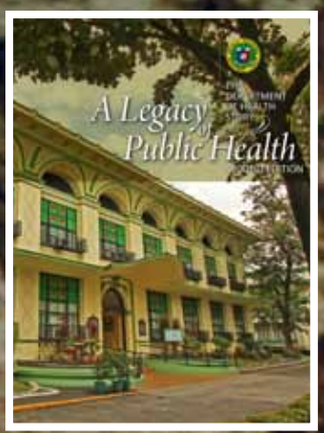
This book is dedicated to the women and men of the DOH,
whose commitment to the health and well-being of the nation is without parallel.

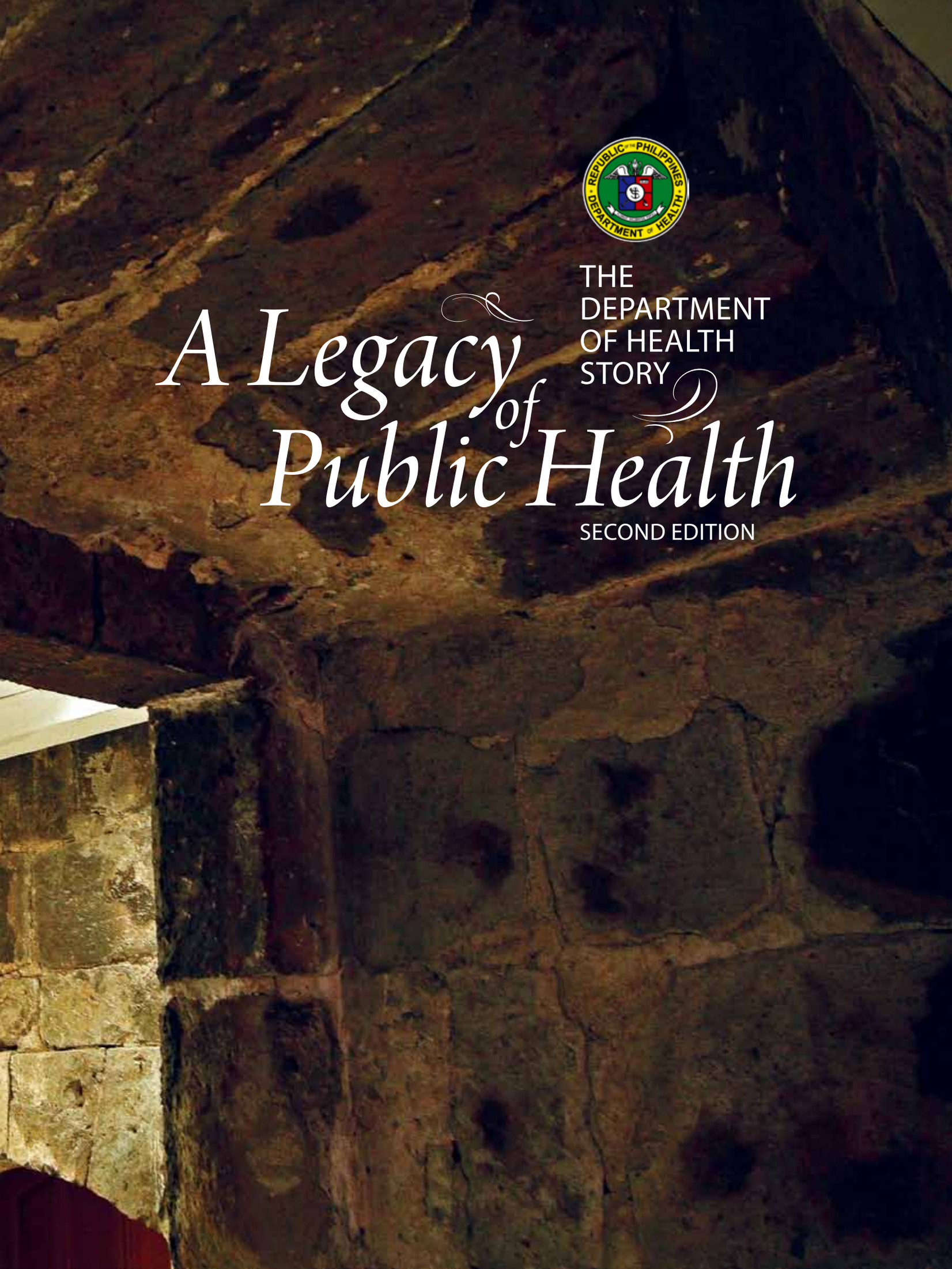


Copyright 2014
Department of Health
All rights reserved.

No part of this work may be reproduced or utilized in any form or by any means, electronic or mechanical, including photocopying, recording, or by any information storage and information system, without the prior written permission of the copyright owner.

2nd Edition
Published in the Philippines in 2014
by Cover & Pages Publishing Inc.,
for the Department of Health,
San Lazaro Compound, Tayuman,
Manila.

ISBN-978-971-784-003-1
Printed in the Philippines



A Legacy of Public Health

THE DEPARTMENT OF HEALTH STORY

SECOND EDITION

A Legacy of Public Health

THE DEPARTMENT OF HEALTH STORY

SECOND EDITION

Crispinita A. Valdez
OVERALL PROJECT DIRECTOR

Charity L. Tan
EDITOR

Celeste Coscoluella
Edgar Ryan Faustino
WRITERS

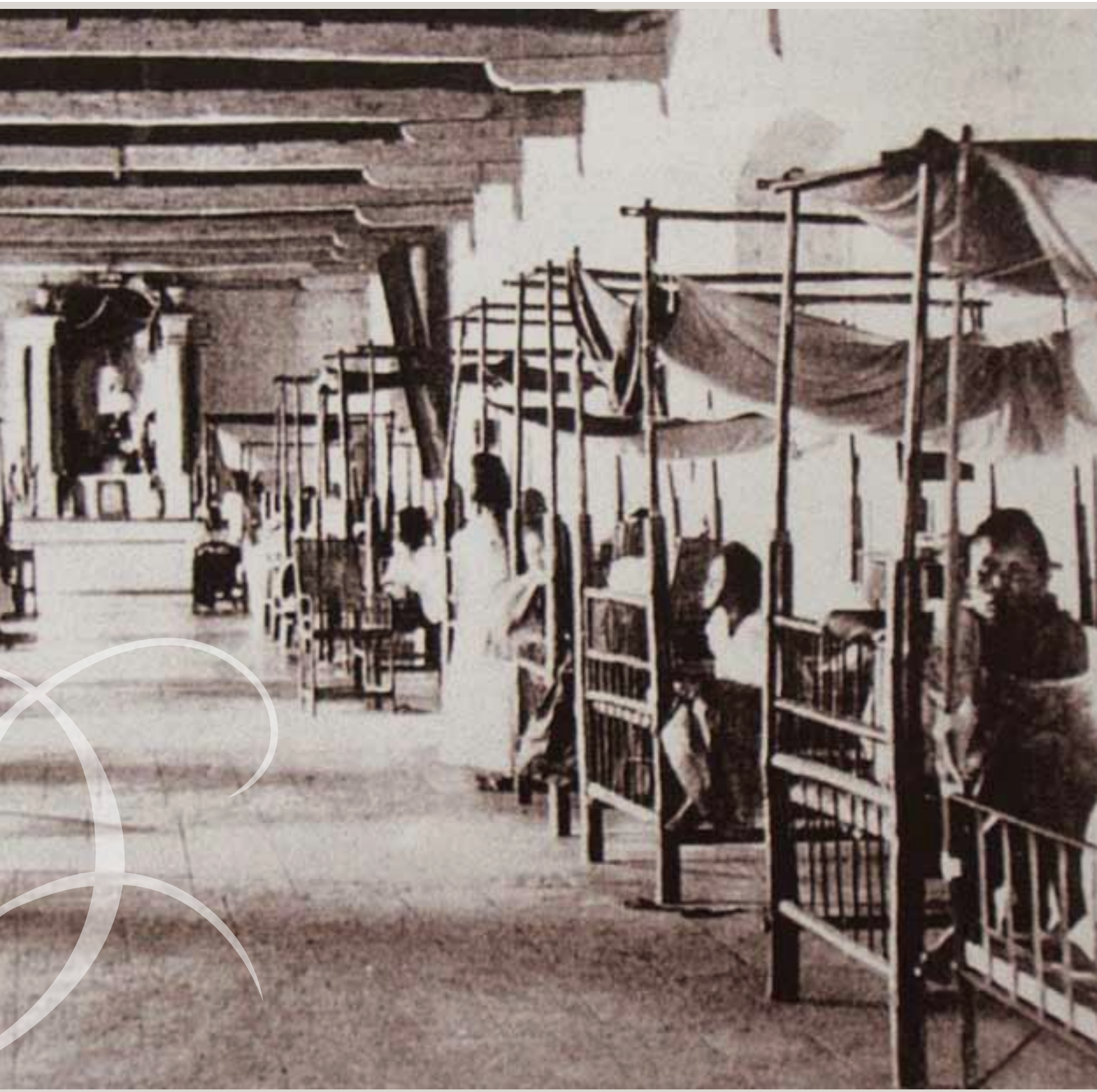
Albert Labrador
James Ona
Edwin Tuyay
Ramon Cantonjos
Paquito Repelente
PHOTOGRAPHERS

Mayleen V. Aguirre
Aida S. Aracap
Rosy Jane Agar-Floro
Dr. Aleli Annie Grace P. Sudiacal
Mariecar C. Mangosong
Jailene Faye C. Rojas
Jade Lou D. Dulawan
Jomilynn Rebanal
Kiarah Louise Florendo
PROJECT COORDINATORS

SPECIAL THANKS TO:
Dr. Willie T. Ong
Dr. Anna Liza R. Ong
Co Tec Tai Medical Museum

Bones Calleja
BOOK DESIGN

Cover & Pages Publishing Inc.
PRODUCTION



Women's leper ward, San Lazaro Hospital 1903.

Vision

A global leader for attaining better health outcomes,
competitive and responsive health care system,
and equitable health financing.

Mission

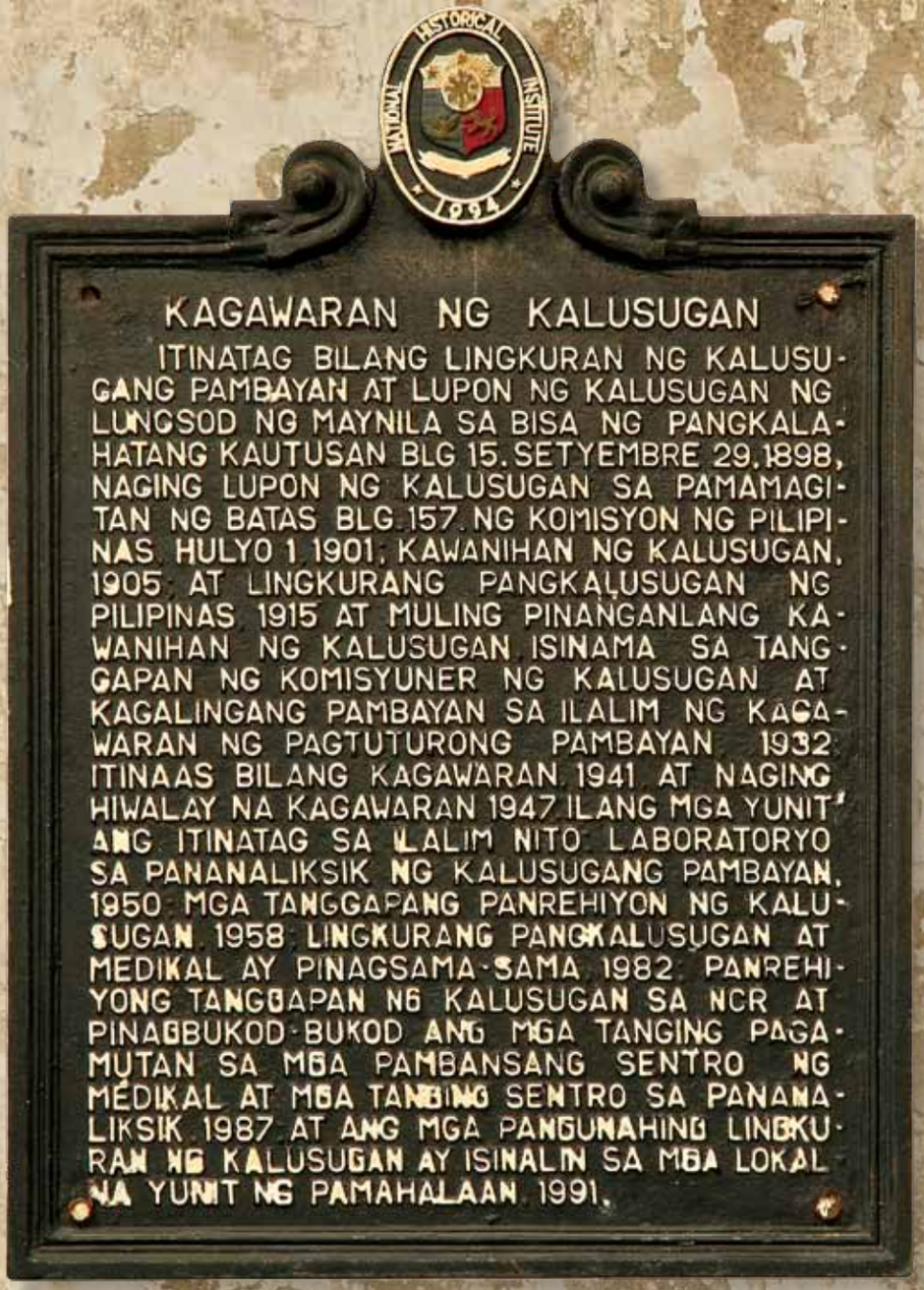
To guarantee equitable, sustainable and quality health
for all Filipinos, especially the poor,
and to lead the quest for excellence in health.

Quality Policy

The Department of Health, as the nation's leader in health,
is committed to guarantee equitable,
accessible and quality health services for all Filipinos.

We at DOH, together with our partners,
shall ensure the highest standards of health care
in compliance with statutory and regulatory requirements;

And shall continually improve our quality
management systems to the satisfaction of our citizens.


NATIONAL HISTORICAL INSTITUTE
1994
KAGAWARAN NG KALUSUGAN
ITINATAG BILANG LINGKURAN NG KALUSUGANG PAMBAYAN AT LUPON NG KALUSUGAN NG LUNGSOD NG MAYNILA SA BISA NG PANGKALAHATANG KAUTUSAN BLG 15. SETYEMBRE 29, 1898, NAGING LUPON NG KALUSUGAN SA PAMAMAGITAN NG BATAS BLG 157 NG KOMISYON NG PILIPINAS HULYO 1 1901; KAWANIHAN NG KALUSUGAN, 1905; AT LINGKURANG PANGKALUSUGAN NG PILIPINAS 1915 AT MULING PINANGANLANG KAWANIHAN NG KALUSUGAN ISINAMA SA TANGGAPAN NG KOMISYUNER NG KALUSUGAN AT KAGALINGANG PAMBAYAN SA ILALIM NG KAGAWARAN NG PAGTUTURONG PAMBAYAN 1932. ITINAAS BILANG KAGAWARAN 1941 AT NAGING HIWALAY NA KAGAWARAN 1947 ILANG MGA YUNIT ANG ITINATAG SA ILALIM NITO LABORATORYO SA PANANALIKSIK NG KALUSUGANG PAMBAYAN, 1950 MGA TANGGAPANG PANREHIYON NG KALUSUGAN 1958 LINGKURANG PANGKALUSUGAN AT MEDIKAL AY PINAGSAMA-SAMA 1982. PANREHIYONG TANGGAPAN NG KALUSUGAN SA NCR AT PINAGBUKOD-BUKOD ANG MGA TANGING PAGAMUTAN SA MGA PAMBANSANG SENTRO NG MEDIKAL AT MGA TANGING SENTRO SA PANANALIKSIK 1987 AT ANG MGA PANGUNAHING LINGKURAN NG KALUSUGAN AY ISINALIN SA MGA LOKAL NA YUNIT NG PAMAHALAAN 1991.

A Legacy of Public Health
THE DEPARTMENT OF HEALTH STORY
SECOND EDITION

Contents

MESSAGES
President Benigno S. Aquino III *15*
Secretary Enrique T. Ona *16*

INTRODUCTION *20*
The Pre-Hispanic Era
(until 1565)

CHAPTER 1 *26*
Spanish Era
(1565-1898)

CHAPTER 2 *52*
Healthcare Under the Americans
(1898-1918)

CHAPTER 3 *64*
The Filipinization of Health Services
(1918-1941)

A Mandate of Public Health
(1941-1947)

CHAPTER 4 *96*
The Department of Health
(1947-2014)

APPENDICES *164*
The Department of Health Secretaries

DOH Officials Directory *168*

DOH Hospitals Directory *171*

DOH Attached Agencies *176*

Bibliography *178*

Message

President of the Philippines

The Department of Health serves our nation with its encompassing mandate to guarantee responsive, excellent, and equitable healthcare for Filipinos. As such, the DOH stands among our hardest working agencies, engaging stakeholders from all spheres of society and contributing to local and global policy for public health.

This publication allows a wider constituency to assess the department's achievements examine the partnerships that drive our institutions, and appreciate the growth of the healthcare sector over the years. May this documentation see to the fulfillment of our generation's legacy—the expansion of health services coverage in the country, the strengthening of our local delivery units, and the rejuvenation of our fellowmen through Kalusugang Pangkalahatan; may it be the light that guides our navigations.

Solidarity has proven critical to our transformation as a nation. Our government continues to build upon this principle and steer our agencies towards the straight and righteous path. Let our shared task of empowering citizens keep us united, as we integrate our capacities to forge a more formidable and prosperous Philippines.

On behalf of the Filipinos, I thank the DOH for your service and wish you the fortitude to sustain your noble mission.

BENIGNO S. AQUINO III
MANILA
June 2014

Message
Department of Health Secretary

This second edition of the DOH coffee table book offers a fuller picture of the history of public health in the Philippines. It brings to sharper focus one of the oldest medical institutions of the country, San Lazaro Hospital, and a comparatively new but profoundly valuable development in our healthcare system, the Philippine Health Insurance Corporation or PhilHealth. There are other additions as well that we hope will lead to a deeper understanding of our current policies as products of the long and sometimes difficult journey we have made over the years to ensure our people's welfare.

The history of public healthcare in the Philippines is woven into the narrative of our nationhood. This book, while focusing on the strides we have made in this field, inevitably tells the broader story of our people's progress through the centuries—from our rich pre-colonial past, to our long struggle with colonization, to our present and hard-won independence. The challenge we face today is how to translate this progress into a better life that can be felt by every Filipino, to define freedom in terms of the ability to pursue our dreams without fear of want or disease.

As stewards of public health, we know the impact of our work is felt most strongly in the personal, private sphere—in the health of our family and friends, in our own sense of well-being. But what is enjoyed individually cannot be achieved except by community effort. Kalusugang Pangkalahatan or Universal Healthcare, which drives our current national health policy, is deeply rooted in the principle of social solidarity. We need not look far for inspiration: in this book, we bear witness to the efforts of men and women who dedicated their lives to helping the sick, the weak & the needy. The wisdom they demonstrated is as true today as it was hundreds of years ago: we are responsible for one another.

We have reached a critical part of our history, one that will depend on how we embrace the reality that although we may survive individually, it is only as a community that we can truly thrive. We at the DOH are up for the challenge and are eager to begin this new chapter.

DR. ENRIQUE T. ONA
Secretary Department of Health
June 2014

SAN LAZARO HOSPITAL

A corps of qualified and passionate medical practitioners is the Philippines' greatest resource.

INTRODUCTION

The Pre-Spanish Era

(Before 1565)

Ancient Filipinos regarded health as a harmonious relationship with the environment, both natural and supernatural.

Image by Noel Escultura from Filipino Heritage

Euphorbiaceae was one of the 50 fundamental herbs used in traditional medicine.

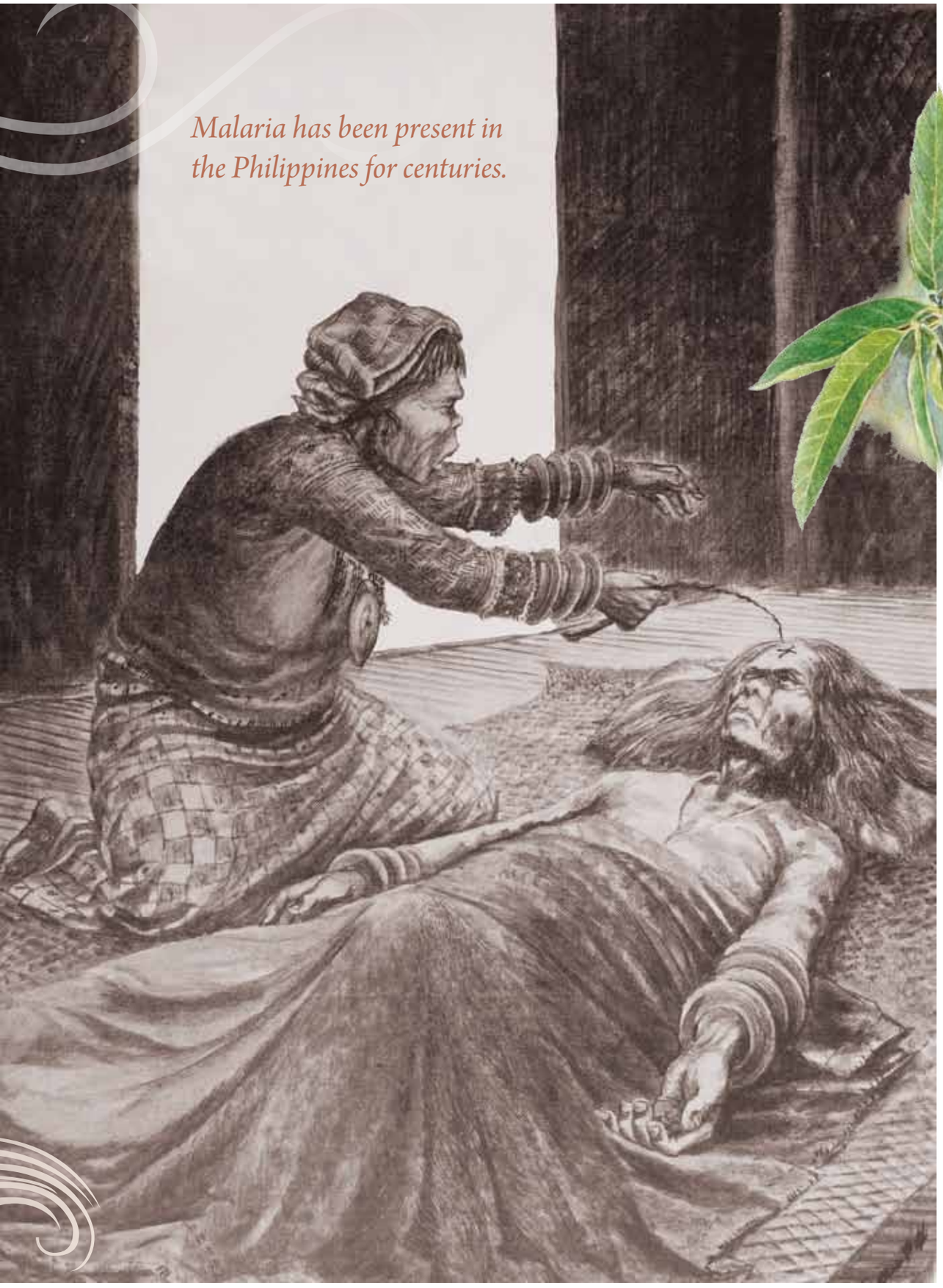
Like most indigenous peoples, our ancestors put faith in nature not only for physical but also for spiritual sustenance. Belief in the power of both the animate and inanimate world was central to their way of life.

It was also a way to life. Ailments were believed to be caused by disharmony with the spiritual world, and restoring health meant appeasing the gods through incantations, dances and ritual offerings that ranged from food, to clothing, to blood sacrifice. At the center of these rituals was the *babaylan*, mediator between the physical and spiritual worlds. Usually female, the *babaylan* was considered as their healer, priestess and leader. Such was her sway that to this day, echoes of this shaman figure remain in folk traditions that have survived centuries of foreign rule.

But when the first Spanish explorers reached our shores, what they discovered was far more than such mysticism and superstition. Chroniclers noted the communities who lived together by a set of laws, ruled by chieftains called *rajas* or *datus*, in organized tribes called *barangays*. Our people's achievements in metalwork, agriculture, and writing are some of the evidence of a highly civilized society existent in pre-colonial Philippines.

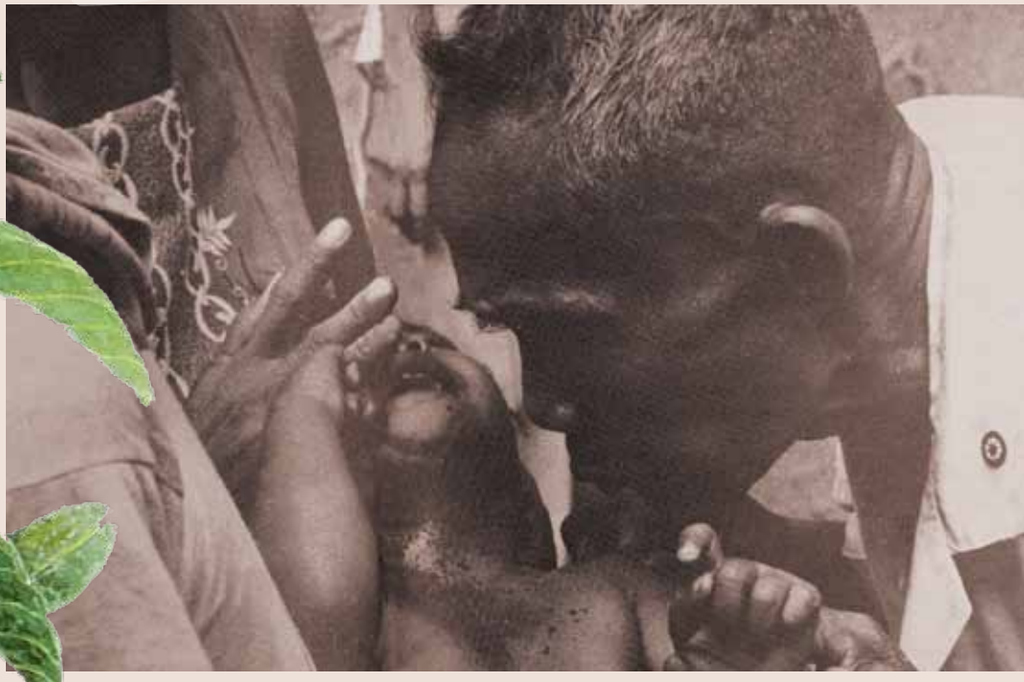
Early Filipinos were good physicians who used medicinal herbs.

Malaria has been present in the Philippines for centuries.



The leaves of the Anonas were used as a topical and applied to the stomach of children suffering from indigestion.

Sambong is an herbal medicine that grows in open grasslands. It is used to treat kidney stones, rheumatism, coughs, colds, hypertension, and diarrhea.



As a standard cure, the rural faith-healer prescribed well-masticated betel-nuts leaves and areca nut leaves which were spat onto the afflicted portion of the body.

One of the most prized medicinal plants is the igasud *from the mountain regions of the Visayas. Its seed when chewed is an antidote for poison. It was renamed Pepita of San Ignacio by Spanish missionaries.*

As well, Filipinos boasted an extensive knowledge of medicinal botany, making the Spanish historian Miguel de Loarca report that the natives were "good physicians and had a remedy for every poison." To name a few: the leaves of the *tangan-tangan* when applied on the forehead relieved headaches; the seeds of the *balconag* when rubbed on the scalp killed lice; the root of the *pandakaki* when boiled was a pain-reliever; the leaves of the *balabgon* when pounded and put on wounds was a salve, and many more. Antidotes using barks of trees were also popular such as the boiled bark of *palanigan*, which served as an antipyretic when ingested, the bark of the *bagosabak*, an antidote for snake bite poisoning, and the *pepita* plant seed which was chewed for relief of food poisoning and stomach upset.

In both their spiritual and herbal remedies, early Filipinos revealed a deep connection to the natural world, harnessing it as a resource to fuel both body and spirit.

Whilst the Spaniards were intrigued by these primitive means of healthcare, they believed that the natives, as they called Filipinos, must be taught the western ways of health.

Pandakaki Puti is mixed with water, creating an herbal decoction to treat eczema.

CHAPTER 1

The Spanish Era
(1565-1898)

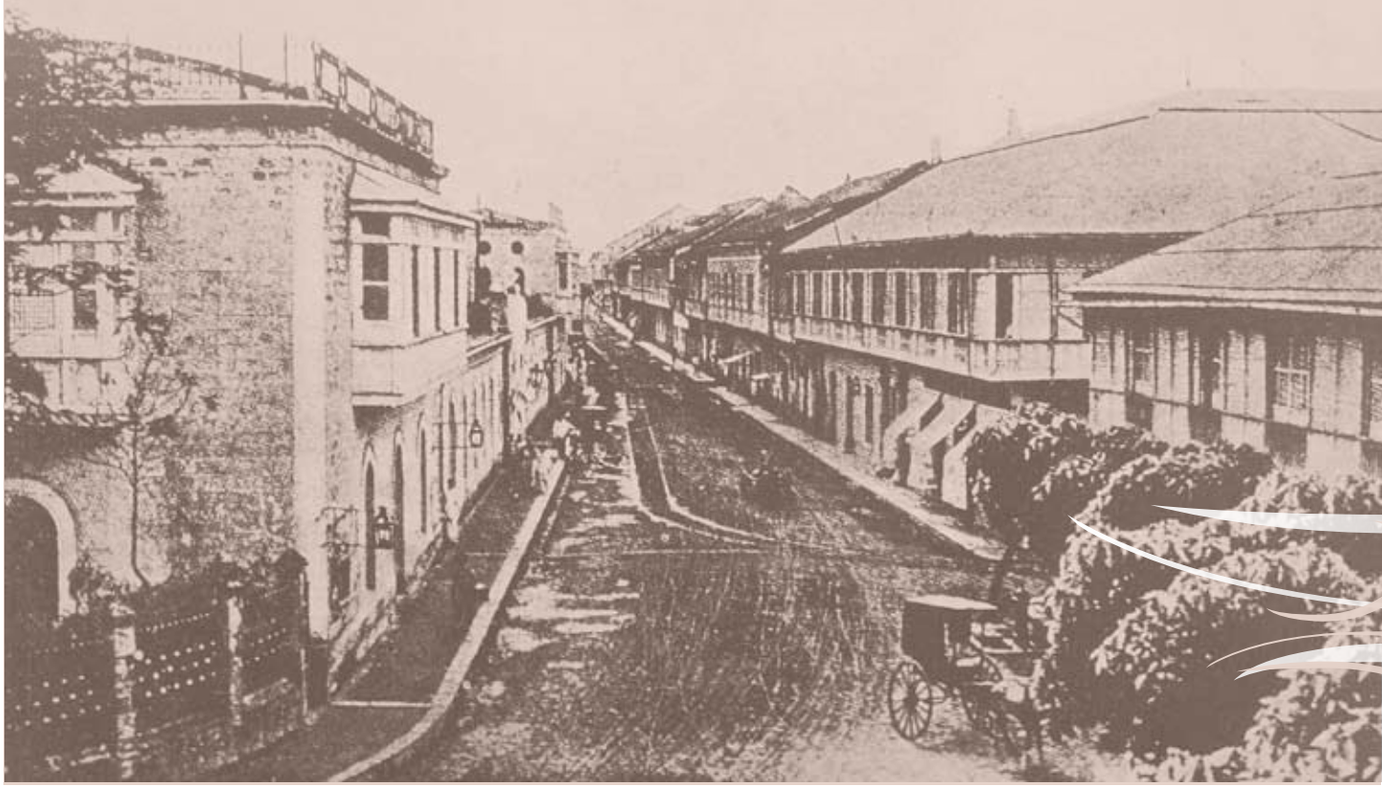
The San Lazaro Church and Hospital represents early medical healthcare in the Spanish era. As the Spanish were not accustomed to the climate, food, and other challenges of living in the Philippines, Spanish soldiers succumbed to a number of diseases and were treated in hospitals specially created for their welfare.

Side entrance of the Shrine of St. Lazarus leading to Plaza San Lazaro.

It took more than 30 years after the death of Ferdinand Magellan in 1521 for the Spaniards to successfully build colonies in the Philippines.

Expensive expeditions were sent by the Spanish monarch Charles I, but each failed to establish a permanent base in the newly discovered archipelago. It was only in 1565, after the arrival of Miguel Lopez de Legazpi in Cebu, that the first permanent Spanish settlement in the Philippines was established. With the successful conquest of Luzon in 1571, Manila was made the capital of the new colony.

While the *babaylans* were replaced by the Spanish friars during this period in leading the Filipino people in the rituals of the Catholic faith, the influence of the Spanish clergy went far beyond religion. History reveals that apart from the political and social control exercised by the Spanish friars, the establishment and administration of some of the first health institutions in the country were also accomplished by men of the cloth.



For more than two hundred years, the Order of San Juan de Dios maintained the Hospital Real, even after the 1863 earthquake that destroyed it. When the Franciscans rebuilt their new hospital outside the city walls, the land on which the old structure stood was given to the Brotherhood.

HOSPITAL REAL

Hospital Real, the very first hospital in the Philippines, was initially built in Cebu in 1565. It was relocated to Manila when the seat of government was transferred. The hospital was established to cater to the needs of the Spanish army and navy, casualties from the military campaigns and those who succumbed to tropical diseases. Interestingly, Hospital Real refused admission to Spanish and mestizo women.

King Philip II allowed Miguel Lopez de Legazpi to set up Hospital Real in Cebu in 1565 exclusively for the treatment of Spanish rank and file soldiers and sailors.

Hospital Real was a royal hospital, funded by King Philip II and the Spanish government, yet it was beset by numerous problems, including finances. There was a constant need for doctors, nurses, and chaplains. Likewise, food and other supplies were always lacking. On July 20, 1597, it was recommended that the royal hospital be administered by both the Order of St. Francis and the Confraternity of La Misericordia, the latter a religious order whose mission was the care of the sick. King Philip II was convinced that the hospital would be better managed with members of the clergy at its helm.

The hospital continued its operations through the next centuries until the earthquake of 1863, which demolished almost all of the stone buildings in Manila. The hospital was rebuilt as a one-storey building outside the city walls.

The Order of St. Francis was first to take care of the poor and the sick in the early Spanish period.

In 1582, Miguel de Loarca reported that inhabitants of Cebu were afflicted by itchy lesions and a certain "bubas." Accounts say this "bubas" came from Bohol when raiders from Maluku infected the natives.

Young women carried water taken from various water sources and stored in bamboo poles. An important development in public health administration during the Spanish regime was the introduction of safe water supply in 1690.

HOSPITAL DE NATURALES

Various sources place the arrival of the first Franciscan mission in the Philippines between 1577 and 1578. With this first mission came Juan Clemente, a lay brother and botanist. The 54-year-old Fray Clemente took pity on the numerous beggars who flocked to the gates of the convent, and so out of compassion he concocted medications and salves to apply to their wounds. Word of his benevolence spread and when the small chapel where he treated the sick could no longer accommodate the patients who arrived in droves, Fray Clemente sought help from the community and the clergy. He was able to raise funds for a simple structure comprising two wards of *nipa* and bamboo which he himself built beside the convent within the walled city of Intramuros.

The streets outside the Sta. Clara Monastery were filled with patients awaiting treatment for various ailments that native medicine could not cure.

The walled city of Intramuros in Manila became the center of health and medicine in the 1900s.

The hospital became the Hospital de los Indios Naturales, more popularly known as Hospital de Naturales. Led by Fray Clemente, the friars cared for the sick while also tending to their spiritual needs. Apart from the hospital, the facility also housed a free pharmacy where ointments, oils, herbal remedies and other medical supplies could be obtained. Through its well-stocked dispensary, the Hospital de Naturales was able to supply most of the medical needs of other hospitals and religious infirmaries.

The original structure was destroyed by a fire that razed Intramuros in 1583 but was rebuilt as a stone structure with the help of Father Domingo Salazar, the first archbishop of the Philippines. Fray Clemente continued his work at the hospital and came across a patient by the name of Juan Fernando de Leon, a Franciscan priest. Inspired by Fray Clemente, de Leon devoted himself to hospital work after his recovery. Using his personal finances, he built an additional ward for the hospital and ensured its financial upkeep. Eventually, de Leon founded the Brotherhood of Santa Misericordia under the Order of St. Francis to support the facility.

A Legacy of Public Health

THE DEPARTMENT OF HEALTH STORY

SECOND EDITION

San Lazaro Church and Hospital was rebuilt on a land owned by a wealthy Chinese who, before dying as a leper, willed that all rentals collected from his properties be used exclusively for the care of lepers in the Philippines.

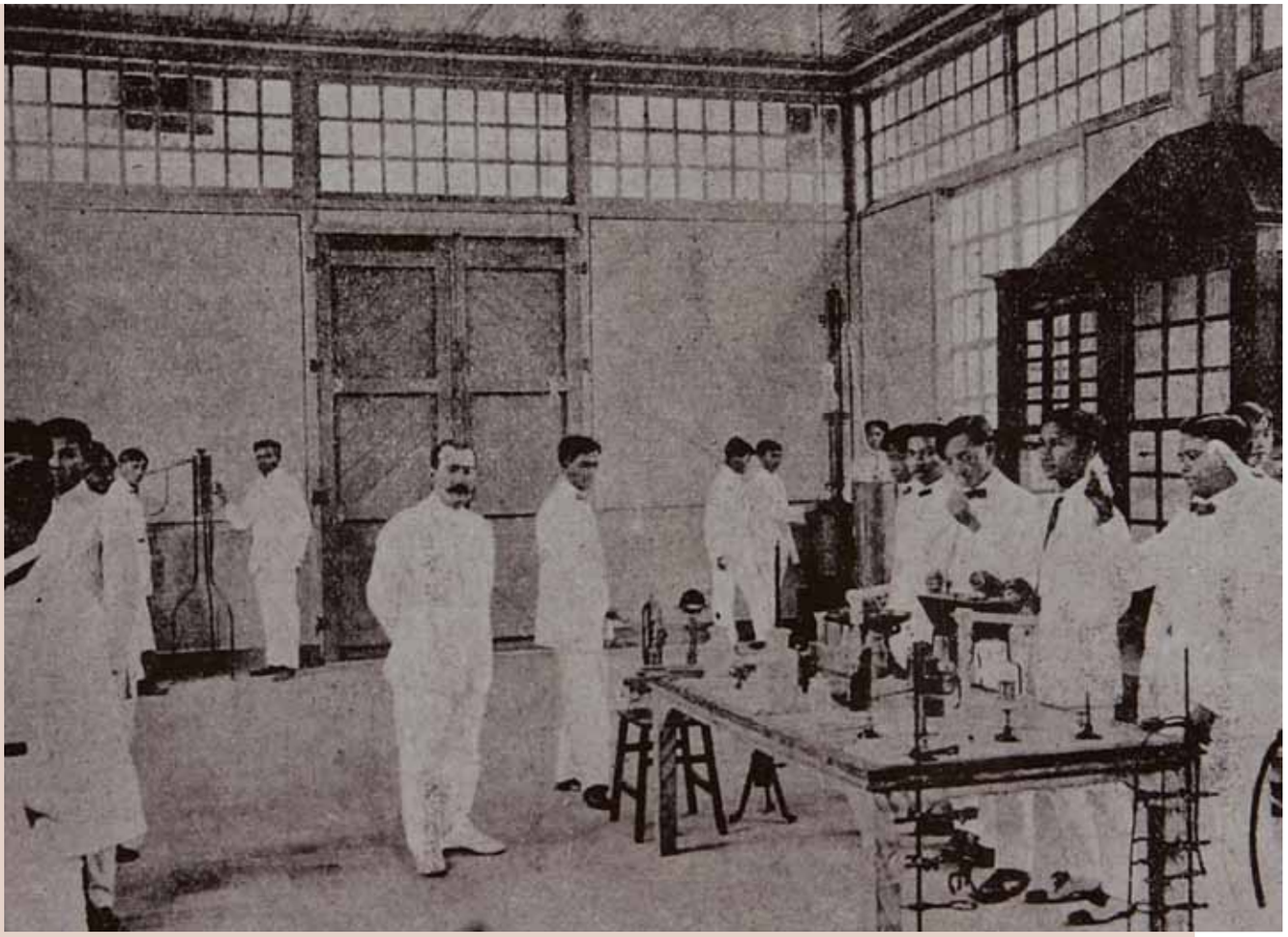
Further assistance was provided by the crown in 1593 when the Hospital de Naturales came under the patronage of King Philip II who granted it government subsidy and guaranteed its protection by the governor-general. This came at a time when the hospital's needs had grown considerably. Food for the patients, medicine imported from Mexico, and wages for the hospital's small staff were mostly provided by the crown and the clergy, but the friars also had to rely on charity during difficult times of epidemics and emergencies.

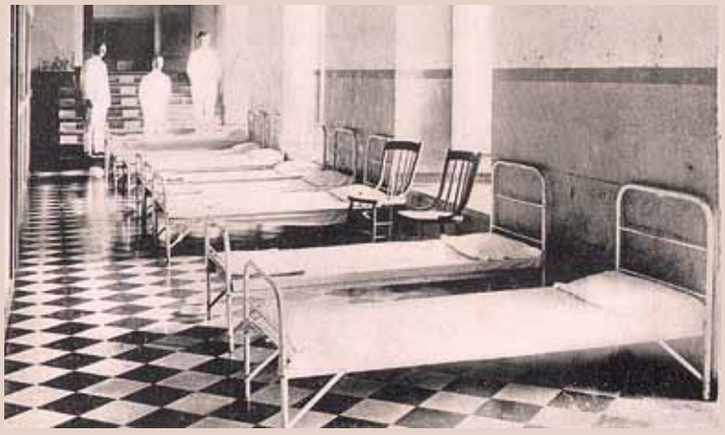
Fray Clemente died in 1598 at the age of 74 after 20 years of service to the hospital. His kindness and sense of charity had touched many lives, so that his funeral was attended not only by the poor and the sick but also by civil and church authorities and other well-known personalities in Manila. Fray Clemente was so revered that it was reported that people who attended his wake tore off pieces of his habit "to keep as holy relics."

A few years after his death, tragedy struck once again when the Hospital de Naturales was destroyed in yet another fire. A new location was chosen for the reconstruction of the facility, a development that led to the establishment of one of the oldest medical institutions in the country, the Hospital de San Lazaro (see page 44).

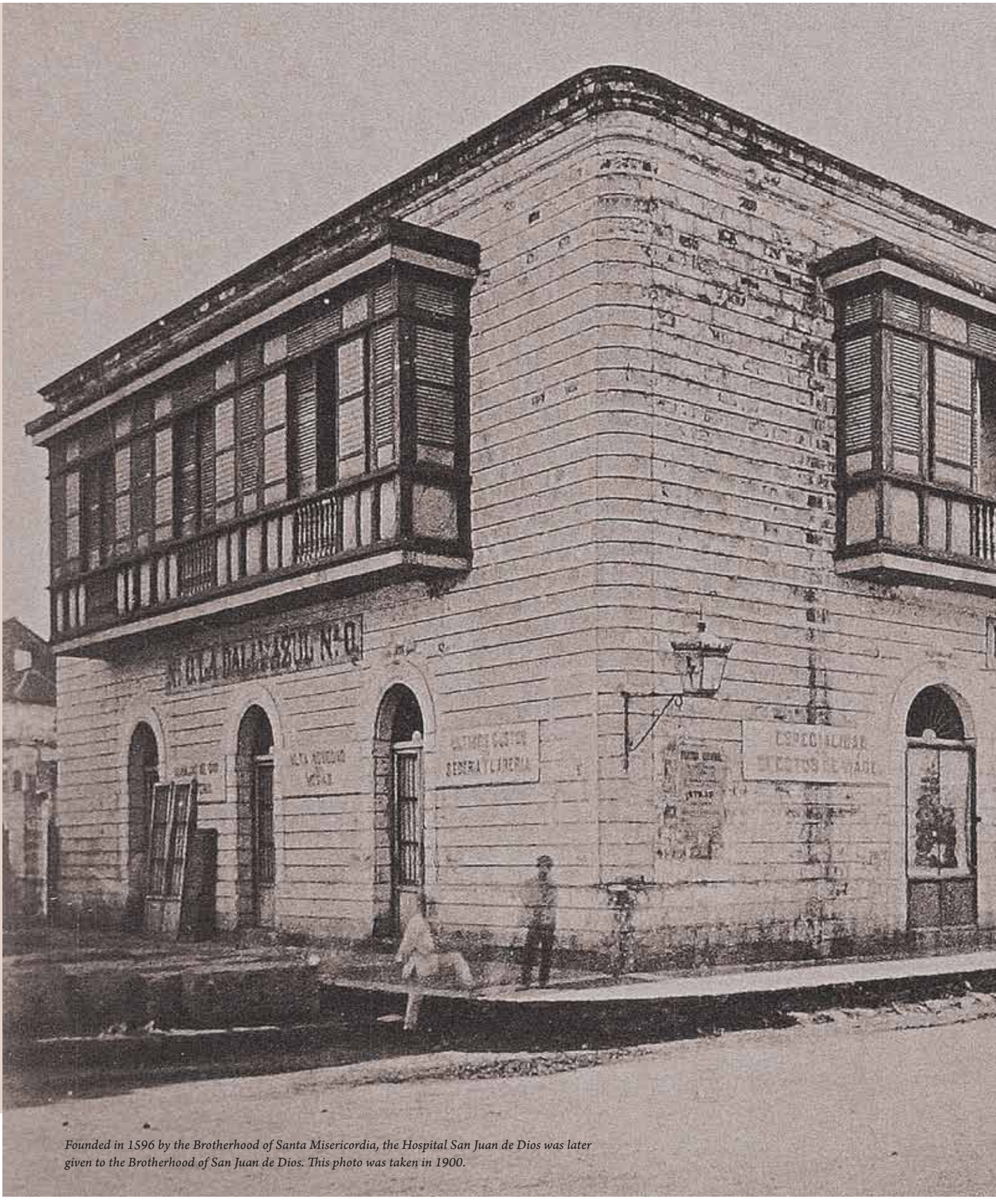
Children, more than adults, are susceptible to leprosy. Many believe that the dreaded disease originated in countries like India, China and Japan.

Shown here are lepers being treated in San Lazaro Hospital.

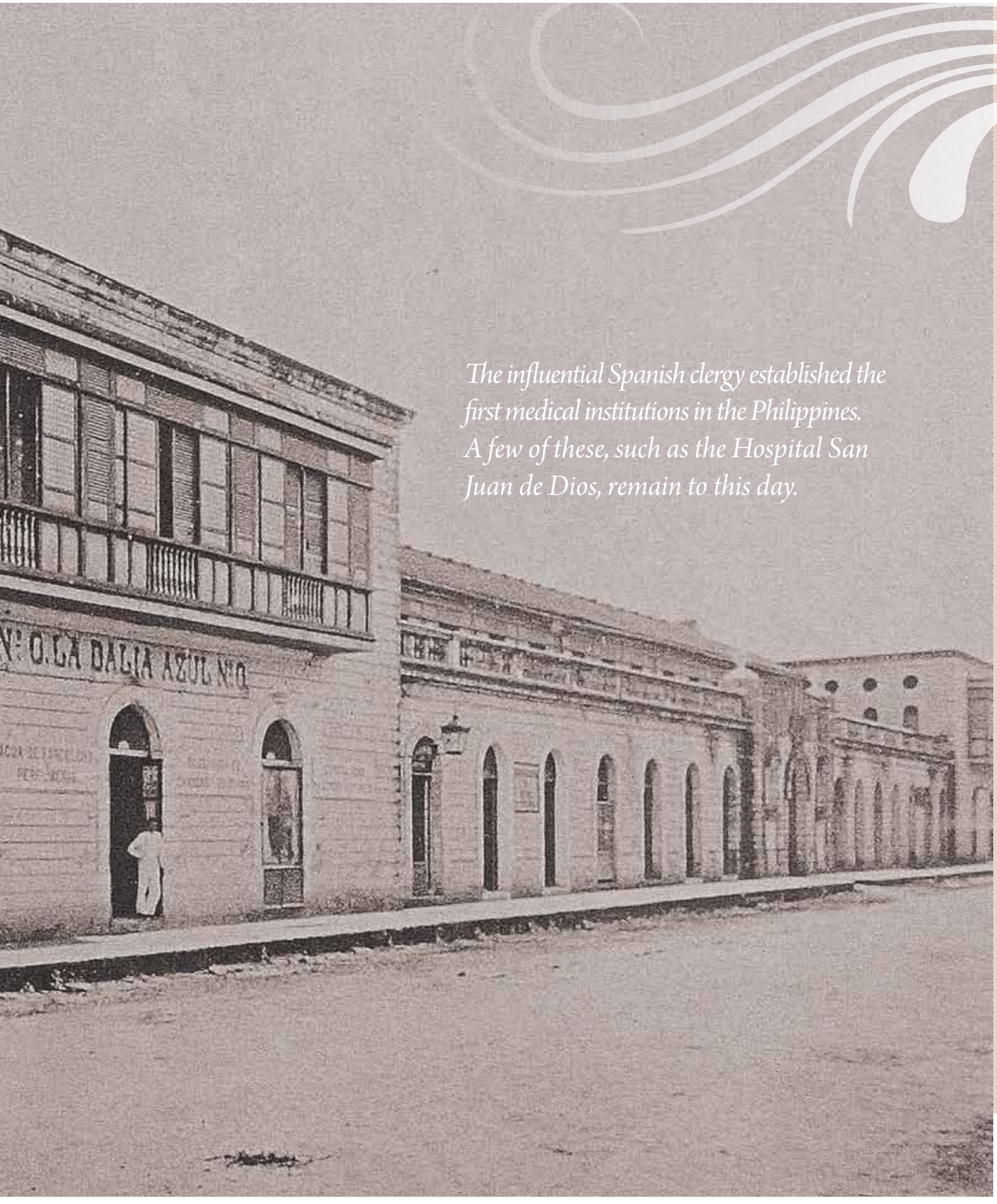




Some of the facilities of the University of Sto. Tomas-College of Medicine in 1887: a chemistry laboratory used for research and experiments (above) and a special room for people suffering from mental disorder (left).



Founded in 1596 by the Brotherhood of Santa Misericordia, the Hospital San Juan de Dios was later given to the Brotherhood of San Juan de Dios. This photo was taken in 1900.



The influential Spanish clergy established the first medical institutions in the Philippines. A few of these, such as the Hospital San Juan de Dios, remain to this day.

HOSPITAL DE LA MISERICORDIA

After the fire of 1603, it was decided that the original site of the Hospital de Naturales be turned over to the Brotherhood of Santa Misericordia. The Hospital de la Misericordia was built for the care of the sick servants and slaves of the Spaniards. As they were refused admission at Hospital Real, Spanish and mestizo women were also treated at this facility.

The compassion with which the Brothers treated the disabled, the wounded, the abandoned and the poor made them well loved by the community. When a plague struck the Filipino population in 1599, the Brotherhood provided food and medicine, going as far as to attend the wakes and burials of those who had succumbed to the disease. This endeared them further to the Filipinos.

Several calamities occurred during the same year as the plague including an earthquake, floods, and the Chinese insurrection. These and dwindling funds necessitated the transfer of the hospital's administration from the Brothers to the Hospitaller Order of San Juan de Dios. A small infirmary in Bagumbayan began operations in 1643, which became known as the Hospital de San Juan de Dios.

The Order of San Juan de Dios maintained the hospital for over two hundred years until by the decree of the governor-general and the will of Queen Isabella of Spain, the management of the facility was transferred to the Daughters of Charity on April 14, 1868. A year later, the decree went into full effect when the Sisters formally took over the hospital.

In 1597, Governor General Luis Perez Dasmarinas recommended to King Philip II that the Royal Hospital in Manila be placed under both the Order of St. Francis of Assisi and the Confraternity of La Misericordia. The latter was a religious order that had care of the sick as its vocation.

Malaria, dengue, and schistosomiasis were endemic to Southern China. They were brought to Philippine shores by Chinese traders.

HOSPITAL OF SAN GABRIEL

The Chinese population in the Philippines was already present long before the Spanish. Trading between the two countries began as early as the 1200s, and the steady influx of Sangleyes or Chinese traders would continue throughout the colonial period. In an attempt to control the population, the Chinese were made to occupy the Parian district just outside Intramuros.

The Dominicans arrived in the country in 1587 upon the invitation of Manila Bishop Domingo de Salazar who sought their help to minister and convert the Chinese to the faith. To this end, the Dominicans built two churches: one at the eastern side of the Parian and one at the other side in Baybay near Tondo. The Dominicans would extend charity to the Chinese, some of whom fell sick and died in poverty and abandonment. To accommodate the growing number of the sick, the priests built a modest-sized building behind the convent and called it the Hospital de San Pedro Martir. The separate structure allowed the Dominicans, who had sworn off meat in their own diet, to serve this to patients in need of protein.

John of God or San Juan de Dios was a Portugese soldier turned healthcare worker in Spain. His followers formed Brothers Hospitallers which was dedicated to the care of the sick and those suffering from mental disorders.

The Chinese or Sangleyes were already trading in the Philippines even before the Spaniards came. In 1571, they were relocated to the Parian.

The Order of Preachers or more popularly known as the Dominicans arrived in 1587 and were tasked to minister to the Sangleys who desired to convert to the Catholic faith. The Dominicans built two churches for the Sangleys: one in Parian and the other in Baybay near Tondo.

In 1589, the Hospital de San Gabriel was created for the Chinese. A building of brick and stone, the hospital was built with financial assistance from the Governor-General Santiago de Vera who supported the Dominicans' efforts to convert the Chinese to Catholicism. When the building burned down, the citizens of Manila protested against the rebuilding of the hospital too close to the city walls. Tensions would occasionally escalate between the Spanish and the Sangleyes, and the fear of uprising was very real. Thus, the hospital was rebuilt in Binondo in 1599, along with the transfer of the Hospital of San Gabriel. But subsequent disasters, a fire in 1603 and an earthquake in 1645, destroyed the original structure and the one built to replace it.

The edifice rose again and lasted for centuries, but the medical institution did not survive. On April 17, 1766, by decree of the Spanish king, the non-Christian Sangleyes were ordered expelled from the Philippines for reasons of treachery and betrayal following their support for the invading British troops of 1762. Years later, on October 20, 1774, the Hospital of San Gabriel was closed.

In 1879, the Spanish garrison built a "floating" naval hospital on shallows to guard the eastern entrance to the Isabela Channel.

Founded in 1871, the University of Sto. Tomas Faculty of Medicine and Pharmacy is the oldest medical school in the country.

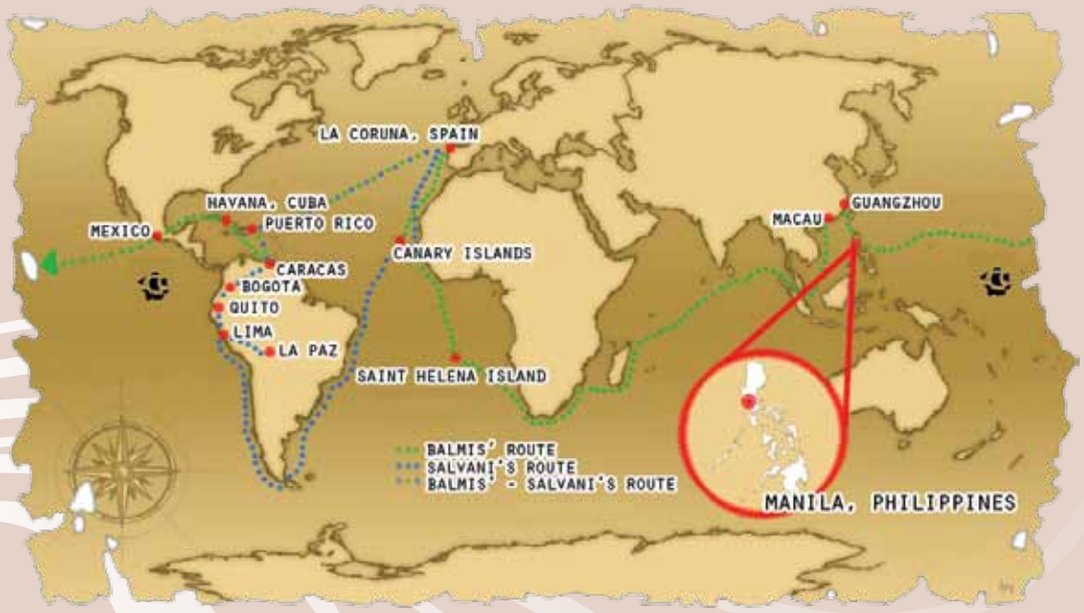
OTHER MEDICAL INSTITUTIONS

Other medical facilities were built by the Spaniards during 400 years of colonization. Aside from the military hospital of Manila, another was erected in the Presidio de Zamboanga. The Hospital of San Jose was built in Cavite in 1591 by the Order of San Juan de Dios for the care of sailors. Another institution was built in Cañacao in 1871 and was managed by the Sisters of Charity. The Hospital of Basilan, built as a naval hospital, was quite unique in the Orient as it was built entirely on the water.

EPIDEMICS

It was in 1574 that another smallpox, also called *bolotong*, became the first recorded epidemic in the history of the country. It spread to provinces as far as Cagayan, Samar, and Leyte and killed over 30,000 Filipinos by the 1760s. In 1789, a vessel from China traveling to the Ilocos region was believed to be the probable source of an epidemic that soon spread to Manila and its neighboring provinces.

In response to this crisis, King Carlos IV of Spain decreed the introduction of the smallpox vaccine to the Spanish colonies, including the Philippines, though an expedition led by Dr. Francisco de Balmis that began on April 15, 1805. While the rest of Europe was still arguing about the merits of the vaccine, developed only a decade before by Dr. Edward Jenner, the King was able to procure the vaccine for his subjects overseas.



Map showing the route of the Balmis expedition, which introduced the smallpox vaccine to the Philippines in 1805.

Typhoons brought heavy rainfall which caused widespread flooding in low-lying areas. Water-borne diseases like cholera were rampant during these periods. Above is a photo of a child's burial in Masbate.

To show that the vaccines were not meant to harm, it was first administered to the Governor-General's very own children. This proved to be an effective strategy as the number of those inoculated increased within a few days. By May 29, 1805, around six to seven thousand adults and children were vaccinated in Manila, Tondo, and Cavite. The Superior Government also ordered the education of physicians, practicantes, mediquillos, and sangradores all over the country on methods of vaccination.

Another scourge that decimated the population of the islands at various times was cholera — the invasion of the small intestine by the bacterium *Vibrio cholerae*, which is ingested via contaminated water or food. This causes intense diarrhea and vomiting, resulting in rapid and severe depletion of body fluids and salts. The first recorded outbreak of cholera was in 1583, which eventually caused the failure of the expedition sent by Governor-General Sebastian Ronquillo to the Mollucas.

Besides cholera, another deadly disease known as beriberi raged across the archipelago. Beriberi also threatened to reduce the Philippine population during the Spanish era. Caused by a deficiency in thiamine or vitamin B, beriberi leads to weight loss, impaired sensory perception, limb weakness and pain, edema, and irregular heart rate. Left untreated, it may lead to heart failure and death.

HOSPITAL DE SAN LAZARO: FOUR CENTURIES OF SERVICE

The Hospital de Naturales, built by Fray Clemente in 1578, was relocated after the structure in the original site burned down in 1603. A new location a safe distance away from the walled city was chosen for the new facility in the district of Dilao, known as present-day Paco.

Here the facility became known as the Hospital de San Lazaro, in honor of the patron saint of lepers. The name was given after the hospital undertook the care of 150 lepers sent to the Philippines by the Japanese emperor Iemitsu in 1632 at the time of Governor-General Juan Nino de Tabora. This "gift" was viewed as an act of spite against the Church for its growing influence over the Japanese empire. But the lepers were received graciously by the hospital, their arrival becoming an occasion for the clergy and the community to extend its benevolence to those afflicted by the disease who are normally treated as outcasts in society.

San Lazaro cholera detention camp. Manila, 1902

Ruins of the old San Lazaro Compound are still being preserved.

Barracks in the cholera detention camp at San Lazaro 1903.

The Hospital de San Lazaro remained in Dilao for 60 years before it was ordered demolished by Governor Sabiniano Manrique de Lara when the city came under threat of invasion in 1662 by a Chinese pirate named Chen Ch'e Kung. A temporary structure was built in Quiapo to house patients until a new location was provided by military authorities along the area known today as Calle Concepcion. As this hospital was deemed inadequate, Governor Don Manuel de Leon bequeathed the sum of 12,000 pesos upon his death to finance the construction of a new facility. Between 1678-1681, under the administration of Father Fernando de la Concepcion, construction of an improved facility was undertaken between Dilao and Balete. This new structure remained for nearly a century. It was briefly taken over by the British in 1762 during an invasion and was used as a vantage point to damage several Spanish fortifications. When another attack by the British became imminent in 1783, the hospital was demolished as a defensive strategy.

San Lazaro Hospital was founded in 1578 by brother Juan Clemente.

Hacienda Mayhaligue

San Lazaro found its final and present home on a large tract of land on Rizal Avenue known as Hacienda Mayhaligue through a royal decree issued by King Charles III. It is believed that prior to being taken over by the Spanish government, the land belonged to a wealthy Chinese mestizo who suffered from leprosy and willed upon his death that all rentals from his land be used to help those afflicted with the disease. From a single main structure and a chapel, the hospital in Hacienda Mayhaligue grew to occupy the 400 hectares of the estate by 1785, with new buildings erected and tenants paying rent to till the land. But its financial woes persisted, with the hospital unable to secure sufficient revenue from rentals and with its government subsidy waylaid by civil authorities. Natural calamities like floods and pestilence struck such heavy blows on the community that morale plummeted among administrators and tenants, bringing the hospital on the verge of shutdown in 1859. At this critical time, the appointment of a Franciscan administrator named Father Felix Huerta brought order and stability to the Hospital de San Lazaro, ushering a time of renewal and progress.

Patients receiving christmas bags at San Lazaro Hospital on January 17, 1953.

FATHER HUERTA served the Hospital de San Lazaro for 35 years, working tirelessly until his death to strengthen its operation and finances. He demanded that government subsidy be restored to the hospital, threatening local officials that if not addressed, he himself would bring the matter of the misdirected subsidies directly to the Queen of Spain. Father Huerta ensured payment from the remaining tenants of the *hacienda* and persuaded old ones to return. By the end of his administration, the hospital had raised an income of 330,000.00 pesos, a considerable sum that was used to care for the sick and improve hospital facilities. Father Huerta's efforts resulted in increased staff, additional quarters, the construction of a bigger, sturdier main facility, as well as a chapel to replace the old one which was destroyed in an earthquake. Such was his devotion to a life of service that even when rendered very weak by illness, Father Huerta insisted on celebrating mass for his congregation on July 28, 1894. This mass was his last. Upon his death, Father Huerta received much honor and remains one of the shining figures in the history of the Hospital de San Lazaro.

Cholera patients in a native cholera ward, San Lazaro 1903.

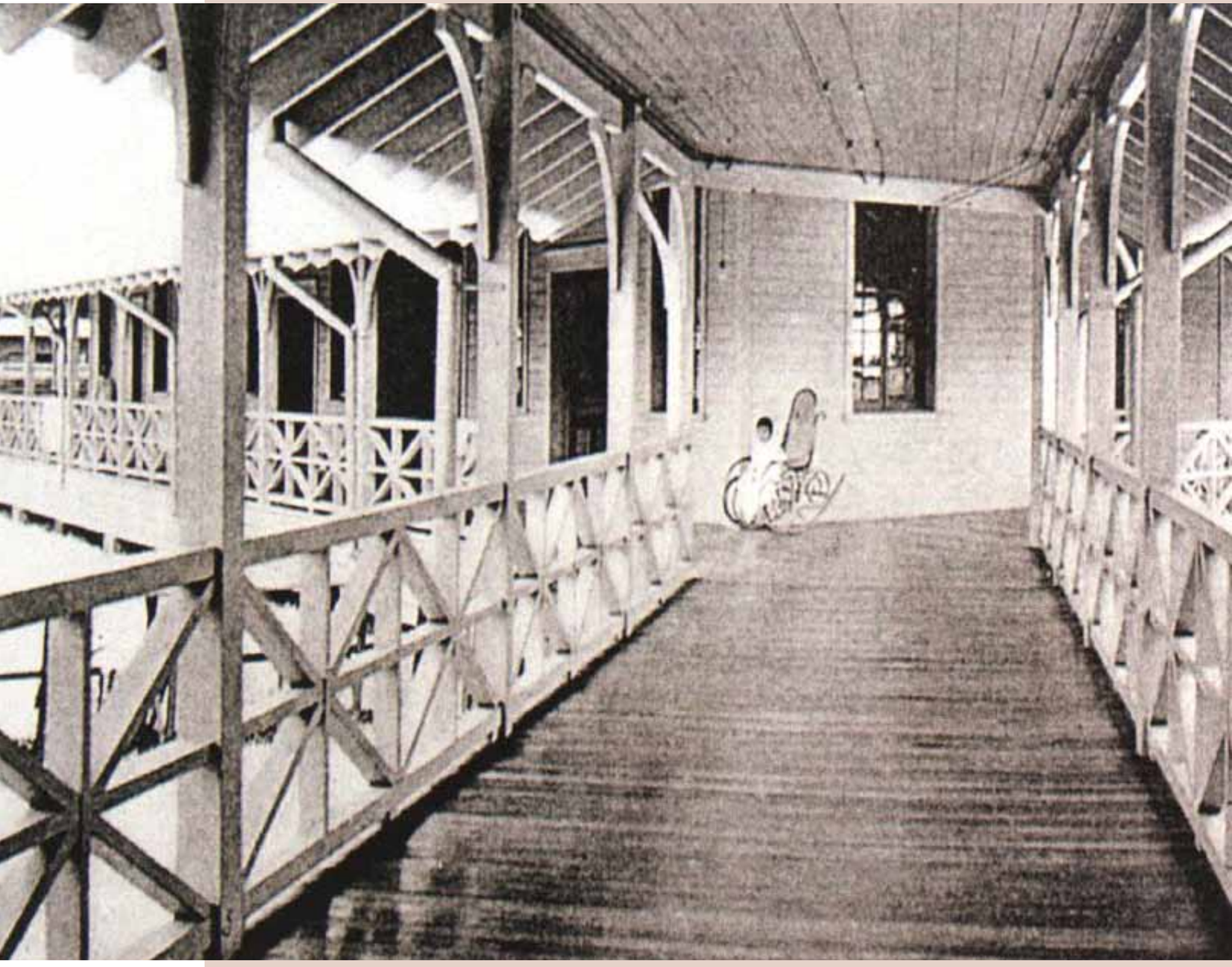
San Lazaro During the American Period

Father Huerta was replaced by Father Mariano Martinez who served as hospital administrator until 1897. The country was entering a new period at this time as the Americans wrested power away from the Spanish colonizers. The hospital was again thrown into a turbulent period during the transition. At one point, the facility was abandoned by all but one nurse tending to the needs of a hundred patients when all others had decided to flee.

Order was reinstated when the American military took over the hospital in 1898. As the new chaplain, Captain McKinnon requested relief for the 98 patients in the facility who were in terrible need of food, water, clothing and medical assistance. Help was provided to the hospital and Dr. Pablo Gueverra was eventually appointed as the house physician. San Lazaro was named a Contagious Diseases Hospital and was placed the following year under the control of the newly established Board of Health. The next few years were marked by a succession of American and Spanish administrators.

An orchestra composed of lepers, San Lazaro Hospital, 1906.

Women's ward, San Lazaro, 1903.



Verandas, San Lazaro Hospital, 1906.

As stricter measures to improve public health were implemented during the American period, San Lazaro Hospital played a vital role in the diagnosis and care of lepers who were sent to the hospital for confinement. A notable Filipino doctor was appointed house physician at the hospital for this purpose, Dr. Eliodoro Mercado. He focused on finding a cure for leprosy and was able to successfully treat patients with a medication that came to be known as the "Mercado Mixture." Advances in the treatment of the disease have since been made and modern cures are now available, but the value of Dr. Mercado's work in caring for the sick in his 15 years of service at the San Lazaro Hospital will go down the annals of history.

Management of the hospital passed from American to Filipino physicians and administrators beginning in 1918. Under the 25-year administration of Dr. Catalino Galvino between 1921-1948, the hospital underwent vast improvements, with new buildings erected and the grounds beautified. San Lazaro's mental ward was transferred in 1930 to the National Psychopathic Hospital, today known as the National Center for Mental Health. In 1945, San Lazaro was also used for the confinement of war prisoners suffering from malaria and dysentery during the Japanese Occupation.

In 1949, under the administration of Dr. Felix Velasco, patients suffering from leprosy were relocated to the Tala Leprosarium in Novaliches, which would later become the Dr. Jose N. Rodriguez Memorial Hospital. In 1978, San Lazaro Hospital celebrated its 400th centennial and was declared a Special National Hospital for Infectious Diseases. Its chapel came to be known as the Shrine of St. Lazarus in 2003, highlighting its long history as a spiritual institution under the direction of the church, and the continuing presence of both secular and religious priests as chaplains.

San Lazaro Hospital is known today as an institution for the treatment of communicable and infectious diseases. It remains one of the tertiary public hospitals under the supervision of the DOH, continuing to serve those in need as it has done for more than 400 years.

Dr. Eliodoro Mercado

CHAPTER 2

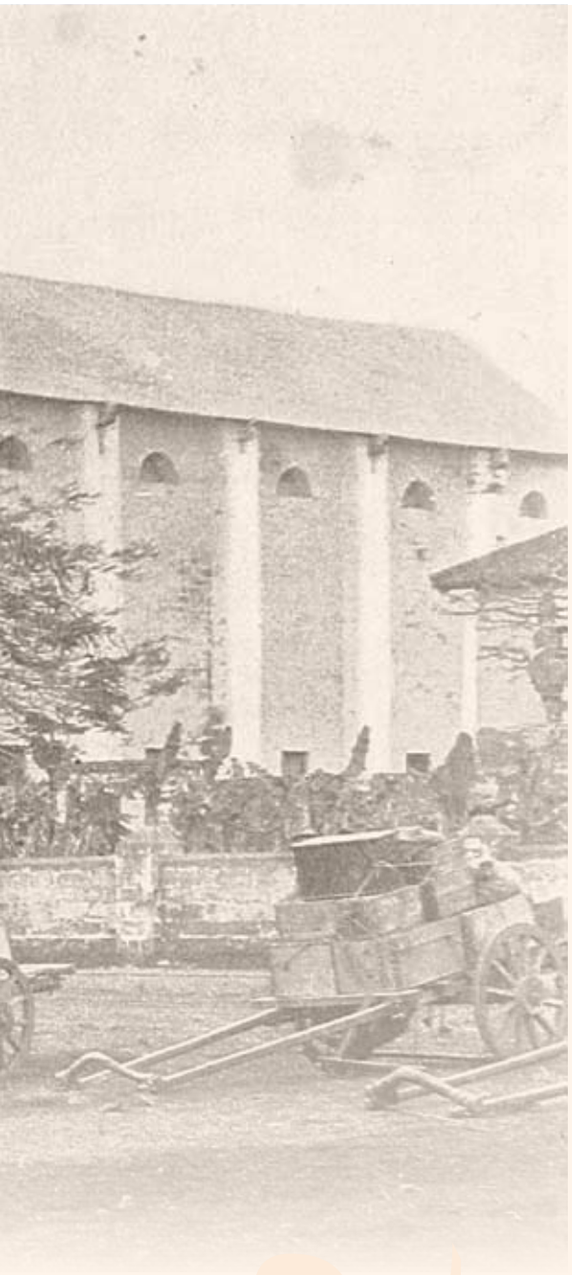
Healthcare Under The Americans
(1898 - 1918)

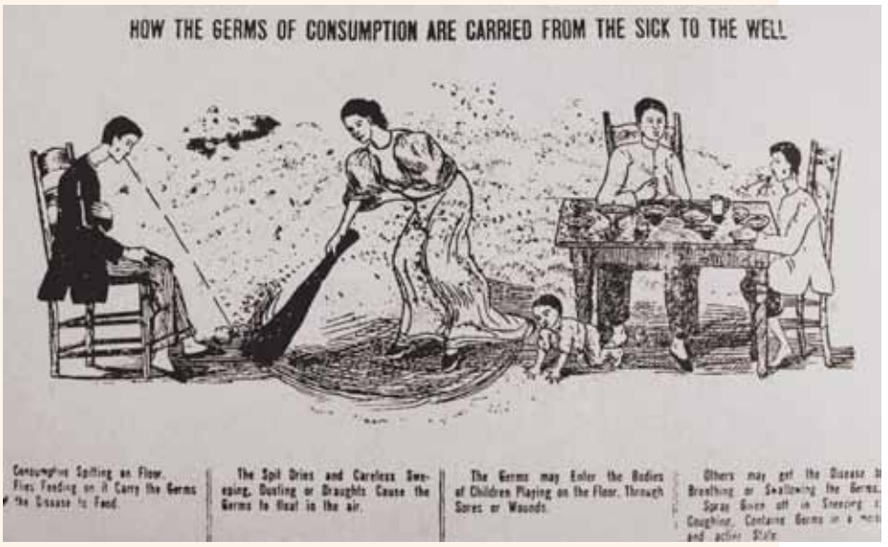
The Americans provided for better healthcare by building more hospitals and implementing measures to prevent the spread of diseases. During this time, formal medical education and more medical benefits were given to Filipinos.

The Blood Plasma Dehydrating Laboratory

When the US mandated a mass smallpox vaccination program in the Philippines in 1917, about 25 million shots were given to Filipinos. An estimated 163,000 Filipinos came down with the disease after the vaccination, and 75,339 of them died from it.

American soldiers helped in the nationwide administration of smallpox vaccine, providing assistance in the campaign to ensure that children were spared from the disease.





The Philippine Health Service used various media to promote health education and disease control.

Through a bloody revolution, the turn of the century brought an end to almost 400 years of Spanish rule. General Emilio Aguinaldo who had led the Filipinos in reclaiming their freedom, declared independence from Spain on June 12, 1898 and established a revolutionary government, one that included a Bureau of Public Health.

But the Aguinaldo government was only two weeks old when hostilities broke out between Filipinos and Americans. The country's erstwhile ally against Spain had become the enemy. The lopsided battle which ensued ended with the United States of America taking control of the country, in what was justified by then US President McKinley as a mission to "uplift and civilize" the country.

The USA did not waste time in taking over the reins of government. It established a military government led by General Wesley Merritt. Under Merritt, a Board of Health for the City of Manila was constituted through General Order No. 15 on September 29, 1898 to supervise all matters pertaining to public health. The Board of Health was headed by Dr. Frank Bourns.

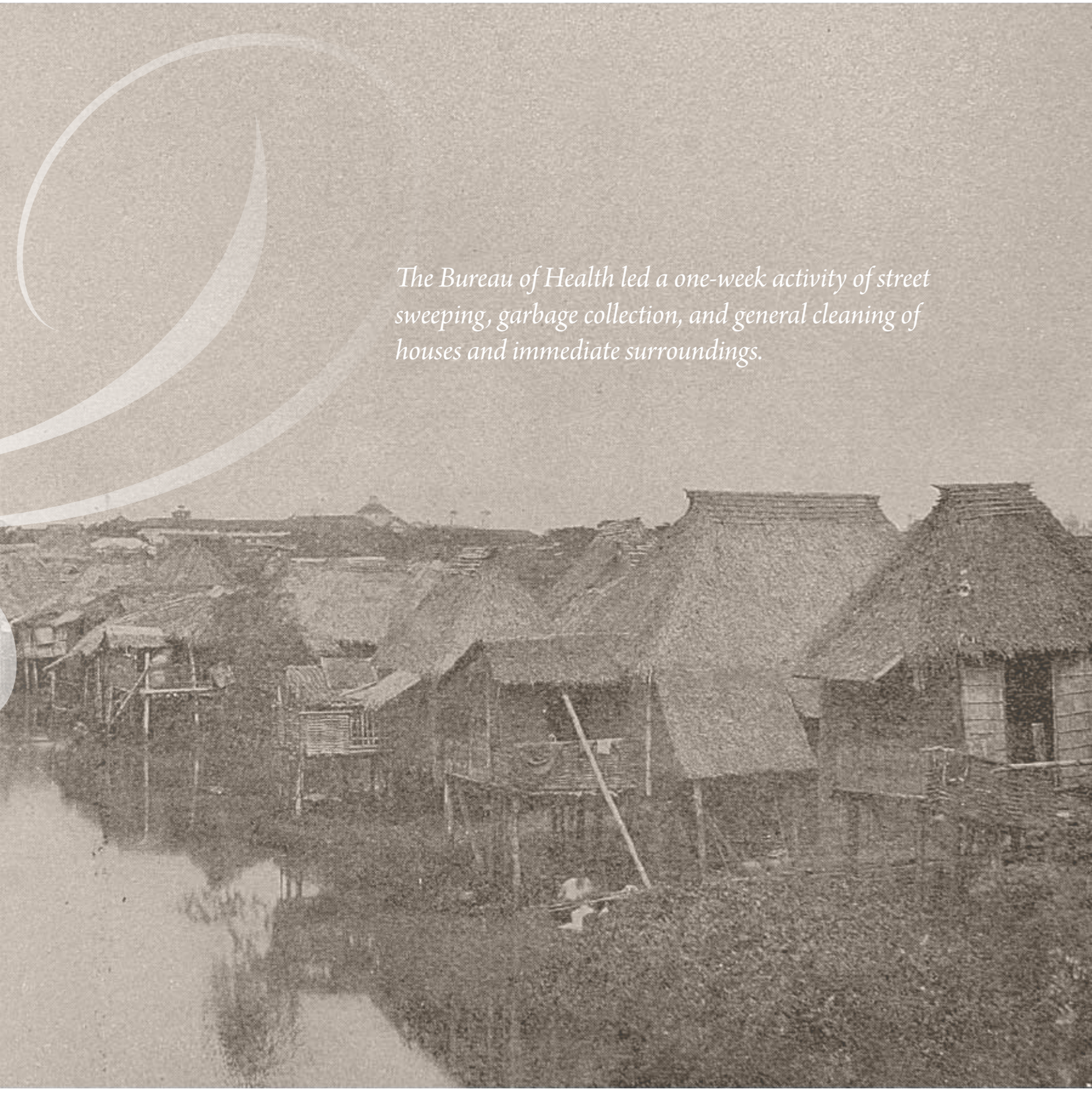
American hospital corps aided troops wounded in the battlefield.

The Insular Board of Health oversaw public dispensaries which studied the causes of diseases and the method of their prevention.

A health officer dispensing mass vaccination among school children in Parang, Sulu.

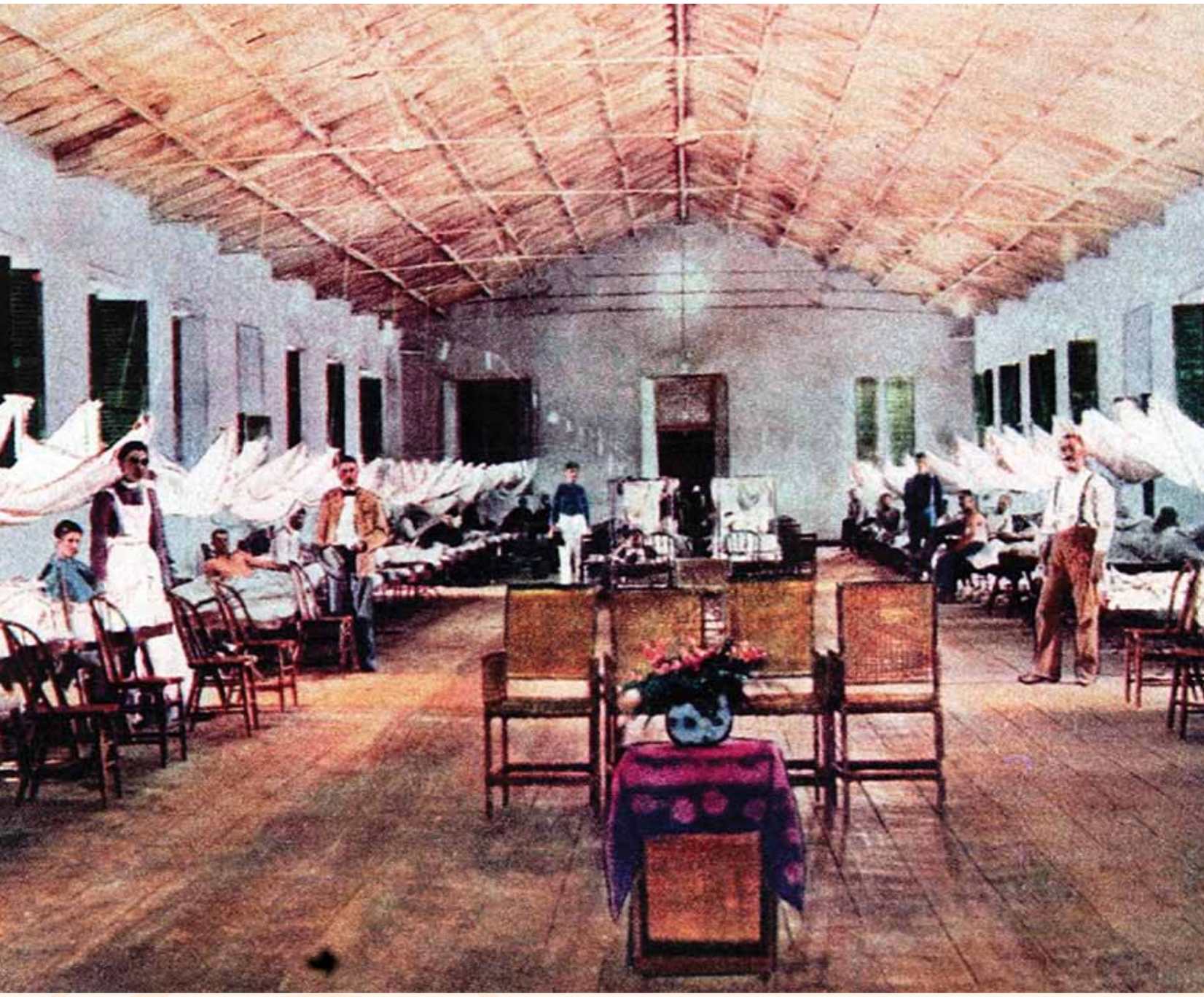
The most urgent health problem which confronted the Board was the spread of smallpox. According to a Board of Health report, the spread of the disease began in both the American and Spanish armies in November of 1898. With the need for a sustainable local source of smallpox vaccine, the Board decided to reopen the old Spanish vaccine farm and to standardize vaccine production. Soon after, trained vaccinators were able to inoculate almost 80,000 people.

On August 26, 1899, Dr. Guy Edie was appointed as the first Commissioner of Health, replacing Dr. Bourns. Campaigns against smallpox continued and the first form of civil registry in the country was established.



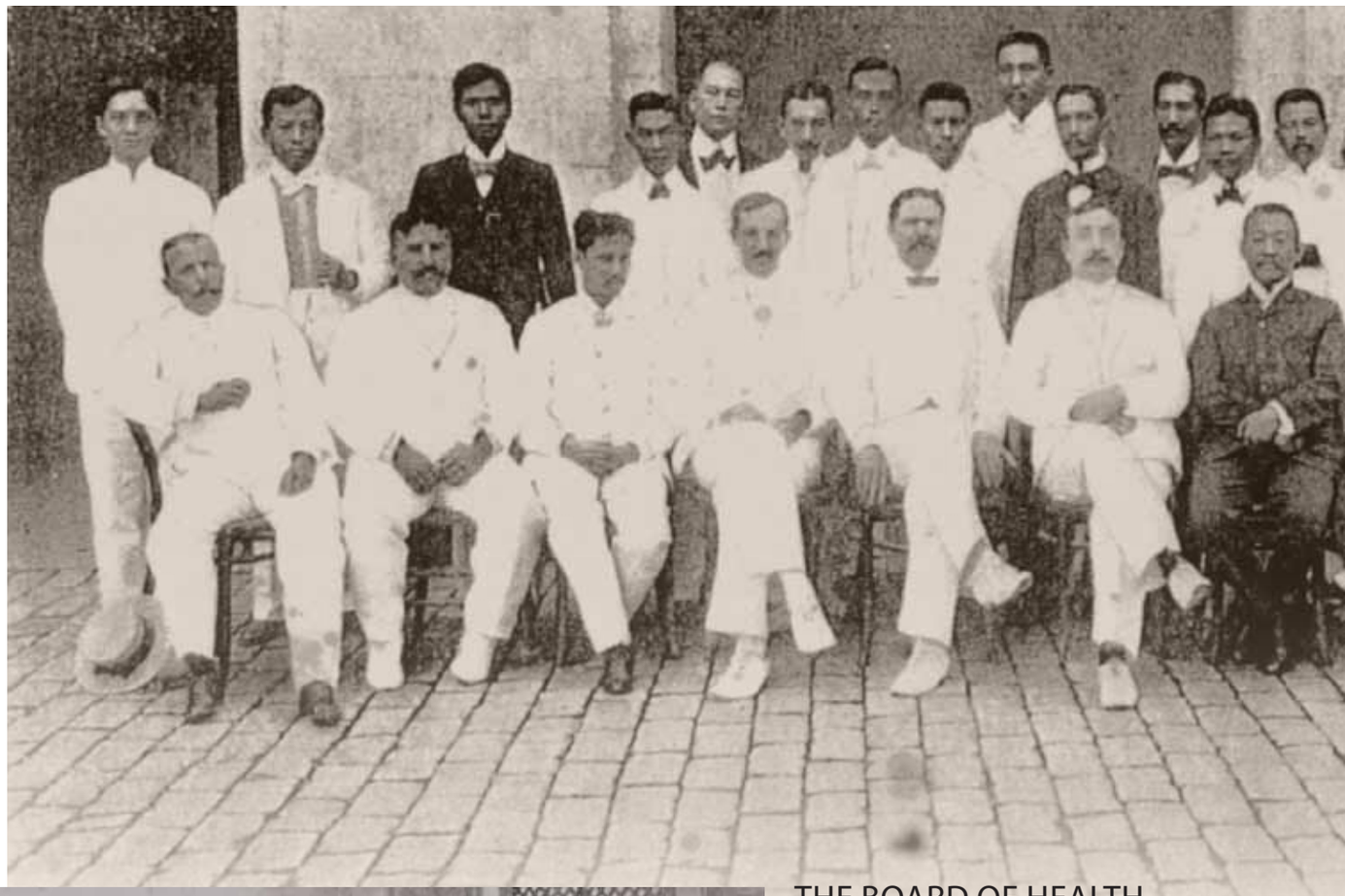
The Bureau of Health led a one-week activity of street sweeping, garbage collection, and general cleaning of houses and immediate surroundings.

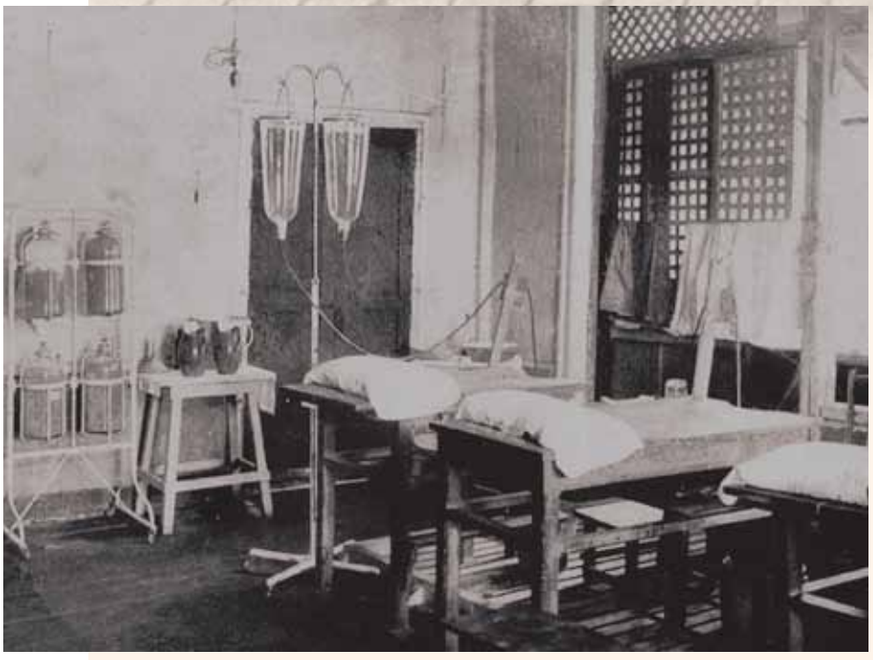
Above: The first and oldest crematorium in the Philippines
Below: The Americans put up a temporary hospital and treated their wounded brothers with utmost care and urgency.



A typical American hospital in the Philippines complete with doctors, nurses and medical equipment

Americans advocated the cremation of bodies, outlawing funerals and land quarantine.





An operating room in a Sampaloc Hospital, 1905.

THE BOARD OF HEALTH

The First Philippine Commission arrived in the country on March 4, 1899. The Schurman Commission, so named after its head Jacob Schurman, recommended the establishment of a civil government to replace military rule. William Howard Taft, the head of the Second Philippine Commission, later became the first Civil Governor and Chief Executive upon the establishment of the civil government in the Philippines in 1901.

During this time, a myriad of health problems confronted his administration, among them the abysmal state of public sanitation and the uncontrolled spread of disease. Bubonic plague ravaged Manila and several adjacent towns; smallpox was still prevalent in the provinces; lepers lived in the streets without medical assistance; and cases of malaria and several varieties of dys-

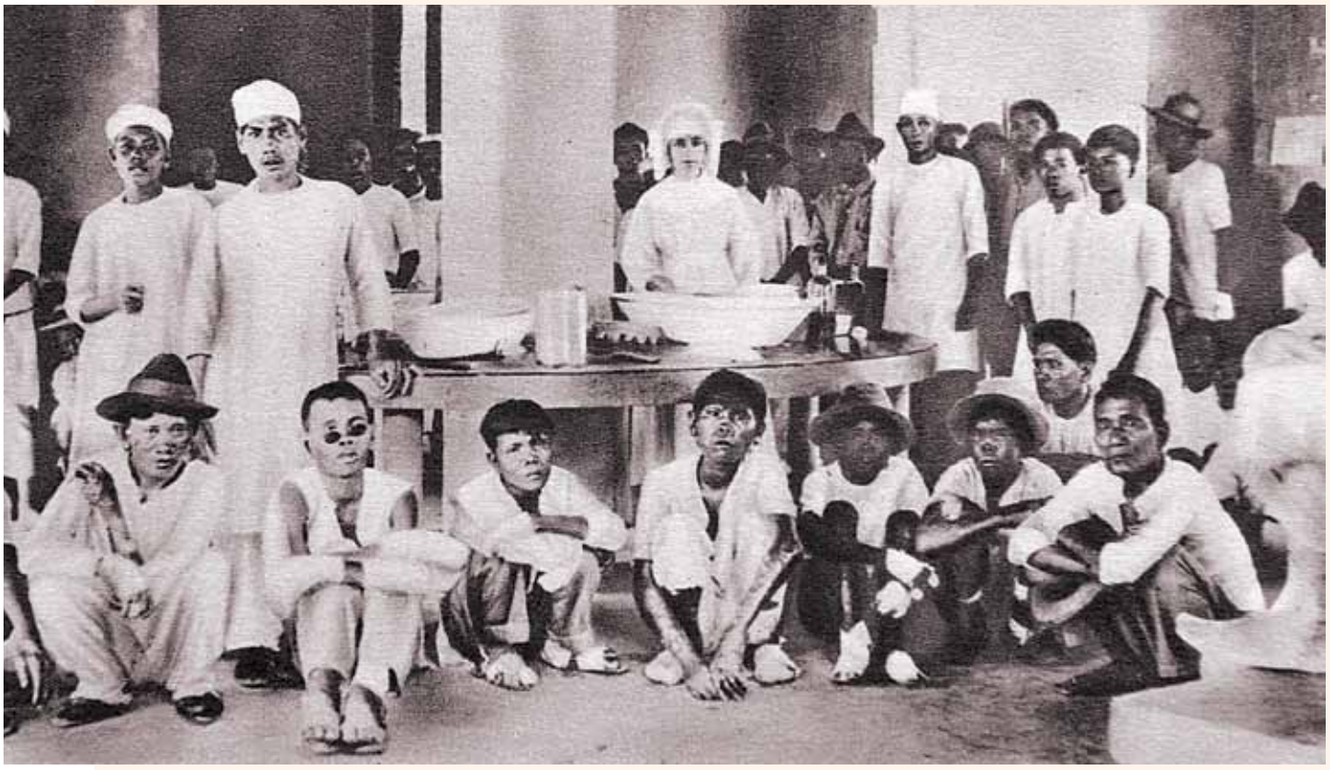
First Board of Health in the Philippines and heads of Provincial Board of Health

entery persisted. The public continued to ignore laws such as compulsory mass vaccination and isolation of infected persons — all critical factors in the prevention of the spread of disease. Given such conditions, a centralized board in charge of the health interests of the archipelago was needed.

On July 1, 1901, the Board of Health for the Philippine Islands was established through Act No. 157. The Board of Health for the Philippine Islands later became the Insular Board of Health with the creation of the provincial and municipal health boards. It was given the power to oversee public health in the country, which included studying the causes of various diseases and the methods for their prevention. The Board was also tasked to draft legislation necessary in regulating sanitation and medical practice in the country.

American soldiers bringing a wounded brother for care and treatment.

The cholera epidemic of 1902-1905 claimed 200,222 lives including 66,000 children. Three percent of the population was decimated in the worst epidemic in Philippine history.



In 1907, the Leper Law (Act No. 1711) provided for the compulsory apprehension, detention, and segregation of lepers at the Culion Leper Colony (above). Care for the lepers continued in the San Lazaro Hospital (below).

Above: The San Lazaro Compound provided a sanctuary for those who were afflicted with the contagious diseases prevalent in the 1910s.

The Commissioner of Public Health was given direct supervision and control over all hospitals and the inoculation of all the inhabitants of the islands against contagious diseases. On the other hand, the Chief Health Inspector oversaw the municipal boards of health and the implementation of sanitation measures.

A roster of American civil servants continued the guardianship of health in the Philippines with some success. They waged a vigorous campaign against bubonic plague, which they successfully eliminated in record time. Also, a pail conservancy system, a sanitary method of human waste disposal, was implemented. In efforts to contain tuberculosis, a survey to identify the location of patients with pulmonary tuberculosis was conducted with the goal of establishing a consumptive colony outside Manila. A census of all lepers was taken to study the feasibility of segregating them in the island of Cagayan de Jolo, where they could be given better care, allowed greater liberty, and made more contented than when confined in hospitals. Eventually, in 1905, the Leper Law was passed, creating the Culion Leper Colony. •

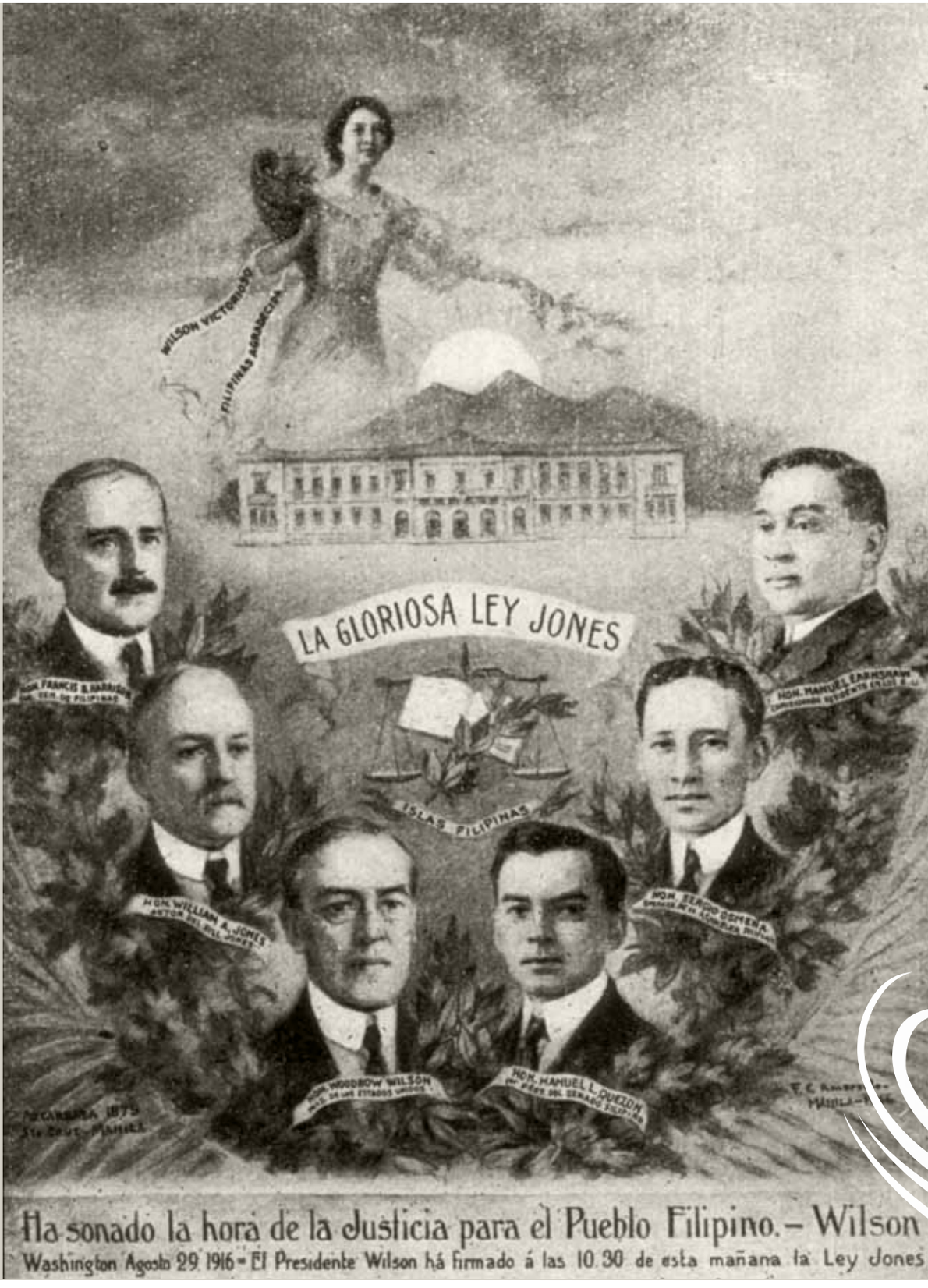
CHAPTER 3

The Filipinization of Health Services (1918-1941)

The Mandate of Public Health (1918-1941)

During the battle for liberation of Manila, the Philippine General Hospital could not handle the casualties alone. Thus, the US Army converted an old school building into a make shift civilian hospital, the North General Hospital. Following the name of its first director, it was later named Jose R. Reyes Memorial Medical Center.

Jose R. Reyes Memorial Medical Center at the San Lazaro Compound



Fernando Amorsolo created this artwork to commemorate the passage of the Jones Law on August 29, 1916. All personalities instrumental to the Act's passage are featured here: Governor General Francis Harrison, Representative William Jones and President Woodrow Wilson for the American side; and Resident Commissioner Manuel Earnshaw, Speaker Sergio Osmeña, and Senate President Manuel Quezon for the Philippines.

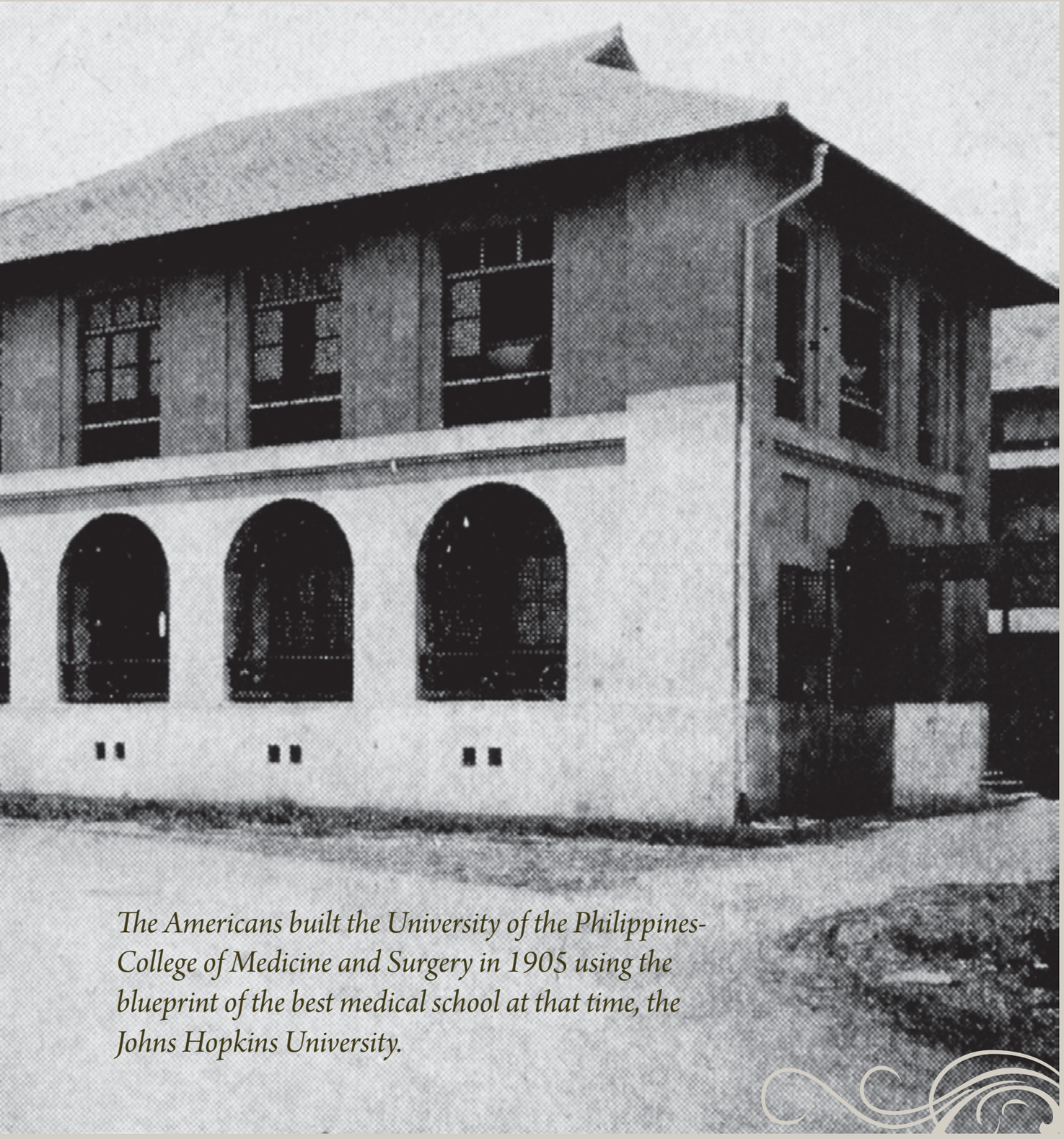
The election of Democratic candidate Woodrow Wilson in 1912 as US President signaled a change in policy towards the Philippines, a change that was effected by Francis Harrison who served as Governor-General to the islands for eight years.

Harrison's term became known for opening the civil government to greater Filipino participation. The Jones Law, passed in 1916, was crafted to formalize US commitment towards granting Philippine independence. In the meantime, Filipinos were given opportunities to exercise self-governance until the country was deemed ready for full autonomy.

The Jones Law created the Philippine Senate and authorized the reorganization of the executive departments of the government. Under Act No. 222, four departments were created, among them, the Department of Public Instruction. Under this Department fell the direction and supervision of the Philippine Health Service. While leadership positions were gradually assumed by Filipinos at this time, the portfolio of Public Instruction, tasked with the guardianship of the State over the mental development and physical welfare of the citizens, remained in American hands.

Under Dr. Victor Heiser's directorship, the Philippine General Hospital (PGH) was opened on September 10, 1910. When Dr. Victor Heiser resigned on February 28, 1915, he was immediately replaced by Dr. John D. Long. Filipinization of the health service was accomplished only when Dr. Vicente de Jesus, the Department's first Filipino Assistant Director, was given the position of Director on January 1, 1919.

Under the Jones Law, the Philippine Health Service came under the supervision of the Department of Public Instruction. Dr. Vicente De Jesus was appointed the first Filipino Assistant Director of the Philippine Health Service on January 22, 1914. Five years after, he headed the full Filipinization of the Service.



The Americans built the University of the Philippines-College of Medicine and Surgery in 1905 using the blueprint of the best medical school at that time, the Johns Hopkins University.

Secretary of Interior, Dean Worcester, with assistance from US President William Taft built a state-of-the art public hospital, the Philippine General Hospital, benefitting Filipinos and Americans.

Former Governor-General William Forbes (left) and Major General Leonard Wood (right) were sent by President Warren Harding to head the mission that would determine US policy with regard to the Filipinization of the government.

For a population of 10.5 million Filipinos, there were 930 nurses.

THE ADMINISTRATION OF LEONARD WOOD

The eight years of democratic administration ended in 1921 with the ascension of Republican Warren Harding to the presidency of the United States. Almost immediately, an investigation and evaluation of the conditions in the Philippines under the policies of the democratic administration was conducted, headed by Major General Leonard Wood and former Governor-General William Forbes.

Despite the great strides achieved by the previous administration, the Wood-Forbes Mission painted a grim picture of health and sanitary conditions in the Philippines, saying that the "excellent health service which had previously existed had become largely inert." They noted the lack of hospitals and dispensaries and the loss of "zeal and vigor" among the health personnel.

The statistics of the Philippine Health Service also showed a steady increase in recent years in the number of cases of preventable diseases, particularly typhoid, malaria, beriberi, and tuberculosis. The defective methods applied in healthcare had resulted in the deaths of more than 50,000 people and the steady rise in cases of typhoid fever. Graver still was the fact that in 1919, there were 115,000 deaths from smallpox and cholera, mortalities that could have easily been prevented.

A great shortage of doctors, nurses, and properly trained sanitary personnel was another challenge to the system. There were only 930 nurses for a population of ten and a half million Filipinos. Outside of the largest towns, hospitals were so few and far between. As well, facilities for lepers and the mentally ill were found terribly insufficient.

The Philippine Health Service underwent substantial changes. An act was passed allotting all provinces an amount equivalent to the sum set aside by the provincial board for hospital purposes.

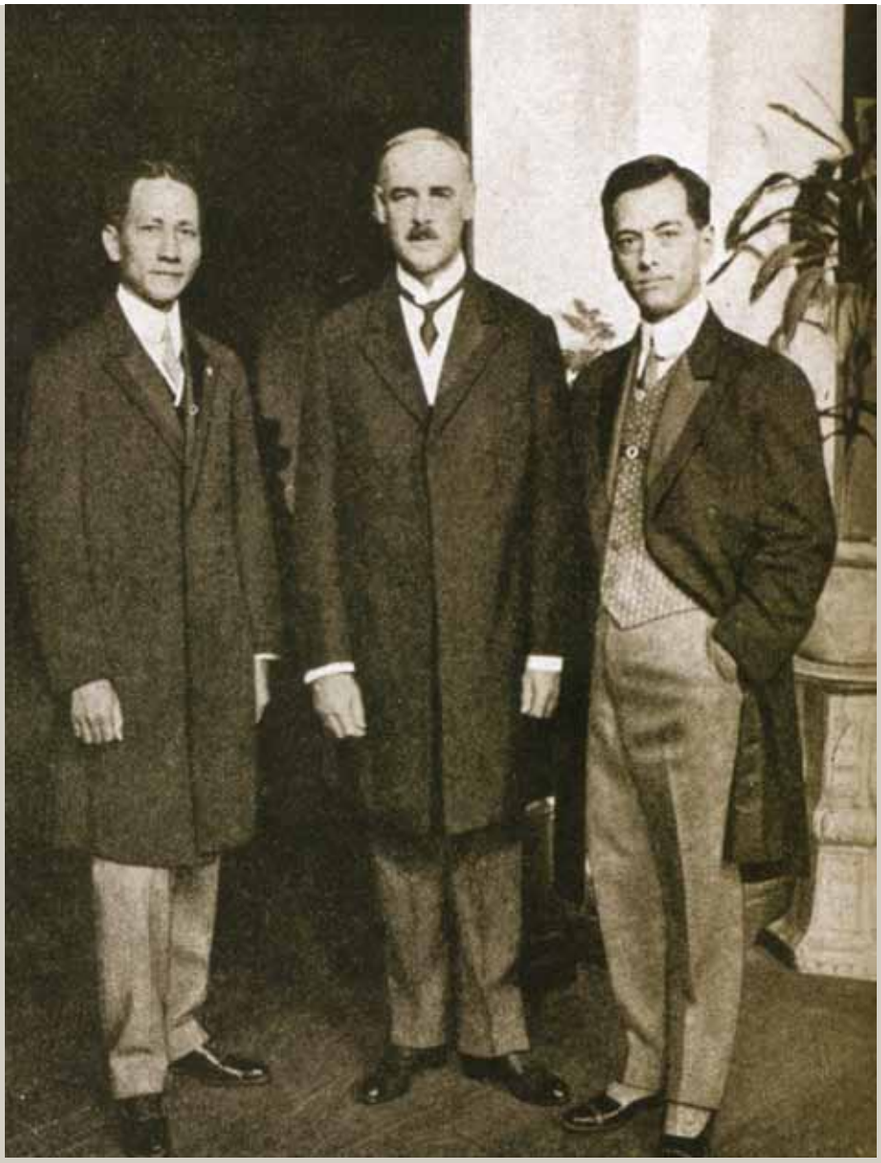
University of the Philippines College of Medicine Graduating Class of 1912, including its first female graduate of medicine, Dr. Paz Mendoza-Guazon.

One of the first nursing classes to graduate from the University of the Philippines.

UP College of Medicine with Dr. Paul Freer as its first dean in the 1910s.

In the1930s, a new strategy was used to curb tuberculosis. In the provinces, the Bureau of Health set up travelling X-ray clinics and TB pavilions.

Governor General Francis Harrison created a Central Advisory Board of Health and Physical Education to ensure a more systematic approach towards the health and physical education of school children. Shown here is Gov. Gen. Harrison, flanked by Speaker Osmeña and Senate President Quezon in Malacañan Palace.



THE PHILIPPINE
JOURNAL OF SCIENCE

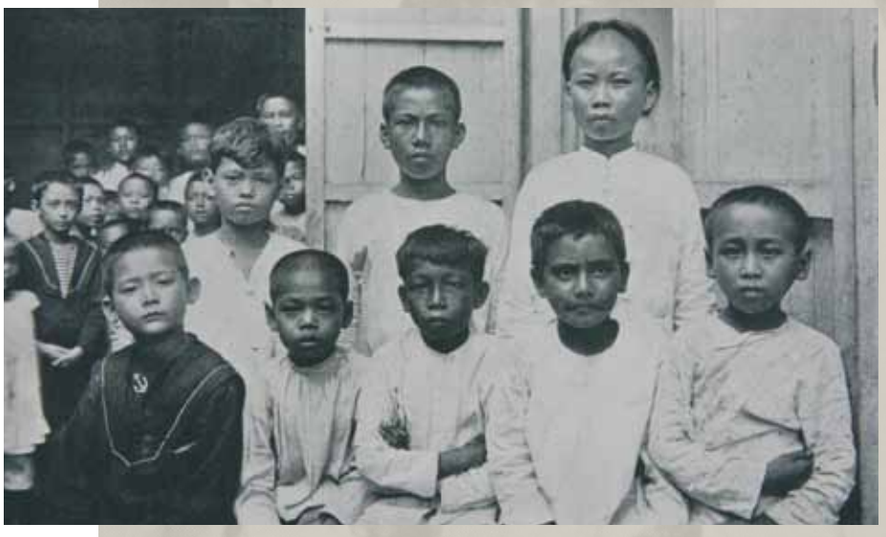
The first issue of The Philippine Journal of Science was in 1906. Authors researched on our natural science, engineering, math and social science. Under direct instructions of President Theodore Roosevelt, in its succeeding issues, the first inventory of Philippine plant diversity by American botanists was featured.

Maj. General Leonard Wood himself took the lead in addressing the health problems his mission identified. This physician, sanitarian of world renown, humanitarian, and former Governor of the Muslim provinces in Mindanao, formally assumed office as Governor-General of the Philippines on October 15, 1921. He stressed the need to give more attention to matters of public health and sanitation, as "too many precious lives are lost each year that could be saved, and easily saved."

To stem the tide of increasing public health problems, the many health functions widely scattered among many departments of the government were placed under one head. What followed were a series of programs and policies that had a significant impact on the health conditions in the country.

Wood's administration saw the establishment of health and puericulture centers for the education of mothers regarding personal hygiene and sanitation. These health centers were deemed a brilliant example of private and public sector partnership as they were organized by prominent citizens of the community, operated and funded by a board of directors, and aided by allocations from government disbursed by the Philippine Health Service. In spite of the noble aims which accompanied the establishment of these centers, lack of funds resulted in their operation in only a fifth of the municipalities in the country. As these were mostly sustained by voluntary contributions, only the wealthiest areas had puericulture centers, to the detriment of the poorer communities which needed their services more.

One of the mobiles used by the Philippine Health Service for dispensing medicines in the 1920s



Puericulture centers were established for the education of mothers and their children.

As a response, the Philippine Legislature passed Act No. 3200 on December 2, 1924 in support of puericulture centers. Authority was given to the government to take over management of those centers which had ceased operations for five consecutive years, while exemption from certain fees encouraged organizations in the creation of new ones.

The health of school-aged children was likewise not neglected during Wood's term. On March 8, 1922, the Philippine Legislature mandated the health examination of all school children at least once a year through Act No. 3029. Prevention became a key strategy, and so vaccinations against smallpox, cholera and typhoid were mandated. Sadly, the program was burdened by the lack of trained personnel.

Finally, with the aid of the Rockefeller Foundation, Wood's administration exerted efforts to strengthen the competency of Filipino health workers. Additional training was provided to address the long- standing need of Filipino health workers to acquire knowledge on combating diseases and illnesses. Among the projects undertaken by the Foundation was the establishment of the School of Public Health and Hygiene at the University of the Philippines.

The Philippine Medical School was founded in 1905 in Herran St. (now Pedro Gil) in Manila. It was later incorporated as the UP College of Medicine and Surgery.

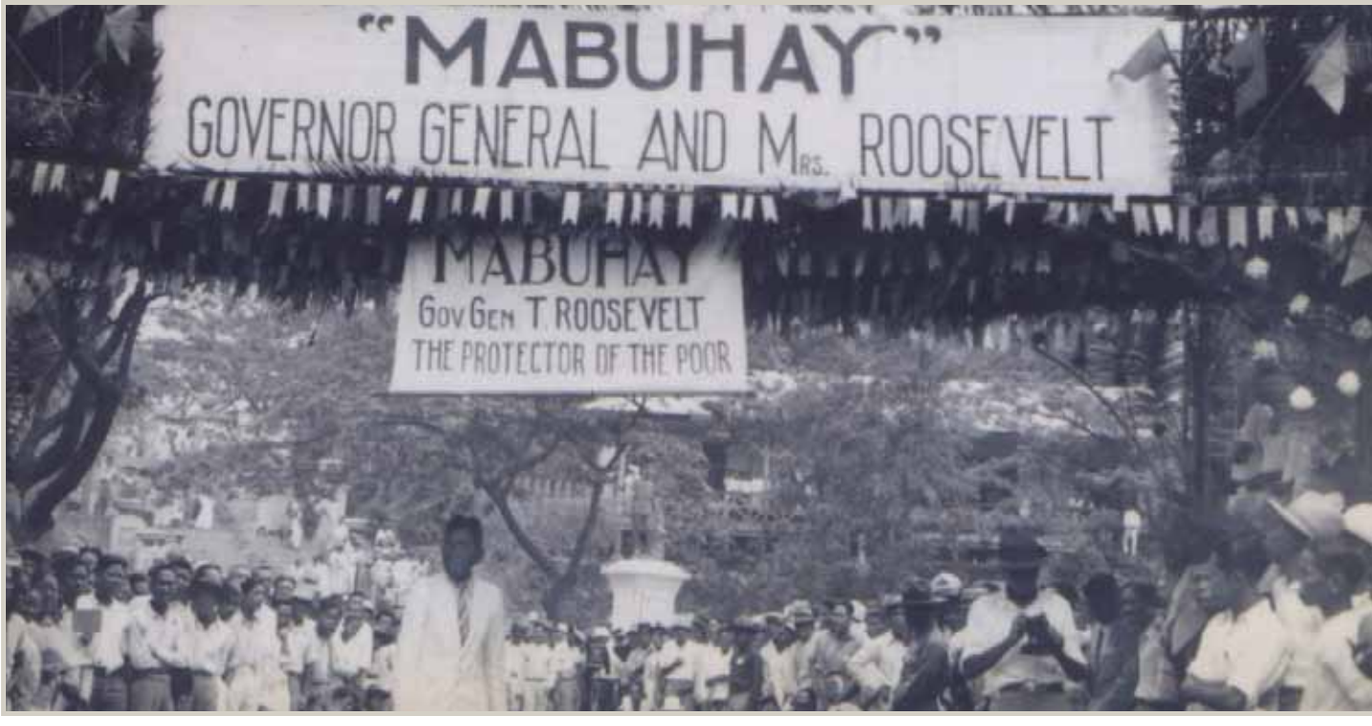
In the University of the Philippines, a young medical student focuses on his studies with the thought of fulfilling his dream of becoming a doctor someday.

Governor General Theodore Roosevelt, Jr. and Mrs. Roosevelt inspecting Culion island as part of the establishment of the Culion Leper Colony, created by the Second Philippine Commission.

THE ADMINISTRATION OF THEODORE ROOSEVELT

In 1932, Theodore Roosevelt, Jr. became Governor-General of the Philippines. Roosevelt's aggressive stance on public health served as one of the hallmarks of his administration. Within his first year in office, Roosevelt abolished the Philippine Health Service, the Office of the Public Welfare Commissioner and the Tuberculosis Commission, and combined these agencies under the Bureau of Health and Public Welfare through Act No. 4007. All these services were placed under the newly created position of the Commissioner of Health and Welfare.

With this act, Roosevelt united all the agencies of the government relating to public health in one department. Dr. Basilio J. Valdes, a medical examiner for the Philippine Constabulary and the Chairman of the Board of Medical Examiners, was named acting Commissioner of Health and Public Welfare.



Above: With increasing cases of leprosy being reported, the Americans decided to establish a formal, segregated island to control the spread of the disease and ultimately eliminate it. Culion was chosen among three other locations.

Left: Culion Leper Colony treats everyone with respect and dignity. For the people there, it is also an opportunity to be of service to the country by taking care of those afflicted by the disease.

TUBERCULOSIS IS A DISGRACE
TO THE NATION

Even during the early American period, creative strategies were used to promote health. Shown here is a float of the government's anti-tuberculosis campaign during the popular Manila Carnival in 1924.

As head of the newly renamed and reorganized Department of Health and Welfare, Dr. Jose Fabella prioritized programs against tuberculosis, malnutrition, malaria, leprosy, gastrointestinal diseases, and high infant mortality.

Roosevelt's administration saw efforts to involve the private sector in matters of public health and initiatives to inform the greater public about healthcare. He solicited the participation of private practitioners, as represented by medical groups like the Philippine Medical Association (PMA) and the Colegio Medico-Farmaceutico de Filipinas. To increase awareness among people in matters relating to health, the Bureau of Health publication "The Health Messenger" was converted into an organ for the dissemination of health-related information. About 30,000 copies of each monthly issue was translated into the popular dialects of the archipelago, besides English, and distributed in pamphlet form. Educational posters were disseminated and community assemblies were convened, usually during fiestas and festivals for public lectures on health. This was in addition to the use of public radio in the dissemination of health information.

A typical hospital and pharmacy in Sampaloc, Manila. The Americans launched widespread public health improvements in disease control, health education, waste management, and water, food and drugs safety.

A typical hospital in the province built by the Amercians. Beginning in 1910, the Amercians provided a sewer system and artesian wells for drinking water, and built more hospitals in the provinces to control the rapid spread of diseases.

"Public health and sanitation must be given more attention and support... because it is in the care of the sick, the insane, and the helpless that the civilization and development of a people is in large measure indicated."

— Gov. Gen. Leonard Wood

In 1934, Dr. Jose Fabella was appointed Commissioner of Public Health and Welfare. Disaster and emergency management became a mandate of the Commission on Public Health and Welfare during this era.

During this period, incidence of water-borne diseases significantly decreased due to the construction of a modern water filtration plant in Manila that supplied safe quality water. The government ran 80 hospitals with 4,402 beds and more than 1,000 dispensaries all over the country. Government facilities for mental patients were doubled, while a school for children with mental disabilities was established. Traveling clinics were deployed to provide medical care for those living in remote areas.

In 1915, the first "Healthy Baby Contest" was initiated in response to one of the biggest health problems of the time – the high rate of children and infants dying before five years of age.

THE PHILIPPINE COMMONWEALTH (1935-1942, 1945-1947)

With the ratification of the Tydings-McDuffie Act by the Philippine Senate in 1935, the country was well on its way towards total independence. The Act provided for a ten-year transition period, a time for preparation during which the Philippines strengthened its capacity for self-governance. Under the Commonwealth government, Manuel Quezon became the first President.

On May 31, 1939, the Department of Health and Public Welfare was born by virtue of Commonwealth Act 430. Dr. Jose Fabella became the first Secretary of Health and Public Welfare, which was tasked with the protection of the health of the people, the maintenance of sanitary conditions, and the proper enforcement of health laws, sanitation, and social services.

Health and social welfare were important cornerstones of the social justice program under the Philippine Commonwealth. Despite limited funds, the government was determined not only to continue but to build on the achievements made under American rule.

Under President Quezon's leadership, the government built and improved hospitals, health facilities and puericulture centers in the country. Training on maternal and child

Upon his assumption of the presidency of the Commonwealth government, President Manuel L. Quezon prioritized health and diligently looked for funds for its programs.

President Quezon, who himself suffered from tuberculosis, swears in Dr. Fabella who was retained as head of the Bureau of Health. The President increased the bureau's budget by more than a million pesos in 1938.

Above: With the medical progress in Europe and the United States, by the year 1930s more Filipinos wanted to be doctors. Shown above are the medical examinations given annually by the Board of Medical Examiners.

health services were made more comprehensive and nurse supervisors were made to take public health nursing courses. Sanitary divisions were expanded; special concerns such as leprosy, venereal diseases, mental disorders, and infectious diseases were addressed by the creation and improvement of specialty facilities. One such facility was the Santol Sanatorium, initially built for tuberculosis patients in 1918. During the Commonwealth era, this sanatorium was turned into a tertiary hospital, popularly known as the Quezon Institute.

These efforts were supported by the private sector, volunteer organizations, and religious groups who became the government's partners in providing health services for free or at nominal cost. With financial assistance from the Philippine Charity Sweepstakes Office (PCSO), for example, National Charity Clinics were established in 1939 to address the inequities of health resources. New doctors were encouraged to start practicing outside of city centers and to render free consultation services to indigents for at least two hours every day. These charity clinics included ambulatory dental clinics as well.

It was also during the Commonwealth era that a public health laboratory with modern facilities, the Institute of Hygiene and the Philippine General Hospital were reorganized. Several wards, including a unit for the treatment and study of cancer, for which an entire building was constructed, were added to the PGH.

In 1934, the Sweepstakes law took effect and part of its earnings provided funds for health projects such as the government's program to combat tuberculosis. The PCSO managed the funds and its lasting memorial to President Quezon was the Quezon Institute.

On February 1945 an emergency hospital with 100-bed capacity was established by the Philippine Civilian Affairs Unit No. 5 (PCAU-5) to cater to civilian war casualties. It grew up to a training hospital in 1947 and was named North General Hospital. At present, it is known as Jose R. Reyes Memorial Medical Center a tertiary level, teaching-training general hospital located in Sta. Cruz, Manila.

THE JAPANESE OCCUPATION (1942-1945)

The gains of the Commonwealth, however, were soon crushed by the onslaught of the conquering Japanese Imperial Forces. On December 6, 1941, the Japanese bombed Pearl Harbor in Hawaii. The Philippines, as an American ally, found itself at war. Over the next few weeks, the carefully orchestrated assault of the Japanese culminated in the occupation of Manila while the American and Filipino forces made a last stand on the island fortress of Corregidor.

The Japanese-sponsored Philippine Republic was inaugurated on October 14, 1943 with Jose P. Laurel as president. From 1942-1943, Claro M. Recto served as Commissioner of Education, Health, and Public Welfare, with Dr. Eusebio Aguilar as Director of Health.

A ravaged Legislative Building was one of the concrete casualties of the war.

Under the Japanese occupation, incidence of tuberculosis, malaria, and severe malnutrition increased among the lower classes. Over 5,000 previously segregated lepers escaped in search of food.

President Jose Laurel signs the draft of the 1943 Constitution at the Metropolitan Waterworks Building on Arroceros Street in Manila.

On January 30, 1942, President Quezon's Executive Secretary Jorge Vargas became the Chairman of the Philippine Executive Commission which replaced the Commonwealth government. Instituted by the Japanese Imperial Forces, Vargas issued Executive Order No.1, which placed the Bureau of Health including the Quarantine Service, under the newly formed Department of Health and Public Welfare.

The Japanese Occupation was relatively brief, lasting from 1942 to 1945. But for the Filipinos who lived in fear and deprivation, those years were a long, horrible nightmare. Food and medicine were scarce, diseases like malaria and tuberculosis raged over the country.

A smattering of health directives regarding the operation of sanitary markets, the distribution of milk, and submission of reports concerning outbreaks of diseases were issued between 1942 and 1943. In the following years, three health institutions were created: the Philippine Malaria Relief Association, the Board of Nutritional Research, and the Medicinal Plant Committee. Finally, towards the end of Japanese occupation, President Laurel issued Act No. 37, which reopened puericulture centers and established new ones in the municipalities and chartered cities in the Philippines.

Founded in 1905, the Asociacion Feminista Filipina built a milk station, Gota de Leche ("Drop of Milk"), which took care of children suffering from beriberi and malnutrition. The facility was used for milk rationing, providing milk for babies whose mothers were unable to breastfeed and serving as a puericulture center during the war.

This Issue 6 Pages — The Tribune — Price 5 Centavos

YEAR XIX — MANILA, PHILIPPINES, WEDNESDAY, OCTOBER 20, 1943 — NUMBER 181

LAUREL FORMS CABINET

Foreign Ministry Is Created

Assembly Acts Promptly On Administration Measure

Unanimous Approval

First Bill Enacted

Money for New Ministry

Assembly Doings

P. I. Now Enjoying Complete Independence, Says Aquino

Is Answer to Queries

Appointed

Foreign Minister Recto

Recto Appointed Minister of State For Foreign Affairs

President Will Install New Cabinet At Ceremony to Be Held in Malacañan Reception Hall at 11 a.m. Today

President Jose P. Laurel has formed his cabinet with Claro M. Recto as Minister of State for Foreign Affairs, Malacañan announced at 8 o'clock last night.

The new cabinet will be installed at a ceremony to be held at the Palace reception hall at 11 a. m. today. Ranking officials will attend the oath-taking ceremony.

Foreign Minister Recto will head a department that was created only yesterday by an act of the National Assembly.

Burma, Croatia Recognize P. I.

From Croatia

FILIPINO STUDENTS HONORED IN TOKYO

124 PLANES DESTROYED IN 53 RAIDS IN CHINA

The Exploits

Severe Hostilities

JAPAN PROTESTS PORTUGAL'S ACTION

5 Craft Downed Over Wewak

Repulse Raider

NIPPON NAVAL FORCES SINK EIGHT JUNKS

Claro M. Recto was appointed to head the new department as Commissioner of Education, Health, and Public Welfare. He was retained by President Laurel as Minister of Education, Health and Public Welfare when the Philippine Executive Commission was dissolved and the new Philippine government was installed.

When the Philippine Republic was inaugurated on October 14, 1943, the National Assembly provided assistance to reopen the puericulture centers and to establish new ones in the different municipalities and chartered cities in the Philippines.

The Commonwealth was re-established upon the liberation of Manila in 1945. President Sergio Osmeña with General Douglas MacArthur and Secretary of Interior Jose Zulueta restored the Department of Health and Public Welfare, which had stopped operations when the government was in exile.

LIBERATION AND RECONSTRUCTION (1945-1946)

General Douglas MacArthur left Corregidor with a promise to return, and on February 3, 1945, after a series of battles fought over land and sea, the General made good on his vow and liberated Manila. On February 27, 1945, under the leadership of President Sergio Osmeña, the Commonwealth government was reconstituted. General Basilio J. Valdez was appointed as Secretary of Health and Public Welfare, Secretary of National Defense and Chief of Staff of the Philippine Army. He was soon replaced by Dr. Jose C. Locsin as Acting Secretary of Health and Public Welfare.

A survey of the health and sanitary conditions in post-war Philippines conducted by the United States Public Health Service (USPHS) reported grim findings: the cases of infectious diseases were high; malnutrition and beriberi were widespread; public sanitation was in a deplorable state; and destruction of health infrastructure posed new threats of cholera, plague, smallpox, and other epidemics.

War had indeed left the nation in a weakened state. But with the end of the Commonwealth period in sight, nothing deterred the nation further from achieving the dream of independence.

Tuberculosis, which dates back to 2700 BC in China, was a major epidemic in 19th century Philippines and was a leading cause of death.

A typical free clinic in Sampaloc, Manila

A Legacy of Public Health

THE DEPARTMENT OF HEALTH STORY

SECOND EDITION

Carrying bundles of joy, the nurses of the Mary Johnston Hospital provided hope at the outbreak of war.

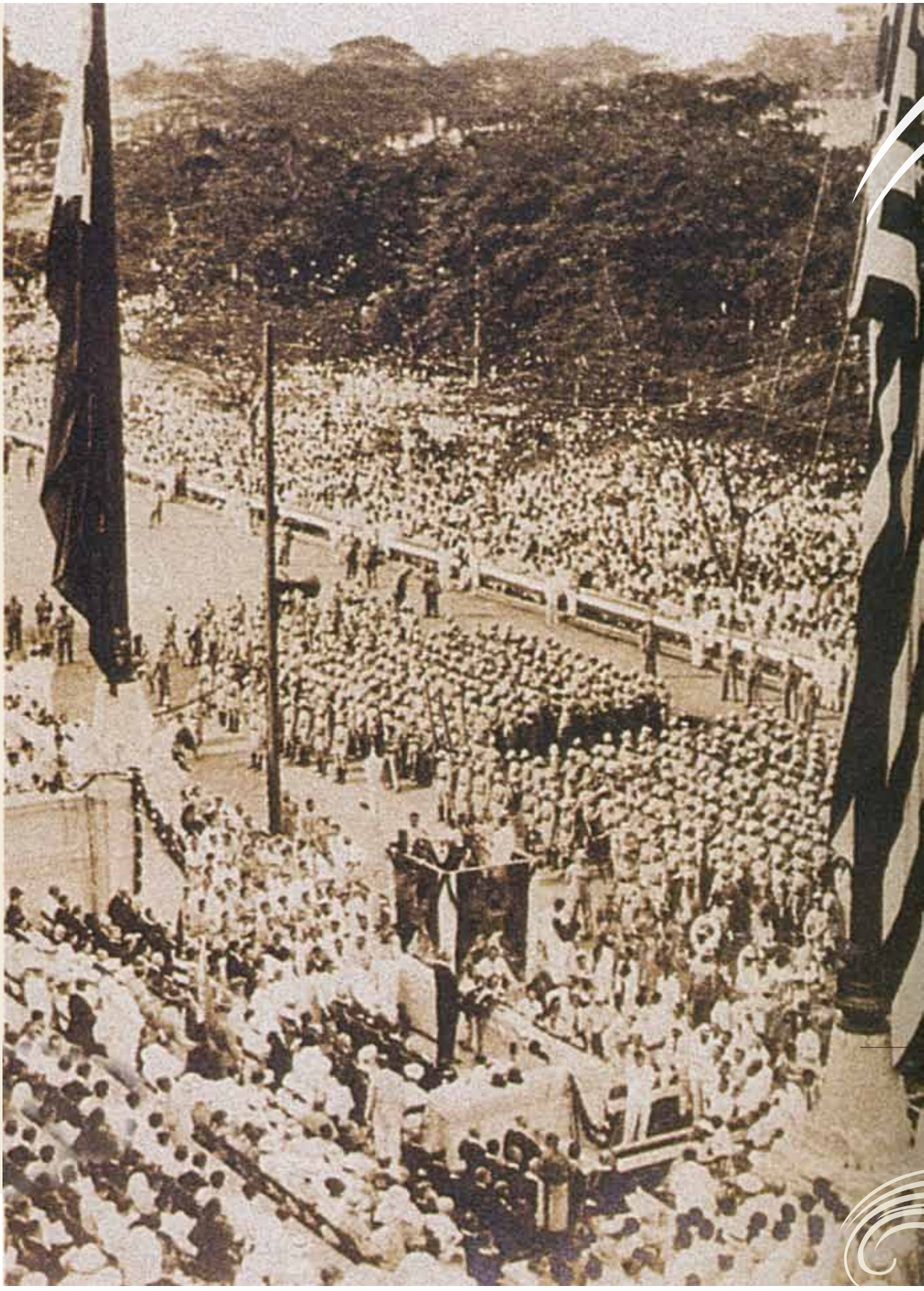
CHAPTER 4

The Department of Health

(1947-2014)

The newly minted Department of Health faced the daunting task of building a healthy Filipino citizenry.

A path in the San Lazaro Compound, on the left is the Office of the Secretary.



Dr. Antonio C.Villarama was a former congressman who authored the bill creating the Department of Health and Public Welfare in 1939. President Roxas selected him to join the cabinet as secretary of the Department of Health.

The Philippine flag being hoisted over Luneta Park on July 4, 1946 was a moment long-awaited by the Filipino people.

It had taken a revolution and not a few wars spread over four and half centuries to gain independence, but at last, the Philippines had earned its sovereignty.

It was also a country in desperate need of rebuilding after the liberation had left its capital in ruins and many of its people hungry and sick. The Americans, in exchange for parity rights, appropriated $600 million for the rehabilitation of the country through the Philippine Rehabilitation Act of 1946. Under this program, the Philippine's Department of Health and Public Welfare, with assistance from the US Public Health Service (USPHS), undertook the massive task of nursing a nation back to health through sanitation, disease control, and nutrition, among other crucial health needs.

While the country was being rebuilt from the war, President Manuel Roxas saw the need for restructuring within. His term saw the separation of the country's health and public welfare offices through Executive Order No. 94 issued on October 4, 1947. The split gave birth to the Department of Health (DOH), headed by Secretary Antonio Villarama.

Manuel Roxas, the first president of the Republic, created the National Advisory Council to study problems of public health and sanitation and to make recommendations for their improvement and the promotion of medical research.

A view from the grandstand during the ceremonies for the inauguration of the Republic of the Philippines on July 4, 1946.The Philippine flag was raised as the American flag was lowered.

The Philippines is among the top 22 nations in the world with high tuberculosis burden.

President Elpidio Quirino recommended before the Philippine Congress the approval of legislation providing for pre-paid medical service to populations who cannot afford medical assistance, especially in remote rural communities.

Dr. Juan Salcedo, Jr.

In the restructuring, the DOH was put in charge of all city health offices, the Bureau of Health, the Bureau of Quarantine, and a new division, the Bureau of Hospitals. The preventive and curative services of the Department were made distinct from each other, with the Bureau of Health retaining control of the former and the Bureau of Hospitals taking charge of the latter. These two functions were not reunited for another three decades.

In the coming years, the mandate of the Department continued to grow. Another reorganization under the administration of President Elpidio Quirino gave DOH the control over the Institute of Nutrition in 1950. When its Director, Dr. Juan S. Salcedo, Jr. was appointed Secretary of Health, the Institute's functions were also transferred to the DOH.

THE 1950s

The World Health Organization (WHO) Regional Headquarters for Western Pacific was transferred from Hong Kong to the Philippines on August 15, 1951, thus, adding prominence to the country in the field of health.

Funding from international partners like the WHO gave the much-needed support for many of our health programs during this period. The US Agency for International Development (USAID) provided resources in support of family planning, while the United Nations International Children's Emergency Fund (UNICEF) assisted in the campaign against tuberculosis, especially for children. When Baccilus Calmette Guerin (BCG) was first introduced to the Philippines in 1952, mass BCG vaccinations were jointly undertaken by UNICEF and the DOH. To this day, BCG remains part of country's national immunization program.

Bacillus Calmette Guerin (BCG) was first used as a vaccine against tuberculosis during the administration of President Quirino.

It was under the Magsaysay administration that the Rural Health Unit Act of 1954 was passed. The new law strengthened the delivery of health and dental services in the rural areas.

HEALTHCARE FOR THE MASSES (1953-1957)

The election of President Ramon Magsaysay in 1953 was perceived to be the victory of the common folk to whom the President had endeared himself during the campaign. To implement his health agenda of reaching out to the masses, President Magsaysay appointed Dr. Paulino Garcia as Secretary of Health.

His flagship program for health was establishing a clinic in every municipality, which was realized through the Rural Health Unit (RHU) Act of 1954. Eighty-one of these units were established in the different provinces to implement basic health services: maternal and child health, environmental health, communicable disease control, generation of vital statistics, medical care, health education, and public health nursing.

According to the Ageing and Health Programme of WHO, over 60% of elders live in developing countries.

After the death of President Magsaysay, President Carlos Garcia retained Secretary Paulino Garcia in the cabinet. Secretary Garcia's successor, Dr. Elpidio Valencia, continued the former secretary's initiatives.

Towards the end of the 1950s, the goal of bringing healthcare closer to the people was adopted by the administration of President Carlos P. Garcia through the creation of Regional Health Offices via Executive Order 288, signed on February 20, 1958. Regional Health Offices were tasked to direct, coordinate, and supervise all health services and activities in the regions, a strategy that aimed for more efficient delivery of health services.

President Magsaysay's vision of providing his people with safe drinking water was realized with the installation of artesian wells in the barrios with the help of civic organizations.

Through the Decontrol Program, President Macapagal imported more than half a million pesos worth of drugs to give the masses a chance to avail of these medicines at a lower price.

THE MACAPAGAL ADMINISTRATION (1961-1965)

In 1961, former Vice-President Diosdado Macapagal began his term as President of the Philippines. Upon assuming office, he presented the Five-Year Integrated Socio-Economic Plan for the Philippines to Congress, proposing the improvement and expansion of various public services, including public health.

Dr. Francisco Q. Duque was designated Secretary of Health in 1962. With utmost concern for the welfare of the poorest in Philippine society, Secretary Duque envisioned a plan that would extend adequate medical and healthcare services to the needy at no cost. Towards the end of the 1960s, and after extensive studies on existing medical care systems, the initiative of Secretary Duque led to the first national health insurance plan presented to Congress.

A succession of secretaries was appointed after Dr. Duque upon his decision to run for public office. Dr. Floro Dabu served between 1963 and 1964, followed by Dr. Rodolfo Caños who occupied the post as Acting Secretary from March to December 1964. Dr. Manuel Cuenco was then appointed to the post, serving as Secretary until the end of the Macapagal administration in 1965.

Throughout the Macapagal administration, several pieces of health-related legislation were passed, among them, RA 3720 or the Food, Drug, and Cosmetics Act. The passage

of the law in 1963 created the Food and Drug Administration (FDA), which was tasked to ensure the quality and safety of new products being introduced to the market. In June 1964, the National Water and Air Pollution Control Commission was created through RA 3931. The following year, the National Schistosomiasis Control Commission was instituted by virtue of RA 4359, providing a vital link between international and local agencies in the control of parasitic diseases.

(Left - right) Dr. Francisco Q. Duque Jr., Dr. Floro Dabu, Dr. Rodolfo Caños and Dr. Manuel Cuenco

Dr. Duque encouraged Congress to pass a bill that ensures the safety, purity, and quality of food, drugs, and cosmetics in the country. This resulted in the passage of Republic Act 3720 or the Food, Drug, and Cosmetics Act on June 22, 1963.

Dr. Paulino Garcia

Dr. Amadeo Cruz

Dr. Clemente Gatmaitan

THE MARCOS ADMINISTRATION (1965-1986)

Campaigns for disease control were showing relative success in the early 1960s. This steady progress continued until President Ferdinand Marcos' assumption to office. He appointed Dr. Paulino Garcia to a second term as Secretary of Health in 1965.

Unlike previous secretaries, Dr. Amadeo Cruz rose from the ranks. He began as president of a sanitary division, and then became Chief of the Epidemiology and Statistics Section of the Bureau of Health. Prior to his appointment as Secretary of Health, he was Director of Health Services.

One of the definitive moments of the decade was the passage of a landmark bill with the aim to provide healthcare for Filipinos: The Philippine Medical Care Act of 1969, also known as "Medicare".

Medicare was designed to extend healthcare to Filipinos within the nation's economic means and capabilities, and to provide the people practical means to help themselves pay for sufficient medical care. While Medicare primarily benefited the employed sector, it was a major step in the journey towards achieving healthcare for all Filipinos.

At the end of that decade, the creation of the Population Commission through EO 171 brought to light the urgency of population management.

THE MARTIAL LAW YEARS (1972-1981)

Dr. Clemente Gatmaitan, appointed as Acting Secretary of Health in 1971, formally became the Secretary of Health in 1974. During his term, the Restructured Health Care Delivery System was initiated, classifying health services into primary, secondary, and tertiary levels. In support of primary health services, the restructuring provided for the creation of barangay health stations which would supply every five thousand inhabitants of a community with one midwife, an improvement over the 1:20,000 ratio provided by the Rural Health Act of

1954. Additionally, midwives were given authority to perform other tasks and responsibilities in general healthcare. To complement this move, the Rural Health Practice Program was launched in 1976, fielding new doctors and nurses to serve in rural areas for a period of three to six months.

The imposition of Martial Law on September 21, 1972 was followed by the ratification of the 1973 Constitution that replaced the charter drafted in 1935. The new constitution provided for a parliamentary form of government, headed by a Prime Minister. On June 2, 1978, the Department of Health was transformed into the Ministry of Health, making Dr. Gatmaitan the first Minister of Health.

President Marcos approved the Philippine Medical Care Act of 1969 which provided hospitalization, surgical, and medical expense benefits for Filipinos.

Benigno S. Aquino Jr. was the Head of the Reorganization Panel on Health and Population in 1972.

In July 1979, Dr. Gatmaitan was replaced by Dr. Enrique Garcia. The intensification of the Malaria Control Program and the acceleration of the National TB Control Program marked his two-year term. He also introduced programs geared towards the improvement of manpower development and the upgrading of residency training. Minister Garcia retired in June 1981 and was succeeded by Dr. Jesus Azurin, who served until the end of the Marcos administration.

The Martial Law years saw clear advances in nutrition and child health. As early as 1968, the National Nutrition Program was implemented to address the malnutrition of infants and preschool children. In 1979, a specialty medical facility for children was built: the Philippine Children's Medical Center (PCMC). In fact, through Proclamation 1605, the years 1977-1986 were officially proclaimed the "Decade of the Filipino Child."

Aside from the PCMC, three other specialty hospitals rose under the Marcos era: The Philippine Heart Center was established in 1975; the Lung Center of the Philippines in 1981; and the National Kidney Institute in 1983.

Dr. Enrique Garcia was the successor of Dr. Gatmaitan. Dr. Garcia served for two years until his retirement in 1981. Dr. Alberto Romualdez was one of his medical advisers.

Philippine Children's Medical Center

During this era, three neighboring specialty hospitals -- the Lung Center of the Philippines, Philippine Heart Center, and National Kidney Institute -- were established in Quezon City. These three were fondly known as the "bopis triangle."

The Philippine Heart Center was inaugurated on February 14, 1975. The event was graced by renowned cardiologists Dr. Christian Barnard and Dr. Denton Cooley.

Turn over of Secretary Garcia to Secretary Azurin of the MOH portfolio.

PRIMARY HEALTH CARE: HEALTH FOR ALL! (1981-1985)

The Alma-Ata Declaration of 1978 was the result of the first International Conference on Primary Health Care (PHC) held in Kazakhstan. The principles behind PHC were accessibility, community participation, health promotion, the use of appropriate technology and a multi-sectoral approach. With its emphasis on helping developing countries like the Philippines to meet the needs of its poorest citizens, the Alma Ata battle cry was "Health for All."

Soon after assuming office, Dr. Azurin launched the nationwide implementation of Primary Health Care. He created the Integrated Provincial Health Office, remerging the preventive and curative health services of the DOH, which had been separated since the time of President Roxas in the late

Dr. Jesus Azurin launched the nationwide implementation of the Primary Health Care approach, which made him the first World Health Organization Sasakawa Health Prize recipient.

It was on September 6-12, 1978 that the Declaration of Alma Ata was adopted at the International Conference on Primary Health Care in Almaty (formerly Alma Ata) , Kazakhstan (formerly Kazah Soviet Socialist Republic)

The WHO is regarded as technical advisor to the DOH on public health issues. It has been key in providing technical and leadership support during health emergencies and in establishing norms and standards in the health sector.

1940s. During Dr. Azurin's term, the Research Institute for Tropical Medicine was established to address the need for research on infectious and tropical diseases. The first herbal processing plant in the Davao Regional Health Office also began operations.

For his efforts to promote PHC in the Philippines, Dr. Azurin was the first Filipino awarded with the WHO Sasakawa Health Prize in 1985.

Dr. Julie Hall was appointed as WHO Country Representative to the Philippines in 2013.

Upon the restoration of democracy, chosen to lead the Ministry of Health was Dr. Alfredo Bengzon. His training in Business Management was handy in reorganizing the ministry.

THE AQUINO ADMINISTRATION (1986-1992)

The restoration of democracy that began with the People Power Revolution in 1986 required a complete overhaul of the bureaucracy. One of President Corazon Aquino's first acts was the issuance of EO 119, which marked the return of the Department of Health from the previous Ministry of Health. It also reorganized and expanded the Department with Dr. Alfredo R. A. Bengzon as its Secretary. He assumed office on March 3, 1986.

Like Philippine politics, the state of the nation's health also saw a shift in this decade. Although pneumonia and tuberculosis still posed major health concerns, diseases of the heart, the vascular system and cancers, also known as "lifestyle diseases," created a new set of challenges for the public health system. The twin problems of persisting infectious diseases and the emergence of lifestyle diseases is commonly referred to as the "double burden of disease" of developing nations like the Philippines.

In a move to prioritize healthcare under her administration, President Aquino increased the health budget from 4 billion to 11 billion pesos.

Secretary Bengzon ran for Senate few months before the end of the Corazon Aquino administration.

The Milk Code of 1986 emphasizes the superiority of breastmilk in providing the complete nutritional needs of children in their early years.

In October 1986, EO 51, commonly referred to as "The Milk Code," was signed with the aim to ensure safe and adequate nutrition for infants through the promotion of breastfeeding. The following year also saw the beginning of the Field Epidemiology Training Program (FETP) under the directorship of Dr. Manuel Dayrit. The establishment of the FETP was a major push towards developing our country's expertise in epidemiology and disease surveillance, providing our health system with the valuable information needed to direct public health policies, their implementation and facilitate better response and mitigation strategies during disease outbreaks.

The landmark bill signed during the Aquino Administration was RA 6675, more popularly known as the Generics Drug Act, mandating physicians to provide generic as well as branded options to patients when prescribing medicine. The Generics Act, which gave the people access to affordable medicine, was the precursor to the Cheaper Medicines Act passed in the term of President Gloria Macapagal-Arroyo.

It took 20 years for the Generics Act to be signed into law and be implemented. Despite many hurdles it has benefitted more Filipinos, many of whom cannot afford the high cost of medicine.

Upon the resignation of Dr. Bengzon, Undersecretary for Hospital Facilities and Regulation Dr. Antonio Periquet became Secretary of Health, rendering service throughout the Aquino administration.

Two other pieces of legislation were passed in the beginning of 1990s, although the sweeping reforms signaled by both laws were not immediately felt. RA 7160 or the Local Government Code of 1991 ushered in the devolution of services not only for the DOH but other government agencies. Devolution effectively transferred the management and implementation of public services to local government units.

Upon the resignation of Dr. Bengzon, Dr. Antonio Periquet succeeded the position. During his term, the long-delayed implementation of 20% discount on hospital and laboratory fees in government facilities for government employees as well as their immediate family members was finally effected. This privilege was stipulated in RA 747, which was enacted way back 1952.

In March 1992, the Magna Carta for Public Health Workers (RA 7305) was passed, providing for the benefits of health workers. Insufficient funds, however, kept it from being fully implemented.

With less than a year, Secretary Periquet actively promoted community based rehabilitation program.

Internal Medicine Residents assessing a patient's condition at the Emergency Room of the NKTI Diagnostic Center

Dengue is a viral disease common during the rainy season and is transmitted by an infected Aedes aegypti mosquito. Dengue has been a problem in the Philippines since 1953, the year hemorrhagic fever was reported for the first time in the country.

NKTI Emergency Room Triage Corner

FIDEL AND FLAVIER (1992-1995)

In 1992, Fidel V. Ramos was elected as the country's twelfth President. President Ramos outlined his socio-economic goal for the Philippines to become a newly industrialized country by the year 2000. To helm the DOH, he appointed Dr. Juan Flavier whose experience as a rural health practitioner resulted in some of the most innovative programs implemented by the DOH. His catchphrase "Let's DOH It!" captured the infectious vitality that this 'barrio doctor' brought to the Department.

Dr. Juan Flavier epitomized the eagerness of his "Let's DOH it!" slogan.

Secretary Flavier intiated various health programs such as Alis Disease, Kontra Kolera, Stop DEATH, Araw ng Sangkap Pinoy, and Family Planning Program. He served as Secretary of Health until 1995, when he resigned to run for a seat at the Senate.

"Oplan Alis Disease: Ceasefire for Children," was cited by a UNICEF and WHO report as "the first multiple antigen National Immunization Day held anywhere in the world."

Flavier prioritized the National Immunization Day program in his initial years.

The Doctors to the Barrios Program was implemented by Dr. Flavier, informed by his years of experience as a barrio doctor in Nueva Ecija and Cavite.

Early in his three-year administration, Secretary Flavier initiated the conduct of the National Immunization Day with the catchy theme "Oplan Alis Disease: Ceasefire for Children." In a rare show of solidarity, private and public enterprises, government officials and even insurgents cooperated for the vaccination of children. UNICEF, WHO and other international partners lauded the project as "a triumph of policy, numbers, and results." Indeed, after a five-year polio case waiting period, the WHO declared the Philippines polio free on October 2003.

Other programs instituted by the DOH also banked on public appeal: *Yosi Kadiri*, an anti-smoking campaign; *Strategic and Tactical Options for the Prevention of Disaster, Epidemics and Trauma* or *STOP D.E.A.T.H*, a national strategy for the prevention and management of disaster and emergency; *Tubig, Kubeta, Oresol* (*TKO*): *Kontra Kolera; Araw ng Sangkap Pinoy* and Family Planning: *Kung Sila'y Mahal N'yo, Magplano.*

Secretary Flavier's programs drew the public's interest through intensive media campaigns. That some of his programs have endured through the years is proof of the value beyond the hype, such as the Doctor to the Barrios (DTBP) Program. The DTBP sounded the call for doctors to serve in municipalities identified as "doctorless." It was launched in 1993 and remains to this day.

Once hypertension develops, it becomes a lifetime problem. Hypertension was included in the list of notifiable diseases in 1998.

The campaign against smoking with the mascot Yosi Kadiri was met with much enthusiasm.

After Secretary Flavier resigned, Undersecretary Jaime Galvez-Tan was designated to manage the Department.

In the field of nutrition, RA 8172 also known as the *ASIN Law* was passed to combat Iodine Deficiency Disorder by mandating that all food for human and animal consumption be iodized.

With Flavier's decision to run for the Senate, his position was temporarily occupied by Undersecretary of Health, Dr. Jaime Galvez-Tan. While in the post, Dr. Tan created the National Voluntary Blood Services Unit, pursuant to the National Blood Services Act of 1994. He also created the Central Committee on Procurement System, tasked to coordinate and facilitate the operation of the procurement system.

A one-stop-shop licensing unit was also established for hospitals and medical ancillary services, to address the need for synchronization in issuing licenses, and improve standard and regulation function in health services. Then, towards the end of his term, the rules and regulations in implementing RA 7170 or "The Organ Donation Act of 1991" was amended by RA 7885 otherwise known as "An act to advance corneal transplantation in the Philippines."

The main legacy of the Ramos leadership was the passage of RA 7875 or the "National Health Insurance Act of 1995." Signed on February 14, 1995, the law was a significant step forward from the existing Medicare. With equity and universality as the guiding principles and social solidarity

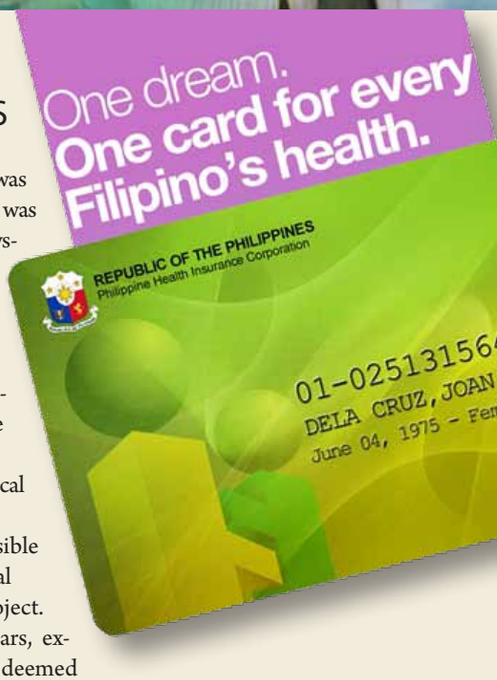
The NKTI Laboratory Medicine Reception Area

at the heart of the law, it aimed "to make essential goods, health and other services available to all the people at affordable cost." Priority was given to the most vulnerable sector of society, "the underprivileged, sick, elderly, disabled, women and children." The Philippine Health Insurance Corporation or PhilHealth was established to oversee its implementation.

In July 1995, the President appointed Dr. Hilarion Ramiro, Jr. to the post. Immediately upon his assumption to office, a reorganization of the DOH Executive Committee was instituted to broaden the functions of the Committee, making it more responsive to the changes in public health administration.

Dr. Hilarion Ramiro, a congressman from Misamis Occidental, was appointed as Secretary. DOH was not new to Dr. Ramiro who had been the Regional Director for Zamboanga Peninsula. He launched the People's Health Day to help poor Filipinos avail of otherwise expensive surgical and medical care.

PHILHEALTH THROUGH THE YEARS

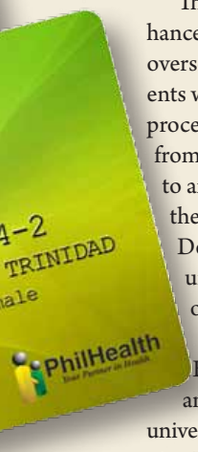


The passage of the National Health Insurance Act of 1995 was a turning point in history of Philippine public healthcare. It was the fulfillment of a vision for a more equitable healthcare system that DOH Secretary Francisco Duque had proposed three decades earlier. Under his leadership and with the help of the Philippine Medical Association (PMA), a blueprint for a national health insurance program that would make access to quality and affordable healthcare a reality for all sectors of society was presented for the first time to Congress in 1962. Seven years later, on August 4, 1969, President Ferdinand E. Marcos signed the Philippine Medical Care Act, more popularly know as "Medicare."

The passage of this crucial legislation was made possible by the groundwork laid by the PMA through its Medical Aid to Rural Indigents Areas Project or the MARIA Project. Launched in 1963, the MARIA project ran for seven years, extending health services to rural areas in the Philippines deemed "doctorless." The MARIA Project gave Medicare a foothold in these communities, establishing the presence of health facilities and services for the first time, while informally introducing the concept of pooling of funds to defray medical cost. Based on the success of the MARIA Project, a Committee on Total Health Care Planning was constituted by the PMA, an important move that set the wheels of Medicare in motion.

The Philippine Medical Care Commission (PMCC) was established in 1971 to implement the Medicare program. PMCC was chaired by Dr. Pacifico Marcos who became known as "Mr. Medicare" for successfully leading the PMCC during its early years. Phase I of Medicare launched in 1972 targeted the employed sector. By 1978, there were 21.8 million Medicare beneficiaries paying contributions via GSIS and SSS. Phase II of the implementation began in 1983, targeting low-income, non-salary based populations such as farmers & fisherfolk. Phase II was implemented by PMCC in partnership with LGUs, who established a community health fund to pool the contributions of its members.

President Carlos P. Garcia presenting Sec. Duque the 'Golden Heart Award' during the 50th annual convention of the Philippine Medical Association in Baguio City on May of 1957.



The Medicare program ran for 24 years, in which time the PMCC increased benefits, enhanced systems and expanded medical coverage. By the early '90s, pensioners, retirees and overseas workers had become part of Medicare, benefits had been extended to legal dependents without additional premiums, and an improved package provided for more outpatient procedures and overseas confinement. In some ways, the program had reached its peak, and from its successes and limitations, the time had come for a new health insurance program to arise. It was during this period that the DOH, who had taken over administration of the PMCC in 1986, embarked on a crucial joint project with USAID: the Health Finance Development Program (HFDP). The results of the studies simultaneously conducted under the HFDP became the catalyst for the creation of a new insurance system based on improved operational, financial & programmatic schemes.

The need for a more comprehensive health insurance prompted the creation of House Bill 14225 and Senate Bill 01738, which eventually became the National Health Insurance Program Act of 1995. The new law captures the spirit of Sec. Duque's earlier vision: universal coverage for Filipinos of all classes and a unified basic benefits package. The Philippine Health Insurance Corporation or PhilHealth was established to implement the program.

The early years of PhilHealth were devoted to re-organization efforts under the leadership of the first PhilHealth President and CEO, Atty. Jose Fabia. One of the major transitions was the transfer of SSS and GSIS Medicare functions to PhilHealth. In the years that followed, under competent leaderships, PhilHealth gained stronger financial footing, became a more responsive agency by doubling and equalizing its benefits package among different member categories, and improved efficiency by decentralizing its functions. Above all, PhilHealth made steady progress towards the achievement of its long-term goal of universal healthcare for all Filipinos. Under the current Sponsored Program, the lowest quintile of the population, the 25% belonging to the poorest of the poor, are provided access to quality healthcare at no cost.

By the end of 2012, PhilHealth enrolment rate was at 80.92 million or 84% of the total population. The Sponsored Program had registered 36.6 million members nationwide, bringing PhilHealth closer than ever to reaching its targets. On June 19, 2013, RA 10606 or the Universal Healthcare Act was signed into law by President Benigo Aquino III, further strengthening PhilHealth's commitment towards an equitable healthcare system that protects and provides for all.

Alexander A. Padilla, PhilHealth President and Chief Executive Officer

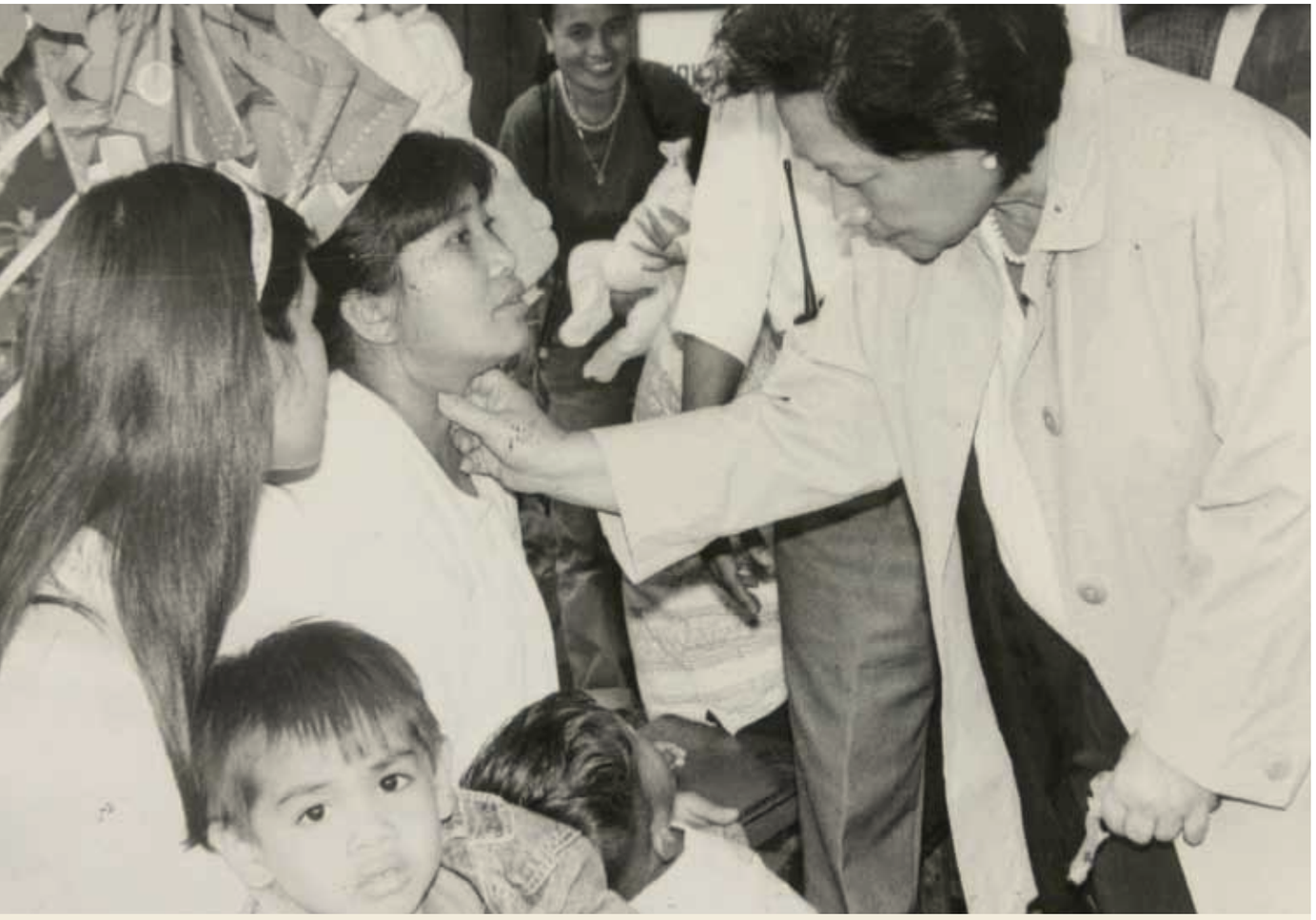
THE FIRST FEMALE SECRETARY OF HEALTH (1996-1998)

Upon Dr. Hilarion's resignation in 1996, President Fidel Ramos appointed the first ever female Secretary of Health, Dr. Carmencita Reodica. Given her long career at the DOH, serving in various capacities under different administrations, including former Assistant Secretary under Dr. Bengzon's term, Secretary Reodica was not only experienced in leading critical health programs but also possessed the wisdom needed to unite the Department during the transition phase.

Secretary Reodica continued the fight against diseases like polio and measles through nationwide vaccination campaigns, but she also steered the Department towards addressing health concerns of specific target age and sectoral groups. Using the framework of the life-cycle, which focuses on changing needs at different life stages, she established the Early Childhood Development Program in partnership with the Department of Social Welfare and Development and the Department of Education, Culture and Sports. The program aimed to provide for the health needs of children from prenatal to preschool age, specifically by reducing the rates of childhood mortality, malnutrition and primary school drop-outs. To this end, ECD implemented the Integrated Management of Childhood Illnesses, the Expanded Program on Immunization, and the Supplemental Feeding Program. Under her leadership, the DOH also initiated the Adolescent Health Care program and implemented the Women's Health and Safe Motherhood Project. Meanwhile, a syndromic approach was adopted towards the management of STD/AIDS, allowing diagnosis and treatment of these diseases based on the presence of established syndromes rather than on costly testing.

As part of the Philippine delegation at the 1994 International Conference on Population and Development in Cairo and the 1995 Beijing Conference on Women, Secretary Reodica felt strongly about the issue of family planning and worked hard to push the country's reproductive health agenda. She established the Integrated Reproductive Health Program of the DOH, grounded on ten elements that include family planning, adole-

Dr. Carmencita Reodica had a 32-year track record as a government health worker and public administrator.



Health Secretary Reodica advocated the Early Childhood Development Program. In less than two years in office, she was able to bring stability back to the DOH and regain the public's approval.

scent reproductive health, and the prevention of violence against women. In conjunction, the DOH established the guidelines of the Lactational Amenorrhea Method (LAM) as a means of natural birth control.

To improve access to quality healthcare, Secretary Reodica prioritized the *Botika ng Barangay* (*BnB*) program during her term, establishing stronger partnerships with LGUs and community organizations. Through BnBs, common drugs and medications are made available to poor communities at a lower cost. The BnBs are managed by community groups or NGOs with support from the DOH, significantly widening the government's distribution network for quality, affordable medicines.

A breakthrough in improving the country's healthcare delivery system was made during Secretary Reodica's term when RA 8423 or the Traditional and Alternative Medicine Act (TAMA) of 1997 was signed into law. This law champions and protects the knowledge of indigenous societies with regard to the practice of traditional medicine and supports research in the development of alternative cures. Instead of being relegated to the fringes, traditional and alternative healthcare was finally integrated into our national health delivery system.

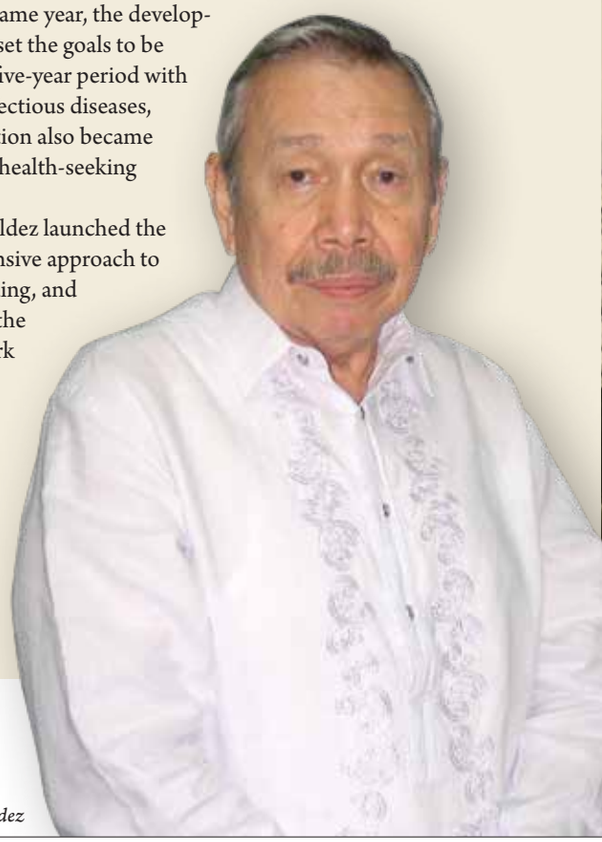
Dr. Felipe Estrella

THE HEALTH SECTOR REFORM AGENDA INITIATIVE (1998-2001)

Dr. Felipe Estrella was appointed Secretary of Health under President Joseph Estrada in 1998, culminating a long career in public service which had gained him recognition as a medical practitioner and administrator. Prior to becoming Secretary of Health, he was the Director of the Philippine General Hospital for eight years, in which time the institution was cited as one of the 33 Centers of Excellence in Government Service by the Senate Civil Service Committee. In his brief stint at the DOH, Secretary Estrella supported the Department of Social Welfare and Development's "Assistance to Lolas in Crisis Situation Project," issuing an order to all DOH retained hospitals to provide medical assistance and benefits to "lolas in crisis." Upon Secretary Estrella's resignation, Dr. Alberto Romualdez, was appointed to serve as DOH Secretary.

Secretary Romualdez's appointment came at a crucial time as EO 102, signed on May 24, 1999, redirected the functions and operations of the Department of Health to the local government units. That same year, the development of the National Objectives for Health set the goals to be achieved by the health sector over the next five-year period with a focus on the eradication and control of infectious diseases, major chronic illnesses and injuries. Prevention also became a key strategy as the Department promoted health-seeking behaviors and a healthy lifestyle.

To achieve these goals, Secretary Romualdez launched the Health Sector Reform Agenda, a comprehensive approach to the perennial problems of accessibility, funding, and management in the health system. In 2000, the HSRA was institutionalized as the framework for all health policies and investments, steering the future course of the DOH, other national government agencies, stakeholders, and international partners. Among its goals, the HSRA sought to bring fiscal autonomy to government hospitals, more



Dr.Alberto Romualdez

funding for priority programs, and greater coverage of the National Health Insurance Program. To give momentum to the HSRA, the National Health Passport was launched in 2000 as a joint effort of the DOH, PhilHealth, and the LGUs, ensuring access to a wide range of health services to qualified members and dependents through a network of providers. Secretary Romualdez also pushed to increase the number of LGUs involved in the government's Indigent Program. Under this program, members unable to pay insurance premiums were given health coverage through cost-sharing schemes.

Given the devolved set-up of health services, the HSRA geared towards empowering local health systems to be more responsive to their communities' needs. LGUs were supported through the DOH's Sentrong Sigla Project, a nationwide search for outstanding health facilities operated by local governments. The project was initiated to ensure quality services from the smallest barrio to the biggest city by granting recognition and cash rewards to provincial hospitals, district hospitals, and health centers.

To pursue the National Objectives for Health, several programs were spearheaded by the DOH to combat disease. Among these were the expansion of the Directly Observed Treatment Course for TB, the launch of "Oks and Oks Mass Treatment of Schistosomiasis" in the CARAGA region and the Rabies Elimination Program in the Visayas. Filaria Health Fairs were also conducted in six regions to pilot the implementation of a mass treatment scheme for the elimination of filariasis, while Animal Bite Centers were established in 77 provinces and 65 cities.

To address the health needs of young children, Secretary Romualdez launched the Garantisadong Pambata program which delivers a package of services for kids five years and below in week-long activities held twice a year. Under the program, millions of children were weighed, given nutritional supplements, dewormed, and immunized as part of the effort to reduce infant and childhood mortality and promote positive Filipino values towards proper children's growth and development.

Dr.Alberto Romualdez was not new in DOH when he became Secretary in 1999. He was medical adviser of the Minister of Health from 1979 to 1982. He was introduced as Secretary on his 58th birthday before DOH employees.

SECRETARY MANUEL DAYRIT (2001-2005)

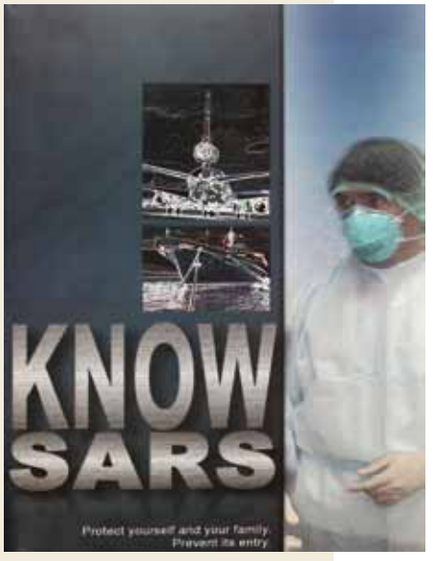
The turmoil arising from the aborted impeachment trial of President Estrada paved the way for Vice President Gloria Macapagal-Arroyo to assume the presidency. Under this new leadership, Dr. Manuel Dayrit was appointed to helm the DOH. During his term, the Department adopted the "One Script System" to bring unity and focus to its use of resources, a move that led to significant achievements in priority public health programs.

The TB Control Program met global targets during the term of Secretary Dayrit through the rapid expansion of its TB Directly Observed Treatment-Short Course program (TB-DOTS). Implementation generated highs of 71% case detection rate, 77% cure rate, 88% success rate and 100% nationwide coverage. Secretary Dayrit also worked closely with LGUs to register 500,000 indigents to PhilHealth under the President's Plan 500, while the prices of medication for common ailments sold through the government's network of hospitals and drug outlets were lowered by as much as 50%. To meet the goals of the Health Sector Reform Agenda (HSRA), the DOH identified 13 convergence sites where the HSRA implementation plan was to be delivered. These convergence sites were established in recognition that HSRA's different components work as an interdependent and complementary system of reforms that would create greater impact if introduced together as a single package.

Secretary Dayrit also worked with LGUs in communities traditionally separated from mainstream socio-economic activities. The Geographically Isolated and Disadvantaged Areas (GIDA) Project was implemented in four Centers of Health Development with the aim to respond to the basic health needs of these underserved communities by upgrading facilities, strengthening district health systems, and improving referral and information systems. In 2003, the International SASAKAWA Health Prize was awarded to the DOH Center for

Dr. Manuel Dayrit has a public career that spans more than 30 years. He started at the DOH as a researcher epidemiologist and was awarded Outstanding Young Scientist in 1990 for his new findings in AIDS, cholera, and red tide.

SARS was the first global health threat of the new millennium.



A total of 92 cases, mostly suspected SARS cases, were eventually diagnosed as other infections or underlying conditions. Fourteen SARS cases were reported in the Philippines.

Health Development for Eastern Visayas for its successful implementation of GIDA in six municipalities of the region.

Another significant development during Secretary Dayrit's term was the granting of full fiscal autonomy to DOH retained hospitals. Under the 2003 General Appropriations Act, the 68 hospitals under DOH supervision were granted 100% income retention from the original 30% in 2001. The hospitals could now utilize their entire income, thereby strengthening their capacity to improve facilities and services.

Alongside these achievements, Secretary Dayrit also faced numerous challenges in his four-year term as head of the Department, perhaps none as formidable as the threat of Severe Acute Respiratory Syndrome (SARS).

The SARS outbreak of 2002-2003 signaled a health emergency of a global scale. Coordinated efforts between governments and international health agencies were necessary in battling the disease which first appeared in China and quickly spread to countries all over the world. Through EO 2012, President Arroyo designated Secretary Dayrit as Crisis Manager, with authority to mobilize various agencies of government to fight the entry and spread of the infection. With help from the World Health Organization, Secretary Dayrit successfully implemented the DOH's "Five Strategic Action on SARS" which resulted in minimized imported cases, aversion of local transmission, and minimized deaths. Among 30 countries affected by the disease, the Philippines had the lowest rate of infection, with only 14 reported cases in total and two casualties.

Secretary Dayrit's training as an epidemiologist served him in good stead during the crisis. The Department came out a stronger institution after the outbreak, strengthening its infection control infrastructure to include systems for epidemic alert, international quarantine, and hospital management. This, apart from Secretary Dayrit's overall leadership, made the DOH one of the top-performing government agencies held in high regard by both the media and the public.

"Pandemics are definitely of the past; commerce is no longer impeded by quarantine and other restrictions necessary to prevent the spread of disease."
— Governor-General Frank Murphy during his last address to the Philippine Legislature, 1935

Dr. Duque briefly served as DOH Undersecretary, then concurrently as President and CEO of the Philippine Health Insurance Corporation.

DR. FRANCISCO DUQUE (2005-2010)

Dr. Francisco T. Duque III, the son and namesake of the former Secretary, was appointed to lead the DOH in 2005 after serving as CEO and President of PhilHealth for five years. Under his leadership, the DOH adopted a framework encapsulated by "FOURmula ONE for Health" to achieve health sector reforms. FOURmula ONE focused on four areas of intervention: healthcare financing, regulation, service delivery, and governance. The allusion to race car driving was no accident, as Secretary Duque aimed for speed, precision and effective coordination in the race to eliminate inequity in the Philippine healthcare system. The pursuit of these objectives was aided by government support through unprecedented budget increases: from 11.3 billion in 2007, the DOH budget was raised to 18.9 billion in 2008, then 23.7 billion in 2009.

Among the milestones of Secretary Duque's term is the passage of the landmark legislation Accessible Cheaper and Quality Medicines Act of 2008 or RA 9502. The law authorized the President to set a maximum drug retail price to regulate the cost of medicines. This resulted in price cuts of up to 50% for medicines for chronic diseases such as hypertension, arthritis, and diabetes. This was complemented by the expansion of the government's distribution network comprising thousands of Botika ng Bayan, Botika ng Barangay and Health Plus outlets. Meanwhile, the enactment of the Food and Administration Law of 2009 or RA 9711, strengthened the Department's oversight and regulatory functions to help ensure the quality and safety of food, drugs, cosmetics and other consumer products and devices.

The Maternal, Neonatal and Child Health and Nutrition (MNCHN) Strategy was implemented under Secretary Duque's term to address maternal and child mortality rates. A comprehensive strategy was required in order to put the country back on track to meet two of its Millennium Development Goals by 2015: reduction of maternal mortality by three quarters and child mortality by two-thirds. The MNCHN defined a basic package of health services, identified standards for facilities, equipment and personnel, and other areas of intervention crucial to ensuring the care of mothers, newborns and young children.

Dr. Francisco Duque III finished both undergraduate and post graduate courses in medicine at the UST. He began a life in public service by teaching medicine at the Lyceum Northwestern FQD Medical Foundation.

Among the milestones of Secretary Duque's term is the passage of the landmark legislation Accessible Cheaper and Quality Medicines Act of 2008 or RA 9502.

Sec. Esperanza Cabral poses with Dr. Asuncion Anden (left), Director of the Center for Health Development-Central Visayas, Dr. Asuncion Anden, Dr. Pilar Jimenez, Dr. Yolanda Oliveros of USAID during a Family Planning Fair on June 21, 2010.

A Sector-Wide Development Approach (SDAH) was also adopted by the DOH in order to unify procedures for more effective donor coordination and resources mobilization. With the DOH as the lead organization, partners and stakeholders were enjoined to harmonize their procedures with those of the government's to support health sector reforms. Similarly, reforms to streamline regulatory processes in obtaining hospital licensure were made possible by a series of administrative orders that created a One-Stop-Shop Licensure Center for this purpose.

While steady progress was being made through FOURmula ONE, the AH1N1 virus struck in 2009. Secretary Duque led the Department's response, implementing

Dr. Esperanza Cabral

Dr. Esperanza Cabral was a strong advocate of the Reproductive Health Bill that was pending in Congress.

containment and mitigation strategies necessary as the virus spread in the country. The Department's effective handling of the health emergency, which brought the world to its highest pandemic alert level, was later commended by the World Health Organization. The Philippines was also cited among the three countries that had the best risk communication strategy during the crisis.

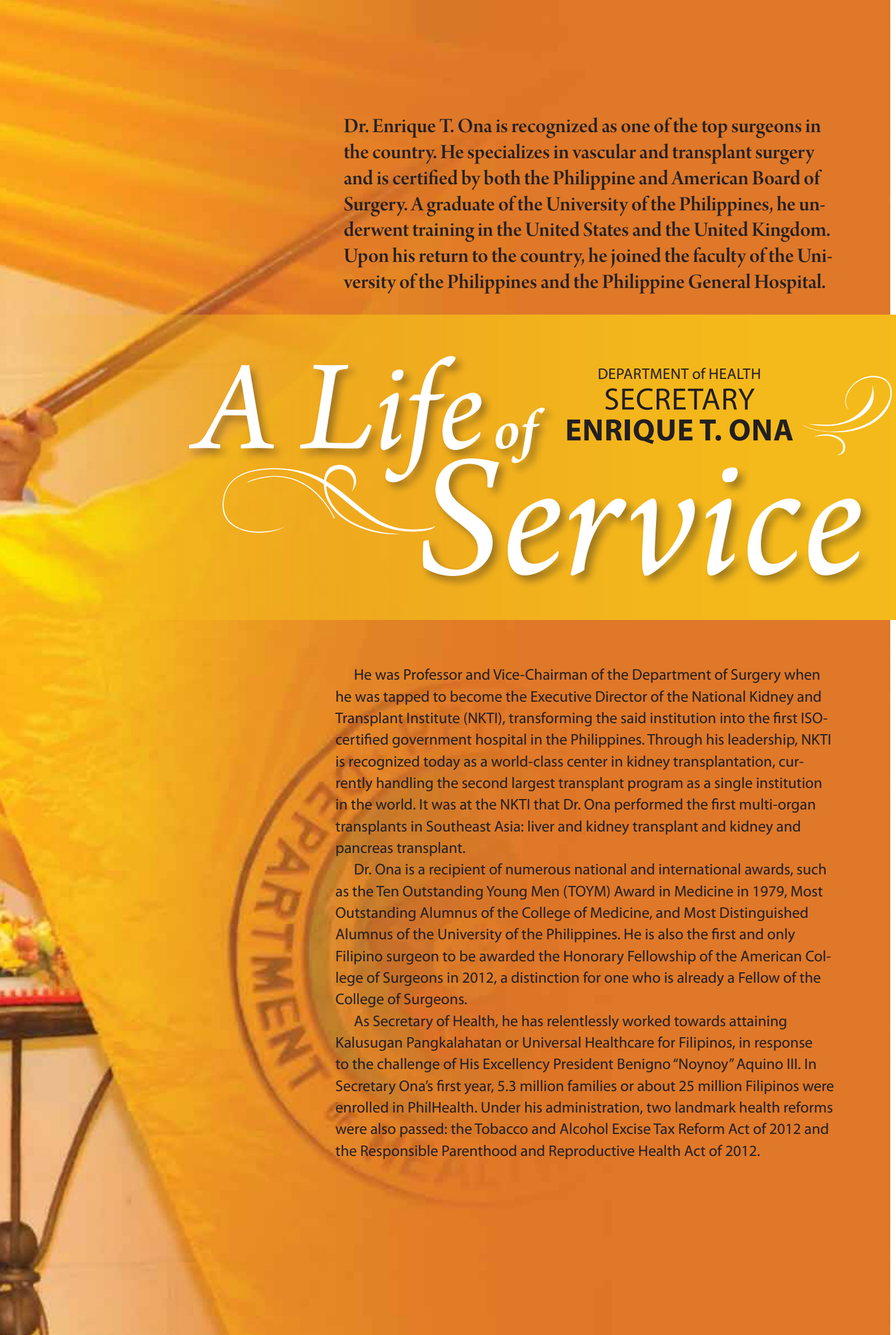
Internal reforms were instituted by Secretary Duque in the areas of financial management, procurement and internal audit, among others. These reforms resulted in improved transparency and accountability in the Department and consistently made it a top-ranking government agency in reviews/studies conducted by the Office of the Ombudsman, the Philippine Anti-Graft Commission and other agencies. It also continued to enjoy high approval ratings from the public. Such was the regard for the DOH and its leadership that Secretary Duque was awarded the Communication Excellence in Organizations in 2009 in recognition of the effective communication strategies employed by his administration in the achievement of social development goals.

When Dr. Duque was appointed as the Chairman of the Civil Service Commission in January 2010, Dr. Esperanza Cabral was transferred from the Department of Social Welfare and Development to serve as the Secretary of Health. She stayed on until the end of the Arroyo administration and paved the way for the smooth transition for Secretary Enrique T. Ona, whom President Benigno "Noynoy" S. Aquino III handpicked for the health portfolio.

Transferring of baton from Usec. Mario Villaverde to then incoming Secretary of Health Esperanza Cabral in 2010.

DOH promotional materials have become effective tools in popularizing its various health cause.

TOBACCO CONTROL ALLIANCE PHILIPPINES - FCAP - FRAMEWORK CONVENTION ON TOBACCO CONTROL
TOBACCO CONTROL
Cigarettes
TOBACCO CAUSES MOUTH DISEASES
PAKITA ang TOTOO sa PAKETE



Dr. Enrique T. Ona is recognized as one of the top surgeons in the country. He specializes in vascular and transplant surgery and is certified by both the Philippine and American Board of Surgery. A graduate of the University of the Philippines, he underwent training in the United States and the United Kingdom. Upon his return to the country, he joined the faculty of the University of the Philippines and the Philippine General Hospital.

A Life of Service

DEPARTMENT of HEALTH
SECRETARY
ENRIQUE T. ONA

He was Professor and Vice-Chairman of the Department of Surgery when he was tapped to become the Executive Director of the National Kidney and Transplant Institute (NKTI), transforming the said institution into the first ISO-certified government hospital in the Philippines. Through his leadership, NKTI is recognized today as a world-class center in kidney transplantation, currently handling the second largest transplant program as a single institution in the world. It was at the NKTI that Dr. Ona performed the first multi-organ transplants in Southeast Asia: liver and kidney transplant and kidney and pancreas transplant.

Dr. Ona is a recipient of numerous national and international awards, such as the Ten Outstanding Young Men (TOYM) Award in Medicine in 1979, Most Outstanding Alumnus of the College of Medicine, and Most Distinguished Alumnus of the University of the Philippines. He is also the first and only Filipino surgeon to be awarded the Honorary Fellowship of the American College of Surgeons in 2012, a distinction for one who is already a Fellow of the College of Surgeons.

As Secretary of Health, he has relentlessly worked towards attaining Kalusugan Pangkalahatan or Universal Healthcare for Filipinos, in response to the challenge of His Excellency President Benigno "Noynoy" Aquino III. In Secretary Ona's first year, 5.3 million families or about 25 million Filipinos were enrolled in PhilHealth. Under his administration, two landmark health reforms were also passed: the Tobacco and Alcohol Excise Tax Reform Act of 2012 and the Responsible Parenthood and Reproductive Health Act of 2012.

KALUSUGAN PANGKALAHATAN

UHC TO ADDRESS INEQUITY IN THE HEALTH SYSTEM

Universal Health Care and Its Aim

Universal Health Care (UHC), also referred to as Kalusugan Pangkalahatan (KP), is the "provision to every Filipino of the highest possible quality of health care that is accessible, efficient, equitably distributed, adequately funded, fairly financed, and appropriately used by an informed and empowered public." The Aquino administration puts its core message across as the availability and accessibility of health services and necessities for all Filipinos.

UHC is a government mandate whose aim is to ensure that every Filipino shall receive affordable and quality health benefits. This involves providing adequate resources in all aspects: health human resources, health facilities, and health financing.

UHC's Three Thrusts

To attain UHC, three strategic thrusts are to be pursued, namely: 1) Financial risk protection through expansion in enrollment and benefit delivery of the National Health Insurance Program (NHIP); 2) Improved access to quality hospitals and health care facilities; and 3) Attainment of health-related Millennium Development Goals (MDGs).

1

FINANCIAL RISK PROTECTION

To protect all Filipinos, especially the poor, against the catastrophic cost of ill health, KP shall strengthen the National Health Insurance Program (NHIP) as the prime mover in making any Filipino eligible to enroll, to know their entitlements and responsibilities, to avail of health services, and to be reimbursed by PhilHealth with regard to health care expenditures.

PhilHealth operations are to be redirected towards enhancing national and regional health insurance system. The NHIP enrollment shall be rapidly expanded to improve population coverage and the availment of outpatient and inpatient services shall be intensively promoted. Moreover, the use of information technology shall be maximized to speed up PhilHealth claims processing.

2

IMPROVED ACCESS TO QUALITY HOSPITALS AND HEALTH CARE FACILITIES

Improved access to quality hospitals and health facilities shall be achieved in a number of creative approaches. With the main goal of improving the delivery of basic, essential and specialized health services, the Health Facility Enhancement Program (HFEP) was implemented to upgrade the quality of government-owned and operated hospitals and health facilities so as to accommodate larger capacity, cater all types of emergencies and handle non-communicable diseases.

Financial support shall be provided to allow immediate rehabilitation and construction of critical health facilities. In addition, treatment packs for hypertension and diabetes shall be obtained and distributed to rural health units (RHUs). The DOH licensure and Philhealth accreditation for hospitals and health facilities shall be streamlined and unified.

3

ATTAINMENT OF HEALTH-RELATED MDGS

Further efforts and additional resources are to be applied on public health programs to attain the health-related MDGs. In achieving this, KP focuses on the reduction of maternal and child mortality, morbidity and mortality from Tuberculosis and Malaria, and incidence of HIV/AIDS, in addition to being prepared for emerging disease trends and prevention and control of non-communicable diseases. Actions taken in this includes the increase facility-based deliveries and family planning services,immunization of all infants according to the Expanded Program on Immunization (EPI) and provision of vitamins & minerals to poor children below five years of age.

Better coordination among government agencies, such as DOH, DepEd, DSWD, and DILG, would also be essential for the achievement of these MDGs.

DEPARTMENT of HEALTH
UNIVERSAL HEALTH CARE
THREE THRUSTS
3

FINANCIAL RISK PROTECTION 01

- **The NHIP** reported substantial improvements in the PhilHealth Enrollment Rate from 62% in 2010 to 84% in 2012. Furthermore, the number of individuals, whether members or dependents, who are entitled to the benefits of the Program as a result of regular contribution (coverage rate) has increased from 51% in 2010 to 82% as of April 2014.
- **The No Balance Billing** (NBB) Policy, which prohibits government health facilities from charging the poor any fee exceeding the 23 case rates package, was adopted in September 2011. Program beneficiaries are indigents belonging to the Sponsored Program, as identified by the NHTS-PR and LGUs. The NBB Policy was later applied to the Z Benefit and Expanded Z Benefit Packages.
- **The Z Benefit Package**, which covers catastrophic diseases (i.e., early stage breast cancer, standard risk childhood acute lymphoblastic leukemia, and low to intermediate risk prostate cancer), was launched on July 2, 2012. It is being implemented in 22 government hospitals nationwide to help defray the high cost of treatment that usually causes severe financial burden to patients and their families. The amount of support ranges from P100,000 to P600,000. The package has been expanded to include some cardiac operations (Expanded Z Benefit Package).
- **The Expanded Z Benefit Package**, launched in February 2013, further improves financial risk protection by covering additional catastrophic diseases. The amount of support ranges from P175,000 to P550,000.
- **PhilHealth** completely shifted from a fee-for-service to a case-based payment system in 2013. The All Case Rates was applied to all kinds of confinements and procedures (from the initial 23 medical and surgical conditions), offering a fixed rate for each treated case. In 2013, the case rates system processed a total of 3,679,686 medical cases and surgical procedures with a benefit pay-out which totaled P55 billion.
- **Registered nurses** were trained and deployed to PhilHealth-accredited hospitals to become Philhealth Customer Assistance, Relations and Empowerment Staff (CARES) in 2012.
- **In 2013**, 79% (76.9M) of the projected population were enrolled in PhilHealth, including 5.2 million of the poor sector identified through the NHTS.
- **In October 2013**, the Z-Morph Benefit Package was launched. It is the first PhilHealth benefit package for persons with disabilities (PWDs) and covers the initial fitting of the lower limb prosthesis below the knee for persons with disabilities.
- **The implementation of the Point of Care Enrollment Program** paved the way for the enrollment 3,750 indigent members to eight pilot hospitals. Under this program, PhilHealth has paid a total of P22,190,902.00 in benefit payments. As of October 2013, the Point of Care Enrollment Program has become mandatory for all DOH hospitals to ensure that all poor patients in dire need of quality health services in government hospitals are covered by PhilHealth.
- **The passage of the National Health Insurance Act of 2013** amends the outdated 1995 version to provide for full national subsidy of premiums for the poor. In September 2013, the PhilHealth Board approved the Act's implementing rules and regulations (IRR).

For example, cases of appendicitis would be reimbursed at the same rate in all hospitals. It is very similar to the concept of "pakyawan," because all items and/or services necessary for a case are already covered by a single rate. Through this, patients shall instantly and accurately know how much shall be shouldered by PhilHealth. This mechanism shall maximize the patient's benefits in terms of medicines and laboratories, thereby reducing out-of-the-pocket expenses. (Sources: Usec. Janette Garin (DOH) and Dr. Israel Francis Pargas (PHIC), Email to PMS, 26 October 2013; and TamangSagot, PhilHealth's Frequently Asked Questions, Updated 20 May 2012.)

Financial Risk Protection

Financial risk protection, as outlined in the Aquino Health Agenda three strategic thrusts, is through expansion in enrollment and benefit delivery of the National Health Insurance Program (NHIP).

The National Health Insurance Program introduced No Balance Billing policy to be in effect in all government hospitals, assuring the poorest of the poor medical treatment at no cost.

Kalusugan Pangkalahatan also added a buffer against financial risk with the launch of the Z-Benefits Package on July 2012. Recognizing the cost of health-care for grave illnesses, the package provides support to patients suffering from cases deemed "catastrophic" throughout the course of their treatment.

DEPARTMENT of HEALTH
UNIVERSAL HEALTH CARE
THREE THRUSTS
3

ACCESS TO QUALITY HEALTH FACILITIES AND SERVICES

02

- **From 2010 to 2014**, HFEP has received increased funding, with a total of P42.57 billion utilized for 6,911 health facilities (2,685 barangay health stations; 3,395 rural health units; 761 LGU hospitals; and 70 DOH hospitals).
- **Heart-Lung-Kidney Centers** were established in Luzon, Visayas, and Mindanao to improve access to specialized care, thereby decreasing the influx of patients to Metro Manila, reducing the out-of-pocket expenses of patients and improving the timeliness of treatment.
- **Health professionals** numbering 59,884 (717 Doctors to the Barrios; 52,730 RNHeals nurses; and 6,437 midwives) were deployed to poor LGUs from 2010-2013 while 81,676 Community Health Teams were trained and deployed to provide health assistance to poor households, particularly the Pantawid Pamilya beneficiaries.
- **In 2011, the Complete Treatment Package** (ComPack) Program was first introduced by the DOH as a free drug access program for poor families under the Conditional Cash Transfers Program (CCTs) in 1,020 municipalities. The ComPack program covers medicines for common health conditions such as hypertension, diabetes, respiratory infections, diarrhea and common infections. In 2013, the program was expanded and successfully covered all families under the CCT, reaching 100% of its target or 2,470 municipalities.
- **In 2013**, through the Center of Excellence on Public-Private Partnerships in Health (CEP3H), the DOH awarded major PPP projects which modernized two health facilities: the Philippine Orthopedic Center and the Cotabato Regional and Medical Center.

Improved access to quality hospitals and healthcare facilities, infrastructure and human resource are key aspects of providing quality healthcare. Thus, the Health Facilities Enhancement Program (HFEP) was implemented in order to facilitate civil works upgrading and provision of medical equipment to hospitals and other health facilities all over the country.

Parallel efforts to raise the level of competencies and knowledge of public health workers – nurses, midwives, community health workers and doctors – were made. The Registered Nurses for Health Enhance-

ment and Local Service (RNheals) Program and Rural Health Midwives Placement Program have deployed nurses and midwives, respectively, to various rural communities. Similarly, Community Health Teams have also been organized to assist families not only with their health needs but also to serve as a vital link between community and other health providers.

Finally, another level of support is being provided to Filipino indigents through the DOH Complete Treatment Pack Program. The program provides free medicine for diseases such as hypertension, diabetes and infection for those members of the conditional cash transfer for the Pantawid Pamilyang Pilipino Program. With quality medicines available at no cost, the management and treatment of common diseases are no longer economic burdens the poor must bear on their own.

The NKTI Cardiovascular Catheterization and Radio-logy Unit is the most advanced catheterization facility in the country. It has a state of the art hybrid angiography suite capable of complex diagnostic and interventional studies and is used by Interventional Cardiologist, Radiologist and Vascular Surgeon. The image quality of the CathLab system provides crisp, virtually distortion-free visualization of anatomic details to support both peripheral and coronary vascular procedures with minimal radiation and IV contrast exposure. The NKTI CathLab is able to provide the safest and highest standards of service for patients requiring cardiovascular diagnostics and intervention.

DEPARTMENT of HEALTH
UNIVERSAL HEALTH CARE
THREE THRUSTS
3

ATTAINMENT OF HEALTH-RELATED MILLENIUM DEVELOPMENT GOALS

03

- **The Philippines** has already reached the Millennium Development Goal for Tuberculosis (TB) based on the WHO Global TB Report for 2013. The TB prevalence rate has decreased from 1,000 per 100,000 population in 1990 to 461 per 100,000 population in 2012. The incidence rate for TB has also decreased from 400 per 100,000 population in 1990 to 265 in 2012. Finally, the number of successfully treated TB cases reached the target of 90% in 2013.

- **In 2013**, the number of fully immunized children reached 89% of the eligible population, up from 84% in 2010. The diptheria pertussis-tetanus (DPT3) immunization rate is at 94% while the measles (MCV) immunization rate is at 91%.

- **The 2013 National Demographic and Health Survey** (NDHS) reports that six out of ten births (60%) were delivered in health facilities—an increase from 44% in 2008 (NDHS) and 55% in 2011 (FHS).

- **In addition** to the nine areas declared rabies-free in 2012, six more areas were cleared of rabies in 2013. Also, 27 out of 53 endemic provinces were declared malaria-free as of 2013, while 20 out of 43 endemic provinces were declared filariasis-free as of 2013.

- **President Aquino** signed the Responsible Parenthood and Reproductive Health (RPRH) Act on December 21, 2012. After a series of public consultations, Secretary Ona signed the RPRH Act Implementing Rules and Regulations on March 15, 2013. The Supreme Court's decision to uphold the constitutionality of the RPRH Act on April 8, 2014 (except for some specific provisions of the Law and its IRR) is a victory that will improve health outcomes. The implementation of this law will help improve access to information, as well as facilities and services through the functional referral networks of health facilities and skilled health professionals.

- **The Sin Tax Law** has proven to be effective in reducing tobacco consumption. During its first year of implementation, there was a significant decrease in smoking prevalence among adults 20 years and above, from 31% in 2008 to 25.4% in 2013. More importantly, a significant decrease in smoking prevalence was also observed among children 10 to 19.9 years, from 9.1% in 2008 to 6.8% in 2013, despite no significant increase in anti-tobacco advocacy activities. Another survey showed that the prevalence of smoking among socio-economic class E or the very poor dropped from 38% in December 2012 to 25% in March 2014. Among the 18-24 age group, smoking prevalence decreased from 35% in December 2012 to 18% in March 2014. This could be attributed to the increase in prices of cigarettes upon the implementation of the Sin Tax Reform Law. Furthermore, the budget of DOH has increased from P53.3 billion in 2013 (before Sin Tax increment was available) to P83.7 billion in 2014. The budget increase due to Sin Tax will be used to enroll and provide coverage for more poor families under PhilHealth, strengthen preventive health and awareness programs, provide medical assistance to government hospitals and augment funds for enhancement of health facilities.

Attainment of Health-Related Millennium Development Goals (MDGs)
It was in 1999 that the Philippines became one of the 189 countries who supported the UN Millennium Development Goals. MDGs united the global community in identifying the needs of the very poor, resulting to eight goals, four of which are health-related: reduction of infant mortality rate, improvement of maternal health, combating of HIV/AIDS, malaria and other diseases, and promotion of gender equality and empowerment of women. With the Life Cycle Approach as its guide, the DOH steadily moves in the direction of attaining these MDGs.

The journey towards UHC was given a push by the passage of two landmark bills in the first half of Aquino's term.

The Sin Tax Reform bill, which had been pending in the Philippine Congress since 1997, was passed as Republic Act 10351. This law significantly increases the taxes levied on cigarettes and alcohol, from which additional revenue will be financing the enrollment of 5.6 million Filipinos to PhilHealth.

Health Secretary Enrique T. Ona considers the passage of the Sin Tax Reform Law or RA 10351, a victory for the health of the Filipino people.

The Responsible Parenthood and Reproductive Health (RPRH) law or RA 10354 has also been signed into law. The first incarnation of this bill was presented to Congress in President's Estrada's time but was met with such strong opposition that it failed to gain traction for another 14 years. Today, with information and support being provided by the RPRH Law, Filipino women, especially those who belong to the poorest sector of society, are empowered with regard to their reproductive choices. In the words of Secretary On, "This is just the beginning of our continuing effort to ensure that no woman will die while giving life".

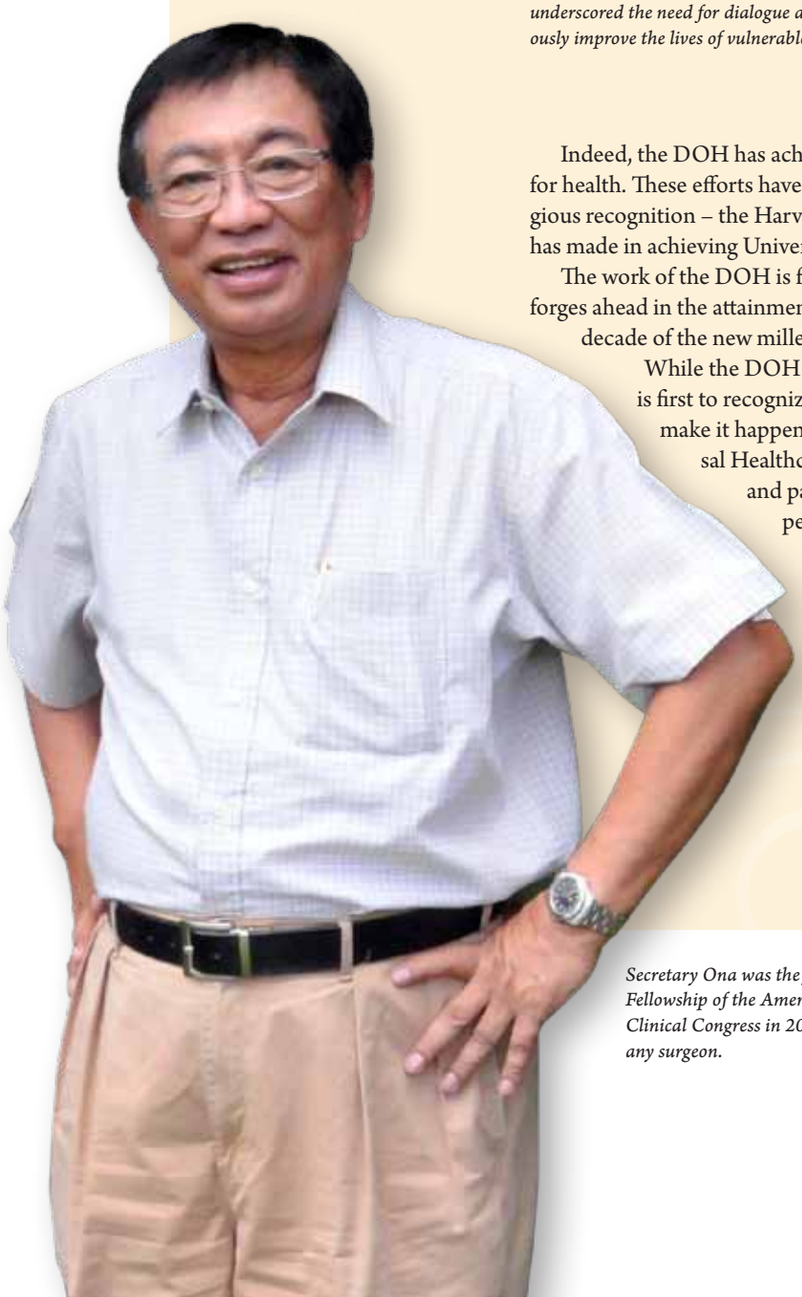
Health Secretary Enrique T. Ona, during the Asean Human Rights Conference for Promoting Maternal Health, underscored the need for dialogue among countries in order to keep abreast of recent developments and continuously improve the lives of vulnerable population, especially mothers and their children.

Indeed, the DOH has achieved concrete results in enforcing President Aquino's platform for health. These efforts have not gone unnoticed. In 2012, Secretary Ona received prestigious recognition – the Harvard Health Leader Award – for the major progress the country has made in achieving Universal Healthcare.

The work of the DOH is far from over. With resolve and commitment, the Department forges ahead in the attainment of a truly equitable healthcare delivery system in the second decade of the new millennium.

While the DOH strives hard for the realization of this dream, Secretary Ona is first to recognize that only the concerted effort of various sectors can truly make it happen: "The government cannot achieve this dream alone. Universal Healthcare will not be realized without the people's commitment and partnership. We ask you, the private sector, the media, and the people, to continue working with us with the same enthusiasm and drive to help uplift the lives of the poorest members of our society."

And thus continues the great task of our people, our government, and our Department of Health.



Secretary Ona was the first Filipino surgeon awarded the Honorary Fellowship of the American College of Surgeons (ACS) on its 98th Clinical Congress in 2012. This is the highest honor ACS can bestow on any surgeon.

The President commended everyone for the successful reduction of malnutrition rate among children under five years old.

Lakbay Buhay was designed as a festive event. The health caravan is a nationwide comprehensive and multi-channeled health promotion campaign that aims to bring information and education to families in remote communities in line with the government's health reform agenda of universal access to healthcare.

SURVIVING

Typhoon Yolanda

(November 2013)

Typhoon Haiyan hit the country in the morning of November 8, 2013. The storm, locally known as Yolanda, battered the Visayas with maximum sustained winds of 225 kph, the strongest cyclone to ever make landfall in recorded history.

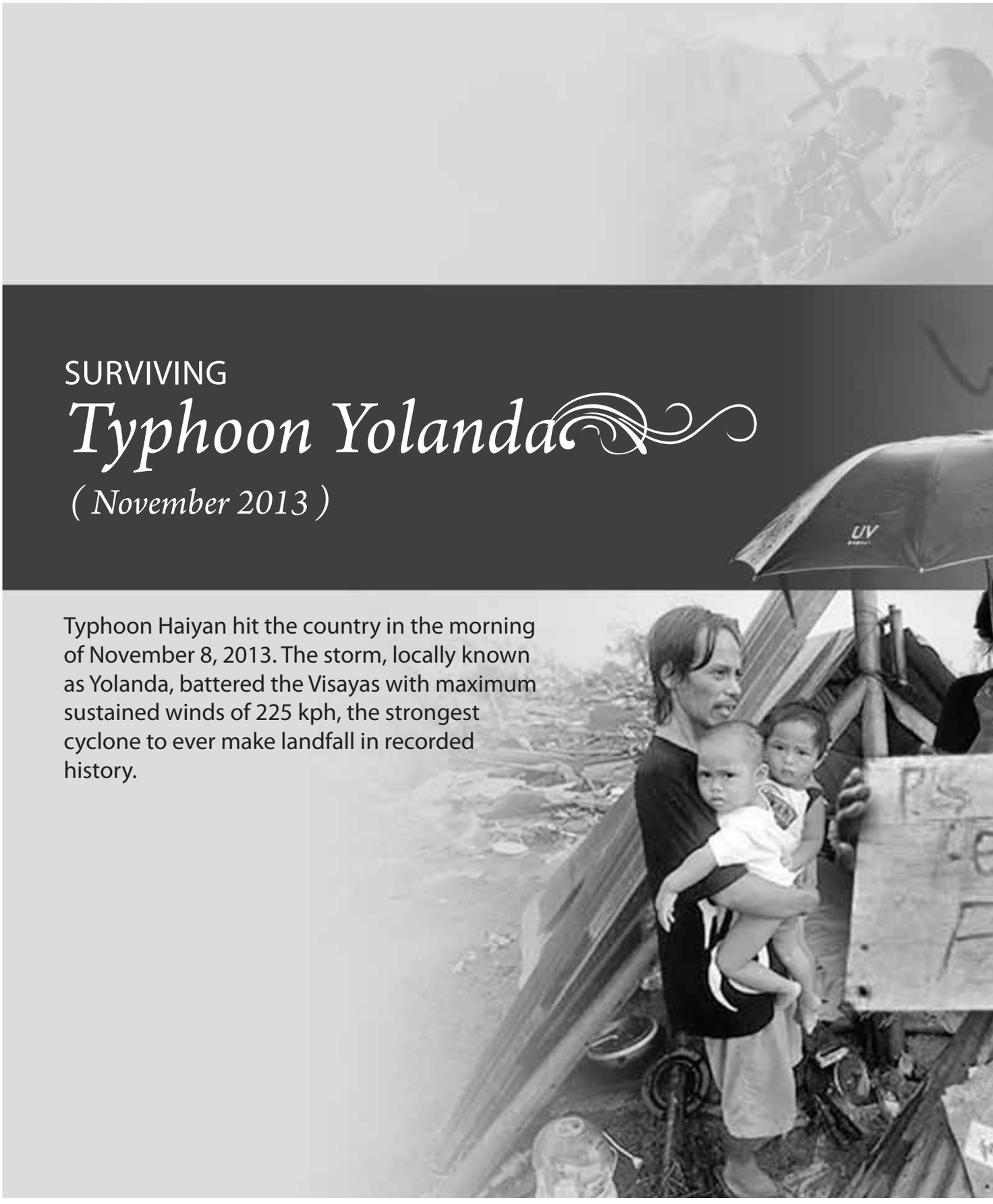


Photo illustration by Bones Calleja

In the days that followed, the entire nation grappled with the extent of the typhoon's devastation: countless structures shattered by the force of the wind, entire communities flattened by monstrous storm surges that had pushed inland at the height of the storm, casualties in the thousands and millions more injured, missing or displaced. With severe damage to communication and transportation systems, it took two days before Secretary Ona, other DOH officials and medical response teams from nearby areas to reach Tacloban, the area worst hit by the storm.

As the government raced to provide aid to typhoon victims all over Region VIII, the country was placed under a State of National Calamity on November 11, 2013. The DOH shipped supplies, medicine and equipment and deployed medical teams to affected areas. The Department also coordinated medical missions, working closely with the World Health Organization (WHO) and other foreign medical teams and NGOs to ensure the swift and efficient delivery of emergency care.

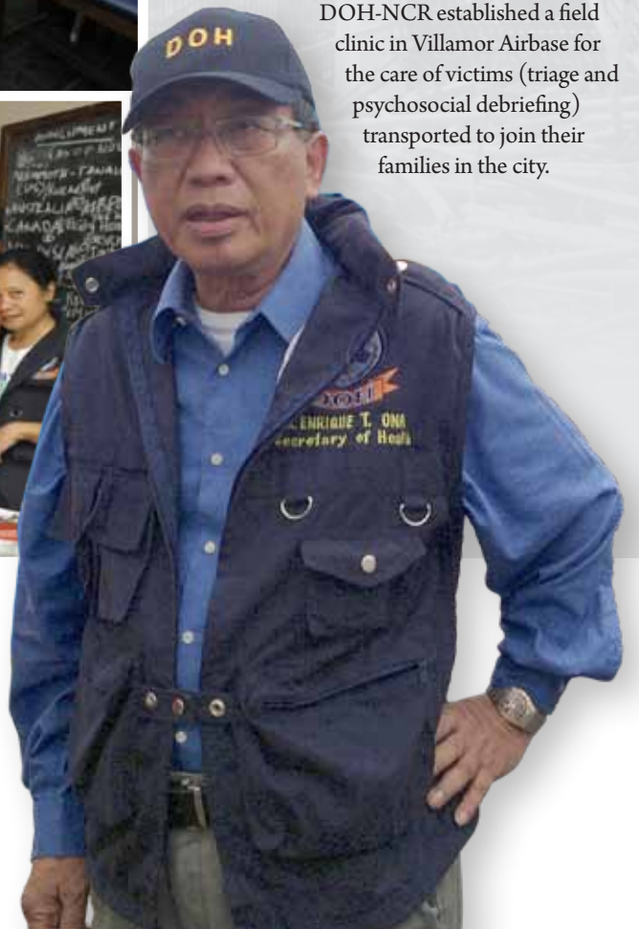
DOH

PULIS

PHILIP
MULTI-S
"MEDI

DOK

The developing health conditions following the disaster were closely monitored to prevent breakouts and epidemics in affected communities and evacuation centers. To protect children against polio and measles, a vaccination campaign was launched by the WHO in partnership with the DOH and several national and foreign partners. Sanitation issues such as potability of water and proper disposal of waste was handled through the DOH Water, Sanitation and Hygiene Services or WASH in an effort to prevent the spread of disease. Secretary Ona also worked with local authorities and forensic experts to ensure the proper handling, management, and burial of recovered bodies. In Metro Manila, the DOH-NCR established a field clinic in Villamor Airbase for the care of victims (triage and psychosocial debriefing) transported to join their families in the city.



WHAT HAS BEEN DONE?

OPERATION 'HAIYAN'

Hospital Services

33,128
patients served

2,249
ER consultations

33, 555
OPD consultations

3,485
Admission

2,127
operations conducted

Health Teams Deployed (Composite Teams)

351
teams
(**126** national,
191 international
34 LGU)

National Teams are composed of **1,342** personnel.

Public Health Services

232,813
out-patient consultations

10,941
First aid

95,169
measles immunization

21,799
tetanus vaccination

Nutrition Services

266,111
children screened

137, 979
children recieved supplementary feeding

64, 441
children recieved vitamin A supplementation

91, 589
children recieved multiple micronutrient powder

39,575
pregnant women assessed and counseled

156
dewormed

Water, Sanitation, and Hygiene Services

13,177
latrines constructed/ installed

545, 530
hygiene kits distributed

361, 279
Jerry cans provided

Mental Health and Psychosocial Support Services

11, 531
recipients of counseling

2, 428
recipients of psycho-education session

17, 919
recipients of psychological processing

4, 389
recipients of stress-management program

159
case referalls

4, 188
defusing

Months after the disaster, early recovery programs are underway to help survivors cope with the tragedy. Disease prevention and providing mental health services like counseling are among the priorities in the recovery effort. The challenge also remains for the DOH to fully restore medical services in areas where health units had sustained partial or complete damage. Along with the national government, foreign and local partners, as well the private citizens who continue to support relief and recovery efforts, the DOH will continue to restore not only health but hope among Yolanda survivors.

DOH

Tindog FVRMC

MGA DAPAT MALAMAN
100%
VOLUNT
BLOOD DON
NEWBORN SCREENING
for expectant mothers
Water Supply Situation
1990
8 out of 10 Filipinos have access to safe drinking water
MGA DAPAT MALAMAN TUNGKOL SA TUBERCULOSIS (TB)
Family Plan
LANDSLIDE
MUDFLOW
CLIMATE CHANGE
MDGF
MDG ACHIEVEMENT FUND
dengue ay isang lumalalang suliraning
ngkalusugan sa buong mundo lalo na sa mga
ansang ang klima ay tulad ng sa Pilipinas...
Dengue
SAMA-SAMA TAYONG
MAG-AKSYON
BARANGAY
KONTRA
DENGUE

DOH promotional materials have become effective tools in popularizing their various health causes.

The DOH balances its efforts between the curative and preventive components of healthcare.

State of the art medical equipment to provide diagnostic and therapeutic services is part of the administration's commitment to quality healthcare.

Department of Health Executive Committee

From left: Dr. Jaime Y. Lagahid, Dr. Nemesio T. Gako, Dr. Teodoro J. Herbosa, Dr. Roland L. Cortez, Dr. Kenneth Hartigan-Go, Dr. Enrique A. Tayag, Ms. Blesilda Gutierrez, Dr. JuvencioOrdonia, Dr. Romulo A. Busuego, Dr. Gerardo V. Bayugo, Atty. Nicolas B. Lutero III, Dr. Elmer G. Punzalan, Dr. Janette L. Garin, Secretary Enrique T. Ona, Dr. Paulyn Jean Rosell-Ubial.

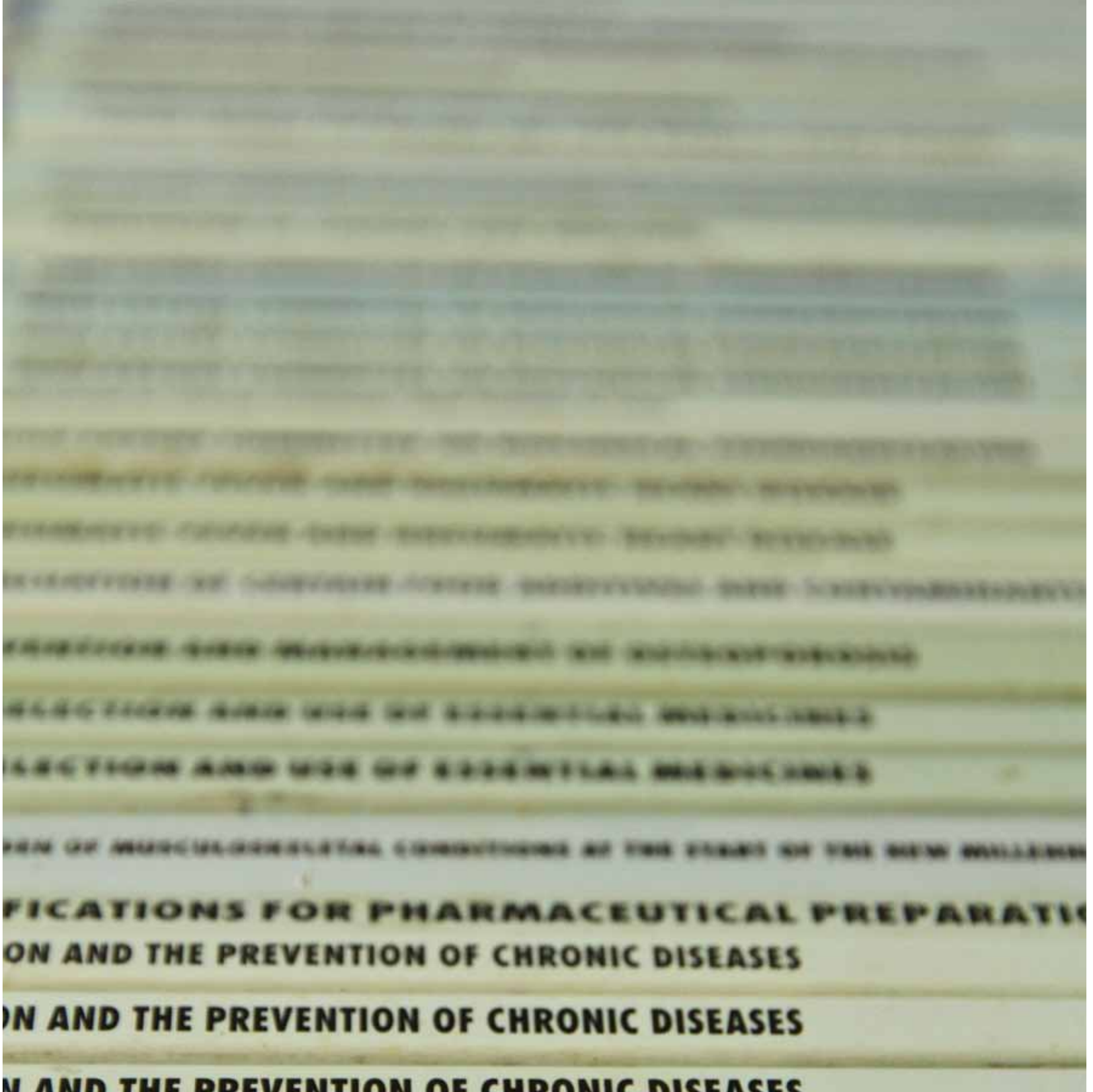
A Legacy of Public Health
THE DEPARTMENT OF HEALTH STORY
SECOND EDITION

Appendices

The Department of Health Secretaries

DOH Hospitals Directory

DOH Attached Agencies


FICATIONS FOR PHARMACEUTICAL PREPARATI
ON AND THE PREVENTION OF CHRONIC DISEASES
ON AND THE PREVENTION OF CHRONIC DISEASES

Department *of* Health Secretaries

Name of Secretaries
Terms

Dr. Enrique T. Ona
July 2010 - Present

Dr. Esperanza I. Cabral
January 2010 - June 2010

Dr. Francisco Duque III
June 2005 - January 2010

Dr. Manuel Dayrit
February 2001 - May 2005

Dr. Alberto Romualdez
September 1998 - January 2001

Dr. Felipe Estrella
July 1,1998 - August 23, 1998

Dr. Carmencita Reodica
March 1996 - June 1998

Dr. Hilarion J. Ramiro
July 1995 - March 1996

Dr. Jaime Galvez-Tan
January 1995 - June 1995

Dr. Juan Flavier
July 1992 - January 1995

Dr. Antonio Periquet
February - June 1992

Dr. Alfredo R.A Bengzon
March 1986 - January 1992

Dr. Jesus Azurin
July 1981 - February 1986

Dr. Enrique M. Garcia
July 1979 - June 1981

Dr. Clemente S. Gatmaitan
December 1971 - July 1979

Dr. Amadeo H. Cruz
August 1968 - December 1971

Dr. Manuel Cuenco
December 1964 - December 1965

Dr. Floro Dabu
July 1963 - December 1964

Dr. Francisco Duque
December 1961 - July 1963

Dr. Elpidio Valencia
July 1958 - December 1961

Dr. Paulino Garcia
1st Term: June 1954 - June 1958
2nd Term: December 1965 - August 1968

Dr. Juan Salcedo
September 1950 - May 1954

Dr. Antonio Villarama
1946 - 1950

Dr. Jose Locsin
1945 - 1946

Dr. Basilio Valdez
February - April 1945

Dr. Jose Fabella
January 1941 - 1945

DOH Officials Directory

as of May 2014

EXECUTIVE COMMITTEE

DR. ENRIQUE T. ONA
Secretary of Health

DR. NEMESIO T. GAKO
Undersecretary of Health
Administrative Technical Cluster
Chair, Change Management Committee of the DOH Rationalization Plan

DR. TEODORO J. HERBOSA
Undersecretary of Health
Operations Cluster for NCR & Metro Manila Hospitals
Head, Public Private Partnership Office

DR. JANETTE L. GARIN
Undersecretary of Health
Support to Service Delivery Cluster IV
Cluster Head, Women, Children and Family Health
Focal Person, Cabinet Assistance System and Presidential Management Staff

DR. LILIBETH C. DAVID
OIC – Cluster Head
Cluster Head, Health Policy Finance and Research Development Cluster
Director IV, Health Policy Development and Planning Bureau

DR. GERARDO V. BAYUGO
Assistant Secretary of Health
Operation Cluster for Luzon
Head, Quality Management Systems Office
Head, Integrity Management Program and Performance Governance System

DR. PAULYN JEAN B. ROSELL-UBIAL
Assistant Secretary of Health
Operations Cluster for Visayas

DR. ELMER G. PUNZALAN
Assistant Secretary of Health
Special Concerns Technical Cluster

MS. MARIA BERNARDITA FLORES
Assistant Secretary/Executive Director
National Nutrition Council (NNC)

DR. JAIME Y. LAGAHID
Assistant Secretary of Health
Chief of Staff Head Executive Assistant, Office of the Secretary
Director III, Office of the Secretary

DR. ENRIQUE A. TAYAG
Assistant Secretary of Health
Support to Service Delivery
Technical Cluster II
Director IV, National Epidemiology Center

DR. ROMULO A. BUSUEGO
Assistant Secretary of Health
Mindanao Operations Cluster
Chief of Hospital III, Davao Regional Hospital

ATTY. NICOLAS B. LUTERO III
Assistant Secretary of Health
Support to Service Delivery Cluster III
Director IV, Bureau of Health Facilities and Services
OIC- Legal Service

DR. ROLAND CORTEZ
Assistant Secretary of Health
Support to Service Delivery Cluster I
Medical Center Chief II, East Avenue Medical Center

MS. BLESILDA A. GUTIERREZ
Assistant Secretary of Health
Internal Finance Management Technical Cluster

OPERATION CLUSTER

LUZON
DR. TEODORO J. HERBOSA
Undersecretary of Health
NCR & Metro Manila Hospitals
Operations Cluster

DR. GERARDO V. BAYUGO
Assistant Secretary of Health
Luzon Operation Cluster
Head, Quality Management Systems Office
Head, Integrity Management Program and Performance Governance System

DR. EDWIN SANCHEZ
Director III
NCR & Metro Manila Hospitals
Operations Cluster

VISAYAS
DR. PAULYN JEAN B. ROSELL-UBIAL
Assistant Secretary of Health
Visayas Operations Cluster

MINDANAO
DR. ROMULO A. BUSUEGO
Assistant Secretary of Health
Mindanao Operations Cluster

OFFICE OF THE SECRETARY

DR. ENRIQUE A. TAYAG
Assistant Secretary of Health
Support to Service Delivery
Technical Cluster II
Director IV, National Epidemiology Center

ATTY. NICOLAS B. LUTERO III
Assistant Secretary of Health
Support to Service Delivery Cluster III
Director IV, Bureau of Health Facilities and Services
OIC- Legal Service
OIC- Food and Drug Administration

MS. MA. CAROLINA V. TAIÑO
Director IV
Internal Audit Service

DR. JAIME Y. LAGAHID
Assistant Secretary of Health
Chief of Staff
Head Executive Assistant, Office of the Secretary
Director III, Office of the Secretary

DR. KENNETH G. RONQUILLO
Director IV
Health Human Resource Development Bureau

DR. LYNDON LEE SUY
Director III, Infectious Disease Office
National Center for Disease Prevention &Control

FOOD AND DRUG ADMINISTRATION

ATTY. NICOLAS B. LUTERO III
Director IV
Food and Drug Administration

DR. ARIEL I. VALENCIA
Director IV
Field Regulatory Operations

ATTY. RONALD R. DE VEYRA
Director III
Administration and Finance

MS. AGNETTE PERALTA
Director IV
Center for Devices, Radiation Health & Research
Food & Drug Administration

ATTY. AGUSTIN C. MANGILA, V.
Director III
Center for Devices, Radiation Health & Research
Food & Drug Administration

HEALTH POLICY FINANCE AND RESEARCH DEVELOPMENT CLUSTER

DR. LILIBETH C. DAVID
Assistant Secretary of Health
Cluster Head, Health Policy Finance and Research Development Cluster
Director IV, Health Policy Development and Planning Bureau

MS. MAYLENE M. BELTRAN
Director IV
Bureau of International Health Cooperation

DR. ANNA MELISSA GUERRERO
OIC- Project Manager
National Center for Pharmaceutical Access and Management

SPECIAL CONCERNS TECHNICAL CLUSTER

DR. ELMER G. PUNZALAN
Assistant Secretary of Health
Head, Special Concerns Technical Cluster

DR. CRISELDA G. ABESAMIS
Director IV
Special Concerns Technical Cluster

ADMINISTRATION TECHNICAL CLUSTER

DR. NEMESIO T. GAKO
Undersecretary of Health
Head, Administration Technical Cluster
Chair, Change Management Committee
of the DOH Rationalization Plan

DR. MA. THERESA G. VERA
Director III
Procurement Service
Head, Central Office Bids & Awards
Committee Secretariat

MS. ANGELINA A. DEL MUNDO
Director III
Administrative Service

INTERNAL FINANCE MANAGEMENT TECHNICAL CLUSTER

MS. BLESILDA A. GUTIERREZ
Assistant Secretary of Health
Head, Internal Finance Management
Technical Cluster

MS. CRISPINITA A. VALDEZ
Director III
Knowledge Management and Information
Technology Service

MR. LAUREANO C. CRUZ
OIC -Director III
Finance Service

SUPPORT TO SERVICE DELIVERY CLUSTER I

DR. ROLAND CORTEZ
Assistant Secretary of Health
Support to Service Delivery Cluster I
Medical Center Chief II, East Avenue Medical Center

DR. RICARDO RAMOS
Director IV, Health facility Development Bureau

ARCH. REBECCA PEÑAFIEL
Director III
National Center for Health Facilities
and Development

SUPPORT TO SERVICE DELIVERY CLUSTER II

DR. ENRIQUE A. TAYAG
Assistant Secretary of Health
Support to Service Delivery Technical Cluster II
Director IV, National Epidemiology Center

DR. IRMA L. ASUNCION
OIC - Director IV
Disease Prevention and Control Bureau
Director III

DR. MARIO S. BAQUILOD
OIC-Director III, Infectious Disease Office
National Center for Disease Prevention &Control

DR. FERCHITO AVELINO
Director III
Philippine National AIDS Council
Family Health Office

DR. ARNEL RIVERA
OIC - Director III
Health Emergency Management Service

DR. IVANHOE C. ESCARTIN
OIC-Director IV
National Center for Health Promotion

SUPPORT TO SERVICE DELIVERY CLUSTER III

ATTY. NICOLAS B. LUTERO III
Assistant Secretary of Health
Support to Service Delivery Cluster III
Director IV, Bureau of Health Facilities and
Services
OIC- Legal Service

DR. EMMANUEL LABELLA
Director IV
Bureau of Quarantine and International
Surveillance

DR. FERDINAND SALCEDO
Director III
Bureau of Quarantine and International
Surveillance

WOMEN, CHILDREN AND FAMILY HEALTH CLUSTER

DR. JANETTE L. GARIN
Undersecretary of Health
Support to Service Delivery Cluster IV
Cluster Head, Women, Children and Family Health
Focal Person, Cabinet Assistance System
and Presidential Management Staff

DR. FERCHITO AVELINO
Director III,
Bureau of Local Health Development
Philippine National AIDS Council

DR. MARIA JOYCE U. DUCUSIN
OIC-Director III
Family Health Office

DR. JUAN ANTONIO A. PEREZ III
Executive Director
Commission on Population (POPCOM)

MS. MARIA BERNARDITA T. FLORES
Assistant Secretary/Executive Director
National Nutrition Council (NNC)

DR. NESTOR SANTIAGO, JR.
Director IV
Bureau of Local Health Development (BLHD)
Regional Office – Calabarzon

ATTACHED AGENCIES

ATTY. ALEXANDER PADILLA
President & CEO
Philippine Health Insurance Corporation

DR. ISIDRO SIA
Executive Director
Philippine Institute of Traditional & Alternative
Health Care

MA. BERNARDITA FLORES
Assistant Secretary
Executive Director IV National Nutrition Council

DR. JUAN ANTONIO A. PEREZ III
Executive Director
Commission on Population (POPCOM)

CENTERS FOR HEALTH DEVELOPMENT & DOH ARMM

DOH AUTONOMOUS REGION
FOR MUSLIM MINDANAO

DR. KADIL M. SINOLINDING, JR.
Secretary of Health

DR. LINANG L. ADIONG
Assistant Secretary of Health

Regional Office
Cordillera Administrative Region

DR. VALERIANO V. LOPEZ
OIC, Director IV

DR. AMELITA PANGILINAN
OIC, Director III

Regional Office I

DR. MYRNA C. CABOTAJE
Director IV

DR. BENITO ARCA
Director III

Regional Office II

DR. RIO L. MAGPANTAY
Director IV

DR. EDWARD A. ALBANO
OIC - Director III

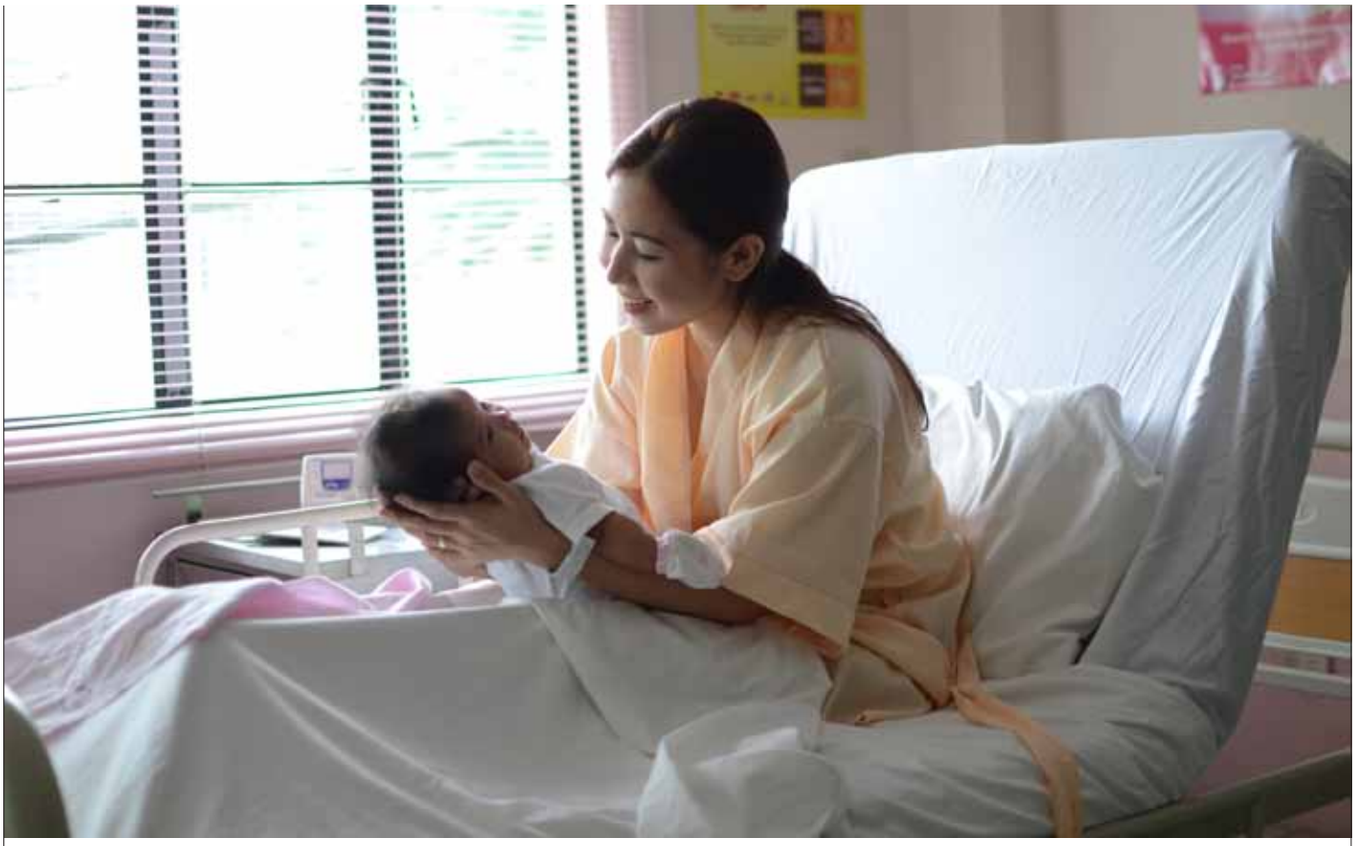
Regional Office III

DR. LEONITA P. GORGOLON
Director IV

DR. RUBY CONSTANTINO
OIC Director III

DOH Officials Directory

as of June 2013



Regional Office IVA

DR. NESTOR F. SANTIAGO, JR.
Director IV

DR. CORAZON I. FLORES
OIC - Director III

Regional Office IVB

DR. EDUARDO C. JANAIRO
Director IV

DR. FAITH F. ALBERTO
OIC - Director III

Regional Office V

DR. GLORIA J. BALBOA
Director IV

DR. NAPOLEON L. AREVALO
Director III

Regional Office VI

DR. MARLYN W. CONVOCAR
Director IV

DR. PAZ CORRALES
OIC-Director III

Regional Office VII

DR. JAIME S. BERNADAS
Director IV

DR. LAKSHMI I.LEGASPI
Director III

Regional Office VIII

DR. JOSE R. LLACUNA, JR.
Director IV

DR. PAULA PAZ SYDIONGCO
OIC - Director III

Regional Office IX

DR. NIMFA B. TORRIZO
OIC - Director IV

DR. FRANCISCO V. MATEO
OIC - Director III

Regional Office X

DR. ARISTIDES C. TAN
Director IV

DR. ADRIANO P. SUBA-AN
Director III

Regional Office XI

DR. ABDULLAH B. DUMAMA, JR.
Director IV

DR. ANNABELLE YUMANG
OIC - Director III

Regional Office XII

DR. TEOGENES F. BALUMA
Director IV

DR. LOUELLA ESTEMBER
OIC - Director III

Regional Office CARAGA

DR. MINERVA PERIGRINO-MOLON
OIC-Director IV

DR. CESAR C. CASSION
Director III

Regional Office NCR

DR. TEODORO J. HERBOSA
Undersecretary of Health
Operations Cluster for NCR
& Metro Manila Hospitals
Director IV

DR. RUBEN SIAPNO
OIC - Director III

DOH Hospitals

SPECIALTY HOSPITALS

DR. JOSE LUIS J. DANGUILAN
Executive Director
LUNG CENTER OF THE PHILIPPINES
Quezon Avenue, Quezon City

DR. JOSE DANTE P. DATOR
Executive Director
NATIONAL KIDNEY & TRANSPLANT INSTITUTE
East Avenue, Quezon City

DR. JULIUS LECCIONES
Executive Director
PHILIPPINE CHILDREN'S MEDICAL CENTER
Quezon Avenue, Quezon City

DR. MANUEL T. CHUA CHIACO, JR.
Executive Director
PHILIPPINE HEART CENTER
East Avenue, Quezon City

SPECIAL HOSPITAL

DR. EMMANUEL M. BUENO
Medical Center chief II
AMANG RODRIGUEZ MEMORIAL MEDICAL CENTER
Sumulong Highway, Marikina City

DR. RUBEN C. FLORES
Medical Center Chief II
DR. JOSE FABELLA MEMORIAL HOSPITAL
Sta. Cruz, Manila

DR. ROLAND CORTEZ
Medical Center Chief II
EAST AVENUE MEDICAL CENTER
East Avenue, Quezon City

DR. EMMANUEL MONTAÑA, JR.
Medical Center Chief II
JOSE R. REYES MEMORIAL MEDICAL CENTER
Rizal Avenue, Manila

DR. BERNARDINO A. VICENTE
Medical Center Chief II
NATIONAL CENTER FOR MENTAL HEALTH
Mandaluyong City

DR. EPIFANIA SIMBUL
Medical Center Chief II
NATIONAL CHILDREN'S HOSPITAL
E. Rodriguez Avenue, Quezon City

JOSE BRITTANIO S. PUJALTE, JR.
OIC-Medical Cneter Chief II
PHILIPPINE ORTHOPEDIC CENTER
Quezon City

DR. ANGELES DE LEON
Medical Center Chief II
QUIRINO MEMORIAL MEDICAL CENTER
Project 4, Quezon City

DR. MA. SOCORRO P. LUPISAN
Director IV
RESEARCH INSTITUTE FOR TROPICAL MEDICINE
FILINVEST Corporate City, Alabang, Muntinlupa City

DR. RELITO M. SAQUILAYAN
Medical Center Chief II
RIZAL MEDICAL CENTER
Pasig City

DR. WINSTON GO
Medical Center Chief II
SAN LAZARO HOSPITAL
Quiricada, Manila

DR. MA. ISABELITA M. ESTRELLA
Medical Center Chief II
TONDO MEDICAL CENTER
Balut, Tondo, Manila

REGIONAL OFFICE - NCR

DR. EDGARDO JAVILLONAR
Medical Center Chief I
DR. JOSE N. RODRIGUEZ MEMORIAL HOSPITAL
Tala, Caloocan City

DR. EDMUNDO LOPEZ
Medical Center Chief II
LAS PIÑAS GENERAL HOSPITAL & SATELLITE TRAUMA CENTER
Las Piñas City

DR. MARILOU T. NERY
OIC Chief of Hospital II
SAN LORENZO RUIZ WOMEN'S HOSPITAL
Malabon City

DR. MARIO C. PANAY
Medical Center Chief II
VALENZUELA MEDICAL CENTER
Padrigal St., Karuhatan, Valenzuela City

REGIONAL OFFICE ILOCOS

DR. RICARDO B. RUNEZ
Medical Center Chief II
ILOCOS TRAINING AND REGIONAL MEDICAL CENTER
San Fernando City, La Union

DR. LOURDES K. OTAYZA
Medical Center Chief II
MARIANO MARCOS MEMORIAL MEDICAL CENTER
Batac, Ilocos Norte

DR. JOSEPH ROLAND O. MEJIA
Medical Center Chief I
REGION I MEDICAL CENTER
Dagupan City, Pangasinan

REGIONAL OFFICE CORDILLERA

DR. EMMANUEL ACLUBA
Medical Center Chief II
BAGUIO GENERAL HOSPITAL & MEDICAL CENTER
Baguio City

DR. EPIFANIO B. PAGALILAUAN, JR.
Chief of Hospital III
LUIS HORA MEMORIAL REGIONAL HOSPITAL
Bauko, Mt. Province

DR. DANILO A. DOMINGO
Chief of Hospital II
FAR NORTH LUZON GENERAL HOSPITAL & TRAINING CENTER
Luna, Apayao

DR. NELSON O. RIGOR
Chief of Hospital II
CONNER DISTRICT HOSPITAL
Conner, Apayao

REGIONAL OFFICE CAGAYAN VALLEY

DR. EMMANUEL F. ACLUBA
Medical Center Chief II
CAGAYAN VALLEY MEDICAL CENTER
Tuguegarao City, Cagayan

DR. ILDEFONSO COSTALES
Chief of Hospital II
SOUTHERN ISABELA GENERAL HOSPITAL
Santiago City, Isabela

DR. NAPOLEON OBAÑA
OIC – Medical Center Chief
VETERANS REGIONAL HOSPITAL
Bayombong, Nueva Vizcaya

DR. JEFFREY CANCERAN
OIC – Chief of Hospital III
BATANES GENERAL HOSPITAL
Basco, Batanes

REGIONAL OFFICE CENTRAL LUZON

DR. GLORIA BALTAZAR
Medical Center Chief I
BATAAN GENERAL HOSPITAL
Balanga, Bataan

DR. YOLANDA L. DEE
Medical Center Chief II
JOSE B. LINGAD MEMORIAL REGIONAL HOSPITAL
San Fernando City, Pampanga

DR. LEONITA P. GORGOLON
OIC – Chief of Hospital
Director IV, DOH Regional Office III
MARIVELES MENTAL HOSPITAL
Bonifacio street, Mariveles, Bataan

DR. HUBERTO LAPUZ
Medical Center Chief II
PAULINO J. GARCIA MEMORIAL RESEARCH & MEDICAL CENTER
Cabanatuan City
TALAVERA EXTENSION HOSPITAL
Talavera, Nueva Ecija

DOH Hospitals

REGIONAL OFFICE CALABARZON-4A

DR. RAMONCITO MAGNAYE
Medical Center Chief II
BATANGAS MEDICAL CENTER
Batangas City

REGIONAL OFFICE MIMAROPA-4B

DR. ARTURO CUNANAN
Chief of Sanitarium II
CULION SANITARIUM
Culion, Palawan

DR. MELECIO DY
OIC – Medical Center Chief I
OSPITAL NG PALAWAN
Puerto Princesa, Palawan

REGIONAL OFFICE BICOL

DR. EFREN NERVA
Medical Center Chief II
BICOL MEDICAL CENTER
Naga City

DR. ROGELIO G. RIVERA
Medical Center Chief II
BICOL REGIONAL TRAINING & TEACHING HOSPITAL
Legaspi City

DR. EDGARDO SARMIENTO
Chief of Hospital II
BICOL SANITARIUM
Cabusao, Camarines Sur

REGIONAL OFFICE VISAYAS

DR. JULIUS DRILON
Medical Center chief II
CORAZON LOCSIN MONTELIBANO MEMORIAL REGIONAL HOSPITAL
Bacolod City

DR. JOSEPH DEAN NICOLO
Chief of Hospital II
DON JOSE MONFORT MEDICAL CENTER EXTENSION HOSPITAL
Barotac Nuevo, Iloilo

DR. JOSE MARI C. FERMIN
Medical Center Chief II
WESTERN VISAYAS MEDICAL CENTER
Iloilo City

DR. ANNABELLE DE GUZMAN
Medical Center Chief I
WESTERN VISAYAS SANITARIUM
Sta. Barbara, Iloilo City

REGIONAL OFFICE CENTRAL VISAYAS

DR. MUTYA KRIMET MACUNO
Chief of Hospital II
DON EMILIO DEL VALLE MEMORIAL HOSPITAL
Ubay, Bohol

DR. JOSE TEOFILO D. ARCAY
Chief of Hospital III
GOVERNOR CELESTINO GALLARES MEMORIAL MEDICAL CENTER
Tagbilaran City, Bohol

DR. LOPE MARIA P. CARABAÑA
Chief of Sanitarium III
EVERSELY CHILD SANITARIUM
ECS Compound, Jagobiao, Mandaue City, Cebu

DR. ROBERT M. DENOPOL
Chief of Hospital II
ST. ANTHONY MOTHER & CHILD HOSPITAL
Cebu City

DR. AGUSTIN AGOS
Chief of Hospital II
TALISAY DISTRICT HOSPITAL
Talisay, Cebu

DR. GERARDO AQUINO
Medical Center Chief II
VICENTE SOTTO MEMORIAL MEDICAL CENTER
Cebu City

REGIONAL OFFICE EASTERN VISAYAS

DR. CIRILO GALINDEZ
Medical Center Chief II
EASTERN VISAYAS REGIONAL MEDICAL CENTER
Tacloban City

DR. CHARLEMAGNE ESCAPE
Chief of Hospital II
SCHISTOSOMIASIS CONTROL & RESEARCH HOSPITAL
Palo, Leyte

REGIONAL OFFICE ZAMBOANGA PENINSULA

DR. DOMINGO REMUS DAYRIT
Chief of Hospital II
BASILAN GENERAL HOSPITAL
Isabela, Basilan

DR. MARIA DINNA C. VIRAY-PARIÑAS
Chief of Hospital II
DR. JOSE RIZAL MEMORIAL HOSPITAL
Lawaan, Dapitan City, Zamboanga del Norte

DR. ROY ALEXIS VALDEZ
Medical Officer IV
LABUAN PUBLIC HOSPITAL
Zamboanga City

DR. RICHARD SISON
Medical Center Chief I
MARGOSATUBIG REGIONAL HOSPITAL
Margosatubig, Zamboanga del Sur

DR. HANNAH TURCO
OIC – Chief of Sanitarium I
MINDANAO CENTRAL SANITARIUM
Pasabolong, Zamboanga City

DR. AMINDADRA MAJID
Chief of Hospital II
SULU SANITARIUM
Jolo City, Sulu

DR. ROMEO A. ONG
Medical Center Chief II
ZAMBOANGA MEDICAL CENTER
Zamboanga City

REGIONAL OFFICE NORTHERN MINDANAO

DR. JESUS MARTIN SANCIANGCO
Medical Center Chief I
HILARION A. RAMIRO SR. REGIONAL & MEDICAL & TEACHING HOSPITAL
Ozamis City

DR. JOSE C. CHAN
Medical Center Chief II
NORTHERN MINDANAO MEDICAL CENTER
Capitol Compound, Cagayan de Oro City

DR. AMER SABER
Medical Center Chief I
AMAI PAKPAK MEDICAL CENTER
Marawi City, Lanao del Sur

REGIONAL OFFICE SOUTHERN MINDANAO

DR. LEOPOLDO VEGA
Medical Center Chief II
SOUTHERN PHILIPPINES MEDICAL CENTER
Southern Philippines, Davao City

DR. ROMULO BUSUEGO
Medical Center Chief II
Assistant Secretary Designate
Mindanao Operations Cluster
DAVAO REGIONAL HOSPITAL
Tagum City, Davao del Norte

REGIONAL OFFICE SOCCKSARGEN

DR. HELEN P. YAMBAO
Medical Center Chief II
COTABATO REGIONAL MEDICAL CENTER
Cotabato City

DR. IBRAHIM V. PANGATO, JR.
Chief of Hospital II
COTABATO SANITARIUM
Cotabato City

REGIONAL OFFICE CARAGA

DR. PONCIANO LIMCANGCO
Medical Center Chief I
ADELA SERRA TY MEMORIAL MEDICAL CENTER
Tandag, Surigao del Sur

DR. ANDRES DOLAR, JR
Medical Center Chief I
CARAGA REGIONAL HOSPITAL
Surigao City

Department of Health Hospital Directory

AMANG RODRIGUEZ MEDICAL CENTER
Marikina City
Dr. EMMANUEL BUENO
Medical Center Chief II

DR. JOSE FABELLA MEMORIAL HOSPITAL
Lope de Vega, Sta. Cruz, Manila
Dr. RUBEN C. FLORES
Medical Center Chief II

JOSE R. REYES MEMORIAL MEDICAL CENTER
Rizal Avenue, Sta. Cruz, Manila
Dr. EMMANUEL L. MONTAÑA, Jr.
Medical Center Chief II

NATIONAL CENTER FOR MENTAL HEALTH
Mandaluyong City
Dr. BERNARDINO A. VICENTE
Medical Center Chief II

NATIONAL CHILDREN'S HOSPITAL
E. Rodriguez, Quezon City
Dr. EPIFANIA SIMBUL
Medical Center Chief II

PHILIPPINE ORTHOPEDIC CENTER
Maria Clara cor. Banawe St., Quezon City
Dr. JOSE BRITTANIO S. PUJALTE, JR.
OIC, Medical Center Chief II

QUIRINO MEMORIAL MEDICAL CENTER
Project 4, Quezon City
Dr. ANGELES DE LEON
Medical Center Chief II

RESEARCH INSTITUTE
FOR TROPICAL MEDICINE
Filinvest Corporate City,
Alabang, Muntinlupa City
Dr. SOCORRO P. LUPISAN
OIC, Director IV

RIZAL MEDICAL CENTER
Pasig City
Dr. RELITO SAQUILAYAN
Medical Center Chief II

SAN LAZARO HOSPITAL
Quiricada St., Sta. Cruz, Manila
Dr. WINSTON GO
Medical Center Chief II

TONDO MEDICAL CENTER
Balut, Tondo, Manila
Dr. CRISTINA V. ACUESTA
OIC, Medical Center Chief II

SPECIALTY HOSPITAL

LUNG CENTER OF THE PHILIPPINES
Quezon Ave., Quezon City
Dr. JOSE LUIS J. DANGUILAN
Executive Director

NATIONAL KIDNEY AND
TRANSPLANT INSTITUTE
East Ave., Quezon City
Dr. AILEEN R. JAVIER
Executive Director

PHILIPPINE CHILDREN'S MEDICAL CENTER
Quezon Ave., Quezon City
Dr. JULIUS LECCIONES
Executive Director

PHILIPPINE HEART CENTER
East Ave., Quezon City
Dr. MANUEL T. CHUA CHIACO, Jr.
Executive Director

REGIONAL OFFICE NCR

BATANES GENERAL HOSPITAL
Basco, Batanes
Dr. JEFFREY ANTHONY T. CANCERAN
OIC, Chief of Hospital III

DR. JOSE N. RODRIGUEZ MEMORIAL HOSPITAL
Tala, Caloocan City
Dr. EDGARDO JAVILLONAR
Chief of Sanitarium III

LAS PIÑAS GENERAL AND
SATELLITE TRAUMA CENTER
Las Piñas City
Dr. EDMUNDO LOPEZ
District Health Officer II

SAN LORENZO RUIZ WOMEN'S HOSPITAL
O. Reyes St., Santulan, Malabon,Metro Manila
Dr. ISABELITA ESTRELLA
Chief of Hospital I

VALENZUELA MEDICAL CENTER
Karuhatan, Valenzuela City
Dr. MARIO C. PANAY
District Health Officer II

REGIONAL OFFICE ILOCOS

ILOCOS TRAINING
AND REGIONAL MEDICAL CENTER
San Fernando, La Union
Dr. FRANCISCO A. VALDEZ
Chief of Hospital III

MARIANO MARCOS MEMORIAL MEDICAL CENTER
Batac, Ilocos Norte
Dr. MA. LOURDES K. OTAYZA
Chief of Hospital III

REGION I MEDICAL CENTER
Dagupan City, Pangasinan
Dr. JOSEPH ROLAND O. MEJIA
Medical Center Chief I

REGIONAL OFFICE FOR CORDILLERA

BAGUIO GENERAL HOSPITAL
AND MEDICAL CENTER
BGHMC Cmpd., Baguio City
Dr. JIMMY CABFIT
OIC, Medical Center Chief I

CONNER DISTRICT HOSPITAL
Conner, Apayao
Dr. NELSON RIGOR
Chief of Hospital I

FAR NORTH LUZON GENERAL HOSPITAL
& TRAINING CENTER
Quirino, Luna, Apayao
Dr. DANILO A. DOMINGO
Chief of Hospital II

LUIS HORA MEMORIAL HOSPITAL
Abatan, Bauko, Mt. Province
Dr. EPIFANIO PAGALILAUAN, Jr.
OIC, Chief of Hospital I

REGIONAL OFFICE FOR CAGAYAN VALLEY

CAGAYAN VALLEY MEDICAL CENTER
Tuguegarao, Cagayan
Dr. EMMANUEL F. ACLUBA
Chief of Hospital III

SOUTHERN ISABELA GENERAL HOSPITAL
Santiago City
Dr. JOSE ILDEFONSO B. COSTALES, JR.
Chief of Hospital III

VETERANS REGIONAL HOSPITAL
Bayombong, Nueva Vizcaya
Dr. CIRILO GALINDEZ
Chief of Hospital III

REGIONAL OFFICE FOR CENTRAL LUZON

BATAAN GENERAL HOSPTAL
Balanga, Bataan
Dr. GLORIA BALTAZAR
OIC, Chief of Hospital III

JOSE B. LINGAD MEMORIAL
REGIONAL HOSPITAL
San Fernando, Pampanga
Dr. YOLANDA L. DEE
Chief of Hospital III

MARIVELES MENTAL HOSPITAL
Bonifacio Street, Mariveles, Bataan
Dr. LEONITA P. GORGOLON
Director IV, OIC, Chief of Hospital

PAULINO J. GARCIA MEMORIAL RESEARCH
& MEDICAL CENTER
Cabanatuan City
Dr. HUBERTO F. LAPUZ
Medical Center Chief I

TALAVERA EXTENSION HOSPITAL
Talavera, Nueva Ecija
Dr. VICENTE CRUZ
Chief of Hospital I

REGIONAL OFFICE FOR SOUTHERN TAGALOG (CALABARZON - 4A)

BATANGAS MEDICAL CENTER
Batangas City
R. RAMONCITO MAGNAYE
Chief of Hospital III

Department of Health Hospital Directory

REGIONAL OFFICE FOR SOUTHERN TAGALOG (MIMAROPA - 4B)

CULION SANITARIUM
Culion, Palawan
Dr. ARTURO CUNANAN, Jr.
Chief of Sanitarium II

OSPITAL NG PALAWAN
Puerto Princesa City
DR. JOSE LLACUNA, JR.
Provincial Health Officer I

REGIONAL OFFICE FOR BICOL

BICOL MEDICAL CENTER
Naga City
Dr. EFREN NERVA
Medical Center Chief I

BICOL REGIONAL TRAINING AND TEACHING HOSPITAL
Legaspi City
Dr. ROGELIO RIVERA
Chief of Hospital III

BICOL SANITARIUM
Cabusao, Camarines Sur
Dr. EDGARDO R. SARMIENTO
Chief of Sanitarium II

REGIONAL OFFICE FOR WESTERN VISAYAS

CORAZON LOCSIN MONTELIBANO MEMORIAL REGIONAL HOSPITAL
Bacolod City
Dr. JULIUS DRILON
Chief of Hospital III

DON JOSE MONFORT MEDICAL CENTER EXTENSION HOSPITAL
Barotac Nuevo, Iloilo
Dr. JOSEPH DEAN NICOLO
Officer-in-Charge

WESTERN VISAYAS MEDICAL CENTER
Mandurriao, Iloilo City
Dr. JOSE MARI C. FERMIN
Chief of Hospital III

WESTERN VISAYAS SANITARIUM
Sta. Barabara, Iloilo
DR. ANNABELLE DE GUZMAN
Chief of Sanitarium II

REGIONAL OFFICE FOR CENTRAL VISAYAS

DON EMILIO DEL VALLE MEMORIAL HOSPITAL
Ubay, Bohol
Dr. MUTYA KISMET T. MACUNO
Chief of Hospital I

EVERSLEY CHILDS SANITARIUM
Mandaue City
Dr. LOPE MARIA CARABAÑA
Chief of Sanitarium III

GOV. CELESTINO GALLARES MEMORIAL MEDICAL CENTER
Tagbilaran City
Dr. JOSE TEOFILO D. ARCAY
OIC, Chief of Hospital III

ST. ANTHONY MOTHER AND CHILD HOSPITAL
Cebu City
Dr. ROBERT M. DENOPOL
Chief of Hospital II

TALISAY DISTRICT HOSPITAL
Talisay, Cebu
Dr. AGUSTIN AGOS
Chief of Hospital I

VICENTE SOTTO MEMORIAL MEDICAL CENTER
Dr. GERARDO AQUINO
Chief of Hospital III

REGIONAL OFFICE FOR EASTERN VISAYAS

EASTERN VISAYAS REGIONAL MEDICAL CENTER
Tacloban City
Dr. ALBERTO DE LEON
Chief of Hospital III

SCHISTOSOMIASIS CONTROL AND RESEARCH HOSPITAL
Palo, Leyte
Dr. CHARLEMAGNE ESCAPE
Chief of Hospital I

REGIONAL OFFICE FOR ZAMBOANGA PENINSULA

BASILAN GENERAL HOSPITAL
Basilan
Dr. DOMINGO REMUS DAYRIT
Chief of Hospital II

DR. JOSE RIZAL MEMORIAL HOSPITAL
Lawa-an, Dapitan City
Dr. MARIA DINNA VIRAY-PARIÑAS
Chief of Hospital II

LABUAN PUBLIC HOSPITAL
Labuan, Zamboanga del Sur
Dr. ROY ALEXIS VALDEZ
Medical Officer IV

MARGOSATUBIG REGIONAL HOSPITAL
Margosatubig, Zamboanga del Sur
Dr. RICHARD SISON
Chief of Hospital

MINDANAO CENTRAL SANITARIUM
Pasobolong, Zamboanga City
Dr. ALFONSO MONTUNO
OIC, Chief of Sanitarium II

SULU SANITARIUM
Jolo, Sulu
DR. AMINKADRA MAJID
Chief of Hospital II

ZAMBOANGA CITY MEDICAL CENTER
Zamboanga City
Dr. ROMEO A. ONG
Chief of Hospital III

REGIONAL OFFICE FOR NORTHERN MINDANAO

AMAI PAKPAK MEDICAL CENTER
Marawi City
Dr. AMER SABER
Chief of Hospital II

MAYOR HILARION A. RAMIRO SR. REGIONAL AND TEACHING HOSPITAL
Ozamis City
Dr. JESUS MARTIN SANCIANGCO III
Chief of Hospital II

NORTHERN MINDANAO MEDICAL CENTER
Capitol Cmpd., Cagayan de Oro City
Dr. JOSE CHAN
Chief of Hospital III

REGIONAL OFFICE FOR SOUTHERN MINDANAO

DAVAO REGIONAL HOSPITAL
Tagum, Davao del Norte
Dr. ROMULO BUSUEGO
Chief of Hospital III

SOUTHERN PHILIPPINES MEDICAL CENTER
Davao City
Dr. LEOPOLDO VEGA
Chief of Hospital III

REGIONAL OFFICE FOR SOCCSKSARGEN

COTABATO REGIONAL AND MEDICAL CENTER
Sinsuat Ave., Cotabato City
Dr. HELEN P. YAMBAO
Chief of Hospital III

COTABATO SANITARIUM
Brgy. Pinaring, Sultan Kudarat, Maguindanao
Dr. IBRAHIM PANGATO
OIC, Chief of Sanitarium I

REGIONAL OFFICE FOR CARAGA

ADELA SERRA TY MEMORIAL MEDICAL CENTER
Tandag, Surigao del Sur
DR. PONCIANO LIMCANGCO
Chief of Hospital III

CARAGA REGIONAL HOSPITAL
Surigao City
DR. ANDRES DOLAR, JR.
Medical Center Chief I

Department of Health Attached Agencies

COMMISSION ON POPULATION

The pressing issue of population control led to the issuance of Executive Order (EO) No. 233 in 1971, creating the Commission on Population (POPCOM) with a mandate to serve as the government's central coordinating and policy-making body on population. It was attached to various agencies prior to its present affiliation with the DOH: the Department of Social Welfare and Development (1986), the Office of the President (1990), the National Economic and Development Authority (1991). Finally in 2003, President Arroyo issued EO 188, attaching POPCOM to the DOH.

POPCOM was borne out the Population Act of the Philippines signed in 1971, which was followed by the implementation of the National Family Planning Program under the Marcos administration in 1972. In its original form, the program was directed towards fertility reduction. It later broadened its approach towards becoming a comprehensive child and maternal health program during President Cory Aquino's administration. The '90s witnessed new vigor being infused into the program as President Ramos aligned its goals to the population-resources-environment framework of the government, with a focus on achieving balance among these elements to achieve sustainable growth.

The new millennium signaled a change in the government's approach to family planning with Responsible Parenthood as the lynchpin of the reformulated Philippine Population Management Program under the Estrada administration. The four pillars of the program are identified as Responsible Parenthood, Respect for Life, Birth Spacing and Informed Choice. As health services were devolved during the term of President Arroyo, providing reproductive health information and services fell on the shoulders of the LGUs. Under this set-up, natural family planning was adopted as the national policy, while artificial family planning became the purview of the LGUs.

A breakthrough in the government's population management program was seen in the passage of the Responsible Parenthood and Reproductive Health Act of 2012 or RA 10354. The landmark legislation guarantees access to reproductive health and family planning information, services and safe birth control. Under this law, rather than achieving population targets, the focus of POPCOM is supporting the government's initiatives towards sustainable human development.

DANGEROUS DRUGS BOARD

RA 6425, otherwise known as the Dangerous Drugs Act of 1972, passed into law on March 30, 1972, creating the Dangerous Drugs Board (DDB) under the Office of the President. The DDB is mandated to be the policy-making and coordinating agency as well as the national clearing house on all matters pertaining to law enforcement and control of dangerous drugs; treatment and rehabilitation of drug dependents; drug abuse prevention, training and information; research and statistics on the drug problem and the training of personnel.

Seven national agencies in the country initially formed part of the DDB: the Department of Health, Department of Social Service and Development, Department of Education, Culture and Sports, Department of Justice, Department of National Defense, Department of Finance and the National Bureau of Investigation.

RA 9165 or the Comprehensive Dangerous Drugs Act of 2002 effectively repealed the 1972 law, expanding the membership of the Board to include agencies such as the Department of Interior and Local Government, Department of Labor and Employment, Department of Foreign Affairs, Commission on Higher Education, National Youth Commission, and the newly established Philippine Drug Enforcement Agency. The new law also streamlined the functions of the DDB and ushered the development of new programs and initiatives.

FOOD AND DRUG ADMINISTRATION

On June 22, 1963, RA 3720 or the "Food, Drugs and Cosmetic Act" passed into law and created the Food and Drug Administration (FDA). The FDA was mandated to ensure the safety, purity and quality of food, drugs and cosmetic products. It absorbed the existing Division of Food and Drug Testing under the Bureau of Research and Laboratories and the Board of Food Inspection.

In 1973, the FDA took over the Narcotic Drugs Division of the Bureau of Internal Revenue as part of the Integrated Reorganization Plan. In 1982, the FDA was further reorganized into the Bureau of Food and Drugs (BFAD). Amendments to RA 3720 widened the bureau's mandate, resulting in EO 175 or the "Foods, Drugs, and Devices and Cosmetics Act." The National Drug Policy workforce was integrated to the BFAD in 1999.

The passing of RA 9711 or the FDA Strengthening Act of 2009 reorganized the bureau's divisions from authorization to product-based centers. It also integrated the regional offices into a single directorate, strengthening the agency's law enforcement capability. It reverted to its original name, the Food and Drug Administration.

NATIONAL NUTRITION COUNCIL

In 1974, Presidential Decree No. 491 or the Nutrition Act of the Philippines created the National Nutrition Council (NNC) as the highest policy-making and coordinating body on nutrition. In 1987, it became an inter-sectoral organization, with membership expanding to include the Departments of Budget and Management, Labor and Employment, Trade and Industry, and the National Economic and Development Authority.

The NNC was originally chaired by the DSWD until authority was transferred to the Department of Agriculture in 1988. Finally, in 2005, the DOH took over chairmanship of the NNC. Its function was also expanded to include hunger-mitigation, which was strengthened by the issuance of EO 616, naming the NNC as the oversight of the Accelerated Hunger Mitigation Program.

THE PHILIPPINE INSTITUTE OF TRADITIONAL AND ALTERNATIVE HEALTH CARE

The Philippine Institute of Traditional and Alternative Health Care (PITAHC) is geared towards the provision and delivery of traditional and alternative health care (TAHC) products, services and technologies that have been proven safe, effective and affordable. It was created through RA 8423, otherwise known as the Traditional and Alternative Medicine Act (TAMA) of 1997.

The practice of traditional medicine is deeply-rooted in Filipino culture, dating back to pre-Hispanic times. Its importance to our health delivery system is recognized to this day especially in rural areas where practitioners and remedies based on traditional medicine remain relevant. In order to promote its use, encourage further research in the field, and formulate guidelines and standards with regard to its practice, the Traditional Medicine Program was launched in 1992 by the DOH under Sec. Juan Flavier.

PITAHC currently has four processing plants manufacturing key herbal products endorsed by the DOH as medically safe and effective. It also conducts seminars on traditional and alternative treatments such homeopathy and chiropractic, and community-based trainings on herbal medicine and acupuncture.

THE PHILIPPINE NATIONAL AIDS COUNCIL

The Philippine National AIDS Council (PNAC) is an organization that oversees the integrated and comprehensive AIDS prevention and control program in the country. It was established through EO 39 signed by Pres. Ramos in December 1992.

To carry out its mandate, PNAC works with 21 multi-sectoral partners, 13 from the government *(Department of Foreign Affairs, Department of Interior and Local Government, Department of Justice, Department of Tourism, Department of Social Welfare and Development, Philippine Information Agency, Senate Committee on Health, Congress Committee on Health Department of Labor and Employment, Department Budget and Management, Department of Education, Culture and Sports, and Department of Health)* and 7 non-government agencies *(Institute for Social Studies and Action, The Library Foundation, Kabalikat ng Pamilyang Pilipino, HIV/AIDS Network Philippines, Pinoy Plus, Women's Health Care Foundation, and Health Action Information Network representatives)*.

In 1998, RA 8504 or the Philippine AIDS Prevention and Control Act was passed under President Arroyo. The law provides for education and information about HIV in the workplace and protects against discriminatory acts against infected individuals. Today, PNAC, which is chaired by the DOH, supports the 5th AIDS Medium Term Plan 2011-2016, which seeks to stop the spread of HIV in the country by broadening its reach especially to those who are identified as most-at-risk of infection.

Bibliography

Act No. 157. (1901). An Act providing for the establishment of the Boardof Health for the Philippine Islands. Retrieved from *http://philippinelaw.info/statutes/act157.html*

Anderson, W. (2007). Immunization and hygiene in the colonial Philippines. Journal of the History of Medicine and Allied Sciences vol. 62 (1)1-20. Retrieved from *http://jhmas.oxfordjournals.org/content/62/1/1.full.pdf+html*

Angeles, M. (1971). History of public health system in the Philippines. [Manila: Department of Health].

Bantug, J. P. (1953). A Short historyof medicine in the Philippines during the Spanish regime, 1565-1898. Manila: Colegio Medico-Far-maceutica de Filipinas.

Bengzon, A. R. A...et al. (2007). Programs, process, politics, people: the story of the DOH under the Aquino administration 1986-1992. Makati City: Zuellig Foundation.

Blair, E., Robertson, A. (Eds.). (1973).The Philippine Islands 1493-1898. vol. 23 of 55. Mandaluyong : Cacho Hermanos.

Calica, A. (2012) . Sin tax bill signed into law. The Philippine Star. Retrieved from *http://www.philstar.com/headlines/2012/12/21/888415/sin-tax-bill-signed-law*

Constantino, Renato. The Philippines: A Past Revisited (1975). Quezon City: Tala Pub Services.

Dayrit, M. M. (2004). Twelve Herculean labors: accomplishment of DOH under President Gloria Macapagal Arroyo. [Mania : Department of Health].

De Bevoise, Ken. (2002). Agents of apocalypse: epidemic disease in the Colonial Philippines. Quezon City : NewDay Publishers.

Dery, Luis C. (2006). Pestilence in the Philippines: a social history of the Filipino people, 1571-1800. QuezonCity : New Day Publishers.

Francia, Luis. A History of the Philippines from Indios Bravos to Filipinos (2010). New York: Overlook Press.

Galang, Z. (Ed). (1958). Encyclopedia of the Philippines. 3rd ed. Manila: E. Floro.

Heiser, V.G., Charles, N. L. (1922).Vaccination in the Philippines still effective. JAMA 79 (1) 40-41, Retrieved June 3, 2012, from *http://jama.jamanetwork.com/article.aspx?articleid=230121*

La Viña, A. G. M. and Aguirre, V. V.M. (Eds.). (1995). Health laws and administrative issuances. Vol. I. Manila: Department of Health.

Macaraig, S. (n.d.). Social Problems. In United States and its Territories1870-1925 : the Age of Imperialism. Retrieved June 3, 2013, from *http://quod.lib.umich.edu/p/philamer/AFU0944.0001.001?rgn=main;view=fulltext*

Newson, Linda A. Conquest and Pestilence in the Early Spanish Philippines: University of Hawai'i Press, 2009.

Ona, E. T. (2012) . Making Filipinos count and counting on the Filipinos to address the gaps in health care. [Speech of Secretary Enrique T. Ona during the 2010 World Population Day Celebration Edsa Shangrila Plaza, Mandaluyong City]. Retrieved from *http://www.doh.gov.ph/node/599.html*

Ona, E. T. (2012). Senate Sin Tax Bill Approval a Victory for Health. Press Release. Retrieved from *http://www.doh.gov.ph/top/node/7863%20.html*

Ong, Willie, et. al. A Glimpse of Philippine Medical History: Co Tec Tai Medical Museum Collection (2012)

Philippines. Department of Health. (1994). Annual report 1994: health formore. Manila: Department of Health.

Philippines. Department of Health. (1995). Annual report 1995. Manila: Department of Health.

Philippines. Department of Health. (1996). Annual report 1996. Manila: Department of Health.

Philippines. Department of Health. (1997). Annual report 1997. Manila: Department of Health.

Philippines. Department of Health. (1998). Annual report 1998. Manila: Department of Health.

Philippines. Department of Health. (1999). Annual report 1999: setting the agenda for reform. Manila: Department of Health.

Philippines. Department of Health. (2000). Annual report 2000: building the foundations of the health sector reforms. Manila: Department of Health.

Philippines. Department of Health. (1992). Annual report 1992. Manila: Department of Health.

Philippines. Department of Health. (1991). Annual report 1991. Manila: Department of Health.

Philippines. Department of Health. (1993). DOH in '93 annual report.Manila: Department of Health.

Philippines. Department of Health. (1998). *Malaya at malusog namamayanan: a DOH centennial souvenir program* (1898-1998). Manila: Department of Health.

Philippines. Department of Health. (2001). Annual report 2001 setting the momentum for health reforms. Manila: Department of Health.

Philippines. Department of Health. (2002). Annual report 2002: enlarging horizons for health. Manila: Departmentof Health.

Philippines. Department of Health. (2003). Annual report 2003: strengthening partnerships for health. Manila: Department of Health.

A Legacy of Public Health

THE DEPARTMENT OF HEALTH STORY

SECOND EDITION

Bibliography

Philippines. Department of Health. (2004). Annual report 2004: building on major health gains. Manila: Departmentof Health.

Philippines. Department of Health. (2005). Annual report 2005: shifting gear towards a more efficient, responsive and sustainable health care system. Manila: Department of Health.

Philippines. Department of Health. (2006). Annual report 2006: managing reform investments towards Millennium Development Goals (MDGs). Manila: Department of Health.

Philippines. Department of Health. (2007). Annual Report 2007: Making F1 Work Through Better Health Governance. Manila: Department of Health.

Philippines. Department of Health.(2008). Annual Report 2008: Health Reforms for the New Millennium. Manila :Department of Health.

Philippines. Department of Health. (2009). Annual Report 2009: Formula One for Health. Manila: Department of Health.

Philippines. Department of Health. (2010). Annual Report 2010: Achieving Universal Health Care for All Filipinos. Manila: Department of Health.

Philippines. Department of Health. (2011). Annual Report 2011: Kalusugan Pangkalahatan. Manila: Department of Health.

Philippines. Department of Health. Department Order 104-A s. 1992. Implementation Of 20% Discount on Hospital Fees for Government Employees and Members Of Their Families.

Philippines. Gobernador-General. (1925). Annual Report of the Governor General of the Philippines. Washington: Government Printing Office. Retrieved June 3, 2013 from http://archive.org

Philippines. Department of Health. (1990). Annual Report 1990: Field Report. Manila: Department of Health. Quezon, M. L. (1936). First State of the Nation Address. [Delivered at the Opening of the First Session in the Assembly Hall, Legislative Building, Manila, June 16, 1936] . Retrieved June 3, 2013, from http://gov.ph

Reyes, Raquel A. G. (2008) History of Medicine in the Philippines: A Survey of the Field. In: Aparicio, A. (Ed). Proceedings of the First International Conference on History of Medicine in the Philippines. Manila: University of Santo Tomas.

Roces, A. (1977-78). Filipino Heritage: The Making of the Nations. Quezon City: Lahing Filipino Publishing.

Rockefeller Foundation. (1921). The Rockefeller Foundation Annual Report 1921. New York: Rockefeller Foundation. (p. 324). Retrieved June 3, 2013, from http:// www.rockefellerfoundation.org

Snodgrass, J. E. (1915). Sanitary Achievements in the Philippine Islands,1898-1915: Smallpox Vaccination in the Philippine Islands, 1898-1914; Leprosy in the Philippine Islands. Retrieved June 3, 2013 from http://quod.lib. umich.edu/

Tiglao, T. V., Cruz, W.L. (1975). Seven Decades of Public Health in the Philippines (1898-1972). Tokyo: Southeast Asian Medical Information Center.

Universal Health Care (UHC): UHC to Address Inequity in the Health System. Retrieved from http://www.doh.gov.ph

Vincentians of the 20th Century. (pp.404-431). Retrieved June 3, 2013 from http://via.library.depaul.edu

Burkholder, S. & Hart, I. (1948). History of the San Lazaro Hospital. Retrieved June 3, 2013 from http://doh.gov.ph

Commission on Population-History. Retrieved June 3, 2013 from http://www.popcom.gov. ph

Dangerous Drugs Board-History. Retrieved June 3, 2013 from http://www.ddb.gov.ph

Diokno, T. (2005). A Reintroduction of Our Heritage. Dambana ni San Lazaro : Ika 428 Taong Paglilingkod sa mga may Karamdaman at Dukha para sa Pagpapanibago ng Buhay (pp. 2-5). Manila: Shrine of St. Lazarus.
Food and Drug Administration-History. Retrieved June 3, 2013 from http://www.fda.gov.ph

National Nutrition Council-History. Retrieved from http://www.nnc.gov.ph

Ocampo, L. (2008). The Beginnings of Charitable Work in the Philippines - The Colonial History of San Lazaro Hospital. Shrine of St. Lazarus - 429th Fiesta Celebration (pp. 14-29). Manila: Shrine of St. Lazarus.

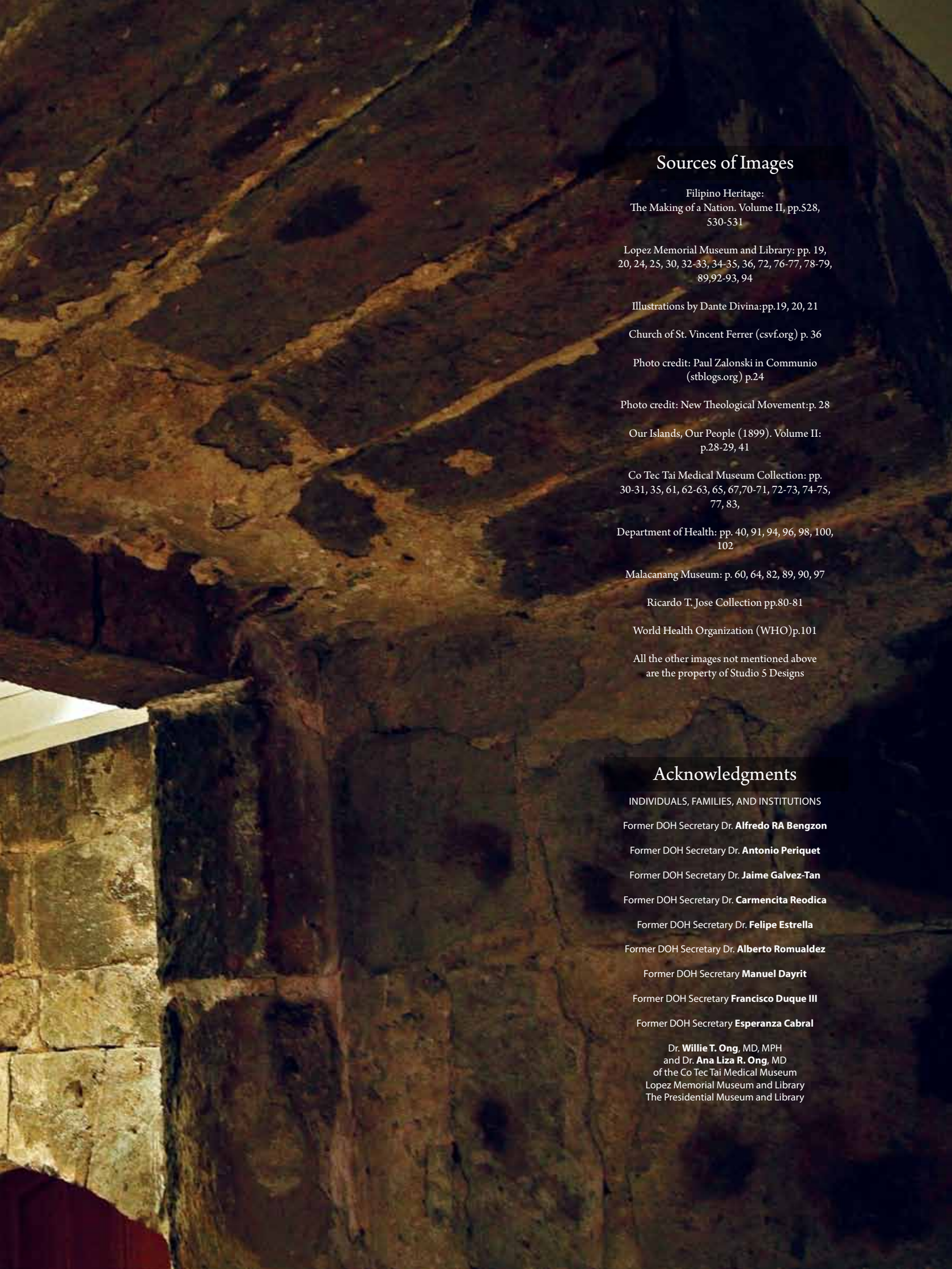
Philippine Institute of Traditional and Alternative Health Care-History. Retrieved June 3, 2013 from www.doh.gov.ph

Philippine National AIDS Council. Retrieved June 3, 2013 from http://www.pnac.org.ph.

Philippines. PhilHealth Chronicles: The Journey Towards Universal Social Health Insurance. (2005). Manila: Philippine Health Insurance Corporation.

Shrine of St. Lazarus. (2008). Manila: Shrine of St. Lazarus.

BOOK TEAM
From Left To Right (Top) **Mayleen V. Aguirre, Mariecar C. Mangosong, Jade Lou D. Dulawan, Aida S. Aracap, Dr. Aleli Annie Grace P. Sudiacal (Bottom) Jailene Faye C. Rojas, Crispinita A. Valdez, Charity L. Tan**



Sources of Images

Filipino Heritage:
The Making of a Nation. Volume II, pp.528, 530-531

Lopez Memorial Museum and Library: pp. 19, 20, 24, 25, 30, 32-33, 34-35, 36, 72, 76-77, 78-79, 89,92-93, 94

Illustrations by Dante Divina:pp.19, 20, 21

Church of St. Vincent Ferrer (csvf.org) p. 36

Photo credit: Paul Zalonski in Communio (stblogs.org) p.24

Photo credit: New Theological Movement:p. 28

Our Islands, Our People (1899). Volume II: p.28-29, 41

Co Tec Tai Medical Museum Collection: pp. 30-31, 35, 61, 62-63, 65, 67,70-71, 72-73, 74-75, 77, 83,

Department of Health: pp. 40, 91, 94, 96, 98, 100, 102

Malacanang Museum: p. 60, 64, 82, 89, 90, 97

Ricardo T. Jose Collection pp.80-81

World Health Organization (WHO)p.101

All the other images not mentioned above are the property of Studio 5 Designs

Acknowledgments

INDIVIDUALS, FAMILIES, AND INSTITUTIONS

Former DOH Secretary Dr. **Alfredo RA Bengzon**

Former DOH Secretary Dr. **Antonio Periquet**

Former DOH Secretary Dr. **Jaime Galvez-Tan**

Former DOH Secretary Dr. **Carmencita Reodica**

Former DOH Secretary Dr. **Felipe Estrella**

Former DOH Secretary Dr. **Alberto Romualdez**

Former DOH Secretary **Manuel Dayrit**

Former DOH Secretary **Francisco Duque III**

Former DOH Secretary **Esperanza Cabral**

Dr. **Willie T. Ong**, MD, MPH
and Dr. **Ana Liza R. Ong**, MD
of the Co Tec Tai Medical Museum
Lopez Memorial Museum and Library
The Presidential Museum and Library