



DEPARTMENT OF HEALTH

ANNUAL REPORT 1999

SETTING THE AGENDA FOR REFORM



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SETTING THE AGENDA FOR REFORM

**Annual Report 1999
Department of Health**



SETTING THE AGENDA FOR REFORM

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MESSAGE



The Department of Health (DOH) has reached another milestone during the year 1999.

On the perspectives of achievements and lessons reaped from a rich history of public health and a continuing move to uplift the health of Filipinos, especially the poor, we sought to set the vision for the five years that lay ahead.

The DOH as the lead agency in the health sector promptly set the goal for the nation's health in the National Objectives for Health (NOH), 1999-2004. The NOH serves as the foundation for unified health efforts in the country to achieve impact and effectivity.

The Health Sector Reform Agenda (HSRA), on the other hand, provides for crucial reforms as the backdrop for attainment of national goals, quality and equity in health care for Filipinos.

The Sentrong Sigla Movement in setting standards and recognition for quality health service logically ensued to advance the principles of the NOH and HSRA.

Through this three major activities launched in 1999, among many others, the common vision of Health for All Filipinos and the mission of ensuring the accessibility and quality of health care to improve the quality of life for all Filipinos, especially the poor, has become attainable.


ALBERTO G. ROMUALDEZ, JR., MD
Secretary of Health

SETTING THE AGENDA FOR REFORM

MILESTONES IN HEALTH SERVICE DELIVERY

*P*ublic health care in the Philippines has evolved thru major shifts in the nation's history and mirrored efforts to keep pace with improvements in technology.

The systematic delivery of public health services was an offshoot of the Filipinization movement during the middle years of the American regime. The Public Health Law of 1917 laid down the foundations for a modern national health delivery system by Filipino health workers. The focus was the control of epidemics, as well as health education.

In the post war years, Rural Health Units (RHUs) were adopted as the frontline arms of government in the delivery of health services, vital statistics, medical care, health education and public health nursing in the Rural Health Act of 1954 (RA 1082).

In 1958, regional health offices were organized in the first bid for decentralization of health services.

Thus began a grassroots-based health care program which saw the dramatic improvement of public health throughout the second half of the last century.

In 1981, improving on its reach of communities, Primary Health Care (PHC) was adopted as a national strategy. The next year, with an integrated care delivery system was implemented to link preventive health care with hospital services, in response to Non-Government Organizations (NGOs) in community-based health programs.

In 1987, the implementation of E.O.119 substantially defined the public health sector organization for well over a decade.

The clamor for autonomy led to the passage of the Local Government Code of 1991 (RA 7160), which devolved health services to LGUs. The general intent of the law was to bring health decisions closer to beneficiaries.

CURRENT HEALTH STATUS OF THE COUNTRY

Advances in public health care in the Philippines have resulted in enormous gains in the health status of Filipinos. Continuous improvements of health services have not failed to produce immense progress in vital health indices and substantially change disease patterns in the country in the 20th century.

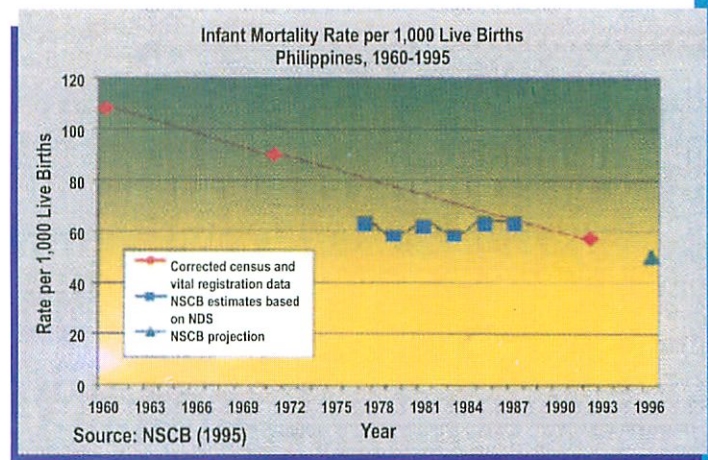
Death rates have decreased and the major causes of mortality have shifted from infectious causes to chronic and degenerative diseases.

The turn of the millennium, however, finds the general health status of Filipinos less than idealized. Reductions in Infant Mortality Rates and Maternal Mortality Rates have slowed down, even as there are still large variations in health status across population groups and geographic areas. Infectious diseases, degenerative diseases and emerging health risk from environment and work-related factors combine

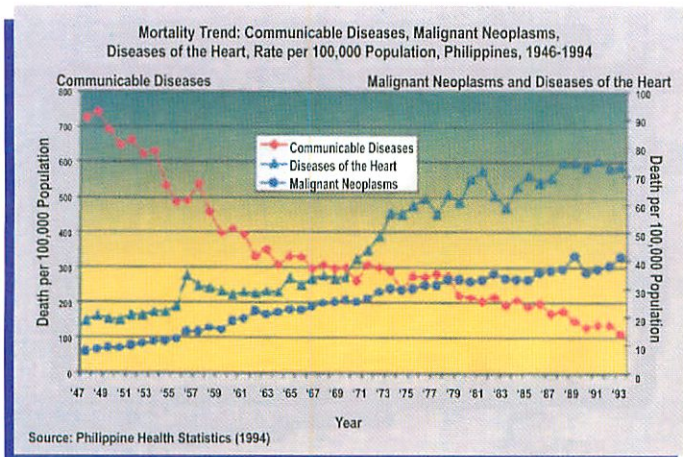
and overload health system resources. In all this, the burden of disease is heaviest on the poor.

Inappropriate distribution of health personnel and facilities, and the high cost of medical care, limit the access of the poor to health services. Inadequate health financing and health regulatory systems and resources have not remedied the situation.

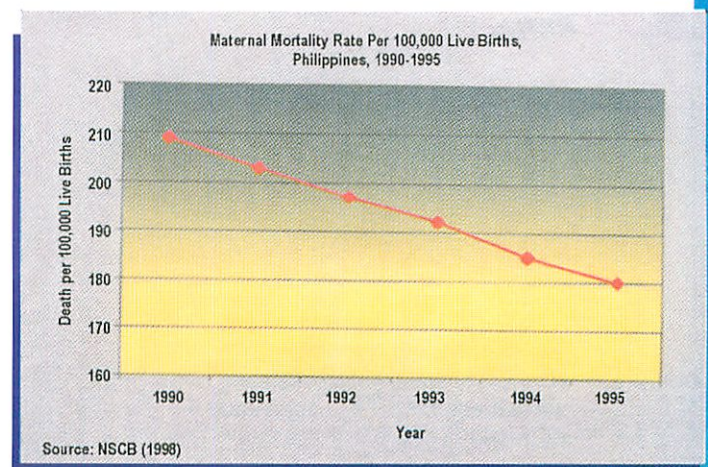
Based on recent estimates, infant mortality declined from 1960 to 1996.

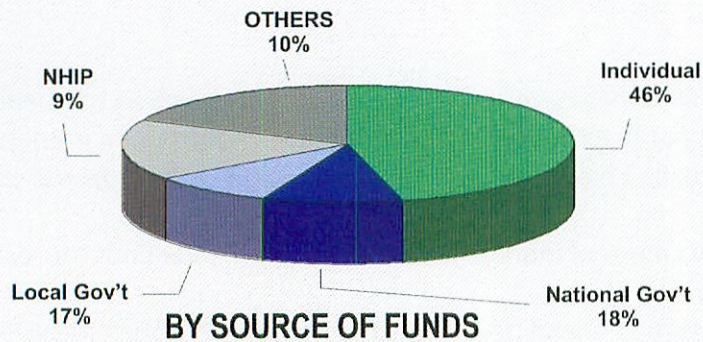


Infectious diseases like tuberculosis, diarrhea, and pneumonia persist while degenerative diseases like heart ailments and cancer have risen as major causes of death.



The Maternal Mortality Rate (MMR) slightly improved from 209 per 100,000 live births in 1990 to 180 per 100,000 live births in 1995.



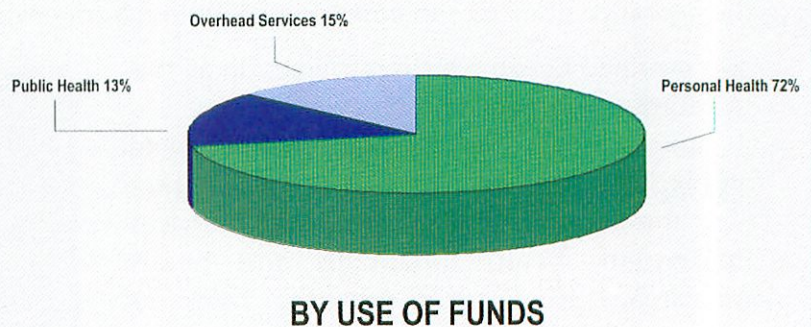


PERCENT SHARE OF TOTAL HEALTH EXPENDITURE BY SOURCE AND USE OF FUNDS, 1998

In 1998, both the government and the private sector spent 100.5 billion pesos on health care. This represents about 3.6% of Gross National Product (GNP) in 1998, which is below the health spending prescribed by the World Health Organization (WHO) for a developing country, which should be at least 5% of the GNP.

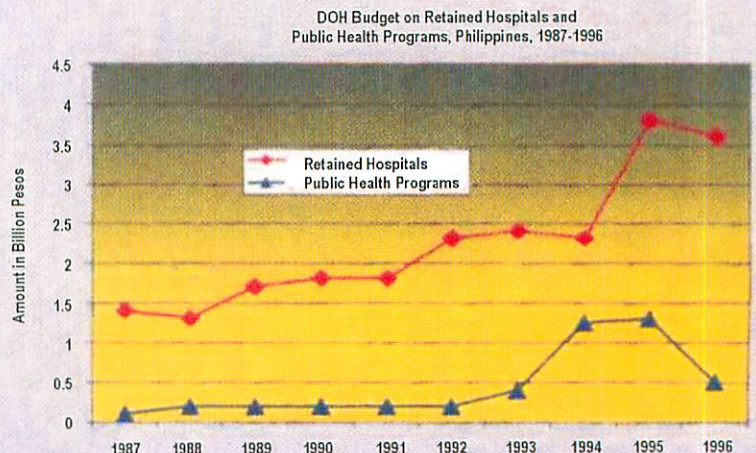
Around 46% of total spending was paid from out of pocket of individual families. This puts a heavy financial burden on individual families. In addition, 72% of total health care expenditure is on personal health care services, which are more expensive.

We spent 72% of total health care expenditure on personal health care services, 13% on public health care services and 15% on overhead services needed to run the system.



**Total Health Expenditure in 1998
= Php 100.5 B or 3.6% of GNP**

The DOH budget to maintain retained hospitals has escalated, while funds for public health have dwindled.



Source: Solon (1987-1996)

THE NEED FOR REFORMS

Comprehensive reforms can be the only means to redeem health for all Filipinos. The following radical reforms are needed in the health sector, covering hospital systems, local health systems, public health programs, health regulation and health financing.

FISCAL AUTONOMY FOR HOSPITALS

Hospitals must be developed to be able to collect, retain and use socialized fees, to reduce their dependence on national and local government subsidies.

Resources must be allocated for facility upgrading and development of cost sharing mechanisms for health among LGUs, and the private sector, for better health service delivery to the poor.

DEVELOPMENT OF LOCAL HEALTH SYSTEMS

STRENGTHENING REGULATORY SYSTEMS

The capacity for standards development, regulation and licensing must be strengthened to improve quality, effectiveness and efficiency.

The benefits of the National Health Insurance Program must be improved to attract more members, and expand coverage towards universal social insurance.

EXPANDING COVERAGE OF THE NATIONAL INSURANCE PROGRAM

SECURE FUNDING FOR PUBLIC HEALTH PROGRAMS

Major public health programs with cost effective technologies must be provided with multi-year budgets for effectivity and sustainable gains.

THE HEALTH SECTOR REFORM AGENDA

In answer to the urgent need for reforms, the Health Sector Reform Agenda (HSRA) was developed in 1999. HSRA is the blueprint on how the best health care is to be delivered, regulated and funded. The HSRA specifies reforms in 5 major areas in the health sector.

HOSPITAL SYSTEMS

Reform Strategies:

- Parallel and rational revitalization of provincial and district hospitals together with the regional and national hospitals
- Expansion of hospital financing systems of the regional and national hospitals
- Guided and phased-in conversion of regional and national hospitals into government corporations or other appropriate government institutions
- Expansion of the existing government hospital networking and patient referral system to include private hospitals and form the Philippine Hospital System
- Integration of appropriate and priority public health programs into hospital services

PUBLIC HEALTH PROGRAMS

Reform Strategies:

- Increase of investments in public health programs
- Upgrading of the physical and management infrastructure at all levels of the health care delivery system
- Development and strengthening of technical expertise in public health practice

LOCAL HEALTH SYSTEMS

Reform Strategies:

- Development and advocacy for local health systems
- Capacity building of health human resources in synchronization with the development of hospital systems and public health programs
- Strengthening of inter-LGU linkages, cost sharing schemes, and local financing for health in a devolved set-up
- Expansion of opportunities for participation of the private sector, NGOs, and communities in local health systems
- Development of mechanisms to sustain local health systems

HEALTH FINANCING

Reform Strategies:

- Improvement of benefits to make the National Health Insurance Program more attractive
- Aggressive enrolment of members
- Introduction of measures to improve program performance
- Development of administrative infrastructure that can handle the increased work load

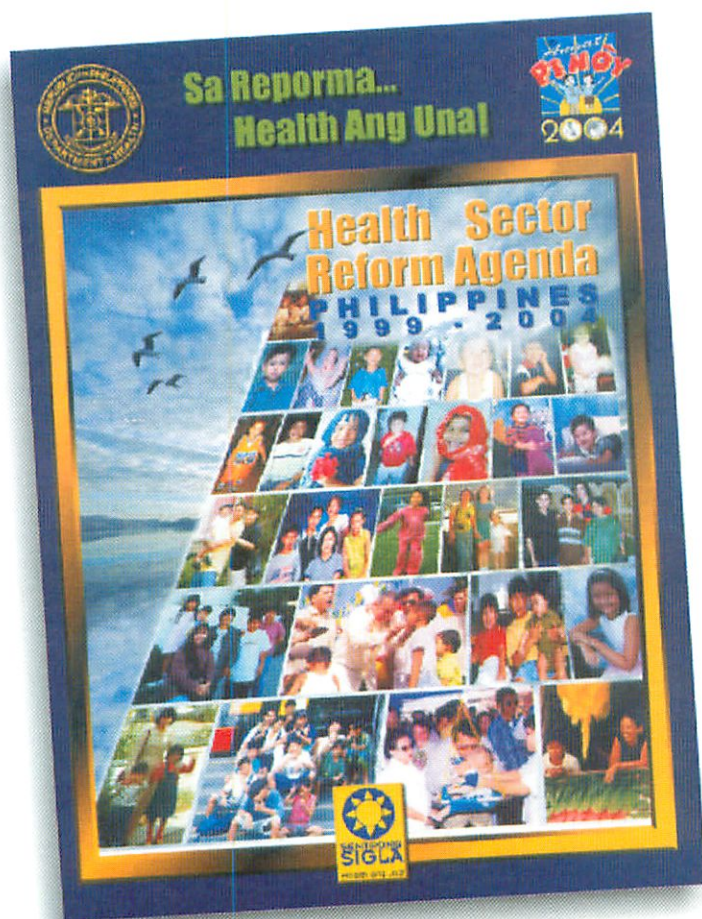
HEALTH REGULATION

Reform Strategies:

- Identify and address the gaps in health regulation, particularly, strengthen the legal mandates for regulation and enforcement.
- Strengthen the capabilities of central office and regional health offices in standards development, licensing and enforcement.
- Develop new regulatory instruments to promote competition, cost containment, better accessibility and quality assurance in health care markets.

HIGHLIGHTS OF ACCOMPLISHMENTS 1999

THE HEALTH SECTOR REFORM AGENDA



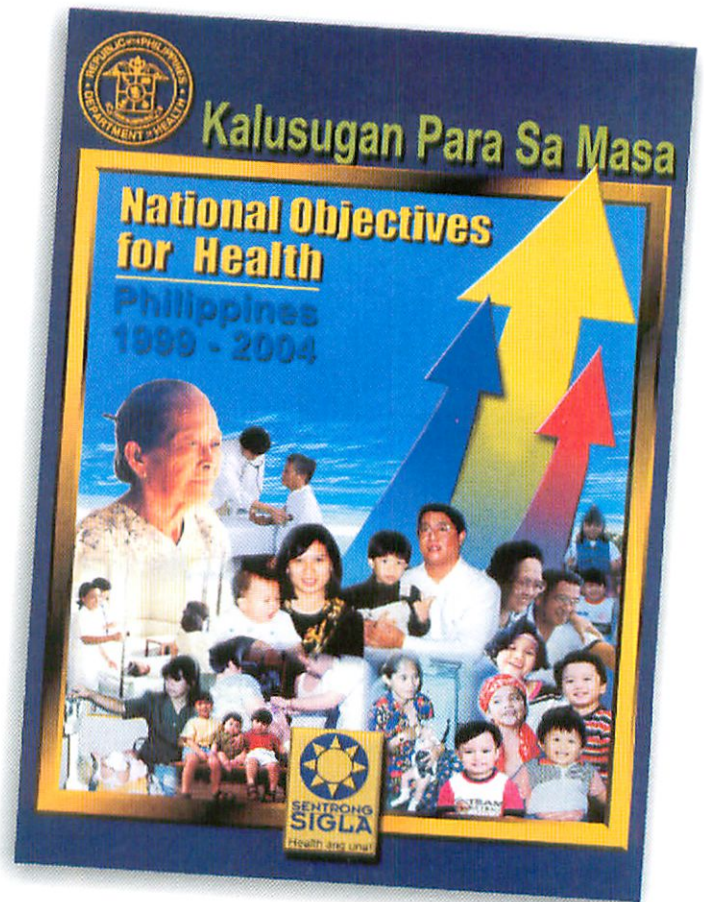
The Health Department's most significant feat in 1999 was the formulation of the Health Sector Reform Agenda (HSRA). It contains the package of far-reaching reforms necessary for extending "Health for All Filipinos". If translated into specific plans and programs, the long-term goals would be to: improve efficiency in the delivery of health services; ensure access to basic health services; and secure enough funds to sustain quality health care.

The HSRA was presented to donor agencies in the Partners for Health meeting at Museo Pambata on December 3, 1999.

THE NATIONAL OBJECTIVES FOR HEALTH

The National Objectives for Health (NOH) for 1999-2004 are focused on the country's major health problems, specific health issues that cut across several disease prevention and control measures and special target groups that need urgent attention. The NOH sets the goals intended to be achieved by 2004 by the health sector, using available resources and redirected efforts from all health groups in the country.

The NOH underscores preventive and promotive health services especially at the grassroots where some of the most vulnerable sectors of the population are.



THE NATIONAL OBJECTIVES FOR HEALTH CONTAINS GOALS FOR:

DISEASE PREVENTION and CONTROL

- ❑ Infectious Diseases
- ❑ Degenerative and Other Non-Communicable Diseases

HEALTH PROMOTION and PROTECTION

- ❑ Family Health and Health of Special Populations
- ❑ Health and the Environment
- ❑ Health Related Behaviors and Practices

SENTRONG SIGLA MOVEMENT



The Sentrong Sigla Program was launched as a major initiative to promote quality health care from the barrios to the cities. It is a nationwide search for outstanding health facilities operated by local government units in provinces and municipalities. It grants cash awards and seals of excellence to provincial hospitals, district hospitals and health centers with outstanding facilities based on criteria set by the DOH as an incentive system to ensure quality service and the success of devolved front-line health services.

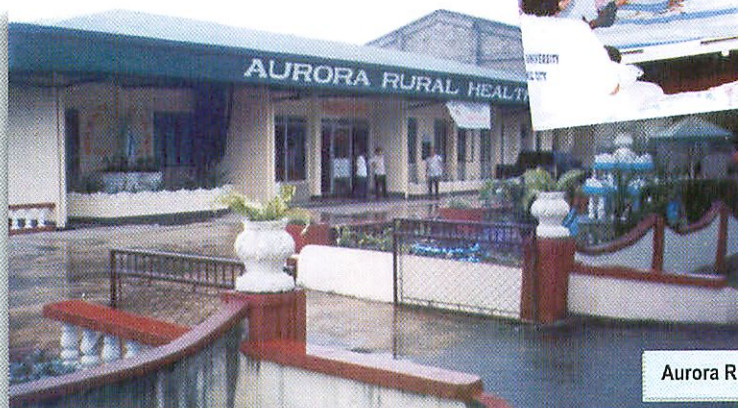
As of the end of 1999, 475 health facilities across the nation have received the seal of excellence for quality health facilities. Among them, 45 health centers were adjudged outstanding. The 38 outstanding RHUs received P1 million each in cash award, the five district hospitals — P2 million each, and the two provincial hospitals — P3 million each. The cash awards were used in improving the health units' services.



Calaca RHU in Batangas



Misamis Occidental Provincial Hospital



Aurora RHU

SENTRONG SIGLA 1999 ACCOMPLISHMENTS

REGION	TOTAL FACILITIES	1999 CERTIFIED	TOTAL AWARDEES
1	183	18	6
2	136	23	6
3	299	67	4
4	389	96	6
5	176	31	0
6	200	32	0
7	273	20	3
8	207	16	4
9	130	30	3
10	102	22	3
11	127	9	0
12	72	13	2
CARAGA	113	12	0
CAR	128	31	0
NCR	409	52	8
ARMM	105	3	0
Total	3,049	475	45



GARANTISADONG PAMBATA



GRADE I PUPILS IN A DEPRESSED BARANGAY SHOW OFF THEIR KIDDIE TOOTHBRUSHES.

Garantisadong Pambata is a biannual week long delivery of a package of health services to children between the ages of 0-59 months old with the purpose of reducing morbidity and mortality among under-fives through the promotion of positive Filipino values for proper child growth and development. Children were offered free immunization, deworming, weighing, Vitamin A and Iron supplementation. This program also held health promotions and special campaigns.



CHILDREN AND OFFICIALS OF THE ZAMBOANGA CITY MEDICAL CENTER CELEBRATE THE PRE-SCHOOLERS HEALTH WEEK

Under the Garantisadong Pambata program, 1,127,694 children were given vitamin A and iron preparations. A total of 115,138 were dewormed, 15,995 were given toothbrushes, and another 1,036,662 were weighed.

LINGAP PARA SA MAHIRAP PROGRAM



The launching of the "Lingap Para sa Mahirap" Program was participated in by guest speaker Hon. Ferdinand Marcos, Jr., officers of the regional field office no. 1, and some of the residents.

DOH hopes to contribute in the poverty reduction efforts of the government through food, nutrition and medical assistance. Of special note, the DOH Lingap Program included health insurance for indigents confined in hospitals, medical supplies for the Rural Health Units and Barangay Health Stations, grant funds for Sustansya Para sa Masa community projects, and deworming drugs for children as part of the Garantisadong Pambata.

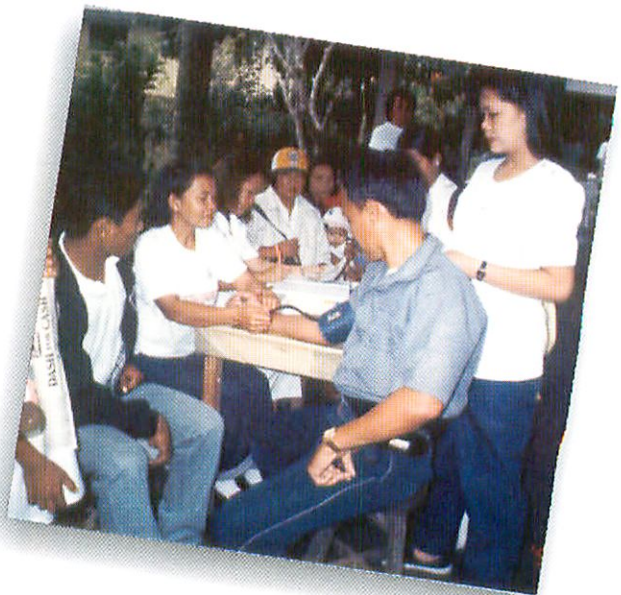


REGIONAL DIRECTOR CONRADO GALSIM, JR. POSES WITH THE CONGRESSMEN OF REGION IV DURING THE "LINGAP PARA SA MAHIRAP" CONFERENCE LAST JULY 14, 1999 AT SULU HOTEL.



OTHER ACCOMPLISHMENTS

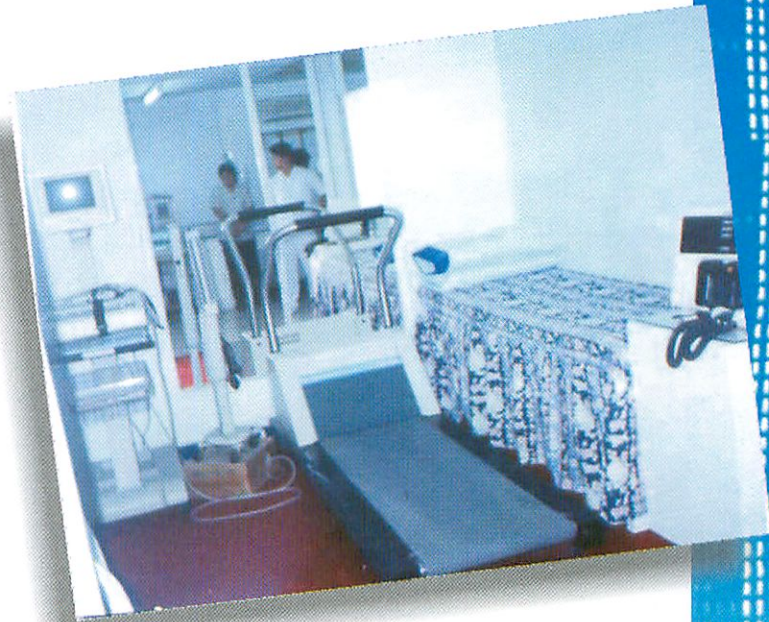
- Expansion of Directly Observed Treatment Short Course (DOTS) strategy for Tuberculosis in 43 areas
- The DOH Model Botika was opened in 2 DOH hospitals — Dr. Jose R. Reyes Memorial Medical Center (JRRMMC) in Manila and Davao Regional Hospital in Tagum City — and soon at the Western Visayas Medical Center in Iloilo. The DOH Model Botika in JRRMMC is selling drugs and medicines with up to more than 200 percent savings per item.
- The Medicare Para sa Masa Program, or the Indigent Program, of the National Health Insurance Program, aims to provide health insurance coverage for those who could not afford to pay their premium contributions through cost-sharing schemes. LGUs who joined the Indigent Program doubled from 13 in 1998 to 26 in 1999.
- The PhilHealth Indigent Program paid 84% of the total hospital costs of its beneficiaries for 1999, up from 69% in 1998. Driven by the increase in the benefit ceilings, support value reached 92% in the last quarter of 1999.
- Lingap Para sa Mahirap, the flagship of President Joseph E. Estrada enrolled 15,900 poor families consisting of 100 households from each province and city.
- Operationalization of the Dugong Pinoy Blood Assistance Center for ensuring adequacy of blood supply and its efficient distribution
- Provision of vaccines for immunization of 98% of nine-month old babies to 15-year old children
- Establishment of Animal Bite Centers in 77 provinces and 65 cities
- Launching of "Oks na Oks Mass Treatment for Schistosomiasis" in CARAGA



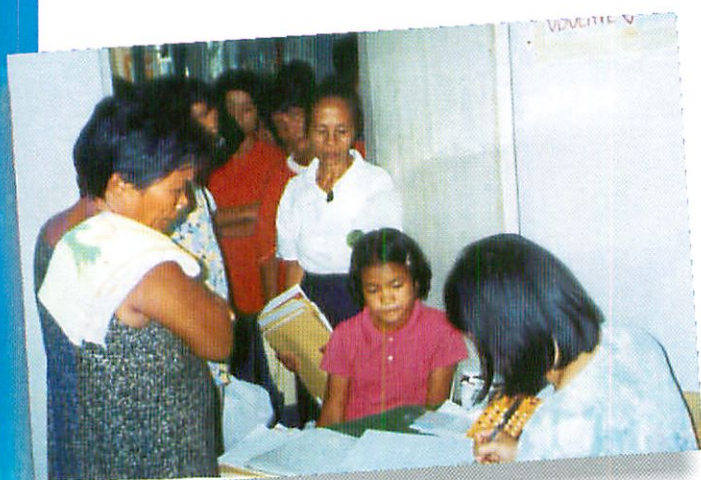


- Implementation of the "Isang Milyong Sepilyo Project"
- Inspection and licensing of 8,370 outlets and 3,465 manufacturers
- Evaluation and approval of 3,985 food products, 1,369 cosmetic products and 3,129 drugs for initial and renewal of registration
- Accreditation of the following DOH Drug suppliers: 27 Drug Manufacturers, 24 Drug Distributors-Drug Importers and 8 Drug Distributors-Wholesale

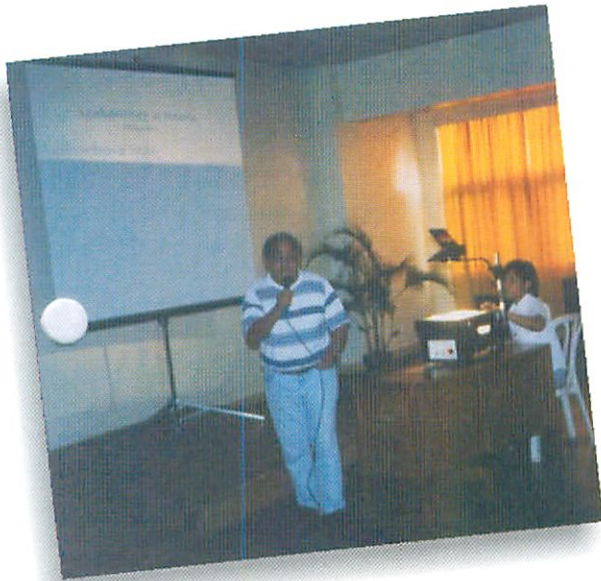
- Review and evaluation of 258 applications for permit to construct health facilities
- Issuance of 477 licenses to operate hospitals/Dental Prosthetic Laboratories (DPLs)/Dialysis clinics
- Issuance of 144 licenses to construct hospitals, 452 licenses to operate hospitals/DPLs/Dialysis clinics, 128 medical clinic accreditation for OFWs and ambulatory surgical clinics
- Issuance of 16 clearances to operate Health Maintenance Organizations
- Evaluation of 2,600 drug products and conduct of a monthly expanded drug price monitoring scheme at the retail level for NCR to determine price trends and undue price increases of essential drugs in accordance with the Price Act of 1992



- Inspection and clearance of 26,802 local and international ocean-going vessels and aircrafts
- Quality assurance program was established and monitored in radiology departments of 43 hospitals
- Conduct of radiation protection survey and evaluation of 2,356 facilities
- Conduct of pilot studies on implementation of mass treatment scheme for elimination of Filariasis thru "Filaria Health Fairs" in endemic communities in 6 regions

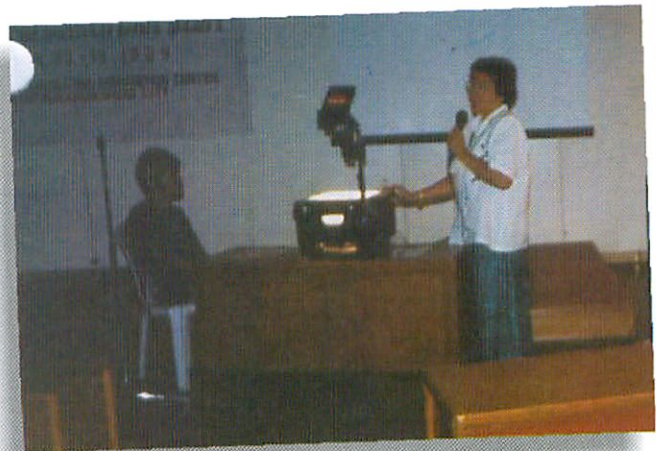


- Launching of Rabies Elimination Program for the Visayas to eliminate rabies in Visayas 2005
- Issuance of Administrative Order establishing guidelines on Implementation of Soil-Transmitted Helminthiasis Control Program in Communities
- Executive order No. 84 signed by President Joseph Estrada declaring March as Rabies



Awareness Month

- Conducted First National Convention on Patient Education
- National Celebration of World AIDS Day and AIDS Candlelight Memorial Celebration
- Implemented laboratory based measles surveillance in 16 regions
- Provided financial assistance for the Healthy Philippine Initiatives
- Deployment of 31 doctors to the barrios
- The Governor's Workshop for Health: Partnership for Devolution was conducted concluding in the signing of "99 Health Covenant" between the DOH and LGUs
- Initiated the Rationalization and Streamlining Plan (RSP) with the initial voluntary deployment of 27 DOH Central office personnel to other peripheral offices of the DOH
- Conduct of the National Diabetes Congress
- Publication of 1994 Philippine Health Statistics



FOREIGN ASSISTED PROJECTS REVIEW

In the 8th official development assistance review in 1999, the loan assisted projects of DOH amounted to \$212 million, which is 2% of the \$11 billion entire Official Development Assistance (ODA) Portfolio of the Philippines. This year's review covered 36 foreign-funded projects from AusAID, JICA, EU, KfW, UNICEF and UNFPA.

NOTABLE ACCOMPLISHMENTS OF SELECTED PROJECTS

Actual financial availment of seven loans is \$49 million against the scheduled availment of \$114.5 million. This represents an availment rate of 42%, which is almost double of last year's 28% availment rate. The seven loans have a utilization rate of 26% of the net commitment. This is 160% higher than last year's utilization rate of 10%, although still below their expected financial accomplishments.

Two WB projects, namely, **Urban Health and Nutrition Project (UHNP)** and **Women's Health and Safe Motherhood Project (WHSMP)** Component were restructured to catch up with project implementation.

The **UHNP** now provides greater focus on the urban poor and has streamlined and integrated all project inputs into two key concerns: TB Control and Integrated Maternal and Child Health.

The **WHSMP** Component was redefined to contain clear, specific and targeted activities for the implementation of Reproductive Tract/Sexually Transmitted Disease component, Cervical Cancer Control and Operations Research Studies. Ratings of both projects have been upgraded to satisfactory.

SELECTED FOREIGN ASSISTED PROJECTS

WHSMP project



Course on Managing a Decentralized Health System

WOMEN'S HEALTH AND SAFE MOTHERHOOD PROJECT

Ilocos Norte
Ilocos Sur
La Union
Pangasinan
Abra
Apayao
Benguet
Ifugao
Kalinga
Mt. Province
Batangas
Cagayan
Isabela
Nueva Vizcaya
Quirino
Aurora

Cavite
Laguna
Marinduque
Occidental Mindoro
Oriental Mindoro
Quezon
Rizal
Romblon
Camarines Norte
Camarines Sur
Catanduanes
Masbate
Sorsogon
Aklan
Antique
Guimaras

Iloilo
Negros Occidental
Negros Oriental
Siquijor
Davao del Norte
Davao del Sur
Davao Oriental
Saranggani
Lanao del Norte
North Cotabato
Sultan Kudarat
Surigao del Norte
Surigao del Sur
Lanao del Sur
Maguindanao
Sulu
Tawi-tawi



ICHSP Training of Rural Sanitary Inspectors



The ADB-assisted **WHSMP** rating was upgraded to satisfactory in November 1999. The AusAID-assisted **WHSMP** Training component accomplished 94% of the targeted activities of the project.

The **Integrated Community Health Services Project** provided support to local health capabilities through systems development activities for Health Planning, Human Resources Development and Management, Health Financing and Health Management Information Systems, and Hospital Regulations and Management Systems.

PROJECTS' IMPLEMENTATION SITES

URBAN HEALTH AND NUTRITION PROJECT

Metro Manila
Cebu
Cagayan de Oro

INTEGRATED COMMUNITY HEALTH SERVICE PROJECT

Apayao
Kalinga
Palawan
Guimaras
South Cotabato
Surigao del Norte

LGU Workshop



Inauguration of the City Health Office constructed by UHNP

UHNP-AusAid IEC Materials Exhibit



HOSPITAL PROFILE



INDICATOR	HOSPITAL CLASSIFICATION						
	Specialty	Special	Research	Medical Center	District	Regional	Grand Total
Number of hospitals	4	7	2	22	4	15	54
Bed capacity	611	1,917	30	5,483	101	2,000	10,142
Authorized bed capacity	712	2,175	50	6,100	150	2,150	11,337
Occupancy rate (%)	69.23	78.01	32.99	100.06	66.76	79.7	73.01
Total admission	27,655	95,380	497	388,827	10,397	135,124	657,880
Total discharges	26,451	94,860	694	381,402	10,360	135,781	649,538
Total newborn	884	35,295		102,509	4,876	26,867	170,431
Total outpatients served	102,747	579,209	51,857	2,741,699	50,487	658,085	4,184,084
Ave. length of stay	6.8	6.28	8.88	5.84	3.06	4.6	5.66
No. of patients/day	179,912	595,565	8,021	2,227,838	31,637	625,456	3,668,429
Ave. no. of patients/day	123.23	267.56	16.5	6103.67	86.68	1713.58	14029.8
Total surgery	8,158	50,941		173,364	7,991	51,200	297,654
Total deaths	1,510	4,729	85	22,381	334	7,078	36,117
Gross death rate (%)	5.71	4.99	12.25	5.87	3.22	5.21	5.57
Net death rate (%)	3.38	1.92	6.73	2.98	0.94	1.76	
Total prescriptions filled	926,460	2,199,239	85,636	4,599,188	99,379	818,403	8,728,305
Total radiological procedures	73,552	140,765	5,095	597,902	13,273	106,064	936,651
Autopsy	77	30	6	170	0	65	348
Total laboratory	579,346	1,022,476	77,514	5,781,272	99,091	1,893,332	9,453,031



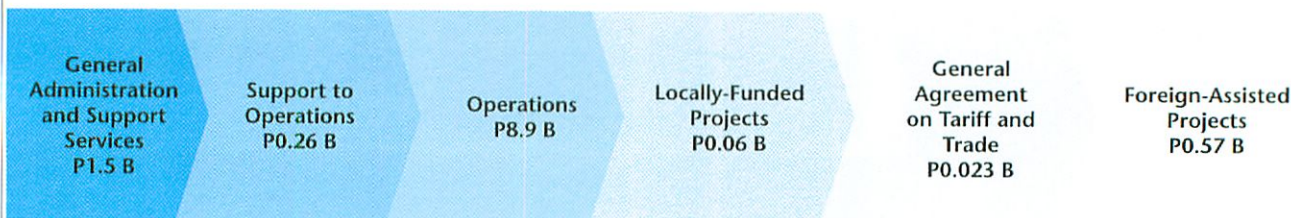
REGIONAL PROFILE

REGIONS	POPULATION	Crude Birth Rate/1000 Pop	Crude Death Rate/1000 Pop	Infant Mortality Rate/1000 Live Births	Maternal Mortality Rate/1000 Live Births
1	4,075,577	21.35	5.24	12.51	0.26
2	2,741,627	22.68	3.96	10.11	0.46
CAR	1,372,668	22	4	13	1
3	7,593,460	22.1	4.22	10.34	0.37
4	12,689,620	19.5	3.48	13.31	0.41
NCR	10,739,604	21.8	4.5	19.7	0.44
5	4,665,830	23.32	4.28	10.53	0.85
6	6,103,379	20.26	5.1	12.55	0.57
7	5,434,793	23.03	4.31	12.26	0.05
8	3,668,243	14.84	4.34	11.1	1.24
9	3,067,005	20.57	3.06	10.99	1.3
10	2,807,745	20.42	3.5	10.9	0.94
11	5,068,497	19.83	2.88	10.9	0.57
12	2,598,488	19.52	2.78	8.85	0.93
CARAGA	2,131,930	19.45	3.15	12.71	1.74

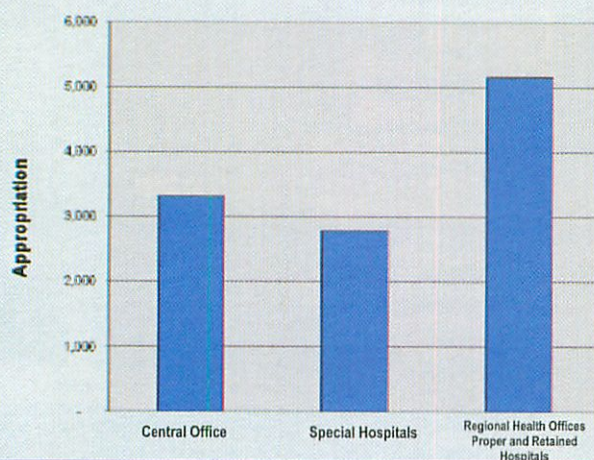


FINANCIAL REPORT

CY 1999 BUDGET (in billion pesos) Total Budget = P11.3 B



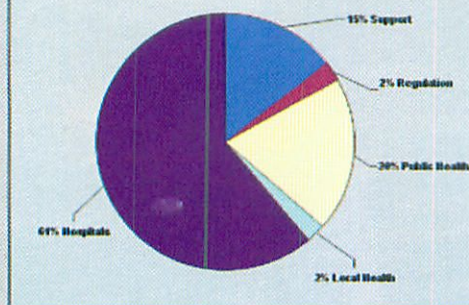
APPROPRIATION BY LEVELS, CY 1999 (in Million Pesos)



The total budget of the Department of Health in 1999 was P11.3 B. This is 13% lower than the previous years' budget.

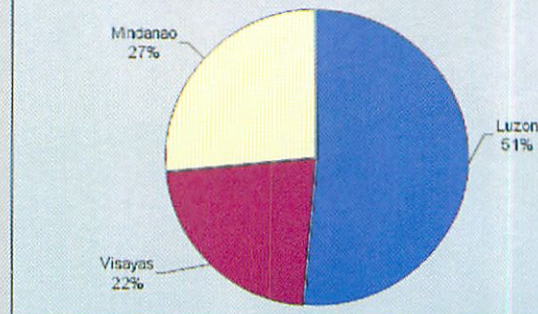
About 30% of the 1999 budget was used for Central Office, 25% for Metro Manila Special Hospitals, and 45 % for Regional Appropriations.

PERCENTAGE APPROPRIATION BY FUNCTION, CY 1999



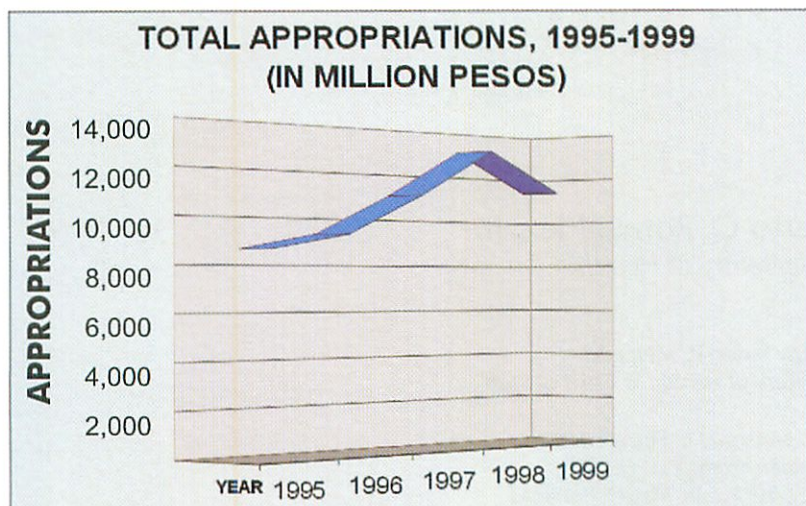
About 61% of CY 1999 funds were used for Hospitals, 20% for Public Health, 15% for Support functions and 2% each for Local Health and Regulations

PERCENTAGE APPROPRIATION BY GEOGRAPHICAL AREA, CY 1999



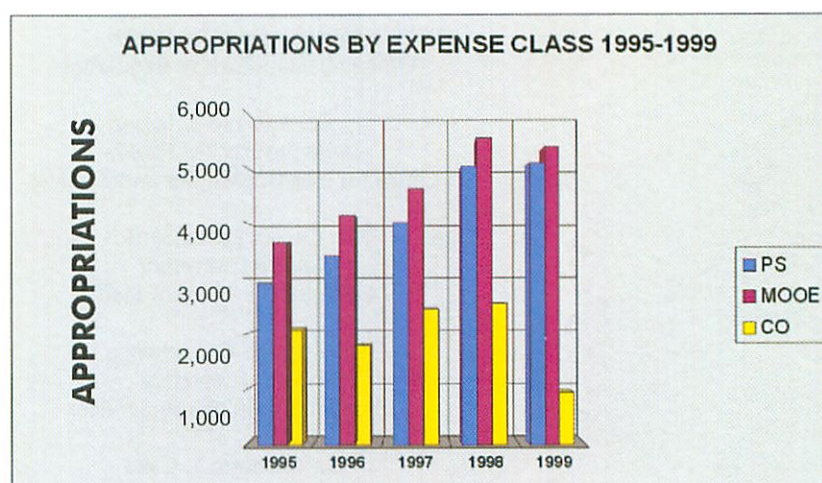
About 51% of funds for regional operations were used in Luzon, 22% in Visayas and 27% in Mindanao.

DEPARTMENT OF HEALTH APPROPRIATIONS, 1995-1999



The DOH appropriation increased annually from 1995 to 1998, however, it decreased in 1999.

Maintenance and Other Operating Expenses (MOOE) accounted for the biggest share in the DOH appropriation for 1995-1999 followed by Personal Services (PS) and Capital Outlay (CO).



PARTICULAR	1995		1996		1997		1998		1999	
	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%
Breakdown by Expense (in Thousand Pesos)										
A. Personal Services	2,918,431	33.75	3,388,911	36.43	3,984,994	36.16	4,999,812	38.28	5,070,291	44.71
B. Maintenance & Other Operating Expenses	3,654,946	42.26	4,132,333	44.42	4,596,582	41.71	5,518,008	42.25	5,346,777	47.15
C. Capital Outlay	2,074,512	23.99	1,780,668	19.14	2,438,507	22.13	2,541,656	19.46	922,991	8.14
TOTAL	8,647,889	100	9,301,912	100	11,020,083	100	13,059,476	100	11,340,059	100

Source: General Appropriations Act, 1995-1999

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