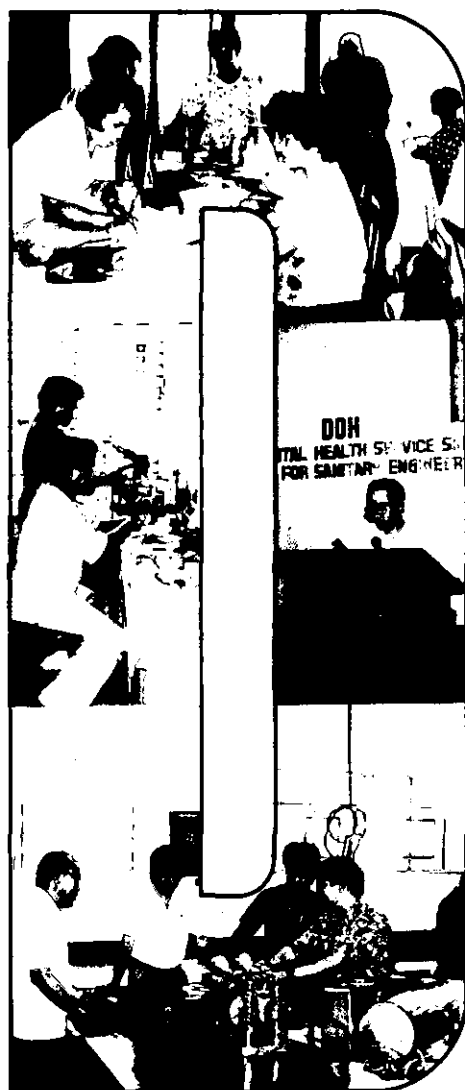


ANNUAL REPORT 1992



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An8
1992

Prepared by:

Internal Planning Service
Department of Health
Manila



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TABLE OF CONTENTS

FOREWORD	1
INTRODUCTION	2
HEALTH STATUS	
Population	3
Births	3
Morbidity	3
Mortality	3
HEALTH RESOURCES	
Health Facilities	4
Health Manpower	4
Financial	5
PERFORMANCE REPORT	
I. Office for Public Health Service	
Malaria Control Service	6
Schistosomiasis Control Service	8
Tuberculosis Control Service	10
Communicable Disease Control Service	
Leprosy Control Program	11
National Rabies Control Program	11
Sexually Transmitted Disease Control Program	12
National Filariasis Control Program	13
National Dengue Control Program	14
Non-Communicable Disease Control Program	
National Cardiovascular Disease Prevention and Control Program	15
Cancer Control Program	15
Smoking Control Program	16
Prevention of Blindness Program	16
Community-Based Rehabilitation Program	17
Occupational Health Programs	17
National Quarantine Office	18
Environmental Health Service	18
II. Office for Special Concerns	
Nutrition Service	20
Targetted Food Assistance Program	21
Iron Deficiency Anemia	21
Vitamin A Deficiency	21

Iodine Deficiency Disorder	21
Maternal and Child Health Program	21
Maternal Care and Under-Five Care Program	22
Expanded Program on Immunization	22
Program on the Control of Acute Respiratory Infection	23
Control of Diarrheal Diseases/Breastfeeding Programs	24
Family Planning Program	26
Dental Health Program	26
National Aids Prevention and Control Program	27
III. Office for Hospital Facilities Services, Standards and Regulations	
Hospital Operation and Management Service	30
Radiation Health Service	31
Hospital Maintenance Service	31
Hospital Infrastructure Service	32
Bureau of Food and Drugs	32
Bureau of Research and Laboratories	33
Bureau of Licensing and Regulations	34
Special Hospitals and Medical Centers	34
IV. Office for Management Service	
Administrative Service	35
Management Advisory Service	35
Health Manpower Development and Training Service	35
Procurement and Logistics Service	35
Biological Production Service	36
V. Office of the Chief of Staff	
Legal Service	37
Financial Operations and Frontline Services Audit	37
Community Health Service	37
Public Information and Health Education Service	38
Health Intelligence Service	38
Internal Planning Service	39
Foreign Assistance Coordination Service	39
Field Epidemiology Training Program	40
Urban Health & Nutrition Project	42
VI. Attached Agency	
Philippine Medical Care Commission	43
APPENDIX	44



FOREWORD

Under the new administration, the Department of Health (DOH) has reached another dimension. The "23 in 93" is a package of innovation geared toward the attainment of the global goal of "Health for All By Year 2000" and "Health in the Hands of the People By 2020". People empowerment was observed as health care remained to be in the hands of the people, thus, bringing better health for the Filipinos.

The accomplishments of the DOH for the year 1992 is embodied in this report. It was based from the Annual Accomplishment Reports of the fifteen (15) regions, as derived from the Field Health Service Information System data; the different Central Office Services, and Special and Medical Centers under the DOH. It represents the output of collective efforts of the health workers, both at the central and field health offices as well as their inspiring commitment as demonstrated by their untiring support and active participation in the implementation of health programs.

The vital and health statistics herein presented in textual, tabular and graphical forms, reflecting the performance by program/service, shall serve as valuable reference for health managers on which to base program improvements and progress of various health programs in the future. As a baseline of health information, this report is also intended for use by policy and decision makers, planners, researchers and the general public.

Despite the transition brought about by the devolution, the health sector remains steadfast in giving its best particularly in serving the poor, the underprivileged and the underserved populace.

The DOH takes pride of these achievements and vows to continue its mission of providing health as a Basic Human Right with special bias to our less fortunate brethren.

DOH



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H1.11 An8 1992 / Department of Health annual report 1992

Juan M. Flavies
JUAN M. FLAVIER, M.D., MPH
 Secretary of Health

INTRODUCTION

In 1992, a change in the administration of the Department of Health (DOH) carried with it new sets of policies, strategies, innovations as well as the agency mission/vision. The full implementation of RA 7160 or the Local Government Code (LGC) paved the way for full transfer of powers and functions of devolved health personnel to the local government units. Since July 1992, there has been a "positive trend" towards more rapid and effective implementation of the code. Though devolution was not yet totally in place during the later part of the year, there were already problems arising concerning devolved personnel. Despite these, however, dedicated and committed devolved health workers still continued working closely with the health field offices. People empowerment through decentralization of health services was fully supported by the Department of Health (DOH).

The ten (10) policy statements of the department under its new leadership are:

- Primary Health Care
- Preventive and Promotive Health
- People Empowerment and Participation
- Population Management
- Peripheral Bias
- Philippine Medicine
- Partnership with Private Sector, Non-Government Organizations (NGOs), People's Organizations (POs) and other Government Agencies
- Pesos for Health
- Peace Building
- Positioning for Performance

In attaining "Health in the Hands of the People", four (4) major strategies are reflected in the program/service performances:

- Elevating health to a comprehensive and sustained national effort
 - Promoting and supporting community-managed health care
 - Increasing efficiencies of the health sector
 - Advancing essential national health research
-

A. HEALTH STATUS

POPULATION

In 1992, the population of the country was estimated to be 63.6 million. Out of these, 50.25% were males and 49.75% were females. About 1.7 million or 2.75% were infants, 6.8 million or 10.65% were children 1-4 years old and about 15.5 million or 24.39% were children 5-14 years old. Women of reproductive age (15-49 years) comprised 16.1 million or 25.47% of the population.

The annual growth rate of the population declined by 1.26%, from 2.38 in 1987 to 2.35 in 1992.

The average life expectancy of Filipinos increased from 63.7 years in 1987 to 65.2 years in 1992, reflecting an average yearly increase of 0.3 years.

BIRTHS

In 1992, a total of 1,454,657 livebirths were registered, representing a Crude Birth Rate (CBR) of 22.87 per 1000 population with an increase of 0.70% compared to 22.71 in 1991. Of the total births, 51.29% were males while 48.71% were females. Only 10.82% of the total births were low birthweights.

There were 1,108,809 women who delivered during the same year. Of these, 71.07% were normal, while 28.93% were at risk 51.42% of those with normal pregnancy and 54.52% of those high risk had three or more prenatal check-up. During the year, only 23.10% of deliveries were done at government and private clinics/hospitals. Of the total births, 92.15% were attended by trained health personnel.

MORBIDITY

The leading causes of morbidity were Pneumonia, Diarrhea, Bronchitis, Nutritional Deficiency, Influenza, Parasitism, Accidents, Skin Disease, Tuberculosis, all forms and Cardio-Vascular Disease. There was an increasing trend for all causes except for Bronchitis, Influenza, Tuberculosis, all forms, and Cardio-Vascular Disease.

MORTALITY

There were 241,841 registered deaths in 1992, representing a Crude Death Rate (CDR) of 3.80 per 1000 population. Out of these total deaths, 43.68% were medically attended. Comparatively, there was a slight increase of 1.33% compared to 3.75 per 1000 population in 1991. On the other hand, a remarkable decrease of 24.0% over the past five (5) years was noted from 5.00 in 1987 to 3.80 per 1000 population in 1992. Males have higher proportionate mortality rate than females. Maternal mortality rate decreased from 1.02 in the previous year to 0.82 per 1000 livebirths in 1992.

A total of 16,134 perinatal deaths were reported. Majority of the deaths belonged to age group 65 years and over (37.45%) followed by those aged 15 - 49 (22.13%).

The leading causes of mortality for all ages were Cardiovascular Disease, Pneumonia, Tuberculosis, all forms, Cancer, Accidents/Injuries, Diarrhea, Liver Disease, Kidney Disease, Cerebro-Vascular Disease and Nutritional Deficiency.

The ten (10) leading causes of death under one year of age for 1992 were Pneumonia, Septicemia/Sepsis Neonatorum, Prematurity/Low Birth Weight/Short Gestation, Diarrheal Disease, Congenital Abnormality, Respiratory Distress Syndrome, Asphyxia Neonatorum, Cardiovascular Disease, Measles and Neonatal Tetanus.

The leading causes of maternal deaths were Postpartum Hemorrhage, Placental Retention, Toxemia of Pregnancy, Hypertension, Septicemia and Abortion.

B. HEALTH RESOURCES

HEALTH FACILITIES

The DOH health facilities, specifically the Main Health Centers and Barangay Health Stations, increased during the year, from 2,299 in 1991 to 2,385 with a population ratio of 1:26654, and from 10,683 to 11,423 with a population ratio of 1:5565, respectively.

There was also an increase in government hospitals, from 603 to 639, with 53,023 beds. However, private hospitals decreased from 1,150 to 1,103 with corresponding 36,799 beds. Total government and private beds represented a bed-population ratio of 1:756.

HEALTH MANPOWER

The number of different key health personnel responsible for the field health facilities of the Department, are: 6,748 physicians, 14,853 nurses, 12,339 midwives, 2,442 rural sanitary inspectors, 1,614 dentists, 795 nutritionists/dietitians, 1,441 medical technologists, 531 pharmacists, 96 health educators, and 111 sanitary engineers. In addition, there are other staffs who support the implementation of the program.

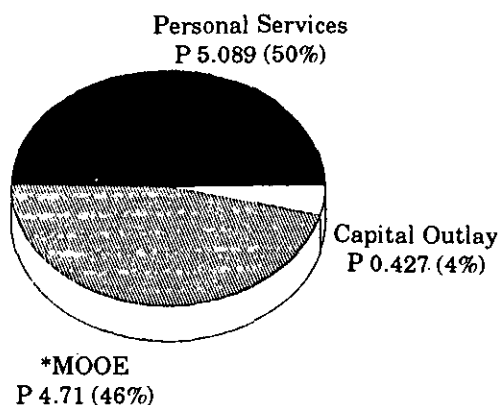
For the 15 special hospitals and medical centers under the Office of the Secretary, the following key personnel responsible for delivering health services are: 1,614 physicians; 2,544 nurses; 332 medical technologists; 99 x-ray technicians; 118 pharmacists; and 102 social workers.

FINANCIAL

The DOH appropriations increased from P7.173 billion in 1991 to P10.227 billion in 1992. This represented 5.25% of the total national budget. Distribution of the DOH appropriations by object of expenditure was as follows: Personal Services - 50%; Maintenance and Other Operating Expenses - 46%; and Capital Outlay - 4%. MOOE budget of P4.710 billion was distributed to Regional Operations - 71%; Special Hospitals - 10%; and Central Office - 5%. The remaining 13% was utilized for Foreign Assisted Projects.

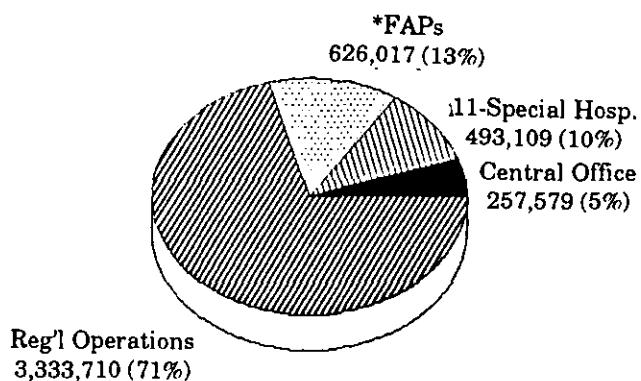
The DOH real per capita budget continuously increased (except in 1990 and 1991 with decreased budget mainly due to exceptionally high inflation) and with highest level of increase in 1992. The per monetary capita budget exhibited an increasing gap between nominal (monetary only) and real per capita budget which means that an increase in budget (nominal) does not necessarily mean an increase in budget in real term due to fluctuating inflation (usually high level) and population growth.

DOH APPROPRIATIONS (IN MILLION PESOS) FY 1992, P 10.227



*Maintenance & Other Operating Expenses

Distribution of DOH MOOE Budget FY 1992 (In Thousand Pesos) P4,710,415



*Foreign Assisted Projects

C. PERFORMANCE REPORT

I. OFFICE FOR PUBLIC HEALTH SERVICES

1. MALARIA CONTROL SERVICE (MCS)

The MCS rendered staff functions such as program planning, policy formulation, staff development/training, Information Education Communication, epidemiology and research. Its significant achievements in these areas, although not directly reflective of the malaria status as of the end of 1992, laid the groundwork for better program implementation in the coming years.

The major policies/guidelines issued by the MCS in 1992 include the following:

- a) Ban on the use of DDT
- b) Safe and effective use of alternative insecticides
- c) Guidelines on entomological activities in the field

A compilation of regional reports from the fourteen (14) endemic regions revealed a total of 669,267 houses sprayed with DDT, about 39% short of the target for 1992 but 5% more than the average house spraying done in the past five years (1987 - 1991). Of the 1,384,119 cases examined in 1992, 89,896 or 6.49% were found positive. Presumptive and radical treatments were given to 1,206,773 and 94,042 cases, respectively. The former was 13% short of the target of 1,384,119, while radical treatment exceeded the target of 89,896 by almost 5%. Compared to the average accomplishment for the past five years, presumptive treatment increased by 5.6% in 1992, while radical treatment was 23% less in the same year.

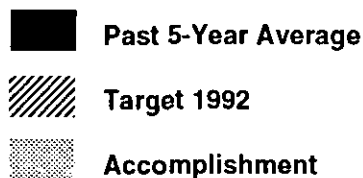
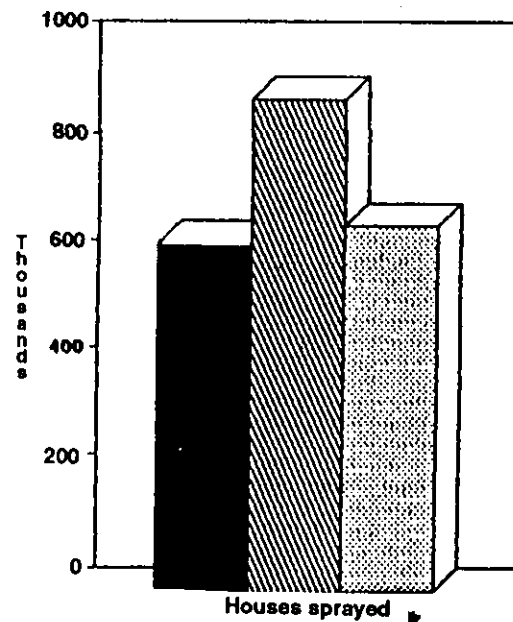
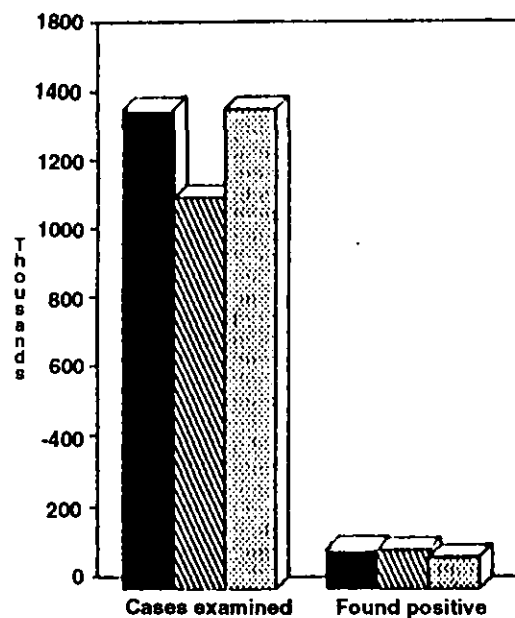


*Left Photo: Medical officers doing spleen survey among children aged 2 to 9 in malaria endemic areas.
Right Photo: Parasitology team doing malariometric survey for malaria parasite.*

MALARIA CONTROL PROGRAM FIELD HEALTH ACCOMPLISHMENTS

ACTIVITIES	AVE. PAST 5-YEARS 1987-1991	1992	% INCREASE/ (DECREASE)
Houses sprayed	637,233	669,267	5.02%
Cases examined	1,383,886	1,384,119	0.0168%
Found Positive Presumptive	116,525	89,896	(23%)
Treatment	1,142,142	1,206,773	5.6%
Radical Treatment	122,771	94,042	(23%)
Streams Seeded	2,653	2,516	(5.2%)
Breeding Streams cleared (kms.)	6,347	2,856	(55%)

MALARIA CONTROL PROGRAM FIELD HEALTH ACCOMPLISHMENTS



2. SCHISTOSOMIASIS CONTROL PROGRAM (SCP)

The Schistosomiasis Control Program is being undertaken in the 24 endemic provinces spread in the regions of IV, V, VII, VIII, IX, X, XI, XII and ARMM.

At the Central Level, the Schistosomiasis Control Service, was responsible for the following major accomplishments in 1992:

- Formulated the 1993 - 1998 Medium Term Plan of the program and the annual budget of the Service
- Reviewed the operational plans of the different endemic provinces/regions;
- Provided technical support to field managers and field coordinators in the formulation of their respective plans and projects;
- Conducted monitoring of provinces and municipalities in the different endemic provinces in regard to the implementation of their plans;
- Coordinated with and assisted the PIHES in the development of a comprehensive information, health education and communication plan for the nationwide implementation of the program;
- Formulated policies and guidelines particularly on snail control activities.

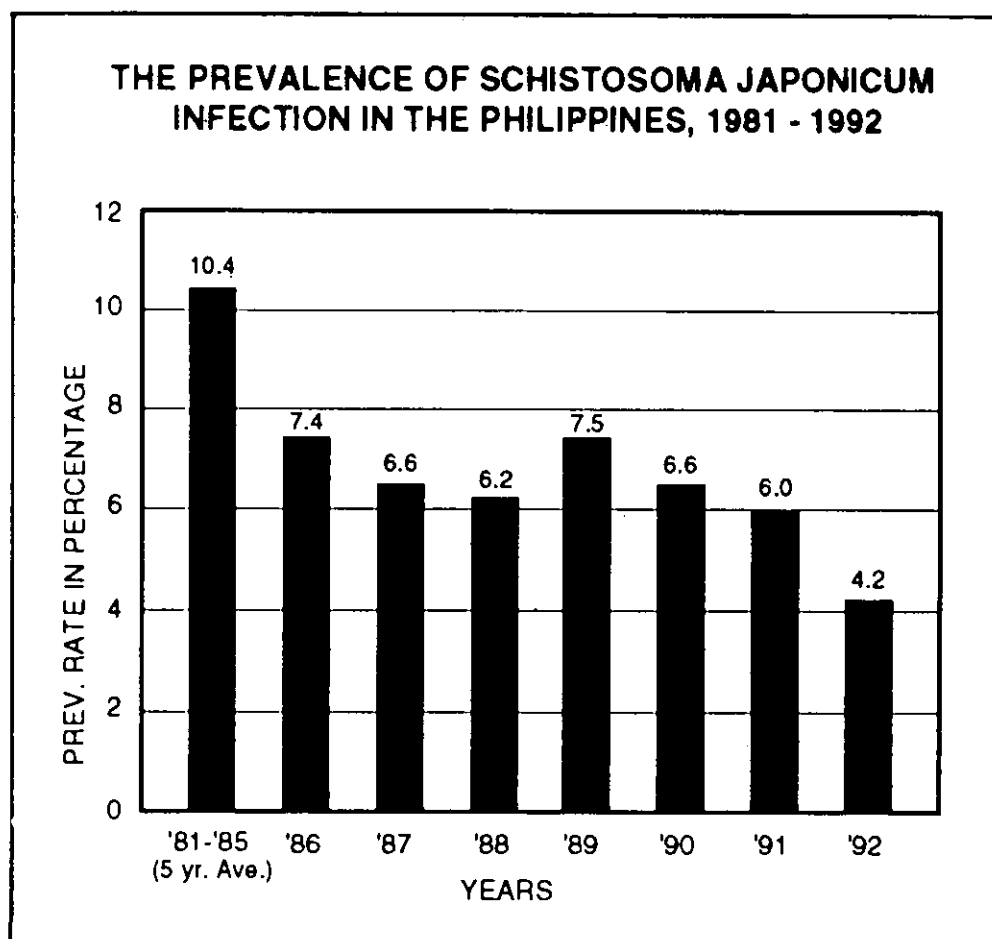
Casefinding involving stool examination of children one year old and above was 96% accomplished with 1,402,256 people examined. Of these examined, 74,253 were found positive of schistosomiasis. Almost 70% of positive cases were treated in 1992 which is 8.5% over the average cases treated in the past five years. Prevalence rate of the disease in 1992 based on regional annual reports reflected a decrease of 36.4% from the average prevalence rate of 6.6% during the past five years.



Preparation of stools for examination using Kato-Katz technique.

**SCHISTOSOMIASIS CONTROL PROGRAM
COMPARISON OF FIELD HEALTH ACCOMPLISHMENTS
1992 AND AVERAGE OF PAST 5-YEARS (1987 - 1991)**

ACTIVITIES	AVE. PAST 5 YEARS (1987 - 1991)	1992	% INCREASE (DECREASE)
Stools examined	798,424	1,402,256	75.6
Cases found positive	52,803	74,253	40.6
Cases treated	47,706	51,773	8.5
Prevalence rate	6.6%	4.2%	(36.4)



3. TUBERCULOSIS CONTROL SERVICE (TBCS)

Supplemental casefinding supplies to serve approximately 970,400 cases and at least 70 functional microscopy units were provided. Supervisory visits to nine (9) priority regions, 19 provinces, 22 cities, 47 districts, 179 RHUs and 22 BHSs were conducted. Of the 35 scheduled field monitoring visits, 26 were conducted, and 121 Case Finding Packages (CFPs) under the PHDP were monitored. For the year 1992, twenty (20) service staff attended various trainings, conferences and workshops both local and abroad. Appropriate DOH services and other agencies were closely coordinated in support of the foreign-assisted components of the program. Tuberculin Survey conducted in three (3) regions, namely: Regions V, VIII and IX were completed. A National Consultative Workshop was held to enhance a joint problem solving to minimize the adverse effects of commonly identified organizational and operational constraints.

In the implementation of the program in 1992, in spite of the large increase in casefinding annual target (2,652,606) of TB eligible population, 62.57% (1,659,836) were examined by microscopy, showing an 8.18% increase compared to the past 5-year average accomplishment of 1,534,311. Of the total sputum examined, 109,348 were identified positive of TB, reflecting a 21.47% increase over the 5-year average of 90,017. On treatment activity, 94.64% (134,851) of the total SCC eligible, started treatment under the short course chemotherapy regimen (this included positive cases by sputum examination and x-ray cavities). In addition 61,948 standard regimen (SR) and 94,099 SCC carry-over patients from the previous year were also treated. Out of the total cases treated, 140,484 completed treatment.

ACTIVITIES	5-YEAR AVE. ACCOMP.	1992 ACCOMP.	% INCREASE (DECREASE)
Sputum Examined	1,534,311	1,659,836	8.18
Sputum (+) Identified	90,017	109,348	21.47
Treatment			
- Under SCC	107,688	134,851	25.22
- Under SR	94,441	61,948	(34.41)
- Carry over treatment under SCC from pre vious year	73,384	94,099	28.23
Completed Treatment	84,888	140,484	65.49

4. COMMUNICABLE DISEASE CONTROL SERVICE (CDCS)

a. LEPROSY CONTROL PROGRAM (LCP)

There were 14,542 old active Leprosy cases registered in 1992 of which 12,698 (87.32%) were multibacillary (MB) cases and 1,844 (12.68%) were paucibacillary (PB) cases. New cases found reached 5,340. The total number of returnees during the year was 1,546.



Left Photo: Leprosy casefinding activity.



Right Photo: Patient being given Multi-Drug Therapy for leprosy.

b. NATIONAL RABIES CONTROL PROGRAM (NRCP)

The incidence of human rabies in the Philippines is among the highest in the world at 5-7 per 1 million population, with an average of 326 cases annually. The principal reservoir and transmitter of the disease in the country is the dog. Pursuant to Department Order No. 131-B, s. 1991, the National Rabies Control Program was established under the Communicable Disease Control Service and became operational on April 26, 1991, focusing initially on canine rabies control as its most cost-effective approach against human rabies. The general objective is to eliminate rabies and declare a rabies-free Philippines by the year 2000.



Left Photo: Orientation seminar on rabies control for DOH and DA field personnel.



Right Photo: Rabies program coordinators conferring with an official to solicit support and commitment to the program

The rabies control program scored points in its IEC efforts like production of 1,000 copies of posters and 40,000 copies of leaflets. Out of these, 20,000 were distributed. Of the 51 targetted orientation seminars for the field staff, 31 were conducted. Similarly, surveillance data for analysis were collected from 22 provinces out of the 33 targets. In 1992, the program supervised the first nationwide seminar workshop involving DOH and Department of Agriculture (DA) coordinators and laboratory personnel; and accomplished 60% coverage during a province-wide dog vaccination campaign in Cebu. In the same period, the Rabies Surveillance System (RSS) and San Lazaro Hospital Sentinel Surveillance (SLHSS) recorded a total of 6,288 animal-bite victims and 118 human rabies cases.

c. SEXUALLY TRANSMITTED DISEASE CONTROL PROGRAM (STD)

STD continued to be a major public health problem in urban centers and highly urbanizing areas in the country. It has been compounded by the emergence of HIV / AIDS and Hepatitis B infection. The commonly affected groups are the 15-24 year old sexually active population and women in the commercial sex trade.



Cervical smear being taken from a commercial sex worker at a Social Hygiene Clinic.

Tasked to reduce and control the spread of STDs, the program seeks to intensify disease detection efforts, especially among groups perceived to be practicing high-risk behavior, through routine examination of female workers in entertainment establishments and contact tracing. In its efforts to treat all STD-infected cases, the program hopes to improve its diagnosis and treatment methods by upgrading laboratory facilities in Social Hygiene Clinics (SHCs). It also aims to continuously train the SHC staff and other health workers to widen their knowledge and improve their skills in providing STD control program basic services.

Available data show that only 204,746 laboratory examinations were accomplished in 1992, a drastic drop from the 499,477 done in the previous year. At the same time, only 32,462 STD cases detected were treated, which was 46% of the targetted 70,569. However, contacts found and treated numbered 9,711, an increase of 51% from the previous year's performance of 6,398 contacts.

The decline in laboratory examinations and treated cases in 1992 may be due to under-reporting — reports from the SHCs have been decreasing since the FHSIS was established and only 57 of the 130 SHCs, have been submitting monthly reports.

In its preventive efforts, the program was able to distribute a total of 774,044 of the 849,762 condoms targetted for distribution to service the target clientele of 45,122 commercial sex workers in 14 regions. The SHCs were upgraded, with 15 model clinics with HIV testing and Gonococcal (GC) culture capabilities, and 26 standard clinics able to perform basic laboratory procedures.

An STD Manual of Operations was developed for use by STD clinics.

Out of 445,831 smear examinations and 56,307 culture examinations conducted in 1992, 5.20% and 3.27%, respectively, were found positive of sexually transmitted diseases.

During the year, there were 392,833 STD clinic visits reported. A total of 35,531 patients were treated of various STDs. Of these, 595 (1.67%) were treated of syphilis; 8,101 (22.80%) of gonorrhea; and 26,835 (75.53%) of other STDs. Contact reports received and traced for various STDs totaled 7,897 and 2,728, respectively.

d. NATIONAL FILARIASIS CONTROL PROGRAM (NFCP)

The NFCP which aims to reduce the morbidity and infection rates of the disease is currently being implemented through the Filariasis Control Service Units in three (3) endemic regions, i.e., Region V (Legaspi City), Region VIII (Tacloban City) and Region XI (Davao City). The three (3) units are tasked to do casefinding activities, diagnosis and treatment, health education, vector control and research.

Data from a five-year review of the disease by the three (3) units show a decreasing trend in the infection rate from 3.84% in 1987 to 1.8% in 1991. However, in 1992, data from two affected regions (Regions V & XII) show an increase in the infection rate to 5.59%

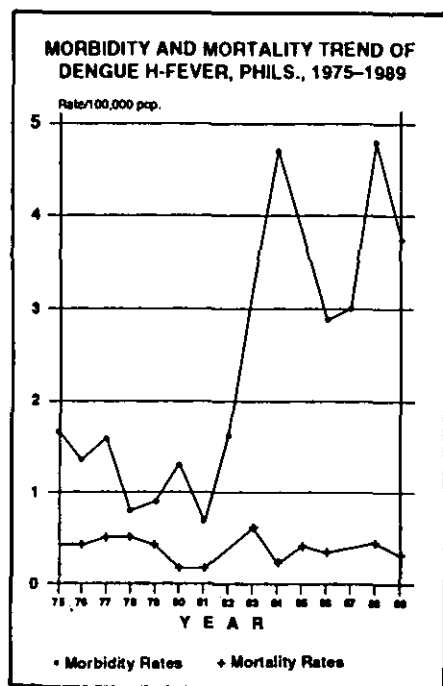


Patients found positive with microfilaria being treated with Diethylcarbamazine.

Casefinding activities during the year in the three (3) regions yielded a total of 27,714 nocturnal blood smears taken and 98 clinical cases diagnosed. Blood smears taken was only 69.8% of the target 39,702, while the diagnosed clinical cases exceeded its target by 96%. Of the blood smears, 1,549 or 5.6% turned out positive for filaria. Only 1,438 patients or 92.8% of all cases diagnosed were given treatment using Diethylcarbamazine, which was 60% more than its target 900 cases.

A total of 31 lectures on the nature of the disease, including signs and symptoms, treatment and prevention were conducted to increase public awareness. An epidemiological study on Lymphatic Filariasis was done in the previously non-endemic province of Marinduque which proved the existence of the disease in the area.

e. NATIONAL DENGUE CONTROL PROGRAM (NDCP)



Source: Health Intelligence Service

One of the youngest programs in the OPHS under the Communicable Disease Control Service is the NDCP. This was formulated only in 1992 and approved for implementation in November in response to the increasing trend of dengue infection from 1984 to 1989. Its primary aim is to reduce the morbidity and mortality rate of dengue infection to a level that will not be of public health significance.

Initial efforts to implement the program started in 1991 when the Rapid Response Program was used to provide technical and consultative support to the field health workers and to conduct relevant studies. Activities like epidemiological and entomological investigations were also conducted in several areas of the country, namely: Norzagaray, Bulacan, Alaminos and Bani, Pangasinan; Angeles City; Tuguegarao, Cagayan; Cotabato City; Pakil, Laguna and Ifugao. Technical support and IEC materials were extended to these areas.

5. NON-COMMUNICABLE DISEASE CONTROL SERVICE

a. NATIONAL CARDIOVASCULAR DISEASE PREVENTION AND CONTROL PROGRAM

The program was implemented nationwide only during the year under review. The objectives of the program are the following: 1) to increase the level of knowledge, attitude and skills of the community on CVD; 2) to reduce the prevalence of risk factors of cardiovascular diseases; 3) to increase the proportion of CVD patients receiving medical attention; and 4) to increase the proportion of CVD patients with complications receiving rehabilitation services.



Community screening for hypertension and its associated risk factors in Balayan, Batangas, a pilot area for the prevention and control of hypertension.

Multisectoral workshops were held to formulate the Manual of Operations. The Hypertension Prevention and Control Project, which was piloted in Balayan, Batangas is now on its intervention phase. The Annual Heart Month was observed by providing services like blood pressure taking, serum cholesterol, uric acid and blood sugar determination and ECG taking.

b. CANCER CONTROL PROGRAM

The Cancer Control Program is a developmental program currently implemented in the provinces of Benguet, Rizal, Cebu, and Davao. It provides primary and secondary prevention services for the three cancer sites: lung, cervix and breast.



Early detection and casefinding activities involve the following: oral examination, 55%; breast examination, 54.49%; pap smear, 17.4%; and rectal examination, 12.6%. A total of 341 patients or more than 200 percent of the targetted patients were provided with cancer and anti-pain drugs. About 580 (45%) were given pain relief drugs. Primary prevention involving information dissemination and education covered 2,119 (101%) persons.

A lecturer stresses a point during the PCCP Annual Planning and Evaluation Workshop.

c. SMOKING CONTROL PROGRAM



DOH staff signing a resolution supporting the drive for a Smoke-Free DOH.

The Smoking Control Program was created to stem the hazards and ill effects of smoking such as cancer, cardiovascular diseases, chronic respiratory obstructive diseases and its effects on pregnancy and neonatal mortality. Public information and health education was used for a smoke-free environment strategy.

A workshop was conducted to formulate an operational plan. Social marketing, development of IEC materials and guidelines were also undertaken. Linkages with other GOs, NGOs, LGUs and international agencies were strengthened with emphasis on health education and policy implementation.

d. PREVENTION OF BLINDNESS PROGRAM

Blindness can be reduced and prevented through the implementation of the Program on the Prevention of Blindness. It is currently being implemented in 28 provinces in the country through the following activities: cataract operations; Vitamin A supplementation to high risk group of children six years and below; and promoting eye health care.

In 1992, the program trained 4,043 health workers from selected RHUs and 489 from selected hospitals on primary eye care. Trained as assistants in cataract operations were 24 nurses. Eight hospitals which were provided with equipment and instruments for cataract operations performed 6,151 operations.



Health workers examining a patient's eye for cataract.

e. COMMUNITY-BASED REHABILITATION

The Community-Based Rehabilitation Service involves utilization and building-up of existing resources among disabled persons themselves, their families and communities to provide rehabilitation services at the community level. The program is currently being piloted in 22 and 11 barangays of Alimodian, Iloilo and Roxas, Zamboanga del Sur, respectively. The major activities include early detection of disability and the provision of rehabilitation services within the resources and capabilities of the community.



Staff of the Community - Based Rehabilitation Program monitor and evaluate records of a pilot project in Alimodian, Iloilo.

A total of 763 disabled persons in the pilot areas were served. Local supervisors in the area, who are mostly community volunteers were given various training courses on speech, physical, occupational and mental therapy.

f. OCCUPATIONAL HEALTH PROGRAMS

- Mercury Surveillance Program

The program is being implemented in Regions V, VII, IX, X and XI. Activities include IEC with emphasis on safe handling and use of mercury, casefinding and proper referral, laboratory work-up and management/treatment of cases.

During the year, 2 studies were undertaken: KABP (knowledge, attitudes, beliefs, practices) and

epidemiologic study among small-scale miners in Regions V, IX, X and XI and a study on the health and environmental impact of mercury among small scale miners in Camarines Norte.



Gold miners doing panning activities in Davao del Norte.

- Industrial Hygiene

A total of 7,500 copies of the IRR Manuals were printed, of which 5,100 were distributed to the field offices. A training module of field health personnel was designed and approved while a training manual on industrial hygiene and occupational health was developed and printed.

- Health Program for Geothermal Plant Workers

Due to the increasing number of new geothermal plants, more workers were exposed to various health hazards.

In view of this, a training program to develop the competencies of field health personnel in identifying and managing cases of potential chemical/gas poisoning was conducted and participated by 36 health workers from Region V. An epidemiological investigation of the reported gas poisoning cases in geothermal plants in the said region was also undertaken. An initial framework for the Occupational Health Program for Geothermal Operations was prepared. A multisectoral Task Force was created to monitor the implementation of preventive measures against potential health hazards in geothermal plants. Copies (10,000) of leaflets on occupational hazards were printed.

6. NATIONAL QUARANTINE OFFICE

The following quarantine services were undertaken in year 1992: 1) inspection and clearance of 20,016 vessels and aircrafts; 2,308,570 passengers; and 319,448 crews; 2) examinations of 5,386 alien applicants; 3) immunization of 231,114 incoming and outgoing foreign travellers against yellow fever cholera and typhoid fever; 4) examination of 3,443 food samples for export and 6,919 water and food samples in airports, ports and eating establishments in areas of jurisdiction; 5) setting of 141,704 rat traps; 6) 2,334 rat infestation inspections; 7) 34 vessel fumigation; and 8) 459 fogging and larviciding services.

7. ENVIRONMENTAL HEALTH SERVICE (EHS)

In order to carry out its mandate of providing basic environmental health and sanitation services and facilities, the EHS undertook the following major activities for the year 1992: in the advent of the implementation of the Local government code, drafted manuals on water/food/public places sanitation, toilet construction, hospital waste management, disaster preparedness and national drinking water standard; conducted workshops to review and finalize the draft manual on hospital waste management; conducted monitoring in 40 provinces to follow-up planning and implementation at various environmental health programs/projects; constructed and turned over 175 toilet facilities to recipient elementary school in the provinces of Ilocos Norte, Ilocos Sur, La Union, Pangasinan, Iloilo, Aklan, Antique and Capiz under the Rural Environmental Sanitation Project, Phase II; and for the First Water Supply, Sewerage and Sanitation Sector, completed the construction of 23 school toilet facilities in Cavite, Nueva Ecija and Camarines Sur while 27 are ongoing in Tarlac, Albay and Camarines Norte provinces.

The Service has likewise conducted researches such as: qualitative research on the knowledge, attitudes and practices on health and sanitation specifically on excreta disposal in selected communities in collaboration with the Department of Science and Technology, and a study to identify cases of Paralytic Shellfish Poisoning (Red Tide) through analysis of urine among suspected cases.

As of 1992, 1,329,877 (60.66%) inspections of water supply facilities were done out of the total target of 2,192,383. There were 161,701 water samples examined of which 37,493 were positive. About 128,965 disinfections of water sources were done. Of the total 731,433 existing water facilities from doubtful sources, 244,006 (33.36%) were inspected.

On the status of toilet facilities, there were 8,457,306 households with sanitary toilets; and 2,116,846 with unsanitary toilets. A total of 3,184,060 toilet facilities were inspected, of which 49,446 were condemned; 95,675 (30.13%) were improved; and 191,609 were newly constructed.

Under the food sanitation, there were 1,039,096 inspections done in food places/establishments such as food serving/drinking, stores/markets, abattoir, schools/recreational places, and lodging out of the 672,275 annual targetted existing food establishments. Out of these, 58,751 were issued sanitary orders and 39,018 (66.41%) complied with the order. A total of 191,241 personnel/food handlers were without health certificates out of the total 1,044,361



Left Photo: Sanitary toilet under construction.



Right Photo: Disinfection of Level 1 Water Supply Facility.

II. OFFICE FOR SPECIAL CONCERNS

1. NUTRITION SERVICE (NS)

During the year under review, the service undertook the following accomplishments: developed the Comprehensive Nutrition Program (CNP) using the Community-Based Health Planning and Management of Nutrition Program; (as a consequence, the NS was streamlined in terms of functions and structures based on program needs to be done in preparation for the implementation of the Local Government Code); developed training modules, modelled in Pangasinan and further validated in Ilocos Sur with the technical assistance of the Nutrition Center of the Philippines and funded by the USAID; developed IEC materials such as CNP Manual, RHU Food Prescription Pads, Recipe Booklets Guidebook, Family Profile Folder, and CBPM-NP Flip chart; revised 35 diet slips into 23 which will be used in dietary counselling; conducted training activities such as seminar workshops, conferences, meetings and fellowships (both local and abroad) conducted nutrition-related researches in collaboration with U.P. College of Home Economics, Helen Keller International and the Nutrition Center of the Philippines; developed and distributed inexpensive and easy-to-use weighing scales at the barangay level; continuous supplementation of micro-nutrients such as Vitamin A, Iron and Iodine prototyped iodination plant for pilot implementation in the provinces of Laguna, Ifugao and Abra; and intensified linkages with other GO's and NGO's for effective program implementation.



Feeding time activity of the Food Supplementation Program in Cabugao, Donsol, Sorsogon.

a. TARGETTED FOOD ASSISTANCE PROGRAM (TFAP)

Out of the targetted infants, 0-83 months old, 499,831 or 63.01% were given food supplements, 73.54% lower than the 1991 report. Only 258,283 or 53.59% pregnant women were beneficiaries of the program, indicating a decrease of 10.71% compared to last year's performance. Only 229,776 or 53.99% of the 425,521 targetted lactating mothers were given food supplements.

b. IRON DEFICIENCY ANEMIA (IDA)

A total of 23.61% (686,792) of the 0-83 months old were given iron supplements against the target of 2,908,295. Past year performance was 45.76%, indicating a decrease of 48.40%. For pregnant women, 52% (844,082) were beneficiaries, a decrease of 45.15% from that of last year's 94.81%. Out of the 576,973 targetted lactating mothers, 72.28% or 417,085 were given iron supplements.

c. VITAMIN A DEFICIENCY (VAD)

Less than 50% (31.50%) of the total eligible population of lactating women and children, 0-83 months old (76.41%) were given Vitamin A capsules (VAC).

d. IODINE DEFICIENCY DISORDER (IDD)

A total of 266,405 child bearing age women (55.36% of the total target) were given iodine supplements. While 305,506 children, 7 years and over (22.53% of the total target) were given iodine supplements, a remarkable decline of 16.68% compared with the previous year's accomplishment of 27.04%.

2. MATERNAL AND CHILD HEALTH PROGRAM (MCH)

For 1992, various activities were undertaken by the MCH Service. On planning, management and supervision, it had conducted integrated program review, evaluation of hilot training, monitoring & supervision and two consultative workshops in 18 priority provinces; developed and drafted concept paper for Safe Motherhood and Manual of Operation for Maternal Care; revised the HBMR, Hilot Training Manual, and Supervisory Checklist. Four group discussions with mothers on attitudes toward prenatal care were also held in the same year.

On IEC, OB/Midwifery/Hilot kits, HBMR, weighing scales, pump boats and other program support, supplies and equipment were procured and distributed.

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a. MATERNAL CARE AND UNDER-FIVE CARE PROGRAM (MC/UFC)

In 1992, there were 1,774,865 pregnant women seen of which 44.40% had their third prenatal visit. About 69.50% pregnant women were immunized with tetanus toxoid. On post-partum care, 1,202,994 (representing 69.29% of the population of pregnant women) received at least one post partum visit, while 875,823 pregnant women reached six weeks post partum with full post partum care.

For child care, 1,741,039 infants, and 1,035,076 children above one year old were registered in the same period of which 32.34% and 46.00%, respectively, were identified as risk children. There were 5,428,194 children weighed at least once during the year under review.

b. EXPANDED PROGRAM ON IMMUNIZATION (EPI)

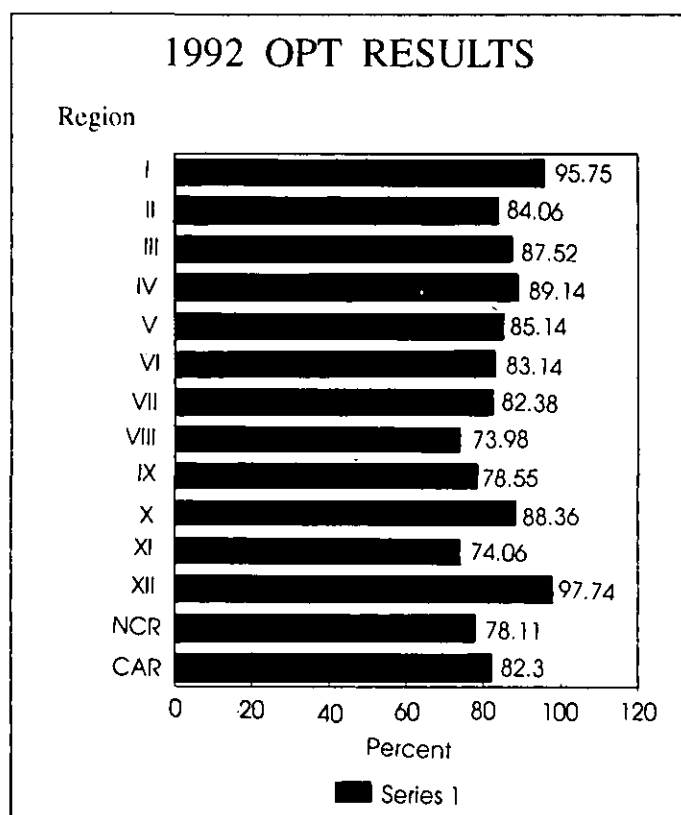


A rural health midwife assisted by a barangay health worker giving vaccination to a child.

In 1992, Universal Child and Mother Immunization was reaffirmed by launching the Polio Eradication Project. The EPI Manual was revised and the Field guide for National Immunization Day was developed. A total of 62,500 guides and 10,000 posters were produced and distributed. Polio surveillance was conducted in two provinces. The following training courses on EPI management/implementation were conducted: a) Basic Skills Training for Nurses and Midwives, 18; b) BHWs Skills Training, 5; c) Regional Mid-Level Management Course, 4; d) Re-

gional Refrigeration Course, 8; e) Polio Eradication Orientation Course, 6; f) Poliomyelitis Surveillance Training Course for Implementors, 1; and g) New Coverage Survey Training Course for Trainers, 1.

There was an increasing trend of fully immunized children (FIC) from a five-year (1987-1991) average of 75.15% to 90.95% in 1992. This resulted from the following accomplishments by antigen, surpassing the 90% targetted infants - BCG, 94.50%; OPV3, 92.45%; DPT3, 92.11%; and Measles, 90.44%.



c. PROGRAM ON THE CONTROL OF ACUTE RESPIRATORY INFECTION (CARI)



Malnourished child being examined for acute respiratory infection by counting the respiratory rate.

The Control of Acute Respiratory Infection (CARI) program is one of the programs of the Maternal and Child Health Service whose primary objective is to reduce mortality due to pneumonia among children under five (5) years of age. Pneumonia is considered one of the leading child killers in the country. The main activities of the program are early case detection, treatment and follow-up of cases.

In 1992, it conducted eight (8) CMT courses, four (4) Area conferences and one (1) National Consultative Workshop (NCW).

The program also made the following accomplishments during the year: procured and distributed 1,290 oxygen tanks; developed two (2) ARI Training Units (ATUs); conducted one (1) Health Facility (HF) Survey and one (1) Training Assessment (TA); and field tested ARI reporting and recording forms at NCR & Region 4.

d. CONTROL OF DIARRHEAL DISEASES/BREASTFEEDING PROGRAMS (CDD/BF)

The program aims to cut down diarrheal mortality rate of 8.6/1000 population by at least 50% among children aged five years and below.

During the year, 13 courses on Lactation Management Training and 3 Area-Based CDD/BF Consultative Workshops were conducted. There were 26 medical schools which integrated CDD/BF in their curricula. One Milk code Primer was produced while 10,000 copies and 700 sets of treatment charts and SSC modules, respectively, were reproduced. An IEC campaign (Kasabwat) was launched on radio, TV and print. Rapid assessment of successful and failed breastfeeding and management in three DOH hospitals were also conducted. A total of 4.5, 1.4 and 4.5 million packets of Oral Rehydration Solution were procured, received and distributed, respectively. There was an internal evaluation of the Diarrhea Case Management Training in collaboration with the WHO, PRITECH and DAP. A CDD



Diarrhea patients under five years of age get proper oral rehydration and feeding in a hospital ward.

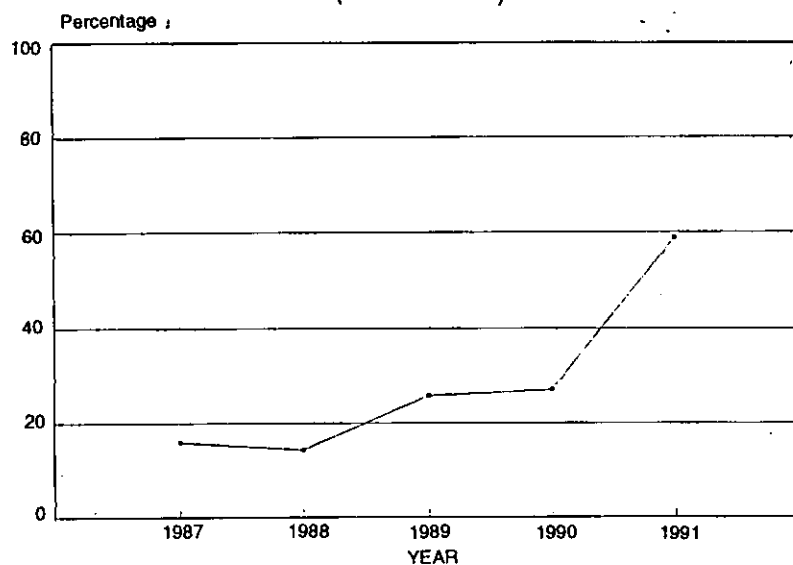
Household Surveys was done in Bicol and showed 59% ORT use rate. Out of the total 105 government hospitals evaluated during the Baby-Friendly Hospital assessment visits, 103 hospitals were designated Baby-Friendly based on the WHO-UNICEF criteria.

Of the expected 25,829,799 diarrhea cases, 10% or 2,582,979 cases were targetted to be seen in health facilities. Of these, 1,184,014 or 45.8% were provided service. 1,126,005 or 95% were treated with ORS use rate to 4.36% in 1992, higher than the five year average of 3.23%. If the service target is used, ORS use rate would be 32.3%

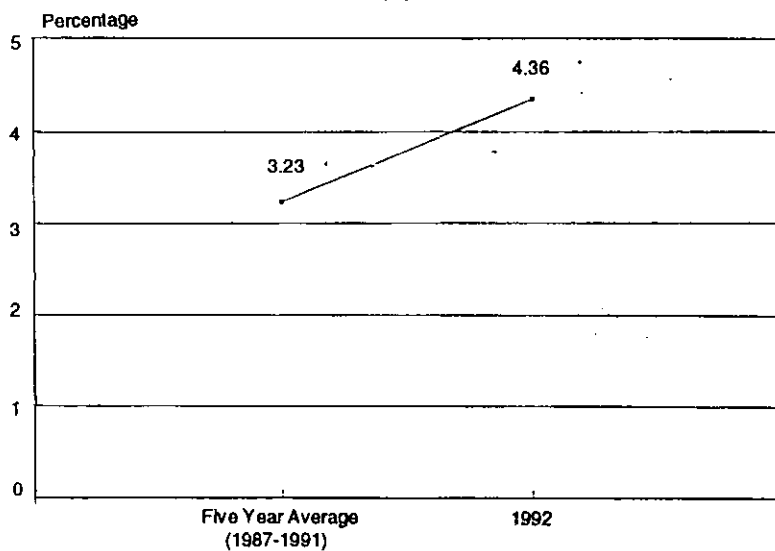
Based on regional reports and number of mothers seen in health facilities, there appeared to be a decline in the number initiated to breastfeeding, from

78.94% in 1991 to 69.29% in 1992 showed that 91% of infants were breastfed and by six months of age, 80% were still being breastfed.

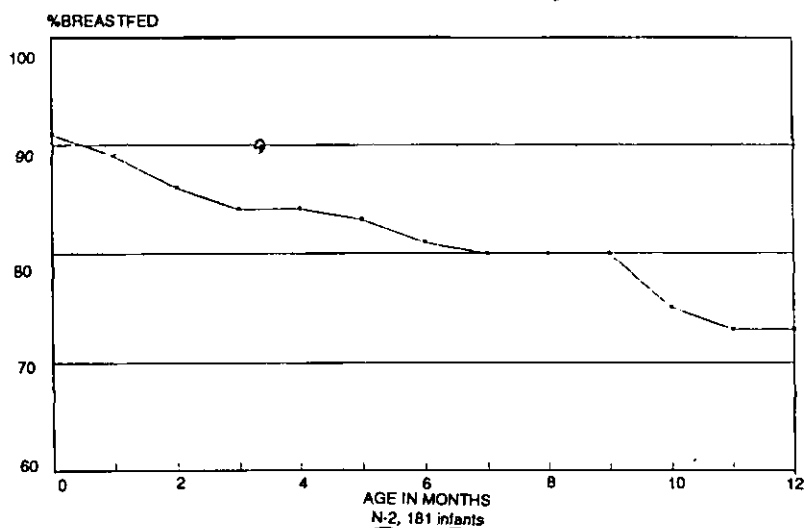
ORT Use Rate (1987-1991)



ORS Use Rate Philippines



Percentage of infants being breasted by age: results of a nationwide household survey, 1991 1



3. FAMILY PLANNING PROGRAM (FP)

To support the Program Performance, the following activities were accomplished for the current year: 1) Conducted study on the profile of 1989-1991 sterilization clients in eight selected DOH Hospitals nationwide; 2) Validated FP program performance from 1989-1992 in three regions, jointly with UPPI; 3) undertook Marvelon Inventory in four regions; 4) Conducted project review of PO7 in four regions and P23 in its project sites; 5) Disseminated results of six researches; 6) Undertook Management Training for Mid-Level Managers in collaboration with MSH; and 7) Monitored/assessed FP program implementation to the different regions.



Field participants drawing up action plans during the Pre-Testing Perceptors Course in Region VII.

The different FP clinics in the country provided services to 828,287 new acceptors and 1,979,723 current users during the year. An increasing trend of both clients is noticeable, from the past five-year average of 574,472 new acceptors to 828,287 in 1992. Current users, likewise showed a similar pattern from 1,979,723 or 105.6% of the expected target. Based on the 1988 National Demographic Survey, the projected Contraceptive Prevalence Rate (CPR) for the year was 37.9%. The highest was recorded in Region XI (45.9%) while the lowest, in Region XII (29.7%).

4. DENTAL HEALTH PROGRAM (DHP)

Among the major accomplishments of the Dental Health Service were the following: conducted regular consultative meetings/conferences; conducted two workshops, one on Policy Formulation and another on Development of Comprehensive Dental Health Program (1993-1998); organized and conducted training courses for dental staff in the Central Office as well as those in the field health services; undertook preventive and promotive health programs; conducted monitoring activities; and provided oral health care to DOH employees and their immediate dependents.

The Dental Health Program has rendered the following services to the people in 1992; oral examination - 4,612,651; oral prophylaxis - 138,348; fluoride utilization - 2,769,243; gum treatment - 834,390; sealant application - 460,712; filling (temporary and permanent) - 1,183,145; and extraction - 1,486,618.

In comparison with the five-year average performance (1987-1991), oral examination (3,702,753) and oral prophylaxis (1,249,472) showed an increase in coverage/performance by 20% and 10%, respectively. There was a 4% decrease in extraction (1,552,227) coverage.



Training of Implementors of Pit-and-Fissures Sealant.

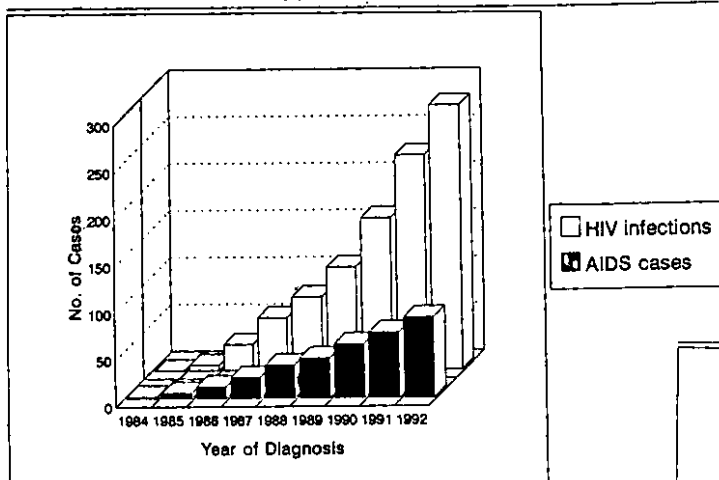
5. NATIONAL AIDS PREVENTION AND CONTROL PROGRAM (NAPCP)

The National AIDS Prevention and Control Program's mandate relates to the reduction of HIV transmission, reduction of morbidity and mortality associated with HIV infection and reduction of the impact of HIV and AIDS on the individual, the family, the community and society.

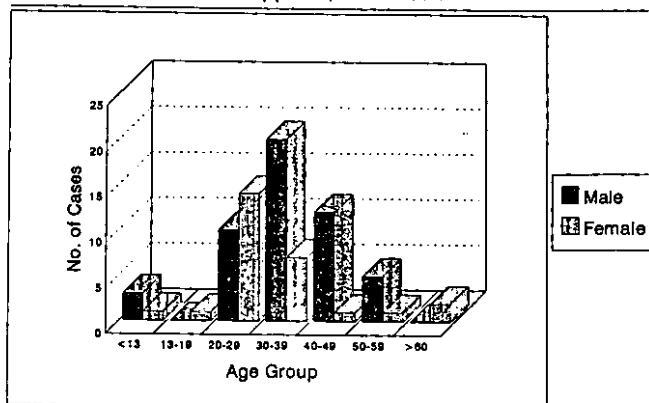
Among the major accomplishments of the program for 1992 were as follows: launching of the second phase of the tri-media information campaign addressing young adult which generated much community response as evidenced by an increase in the number of callers to the AIDS Hotline; increased telephone lines, number of volunteers and manhours to meet the increased demand of the Hotline services; conducted education intervention projects such as the Development of Model Peer Group Education and Counselling Program, Integration of AIDS education in the medical/allied curriculum, Training course on AIDS for public health workers and laboratory personnel at the regional level; AIDS education intervention to elementary and high school curriculum; Consultation workshop on Policy Development and Strengthening Multisectoral Response which oriented GOs and NGOs on the Program.

In response to the need for a more accurate epidemiologic data of HIV infection in the Philippines, an HIV Surveillance and Education Project (ASEP) Grant Agreement was signed by the National Economic and Development Authority, Department of Health, and the US Agency for International Development during the 3rd quarter of 1992. Pre-pilot study workshops, supervisory visits, as well as training for sentinel site participants were conducted to make them efficient and competent members of the surveillance team.

Cumulative HIV/AIDS Cases by Year
Philippines, 1984-1992

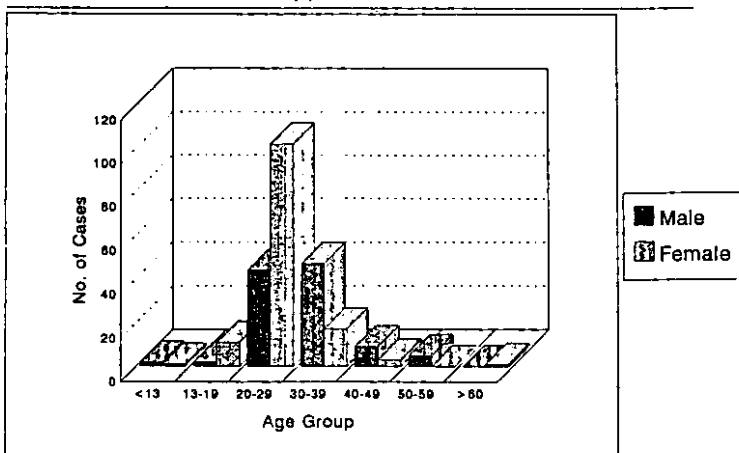


AIDS Cases by Age and Sex
Philippines, 1984-1992



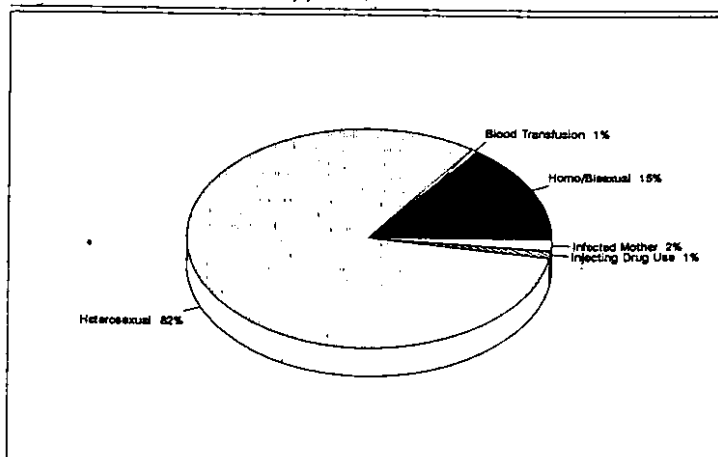
Note: ages known for only 75 of 88 cases
 Mean Age = 34.55; male = 36.46; female = 31.15

HIV Infections by Age and Sex
Philippines, 1984-1992



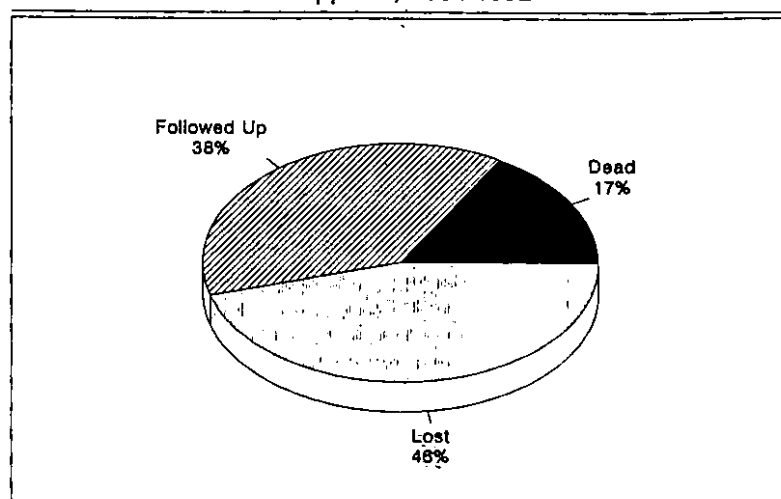
Note: ages known for only 241 of 282 infections
 Mean age = 28.2; male = 31.99; female = 25.17

HIV Infections by Mode of Transmission
Philippines, 1984-1992



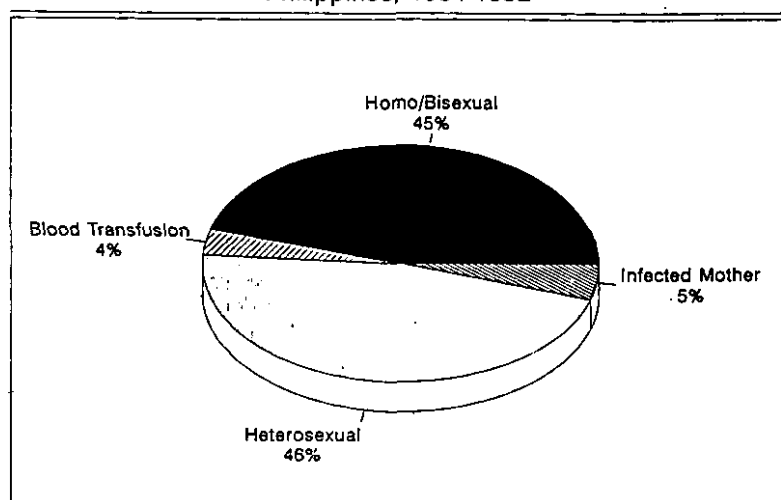
Only 188 of 282 infections with known mode of transmission

Status of HIV/AIDS Cases Philippines, 1984-1992



61 of 86 individuals with AIDS have died

AIDS Cases by Mode of Transmission Philippines, 1984-1992



Only 84 of 86 cases with known mode of transmission

Supervisory visits were done in 11 of the 14 regions. Technical Assistance was provided and evaluation was done to regional AIDS-related activities after which a Consultative Meeting of regional coordinators was held.

Collaboration between the DOH and the Roman Catholic Church was further enhanced via the DOH AIDS Unit's assistance in the development of a 5-year AIDS prevention project of CARITAS MANILA.

As to Clinical Management/Care, a total of 368 HIV/AIDS patients were provided counselling while 86 symptomatics were cared for in various government hospitals during the year. There were 64 clinicians, 183 nurses, 305 counsellors, 147 pathologists, 477 medical technologists, 9 epidemiologists, 9 information officers, 10 health educators, 132 STD physicians, 287 public health workers who were trained on HIV infection/AIDS both government and private sectors.

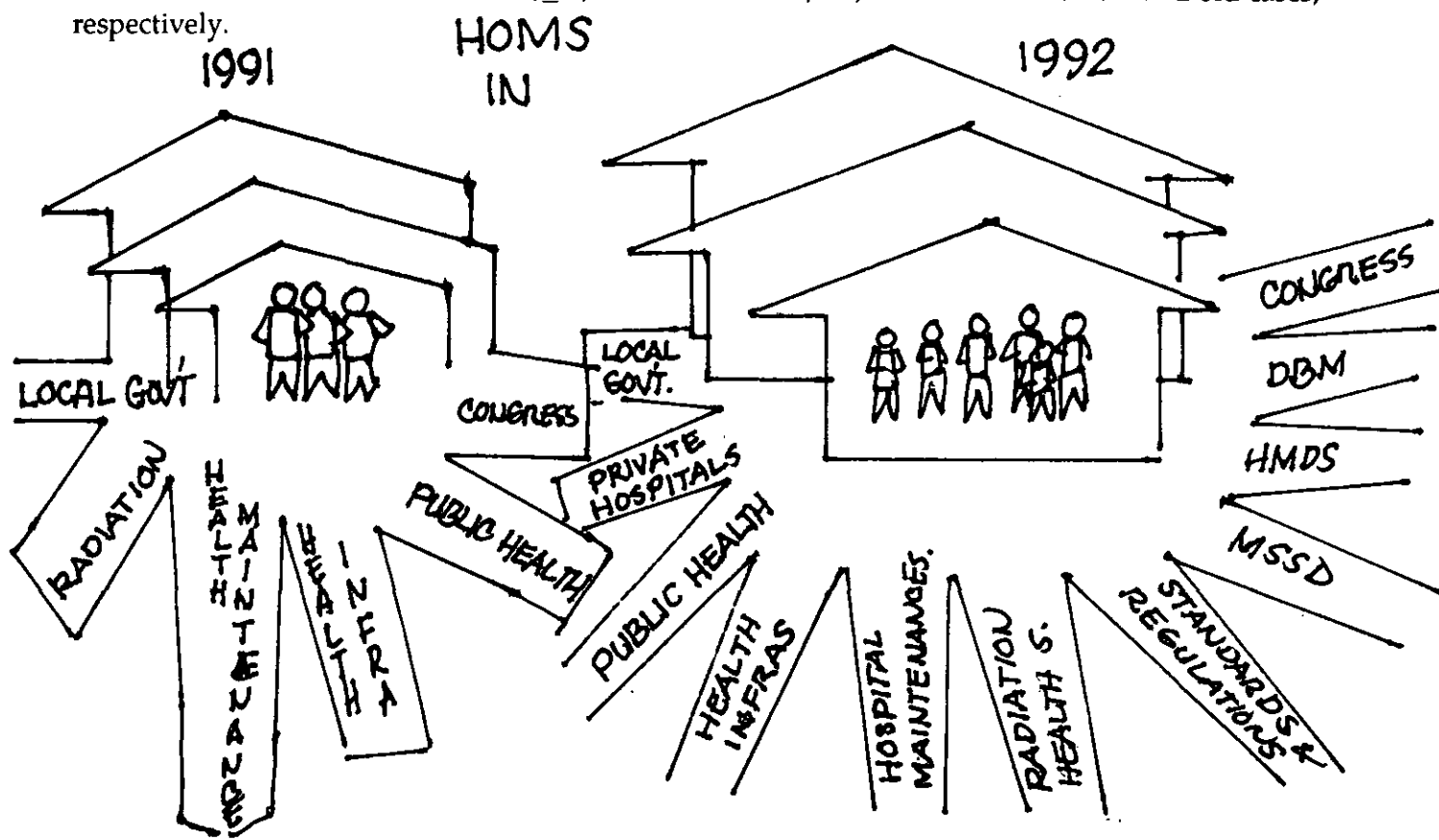
As of December 1992, 24% of all reported HIV infection have developed AIDS, of which 70% have died.

III. OFFICE FOR HOSPITAL FACILITIES SERVICES, STANDARDS AND REGULATIONS

1. HOSPITAL OPERATIONS AND MANAGEMENT SERVICE (HOMS)

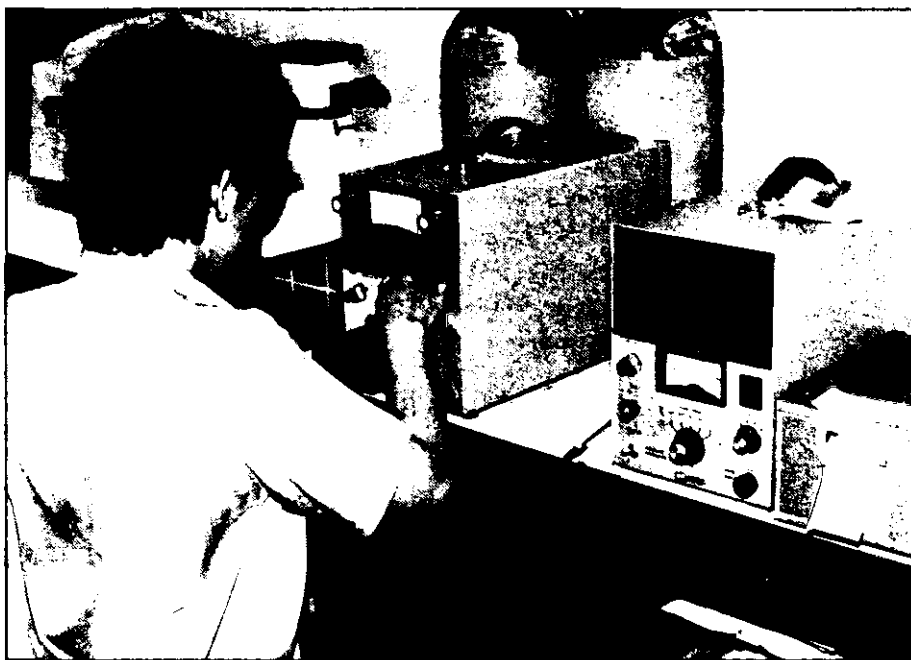
The HOMS made the following accomplishments in 1992: allocated and distributed equipment to 61 hospitals; implemented Residency Dispersal Program through the assignment of 372 physicians; prepared manuals for hospital operations and other support services; formulated standards for frontline, medical, nursing and support services; evaluated 117 appointments; conducted training - seminar/workshops for doctors and hospital support personnel; conducted monitoring to various hospitals; collected and analyzed annual statistical reports and provided consultative and advisory services to 1,792 hospitals.

The hospitals of the fifteen (15) regions of the Department of Health had 1,667,262 admissions which were slightly higher than the 1,427,314 in 1991. The average length of stay in government hospitals was five days. Among the admissions, medical cases topped the list with 38%, followed by pediatrics, obstetrics and surgical adults with 35%, 18% and 12%, respectively. Out of those who died, 23,870 or 47% died within 48 hours of admission, while 19,392 or 38% died 48 hours after admission. The hospital fatality rate was 3% which is the same as that of 1991. Laboratory examinations totalled 9,264,211 wherein blood examinations topped the list at 46% followed by urinalysis, feces, malarial smear and others with 27%, 6%, 4% and 16%, respectively. In the out-patient care service, the hospital attended 10,209,541 cases of which 5,407,065 or 53% and 4,802,476 or 47% were new and old cases, respectively.



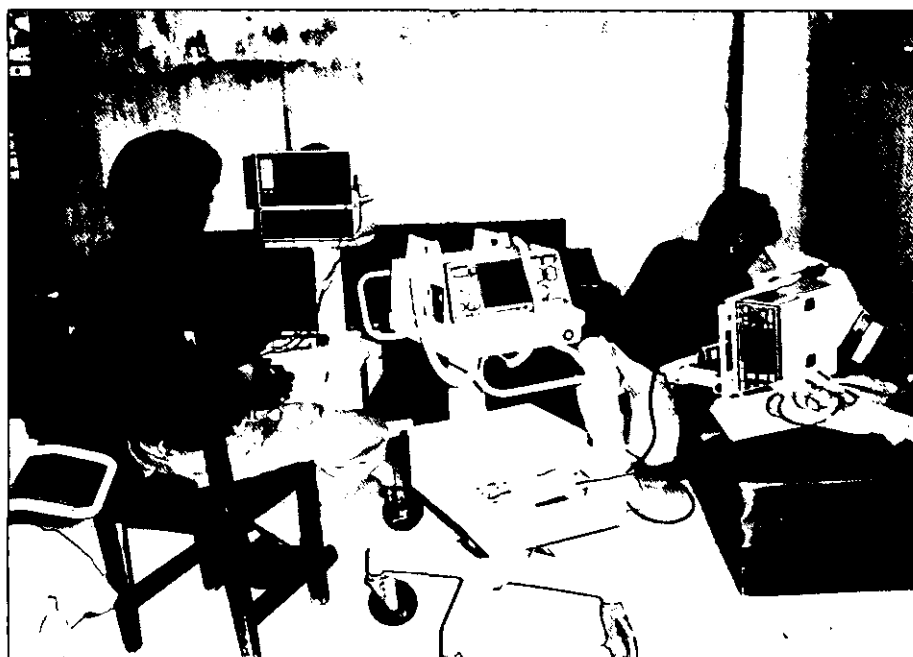
2. RADIATION HEALTH SERVICE (RHS)

During the year under review, the RHS surveyed and evaluated 823 radiation facilities for radiation protection; rendered 1,761 scientific and technical services; established quality assurance program in the X-ray department of four (4) DOH hospitals, completed research projects in Testing of the IAEA Code of Practice for Absorbed Dose Determination in Photon and Electron Beams, and Radiation Safety Evaluation of Microwave Oven; trained/examined persons for certification purposes; and trained 334 persons for radiation protection, radiologic technology and film image interpretation.



Technical/scientific services provided: Personal Radiation Dose Monitoring for Radiation Workers.

3. HOSPITAL MAINTENANCE SERVICE (HMS)



On-the-job training of HMS technicians on defibriliator at Roxas City Memorial Hospital.

The Hospital Maintenance Service HMS had the following accomplishments for 1992: repaired and installed 393 biomedical equipment and 354 hospital equipment; provided technical training for 74 technicians/engineers; repaired/checked-up 959 equipment in 121 hospitals; and undertook a research project and special projects under JICA Phase II, G7Z, US Excess Equipment and London Equipment.

4. HOSPITAL INFRASTRUCTURE SERVICE (HIS)

The HIS, apt to its mandate functions, accomplished activities for research, project development and project implementation. The main projects under research activity included the completion and preparation for publication of technical design guidelines manuals for 10-bed, 25-bed and 100-bed hospital prototype models and for main health center and barangay health station prototype models (100%); hospital and office signages (100%); hospital architecture and engineering standard details manual (75%); hospital building maintenance preliminary draft manual (75%); and construction management preliminary draft manual (75%).

Under the project development activity, the main projects consisted of the preparation of contract documents (detailed architecture and engineering plans and technical specifications) of the revised editions of the 10-bed, 25-bed and 100-bed hospital prototype models including their support facilities (53%); the preparation of contract documents of main health center and barangay health station prototype models (100%); the continuing preparation of indicative site development plans of hospitals (40%); the site appraisal and preparation of design development plans of projects under the UHNP project (98%); and the preparation of schematic plans of infrastructure projects of several special/specialty hospitals and medical centers of the NCR including their projects listed under the Earthquake Reconstruction Project (100%).

Various projects were implemented in 1992, namely: the 1991 infrastructure projects of the DOH central office (100%); Earthquake Reconstruction Projects (86%); Mt. Pinatubo Rehabilitation Projects (100%); Phase II of 10-bed hospital projects (90%); and the different projects under the Child Survival Program (90%).

5. BUREAU OF FOOD AND DRUGS (BFAD)

The BFAD's mandated functions were satisfactorily carried out through its projects and activities performed in 1992. The Bureau reported ten (10) most important accomplishments and events of which three (3) were related to the Philippine National Drug Policy (PNDP) program which has been institutionalized by attaching the program to BFAD and the other seven (7) were related to its functions. These were the following: International Seminar/Workshop on "The Role of National Drug Policies in Social Transformation: a Challenge for the Media"; feasibility studies on the establishment of an Industrial Scale Penicillin Plant and of a multi-purpose plant for chemical synthesis; second national survey on drug use and the generics law; improvement and computerization of the BFAD information system; printing of a manual of BFAD systems and procedures; continuing refinement in the classification of licensed manufacturers; launching of the publication of a book "Drug-Related Administrative Orders and Memorandum Circulars" with summaries and annotations as concrete outcome of the improved BFAD-industry cooperation; national food safety and quality program; strengthening and expansion of the Joint BFAD-industry sector study groups and task forces; and the regional and international linkages with ASEAN members which states continued holding of the ASEAN Training Course on Drug Evaluation and Control with BFAD as the regional training center and the continued technical and financial assistance and cooperation project the WHO, UNIDO, AIDAB and the Dag Hammarskjold Foundation (DHF).

The program conducted a total of 16,186 inspections of establishments on food and food products processing and 17,126 drug establishment inspections. Of the establishments inspected, 86.14% (1,286) were found to be engaged in the sale of hazardous substance; of the 3,517 samples collected 1,254 were food and 2,263 were drugs; and out of the samples forwarded to BFAD, Manila and Integrated Regional Laboratories for analysis, 6.77% (238) were found to be adulterated/misbranded.

6. BUREAU OF RESEARCH AND LABORATORIES (BRL)

The Bureau conducted 27 training seminars/workshops for non-BRL Staff coming from government and private institutions. It is now capable of producing its own sample sera for External Proficiency Testing in Biochemistry. More teams of technical staff conducted supervisory teaching and Quality Assurance Program visits to clinical laboratories and blood banks. Evaluation of diagnostic kits, reagents and laboratory instruments was also conducted.

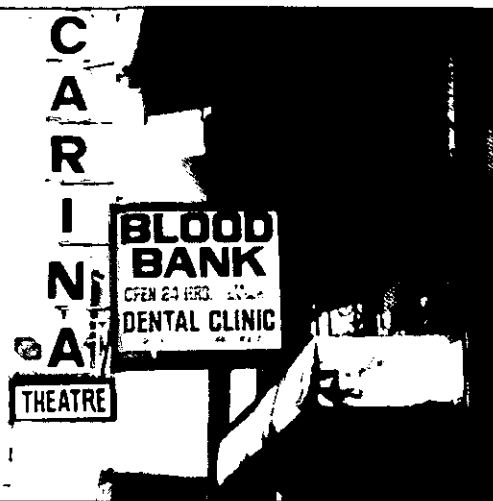
Examinations done by section were as follows: Bacteriology, 12,703 (66.9%); Parasitology, 5,201 (80%); Immunology, 33,712 (96.4%); Hematology, 10,046 (100.5%); Immunohematology, 13,738 (137.4%); Biochemistry, 8,061 (115.2%); Anatomic Pathology, 1005; and Urinalysis, 4,418 (73.6%)

There were 7,887 or 102.4% water examinations done. The Bureau also evaluated 1,694 (96.8%) clinical laboratories, blood banks, HIV testing laboratories and training laboratories for medical technology interns.



Spot inspection of commercial blood bank outlet in the region.

BLOOD PROGRAM



7. BUREAU OF LICENSING AND REGULATION (BLR)

Based on the four (4) major programs, the Bureau accomplished the following: a) evaluated 207 hospital floor plans of which 140 were approved and 67 returned to applicants for revision and completion; b) issued 144 permits for hospital construction, 66 accreditation certificates and 1,103 licenses to operate for hospitals, dental prosthetic laboratories and X-rays; c) authenticated 3,969 medical examination reports and 3,248 AIDS clearance certificates from accredited medical clinics and hospitals.

8. FIFTEEN (15) SPECIAL HOSPITALS AND MEDICAL CENTERS

Out of the fifteen (15) Special Hospitals under the Office of the Secretary, a total of 191,885 patients were admitted and 1,115,531 out-patients were attended. Bed occupancy rate was 37.57% out of 1,322,171 number of in-patients days while average length of stay was six days per patients.

Out of the total patients admitted, 11, 588 died. There were 67,708 operations done, of which 36,281 were minor operations and 31,427 were major operations.



Rat trapping at the pier, an activity for surveillance purposes.

IV. OFFICE FOR MANAGEMENT SERVICES

1. ADMINISTRATIVE SERVICE (AS)

In pursuance of its major functions, the Administrative Service, through its various divisions/ sections, made the following accomplishments during the year under review: the Personnel Division processed 13,770 appointments and separation from as well as other personnel transactions were acted upon; 15,506 leave and retirement applications were processed and service records and statistics on personnel matters were prepared; a total of 42,057 medical/physical examinations and consultations, 30,699 immunizations of different types and 696 malaria examinations were performed by the Medical Examination Division and Department of Infirmary.

Activities performed by the General Services Division were as follows: Maintenance and Repair Service for Central Office facilities and transport equipment; Security Services within DOH Compound; Management and Safekeeping of Official Records; and Radio Communications network.

2. MANAGEMENT ADVISORY SERVICE (MAS)

During the year under review, the service undertook the following major activities: revised the overall information system framework; publication of the systems development process and documentation; finalized design of output tables; updated field health units directory database; provided technical support in reprogramming the NCCs Supplies and materials Inventory Management System for HAMIS and monitored the system's implementation in Bukidnon; reprogrammed the provincial FHSIS data; conducted trainings for 55 central/field offices and 22 MIS staff; and reproduced additional 150 Basic Computer Training Manuals.

3. HEALTH MANPOWER DEVELOPMENT AND TRAINING SERVICE (HMDTS)

The HMDTS continued to perform its mandated function of manpower development and training for the DOH. The different regions were able to accomplish and conduct trainings in developmental, skill, managerial and update of all personnel and health workers. These training courses were attended by participants from the DOH regions, other government offices (OGOs), non-government offices (NGOs) and private sector group involved in health work.

In 1992, a total of 3,058 courses with an overall number of 55,826 participants throughout the Philippines were held.

4. PROCUREMENT AND LOGISTICS SERVICE (PLS)

In 1992, the PLS continued to perform its mandated function of facilitating the procurement of various drugs and medicines as well as medical/office supplies and equipment for the requirements of the programs and projects of the different services of the DOH.

Among the relevant activities carried out by the PLS such as the : Procurement of drugs, medicines, pesticides and other medical, office and laboratory supplies worth P201,362,448.15 for the use of DOH. Of this amount P145,265,827.27 as allocated for Drugs and Medicines, P22,160,600 for Pesticides and P33,936,020.48 for external supplies (medical, office and laboratory).

Source of funds for drugs and medicines came from GOP Fund (P97,050,412.01) and external funding agencies (P48,215,415.66) like Child Survival Project, USAID, PHDP, Grants-Canada and WHO. These drugs and medicines were for the use of RHUs and intended against communicable (T.B., Malaria, Schistosomiasis, etc.) and non-communicable diseases. Donations from foreign governments, drug companies and civic organizations such as drugs and other commodities were likewise received, stored and distributed to recipients. Drugs, medicines, supplies and equipment purchased were distributed after proper inspection and test by the respective programs/project managers concerned.

Other activities handled by the Service included the following: received and acted upon 836 requisition and issue vouchers and 2,991 letters/correspondence; conducted 29 pre-bid conferences and public/simplified biddings; conducted 96 biddings thru sealed quotation/open canvas; issued 291 purchase orders; prepared/processed 1,302 disbursement vouchers covering payment of supplies, drugs, and medicines and services rendered for brokerage, hauling, security and janitorials; submitted 202 agency procurement requests to PS, DBM for price monitoring; issued 3,117 invoice receipts for property transferred and for medicines issued to various beneficiaries; submitted to COA 337 requests for inspection of deliveries; received and served 1,180 requests for drugs and medicines from politicians/civic organizations; prepared 2,215 bills of lading covering shipment of drugs, medicines, equipment and medical/laboratory supplies; received/handled 330 deliveries; and released 128 incoming shipments from Bureau of Customs thru brokers.

5. BIOLOGICALS PRODUCTION SERVICE (BPS)

Under E.O. 119, the BPS has been mandated to provide services related to formulating plans, policies and program standards and techniques for the processing, manufacture, standardization and improvement of biological products for the use of The Department of Health (DOH). In addition, it is also responsible for manufacturing vaccines, sera, antitoxins and other biologicals; providing consultations, training and advisory services to implementing agencies and conducting studies and researches related to biological production, distribution and use.

In spite of some setbacks and predicaments, the office surpassed its 1991 performance and fulfilled its mandate. During the year 1992, it provided a total of 19,762,335 doses of quality vaccines for the Expanded Program on Immunization of the DOH as well as vaccines and antisera for the prevention of other communicable diseases like: BCG FD Vaccine, 7,824,740; Tuberculin 2 T.U., 199,125; Tetanus Toxoid, 10,949,500; Cobra Antivenin, 3,080; Cholera Typhoid, 122,750; El Tor Vaccine, 122,750; Typhoid Vaccine, 27,750; and Rabies Vaccine, 512,640. It also produced 31,672 doses of diagnostic products for the use of DOH laboratories such as: Salmonella Antisera, 888; Shigella Antisera, 238; Cholera Antisera, 246; Widal Antigen, 29,000; and Weil Felix Antigen, 1,300. Other major accomplishment performed by the office was the distribution of the following vaccines to various health offices in the country: DPT Adsorbed (20-dose) 299,456; DPT Adsorbed (10-dose) 294,077; Oral Polio, 663,675; Measles, 338,155; BCG (local) 305,817; BCG (Imported) 24,000; Tetanus (Local) 343,618; and Tetanus (Imported) 22,611.

V. OFFICE OF THE CHIEF OF STAFF

1. LEGAL AFFAIRS

Related to its mandate, the Office of Legal Affairs made the following accomplishments in 1992: Legal advice/opinion rendered, 59; Legal counselling provided, 191; administrative cases handled, 1,766; and Office operation undertaken, 1,384.

2. FINANCIAL, OPERATIONS, AND FRONTLINE SERVICES AUDIT (FOFLSA)

In accordance with its mandated function, FOFLSA made the following accomplishments in 1992: 67 agencies of the DOH were provided with financial and operational audit; four investigations of reported anomalies/irregularities committed by DOH personnel were made; evaluated 190 Procurement Monitoring Reports, 170 COA Annual Audit Reports as well as three Progress Reports on the implementation of audit recommendations and 78 DOH Supplier's Accreditations; 15 referrals, inquiries and requests from the Office of the Ombudsman were acted upon while 397 came from other offices. The office also reviewed and acted upon 182 resolutions, orders, inquiries and requests.

3. COMMUNITY HEALTH SERVICE (CHS)

The CHS, in pursuance of its mandate under EO 119, undertook the following activities in 1992: 1) Health of Youth Project: conducted National Tri-Regional Training Workshops for the formulation of National Policy on Health of Youth and other Youth Projects; 2) Program Refocus Orientation for the



Augmentation of additional medicines for a Rural Health Unit.

Poor: provision of MOOE Augmentation Fund to the identified 300 Low-Income Municipalities (LIMs), provision of vehicles to the identified selected municipalities; 3) Special Development Area Project: supported project under the different line agencies in the province of Abra through rehiring of SDAO staff, skills training, basic health services made available to the community, augmentation of MOOE to SDAs nationwide; 4) DOH-JVOFI Collaboration Project: Primary Health Care Projects (child Survival & Development/

Nutrition, Waterworks Construction, Malaria Surveillance & Vectors Control, Sanitary Toilet Construction, construction of BHS, Educational Assistance to BHW dependents, Psycho-social training), Training of DOH personnel on non-program strategies, community collaboration and local partnership building, institutionalization of PHC strategies/activities; 5) Private-Public Sector Collaboration: Inter-Intra Sectoral collaboration; 6) Community Volunteer Health Workers Project: distribution of BHW kits, provided financial support to BHWs income-generating projects, setting-up health care financing fund for/at the community level; 7) Community-collaboration Program: Partnership building between LGUs-DOH-NGOs, community-based health project development, provision of Grant Fund to NGO/LGU proponents and development of PCHD implementing manual.

As of 1992, there were 388,000 and 235,300 active/functional Barangay Health Workers with and without training by accredited NGOs, respectively.

4. PUBLIC INFORMATION AND HEALTH EDUCATION SERVICE (PIHES)

In connection with the mandate of PIHES, the following activities were undertaken in 1992: developed, approved and implemented information/communication and research strategy for TB, Schistosomiasis and Malaria Control Programs, voluntary blood donation and sanitary excreta disposal programs; developed and pretested LGU IEC materials and campaigned on the devolution of health; held 30 press conferences on the different programs of the Department; arranged 83 TV features and guestings on Channel 13 and Bahay Kalinga; and conducted one (1) national consultative meeting.

The Service also printed and produced forms, manuals, brochures, pamphlets, leaflets and posters of the different programs and officers within the DOH.

HE/IEC accomplishment is the reflection of Public Information Officers (PIOs), health educators and field health workers activities on health education. Hence, the following activities compiled and consolidated were supportive in the delivery of all health programs implemented by the Department of Health in 1992: Organized Activity Study Group - 1,272,844; individual/group counselling/group discussion - 15,945,030; Inter/Intra-agency collaboration - 406,642; Mass Information Campaign - 5,398,605; and Development/Production/Reproduction/Translation and Distribution of IEC Materials - 1,953,095.

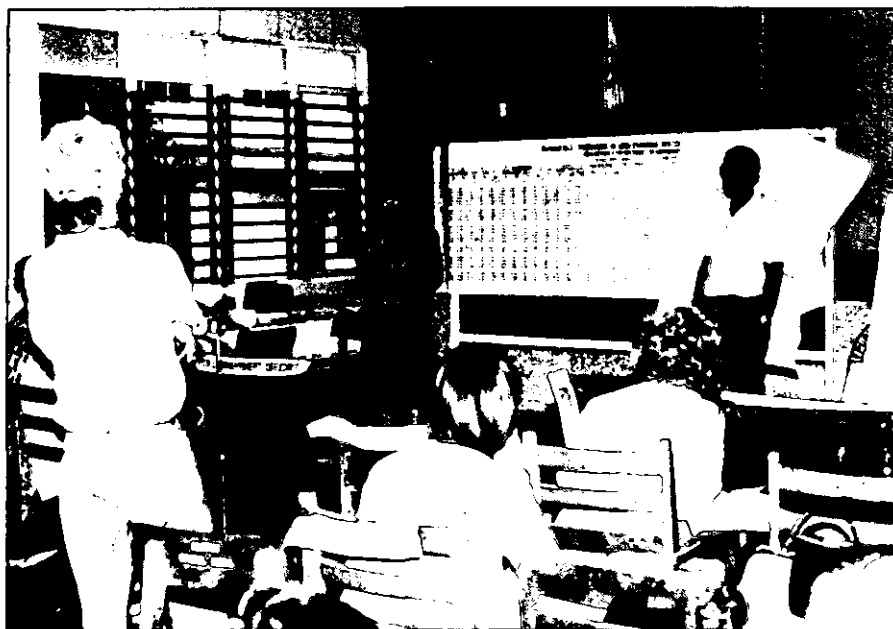
5. HEALTH INTELLIGENCE SERVICE (HIS)

For the year 1992, the HIS conducted the following activities to achieve its mandated functions: Monitored and conducted FHSIS implementation to all provinces and cities; conducted trainings on Data Utilization (two modules were developed for this training - simple Statistics and Graphs and Problem Solving; Indicators and Targets) and Integrated Supervisory Checklist; published a FHSIS Newsletter, prepared FHSIS Simplified Output Tables (SOT); Prepared the 1990 Philippines Health Statistics; sent four staff to training and participated in consultative workshops/ meetings in different offices both within and outside the DOH.

6. INTERNAL PLANNING SERVICE (IPS)

During the year under review, the IPS provided planning assistance to one Regional Health Office, 14 Provincial and three City Health Offices; conducted four orientation courses for regional and provincial health managers; and reproduced 2,500 copies of the Area Program-Based Health Planning Manuals (4th revision).

The Service also reviewed and assessed 154 Area Program-Based Health Plans (1992) of various regions/provinces, cities, and districts; conducted process-oriented monitoring and supervision to 13 provinces and one city; prepared/reproduced/disseminated 300 copies of the 1991 DOH Annual Report; and reproduced 500 copies of monitoring checklist.



Provincial Area-Program Based Health Plan Presentation Hearing to Provincial Development Council (PDC) of Negros Oriental.

Other important accomplishments of the Service included the strengthening of core group of health planners activities through quarterly consultative meetings and workshops, and strengthening private sector participation through health plan presentation to the Provincial Development Council (PDC) in four provinces. One (1) IPS staff was sent abroad to attend a training course on Health Planning Population and Epidemiology.

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7. FOREIGN ASSISTANCE COORDINATION SERVICE (FACS)

A propose to its mandated function, the FACS accomplished the following activities for 1992: coordinated and negotiated with representatives of funding agencies/governments and NEDA for financial assistance to proposed projects, namely: Public Investment Projects and Technical Assistance Projects; facilitated and expedited the process of utilizing external funding for on-going foreign-assisted projects; facilitated and coordinated visits of foreign dignitaries, officials and medical professionals with the appropriate Department units/government agencies/non-government organizations who were here on project-related missions or technical consultancy assignments; arranged and coordinated training courses, fellowships and other study grants abroad including those that were already built into the training/manpower development components of specific foreign-assisted projects, those funneled through NEDA (bilateral and multilateral programs) and the one-shot cases

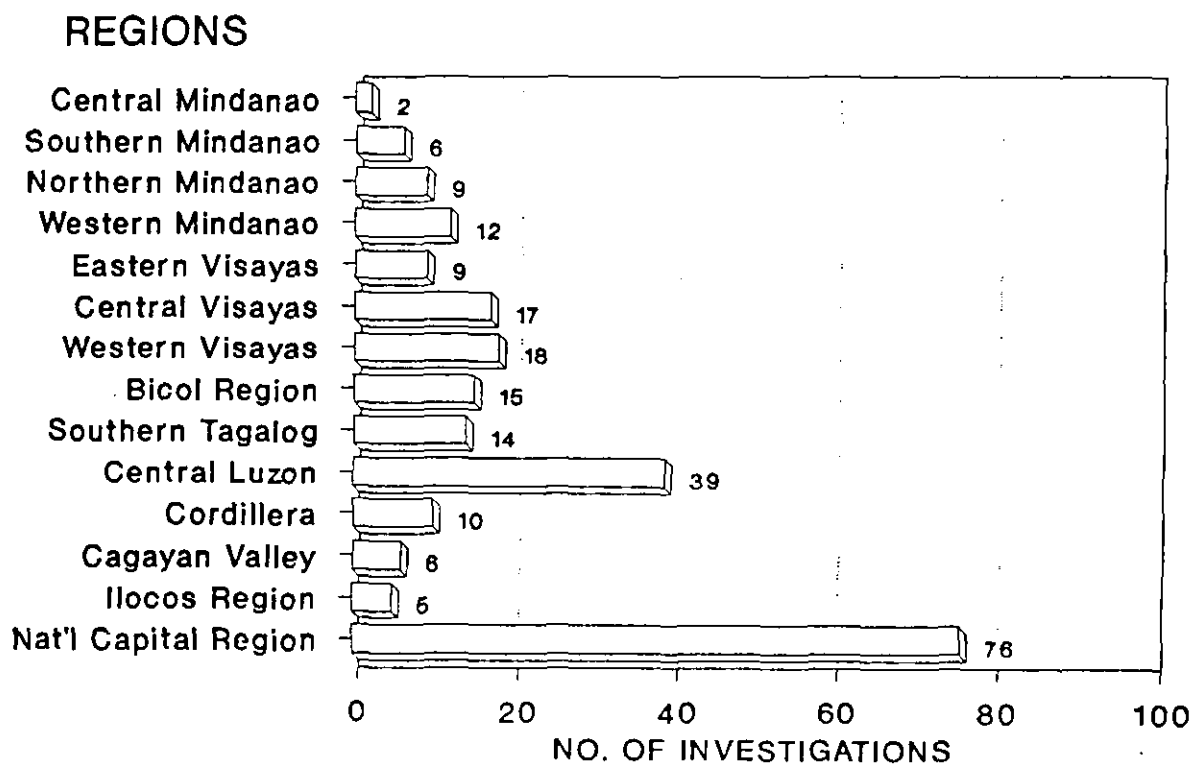
which usually come by invitation to identified persons/units; and facilitated and coordinated regular donations and medical missions (those that are not disaster-related) from various groups and organizations abroad.

In addition, the FACS also facilitated and coordinated the procurement and distribution of donations to the areas affected by the Mt. Pinatubo eruption; maintained a database of all DOH participants of training programs, fellowships and other study grants; and consolidated and submitted the DOH 1993-1998 Medium-Term Public Investment and Technical Assistance Programs to NEDA.

8. FIELD EPIDEMIOLOGY TRAINING PROGRAM (FETP)

The National Epidemic Sentinel Surveillance System (NESSS) of the FETP is a network of sentinel sites located in selected hospitals in the different regions of the country. When the project was started in 1988, there were only eight sentinel sites and by 1992, it was expanded to 13. The locations are in San Lazaro Hospital for NCR, Ilocos Regional Hospital for Region 1, Bulacan Provincial Hospital for Region 3, Albay Provincial Hospital for Region 5, Western Visayan Medical Center for Region 6, Southern Island Medical Center for Region 7, Zamboanga Regional Hospital for Region 9 and Davao Medical Center for Region 11.

Sites of Philippine FETP Investigations Sept. '87 - Feb. '93 (N = 238)

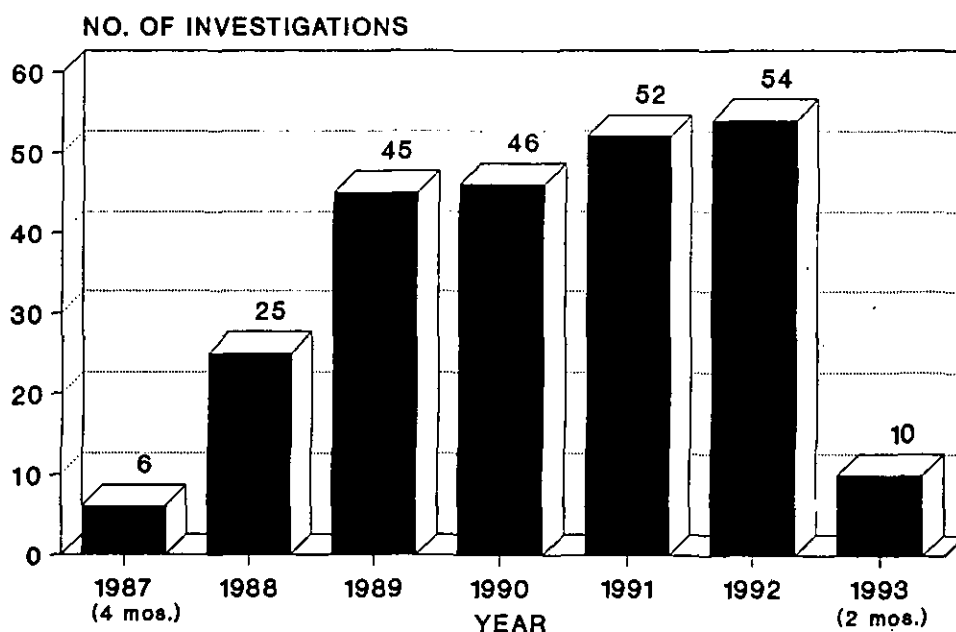


The selection of the sentinel site was based on the following criteria: 1) The hospital has 250 beds; 2) The laboratory performs bacteriology; 3) The Regional Health Authorities are willing to support the sentinel activities; 4) Sentinel personnel are available to do the surveillance; 5) There are adequate means of communication between the Central Office and the Sentinel site.

The purposes of the sentinel site are to track down the occurrence of 14 diseases which have the potential of causing outbreaks, to provide rapid and accurate information on the trends of these different diseases so that program managers can undertake specific central measures. The 14 diseases are Cholera, Dengue, Diphtheria, Hepatitis A, Hepatitis B, Malaria, Measles, Meningococcal meningitis, Pertussis, Poliomyelitis, Tetanus and Typhoid Fever. The Sentinel Surveillance data is limited to the 14 diseases monitored by the Sentinel sites described according to time, place and person. Data show cases admitted with diagnosis confirmed by the laboratory, increases or decrease in admission for the year, estimates of case fatality ratio, estimates of rate of immunization among EPI diseases, clustering of cases, possible hypothesis on disease transmission and control, effectiveness of control and preventive measure and admission rates.

Information on time is shown in epidemic areas and tables by morbidity calendar weeks or monthly contribution; place is shown in maps and tables by region, province and municipality, person is shown in pie graphs and tables, by age, sex and case fatality ratio. The data cannot tell us trends for the whole country, incidence and prevalence rates. The epidemics identified were outbreaks detected by different sentinel sites. It excludes outbreaks learned from the media and other sources but were investigated by the DOH.

Number of FETP Investigations Sept. '87 - Feb. '93, (N = 238)

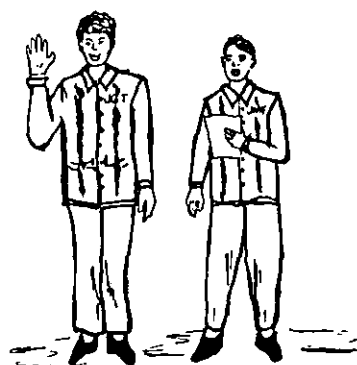


9. URBAN HEALTH & NUTRITION PROJECT (UHNP)

In support of the project, three sets of activities were undertaken in 1992:

1. Set up administrative network for full scale implementation of UHNP defining key task and management post to manage and coordinate implementation of UHNP; identified, screened, recommended key component manager and personnel who were given specific responsibilities; and initiated dialogues and consultation with existing units or services expected to perform key roles in project implementation.
2. Coordinated the conduct of consultation meeting with local government executives and officials by arranging series of meetings or briefing with such officials so as to orient them in the project objectives and activities.
3. Prepared and planned the technical review on the proposed UHNP with the World Bank.

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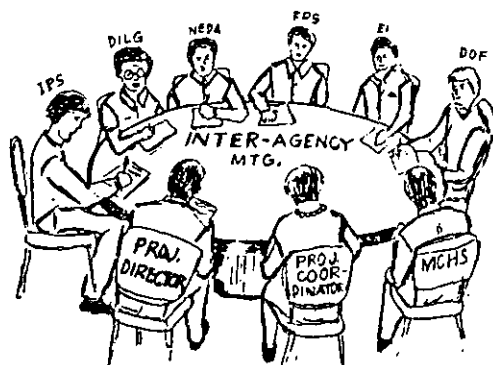


Set up administrative network for full scale management post to manage and coordinate implementation of UHNP.



UHNP ACTIVITIES for 1992

Coordinated the conduct of consultation meeting with local government executives and officials



VI. ATTACHED AGENCY

PHILIPPINE MEDICAL CARE COMMISSION (PMCC)

The medicare program is the first national health insurance program in the Philippines. It is implemented through the Philippine Medical Care Commission.

For the year 1992, expanded benefits were implemented, brought about by the passage of EO. No. 51 last December 1991. There were 1,328 inspections of accredited hospitals conducted by the central and local medicare offices staff, of which 829 were spot inspections and 499 were hospital verification for accreditation. Two of the five targetted Medicare hospitals were audited. The Medicare Monitoring Plan which aims to check compliance with warranties of accreditation, Medicare rules and regulations to prevent/minimize filing of fraudulent claims were carried out in 447 selected hospitals. There were 10,058 appealed claims reviewed and acted upon, while 5,851 claims were received. Out of the total claims, 7.28% were denied, 47.94% were paid by both GSIS and SSS, while 44.78% needed further validation.

Revenues were generated through the Health Insurance Fund from the contributions of GSIS and SSS members. Contributions from GSIS and SSS increased by 18.64% and 21.90%, respectively. Income from SSS investments and miscellaneous sources increased by 24.86%, but there was a decrease in income by 19.70% from the GSIS. Total number of claims by the two systems decreased by 10.30%, from P1,370,609 in 1991 to P1,229,379 in 1992. Benefit payment, however, increased by 21.76 percent from P1,731.59 million in 1991 to P2,108.42 million in 1992.

APPENDIX

**POPULATION, BY REGION
PHILIPPINES
1992**

REGION	NUMBER	% DISTRIBUTION
1	3,691,154	5.8
2	2,435,692	3.83
3	6,522,949	10.26
4	8,777,686	13.81
5	4,002,615	6.29
6	5,585,947	8.79
7	4,774,030	7.5
8	3,109,192	4.89
9	2,573,429	4.04
10	3,683,190	5.79
11	4,720,252	7.42
12	2,170,908	3.41
N C R	8,403,570	13.22
C A R	1,198,728	1.89
A R M M	1,952,159	3.06
TOTAL	63,570,590	100.00

Source: NSO (Projected Population based on 1990 Census of Population & Housing and corresponding Annual Growth Rate of the Region)

Note: Parts may not add up to total due to rounding off

AGE GROUP	BOTH SEXES		MALE		FEMALE	
	NUMBER	%	NUMBER	%	NUMBER	%
LESS THAN 1 YEAR	1,748,191	2.75	896,345	1.41	851,846	1.34
1 - 4 YEARS	6,770,268	10.65	3,464,597	5.45	3,305,671	5.20
5 - 6 YEARS	3,261,171	5.13	1,665,549	2.62	1,595,622	2.51
7 - 14 YEARS	12,243,696	19.26	6,248,989	9.83	5,994,707	9.43
15 - 49 YEARS	32,446,429	51.04	16,255,000	25.57	16,191,429	25.47
50 - 64 YEARS	4,869,507	7.66	2,396,611	3.77	2,472,896	3.89
65 YRS. & OVER	2,231,328	3.51	1,017,130	1.60	1,214,198	1.91
TOTAL	63,570,590	100.00	31,944,221	50.25	31,626,369	49.75

Source: National Statistics Office

**LIVEBIRTHS, TOTAL DEATHS, MATERNAL DEATHS, INFANT DEATHS
PHILIPPINES, 1992**

REGION	POPULATION	LIVEBIRTHS		TOTAL DEATHS		MATERNAL DEATHS	
		NUMBER	RATE*	NUMBER	RATE*	NUMBER	RATE**
1	3,691,154	92,897	25.17	18,720	5.07	35	0.38
2	2,435,692	55,840	22.93	8,441	3.47	21	0.38
3	6,522,949	142,473	21.84	21,081	3.23	46	0.32
4	8,777,686	201,764	22.99	33,222	3.78	111	0.55
5	4,002,615	95,968	23.98	18,749	4.68	102	1.06
6	5,585,947	119,994	21.48	22,899	4.10	64	0.53
7	4,774,030	121,572	25.47	20,622	4.32	65	0.53
8	3,109,192	80,828	26.00	13,723	4.41	131	1.62
9	2,573,429	55,322	21.50	7,134	2.77	102	1.84
10	3,683,190	77,579	21.06	11,575	3.14	85	1.10
11	4,720,252	105,524	22.36	15,263	3.23	85	0.81
12	2,170,908	40,860	18.82	5,146	2.37	59	1.44
NCR	8,403,570	212,370	25.27	40,028	4.76	109	0.51
CAR	1,198,728	28,173	23.50	4,234	3.53	24	0.85
ARMM	1,951,598	23,493	12.04	1,004	0.51	156	6.64
TOTAL	63,570,590	1,454,657	22.88	241,841	3.80	1,195	0.82

* Per 1000 Population

** Per 1000 Livebirths

**MORBIDITY, LEADING CAUSES, NUMBER & RATE/100,000 POPULATION
PHILIPPINES
5-YEAR AVERAGE (1987-1991) & 1992**

C A U S E S	5-YEAR AVERAGE (1987-1991)		1 9 9 2	
	NUMBER	RATE	NUMBER	RATE
1. Pneumonia	1900504	3178.41	2762145	4344.85
2. Diarrhea	953466	1594.58	1101411	1732.57
3. Bronchitis	741152	1239.5	609203	958.27
4. Nutritional Deficiency	347429	581.04	537965	846.24
5. Influenza	585947	979.94	477587	751.27
6. Parasitism	119634	200.08	147196	231.54
7. Accidents	62713	104.88	147196	231.54
8. Skin Disease	97243	162.62	127347	200.32
9. Tuberculosis, all forms	169259	283.05	111272	175.03
10. Cardio-Vascular Disease	59737	99.90	49865	78.44

**MORTALITY, LEADING CAUSES, NUMBER & RATE PER 100,00 POPULATION
PHILIPPINES
5-YEAR AVERAGE (1987-1991 & 1992)**

C A U S E S	5-YEAR AVERAGE (1987-1991)		1 9 9 2	
	NUMBER	RATE	NUMBER	RATE
1. Cardio-Vascular Disease	38,386	64	40,892	64
2. Pneumonia	43,462	73	36,811	57.90
3. Tuberculosis, all forms	20,173	34	15,893	25.00
4. Cancer	14,979	25	14,000	22
5. Accidents/Injuries	14,429	24	12,485	20
6. Diarrhea	6,984	12	4,489	7
7. Liver Disease	1,323	2	3,188	5
8. Kidney Disease	1,130	2	2,223	3
9. Cerebro-Vascular Disease	906	2	1,013	2
10. Nutritional Deficiency	914	2	1,006	2

**INFANT MORTALITY, LEADING CAUSES, NUMBER & RATE/
1000 LIVEBIRTHS & PERCENTAGE DISTRIBUTION
PHILIPPINES
5-YEAR AVERAGE (1987-1991) & 1992**

C A U S E S	5-YEAR AVERAGE (1987-1991)		1 9 9 2 % OF INFANT		
	NUMBER	RATE	NUMBER	RATE	PERCENT
1. Pneumonia	11,400	8	9,620	7	34.10
2. Septicemia/Sepsis Neonatorum	2,328	2	2,481	2	8.80
3. Prematurity/Low Birth Weight/Short Gestation	3,192	2	2,257	2	8.00
4. Diarrheal Disease	2,409	2	1,816	1	6.44
5. Congenital Abnormality	1,718	1	1,479	1	5.24
6. Respiratory Distress Syndrome	1,189	1	1,053	1	3.73
7. Asphyxia Neonatorum	954	1	654	0	2.32
8. Cardiovascular Disease	291	0	544	0	1.93
9. Measles602	0	430	0.30	1.52	
10. Neonatal Tetanus	481	0	318	0	1.13

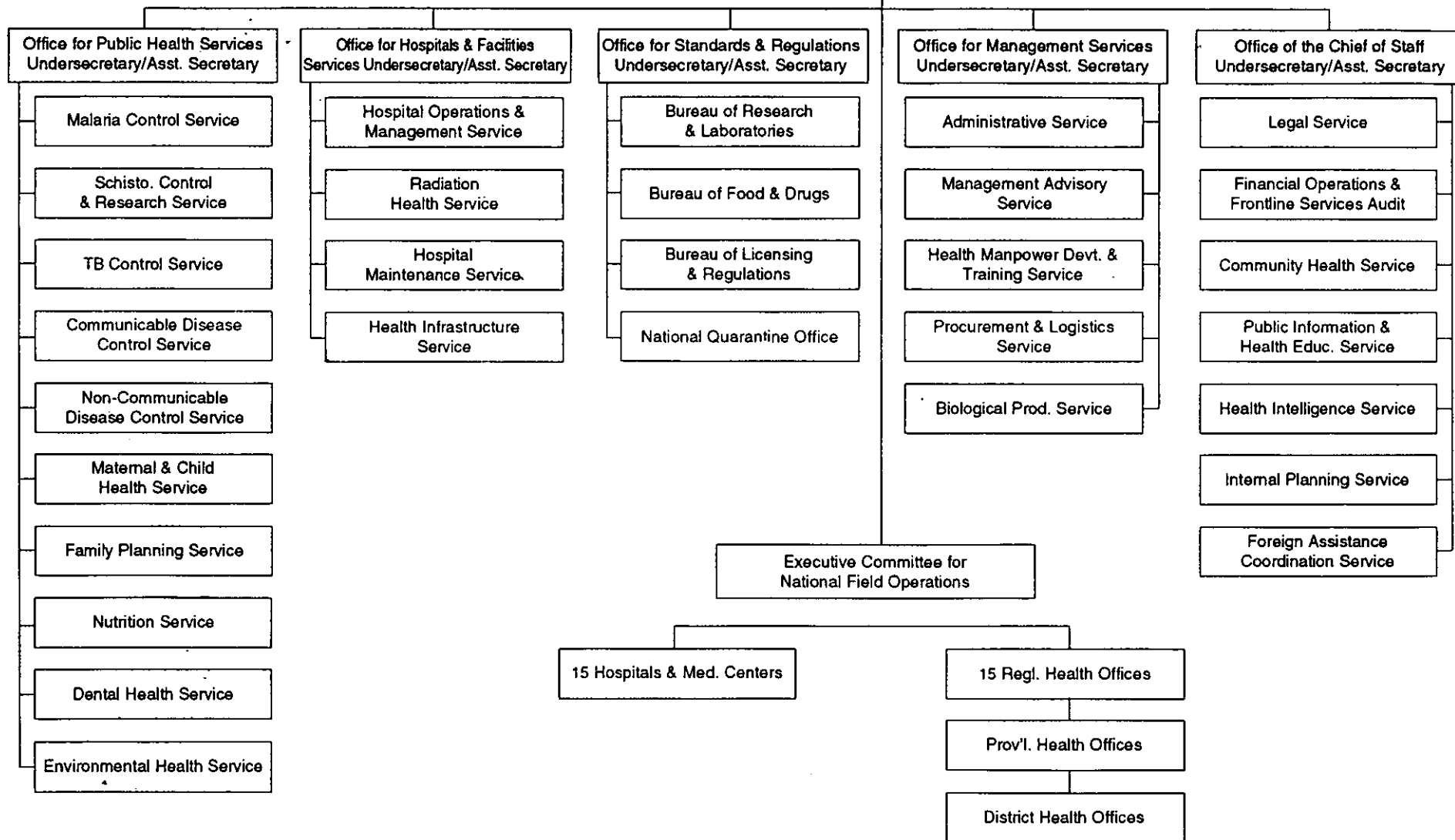
**MATERNAL MORTALITY, LEADING CAUSES, NUMBER & RATE/1000
LIVEBIRTHS & PERCENTAGE DISTRIBUTION
PHILIPPINES
5-YEAR AVERAGE (1987-1991) & 1992**

C A U S E S	5-YEAR AVERAGE (1987-1991)		1 9 9 2		
	NUMBER	RATE	NUMBER	RATE	PERCENT
1. Postpartum Hemorrhage	338	0.24	280	0.19	23.43
2. Placental Retention	116	0.08	111	0.08	0.29
3. Toxemia of Pregnancy	141	0.10	96	0.07	8.03
4. Hypertension	34	0.02	43	0.03	3.60
5. Septicemia	87	0.06	41	0.03	3.43
6. Abortion46	0.03	40	0.03	3.35	

DEPARTMENT OF HEALTH
Reorganized Structure
Per E.O. 119 (1987)

OFFICE OF THE SECRETARY

Phil. Med. Care Commission Dangerous
Drugs Board (Attached Agencies)



DOH-CENTRAL LIBRARY

TEN POLICY STATEMENTS OF THE DEPARTMENT OF HEALTH

- 1. Primary Health Care**
- 2. Promotive and Preventive Health**
- 3. People Empowerment and Participation of the Poor**
- 4. Population Management**
- 5. Peripheral Bias**
- 6. Philippine Medicine**
- 7. Positioning for Performance**
- 8. Partnership with Private Sector and NGOs**
- 9. Pesos for health**
- 10. Peace**

DOH



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