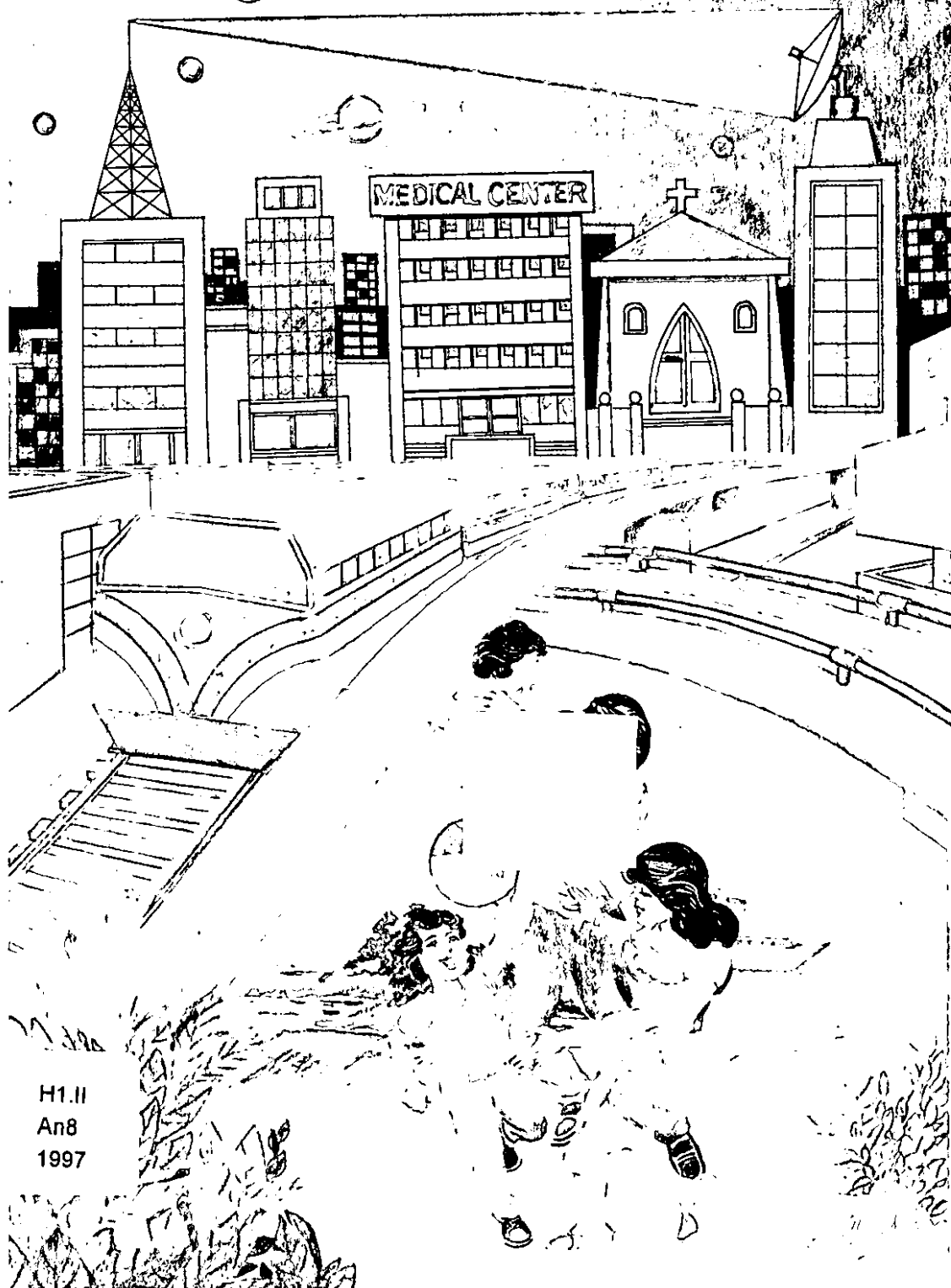
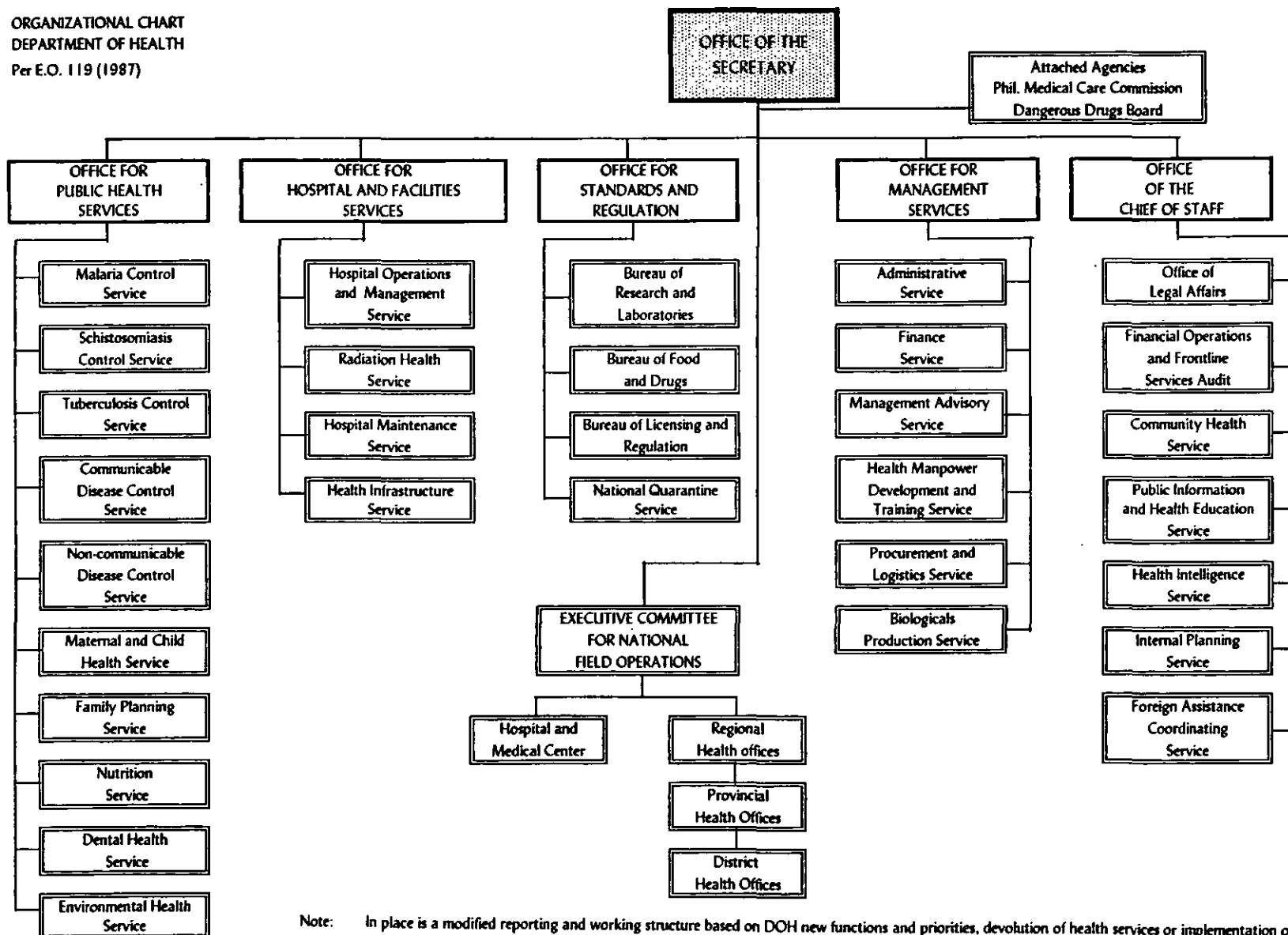


# 1997 DOH ANNUAL REPORT

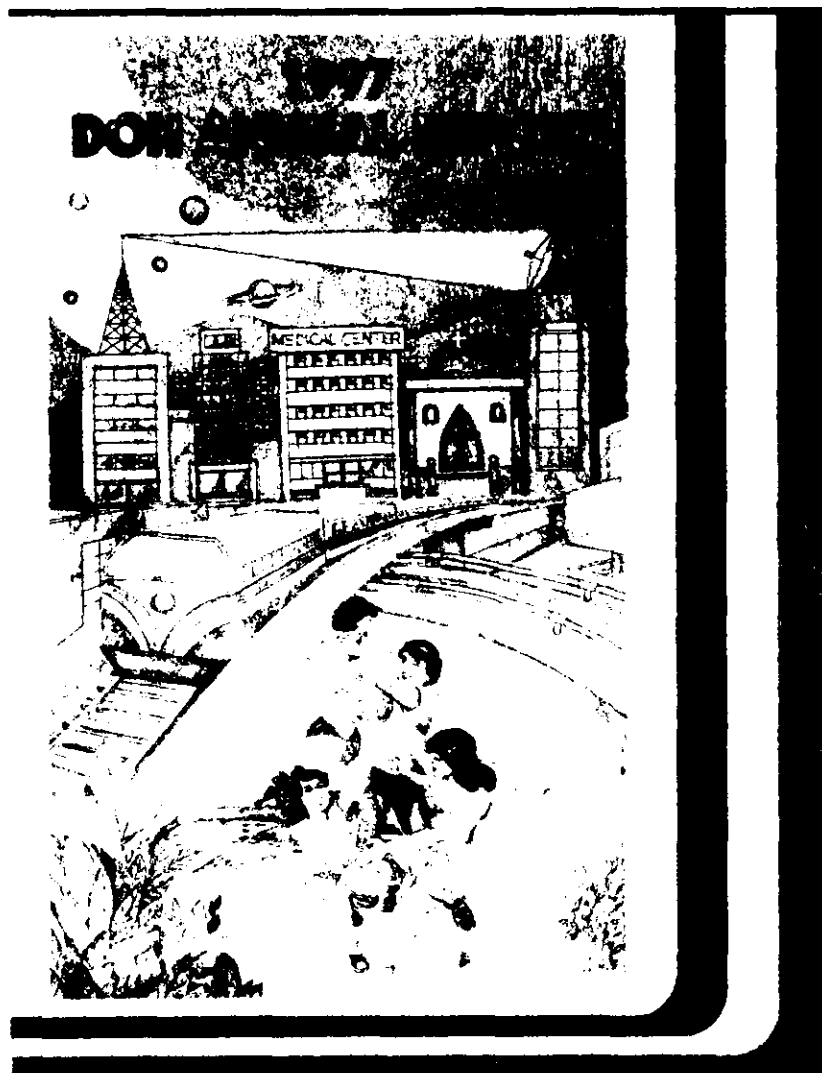


H1.11  
An8  
1997

ORGANIZATIONAL CHART  
DEPARTMENT OF HEALTH  
Per E.O. 119 (1987)



Note: In place is a modified reporting and working structure based on DOH new functions and priorities, devolution of health services or implementation of the Local Government Code of 1991 and Memorandum 27 s. 1992 on the streamlining of Agencies Operations and Organizations. Pertinent DOH Issuances on this : A.O. 16 s. 1993; A.O. 15 s. 1997; D.O. 44 s. 1997. Current reporting or working structure should be obtained from the Office of the Secretary



Future impact of modern technology on the health status of the Filipino family.

Cover Designed By: Alex B. Rocha, Artist, PIHES

DOH



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H1.II An8 1997 / Department of Health annual report 1997

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# M

## essage



In 1997, the Department of Health (DOH) added another exciting chapter to its long and colorful history as a premiere government agency.

What makes this chapter most significant is that it was written by committed and caring men and women who gave their all-blood, sweat and tears-to restore dignity and glory to the DOH and to the noble calling and profession of giving selfless service as public servants and as health workers. It may be a contradiction in terms, but we in the DOH acknowledge our consistent, top rating in the recent Social Weather Reports with combined pride and humility.

For two years now, we in the DOH have been working very hard to put health in the minds of the people, because we have to win the battle in the

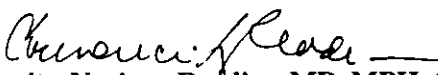
arena of knowledge and attitude before we can win the war for positive health seeking behavior and, ultimately, for improved health and well-being. The desire for good health is born in the mind; it is then realized as people align their behavior to that desire and act on the knowledge that health is ultimately in their hands.

At the same time, we have also put integrity, responsibility, hard work and excellence in the minds of our health workers. We have to believe in what we do and in what we aim for. Then, we have to find the best means to achieve them and to give our best as we work together to make health as a basic human right a reality for all.

Finally, we have endeavored to advocate health investment as a sound government policy and as a priority in the minds of our national leaders and policy makers. The need of the hour is a change in our mindset-from a view of health as an expenditure to a view of health as an investment for sustainable development.

We believe that this accomplishment report gives credence to the principles we work by, and we hope that in the coming years, as we take the turn towards the 21st century, what we have done in 1997 shall serve as building blocks towards the attainment of better health and well-being for all Filipinos.

To our partners in health who have contributed to our accomplishments and to all Filipinos who have served as our inspiration all these years: **MABUHAY!**

  
Carmencita Noriega-Reodica, MD, MPH, CESO I  
Secretary of Health



*Asst. Secretary Nemesio T. Gako*



*Undersecretary Milagros L. Fernandez*



*Asst. Secretary Zenaida O. Ludovice*

## OFFICE OF THE CHIEF OF STAFF

The Office of the Chief of Staff (OCS) is mandated to synchronize the activities of various offices and programs of the DOH to ensure effective delivery of health services. It also provides administrative support and supervision to OCS services, programs and projects; coordinates and collaborates with national and international health and health-related organizations, and links with other government and non-government agencies on matters related to health.

In 1997, OCS managed the many issues and constraints encountered in health development and delivery of health services.



- The OCS with the Internal Planning Service, completed the program and budget utilization review of the four-

teen (14) Regional Health Offices and DOH-retained hospitals. The review of DOH Programs has brought to light the successful implementation of various programs and identified issues that need interventions from the central office.

- OCS facilitated the organization of CARAGA Region and the planning and monitoring of DOH assistance for the Zones of Peace and Development (ZOPAD) in Mindanao.
- It collaborated with the World Bank (WB) representatives in the semi-annual WB Mission to review the implementation of the Urban Health and Nutrition Project (UHNP).
- It also facilitated the launching of the Integrated Community Health Services Project (ICHSP), an Asian Development Bank - AusAID assisted project

In order to fulfill its staff function and supervision over the services and programs under it, OCS did the following:

- It conducted weekly Program Managers' meeting, chaired by the Undersecretary of Health. These meet-

ings served as avenues for policy development, regular program updating, feedback on major resolutions of EXECOM meetings and discussion of issues concerning program implementation.

- It organized its Screening and Selection Board which evaluated qualified applicants and facilitated the prompt filling up of twenty five (25) vacant positions of various services under this Office.
- It facilitated the approval of fifteen (15) major policies, and systematized its procedures for review of documents for prompt action of the Undersecretary and the Assistant Secretary.

Major policies developed by various services and programs under OCS:

- 1) Administrative Order 341, Implementing the Philippine Health Promotion Program through Healthy Places - approved by His Excellency (HE) President Fidel V. Ramos on June 11, 1997.
- 2) The following A.O. by the Honorable Carmencita Noriega Reodica:
  - \* Guidelines on Foreign Fellowship in the DOH
  - \* Guidelines on Utilization and Reporting of Regional PHC funds as provided by the 1997 General Appropriations Act
  - \* Guidelines on Kabataan 2000 - Health Outreach Program for 1997
  - \* Operational Guidelines of the Doctors to the Barrios Program
  - \* Guidelines on Establishing Botika ng Barangay
  - \* Guidelines on Utilization and Reporting of the Poverty Alleviation Fund II
  - \* Guidelines on Innovative Health Science

Education Partnership Program (IHSEPP)

- \* Guidelines on Integrated Training Program in the DOH
- \* Guidelines on the Preparation, Monitoring and Reporting of the Comprehensive Health Care Agreement (CHCA)
- \* Guidelines on Integrated Program Monitoring System in the DOH
- \* Guidelines on Utilization and Reporting for Cost of Devolved Function (CODEF)

## **FOREIGN ASSISTANCE COORDINATION SERVICE (FACS)**

The mandate of the service is to provide staff services related to the development, coordination, monitoring, reporting and assessment of foreign assisted projects of the DOH. In 1997, FACS conducted the 1st Consultative Seminar Workshop for Program Managers of Foreign Assisted Projects (FAPS) to improve the performance and management of FAPS in the DOH, to effectively and efficiently assist program manager access donor agencies in the DOH, and to establish proper coordination of donors, program managers and FACS regarding FAPs concerns.





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In 1997, FACS coordinated and processed eight hundred eleven (811) fellowships and other foreign travels, sixteen (16) medical missions and seventy seven (77) foreign donations. It established and continuously updated its database of FAPs, fellowships, foreign travels, medical mission, foreign donations and WHO country budget releases. FACS actively participated in the NEDA-Project Performance Management System (PPMS) ADB and NEDA-Capacity Building for Development Assistance & Result Monitoring (CBDARM) WB on the monitoring and evaluation schemes for the improvement of the implementation of FAPs.

#### **FINANCIAL OPERATIONS AND FRONT-LINE SERVICES AUDIT (FOFLSA)**

FOFLSA is mandated to provide assistance to Managers of the DOH in managing and utilizing resources available to the agency in accordance with laws and regulations. This includes recommending safeguards against loss and wastage to ensure efficiency, economy and effectiveness in its operations.

FOFLSA has audited twenty eight (28) agencies and offices: nine (9) OCS services, four (4) Regional Health Offices, six (6) Regional/Medical Centers, five (5) Sanitaria and one (1) each of the Herbal Pharmaceutical Processing Plant, Bureau, Schistosomiasis Hospital and public hospital. FOFLSA has conducted five (5) fact-finding investigations of complaints or reported improper utilization of government resources, evaluated or validated thirteen (13) procurement moni-

toring reports and fifteen (15) agency progress reports as a follow-up of audit recommendations.

This purposive revitalization of the internal control system has prevented the commission of fraud or irregularity and increased efficiency in financial and custodial operations, resulting in less problems with post audit of the personnel or agencies in the DOH, and in more judicious use of government resources.

#### **HEALTH INTELLIGENCE SERVICE (HIS)**

The mandate of HIS is to provide services related to the formulation of disease intelligence, assessment of the state of health of the country and the development and maintenance of effective and comprehensive health information systems to support planning and implementation of health programs (E.O. 119, s. 1987).

In 1997, HIS in collaboration with the local government of Makati City, initiated the development of City Health Management Information System - a computer-based prototype system which includes FHSIS, logistics and other information requirements at the clinic level. It is an interactive computer program support for patient care. Preventive and curative services are integrated into one system.

HIS also spearheaded the development of the Hospital Data Retrieval System that aims to improve and supplement data pertaining to vital statistics, disease morbidity and mortality and public health program accomplishments. This

health information system was designed and pilot tested in Valenzuela District Hospital.

HIS provided technical assistance and logistic support to the various Local Government Units on the modified FHSIS which included trouble shooting of FHSIS application software. It has also conducted the following: a) Survey on current health concerns and issues; b) training on the International classification of Diseases (ICD) version 10 for RHO-based medical records officers and statisticians; and c) training on data utilization in Region 5.

HIS published and disseminated health information materials : 1,600 copies of the 1993 Philippine Health Statistics, 200 copies of 1996 Field Health Service Statistics and 1 issue of HIS Updates. Also strengthened its collaboration with the National Statistics Office on the 1998 National Demographic Survey. HIS is also an active member of the National Statistics Coordination Board.

#### **OFFICE FOR LEGAL AFFAIRS (OLA)**

OLA is mandated to act as counsel of the DOH and to render legal opinion on issues confronted by the agency.

For the year in review, OLA reviewed a total of eight hundred thirty-three (833) contracts involving the DOH. It rendered one hundred eighty-two (182) legal opinions on varied issues and handled one hundred (100) cases for the Department.

#### **COMMUNITY HEALTH SERVICE (CHS)**

CHS is mandated to provide services related to formulating plans and programs for coordinating with non-government organisations, people's organisations, the local government units and the communities in health and related activities, projects and programs.

For 1997, CHS activities and program accomplishments are as follows:

##### **a) DOCTORS TO THE BARRIOS PROGRAM (DTTB)**

The DTTB aims to provide accessible quality health care in doctorless communities. The program recruited and deployed thirty six (36) physicians for doctorless 5th and 6th class municipalities. It organized training courses and seminars attended by 219 current and graduate volunteer doctors to upgrade their technical skills while doctors em-



ployed by the local government units were given scholarship grants. The program provided drugs and medicines in areas and rural health units where the DTTB doctors were assigned.

## **b) PRIMARY HEALTH CARE (PHC)**

The thrust of the Primary Health Care approach is the development and adoption of strategies for the enhancement of people-centered programs on community health and development both in the public and private sectors.

Through the PHC fund facility, the following activities were accomplished:

- Technical and financial assistance to barangay health workers (BHWs), such as, conduct of the 4th National Barangay Health Workers Convention which was attended by 422 BHWs and BHW coordinators; provision of P1.5 M to various hospitals in Metro Manila to support medical needs of BHWs and their dependents and, the formulation of Guidelines on the Management and Utilization of the Subsistence Allowance for BHWs;
- Provision of funds to projects aimed at the efficient management, advocacy for the implementation of PHC strategies namely, Botica ng Barangay, training of community volunteer health workers and health development activities in 48 communities in SRA (Social Reform Agenda) provinces;
- Accreditation to participate in health service delivery and community development activities was granted to six (6) private sector organizations and referral of three (3) applications to regional offices;
- Review of the Partnership for Community Health Development (PCHD) program;
- Documentation and dissemination of community-based health financing scheme in Bukidnon and Misamis Oriental and;



- Implementation of the President's Youth Work Program which was participated in by 360 in-school and out-of-school youths.

## **c) INDIGENOUS PEOPLE'S HEALTH PROGRAM**

LGU, NGO and DOH are collaborating for the implementation of the community development projects for the indigenous people's communities. This program is implemented in ten (10) areas of the following SRA provinces, namely, Benguet, Mt. Province, Mindoro Oriental, Mindoro Occidental, Antique, Bukidnon, Misamis Oriental, Misamis Occidental, Davao del Norte and Davao del Sur.

Financial support were provided to health projects in nineteen (19) indigenous people's communities in order to increase access to resources for community health development projects.

## **d) POVERTY ALLEVIATION PROGRAM (SRA Support Fund Facility)**

CHS managed the Poverty Alleviation Fund (PAF) I and II funding facilities. Through the PAF, DOH was able to hire and deploy 1,001 health workers - rural health

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physicians, nurses, dentists, medical technologists and pharmacists in 5th and 6th class municipalities.

The department also provided P285 M for the procurement of drugs and medicines, medical-surgical supplies and equipment and the repair of health centers and government vehicles, procurement of hospital equipment, construction of new health centers and installation of water supply systems.



The PAF was able to provide funding for the provision of representation and transportation allowance and medico-legal allowance (Magna Carta for Public Health Workers benefits) to Municipal Health Officers and to health workers in the LGUs.

## **HEALTH MANPOWER DEVELOPMENT AND TRAINING SERVICE (HMDTS)**

The mandate of HMDTS is to ensure the adequate supply of qualified, competent, committed and empowered health workers to effectively and efficiently manage and deliver quality, relevant and appropriate health and health related services at all levels.

For 1997, the following are the accomplishments of HMDTS:

### **a) Health Human Resource**

#### **1) Innovative Health Science Education Partnership Program (IHSEPP)**

HMDTS supported one hundred eighty seven (187) scholars of the community-based, step-ladder training program in five (5) schools nationwide. HMDTS also spearheaded the review and revision of the policies and guidelines on IHSEPP. In line with this program, the department conducted two (2) faculty development workshop, one (1) consultative workshop, one (1) advocacy conference and two(2) Council meetings.

#### **2) Affiliation Program**

HMDTS processed and approved three hundred fifty seven (357) affiliation contracts of colleges and universities with the different training facilities of the DOH. It also developed and finalized the guidelines and protocols for accreditation of hospital training programs on affiliation for eleven (11) health disciplines.

### **b) Health Human Resource Training and Development**

HMDTS conducted training and development activities for the continuing education of the health workers. The fellowship program assisted different categories of health personnel to sixty five (65) foreign and local fellowships. HMDTS conducted nine (9) in-house training

courses. As the focal point for the Women's Health Training Program, it conducted four (4) AusAID and two (2) World Bank coordination workshops and developed and processed an integrated curriculum on Women's Health in coordination with the AusAID advisers.

### **c) Hospital Health Human Resource Development**

HMDTS coordinated the 6 month in-service training and residency of medical personnel of LGU's training program. HMDTS established and maintained an organization of Chief of Training Officers in DOH Retained Hospitals to assist them in maintaining the quality of hospital training programs for medical personnel. HMDTS also collaborated and coordinated with private specialty societies in order to tap their expertise in strengthening the medical training programs in DOH retained hospitals.

### **d) Organizational Development**

HMDTS conducted organizational diagnosis, designed and implemented team building programs for the Office of Special Concerns, Family Planning Service, Dental Health Service, AIDS Unit and the Health Intelligence Service.

### **e) Technical Assistance**

HMDTS provided technical services to the different offices on training and development activities. It has facilitated the placement of resident physicians in the LGU hospitals, 279 applicants for the Exchange Visitors Program and ac-



commodated 74 third country trainees from 16 countries as WHO fellows. HMDTS also facilitated the psychometric evaluation of 191 applicants from various DOH services in support of the screening and selection process of the different Offices in DOH.

In support to the continuing education and professional needs of health workers through the Accreditation Program for Continuing Education Units, HMDTS facilitated the PRC accreditation of thirty five (35) training courses conducted by various DOH offices.

The DOH Library which is managed by HMDTS acquired HERDIN in CD to facilitate the information needs of the Department. The library served seven thousand two hundred (7200) researchers and students.

### **f) Policy Formulation, Standards Setting and Research**

A.O. 31, s. 1997 - *Implementing Rules and Regulation for the Integration of Training Programs of the DOH* was formulated and disseminated in order to improve the quality program in the DOH.

HMDTS as the Technical Secretariat of the National Management Health Workers Consultative Council provided technical and administrative support for the Inter-agency Health Hazard Evaluation Committee and accreditation of sixteen (16) health and health-related agencies for the Magna Carta for Public Health Workers. It also conducted fifty six (56) intra and inter-agency/office/service consultative meetings relative to concern issue on the Magna Carta for Public Health Workers .

### **INTERNAL PLANNING SERVICE (IPS)**

The IPS is mandated to provide the DOH with necessary services related to planning, programming and project development.

In 1997, IPS pushed for the adoption of a systematic and uniform planning scheme for DOH projects, programs, services, bureaus and offices. This allowed for the timely completion of the 1998 work and financial plans and the 1999 operational plan and budget proposals required of the DOH central and regional offices.

Likewise, IPS established the mechanism for coordination of health investment planning in the DOH and the implementation of the 10-Year Public Investment Plan for the Health Sector. The long-term National Health Plan, on the other hand, was disseminated (in print and video) in order to serve as guide for DOH, LGUs and their partners in planning for health. Another accomplishment was the co-



ordination and documentation work which made the Integrated Monitoring System an official management strategy of the DOH .

Proposals were also made for the institutional strengthening of the major DOH functions of planning, programming, budgeting and monitoring. Other plans crafted by the IPS in 1997 are the updated Medium-Term Development Plan, the pole vaulting strategies for the health sector and the 3-year development plan for the Zones of Peace and Development (ZOPAD).

IPS pursued the conduct of Performance and Budget Reviews in order to provide management with the information on issues, areas needing support and future directions of the major programs and projects of the DOH. IPS also facilitated the review of 2 foreign-assisted projects: Human Resource Information System and Modernization of DOH Herbal Production Center.

Coordination for the preparation, production and distribution of 3,000 copies of the 1996 Department of Health Annual Report was also accomplished by IPS.

## **PUBLIC INFORMATION AND HEALTH EDUCATION SERVICE (PIHES)**

PIHES is mandated to provide leadership in health promotion activities, social mobilization and advocacy initiatives of the different health programs of the DOH.

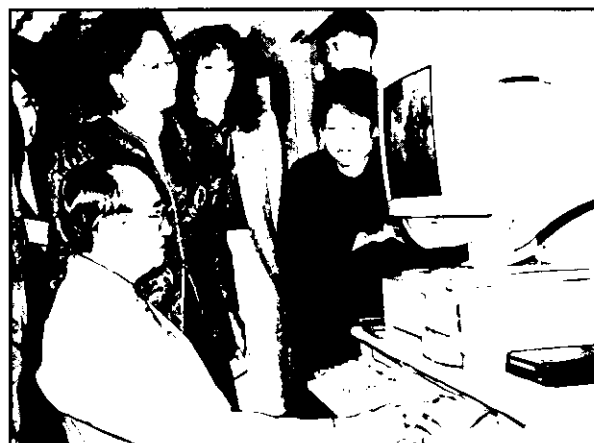
The Philippine Health Promotion Program of the PIHES marked a milestone when HE President Fidel V. Ramos signed Administrative Order No. 341, Implementing the Philippine Health Promotion Program (PHPP) through Healthy Places on June 11, 1997. PIHES headed the creation of the national and regional inter-agency committees that will implement the PHPP in the regions, provinces, municipalities and barangays. It also conducted sub-national workshops on PHPP planning

In collaboration with WHO Western Pacific Regional Office, PIHES conducted advocacy conferences with private corporations for the establishment of healthy workplace among fifteen (15) major industries and corporations.

PIHES provided technical services for the formulation of the National PIHES plan, media plans of fourteen (14) major DOH programs, social mobilization and communication plans for dengue control, family planning, AIDS/HIV, "*Araw ng Sangkap Pinoy*", *Knock-Out-Polio* and "*Tubig, Kubeta Oresol : Kontral Kolera*".

PIHES conducted training workshops on Dealing with the Media and Basic Technical Writing for the information officers and PROs of the regional health offices.

PIHES established the Multi Media Centre for Excellence (MMCE) through the support of World Bank. This one-of-its-kind facility has furnished MMCE with rooms and multimedia equipment that will enable the DOH to develop, produce and distribute state-of-the-art IECs. The MMCE was inaugurated by HE President Fidel V. Ramos in December 1997.



PIHES developed, produced and distributed IEC materials and audio-visual productions to highlight DOH programs and inform the general public on common seasonal diseases.

### **IEC MATERIALS DEVELOPED, PRODUCED AND DISTRIBUTED BY PIHES**

Family Health Guide Manual	-	4,500 copies
Household Teaching Manual	-	20,000 copies
PHPP Manual	-	14,900 copies
HealthBeat Magazine	-	30,000 copies
Health Advisories	-	187,500 copies
1997 Wall Calendars	-	50,000 copies
1997 Desk Calendars	-	20,000 copies
30-second Radio & TV Ad	-	12 kinds (DOH Programs)
MTVs	-	6 kinds
Health Advisory TV Ads	-	2 kinds
Documentaries	-	6 kinds

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## **ESSENTIAL NATIONAL HEALTH RESEARCH PROGRAM (ENHR)**

ENHR aims to direct, coordinate, support and sustain health research activity such that an environment conducive to research and scientific decision-making is created within the health sector.

In 1997, the 6th year of the *Tuklas Lunas Week* was celebrated through the organization of research fora and distribution of advocacy and promotional materials. ENHR hosted fourteen (14) research fora in all.

ENHR trained 355 research and development coordinators of the central and regional offices of the DOH on basic research methodology, project development, data analysis and proposal writing.

The Program also created a multidisciplinary and multisectoral technical review panel for research proposal and subsidized thirty-seven (37) research projects in various institution and NGOs. A National Consultative Meeting for the Formulation of Priority Research Agenda for Marginalized People and Communities was hosted for ENHR to keep in step with DOH priorities.

Four (4) issues of the ENHR Executive Briefs and Newsletter were published and contributions were made to the June 1997 issue of Council on Health Research for Development (COHRED)-"ENHR and Priority Setting: Lessons Learned" and to the COHRED Monograph entitled, *ENHR Experiences in Se-*

*lected Countries* the article ENHR in the Philippines: The First Five Years.

## **LOCAL GOVERNMENT ASSISTANCE AND MONITORING SERVICE (LGAMS)**

LGAMS was established in the DOH to ensure the smooth transfer of authority and resources to LGUs, that service delivery capabilities are maintained and service delivery models are planned, tested and evaluated and that LGUs acquire and maintain capacity to finance and direct health service delivery in cooperation with other health service providers and to ensure that DOH acquires and maintains the capacity and status for policy and technical direction towards efficient and equitable health system.

In 1997, LGAMS has coordinated the preparation, approval and implementation of the P1.2 B DOH assistance into the Comprehensive Health Care Agreements (CHCAs) with the LGUs for the year. It also completed the orientation for LGAMS coordinator on the CHCA Monitoring in five (5) Regional Health Offices .

For resource management, LGAMS has coordinated the training on Advanced Management Training Course on Decentralized Health System attended by ninety (90) personnel and facilitated the training of fifty (50) DOH representatives on Resolution Drafting in cooperation with DLLO. LGAMS send four (4) personnel - 1 central office and 3 regional health offices for foreign fellowships to enhance their competencies in working for devolution.





LGAMS spearheaded the 3rd National Health Assembly in coordination with the League of Municipalities of the Philippines and facilitated the conduct of the 1st National DOH Representatives Convention. LGAMS also participated in the DOH-DILG Award for Outstanding Local Health Board.

It strengthened its coordination with the Hospital Operations & Management Service in the implementation of the Hospitals as Centers of Wellness Program in devolved hospitals and facilities.

LGAMS continued to respond to requests from LGUs regarding issues and concerns on health care delivery in the devolved set-up and Magna Carta benefits of devolved health workers.

LGAMS produced and disseminated five (5) issues of Devolution Bulletin. It also documented and awarded eleven (11) outstanding projects on Inter-LGU Cooperation for Health.

LGAMS supported and facilitated two (2) health devolution related studies namely - *Time and Motion Study on the Functions and Activities of DOH Representatives in Region VII* and *Structures,*

*Processes, Outcomes of Decision Making in Health Care - Local Mechanisms in the Philippine Post Devolution.* It conducted a case study on Outstanding Local Health Boards to establish the determinants of effective LHBs.

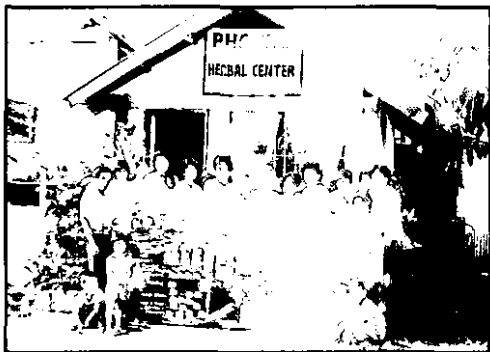
### **FAMILY HEALTH MANAGEMENT BY AND FOR URBAN POOR SETTLERS (FAMUS)**

FAMUS is a bilateral cooperation project between the DOH and GTZ. It aims to provide services related to the improvement of the health of the urban poor, in particular the women, children and adolescents.

In 1997, the FAMUS Pharmacy provided essential drugs and medicines through sustainable community management strategies. It procured affordable drugs for community organisations, and the urban poor, and promoted healthy behavior and community organization. To date, there are 20 FAMUS Pharmacies existing in the provinces of Cavite, Quezon and Agusan del Norte. A special feature of the "FAMUScy" is the socialized pricing scheme. It promotes principal risk sharing between the poor and the better off - thus, at the FAMUScy, the indigents and the poor buy drugs at a very low price and the better off drugs at a price lower than the prevailing market price.

The Program developed the Means Test as a tool for identifying who are the poor in the community. The Means Test classifies the households as indi-

gent, poor and better off based on important variables significantly associated with the minimum basic needs for survival of a family. This survey is administered by trained community health workers.



Training modules on family health management of Anemia and Allergy were developed through the HAMIS Academy. These training modules are now being used by the local project management staff in training volunteer health workers and community members in the FAMUS project sites.

FAMUS was able to establish strong linkage with the Federation of HAMIS Winners. It has also developed activity modules as part of the social mobilization activities in the FAMUS project sites namely : *Kalusugan sa Barrio* : promoting family and community participation through a Healthy Barrio Fiesta, *Larong Pinoy*: promoting family and community participation in indigenous Filipino games and sports, *Sabado Nights at the Movies*: influencing the development of healthy social values through showing of art films: *Young Heart Movement* channeling the energy and vitality of the youth through creative and participatory activities towards developing

productive lifestyles, and *WHEN's Day Movement* (Women for Health Environment and National Development): herbal medicine, food from edible waste and arts-and-crafts for women.

### HEALTH MANAGEMENT AND INFORMATION SYSTEM (HAMIS)

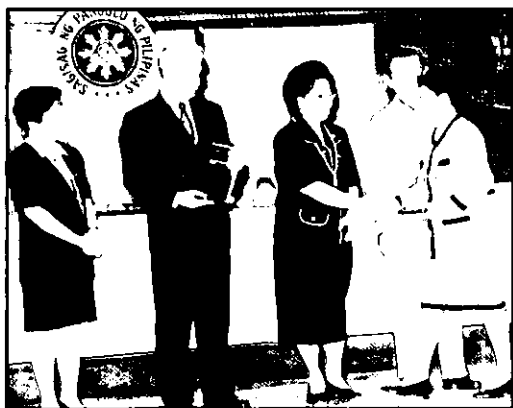
HAMIS is mandated to develop measures so that information and knowledge are utilized for a more efficient, effective and equity-oriented health management system.

In 1997, HAMIS continued to develop and implement the Regional Information Centre for Health (RICH) as a model for integrating health statistics retrieval at the Regional Health Office. It is implemented in seven (7) provinces in Regions X and Caraga.

The project organized the Quality Assurance Conference in 1997 in order to promote quality assurance in both public health and hospital programs for both the DOH retained and devolved health facilities.

The project pursued the development and operation of both public health and hospital information system to improve the efficiency and effectiveness of health administration through the use of the HAMIS tools. The HAMIS tools have been installed in eighty eight (88) sites in 16 regions nationwide.

To continuously discover and expand the innovative health management initiatives, HAMIS launched the 3rd HAMIS Contest in 1997 which has awarded one hundred sixty (160) organisations for their innovative management strategies.



### TRADITIONAL MEDICINE UNIT (TMU)

The mandate of TMU is to develop, establish and utilize traditional medicine in the Philippine health care delivery system as one strategy for achieving *Health for All*.

In 1997, TMU conducted workshops to draft and finalize the policy and guidelines on the Operations of the Herbal Processing Plants.

TMU coordinated the sub-national training on Acupuncture and Tuina, a form of therapy combining acupressure and therapeutic massage, of more than two hundred (200) government physicians, nurses, midwives, health educators and health workers. It also facilitated the establishment of Traditional Clinics in several regions, provinces and

municipalities. The tradmed clinics provide acupuncture and acupressure services, herbal medicine promotion and prescription and pranic healing. The DOH MEDI clinic has piloted the integrated (western and traditional) healing modalities.

The TMU, through BFAD, facilitated the licensing and full operation of the Tuguegarao and Davao Herbal Processing Plants (HPPs).

TMU commissioned the academe and NGOs to conduct research on traditional and alternative medicine among the different ethnic groups in Northern Luzon and Palawan.

The biggest accomplishment of TMU for this period is the passage of Republic Act 8423, "*An Act Creating the Philippine Institute of Traditional and Alternative Health Care*" on December 8, 1997 by Pres.. Fidel V. Ramos.



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## **NATIONAL MENTAL HEALTH PROGRAM (NMHP)**

The NMHP is a special program under the Office of the Chief of Staff whose objectives are to make mental health an integral part of the nation's health system, and make quality mental health care services available, accessible, affordable, and equitable to the Filipinos especially the poor, underserved and high risk population.

In 1997, NMHP has facilitated the opening of one (1) Acute Psychiatric Unit in a DOH retained hospital. In terms of policy development, NMHP has drafted the Mental Health Bill and pushed for the creation of the Philippine Council for Mental Health, an advisory body on mental health. It has also drafted the Rules and Regulations governing the Regulation, Licensing and Operation of Mental Health Facilities.

NMHP provided assistance to LGUs by training a total of one hundred sixty three (163) health personnel on Stress Management and Work Enhancement. It has facilitated the integration of mental health to the Doctors to the Barrio Program. It has provided direct psychosocial care services to victims of armed conflict in North Cotabato and facilitated the training on psychosocial care in disaster management among the personnel of PNRC (Cagayan de Oro, Iloilo and Cebu chapters), Holy Angels Seminary, Northern Mindanao Medical Centre, Disaster Management Unit and Ilocos Regional Hospital.

NMHP also facilitated stress management training workshops and work enhancement in eighteen (18) private agencies and non-government organisations. Internal to the DOH, it has facilitated thirty five (35) stress management and team building sessions among the different DOH retained hospitals/medical centers, services and programs. These workshops have improved the productivity of the workforce and enhanced the team work among the personnel.

NMHP spearheaded the nationwide activities of the Lusog Isip '97 celebration. All Regional Health Offices, 20 DOH retained hospitals and the DOH Central Office launched simultaneous advocacy activities in observance of Mental Health Week to highlight the importance of mental well-being.





Asst. Secretary Melahi Pons

## OFFICE FOR MANAGEMENT SERVICES



Undersecretary Teresita Dela Cruz

The Office for Management Services (OMS) provides : a) supervision and control service over its five (5) services and units, b) internal management and coordination services; and c) support services to the office of the Secretary of Health.

### OFFICE FOR MANAGEMENT SERVICES- PROPER (OMS-PROPER)

- Maintained regular coordination and liaison work with the Department of Budget and Management (DBM), Government Service Insurance System, Commission on Audit (COA), Office of the President, and other fiscal and oversight agencies.
- Facilitated the conduct of National Staff Meetings, EXECOM, policy development processes, re-engineering workshops, initial implementation of Integrated Community Health Services Project, revision of the Implementing Rules and Regulation of Magna Carta of Public Health Workers, design and initial pilot-testing of Integrated Monitoring Checklist and Forms, 1997 Performance Commitments, Ulat sa Bayan, and 1998 DOH Budget Proposal.
- Provided coordination and control of the implementation of the annual lump - sum budget for capital outlays and remaining 1996 Congressional Initiatives.

- Prepared guidelines on the processing, implementation, and monitoring of Congressional Initiatives.
- Prepared research reports on: a) Comparative Study on the Different Government Procurement and Distribution Systems for Health in the Philippines, Singapore, Malaysia, Japan and Thailand; and, b) An Analysis of 1996 DOH Financial Reports.

### PROCUREMENT AND LOGISTICS SERVICE (PLS)

The PLS is mandated to undertake the central procurement of health care products and supplies needed by the Department of Health and its operating units for the different programs and activities, and ensure the proper, adequate and timely flow of these products and supplies to the offices concerned.

### Highlights of Accomplishment

- Conducted several seminars and workshops on Modified Procurement System (MPS)
- Assisted PBACs on bidding activities
- Performed regular procurement activities and actively supported special DOH projects like Araw Ng Sangkap Pinoy, Cancer Control, FAP, Blindness Prevention, Cardiovascular Disease Prevention and many others in the provision of supplies, drugs and IEC materials.

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- Training of employees on the following: Basic Research Methodology, Accounting and Auditing Requirements for Government Expenditures, Research and Archives Management, Public Bidding, Effective Administration and Management, Team Building, Values Orientation and Training for Government Supply Officers
- Support to other on-going programs of DOH by making available their supply and material needs.

### **MANAGEMENT ADVISORY SERVICE (MAS)**

*The mandate of MAS is to provide support to the internal control and management systems including establishment of management information systems and use of modern technology to aid institutional decision-making. MAS channelled its efforts to improve critical processes in the DOH operations and continued activities on computer-based systems development and information technology (IT) planning, procurement, training and maintenance.*

Among the achievements of MAS this year are:

- Logistics management - Revision of the Administrative Order (AO) No. 35 s. 1996, popularly known as the Modified Procurement System (MPS); formulation of a draft AO for a regional MPS with PLS and the regional health offices; establishment of data library of goods other than drugs for hospitals; enhancement of computer-based systems on price monitoring, annual procurement plan, supplies inventory, fixed assets, suppliers accreditation and vehicles inventory; and installation of these systems in Regional Health Offices 6, 7, 10 & 11
- Personnel Information System - Enhanced existing version using relational database management software
- Financial Management - conducted further training and testing of the Financial Management Information System (FMIS) with the Finance Service and TLRC
- Tested and built-up data library of version 2 of hospital-based facilities licensing system
- Published the 1997 DOH and local health agency and official directory and the 1996 field health unit directory; installed barangay health workers registry in the Community Health Service and in 77 computers for shipping to the provinces; provided technical support in the design and testing of data collection form for the national registry of the disabled; built-up database of experts and partners for AIDS Monitoring System;
- Converted 3 million documents to digital format for document archiving system;
- Administered and maintained existing local area network (LAN); configured servers, assigned host name/IP addresses for workstations for Internet and Intranet access; installed and maintained a PABX call accounting system;
- Repaired 376 computers and peripherals, conducted computer inventory; provided clearance or approval of 56 request for IT procurement; finalized specification and conducted technical evaluation and acceptance of 260 computers and peripherals;

- Produced information technology training
- Updated MIS standards and developed new standard programming routine.

## **HEALTH POLICY DEVELOPMENT STAFF (HPDS)**

The HPDS serves as the focal unit within the Department of Health for sectoral policy development and health care financing.

- Provided administrative support to the Executive Committee in its weekly meetings
- Designated Policy and Legislative Coordinators (PLCs) in each Service/unit who served as technical resource in policy review
- Established working mechanism with the National Economic Development Authority - Social Development Committee for inter-agency policy development work.
- Organized Policy Fora on two major sectoral issues - Privatization and Women's Issues with participants from various sectors e.g. academe, hospital, and private groups.
- Institutionalized the Policy Review Desk. Ninety percent (90%) of all policy issuances emanating from the Office of the Secretary were reviewed in coordination with the technical staff from various services and units
- Conducted technical courses such as Policy Appreciation Courses, Technical Writing for Advocacy for specific target clients (top management and staff involved in various levels of policy-making)
- Maintained and updated the computer-based Health Policy Database and a library of health care financing researches; and

- Disseminated health care financing research results through publications, press releases and conduct of round-table discussions.

## **ADMINISTRATIVE SERVICE (AS)**

The AS is one of the major support service providers within the Department of Health with the most diversity, as far as function is concerned. Through its three (3) divisions: Personnel, General Services, and Medical Examination and Department Infirmary, a wide array of services are provided, catering not only to the Department's units and employees, but likewise to other government agencies, non-government and professional organizations, the academic community and in certain instances, the general public.

Noteworthy achievements in CY 1997 include:

- Celebration of Employee Recognition Day during the Civil Service Week
- Processing of 7,778 personnel appointments, 18,104 leave applications, 4,048 service records, and 703 separation from the government service
- Completion of 940 repair jobs, as part of routine facilities maintenance, 214 carpentry works, 365 on the electrical systems and 161 on plumbing and sewerage; performance of 203 repair jobs on various office equipment
- Major preventive and corrective maintenance work done on official vehicles, numbering 214 and 365 respectively, and minor repairs jobs reaching 341
- Circulation of administrative issuances and delivery of communication and

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documents through the mailing and messengerial systems accounted

- Maintenance of peace and order and control of pedestrian and vehicular traffic
- Transmittal of 11,043 and receipt of 7,763 messages through the radio system
- Hosting of 196 function at the Convention Hall
- Performance of 23,944 medical examinations
- Carrying-out of various laboratory examinations comprising 3,924 urinalyses, 3,970 fecalyses, 6,926 hematological tests, 1,218 RPR tests and 11,168 immuno-hematology
- Radiological exams numbering 4,638
- Case identification for malaria registered at 135, while immunization services were provided to 10,696 clients
- Electro-cardiogram tests accounted at 1,522
- Provision of HIV counselling service

## **FINANCE SERVICE (FS)**

The FS which consists of Accounting and Budget Divisions is primarily involved in the management of the DOH's financial resources including foreign-assisted projects. Specifically, its missions are:

- to safeguard the financial resources of the DOH through judicious utilization of government funds
- to prepare and submit timely and accurate financial reports to management and other higher authorities, and
- to assess and evaluate program effectiveness based on Work and Financial Plan

## **Highlights of Accomplishments :**

- Provided monthly statement of balances of allotments to all Services/Programs/Projects for effective monitoring of funds
- Prepared and submitted monthly, quarterly, and year-end reports to COA, DBM, House of Representatives, and Senate
- Provided technical and management assistance to various Services/Programs and Project Management Offices (PMOs) for Foreign-Assisted Projects on utilization of their fund release, and other financial reports
- Conducted reconciliation workshops with RHOs, special hospitals, medical centers, and sanitarium for all sub-allotted funds in preparations for closing of the books of accounts
- Prepared financial status reports as inputs to FY 1999 budget proposals, FY 1998 budget estimates of various functions, projects, and activities of DOH, and FY 1997 Agency Budget Matrix and Financial Plan of various offices and units of DOH
- Prepared and regularly submitted to DBM the Summary List of Checks issued (SLCI) to assure continued availability of cash
- Partially implemented the Financial Management Information System (FMIS) as an innovation through the assistance of Technology and Livelihood Resource Center (TLRC) which is expected to speed up the flow of transactions and payments





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## OFFICE FOR PUBLIC HEALTH SERVICES



*Undersecretary Antonio Lopez*

The Office for Public Health Services continued to oversee the management and implementation of public health programs of the six Services under it. It also provided staff functions to the Secretary of Health by way of giving advice on department issuances and by recommending rules and regulations consistent with department policies relative to public health programs.

The Undersecretary for Public Health Services also performed various delegated tasks and authorities in relation to disease control, public service, special events and cabinet-level affairs.

### **ENVIRONMENTAL HEALTH SERVICE (EHS)**

The Environmental Health Service provides the national leadership for environmental health programs and services in partnership with local government units, relevant national agencies and non-governmental organizations. Although it has long been established as a distinct public health service, it continues to evolve in order to meet the demands of the times.

The main accomplishment of EHS in 1997 are :

- Completion of the comprehensive 1997-2004 directional plans for environmental sanitation and the environmental health impact assessment components of the program
- Formulation, consultation and approval for effectivity of the implementing rules and regulations of the Sanitation Code pertinent to the sections on public swimming and bathing places, tansorial and beauty establishments; dancing schools, dance halls and night clubs; rest areas, bus terminals and service stations
- Strengthening of linkages such that the Interagency Committee on Environmental Health has been institutionalized
- Implementation of TKO-Round 3 (Tubig, Kubeta, Oresol Round 3)
- Adequately satisfied the requirements for termination of the First Water Supply, Sanitation and Sewerage Sector Project
- Provided technical assistance and training for field health units and hospitals

With these accomplishments, the EHS has improved its capability in providing technical assistance and regulatory guidelines for environmental health.

## NON-COMMUNICABLE DISEASE CONTROL SERVICE (NCDCS)

The NCDCS carries the mandate to formulate and plan policies, programs and standards related to the control of non-communicable diseases. It oversees the development and implementation of several programs.

### National Cardiovascular Disease Prevention and Control Program (NCDPCP)

The NCDPCP aims to prevent and control the rapidly rising morbidity and mortality from cardiovascular diseases through a predominantly health promotion strategy.

The NCDPCP's main achievements in 1997 are:

- Initiation of the rheumatic fever and rheumatic heart disease (RF/RHD) registry
- Launching of the nationwide promotional program to monitor blood pressure regularly among certain risk groups called *Bantay Puso: Bantay Presyon* and of *Hataw Bayan Hataw 3* to promote regular exercise



- Pursuance of various clinical training courses on CVD management and rehabilitation in coordination with the Philippine Heart Center

### Philippine Cancer Control Program (PCCP)

The PCCP is an integrated approach towards the control of cancer using primary, secondary and tertiary prevention at both the community and hospital settings. However, it focuses only on cancers that cause the highest morbidity and mortality and those for which effective interventions are available, i.e. cancers of the lungs, breast, cervix, and prostate.

The highlights of PCCP in 1997 are:

- Celebration of the National Cancer Consciousness Week with the theme, *Ang Batang Pinoy Laban sa Kanser*.
- Formulation of procedural guidelines for cervical cancer detection and training of regional and provincial coordinators on management of cervical cancer
- Expansion of the geographic coverage of the information campaign on early detection of prostate cancer

## Smoking Cessation Program (SCP)

The SCP is a multisectoral program aimed at reducing the prevalence of smoking and smoking related illnesses in the country. Its activities center on forming and mobilizing advocacy and lobby groups for all causes countering the widespread social and health problem, smoking.

SCP's major accomplishments in 1997 are:

- Social mobilization for the observance of the World No Tobacco Day on May 31, advocating for banning tobacco sponsorship in sports event
- Mid-year and year-end evaluation and planning workshops were organized with partner agencies in order to ensure that implementation and management support are in order
- Pursued the implementation and logistics support to the Yosi Kadiri Campaign
- Trained smoking cessation counselors assigned at specialty hospitals in Metro Manila and regional hospitals



## Occupational Health Program (OHP)

The Occupational Health Program aims to address health protection and management of health problems occurring in high-risk industries, in coordination with other government agencies, local governments and non-government organizations.

- In 1997, the OHP co-organized the International Workshop on the Health and Environmental Effects of Mercury Pollution in coordination with National Institute of Minamata Disease in Japan and UP-Manila.
- It responded to several calls for caution and technical assistance by producing and issuing health advisories and other related information materials on the subjects of watusi poisoning, KEC semi-conduct or issue, PVC toys and other chemical hazards and toxins occurring in work places .
- Contributed technical expertise on training programs related to recognition, evaluation and control of occupational hazards and poisoning and, in laboratory toxicology procedures.
- 39 miners and schoolchildren who were found to have elevated blood levels of mercury, lead, and cyanide from among 541 screened in high risk areas were detoxified.
- Existing laws and standards on occupational health and safety were reviewed.
- Implemented the Healthy Workplace Award for CY 1997-1998 to provide incentives to managements concerned with health and safety.

## **Community-Based Rehabilitation Program (CBRP)**

CBRP is a creative application of the primary health care approach in rehabilitation service. It aims to use and build on community resources in order to provide rehabilitative care to the disabled and handicapped.

Major accomplishments of CBRP for the year are:

- Geographic expansion of CBRP to La Union, Tarlac, Pampanga, Camiguin, Davao del Norte and Zamboanga del Norte.
- Conduct of (1) CBRP consultative workshop for area program managers; (2) skills training of CBRP coordinators on identification and evaluation of children with disability and (3) 1st Local Supervisors Congress
- Establishment of the innovative community-based cardiac rehabilitation program
- Spearheaded the celebration of the National Disability Prevention and Rehabilitation Week.



- In coordination with partner agencies, prepared for the re-launching of the National Registration for Persons with Disabilities

## **National Diabetes Prevention and Control Program (NDPCP)**

The diabetes program aims to provide information and health education on lifestyle modification and access to screening for diabetes to vulnerable group and, to orient and train health manpower on diabetes prevention and control.

Highlights of accomplishments in 1997 are:

- Organized a series of regional workshops with representatives from NGO's and GO's for the formulation of the Diabetes Master Plan
- Convening and administratively assisting the members of the National Diabetes Commission
- Provided technical, financial and logistics support to implementing units and the National Diabetes Commission

## **Prevention of Blindness Program (PBP)**

This program aims to promote primary eye care as an essential component of total health care and provide services that relate to the common causes of blindness by linking closely its hospital and community-based components.

In 1997, this program was able to train 1,315 public health nurses and midwives on primary eye care and, 301 government physicians on primary medical eye care. In addition, under the Modified Residency Training Program, 12 provincial doctors graduated as ophthalmologists. The Sight Saving Month was also observed in August 1997.

## **TUBERCULOSIS CONTROL SERVICE (TCS)**

The TCS provides the leadership in TB control in the country. The National Tuberculosis Control Program or the NTCP aims to control tuberculosis by making information, diagnosis, treatment, and drugs available to its client through multisectoral collaboration.

Major accomplishments of the Service in 1997 are:

- Pilot-implementation of the Directly Observed Treatment of SCC (DOTS) or Tutok-Gamutan in 11 areas in collaboration with the WHO and JICA
- Expansion of C.R.U.S.H. TB (Collaboration in Rural and Urban Sites to Halt

- TB) to cover 10% of the total population
- Advocacy campaigns were highlighted by the national and regional celebrations of the World TB Day on March 24, 1998
- Increase access to better quality sputum microscopy services through training, provision of new microscopes and microscopy supplies
- Completion of the National TB Prevalence Survey
- Assisted in the conduct of the research on Effect of Devolution on NTCP
- Organized training course and workshops in order to upgrade the knowledge and skills of health workers and local managers on NTCP
- Trained central and regional NTCP coordinators

## **MALARIA CONTROL SERVICE (MCS)**

The Malaria Control Program provides support to case finding and treatment along side mosquito vector control. The program aims to eventually eliminate malaria in the country.

- Highlights of the program in 1997 were centered on efforts towards elimination. The Strategic Plan to Eliminate Malaria in the Philippines was launched. This advocated for the initial elimination of the disease in provinces with low endemicity. DOH-LGU-NGO-community partnership for program was strengthened with elimination as the ultimate vision. In order to inspire other provinces along the same goal, the following provinces were officially declared to have elimi-



nated malaria: Aklan, Capiz, Iloilo, Guimaras, Siquijor, Biliran, Leyte, Northern Samar, and Camiguin.

- The National Malaria Congress was first of its kind in decades. It enhanced awareness on malaria as a continuing but controllable public health problem.
- The RHU Manual on MCP was finalized and training of RHU staff was intensified.
- The Service facilitated MCP program evaluation by the World Health Organization.
- Training on social mobilization and orientation of local health board recommendation enhanced understanding and effectiveness of area mobilization for the program.
- Zero cases of indigenous malaria were reported in the following provinces this year: La Union, Batanes, Pampanga, Cavite, Batangas, Masbate, Eastern Samar and Western Samar.



### **SCHISTOSOMIASIS CONTROL SERVICE (SCS)**

The SCS oversees the area-based case-finding and treatment program, vector control and environmental engineering measures to control schistosomiasis in the 24 provinces where it is endemic.

Highlight of its accomplishments in 1997 are:

- Provision of logistic support including drugs to 24 endemic provinces.
- Clearing and focal snail control measures in a total of 72.01 hectares of snail colonies in endemic areas which are eligible for schistosomiasis elimination.
- Implemented training courses, advocacy and public information campaigns in areas of coverage.
- Facilitated the program evaluation made by U.P. Economic Group of PHDP.
- Adoption of case-finding and treatment activities focused on schoolchildren.

Because of these accomplishments, case finding and treatment activities yielded a reduced prevalence of 4.5% compared to 10.4% mean recorded for the years 1981-1985.



## COMMUNICABLE DISEASE CONTROL SERVICE (CDCS)

The CDCS is mandated to formulate, design and implement policies, programs, standards and projects in order to reduce the morbidity and mortality secondary to infectious or communicable diseases.

### National Leprosy Control Program (NLCP)

To achieve the global leprosy elimination goal, the NLCP embarked on a mission to find all hidden cases of leprosy and treat them with MDT (multiple drug therapy). Area-specific projects like the Leprosy Elimination Campaign and, the Special Action Projects for the Elimination of Leprosy (SAPEL) for highly endemic areas, were pursued.

Notable in the leprosy elimination initiative in 1997 were:

- Leprosy Elimination Campaign begun in 3 provinces, 2 cities and 2 island municipalities: Ilocos Sur, Cagayan, Maguindanao, Cebu City, Mandaue City, Bantayan Island and Camotes Island while the SAPEL begun in Sulu and Tawi-Tawi.
- The Leprosy Control Week was celebrated on February 17 to 21 through the nationwide *Kilatis Kutis Campaign*.
- Consultative workshops were organized for chiefs of sanitaria, coordinators at the regional, provincial and city levels, skin clinic physicians and nursing attendants.

- Orientation training courses were conducted for 2,046 field health workers.
- Augmentation funds were provided for the travel expenses of provincial and city coordinators in order to ensure supervision of the elimination strategy.

### National Dengue Prevention and Control Program (NDPCP)

The NDPCP is a new and developmental program which is directed towards community-based dengue prevention and control in endemic areas.

The following were the main accomplishments of the program in 1997:

- Completed its 5-year project (1993-1997) in the 2 pilot regions, Region 7 and NCR
- Consultative Meeting with and ceremonial pledge of commitment to NDPCP by regional coordinators and other agencies through candle lighting
- Developed and completed several documents, namely: Manual of Training of Trainers, Guide on Safehandling of Insecticides and the manual on Dengue Outbreak Management.



- Organized Little Dengue Brigades in elementary schools and created the national regional task force dengue control
- Provided logistic and technical support for epidemic management, and trained and oriented field health workers and community leaders in affected areas

The increased public awareness and improvement of health personnel's skills in dengue control have lead to early case detection and more appropriate epidemic response.

#### **National Rabies Prevention and Control Program (NRPCP)**

The rabies program is jointly implemented by the DOH with the Department of Agriculture (the lead agency and the one responsible for canine immunization), Department of Education, Culture and Sports, and the Department of Interior and Local Government. It aims to eliminate rabies in the Philippines by year 2020.

In 1997, the program provided active immunization to 40,969 animal bite cases (or 97% of the projected cases for that year). Other important accomplishments were:

- Conducted orientation training courses on NRPCP in 30 target provinces and also trained 48 doctors and 46 nurses on the management of animal bite cases focusing on intradermal administration of the vaccine

- Established one or more Animal Bite Centers (ABCs) for the screening and post-exposure management of animal bites in every province
- Produced and distributed copies of the audiovisual presentation on "Responsible Pet Ownership"
- Strengthened program implementation through consultative workshops with area managers and by operationalizing the rabies surveillance system
- The DOH played its part in preventing rabies infection among high-risk animal bite cases and in allaying anxiety among the cases and their families

#### **National Filariasis Control Program (NFCP)**

The National Filariasis Control Program aims to prevent the occurrence of filaria in non-endemic areas and control filaria in endemic areas in Regions 4, 5, 8 and 11.

In 1997, the program improved program capabilities in preparation for filariasis elimination in the country:

- Developed systems of recording & reporting for epidemiological purposes & for performance evaluation and made operational the Filariasis database and registry
- Re-integrated control activities into the primary health care system.
- Designed and completed the Training Manual on Filariasis
- Developed & disseminated a national research agenda for filaria control, as basis for funding priority.
- Completed the Plan for the Elimination of Filariasis as a Public Health Problem



## OFFICE FOR SPECIAL CONCERNS



*Asst. Secretary Rebecca B. Infantado*

The Office for Special Concerns (OSC) was re-organized in February 1997, when priority programs and services of the Office of the Chief of Staff (OCS) and the Office for Public Health Service (OPHS) was transferred to it. These priority programs and services were:

- Nutrition Service
- Maternal and Child Health Service
- Dental Health Service
- National AIDS/STD Prevention and Control Program
- Field Epidemiology and Training Program
- Disaster Management Unit
- Department Legislative Liaison Office
- Integrated Family Planning and Maternal Health Project
- Womens Health and Safe Motherhood Project
- Family Planning Service

### MATERNAL AND CHILD HEALTH SERVICE (MCHS)

The Maternal and Child Health Service is one among the many programs of the Department of Health that promote basic health services. It is the frontrunner of various maternal and child health programs nationwide.

The Maternal and Perinatal Health and Child Health Programs are some of the

basic services that are managed by the MCHS. With the institution of preventive measures like the Expanded Program on Immunization, major diseases and common sickness brought about by the natural climate of our country and susceptible persons, were lessened with the continuous monitoring of health workers in the country. Maternal and child mortality and morbidity was controlled to a much lower level than that of the previous years.

Health workers, health volunteers and other persons concerned with health services were trained and developed to become competent providers of basic maternal and child health services, even to distant barangays. They provided technical services and assisted in educating mothers nationwide of the importance of the MCH program. Thus, making more mothers aware of the necessity of good hygiene.



The following is a summary report on the accomplishment of the major MCH Programs:

## Safe Motherhood and Perinatal Health

- Safe Motherhood Policy Workshop conducted
- Safe Motherhood Policy drafted
- Maternal Mortality Review Consultation with Regional MCH Coordinators
- Maternal Mortality Review questionnaires drafted
- Operational Research on the Use of Partograph sustained
- Coordination with Pilot Province (Laguna) Research Team
- Milk Ads screened and sponsorship, fellowship, donations and research processed
- 212 Ads screened and 107 sponsorships processed.

## 1998 Future Plans

- Finalization of Safe Motherhood Policy and Guidelines
- Pre-testing of Maternal Mortality Review (MMR) Questionnaires
- Revision of Milk Code Implementing Rules and Regulations
- Consultative Workshop and Strategic Planning on Youth Health and Development
- Communication Plan on BF Promotion Workshop/Review Communication Plan on Maternal Care Workshop



## Integrated Child Care Division (ICCD)

- Attended the Model Course on Integrated Management Childhood Illness (IMCI) - (conducted by WHO, Geneva and participated in by senior staff (MCHS, CDCS, Nutrition), the first training done in the Western Pacific Region
- Developed adaptation of IMCI modules to Philippine setting
- Conducted training of trainers on IMCI - 16 participants from national, regional and provincial trainers. Trained staff from the Model Course handled the 1st training course for frontline health workers
- 2 IMCI training course for Frontline health workers: 1) Zamboanga del Norte - 6 RHUs composed of MHO, PHN & RHM; 2) Sarangani - 6 RHUs composed of MHO, PHN & RHM
- 1st Training on Autism conducted and participated in by regional health office and regional hospital staff
- 1st Consultative Workshop on Adolescent Health - drafted policy guidelines
- Procurement of Cotrimoxazole Amoxycillin and Benzyl Penicillin was decentralized to the regions. This system has prevented delays in distribution
- Signed a Memorandum of Agreement with Jaycees on Oral Rehydration Therapy promotion
- Conducted advocacy with Boy Scout of the Philippines Girl Scout of the Philippines on ORT promotion
- Draft proposal for ECD project was approved by NEDA and Cabinet
- Conducted a workshop for the staff managing ATUs/DTUs

- ATU/DTUs provided with training equipment
- Surveys conducted to evaluate the impact of training of pharmacist on ORT promotion in Manila

### 1998 Future Plans

- Conduct follow-up of trained frontline health workers on IMCI
- Conduct evaluation of IMCI training courses
- Expansion of IMCI training to other regions
- Establish a Day Care center for DOH employees
- Conduct pre-service training on IMCI in collaboration with Phil. Pediatric Society, APMC, Integrated Midwives Ass. of the Phils., FAMMED, etc.

### Expanded Program on Immunization (EPI)

- Knock Out Polio: Poliovirus eradication campaign which has 2 - pronged strategy: (1) supplemental mass immunization of all children under 5 years old with Oral Polio Vaccine (OPV) - done two days a year, one month apart; and (2) surveillance of acute flaccid paralysis (AFP)

No. of children immunized:

1st Round: 10,037,935 (97%)  
2nd Round: 10,060,476 (97%)

- Acute Flaccid Paralysis (AFP) Surveillance
  - ◊ No wild poliovirus has been isolated since May 1993

◊ AFP rate is 1.13 per 1,000,000 children below 15 years old

◊ Out of the 304 AFP cases reported in 1997, 79 cases were clinically compatible with polio

- Signing of the Proclamation Nos. 1064 and 1066 of the President of the Philippines

◊ Presidential Proclamation No. 1064 Enjoining all sectors of society to participate in the Acute Flaccid Paralysis (AFP) Surveillance component of polio eradication campaign of the Philippines.

◊ Presidential Proclamation No. 1066 Declaring a national neonatal tetanus elimination campaign starting 1997

### Future Plans 1998

- SUB-NATIONAL IMMUNIZATION DAYS (SNIDS): Oral Polio Vaccine (OPV) immunization for all children under 5 years old simultaneously, one month apart in the following areas:





NATIONAL CAPITAL REGION  
ARMM  
REGION IX  
METRO DAVAO AND GENERAL  
SANTOS  
METRO CEBU

- "*Iligtas kami sa Tigdas*": a measles mass vaccination campaign nationwide beginning September 15 to October 14, 1998; a two-pronged strategy
  - (1) routine measles vaccination of infants and
  - (2) supplemental anti-measles vaccination (AMV) of children between 9 months to below 15 years old

**FAMILY PLANNING SERVICE (FPS)**

- Conducted national FP evaluation WS composed of 16 Regional FP Coordinators, 16 Regional Trainees and 32 LGU's and FPS staff. Status and issues regarding program implementation were presented, discussed and provided with solutions/recommendations. Regional and provincial plans were formulated as input to national FP program plan for 1998;
- Conducted quarterly accreditation board meeting to discuss issues and accreditation of training;
- Updated the 1997 FP Program Operational Plan as the basis of the activities to be implemented for the year;
- Conducted Research Forum on various researches/studies related to Family Planning/Reproductive Health. Research results/ findings, institutions and training modules/materials were presented, clarified/discussed with all partner agencies for them to utilize the information;
- Provided FP commodities (Contraceptives, IEC materials) to 117 Provincial/ City consignees either quarterly, semi-annual or annual basis;
- Provided technical assistance to LGU's in the area of planning, IEC, training, logistics, research, monitoring and evaluation. Also acted as resource persons/ facilitators in various workshops, conferences/seminars;
- Conducted monitoring visits to 5 RHOs, 7 provincial hospitals, 52 RHUs and 26 BHSs to assess the status of program implementation, whether clinic standards in the delivery of FP services are being followed especially on the provision of quality care to clients;
- Provided augmentation funds for FP medicines and supplies for hospitals accredited for voluntary surgical sterilization and RHUs/BHs of 32 GOP funded LGUs;

- Provided funds to Provinces/Cities for the celebration of NGP month and FP day.
- Celebrated NFP month and FP day nationwide through holding of seminars, motorcade, Bingo and other FP IEC activities.
- Developed 23 self-instruction modules (SIMs) to be used in the conduct of new competency based training methodology. These 23 modules will be pilot-tested in 3 areas (Luzon, Visayas and Mindanao), prior to advanced implementation of the new training strategy by 1998.
- Convened Sectoral Task Group (STG) on sustainable financing on FP/RH Program which is composed of DOH, Non-Government Organizations and other Government Offices. The group will



formulate/develop package of policy proposals on sustainability of FP/RH program with the assistance of the consultant.

- Provided information, assisted students, professionals, representatives from other countries regarding Philippine Family Planning Program;

- Formulated performance indicators for assessing progress of implementation of FP/RH Program;
- Pilot-tested performance indicators of FP/RH program in 6 Municipalities of Nueva Viscaya;
- Conducted needs assessment on FP/RH services in all municipalities of Nueva Viscaya;
- Conducted orientation on RH in Nueva Viscaya;
- Developed poster on A Guide to PFPP methods;
- Developed and tested a warehouse management assessment tool in Bulacan and Pampanga Provinces;
- Developed and disseminated NFP and Lactational Amenorrhea Method (LAM) guidelines;
- Conducted Orientation and Training on Lactational Amenorrhea Method to FPS, Regional and some provincial FP staff;
- Reproduced and distributed Pre-Marriage Counselling manuals for selected regional, provincial and NGOs areas;
- Renewed contraceptives registration with BFAD.

#### **Future Plan in 1998**

#### **FPS 1998 Thrusts and Priorities:**

- Expansion of program methods conducted by FP.

- Reproductive Health care.
- New FP/RH training strategy
- Quality of care in FP service provision
- Greater involvement of local government units in financing FP/RH program.
- Expansion of the role of private sector in FP/RH provision.

#### **Key Strategies and Results Areas:**

- Increase and improve use of effective methods resulting to increase number of acceptors using modern effective FP methods
- Focus on adolescents and unmmarried
- Develop and implement an urban strategy
- Re-establish outreach system
- Segment the market
- Make decisions based on data
- Increase capability of LGUs to contribute to financing of Phil. Family Planning Program
- Strengthening the Management and Field Implementation of the FP/RH Programme (DOH Track PHI/94/P05)

#### **1997 Accomplishments:**

- 66 hospital staff from the 34 DOH Retained Hospitals participated in various training on Family Planning, Reproductive Tract Infection (clinical), STD/AIDS Diploma Course (local and foreign) etc., and about 50 staff from the central, regional and project attended advanced training on logistics, IEC, and management courses. These trainings provided the needed inputs to strengthen the management and enhance the capability of the service providers for quality services.
- MIS indicators for Reproductive Health, expanded FP/RH services and quality of care is piloted in Region 2 (Cagayan, Nueva Viscaya and Quirino).
- Accredited the three (3) modules on Gender Sensitivity (developed by LIKHAAN), Natural Family Planning (developed by PFNFP under the NGO track) and Premarital Counseling (developed by DSWD, IMCH, FPOP, United Church of Christ, LGU and other services of the DOH with FPS as the lead agency).
- Client volume in the DOH retained hospitals increased significantly, particularly for FP, MCH (prenatal, natal and postnatal) and STD cases, in particular trichomonas vaginalis and moniliasis.
- Training curriculum on Orientation on RH was pretested in Nueva Viscaya and now under review by the Program Managers of Office for Special Con-

cerns for implementation in 1st Quarter of 1998.

- Provided medical equipments, medicines and medical supplies to 34 DOH retained hospitals.
- Provided TV/ VHS in 17 DOH retained hospitals.
- Renovated one room at the OPD of Veterans Regional Hospital (Nueva Viscaya) now called Reproductive Health Center. This will pilot the holistic approach to the delivery of RH services.

#### **DOH-JICA FAMILY PLANNING/MATERNAL & CHILD HEALTH PROJECT - Phase II**

##### **1997 ACCOMPLISHMENT REPORT KEY RESULT AREAS/ ACTIVITIES ACCOMPLISHMENT (Covering April - December 1997)**

- Project Planning/Development/Dissemination/Management
  - ◇ Project Launching in Region III - Launched on Sept. 4, 1997 at RHO-III;
  - ◇ Regional Consultation Meeting- Conducted on Sept. 17, 1997 at the Holiday Inn (Clark Field);
  - ◇ JICA Consultation Mission - JICA Consultation Mission to monitor Project activities visited the Philippines on Sept. 12-20, 1997; Signing of the Minutes of Discussion b/w JICA and DOH was on Sept. 18, 1997;

- ◇ Project Implementation Agreement with LGUs - Drafted and circulated to LGUs concerned

- Health Promotion and Advocacy:

- ◇ Regular Video Showing in various barangays and RHUs - Continued from Phase 1; Still ongoing, weather permitting
- ◇ Video showing in Mothers classes at selected RHUs- Simple evaluation test administered
- ◇ IEC Materials Development and Production- Completed the production of a video (MTV) for adolescents in collaboration with the Philippine High School for the Arts (PHSA)- Preparations for the launching of the TV99 (Projects Health Education Video Program) in collaboration with UNFPA/PMT (which is providing the companion brochures) - ongoing - Training for Teatro 99 (Puppetry for health) conducted in Tarlac.
- ◇ Community Drug Insurance Program- Monitoring of existing botika binhi (drugstores) in Tarlac-ongoing; - Orientation workshops for Pampanga and Zambales conducted from July-September



- Provision of Technical Assistance:

- ◇ Dispatch of Japanese experts to the Project - 5 long-term Japanese Experts - in place (2 - DOH; 1 - RHO3; 2 - Tarlac)- 4 short-term experts (Public Health, Primary Health Care, Women-in-Development and Statistics) have been dispatched to Project sites
- ◇ Training Program for devolved personnel Bataan: - Local Training - 25 midwives trained on Upgrading ICS at Work (Dec 97) Tarlac: - TOT on Puppetry for Health Educ. (Teatro 99) - 25 health workers (Nov) - Training of 22 Nurses and Midwives on the use of Magnel Kit and Maggie-the-Apron for RH education (Nov)- Counterpart Training in Japan- Nominated one HEPO II for AV Technology Training in Japan
- ◇ JICA Technical Exchange Program The Project hosted the visit of JICA Project Teams from:- Turkey (Nov 97) and - Nepal (Dec 97) for exchange of experiences and program strategies with Project Team and counterparts.
- ◇ Technical assistance to NGOs/ other agencies for other Japanese Government schemes - Provided TA to 3 NGOs who successfully availed of grants from the Japanese Embassy; - Coordinated for multi-bi project for UNFPA

- Provision of Logistics:

- ◇ Provision of medical equipment/instruments to field health units and PHOs with Project area - Actual purchase and distribution of all logis-



tics is scheduled for the first quarter of each calendar year - which also corresponds to the last quarter of the Japanese Fiscal Year. Hence, as of December 1997, no equipment procurement has been done yet.

- Office Management:

- ◇ Project base in Region III- A JICA Project office at the Regional Health Office No. 3 was set up and inaugurated on July 1, 1997 - Staff for Region 3 Project office were hired - Utilized for Project implementation and monitoring
- ◇ Project office at FPS/DOH (Manila) - Maintained, Utilized for Project planning and coordination
- ◇ Project office in Tarlac - Scaled down but maintained, Utilized for monitoring of continuing activities in Phase 1 Project site.

## DENTAL HEALTH SERVICE (DHS)

### Accomplishment Report

- Conducted Multi-Sectoral Orientation on Comprehensive Dental Health Program for 20 priority provinces to ensure quality, affordable and accessible dental care delivery to SRA areas.



- Field-type portable dental unit chairs (30 units) with complete accessories has been purchased and distributed to the 20 priority provinces under SRA.
- Made revisions and completed the final report on the Communication Plan for the Twenty (20) Priority Provinces under SRA based on the suggestions and recommendations during OPHS presentation.
- An IEC campaign as part of the Communication Plan was developed. IEC materials were produced and disseminated.
- There were 150 Barangay Health Workers trained as Barangay Dental Auxiliaries in Dentistless Areas in La Union, Agusan del Sur, Biliran, Cagayan and Apayao.



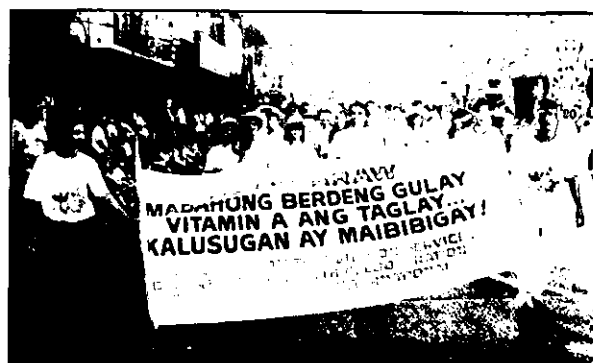
## **NUTRITION SERVICE (NS)**

The Nutrition Service (NS) is mandated to formulate policies, programs, standards and projects on nutrition in order to improve public health.

Major highlights of NS accomplishments in 1997 are:

- Dissemination of the ASIN law and its implementing rules and regulations through publication and meetings

- Evaluation of applicants for the installation of salt iodization machines and subsequent training of beneficiaries
- Production and distribution of the implementing guidelines of the Sangkap Pinoy Seal Program
- Pre-testing of a system for the production and use of locally processed supplementary food in Masbate and Region 8
- Provision of micronutrient supplements to target population groups: 12 to 59 months old children, women 15 to 40 years old and pregnant mothers, nationwide
- Development and placement of electronic billboard on micronutrient nutrition, and of radio and TV plugs
- Pursuance of training of field personnel, area supervisors and public school teachers on current nutrition programs and thrusts
- Putting in place a community-based system for monitoring usage and quality of iodized salt in 18 provinces



## OFFICE FOR HEALTH FACILITIES, STANDARDS AND REGULATION



Undersecretary Margarita Galon

The Office for Health Facilities, Standards and Regulation is mandated to formulate policies, develop standards, monitor programs and provide specialized assistance in the operations of hospitals and the management of health facilities. Moreover, it is responsible for the formulation of regulatory policies and standards over various areas of concern in the health sector.

### HOSPITAL OPERATIONS AND MANAGEMENT SERVICE (HOMS)

The Hospital Operations and Management Service is mandated to formulate and implement plans, programs, policies, standards and techniques related to the management, improvement and quality control of hospital operations. It provides training, consultative and advisory services to field offices on the supervision and management of hospital components and implements studies and researches relevant to its functions.

For 1997, the service formulated the guidelines for the Ten-Year Development Plan for Hospitals. Five priority hospitals were identified. They were: Jose Reyes Memorial Medical Center, Ilocos Regional Training and Medical Center, Visayas

Medical Center, Davao Medical Center and Corazon Locsin Montelibano Memorial Medical Center.

Likewise, a set of criteria for the evaluation of the proposed succession plan for Sanitaria was formulated. All eight sanitariums in the Philippines were visited and a consultation workshop was done to form the goals for the draft policy document on the conversion of sanitariums into more appropriate health facilities.

Criteria for the prioritization for ambulance distribution were also formulated. Based on these, a listing of ambulance distribution was made. These activities are geared towards the rational allocation, distribution and use of existing and additional resources for health.



A total of 277 consultative and advisory services were rendered to DOH hospitals. There were 118 hospitals given technical assistance. This includes DOH hospitals and non-DOH hospitals. Moreover, to improve the support services in our hospitals, several training courses were conducted.

In order to improve the front-line and the patient care services in the hospitals, the manpower standard for government hospitals were finalized. The following policies and standards were also formulated:

- Administrative Order No. 131 s. 1997 - **Guidelines on the Use and Management of Ambulances**
- Administrative Order No. 27 s. 1997 - **Guidelines on the Bed Subsidy Program**

One of the Programs being implemented by the service is the **Hospital Epidemiology Program**. The program is geared toward improving research programs in the hospitals. In 1997, a policy guideline formulation workshop was conducted and a consultative workshop with the Chiefs of the 50 DOH hospitals were held for the purpose.

A major concern of the service is the installation of waste disposal facilities in DOH hospitals. Incinerators were installed in eight hospitals while disinfection units were installed in 15 hospitals.

A proposal for making the Philippines a Medical Center for East Asia was formulated. Furthermore, the service proposed

for the equipment of the emergency rooms for 40 hospitals in SRA areas. This would enhance hospital relationship with communities.

## **RADIATION HEALTH SERVICE (RHS)**

The Radiation Health Service (RHS) envisions "Radiation Health and Safety for all Filipinos by the year 2020". In partnership with the people, it aims to ensure the safe and rational use of radiation technologies.

For the year 1997, the service achieved the following:

- Provision of assistance to local governments and the private sector by testing radiation equipment and accessories and by designing radiation facilities
- Collaboration with International Atomic Energy Agency-Coordinated Research Project (IAEA-CRP) for research and development
- Organization and social mobilization for the DOH-RHS Star Awards and Radiation Health Awareness Week
- Disaster and Epidemic management through the finalization of the Radiation Safety Manual in Medical X-rays and Safety Manual on Non-Ionizing Radiation
- Health and Information Exchange through the development of the Radiation Plan
- On going formulation of the guidelines in health technology assessment.

- Standard setting, licensing and regulation through:
  - ◊ Establishment and monitoring of quality assurance programs in 31 radiology departments
  - ◊ Radiation Protection Survey and Evaluation
  - ◊ Consultative meetings and seminars for radiation protection
  - ◊ Monitoring of radiation therapy facilities
  - ◊ Standard formulation
- Resource management through training

### **HOSPITAL MAINTENANCE SERVICE (HMS)**

The mandate of the Hospital Maintenance Service is to formulate and implement plans, programs, policies, standards and techniques that would ensure the proper maintenance of equipment in the Department of Health hospitals.

This year, 144 hospitals were visited. A total of 813 equipment were checked and 268 equipment were repaired. These activities are in line with the objective of enforcing preventive measures for health equipment and facilities

Two major seminars were conducted for this year namely, the Seminar on the Fundamentals of X-ray Machine and on the Fundamentals of Laboratory Equipment. These were aimed at transferring technical knowledge to hospital-based engineers.

Because of the need to establish standards for medical equipment, two work-

shops were conducted. The first workshop was on the formulation of policies on the repair of donated/purchased medical equipment. The second was on the formulation of the supplementary manual in Standard Technical Specification of Health Care Equipment. A workshop for Hospital Maintenance Service was also held.

To enhance the capability of the maintenance unit of the Department of Health hospitals, the service focused on the engineering works and on health care equipment repair and maintenance. This is geared towards the institutionalization and operationalization of the Maintenance Unit in every DOH hospital. Assistance is provided to HMS-Visayas and HMS-Mindanao. Three hospitals were covered, with 120 end-users and 26 technicians trained.



### **HEALTH INFRASTRUCTURE SERVICE (HIS)**

The Health Infrastructure Service sets and promotes policies, standards and guidelines in the physical planning, design and maintenance of hospitals and other health facilities of the national and the local governments.

The major activities of the Health Infrastructure Service in 1997 include standard

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development, policy formulation and annual health infrastructure budget preparation; training; management of health infrastructure; project development, implementation and maintenance; technical support to foreign assisted projects and new DOH programs and to health infrastructure projects of the Local Government Units and other government agencies.

The notable accomplishments of the Service for 1997 are :

- Completion of eight (8) consultative workshops to develop a standard design for a tertiary model hospital;
- Bidding and construction of the 1996 health infrastructure projects amounting to 500 million pesos;
- Preliminary design of the 1997 infrastructure projects;
- Preparation of the 1998 infrastructure budget which is now part of the DOH 1998 approved budget;
- Conduct of six training courses for LGU technical staff in hospital planning, design and maintenance;
- Provision of technical assistance to the civil works component of the Women's Health and Safe Motherhood Project, Urban Health and Nutrition Project and the Integrated Community Health Services Project.
- Planning, designing and development of facilities for the National Substance Abuse Prevention Treatment and Rehabilitation Program (NSAPTRP), the National Mental Health Program (NMHP), the National Voluntary Blood Donation Program (NVBDP), the Mindanao Heart Center and the BFAD Cebu and Davao Regional Offices.

## **BUREAU OF RESEARCH AND LABORATORIES (BRL)**

The Bureau of Research and Laboratories is one of the four regulatory agencies of the DOH. It is mandated to license clinical laboratories and blood banks and to accredit HIV testing facilities, water analysis laboratories and training laboratories for medical technology internship. To complement regulation, the BRL implements the National Quality Assurance Program for Clinical Laboratories and Blood Banks.

The year 1997 has been very significant to the Bureau . Its notable accomplishments are :

- Of the total targeted 2,170 facilities to be licensed or accredited, 97% were issued licensed and accreditation certificates.
- The Bureau shifted from the usual inspector checklist to supervisory educational visits. The provision of on-site technical assistance and staff education for technical troubleshooting and quality improvement created very positive impact as compared to the routine inspection checklist and deficiency letter approach.
- The BRL implemented quality assurance through standard setting, evaluation of laboratory diagnostic reagents, training of laboratory/blood bank personnel and the conduct of external quality assessment of HIV and HBV serology.
- For the implementation of RA 7719, the Manuals of Standards for Blood Collection Units and Blood Stations were developed. These will standardize the blood collecting units and blood station's

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operations for the provision of safe blood and blood products.

- External quality assessment of all HIV testing facilities nationwide to monitor quality of performance of HIV and HBV serology for blood safety and for regulatory purposes.
- Development of interactive distance learning materials for blood screening to facilitate training of more blood bank personnel in their places of work at their own pace.
- As the DOH Central Public Health and Referral Laboratory, the BRL performed a total of 157,425 laboratory examinations, more than twice its targeted number.



#### **SIGNIFICANT CONTRIBUTIONS IN SUPPORT TO DOH PROGRAMS AND ACTIVITIES ARE:**

- Together with the Environmental Health Service, the BRL -Environmental Health Laboratory also provided the critical laboratory services for three months in the monitoring of Boracay coastal waters for public safety. The laboratory support was also provided to settle the dispute between the Department of Tourism and the Department of Environment and Natural Resources.
- The Bureau, together with the Bureau of Licensing and Regulation provided

continuous laboratory services for the confirmation of infectious diseases of repatriated OFWs and of problematic cases/referrals from peripheral laboratories, blood banks and hospitals.

- The Bureau served as reference laboratory for blood transfusion problems.
- The Bureau's capability as reference laboratory was enhanced by the World Health Organization and by establishing linkages with health facilities with institutionalized Biotechnology capabilities at St. Luke's Medical Center and UP Diliman-Molecular Biology and Biotechnology.

#### **BUREAU OF LICENSING AND REGULATION (BLR)**

The Bureau of Licensing and Regulation is mandated to formulate policies and establish the standards for the licensing and regulation of hospitals clinics and other health facilities. The Bureau aims to ensure that quality health care services are being delivered to the community through compliance with standards and technical requirements required by the Department of Health.

For the year 1997, the Bureau of Licensing and Regulation accomplished the following:

- Developed and organized the Unified Hospital Licensing System. This will facilitate the issuance of hospital licenses
- A Competency-based Training Course for Unified Hospital Licensing System of Regulation Officers was conducted in coordination with the University of the Philippines-College of Public Health
- Creation and full utilization of the Peer Review Committees for OFWs in se-

- lected DOH hospitals and other facilities
- Of the targeted 14 policies to be formulated, 11 were submitted for approval. Standards were also formulated, 5 of which were accomplished
- Review and evaluation of applications for the permits to construct health facilities, applications for hospital and clinical licenses, clearance for the operation of HMOs and accreditation of medical clinics and ambulatory surgical clinics
- Ocular inspection of hospitals, DPLs, medical clinics for OFWs, HMOs and Dialysis clinics.
- Authentication of medical examinations.
- Fact-finding investigation of complaints against hospitals and medical clinics.
- Monitoring of hospitals, DPL and medical clinics.
- Conduct of Licensing Officers Workshop and the DPL Workshop.
- For Research and Development, a survey on repatriated OFWs was conducted.



### **NATIONAL QUARANTINE OFFICE (NQO)**

The National Quarantine Office is the health sentinel in all ports and airports in the Philippines, providing maximum security against the entry and spread of quarantinable and other dreadful diseases.

The major activities for 1997 were as follows:

- Disease Surveillance and Prevention
  - ◊ 31,923 ocean going vessels and international aircraft were inspected and cleared including the passengers, crew and cargo.
  - ◊ Yellow fever surveillance was conducted.
  - ◊ 52,927 persons were immunized against Yellow fever, cholera, typhoid fever and meningococcal meningitis.
  - ◊ 8,099 food and water samples from catering points, aircraft, vessels and eating establishments in the areas of jurisdiction were examined.
  - ◊ 8,414 foreign nationals were examined and given clearance for immigration purposes.
  - ◊ In connection with the reported incidence of Steven Johnson Syndrome in Taiwan and the Birds Flu in Hongkong, surveillance was done among arriving passengers.
- Port and Airport Health and Sanitation
  - ◊ 2,316 sanitary inspections were conducted in domestic vessels, catering and eating establishments.
  - ◊ 78 seminars were conducted on sanitation. The participants were ship stewards and food handlers in eating establishments.
  - ◊ Initiated the seminar-workshop for Quarantine Medical Officers and Health Educators.
  - ◊ Fumigation of 35 domestic vessels.

The conduct of these activities provided maximum security against the entry and spread of quarantinable diseases. This ensured that those entering the country are physically and mentally healthy and

the health and sanitation in all ports and airports in the country is being promoted.

## **BUREAU OF FOOD AND DRUGS (BFAD)**

The Bureau of Food and Drugs is the regulatory agency mandated to ensure the safe, efficacy, quality and purity of processed food, drugs, diagnostic reagents, medical devices, cosmetics and hazardous substances.

Highlights of Major Achievements, Events and Developments :

- National Information Campaign Against Counterfeit and Illegal Products
- Updating and Operationalization of the New Guidelines on Product Registration
- Installation of Computerized Laboratory Information Management System (LIMS)
- Enforcement of Policy Requiring Bioavailability/ Bioequivalence Studies for List B Drug Products
- Conduct of Series of Good Manufacturing Practice Seminar Workshop in Key Cities in the Country
- Transfer and Institutionalization of the Adverse Drug Reaction Monitoring Program (ADRMP) from UP-PGH to BFAD starting October 1997
- Audit of Drugstores in Regions I, II, III, IV, V, VI, VII, VIII, IX, X, XI, XII, CAR, CARAGA, and ARMM
- Joint Inspection by BFAD and the Food Development Center of Seafood Processing Establishments in General Santos City and Metro Manila
- Amnesty Listing of Imported Food Products already in the market which are generally regarded as safe.

## **BIOLOGICALS PRODUCTION SERVICE (BPS)**

The Biologicals Production Service is mandated to formulate plans, policies, programs, standards and techniques for the processing, manufacture, standardization and improvement of biological products for the use of the Department of Health. The Bureau manufactures vaccines, sera, antitoxin and other biologicals, provides consultation training and advisory services to implementing agencies and conducts studies and researches related to biological production, distribution and use.

For the year 1997, it was the bureau's objective to resume the production of BCG, Tetanus Toxoid and anti venom vaccine at the new BPS facility in UP Los Baños.

For the year under review, the following had been accomplished:

<b>Activities</b>	<b>Accomplishment</b>
Vaccine Production	88,261 doses
Vaccine Distribution	
BCG	9,122,440
Tetanus	5,739,060
DPT	10,530,440
OPV	37,969,880
Measles	9,948,360

The early transfer to UP-Los Baños arrested the mortality of horses. The bureau focused on enhancing its manpower capability by actively participating in seminars on Good Manufacturing Practice and Good Laboratory Practice.



## HOSPITAL SERVICES

Reports on 49 retained hospitals showed an occupancy rate of 81.37 percent, with an admission of 623,357 patients and 3,816,035 out-patients served. Average length of stay is 5.41 days for regular beds (excluding mental/sanitaria). Only 5 percent of the total admissions died.

Data also revealed 151,071 newborns and 636,562 discharges during the year.

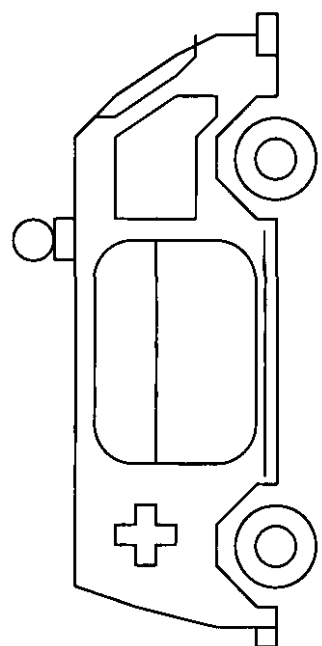
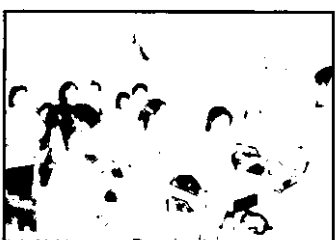
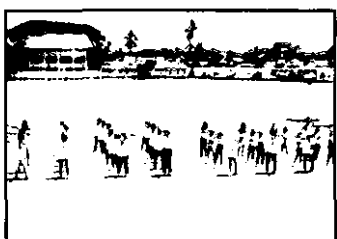
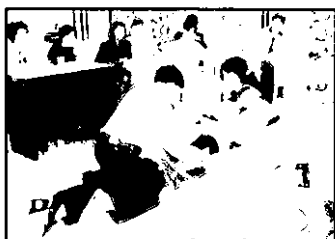
There are 8,058,100 and 785,669 laboratory examinations and radiological procedures performed, respectively.

### DOH RETAINED HOSPITAL STATISTICS 1997

INDICATOR	C L A S S I F I C A T I O N							TOTAL
	DISTRICT	MEDICAL CENTER	REGIONAL	RESEARCH	SANITARIA	SPECIAL	SPECIALTY	
Occupancy rate	100.17	97.6	74.42	46.78	87.34	77.42	72.66	81.37
Total admission	6,271	320,572	136,538	1,510	3,146	118,743	36,577	623,357
Total number of patient days	18,222	1,840,236	609,911	11,344	1,486,684	1,879,026	242,312	6,087,735
Average number of in-patient days	49.92	5,041.74	1,670.99	31.08	4,073.11	5,148.02	663.87	16,678.72
Total newborn	3,114	78,712	30,494	-	204	36,581	1,966	151,071
Total discharges	6,277	325,798	126,070	1,522	3,369	117,274	56,252	636,562
Total deaths	99	17,745	6,591	76	164	5,369	1,785	31,829
Average length of stay	2.90	5.64	4.83	4.12	441.28	81.71	6.49	5.41
Autopsy	-	306	-	5	-	225	107	643
Total surgery	9,012	139,846	54,248	-	2,331	49,366	10,011	264,814
Total out-patient served	80,127	2,289,149	558,776	22,989	78,981	630,427	155,586	3,816,035
Total prescriptions filled	52,117	3,740,795	678,868	35,408	385,974	2,215,581	1,305,384	8,414,127
Total radiological procedures	4,220	421,395	118,789	3,725	2,401	167,748	67,391	785,669
Total laboratory examinations	56,127	4,042,913	1,681,646	161,740	26,095	1,174,650	914,929	8,058,100

Note: Reports from retained hospitals

Source: Hospital Operations and Management Service



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## REGIONAL HEALTH OFFICES

### REGIONAL FIELD OFFICES ACCOMPLISHMENTS

#### I. Accomplishments and Strategies

The sixteen (16) Regional Field Health Offices implemented the following priority health programs of the DOH:

- Women's Health and Safe Motherhood
- Nutrition
- Child Survival
- Control of Prevalent Diseases Affecting the Workforce

⇒ Tuberculosis

⇒ Leprosy

⇒ Rabies

⇒ Dengue

- Environmental Health
- Sexually Transmitted Diseases/AIDS
- Healthy Lifestyle Programs

⇒ Cardiovascular Disease

⇒ Diabetes

⇒ Cancer

⇒ Smoking

⇒ Occupational Health

The regions focused also on other programs and activities which are preventive and promotive in nature and those programs which affected the productive years of individuals and families. These health programs were implemented within the following frame of references: poverty alleviation and partnership with government and

non-government agencies.

The ten (10) new DOH roles and functions under devolution were continuously done, such as:

- Policy making/planning
- Assistance to our LGU partners
- IEC, social mobilization and linkaging/networking
- Standards, licensing and regulations
- Research and development
- Resource management
- Monitoring and evaluation
- Disaster/epidemic management
- Health information and exchange
- Service delivery in retained hospitals

Strategies implemented at the field services to carry out program activities included effective case management by health workers and mothers and continuing prevention campaigns, regular monitoring and evaluation, collaboration with Government Organizations (GOs), Non-Government Organizations (NGOs) and Local Government Units (LGUs). Appropriate and responsive technical, logistic and financial support were provided to sustain LGU commitment in the implementation of health programs and projects.

At the hospital services, strategies developed included linkages and networking with other hospitals, NGOs, LGUs on preventive/promotive health care delivery and computerization of vital hospital service statistics for improved operations.

## II. Innovative Projects and Activities Undertaken

### A. Field Health Services

#### 1. Region II

- Plugging of current issues on health programs and projects from Monday to Friday by the Provincial DOH Representative of Isabela thru DZRH to increase awareness

#### 2. Region IV

- Initial Implementation of Participatory Action Research Program for Community Health Improvement (PARCHI) piloted in Cavite as industrial area and Laguna as an agricultural area in an urban and rural setting, respectively. With this, the community have been actively involved in health planning and program implementation and evaluation.
- Implementation of Zero Waste Resource Management thru recycling and waste/trash sorting schemes. Economically, it resulted to zero waste of still reusable resources and ecologically, zero pollution and environmental cleanliness and sanitation.
- Weekly Fund Utilization Review with key staff, hence, funds were properly utilized.
- Full implementation of Computerized Data Management System so that recording, storage, retrieval and reporting system were greatly improved.
- Construction of Extension Offices in different provinces. With this, retained personnel were provided with their own offices. These became the center for collaboration and networking of activities.

#### 3. Region V

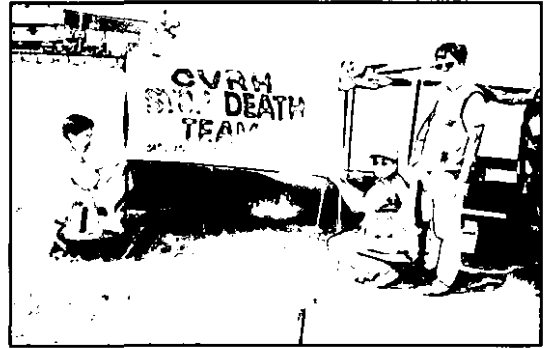
- Creation of Cardio-Pulmonary Resuscitation /Basic Life Support (CPR/BLS) Teams at the Regional Health Office No. V: Normally, these teams are based only in the medical centers and hospitals.
- Established community-based STD Prevention and Control Program in Albay, resulting to self-reliance among pilot areas on STD and Reproductive Tract Infection (RTI) clinics in RHUs. This has lessened the stigma associated with social hygiene clinic.
- Introduction of the first Intradermal Route in the country in selected animal bite centers in Region V, resulting to reduction of biologicals consumption not because of decreased number of bite victims but because of efficient management.
- Unified Team Approach for hospital licensing and regulation of hospitals, laboratories and clinics, hence 100% licensed and regulated health facilities.
- Organized the DOH Press Corps to coordinate media activities in the region, hence, negative reports were minimized and positive reports highlighted.

#### 4. Region X

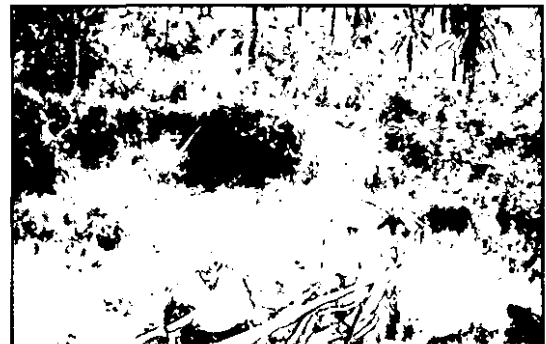
- Integration of SRA-MBN indicators in the Community Health Data Board so that LGUs could assess the local health situation and institute preventive and control measures

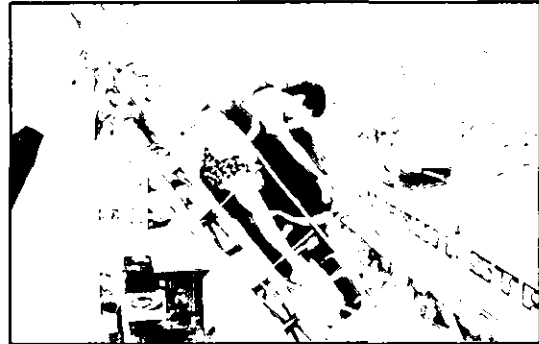
### B. Hospital Services

Day Care Program for employees' children below 5 years old was established at the Veterans Regional Hospital, Region II, to minimize employee absenteeism and enhance their productivity.



## REGIONS





## REGIONS



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## ATTACHED AGENCIES

### **PHILIPPINE HEALTH INSURANCE CORPORATION**

The Philippine Health Insurance Corporation (PhilHealth) is a government owned and controlled corporation created by virtue of Republic Act 7875 or the National Health Insurance Act of 1995. PhilHealth makes operational the National Health Insurance Program which replaced the Medicare Program.

### **National Health Insurance Program (NHIP)**

The NHIP aims to provide social health insurance coverage and to ensure affordable, acceptable, available and accessible health care services for all Filipinos. It is expected to accelerate universal coverage, tap the participation of local government units, address the operational problems of the Medicare Program and recognize the emergence of local community-initiated health care financing schemes.

The main accomplishments of PhilHealth in 1997 are:

- Assumed the responsibility of administering the former Medicare Program for the government and private sector employees.
- Enlisted the support of LGUs in 20 areas nationwide for participation

in the Indigent Component of the NHIP

- Accreditation of health care providers as partners of PhilHealth
- Creation of 1995 regular plantilla positions through coordination with the Department of Budget and Management, and consequent hiring of staff.

### **DANGEROUS DRUGS BOARD**

The Dangerous Drugs Board is a government body organized on November 14, 1972 following the promulgation by the late President Ferdinand E. Marcos, of Presidential Decree No. 44 amending Republic Act 6245, otherwise known as "The Dangerous Drugs Act of 1972."

As envisioned in this Act, it is the highest policy-making and coordinating arm of the government as well as the national clearing house of all matters pertaining to law enforcement and control of dangerous drugs, treatment and rehabilitation of drug dependents, drug abuse prevention and community information, research and statistics of the drug problem, and the training of personnel engaged in the aforementioned activities.

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For 1997, the following have been accomplished:

- Enacted three (3) Board Regulations - Board Resolution No. 3-A, which included manufacturers in the control mechanisms and prenotification, certification of imports and exports; Board Regulation No. 4, which prescribed the guidelines to follow relative to the loss of the Dangerous Drugs License Number (S2) by practitioners and their liability thereof; Board Regulation No. 5, which amended Board Regulation No. 3, s. of 1982.
- Assisted the Health Committee of the House of Representatives in the review and finalization of the proposed bill amending Republic Act 6425.
- Granted accreditations to 45 physicians, 3 treatment and rehabilitation centers, and 12 drug testing laboratories.
- Conducted surveys to provide the information on the incidence and prevalence of drug abuse among students.
- The Preventive Education, Training and Information Division, in line with the 5-Point Comprehensive Program on Drug Abuse Prevention and Control intensified its information campaign by conducting various drug education programs and enlisted the involvement of various sectors in program implementation.
- The Crime Information System (CIS) updated and collected reports on drug-related arrests and prosecution from various regional and trial courts in the country.
- The Control Regulation and Intelligence Division (CRID), in terms of supply reduction efforts, pursued an earnest implementation of the Board's drug supply reduction program and other corollary projects, all geared towards the achievement of the primary goal of containing and disrupting the illicit drug distribution system, thereby, reducing the quantity of drugs available for illicit use. A closely monitored all licit drug transactions through a system of licensing, authorizations and permit issuances.



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## *SECRETARY IN ACTION*





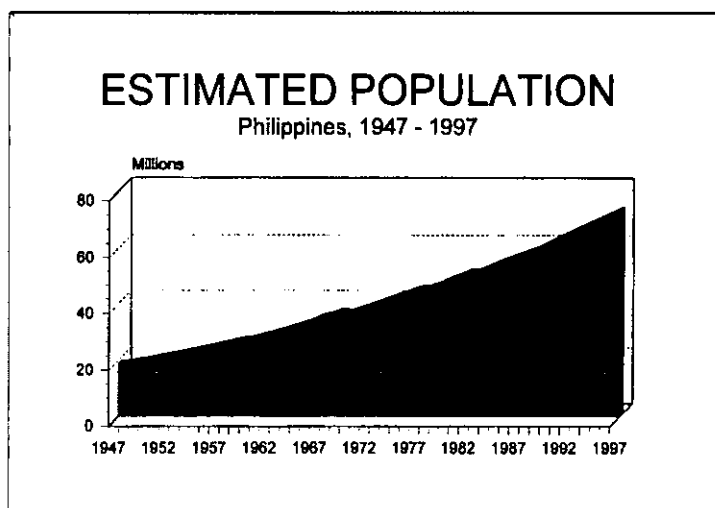
# HEALTH FACTS

## A. VITAL STATISTICS

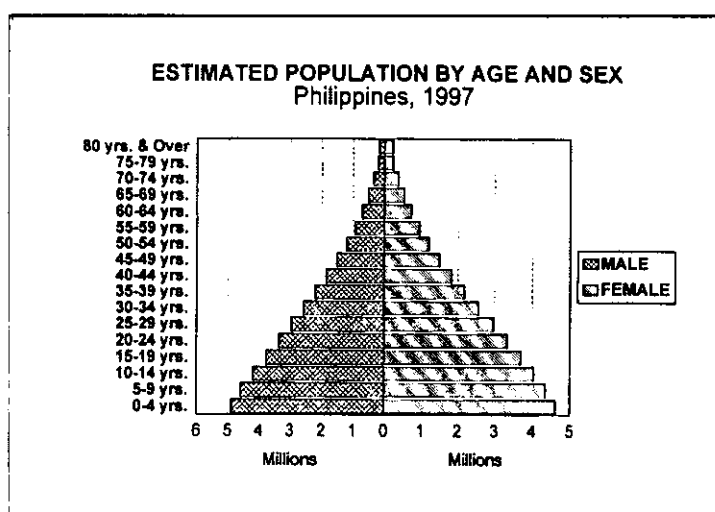
### 1. POPULATION

Mid-year population in 1997 was estimated to be 71,538,593, with growth rate of 2.23%. Estimated male population was 36,047,517 while the female population, 35,491,076.

#### 1.1 Population Trend



#### 1.2 Population Pyramid



### 1.3 Regional Population Distribution

As to distribution, Regions 3, 4 and NCR are the most densely populated areas and account for 27,496,937 or 38.4% of the total population while CAR is the most scarcely populated among the regions with 1,309,811 or 1.83%.

PROJECTED POPULATION BY REGION PHILIPPINES, 1997			
REGIONS	TOTAL	MALE	FEMALE
<b>Philippines</b>	<b>71,538,593</b>	<b>36,047,517</b>	<b>35,491,076</b>
<b>NCR</b>	9,814,977	4,788,885	5,026,092
<b>CAR</b>	1,309,811	665,049	644,762
<b>1</b>	3,931,261	1,976,210	1,955,051
<b>2</b>	2,640,554	1,348,490	1,292,064
<b>3</b>	7,218,913	3,647,904	3,571,009
<b>4</b>	10,463,047	5,272,275	5,190,772
<b>5</b>	4,488,068	2,277,195	2,210,873
<b>6</b>	5,983,675	3,015,526	2,968,149
<b>7</b>	5,214,527	2,617,783	2,596,744
<b>8</b>	3,511,714	1,792,167	1,719,547
<b>9</b>	2,930,263	1,488,857	1,441,406
<b>10</b>	4,139,703	2,106,362	2,033,341
<b>11</b>	5,331,644	2,721,818	2,609,826
<b>12</b>	2,473,078	1,260,703	1,212,375
<b>ARMM</b>	2,087,362	1,068,293	1,019,069

### 1.4 Sex Ratio

The Philippine male population size has always been insignificantly greater than the female population size with 36,047,517 males against 35,491,076 females in 1997, or a sex ratio of 102.4 males to 100 females. However, as age advances (50 & over), females predominate .

**CRUDE BIRTH RATE (CBR) AND CRUDE DEATH RATE (CDR)  
AND TOTAL FERTILITY RATE (TFR), BY REGION,  
PHILIPPINES, 1997**

<b>REGION</b>	<b>CRUDE BIRTH RATE (per 1000 pop'n.)</b>	<b>CRUDE DEATH RATE (per 1000 pop'n.)</b>	<b>TOTAL FERTILITY RATE</b>
<b>PHILS.</b>	28.4	6.1	3.61
<b>NCR</b>	22.7	4.6	2.22
<b>CAR</b>	30.8	7.3	4.08
<b>1</b>	26.0	6.9	3.50
<b>2</b>	30.2	6.7	3.95
<b>3</b>	26.7	5.3	3.17
<b>4</b>	26.9	5.5	3.28
<b>5</b>	32.7	6.7	4.81
<b>6</b>	27.8	6.7	3.90
<b>7</b>	28.4	6.1	3.75
<b>8</b>	33.5	8.2	4.93
<b>9</b>	32.5	6.5	4.17
<b>10</b>	30.3	6.5	4.08
<b>11</b>	31.8	6.0	4.01
<b>12</b>	33.1	6.4	4.23
<b>ARMM</b>	29.3	9.0	3.72

**Source : NSO**

The CBR and CDR for 1997 were 28.4 per 1000 population and 6.1 per 1000 population, respectively. The natural increase rate was 2.27. However, across regions, Region 8 and NCR posted the highest and lowest CBR, respectively, while CDR was registered highest at ARMM and lowest in NCR.

## **2. LIFE EXPECTANCY**

The projected life expectancy at birth for Filipinos in 1997 was 65.43 years for males and 70.68 for females. By year 2000, life expectancy is estimated to improve to 66.33 for male and 71.58 for females.

## **3. TOTAL FERTILITY RATE (TFR)**

The projected TFR in 1997 declined to 3.61 from 3.68 of the previous year. The highest TFR was observed in Region 8, while it was lowest in NCR.

## B. DISEASES AND MORTALITY STATISTICS

### 1. Morbidity: Ten (10) Leading Causes, No. and Rate/100,000 Population, Philippines, 1994

DISEASES	NUMBER	RATE
1. Diarrheal Diseases	1,376,669	2,006.1
2. Bronchitis	1,140,366	1,661.8
3. Influenza	839,683	1,223.6
4. Pneumonias	614,353	895.2
5. Accidents	211,092	307.6
6. Tuberculosis, All Forms	167,763	244.5
7. Diseases of the Heart	141,295	205.9
8. Varicella	76,526	111.5
9. Malaria	58,627	85.4
10. Malignant Neoplasms	49,531	72.2

Source: HIS

### 2. Mortality: Ten (10) Leading Causes, No. and Rate /100,000 Population, Philippines, 1994

CAUSE	NO.	RATE	% OF TOTAL DEATHS
1. Diseases of the Heart	50,307	73.3	15.7
2. Diseases of the Vascular System	39,191	57.1	12.2
3. Pneumonias	28,132	41.0	8.8
4. Malignant Neoplasms	28,110	41.0	8.7
5. TB, All Forms	27,292	39.8	8.5
6. Accidents	14,752	21.5	4.6
7. Chronic Obstructive Pulmonary Disease & Allied Conditions	11,405	16.6	3.5
8. Other Diseases of the Respiratory System	8,382	12.2	2.6
9. Diarrheal Diseases	6,383	9.3	2.0
10. Diabetes Mellitus	6,105	8.9	1.9

Source: HIS

3. **Infant Mortality Rate: Ten (10) Leading Causes,  
No. and Rate/1000 Livebirths,  
Philippines, 1994**

DISEASES	NUMBER	RATE
1. Respiratory conditions of fetus and newborn	5,854	3.6
2. Pneumonias	5,681	3.5
3. Congenital Anomalies	2,890	1.8
4. Diarrheal Diseases	1,927	1.2
5. Birth Injury and Difficult Labor	1,690	1.0
6. Septicemia	844	0.5
7. Meningitis	533	0.3
8. Avitaminoses and Other Nutritional Deficiencies	530	0.3
9. Other Diseases of Respiratory System	439	0.3
10. Measles	348	0.2

Source: NSO

4. **Maternal Mortality Rate: By Main Cause,  
No. and Rate/1,000 Livebirths,  
Philippines, 1994**

DISEASES	NUMBER	RATE
1. Complications related to pregnancy occurring in the course of labor, delivery and puerperium	711	0.3
2. Hypertension complicating pregnancy, childbirth and puerperium	388	0.2
3. Postpartum Hemorrhage	354	0.2
4. Pregnancy w/ abortive outcome	206	0.1
5. Hemorrhages related to pregnancy	132	0.1

Source: HIS

# HEALTH RESOURCES

## 1. HUMAN RESOURCES

Regional staff occupied half (50.1%) of the total positions in the Department of Health while only 9.6% of the total human resources were based in the Central Office. Special hospital staff accounted for 36.1%. Dangerous Drugs Boards and Phil. Health Insurance Corporation which are attached to the Department have 137 and 995 staff positions, respectively.

Office	No. of Positions	%
Central Office	2,527	9.6
Special Hospitals	9,547	36.1
Regional Field Offices	13,263 *	50.1
Attached Agencies**	1,132	4.2
Total	26,469	100.0

Note: per PSI S.1997

\* Including retained hospitals

\*\* Dangerous Drugs Board and Philippine Health Insurance Corporation

## 2. FACILITY RESOURCES

As of 1997, there were 52 DOH retained hospitals with 22,080 corresponding beds. Special hospitals, which hold 30.7% of the total beds are mostly situated in NCR, except St. Anthony Mother and Child Hospital in Region 7. Medical centers accounts 28.1% while research is only 0.3%.

### THE DOH HOSPITALS

Classification	Number	No. of Beds	%
Specialty Hospitals	4	985	4.5
Special Hospitals	6	6775	30.7
Medical Centers	18	6200	28.1
Regional Hospitals	11	3375	15.3
Research	2	75	0.3
Sanitaria	8	4420	20.0
District	3	250	1.1
Total	5	22080	100.0

## 3. FINANCIAL RESOURCES

In 1997, DOH had a total appropriation of P11,020,083,000 which includes P82,226,000 for Dangerous Drugs Board. This appropriation was 18.47% higher than in 1996 and representing 15.58% of the social sector budget, 2.54% of national total budget. However, this is only 0.43% of the Gross National Product (GNP) of the same year at current prices. The Department ranked 6th among all other government agencies (lower compared to previous year) in terms of its share of national budget.

By expense class, the bulk ( 41.71%) went into maintenance and other operating expenses ( MOOE) and the rest went to personal services (36.16 %) and capital outlay (22.13%). Ranking of these expense classes was the same compared to the previous year except that there was minor shifting of financial resources from MOOE to capital outlays.

On the average, the 1997 DOH appropriation could provide only P150.00 for each Filipino. If we consider the combined effects of the accumulated reduction of our peso purchasing power due to general price increases (inflation ) and population growth during the same year, the real per person appropriation would have been reduced to only P54.00. However, this 1997 real per person appropriation was comparatively higher than in the previous year which was P50.00.

This means that the 18.47% nominal increase in 1997 appropriation for DOH was relatively sufficient to finance inflation and population growth in 1997. All indicators used in this analysis had increased in 1997 compared to 1996 except ranking among government agencies but DOH appropriation is still far lower than its recommended share based on GNP.



**DEPARTMENT OF HEALTH APPROPRIATIONS, 1993-1997  
(INCLUDING ATTACHED AGENCIES)**

PARTICULAR	1993		1994		1995		1996		1997	
	AMOUNT	%	AMOUNT	%	AMOUNT	%	AMOUNT	%	AMOUNT	%
BREAKDOWN BY EXPENSE CLASS (In thousand Pesos)										
A. Personal Services	2,256,864	31.07	2,313,894	31.19	2,918,431	33.75	3,388,911	36.43	3,984,994	36.16
B. Maintenance & Other Operating Expenses	4,180,185	57.56	3,725,994	50.23	3,654,946	42.26	4,132,333	44.42	4,596,582	41.71
C. Capital Outlay	825,780	11.37	1,378,345	18.58	2,074,512	23.99	1,780,668	19.14	2,438,507	22.13
<b>TOTAL</b>	<b>7,262,829</b>	<b>100.00</b>	<b>7,418,233</b>	<b>100.00</b>	<b>8,647,889</b>	<b>100.00</b>	<b>9,301,912</b>	<b>100.00</b>	<b>11,020,083</b>	<b>100.00</b>
% Growth Rate		(31.70)		2.14		16.58		7.56		18.47
Rank Compared To Other Gov't. Agencies	(6th)		(5th)		(5th)		(5th)		(6th)	
REAL TOTAL APPROP. (In thousand Pesos at Constant 1985 Prices)	3,623,804		3,366,721		3,648,898		3,676,645		4,009,636	
% Relative to Social Sector Budget		17.01		15.48		17.07		15.35		15.58
% Relative to National Budget		2.35		2.30		2.23		2.36		2.54
% to GNP (Current prices)		0.48		0.42		0.45		0.41		0.43
Nominal Per Capita Budget (P)	110		108		123		129		150	
Real Per Capita Budget (P) at Constant 1985 Prices	55		49		54		50		54	

**Sources:**

General Appropriations Act (Several Years)  
National Statistical Coordination Board (NSCB)  
Executive Board Resolution No. 11-93  
NSCB, 1996 Phil. Statistical Yearbook  
National Accounts of the Phil. (Several Years)

## LIST OF FOREIGN ASSISTED PROJECTS (FAPs) DEPARTMENT OF HEALTH

PROJECT TITLE	FAPs DESCRIPTION	ODA SOURCE	SECTOR	IMPLE MENTING AGENCY	TYPE OF ASSISTANCE	AMOUNT COMMITTED (\$N MILLION)	SCHEDULE OF IMPLEMENTATION
First Water Supply, Sewerage and Sanitation Sector Project (FW4SP)	The project aims to assist the government to meet the basic needs of rural population through the provision of safe, adequate and easily accessible waste supply as well as proper sanitation. The project supports the sanitation objectives of the first phase of the sector master plan which aims to distribute 650,000 pcs. Household toilet bowls, construction of 1,000 school toilets and 100 public toilets. Construction also of 1,000 well protection units, installation of 1,000 seepage-removal units, installation of 100 pilot waste water disposal facilities and disinfection of some 1 million contaminated water wells.	WB	Health Water & Sanitation	DPWH Rural Water Comp. DOH	Loan	US \$58	1992-1997
Women's Health and Safe Motherhood Project	The WHSMP is a five year nationwide project that provide services for women both in the community and in hospitals. It is co-financed by ADB, WB, KFW, EU and AUSAID.	WB, ADB EU, KFW AUSAID	Health	DOH/LGU	Loan Grant	US \$148.7	1998-2003
Philippine-Australia Women's Health Training Project	This is part of the WHSMP assisted by the Australian Agency for International Development (AUSAID). This subcomponent of the project takes care of the training of health providers at all levels.				Grant	US \$ 12.8	
Urban Health and Nutrition Project	Urban Health and Nutrition Project (UHNPP) - is a World Bank(WB) & Australian Agency for International Development(AUSAID) assisted project that seeks to provide basic health and nutrition services to urban slum communities in selected 21 local government units(LGU) at a level which allows them to manage and control their resources as well as benefit from government and non-government developmental interventions. The 21 UHNPP project LGUs contain over 70% (more than 5 million) of the country's total urban slum population.	WB AUSAID	Health and Nutrition of the Urban Poor	DOH/ Selected LGUs	Loan Grant	\$ 70 M \$ 3.1 M	1994-1999
Integrated Community Health Service Project	Integrated Community Health Service Project (ICHSP) - A five year project assisted by the ADB & AUSAID for the improvement of the efficiency and effectiveness of the health care delivery system thru a comprehensive approach to health system development at the local level and to strengthen the primary health system by upgrading basic health facilities, developing and implementing key health subsystem providing quality essential drugs, training health personnel and mobilizing community participation and support in the project planning.	ADB AUSAID	Health	DOH/LGU	Loan Grant GOP	\$ 13.9M \$ 7.6M \$29.6M	1997-2001
Improvement of Hospital Waste Management and Upgrading of Medical Equipment in the DOH	Improvement of Hospital Waste Management and Upgrading of Medical Equipment in the DOH - This project aims to supply and install waste disposal equipment (incinerators and disinfection) and upgrading of the medical equipment of OR, ICU, Recovery and ER in DOH Hospitals	AUSTRIAN GOVT	Health	DOH	Loan	P551,802 M	1997-2000
Upgrading of the Radiological Capabilities of Selected DOH Retained Hospitals	Upgrading of the Radiological Capabilities of Selected DOH Retained Hospitals - the project seeks to improve the radiological capabilities of DOH hospitals. This involves the purchase of radiological equipment, training of radiological staff members and free maintenance including parts replacement for 5 years after installation and testing.	France	Health	DOH/RHS	Loan	P140,402,000.00	Phase I - 96-97 Phase II - 1998
Water Resources Development Project Environmental Improvement Component	Water Resources Development Project Environmental Improvement Component Schistosomiasis Control Sub component - IBRD project led by NIA which includes the following components: improve water resources and watershed managements, System improvements and repair, institutional strengthening of NIA and IAS, Environmental improvement. The schistosomiasis control sub-component objective is to reduce the prevalence in target areas. Kabulian Irrigation & Area Development Project (KIADP)-Social Component Schistosomiasis)- This project aims to reduce the prevalence rate of schistosomiasis and improve the knowledge and skills of health workers and general public in the prevention and control of schistosomiasis	IBRD Danida GOP	Health Schistosomiasis Control Service	DOH/NIA/DENR	Loan	P11,554,600.00 (released and disburse to NIA)	1997-2001
		ADB			Loan	P14,715,000.00	1993-1998
Upgrading of Amang Rodriguez Medical Center, Sto. Nino, Marikina	This project involves the upgrading of the hospital facility and equipment specifically the procurement of major equipment according to the prioritized needs of the department	RP-French Financial Protocol	DOH Amang Rodriguez	Health Hosp Services	Soft Loan	US \$ 6	1997-1998

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PROJECT TITLE	FAPs DESCRIPTION	ODA SOURCE	SECTOR	IMPLE MENTING AGENCY	TYPE OF ASSISTANCE	AMOUNT COMMITTED (IN MILLION)	SCHEDULE OF IMPLEMENTATION
Rural Water Supply and Sanitation Sector Project Phase III (RW3SP)	Rural Water Supply and Sanitation Sector Project Phase III (RW3SP) - The project aims to provide safe, adequate and reliable water supply and sanitation services to about 300 selected rural low-income communities in the 20 SRA provinces.	ADB	Water Resource	DOH/OPWH/ DILG	Loan	US \$37M	1997-2002
Upgrading of Medical Equipment for Neonatal Intensive Care Unit	Upgrading of Medical Equipment for Neonatal Intensive Care Unit - This project was intended to provide DOH hospitals with modern equipment and facilities that will allow logistic management to provide two sections in the NICU i.e. one for the in-born babies delivered in hospitals.	Swiss Govt.	Health	HOMS	Loan Grant	P65,759,450 P43,839,600	1997-2008
Philippine Health Development Project	Philippine Health Development Project - this project is intended to support the government priorities and improve resource allocation to the health sector. It aims to support the goal of achieving a more effective and responsive health care delivery system	WB	Health	DOH	Loan	US \$ 70.1	1989-1996 extended for 1 year up to Dec. 1997
Health Management Information System (HAMIS)	This is a project assisted by the GTZ to improve the production and utilization of information; provide information support for decentralization of health management, expand the knowledge of innovative health management schemes and make these available for use; to identify and support sustainable health financing and insurance schemes for the poor, facilitate information-based policy development in the DOH.	GTZ (German Technical Cooperation)	Health	DOH/ Selected LGUs	Grant	DM 8	1989-1998
Family Health Management for Urban Poor Settlers (FAMUS)	Family Health Management for Urban Poor Settlers (FAMUS) - This project is funded by the GTZ (German Technical Cooperation) to improve and ensure utilization of family health services; develop and replicate community managed health programs; improve reproductive health in urban poor areas; reduce avoidable health risks in urban poor areas; and develop, improve and disseminate family health policies.	GTZ	Health	DOH/ Selected LGUs	Grant	DM 8	1996-1999
Strengthening the Management & Field Implementation of Family Planning/Reproductive Health Program	Strengthening the Management and Field Implementation of Family Planning / Reproductive Health Program - The project aims to increase the number of couples/individuals practicing responsible sexuality and parenthood and family planning/reproductive health in order to contribute to the improvement of women's health.	UNFPA	Women's Health	DOH/LGUs	Grant	US \$22.628	1994-1998
Comprehensive Maternal and Child Health Project	Comprehensive Maternal and Child Health Project - The project retains the basic objectives of the 1st and 2nd phases as strengthening MCH project (i.e. 1990-1995) but will have a geographic focus on Mindanao and region VII and will further integrate and consolidate its component of : Strengthening Safemotherhood services, Integration of Family Planning in MCH, EPI-focused in high risk areas, CDD, CARL, Elimination of Vitamin A deficiency, IEC and LGU capability building.	AUSAID	Health	DOH/LGUs	Grant	US \$8.281	1995-1998
Mindanao Maternal Child Health Project	Mindanao Maternal Child Health Project - The objective of the project is to decrease infant child and maternal mortality and will have geographic focus on Mindanao and Region VIII.	AUSAID	Health, Nutrition & Population	DOH	Grant	US \$ 8.2	1995-1998
Family Planning Logistic Management Project (FPLMP)	Family Planning Logistic Management Project (FPLMP) - The project aims to assist the DOH in improving FP logistics management and to completely institutionalized the contraceptive distribution and logistics management information system (CDLMIS) in the logistics section of the DOH by December 1998.	USAID	Health	DOH	Grant	\$5.80	1997 (seventh year)
Integrated Family Planning Maternal Health Program	Integrated Family Planning Maternal Health Program - The project aims to reduce the growth rate and improve maternal and child health by strengthening the capacity of LGUs to provide family planning and selected maternal and child health services, developing the national systems and providing financial resources to support the LGUs and encouraging the participation of the private sector in providing family planning and maternal and child health services.	USAID	Health Human Development	DOH/POPCOM PCDP/KABALIKAT and various NGOs	Grant	US \$ 50	1994-2000

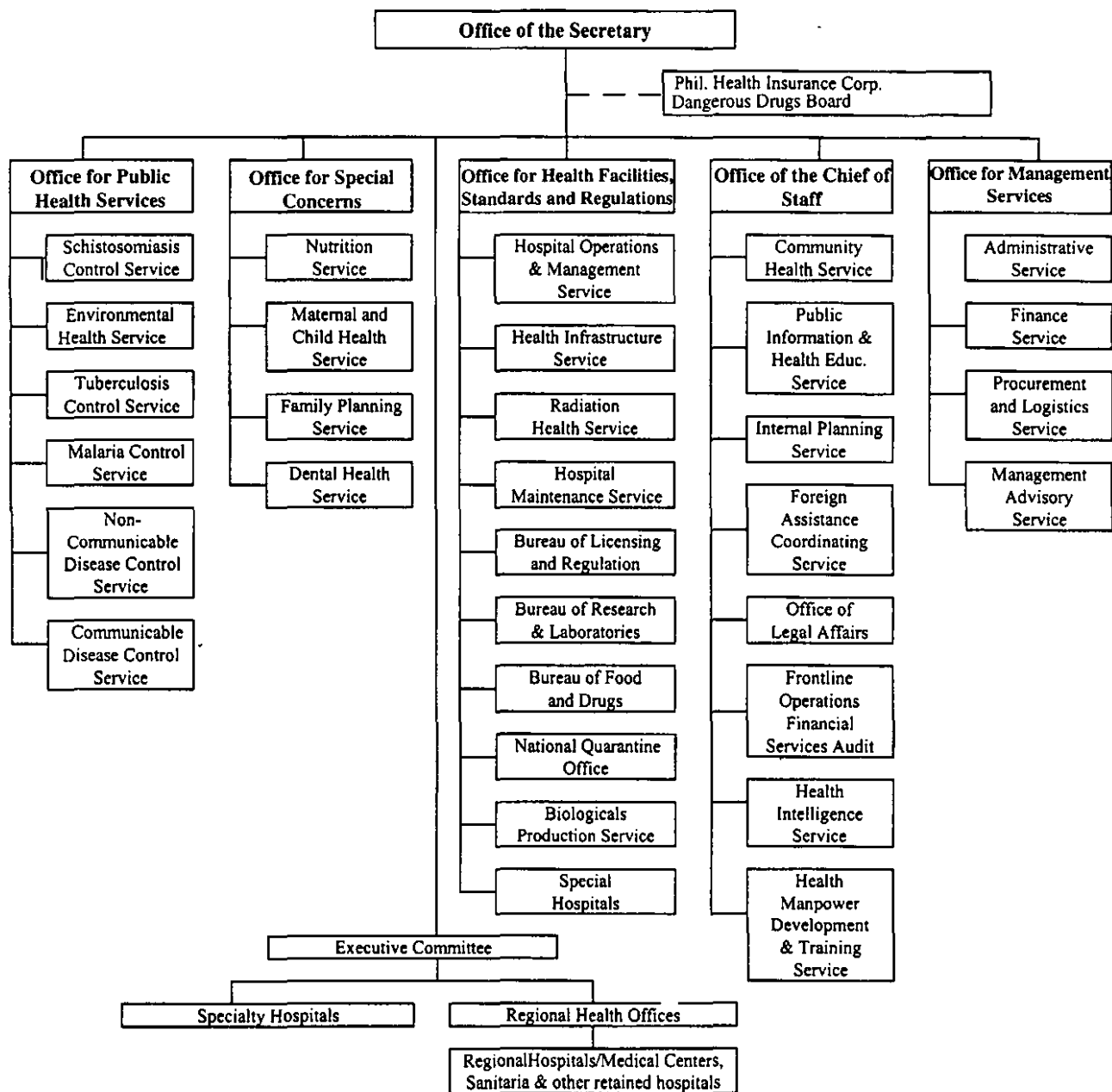
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Breast Cancer Screening by Physical Examination	Breast Cancer Screening by Physical Examination : An Intervention Project in the Phil. - The project is a five year project funded by the US Army Research and Development Command(USAMRDC) with the objective of determining whether death or disability from breast cancer can be reduced by a community-based programme of early detection by physical examination.	US Army Research & Development Command	Health	DOH/ Selected LGUs	Grant	P 20,478,000.00	1995-2000
CPC IV	Fourth Country Program for Children (CPC IV) - The programme supports PPAC goals particularly in the reduction of infant mortality rate. The health programme consists of five projects namely: a) Women's Health and Safe Motherhood b) Breastfeeding, weaning and growth monitoring c) Expanded programme in immunization d) Control of diarrhoeal diseases e) Control of Acute Respiratory Infections.	UNICEF	Health	DOH	Grant	US \$ 16 M	1994-1998
Family Planning Maternal and Child Health Project Phase I & II	Family Planning Maternal Child Health Project ( Phase I & II ) - This is a technical cooperation project between the governments Japan and the Philippines thru the DOH which was intended to promote family welfare thru increased family planning practice and maternal and child health care in the province of Tarlac (1992-1997) Phase I and the expansion of coverage in the whole central Luzon starting April 1997 for Phase II	JICA	Health	DOH/LGUs	Grant	US \$ 5.03	1997-2002
CPC IV (Nutrition)	Country Program for Children IV - The project aims to reduce PEM by 50% from 1990 levels, reduce IDA among pregnant women by 20% for 1993 levels, virtual elimination of IDD (Iodine Deficiency Disorders), Virtual elimination of Vitamin A deficiency (VAD). Major activities include: 1) Micronutrient Supplementation 2.) Nutrition promotion and advocacy 3.) Capacity building 4) Growth monitoring and promotion and nutrition education	UNICEF	Health	DOH-Nutrition Service with collaboration with DECS, DA, DSWD DILG, FNRI	Grant	P 1.3 M	1994-1998
Salt Iodization Program	Salt Iodization Program - To promote and support the development of the salt iodization nationwide health and nutrition campaign, advocacy campaign among legislators and LGUs, private sector collaboration especially with salt producers/traders, provision of salt iodization machines through soft loan basis, monitoring and evaluation.	UNICEF	Health	DOH-Nutrition Service, NNC, DA	Grant	P50,000.00- P150,000.00 for the cost of each salt iodization	1993-present (renewed on a yearly basis)
Helen Keller International	Helen Keller International (HKI) Project support to the Philippines Nutrition Program This project aims to achieve the micronutrient performance benchmark of 90% coverage of Vitamin A supplementation and nutrition education intervention; strengthening capability of LGU in the assessment, planning and implementation of community-based micronutrient, weaning and breastfeeding interventions. Some of their major activities include the following: a) Vitex Project b) Coordinated Micronutrient Assessment c) Child Survival Project d) Child Growth Project e) LGU capability building for Micronutrient Planning and Programming	HKI	Health	HKI in collaboration with the Nutrition Service DOH	Grant	Funds are under the jurisdiction of HKI	1991-1998
Philippine German Technical Cooperation Project	Philippine German Technical Cooperation Project on Health Care Equipment Maintenance in the Government Health System (Phase II) - The Philippine-German Hospital Maintenance, a bilateral project, jointly undertaken by the Philippines and German government via GTZ at the DOH is aimed to assist the DOH improve the availability, use and maintenance of hospital and medical equipment found in health facility all over the Philippines. The overall goal is to improve the management of hospital equipment within the government health system.	GTZ	Health Hospital Services	DOH Hospital Maintenance Service for Mindanao RFO XI	Grant	P 190 M for three phases	1996-1998
National Drug Policy Project	National Drug Policy Project - The project will contribute to the successful implementation of the Philippine National Drug Policy which aims to provide safe, essential and affordable drugs to the people. It will also improve access of Filipinos to essential drugs and reduce wasteful and harmful use of drugs. The project will be implemented through the following components: 1) Drug Utilization Studies 2) Antimicrobial Resistance Surveillance Studies 3) Adverse Drug Reaction 4) Pharmaceutical Promotion 5) Treatment Guidelines for Primary Health Care 6) Medical Curriculum and 7) Drug Education	AUSAID	Grant			A\$ 5.55M	

## LIST OF FOREIGN ASSISTED PROJECTS (FAPs) DEPARTMENT OF HEALTH

PROJECT TITLE	FAPs DESCRIPTION	ODA SOURCE	SECTOR	IMPLE MENTING AGENCY	TYPE OF ASSISTANCE	AMOUNT COMMITTED (IN MILLION)	SCHEDULE OF IMPLEMENTATION
Leprosy Elimination Campaign	Leprosy Elimination Campaign - The project is geared towards finding hidden cases of leprosy thru active case finding.	WHO International Federation of Anti-Leprosy Associations (ILEP)	Health	DOH/LGU Maguindanao	Grant	P200,000 M	1997
Support of HIV/AIDS and STD Actions in the Philippines	Support of HIV/AIDS and STD Actions in the Philippines - This project was intended to contribute to a reduction of the sexual transmission of HIV by improving the quality, accessibility and use of STD services and by promoting STD/HIV education at community level.	European Commission	Health Social Science & Com. Dev't.	DOH Selected LGUs	Grant	P 23,644,000.00	1996-1998
AIDS Surveillance Education Program	Aids Surveillance Education Program - The project aims to establish institutional mechanism in the public and private health sectors which can monitor the prevalence and transmission of HIV infection and encourage behavior which reduce/control HIV transmission within the Philippine population.	USAID	Health Human Development	DOH/LGUs	Grant	\$ 15 M	1992-2000
Model Community Health STD Facility in Commercial Sex Areas in the Philippines	Model Community Health STD Facility in Commercial Sex Areas in the Philippines - This project aims to provide health care including STD treatment to high risks population in the Philippines	AUSAID	Health Social Science & Com. Dev't.	DOH	Grant	P 18,750,000.00 \$656,000.00	1996-1998
Earthquake Reconstruction	Earthquake Reconstruction Construction of the La Union Provincial Hospital (150 bed hospital)- To relocate and reconstruct the La Union Provincial Hospital that was damaged in the July 1990 earthquake	European Commission	Health	DOH Health Infra Service	Grant	P 6.951 M	Construction to start 1998 Construction to be completed

**DEPARTMENT OF HEALTH  
CURRENT, STREAMLINED, WORKING STRUCTURE  
(ORGANIZATIONAL STRUCTURE)**



Basis: E.O. 119, s. 1967, Reorganizing the Ministry of Health, its attached agencies & other purposes: Memorandum Order 27 s. 1992, streamlining of agency operations and organization; DOH AO 1G s. 1993. Reporting scheme in accordance with the DOH streamlining per MO 27, DOH AO 15 s. 1997: DO 257-A s. 1997 on reassignment of services and programs. (November 1997)

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