organizations, and nongovernmental organizations. Institutions that have been granted probationary accreditation include the Jose Fabella Memorial Hospital and Mary Johnston Hospital Fertility Care Center. These centers may conduct training but will be observed by one or two members of the board and a representative of the secretariat.

On the logistics component, the following were accomplished: phased implementation of the Contraceptive Distribution and Logistics Management Information System (CDLMIS); installation of the logistics management information system; inventory and monitoring of contraceptive supplies; and forecasting and procurement of contraceptives.

In 1993, cluster surveys to establish contraceptive prevalence rates (CPRs) were conducted in 45 provinces.



SUPPORT PROGRAMS

OFFICE FOR HOSPITAL FACILITIES, STANDARDS, AND REGULATIONS (OHFSR)

■ PERFORMANCE OF RETAINED HOSPITALS

Reports for the year showed that 262,556 patients were admitted by the 19 DOH Hospitals (6 Medical Centers, 4 Regional, 4 Special, 3 Specialty, 1 District, and 1 Research).

■ BUREAU OF FOOD AND DRUGS

The Bureau of Food and Drugs (BFAD) completed pioneering toxicological studies on Philippine natural carageenan in animals. These studies were submitted and accepted for discussion at the Food and Agriculture Organization of the United Nations and at the Science Committee on Foods of the European Economic Community for the purpose of gaining acceptability in the world market of Philippine natural-grade carageenan as food additive.

In the area of drug registration, product registration in 1993 continued to improve markedly, despite the great increase in the number of applications. The total number of applications increased from 12,182 in 1992 to 16,422 in 1993. The total number of applications acted on increased from 10,372 in 1992 to 15,857 in 1993.

In 1993, the Philippines officially adopted the first National Standards and Guidelines on Bottled Drinking Water embodied in A.O. 18-A s. 1993. This regulation mandates that manufacturers be inspected and licensed by BFAD and that all bottled water be laboratory-tested and

registered by BFAD before the suppliers are allowed to distribute their products. Bottled water promoted for use in infant formulas without prior boiling was also ordered withdrawn from the market within six months.

The number of fake drugs and drugstores selling these fake drugs was significantly reduced. From 22 fake drugs identified in 1992, the number went down to 4 in 1993; 17 drugstores were found to be selling fake drugs in 1992, but only 3 drugstores were apprehended in 1993.

The Rules and Regulations on Labelling and Advertisement of Cigarettes (A.O. No. 10 s. 1993) was formulated in consultation with all interested parties. These rules and regulations on cigarette health hazard warning took effect with sanctions and penalties on January 1, 1994.

The BFAD inspected 3,187 drug outlets and establishments of importers/exporters/distributors of drugs, cosmetics, food, medical devices, and hazardous household substances. Inspections of 1,545 manufacturers and traders of drugs, cosmetics, and hazardous household substances and inspections of 3,034 food establishments were also done. Analysis was made of 7,605 drug samples; 11,090 antibiotic samples; 5,045 food samples; 2,982 samples of cosmetics/household hazardous products; 1,410 samples for toxicology tests; and 5,188 samples for food microbiology tests. The BFAD product registration information system using the PROGRESS RDBMS software was also installed and tested in November.

BFAD also provided special services, such as analysis of lake water and fishmeat samples to determine the cause of the "fish kill" at Laguna Lake, and assistance to Canadian and European fishery inspectors during visits in connection

with international agreements of the Philippines regarding Philippine fishery exports.

■ **BIOLOGICAL PRODUCTION SERVICE**

In support of the DOH's Expanded Program for Immunization and prevention of communicable diseases, the Biological Production Service produced 6,524,700 doses/ml of BCG FD vaccine; 39,700 doses/ml of tuberculin 2 T.U.; 3,729,620 doses/ml of tetanus toxoid; 3,204 doses/ml of cobra antivenin; 24,800 doses/ml of cholera typhoid; 152,750 doses/ml of E1 Tor vaccine; 25,350 doses/ml of typhoid vaccine; and 492,720 doses/ml of rabies vaccine. The BPS also produced diagnostics for the use of DOH laboratories. These totaled 610 ml of Salmonella Antisera; 178 ml of Shigella Antisera; 198 ml of Cholera Antisera; 29,500 ml of Widal Antigen; and 1,400 ml of Weil Felix Antigen. The BPS conducted quality control tests of all products that it produced as well as of biologicals referred by the BFD. The samples tested totaled 3,284 for biologicals and 1,568 for chemicals. Laboratory animals (white mice - 31,529; guinea pig - 3,331; rabbit - 147; albino rat - 49; horses - 48; and sheep - 8) were also maintained and bred by the BPS. The BPS extracted 177 liters of horse blood and 10,630 ml of sheep blood for laboratory purposes.

■ **HOSPITAL OPERATIONS AND MANAGEMENT SERVICE**

The Hospital Operations and Management Service (HOMS) reviewed the budgetary plans of 31 DOH hospitals, provided consultative services to 2,479 clients, undertook investigation of 10 DOH hospitals, visited 17 DOH hospitals for assessment and monitoring, reviewed 181 Congressional bills pertaining to hospitals and related concerns, and responded to 405 inquiries and requests.

HOMS updated its hospital situationer data bank, drafted the guidelines for DOH hospital bed subsidy procedures, and finalized manuals for hospital procedures, medical records, medical social services, pharmacy service, dietary service, and hospital nursing. HOMS also conducted courses and workshops in quality assurance for dietary service, financial, and drug supply; values clarification and modes of intervention in the practice of social work; update of medical records management; emergency room training for resident physicians; modular residency training program; and management development program for administrative officers.

HOMS reviewed and revised hospital fees and formulated output indicators for 6 hospital services and 2 hospital programs. It also provided assistance in the determination of the distribution of the augmentation and supplemental budgets for drugs and medicines of 45 retained hospitals.

HOMS was also responsible for two major programs: the Hospitals as Centers of Wellness Program and the Mother- and Baby-Friendly Hospital Programs.

■ **BUREAU OF LICENSING AND REGULATIONS**

The Bureau of Licensing and Regulations inspected and evaluated the following for licensing or accreditation purposes: 416 hospitals; 321 dental prosthetic laboratories; and 103 medical clinics and hospitals providing physical examination services for overseas contract workers. The Bureau issued 88 permits to construct, renovate, or expand hospitals; 270 hospital licenses; 636 x-ray facility licenses; 220 DPL licenses; 357 certificates of hospital registration; and 101 certificates of accreditation for clinics or hospitals.

The Bureau has revised five criteria for the establishment of hospitals; formulated standards and technical requirements for licensure of medical centers; reviewed and evaluated 172 floor plans and applications for permit to construct, renovate, or expand hospitals; formulated the draft of the Administrative Order governing Ambulatory Surgical Centers; drafted the amendment to AO 85-A s. 1990 regarding examination of inter-island seafarers; and conducted 74 fact-finding activities on complaints against hospitals and clinics.

In addition, it has checked 4,839 medical examination reports and 4,901 AIDS (HIV) clearance reports for overseas workers issued by accredited clinics for authentication purposes; prepared and published two issuances on Ishihara Testing for Seafarers and Lifting of the Ban on Regular Accreditation in Metro Manila; assessed 62 primary and secondary hospitals included in the 1988-91 Baseline Survey of Hospital Capabilities; and conducted baseline survey of the capabilities of the identified 52 Lying-in Clinics in the National Capital Region (NCR).

■ HEALTH INFRASTRUCTURE SERVICE

The Health Infrastructure Service (INFRA) completed the preliminary draft of a Manual for Physical Maintenance of Health Facilities which is envisioned to be used as a guide for a uniform system of preventive and corrective maintenance for hospital buildings. A workshop to evaluate the manual was conducted in the latter part of the year.

The INFRA was also part of a Task Force that made a review of existing licensure standards for space requirements of hospitals. Revised standards have been set and a hearing was held to present to the public the proposed amendments.

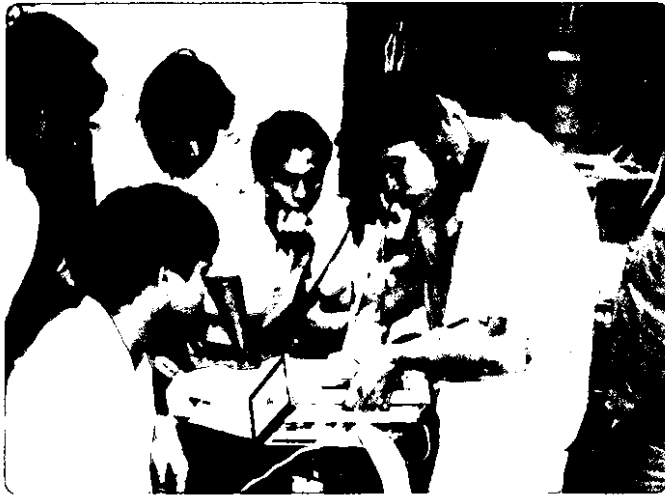
INFRA staff also prepared the Medium-Term Plan for Health Infrastructure (1993-1998) for incorporation into the national MTDP. The budgetary figures set by INFRA for the infrastructure needs of retained hospitals were used by the National Economic and Development Authority in estimating the total government funds to be collected for the social health infrastructure health component.

The schematic plans of construction projects of retained hospitals for 1993 were either done or monitored by INFRA. Twenty (20) plans were completed by the second quarter of 1993. The contract documents of these same projects (detailed architecture and engineering plans, estimates, technical specifications) were subsequently prepared for bidding and awarding. The INFRA also conducted weekly site inspections of construction projects of 8 retained hospitals in Metro Manila. It also regularly monitored the status of implementation of construction projects of 12 retained hospitals in the regions. INFRA staff also provided technical support to the Office of the Undersecretary, OHFSR, in evaluating 50 hospital plans for licensure application and renewal.

■ HOSPITAL MAINTENANCE SERVICE

The Hospital Maintenance Service (HMS) conducted three hospital equipment maintenance workshops, two of which were established in 1993 with assistance from the German government. HMS-Manila repaired/installed 2,539 x-ray, laboratory, electromedical, and other hospital equipment. It undertook preventive maintenance visits to 37 hospitals, during which 522 pieces of equipment were checked and 10 technical personnel were trained. It also conducted 14 technical training courses and trained 79 technicians and engineers (78 Filipino

and 1 Vietnamese) on corrective and preventive maintenance of various medical equipment.



Training in corrective maintenance (repair) of electrocardiogram equipment.

HMS-Visayas in Cebu City repaired/installed 551 x-ray, laboratory, electromedical, and other hospital equipment. It undertook preventive maintenance visits to 98 hospitals, during which 210 pieces of equipment were checked. It also conducted technical training courses and trained technicians and engineers on repair of hospital equipment. HMS-Mindanao in Davao City repaired/installed 495 x-ray, laboratory, electromedical, and other hospital equipment.

HMS also assisted the Hospital Operations and Management Service in the distribution of excess London-based equipment donated by the USA. It assisted in the commissioning and acceptance testing of equipment donated by Japan to 32 local hospitals. It participated in the laparoscope project of the Family Planning Service. It assisted the Dental Health Service in the training of dental maintenance staff. It also supported the Nutrition Service's nutrition project in the testing of weighing scales.

■ RADIATION HEALTH SERVICE

In 1993, the Radiation Health Service (RHS) drafted two administrative orders for regulation and control of selected radiation devices. It issued 45 permits to import radiation devices and undertook radiation protection survey and evaluation of 571 government and private x-ray facilities nationwide for licensing purposes.

The RHS did performance/acceptance testing of 66 diagnostic x-ray and ultrasound equipment and one cobalt-60 unit; tested 5 microwave oven models, 13 video display terminal models, 5 welding machines, 2 radio frequency transmitters, and 6 x-ray film brands; monitored individual radiation doses of 722 radiation workers; and provided 1,059 other scientific and technical services. The RHS Radiation Standards Dosimetry Laboratory upgraded its facilities with the installation of a cobalt-60 calibration source and participated in activities of accredited members of the International Atomic Energy Agency/World Health Organization network of Secondary Standard Dosimetry Laboratories.



Cobalt 60 calibration source prior to installation.

The RHS established quality assurance programs in the x-ray department of four government hospitals; completed one research project on Non-Ionizing Radiation Equipment used in Philippine hospitals; and conducted training courses in radiation dosimetry; radiation protection for various users of x-ray devices in medicine, dentistry, and industry; radiation protection for ultraviolet radiation users; basic ultrasound training course; radiologic technology internship program; and the stepladder residency training program in radiology.

□ **BUREAU OF RESEARCH AND LABORATORIES**

In 1993, the Bureau received a total of 1,825 applications for licensing of clinical laboratories and blood banks. The Bureau also issued 159 accreditation certificates to the same number of laboratories and/or blood banks. The reports submitted by these accredited HIV-testing laboratories are sources of HIV test data in support of the DOH AIDS Surveillance Program.

Examinations done by each section of the Bureau are as follows: Bacteriology, 6,942 (36.5%); Parasitology, 5,180 (93.0%); Immunology, 21,035 (60.1%); Anatomic Pathology, 633 (57.5%). The Bureau also performed 8,434 (109.5%) water examinations during the year.

OFFICE OF MANAGEMENT SERVICES (OMS)

Apart from directly supervising the Finance, Administrative, and Procurement and Logistics Services of the Department, the Office of Management Services (OMS) coordinated the past year with other DOH offices and units as well as with external fiscal agencies such as the National Economic and Development Authority (NEDA), Department of Budget and Management (DBM), Bureau of Treasury (BTr), and Commission on Audit (COA).

In addition to its regular supervisory, coordinative, and facilitative functions and routine activities, OMS accomplished the following:

- Prepared a summary of budget deficits and augmentation requirements of provinces;
- Provided technical assistance in the provision of health services in the Autonomous Region for Muslim Mindanao (ARMM);
- Prepared funds-flow reports on foreign-assisted projects (FAPs);
- Assisted in the implementation of the Magna Carta for Public Health Workers;
- Drafted the Memorandum of Agreement (MOA) between DOH and DPWH/LGUs in relation to the implementation of the 1993 Congressional Initiative Projects
- Assisted in the monitoring of DOH pump-priming projects (which includes Congressional Initiative and construction projects)
- Assisted in the allocation of the P1.1 billion budget for drugs and medicines;
- Provided data inputs for the allocation of capital outlays such as ambulances and equipment, and for the Salary Standardization Part II program.

Other activities of OMS were accomplished through its component services, as described in the succeeding sections.

■ FINANCE SERVICE

Finance Service (FS) is mainly involved in the handling of the DOH budget. In 1993, FS accomplished the following:

- ④ Prepared financial status reports required as inputs to the preparation of the CY 1995 budget proposal;
- ④ Prepared and submitted the CY 1994 budget estimates of various functions, projects, and activities under the DOH;
- ④ Reviewed and recommended all requests for special budgets submitted by various officers or units;
- ④ Assisted DOH management in the preparation of documents for CY 1994 during consultations between DOH and DBM .
- Prepared and submitted to DBM the FY 1993 work and financial plan of various agencies/offices/units under the DOH;
- Sub-allotted funds to RHOs, Special Hospitals, and Medical Centers for drugs and medicines, calamity funds, salaries and TEVs of field personnel; for pump-priming projects, processed for payment and certified as to availability of funds vouchers, payrolls, contractors, purchase orders, and other requests;
- Maintained books of accounts and their corresponding journals and ledgers;
- Administered all kinds of payments (such as, salaries, personnel benefits, and others);
- Arranged for the transfer of the servicing bank from PNB to Land Bank, which resulted in lesser expense to the government;
- Advised the MANCOM (Management Committee) on the Department's weekly financial status;
- Prepared and submitted regularly to DBM the Statement of Monthly Allocation and Utilization (SMAU) to assure continued availability of cash;
- Provided monthly information on the Department's financial status to enable officers/units under the DOH to effectively program their projects/activities;
- Conducted workshops in the 14 RHOs to train regional personnel on the preparation of final reconciliations of sub-allotment of all projects in the RHOs and IPHOs, and in four (4) Regional Centers to gather data on the GOP counterpart contribution to CSP and other FAPs;
- Prepared and submitted monthly and quarterly reports to DBM and COA.
- Provided technical or management assistance to: (a) Regional Health Directors and Finance Officers on the implementation of the devolution program and on the Magna Carta; (b) Program Managers and Service Directors on the full utilization of their advice of allotment (A/A) and preparation of the Notice of Cash Allocation (NCA); (c) Office of Public Health Services (OPHS) on budgeting, accounting, and existing rules and regulations in fiscal management; and (d) Project Coordinating Unit (PCU) on the preparation of fund utilization reports of all special projects;
- Coordinated with the Technology and Livelihood Resource Center (TLRC) on the ongoing study of the DOH Financial Management Information System; and
- Collected/accepted payments for all miscellaneous fees and deposited these to the servicing bank and Bureau of Treasury.

FS took the initiative in the following areas: (a) obtained approval from enough NCAs before the end of the year to bring the level of accounts payable down to the lowest level; (b) successfully

petitioned for the assignment of one (1) Teller of Land Bank to the Department Cashier's Office to make the payment of salaries of Summer Youth faster and safer; (c) paid off all accounts payable despite the non-release of NCAs; and (d) conducted the Team Building Seminar-Workshop Part I.

The Service intends to hold another workshop in the immediate future to reduce backlog and to further improve effectiveness in handling urgent requests and financial transactions.

■ PROCUREMENT AND LOGISTICS SERVICE

The role of the Procurement and Logistics Service (PLS) is to obtain and properly distribute commodities. In 1983, PLS had the following accomplishments:

- Facilitated the procurement of drugs and medicines that were distributed by the Disaster Management Unit (DMU) in the lahar-devastated provinces of Central Luzon; parts of Albay that were affected by the Mayon Volcano eruption; Mindoro provinces and some areas in Visayas and Mindanao that were flooded;
- Contributed to the National Immunization Days (NIDs) through the procurement of vaccines, syringes, and IEC materials and their distribution in the designated *Patak* Centers;
- Expedited the early release from the Bureau of Customs of vaccines from different foreign donors through contracted brokers;
- Administered regular procurement activities for the different DOH offices. The amount allocated was P570 million for projects that were awarded through either public bidding and/or other authorized modes of procurement or through the Procurement Service (PS) of DBM;

- Distributed drugs and medicines, equipment, and other commodities amounting to P270 million to program services and other concerned recipients, including RHU medicines from foreign governments, drug companies, civic organizations and nongovernmental organizations.

■ ADMINISTRATIVE SERVICE

The Administrative Service, through its three Divisions, accomplished the following in 1993:

● PERSONNEL DIVISION

In compliance with the Local Government Code, which provided for the devolution of health personnel to local government units, and with the Attrition Law of 1992, only 2,270 appointments were prepared and processed during the year. Employment applications/certifications reached 840 while authentication of employment/diploma reached 505. The unit processed 9,035 leave applications from the different services; prepared 674 service records of employees; and prepared 332 statistical data regarding personnel matters. Of the 100 protest cases submitted to the Personnel Division, 3 were already decided while 97 others were referred to the proper agencies/offices. Other personnel actions reached a total of 4,776. Further, the Division prepared and processed 117 applications for retirement, 314 resignations, and 101 requests for dropping from the rolls.

● GENERAL SERVICES DIVISION

In 1993, the Building and Grounds Maintenance Section was able to provide 298 carpentry, 269 electrical, and 161 plumbing

services. It also repaired 54 telephone units and 394 other office equipment. Janitorial and gardening services were adequately provided, with substantial improvement of the latter, as evidenced by a coverage rate of 80% of the bare areas with foliage. During the year, the Section also disposed of 480 cu. m. of garbage generated by the offices within the DOH compound.

The Transport Management Section administered 195 major repairs, undertook 110 minor corrective repairs, and provided 34 preventive maintenance services to various DOH vehicles. It assisted in the registration and insurance of 64 Central Office vehicles as well as of regional vehicles procured through the Philippine Health Development Project. Twenty five (25) drivers were temporarily assigned to the different services and transport services (coaster).

In addition to its regular function of maintaining and safekeeping the official documents of the Department, the Records Section delivered 41,627 communications through postal service and special messenger. A total of 2,883 administrative issuances, such as Department Orders, Department Circulars, and others, were processed and disseminated. Certified true copies of official documents, totalling 68,719, were provided to different offices for use as supporting papers. Representatives to court hearings were also provided as needed. The Radio Unit received 9,851 messages and transmitted 5,837 during the year.

In 1993, three cases of theft involving assorted relief materials, cable wires, and various hospital equipment were successfully thwarted by the Security Section. The suspects were

apprehended and turned over to the proper authorities. Two cases of theft of car stereos were likewise reported to the local Police Force. The Security Section also inspected 1,403 cargos vis-a-vis trip tickets, invoices, gate passes, and others. Noteworthy was the commendation by the Secretary of Health for the Section's successful implementation of the No-Smoking campaign within the compound. In general, peace and order was maintained within the compound throughout the year.

● DIVISION OF MEDICAL EXAMINATION AND DEPARTMENT INFIRMARY

During the year, physical/medical examinations were conducted for 1,410 applicants for fellowships/training/scholarships; 686 applicants for local employment; 1,651 applicants for PRC examinations; and 11 for naturalization adoption and other purposes. Medical consultations reached a total of 30,566.

At the malaria dispensary, 339 patients were examined, of whom 164 were referrals (applicants for fellowship and foreign employment) and 175 were walk-in patients.

A total of 25,291 patients were immunized against different infectious diseases such as rabies, cholera, typhoid, diphtheria, pertussis, tetanus, polio, tuberculosis, measles, and hepatitis-B.

In support of the **23 in '93** campaign of the Department, the division also performed different activities for *Oplan Alis Disease*, Anti-Smoking, ASAP, and other programs.

○ SERVICE VEHICLE LOAN FUND PROJECT

Because of the devolution of health personnel, the DOH Management decided to temporarily suspend the granting of motorcycle loans to health workers in the field. However, collection of the motorcycle amortization of P379.75 per motorcycle per month continued throughout the year despite some difficulties. As of December 31, 1993, the total amount of P459,248.36 had been collected from the different regions. Fourteen (14) of the 304 motorcycles loaned since 1988 were paid in full before their due dates.

OFFICE OF THE CHIEF OF STAFF (OCS)

▣ SERVICES

○ HEALTH INTELLIGENCE SERVICE

In line with the devolution, the Health Intelligence Service (HIS) plans to revise and adapt the FHSIS to the needs of the Local Government Units. The office also aims to provide technical assistance to all sectors on the operation of their health statistical systems.

To carry out its new functions, the HIS will upgrade and strengthen its capabilities, including nonroutine mechanisms (surveys/special studies) of data collection.

○ INTERNAL PLANNING SERVICE

Among the significant accomplishments of Internal Planning Service are the following: institutionalization of the annual DOH planning and budgeting activity, where 53 DOH programs and services were subjected to a mid-year performance and budget review; updating and writeshop of 1995-1998 DOH Medium-Term Plan during which one seminar-workshop was conducted and documented; technical assistance through area program-based health plan refinement in 4 provinces and 4 cities, strategic planning in 1 region, national health planning in 3 regions, Provincial Development Council (PDC) hearing in 1 province; review of 58 operational plans; assessment of 152 health plans and preparation of Maintenance & Other Operating Expenditure (MOOE) augmentation for 151 provinces/cities/regions; monitoring of plan in 3 provinces; preparation of the 1992 DOH Annual Accomplishment

Report; provision of data/information to researchers/students and requesting agencies; and participation in **23 in '93** activities, specifically the NID and *Oplan Sagip Mata*.

○ **FINANCIAL OPERATION AND FRONTLINE SERVICE AUDIT**

The FOFLSA reported the following accomplishments in 1993: audit of 25 agencies of the DOH; investigation of 15 reported complaints/irregularities lodged against DOH officials and employees; validation of 33 inventory reports of equipment, furniture, and fixtures; issuance to 8 provinces of Philippine Health Development Project (PHDP) vehicles; evaluation of 68 procurement monitoring reports and 58 Commission on Audit (COA) annual audit reports; action on 8 referrals/requests from the Office of the Ombudsman and 81 from other offices; review and action on 8 resolutions/orders.

○ **MANAGEMENT ADVISORY SERVICE**

During the year under review, the MAS performed the following activities: with DOH managers, revised the DOH strategic information system plan to be consistent with the new functions, roles, and priorities of the Department; with SyCip, Gorres and Velayo and Co., completed a system planning study on hospital information system; conducted FHSIS refresher courses for all regional and provincial computer operators nationwide; installed and trained users on the Family Planning (FP) and Malaria Geographic Information System application in Cebu and Palawan, respectively; with Integrated Computer System, upgraded the disk capacity and micro-

processor capability of 114 computers of provincial, regional, and central offices being used for FHSIS.

MAS conducted the following workshops: 5 basic computer training; 2 desktop publishing; 3 Lotus enhancement; 3 Word Perfect; 1 dBase; 1 EP15; 1 SQL, Fastrack Progress; and 1 computer maintenance. MAS provided office automation support on a limited scale to the Central Office, such as desktop publishing and storyboard-animation, including the use of equipment. The staff also facilitated statisticians' training on EP15.

○ **OFFICE OF LEGAL AFFAIRS**

The Office of Legal Affairs rendered 122 legal advice/opinions; provided 192 legal counselling services; handled 717 administrative cases; and performed 2,043 office operations.

○ **COMMUNITY HEALTH SERVICE**

The Service accomplished the following in 1993: NGO-LGU partnership building; 188 community projects generated, approved, and funded. In the light of the Partnership for Community Health Development (PCHD) goals, the Service provided the following seminars/workshops: process-oriented management reporting system and community profiling for Health Planning Workshop; Community Organizing for Health Workshop; and National Partnership for Community Health Development Project Implementation Review. The other community projects coordinated by CHS were: DOH-JVOFI Collaboration Project; Public-Private Sector Collaboration; Community Health Data

Board; Health of Youth Program; Pro-Poor; Community Volunteer Health Workers Program; and Indigenous Communities Health Development. The Service also acted as the lead agency in coordinating the Special Development Area/Armed Conflict Areas (SDA/ACA) program.



The 1993 CHS awardees with Secretary Juan M. Flavio.

○ PUBLIC INFORMATION AND HEALTH EDUCATION SERVICE

PIHES developed and successfully implemented the communication plan for the following health programs: National Immunization Day, *Oplan Sagip Mata*, *Araw ng Sangkap Pinoy*, Red Alert: Stop AIDS, and other programs. The Service also coordinated the launching of the **Health for More in '94** programs.

Among the training courses conducted by the Service are the training of Hospital Health Educators, Post-Graduate Training Course for Health Educator and Promotion Officer

(HEPO), and Third-Country Visitor Training Course. The Service also conducted workshops, including: National Consultative Workshop attended by HEPOs, Public Information Officers (PIO), and some hospital Health Educator designates; workshop on the first revision of the Family Health Guide and Household Teaching Manuals; workshop on the Teacher-Child-Parent-Midwife Approach (TCPM), held in coordination with DECS; and workshop on the Development of TCPM.

○ DISASTER MANAGEMENT SERVICE

During the year, the DMS organized and oriented the DOH Integrated Regional Field Office (DIRFO) Disaster Management Teams or DMTs; conducted a multi-sectoral orientation on disaster management; formed an inter-agency committee on disaster management; set up communication systems for disaster situations; conducted relevant research studies; and trained DMS staff.



Strengthening and institutionalization of the Disaster Management Unit in Region III to provide health care to disaster victims.

○ **LOCAL GOVERNMENT ASSISTANCE AND MONITORING SERVICE**

The LGAMS was created in October 1992 with the objective of forging closer links between the Department of Health (DOH) and Local Government Units (LGUs), particularly in anticipation of the devolution of health services. In its first year, the LGAMS facilitated the transfer of 45,676 DOH personnel out of the 45,893 to be devolved to LGUs. The remaining 217 personnel, which constitute 0.47% of the total devolved employees, were retained by the Regional Field Offices and the Central Office. The LGAMS also facilitated the turnover of 596 hospitals to 76 provinces and 12,580 Main Health Centers (MHCs), Rural Health Units (RHUs), and Barangay Health Stations (BHSs) to 1,600 municipal and city governments.

Other accomplishments of LGAMS include the designation of DOH Local Health Board (LHB) representatives to 1,677 LHBs. It has also conducted orientation of 80% of the Provincial and 50% of the Municipal Health Boards nationwide.

Toward the end of 1993, the DOH Task Force on Devolution spearheaded the development of the Comprehensive Health Care Agreement (CHCA) concept. The Secretary of Health also created the Management Committee on Devolution (MANCOMDEV) as the highest policy-making body on health decentralization in the DOH. LGAMS assisted both efforts by providing technical assistance and secretariat functions.

In 1993, LGAMS published nine issues of the Bulletin on Devolution; two editions of the DOH Implementing Rules and Regulations (IRR) on the Local Government Code; and English and Tagalog primers on devolution. It also distributed Responding to Questions on Devolution of Health Services, a guidebook for governors, mayors, and members of LHBs nationwide. All of these materials provided information on policies and activities of the Department concerning devolution.

○ **FOREIGN ASSISTANCE COORDINATION SERVICE**

FACS is an important link in a chain that channels external assistance to key health programs. In 1993, FACS coordinated the implementation and monitoring of 17 ongoing Foreign-Assisted Projects (FAPs); served as the coordinating unit for the WHO Collaborative Programme; assisted in the consultation and negotiation process for pipeline projects under UNDP, GTZ/KfW, World Bank, ADB, USAID, JICA, and other funding agencies; and provided technical assistance in the packaging of new project proposals for inclusion in the pipeline.

In addition, FACS processed around 500 out-of-country fellowships and other travel grants; facilitated the release of 82 foreign donations as well as the conduct of 19 medical missions; assisted in organizing various local and international meetings and forums and, as a special assignment, anchored the Central Office Infrastructure Bids and Awards Committee (COIBAC) Prequalification Evaluation Subcommittee that handled 12 infrastructure projects for bidding or for negotiated contract.

○ **HEALTH MANPOWER DEVELOPMENT AND TRAINING SERVICE**

HMDTS conducted eight and coordinated five training programs to develop key competencies among health personnel. A total of 59 health personnel availed of the local fellowships, while 25 underboard medical graduates (volunteers) were deployed in 24 municipalities. HMDTS, on request from the World Health Organization, arranged and facilitated the training/field observations of 130 Third World Country nationals.

The Service also developed training policies/standards and Trainors' Guides and Manuals and provided technical assistance to other DOH units. Aside from the HMDTS Staff Team Development Program, HMDTS also facilitated the conduct of team building sessions for 6 offices and Regional and Central Office Trainors.

The new Performance Evaluation System (PES) prepared by HMDTS specific to DOH was approved in 1993 by the Civil Service Commission, after a series of consultations.

□ **PROGRAMS**

○ **DEPARTMENT LEGISLATIVE LIAISON OFFICE**

The DLLO contributed the following to the Department's budget efforts: (a) increase in the budget by 9%, from P6.78 to P7.33 billion; (b) inclusion of 13 new line items in the budget; (c) increase in the appropriation for five priority programs; (c) inclusion of special provisions to enhance the performance of retained hospitals, BFAD, and the AIDS

Unit; (d) earmarking of 50% cost of devolution from the IRA.

The office filed and supported four bills with DOH/Congress concurrence. The priority legislative agenda for 1994-1995 deals with the following: filing and presidential certification of National Health Insurance; Health Facilities Enhancement Program; 5 for Five in '95; and departmental streamlining. The DLLO is also lobbying for quasi-judicial powers for the Bureau of Food and Drugs.

The DLLO closely monitored bills that could conflict with the DOH's policies and goals, such as the following: proposed amendments to the Consumer Code's provisions on cigarette ads; proposed amendments to the Local Government Code; unclear or vague barangay health worker legislation; and proposed legislation to outlaw the use of oral contraceptives and intrauterine devices.

○ **PRIMARY HEALTH CARE**

Following the implementation of devolution, Administrative Order No. 11 was issued, creating a PHC Advisory Committee and a National Technical Working Group. The function of the committee is to oversee the disbursement and utilization of primary health care funds which, in 1993, amounted to P188.8 million. A Primary Health Care Secretariat/Operations Center was also created under this order.

● NATIONAL PROGRAM FOR MENTAL HEALTH

The program provided several services, notably Psychosocial Processing (PSP) services for highly stressed DOH personnel, NID Project and Disaster Management Team members, and victims of the Mt. Pinatubo and Bocaue Pagoda tragedy. The program implemented several research activities.

Other important activities included disease surveillance among victims of Mt. Pinatubo at selected evacuation/resettlement sites; training courses on psychosocial care of the disabled and psychosocial aspects of Primary Health Care; and psychosocial and psychopharmacologic care of patients.

○ ESSENTIAL NATIONAL HEALTH RESEARCH

The Essential National Health Research (ENHR) is a strategy to promote a scientific and data-based culture within the health sector. To achieve its mandated function, the ENHR undertook the following activities: establishment of the ENHR Foundation; follow-up workshop on participatory action on research (PAR); ENHR International Conference; orientation and planning work-shop for ENHR Steering Committee; and 12 Regional Forum and 5 Regional ENHR Orientation.

Several research projects received support during the year: four through the Child Survival Program; three through Primary Health Care programs; and 8 from other government funds.

● TRADITIONAL MEDICINE UNIT

The Traditional Medicine Unit undertook the following major activities: recruited Regional Traditional Medicine Coordinators; conducted a series of multisectoral meetings to develop a program framework; conducted monthly meetings with the Traditional Medicine Coordinators; conducted workshops on Regional Consultative Planning and Pre-Conference Workshop for Acupuncture and Herbal Medicine.



Demonstration on the use of local plants as medicine.

During the year, the Unit's staff made a series of appearances on radio and TV shows and distributed herbal manuals during the Secretary's NID trips. Four scientific conferences on herbal medicines were conducted. An Herbal Medicine Manual was translated into Cebuano and Ilocano.

In research, the office facilitated clinical trials on *ampalaya* and *sambong*; evaluated a project site in Sapang Palay; and reviewed research proposals for ENHR. The production of *lagundi* syrup in Cotabato City and *acapulco* ointment in Tuguegarao were among the major accomplishments of the Traditional Medicine Unit.

● NATIONAL HEALTH PLANNING PROGRAM

The National Health Planning Program was tasked to formulate a National Health Plan, a countrywide Strategic Plan for Health covering the period 1995-2020 with the vision of Health in the Hands of the People. The plan will serve as the basis for the formulation of a series of Medium-Term Plans. The first step is the adoption of strategies to carry out the plan for the period 1995-2000, geared towards "Positioning for Performance."

In the future, the Program plans to hire consultants for the integration and synthesis of outputs for the formulation of the National Health Plan; conduct public hearings in Luzon, Visayas, Mindanao, and NCR; conduct a national consultation on the second draft of the plan; and submit the plan to NEDA and to the President for approval.

● HEALTH HUMAN RESOURCE POLICY AND PROGRAM DEVELOPMENT

The Program devoted its efforts to the formulation of policies on health human resources development or HHRD. Activities conducted in this regard include: (a) consultative meetings with the HHRD Advisory Council and Steering Committee; (b) two workshops (Consultative Workshop on Policy Formulation and Validation Workshop); (c) four regional public hearings. The final draft of the policies has already been submitted for approval.



Validation workshop, HHRD Policy Formulation, Sept. 1993.

■ PROJECTS

● URBAN HEALTH AND NUTRITION PROJECT

The following activities were performed for the Urban Health and Nutrition Project: consultative meetings with national and local executives and officials; meeting with core group on Baseline Survey for Urban Health and Nutrition Project; Work and Financial Plan Workshop (1994) for area coordinators and component managers; and negotiation with the World Bank Mission.

● HEALTH POLICY DEVELOPMENT STAFF

The staff initiated the move to systematize and strengthen the health policy processes within the DOH; conducted organizational, strategic, and operational planning; developed the DOH Health Policy Agenda through review of various policy proposals; conducted a workshop on Health Sector Review and another on Health Policy Agenda; consolidated and drafted various policy positions of the DOH on legislative initiatives relating to

Medicare hospitals, the Bureau of Food and Drug (BFAD), mental health, compensation, and other proposals such as laboratory units in RHUs. The staff also organized forums for the discussion of various policy issues; participated in a forum for the discussion of various policy issues; participated in the drafting of the National Health Insurance Bill; and coordinated the study on the implementation of the Magna Carta of Public Health Workers.

The Health Policy Development Staff organized training courses to strengthen the capability of DOH personnel in health policy and health care financing; assisted in organizing the study tour to Thailand and Korea on National Health Insurance; disseminated information on health care financing; facilitated the sending of DOH staff for foreign fellowships in health policy, health care financing, information, and health administration; and provided technical and administrative support to the Health Finance Development Project (HFDP) and the management of the DOH-PIDS baseline policy research on the health care financing project.

● **HEALTH AND MANAGEMENT INFORMATION SYSTEM PROJECT**

Following are the major accomplishments of the project, which is a joint undertaking of the DOH and the German Agency for Technical Cooperation (GTZ).

The First Health and Management Information System Contest produced 52 winners which organized the Federation of Health and Management Information System Winners in the Philippines. These programs represent

innovations in health management.

The Project developed 10 information systems: Community Health Databoard (*Talaan Pamayanan*); Barangay Socioeconomic Information System (BROWNIES); Blackbox; Morbidity and Mortality; Hospital Admissions, Discharges, and Medical Records Information System; Hospital Operations Management Information System (HOMIS); Materials and Resource Allocation Management Information System (MARAMAG); Money Management Information System (LAWAS); Licensing Information System (LEILA); and Ionizing Radiation Information System (IRIS).

● **FAMILY HEALTH MANAGEMENT BY AND FOR THE URBAN POOR SETTLERS PROJECT**

This Project, launched in July 1993 in cooperation with the GTZ, aims to improve the health status of mothers, children, and adolescents among the urban poor.

The Project has undertaken the following activities: formulation of strategic plans of action; establishment of baseline community information systems in the pilot areas; formation of Task Forces; coordination with LGUs and NGOs in setting up plans for implementation of project activities; and initial assessment of essential commodities for the Family Health Basket.

DOH-INTEGRATED REGIONAL FIELD OFFICES

The year 1993 was a great year of challenges and opportunities for the new health system, the devolved health workers, and the new roles assumed by the DOH-Integrated Regional Field Offices (DIRFOs).

Cognizant of the right of every Filipino to good health, the DIRFOs have not only sustained but improved the present status of health in the country within the framework of devolved services. The DIRFOs provided technical/logistical assistance, staff development, and training to local government officials, members of Local Health Boards (LHBs), and DOH representatives dealing with LHBs. They also conducted monitoring/evaluation and surveillance of diseases which have the potential of becoming epidemics. The DIRFOs also provided assistance to local government units through the formulation of strategic/operational plans and the conduct of training-orientations and workshops on devolution.

A Personal Grievance Committee was established in Region III to respond to the problems of devolved personnel. Regional Technical Working Groups were likewise created for the signing of the Memorandum of Agreement (MOA) on the Comprehensive Health Care Agreement (CHCA).

ATTACHED AGENCIES

■ DANGEROUS DRUGS BOARD

During the year, 1,154 drug dependents were diagnosed; 563 clients were evaluated and subjected to psychological testing. Laboratory examination was conducted for 3,711 specimens, of which 310 were found positive for dangerous drugs. The Board completed two research projects; seven are still ongoing.

Some 428 drug establishments dealing in controlled drugs were monitored and 272 parcel inspections were conducted. In coordination with drug law enforcement agencies, 6,992,052 marijuana-related arrests were made and 585 persons were arrested for marijuana-related violations.

Thirteen preventive education activities and twelve training programs were conducted.

■ PHILIPPINE MEDICAL CARE COMMISSION

During the year, a 13% increase was realized in the total revenues generated from the contributions of GSIS and SSS members. The revenue generated by the GSIS was primarily derived from premium contributions and income from investments. The total number of claims paid for the quarter by the two systems increased by 26.91% (from 1,229,379 to 1,560,189 claims). A 27.24% increase in total number of claims was recorded by GSIS; the increase was 26.29% for SSS. Benefit payments for SSS increased by 41.46%; the increase was 18.14% for GSIS.

In 1993, the Program served 1,501,589 beneficiaries compared to 1,410,034 beneficiaries served in the previous year. In 1993, 517 hospitals were accredited (489 renewed and 28 initial/new) bringing to 1,525 the total number of accredited hospitals. The total number of accredited physicians/dentists reached 11,999, of which 2,784 were accredited during the year. About 726 inspections of accredited hospitals were conducted by the Philippine Medical Care Commission Central Office and local Medicare Offices Staff. Of these visits, 683 were spot inspections while 43 were hospital verification for accreditation purposes. Only one Medicare hospital audit was conducted.

The Medicare Monitoring Plan (MMP), which aims to check compliance with warranties of accreditation and Medicare rules and regulations to prevent or minimize the filing of fraudulent claims was carried out in 622 hospitals. Aside from the 4,504 cases carried over from December 1992, 5,529 appealed claims were reviewed and acted upon. Of total claims, 6,248 were denied; 822 and 1,042 claims were paid by the SSS and GSIS, respectively, leaving 19% of the cases pending at the end of the year.

HEALTH RESOURCES

■ MANPOWER

The OSCAS Personnel Service Itemization (PSI) reported that in 1993, the Department had 26,274 retained personnel, classified as follows: Regional - 14,621; Central Office - 2,489; Special Hospitals - 9,164.

■ FACILITIES

Retained facilities include 45 hospitals, classified as follows: Medical Centers - 10; District Hospitals - 3; Regional Hospitals - 13; Specialty Hospitals - 4; Special Hospitals - 5; Research - 2; and Sanitaria - 8.

■ FINANCIAL

In 1993, the DOH had a total appropriation of P7,262,829,000, the lowest since 1990. The Department ranked 6th in terms of appropriation in 1993, compared to other government agencies. This appropriation represents 17.01% of the social sector budget and 2.35% of the national budget. It also represents 0.48% of Gross National Product (the total value of goods and services produced by Filipinos during the year). The DOH budget in 1993 was lower by 31.7% than the previous year's appropriation.

1993 DEPARTMENT OF HEALTH APPROPRIATION
(Including Attached Agencies)

PARTICULAR	1989		1990		1991		1992		1993	
	AMOUNT	%	AMOUNT	%	AMOUNT	%	AMOUNT	%	AMOUNT	%
BREAKDOWN										
BY EXPENDITURE CLASS										
(In thousand pesos)										
A. Personal Services (100)	2,705,959	39.51	2,994,710	39.12	2,999,296	40.18	5,125,756	48.23	2,256,864	31.07
B. MOOE (200)	3,272,795	47.78	3,695,778	48.28	4,146,476	55.54	5,061,960	47.63	4,180,185	57.56
C. Capital Outlay (300)	870,498	12.71	964,280	12.60	319,392	4.28	440,528	4.14	825,780	11.37
TOTAL DOH	6,849,252	100.00	7,654,968	100.00	7,465,164	100.00	10,628,244	100.00	7,262,829	100.00
Rank compared to other gov't agencies	(3rd)		(4th)		(5th)		(5th)		(6th)	
% to Social Sector Budget *		21.53		21.21		20.82		23.09		17.01
% to National Budget		5.85		4.89		4.49		5.46		2.35
% to GNP (Current Prices)		0.75		0.71		0.59		0.78		0.48
Growth rate compared to previous year (%)		35.80		11.80		-2.50		42.40		-31.70
Nominal Per Capita Budget (P)	113		123		118		163		110	
Real Per Capita Budget (P)	85		82		68		86		55	

*Social Sector composed of the following agencies:

- DOH
- DECS
- DSWD
- DOLE

Sources:

- General Appropriations Act (Several Years)
- National Statistics Coordination Board (NSCB) Executive Board Resolution No.11-93
- NSCB, 1988 Economic and Social Indicators:
- , 1991 Economic and Social Indicators
- , 1993 Philippine Statistical Yearbook

On a per person (per capita) basis, each Filipino was allotted only P110.00 for health programs and services provided by the DOH. Considering the lower value of money due to inflation, the real average share of appropriation for each Filipino was only P55.00 (at constant 1985 prices) for health. Part of the reason for the low appropriation in 1993 was the start of the devolution of health care service delivery to the Local Government Units. Still, all indicators showed that the appropriation in 1993 was lower than at any time during the past five years.

The bulk (58%) of the 1993 budget was allocated to Maintenance and Other Operating Expenses (MOOE). The rest were distributed to Personnel Services (31%) and Capital Outlay (11%). A large part (42%) of the budget was earmarked for hospital operations and related activities; 30% was allocated for public health services; 19% for general administrative services; and 9% for other purposes.

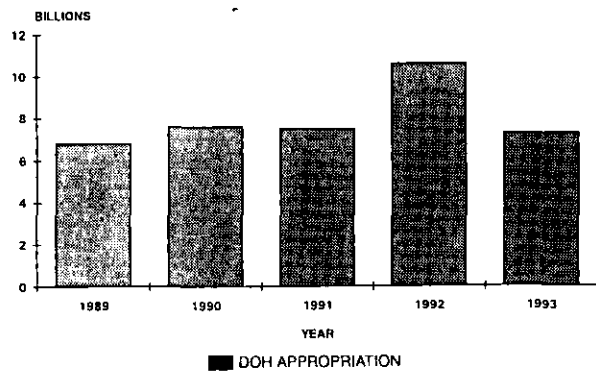
**BREAKDOWN OF 1993 DOH APPROPRIATION
BY MAJOR PURPOSE**

PURPOSE	AMOUNT	PERCENT
General Administrative Services	P1,357,893,000	18.7%
Public Health Services	2,176,615,000	30.0%
Hospital Operations and Related Facilities Services	3,064,791,000	42.2%
Others	663,530,000	9.1%
TOTAL	P7,262,829,000	100.0%

**BREAKDOWN OF 1993 DOH APPROPRIATION
FOR ADMINISTRATIVE SERVICES**

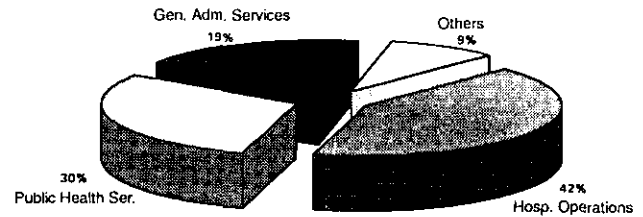
PARTICULAR	AMOUNT	PERCENT
1. Central Office	P558,557,000	41.1%
2. Regional Operations	747,443,000	55.0%
3. Attached Agencies (DDB and PMCC)	51,893,000	3.9%
TOTAL	P1,357,893,000	100.0%

**TREND OF DOH APPROPRIATION *
1989 - 1993**

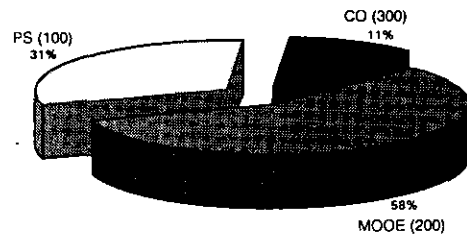


* Including attached agencies.

**BREAKDOWN OF 1993 DOH
APPROPRIATION BY MAJOR PURPOSE**

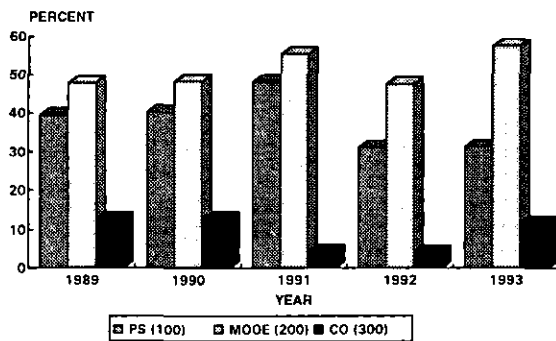


**1993 DOH APPROPRIATION *
BY EXPENDITURE CLASS**



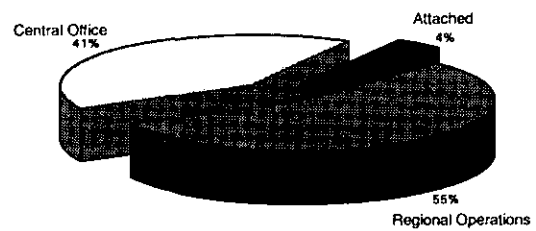
Including attached agencies.

**TREND OF DOH APPROPRIATION *
BY EXPENDITURE CLASS
1989 - 1993**



* Including attached agencies.

**BREAKDOWN OF 1993 DOH APPROPRIATION
FOR GENERAL ADMINISTRATIVE SERVICES**



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The
DOH in '93 Annual Report
is published by the
Internal Planning Service, Department of Health
Bldg. 3, San Lazaro Compound, Sta. Cruz, Manila

Production Services by Corporate Friends, Inc.
Printing Services by Raintree Trading and Publishing, Inc.

HEALTH FOR MORE IN '94

January

- 10 Doctors to the Barrios Day
- 17 Cancer Awareness and Prevention Day

February

- 5 - 10 Dental Health Week
- 16 National Immunization Day
- 20 - 25 Leprosy Prevention Week
- 1 - 28 Healthy Heart Month

March

- 8 Women's Health Day
- 16 National Immunization Day (Part II)

April

- 7 World Health Day
- 14 Awareness and Prevention of Mosquito-Borne Diseases Day
- 22 Earth Day
- 25 Water for Life Day
- 30 Mindanao Anti-Rabies Day or "MAD"

May

- 7 Health of Health Workers Day
- 31 World No-Tobacco Day
- 1 - 31 Hospitals as Centers of Wellness Month

June

- 14 Araw ng Pag-twas sa Sakit sa Bato

July

- 4 - 9 Disaster Prevention Week
- 11 - 17 National Voluntary Blood Donation Week
- 18 - 23 Disability Prevention Week

August

- 1 Family Planning Day
- 2 - 6 Cataract Screening Week
- 19 Recognition Day

September

- 6 Oplan Sagip-Mata
- 13 Generics Information Campaign Month

October

- 1 - 7 National Mental Health Week
- Linggo ng Lusog-Isip
- 17 National Micro-Nutrient Day
- Araw ng Sangkap Pinoy

November

- 12 - 16 Pneumonia Prevention Week
- 23 - 29 Alay sa Pamilya II

December

- 1 World AIDS Day

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