



ACHIEVING UNIVERSAL HEALTH CARE FOR ALL FILIPINOS

2010 ANNUAL REPORT

DEPARTMENT OF HEALTH ANNUAL REPORT 2010

Published by the Department of Health - Health Policy Development and Planning Bureau (DOH-HPDPB) San Lazaro Compound, Rizal Avenue, Sta. Cruz. Manila, 1003 Philippines

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ACHIEVING UNIVERSAL HEALTH CARE FOR ALL FILIPINOS

ANNUAL REPORT 2010



Republic of the Philippines
Department of Health

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MESSAGE FROM THE SECRETARY

The Aquino Health Agenda (AHA) was officially launched in December 2010 to improve, streamline and scale up reform interventions espoused in the Health Sector Reform Agenda and implemented under FOURmula One (F1) for Health. The goal in achieving Universal Health Care for All bears in mind that no Filipino is left behind in terms of health reforms implementation. AHA - Kalusugan Pangkalahatan provided three strategic thrusts, namely: 1) Financial risk protection through rapid expansion in National Health Insurance Program (NHIP) enrollment and benefit delivery; 2) Improved access to quality hospitals and health care facilities; and 3) Attainment of the health-related Millennium Development Goals.

The Department of Health (DOH) has poured all its efforts in pursuit, at first, of F1 then of the AHA-KP. The DOH 2010 Annual Report presents all of the Department's accomplishments in health sector reforms in continuing the F1 implementation framework and with President Aquino's new directives for health. This Annual Report is not only a mere presentation of the DOH's accomplishments for 2010, but also a testimony of the Department's commitment in providing equitable and accessible health care for all Filipinos.

*Dr. Enrique T. Ona
Secretary
Department of Health*

PREFACE

PREFACE

2010 marks the beginning of the new administration of President Benigno S. Aquino III. To address continuing health challenges that the country faces, the President declared *Achieving Universal Health Care for All Filipinos* as its main goal for health. It deliberately focuses on the poor who are at highest risk for ill-health, and that “nobody gets left behind” as the implementation of health reforms moves forward. President Aquino, fondly called P-Noy, placed the Department of Health (DOH) under the stewardship of Dr. Enrique T. Ona as the 27th Secretary of Health.

Confident of reforms and a dedicated community of competent DOH staff, health workers and development partners, Secretary Ona took on the leadership of the health sector, which also recently changed hands from Dr. Francisco Duque to Dr. Esperanza Cabral. The *Aquino Health Agenda* was thus launched officially in December 2010 to improve, streamline and scale up more than a decade-long reform interventions espoused in the Health Sector Reform Agenda that began in 1999 and intensified under FI, *FOURmula One (F1) for Health* banner. The DOH thus puts forth its new strategic framework to address continuing health challenges in the country, and a renewed commitment towards improving the lives all Filipinos.

This Annual Report is organized in five parts. The first presents the health national baselines - the starting point upon which the implementation and performance of the National (Health) Strategy of the P-Noy Administration will be monitored, evaluated as well as reported to the Filipino people. The second, describes the DOH activities for the major part of 2010, which continued using the *F1 for Health* implementation framework for health sector reform. It describes the major accomplishments of the various units of the DOH central office within the year, including those under the new leadership of Secretary Ona. Highlights of the Financial Report of the DOH comprise the third section. The fourth part describes accomplishments in the latter part of 2010, a transition period, with respect to P-Noy’s specific directives for health. This period enabled a nationwide consultative process, involving health leaders at various levels of government as well as from other sectors, to craft what it means to attain health care for all. Relevant facts as well as DOH policies, enacted throughout the year and specific to each reform area, are listed in the annexes.

This Annual Report is intended for health workers, policy makers, the academe and researchers, health advocates, and for everyone committed to achieving Universal Health Care for all Filipinos now, more than ever.

THE PHILIPPINE HEALTH SITUATION

Major Philippine Health Challenges, DOH 2010

Widening inequity in health
Food security and safety risk

Dual burden of diseases

Disasters, and chronic emergency in Mindanao

Slow progress in maternal and child health and nutrition

High population growth

Disparity in health service delivery and utilization

Poor quality of data and information

Misdistribution of skilled health workers

High out-of-pocket payment (including drugs)

Low health expenditure by government

The Philippines is a lower middle-income country in Southeast Asia, among the world's most populous countries. In 2010, there were 94,013,200 Filipinos¹. The population density is 255 people per square kilometer, although unevenly distributed throughout the Philippine islands. About 56 percent lives in Luzon, and mostly concentrated in the National Capital Region (NCR) (15,617 people/sq.km.). Among the regions, most and the least populous are Calabarzon (Region IV-A with 11.9 million), and Cordillera Administrative Region with 1.7 million people (see Annex A, Tables 1 and 2). The population grew at the rate of 2 percent between 2000 to 2007. It is a country of youths, half of the population is below 21 years; although proportion of older persons has grown to 4.19 percent (in 2007, from 3.83% in the year 2000).

¹ The Philippines has an almost equal female to male sex ratio of 1:1.01 or 46,749,600 females and 47,263,600 males, based on the 2000 Census-based population projections for the year, by the National Statistics Office in collaboration with the Inter-Agency Working Group on Population Projections.

THE PHILIPPINES

Poverty remains to be a major determinant of health in the country; 32.9 percent of the population lives below the poverty threshold. Poverty is predominantly a rural phenomenon. But already 63 percent of Filipinos live in urban centers, where 20 percent are considered poor and live in urban slums. Among the poor, 29 percent have no access to safe water, 24 percent have no sanitary toilets.

The Philippines has a double disease burden: major causes of illnesses are infectious diseases while major causes of death are degenerative and non-communicable diseases.

Based on the National Statistics Office (NSO) 2006 Family Planning Survey, the Philippines Maternal Mortality Rate (MMR) is 162 women per 100,000 live births (LB). This, however, contrast with other measures: assuming a 7 percent level of female deaths due to maternal causes (which is considered a low assumption), the MMR for 2010 is 95 per 100,000 LB. If pegged at 12 percent level (high assumption for female deaths due to maternal



causes) the MMR is at 163 per 100,000LB.

The Infant Mortality Rate (IMR) for the five-year or calendar years 2004-2008 is 25 deaths per 1,000 LB. For the same period, the Neonatal Mortality Rates (NMR) for neonates, post-neonates, child and under five are 16, 9, 9 and 34 deaths per 1,000 LB. Deaths among male is generally more than among female children (Annex A, Tables 3 and 4, based in NDHS, 2008).

Although still above 80 percent, a decrease in coverage of immunizations among infants is noted from 2007 to 2010. Table 5 shows the Fully Immunized Children (FIC) rates for each year within the period.

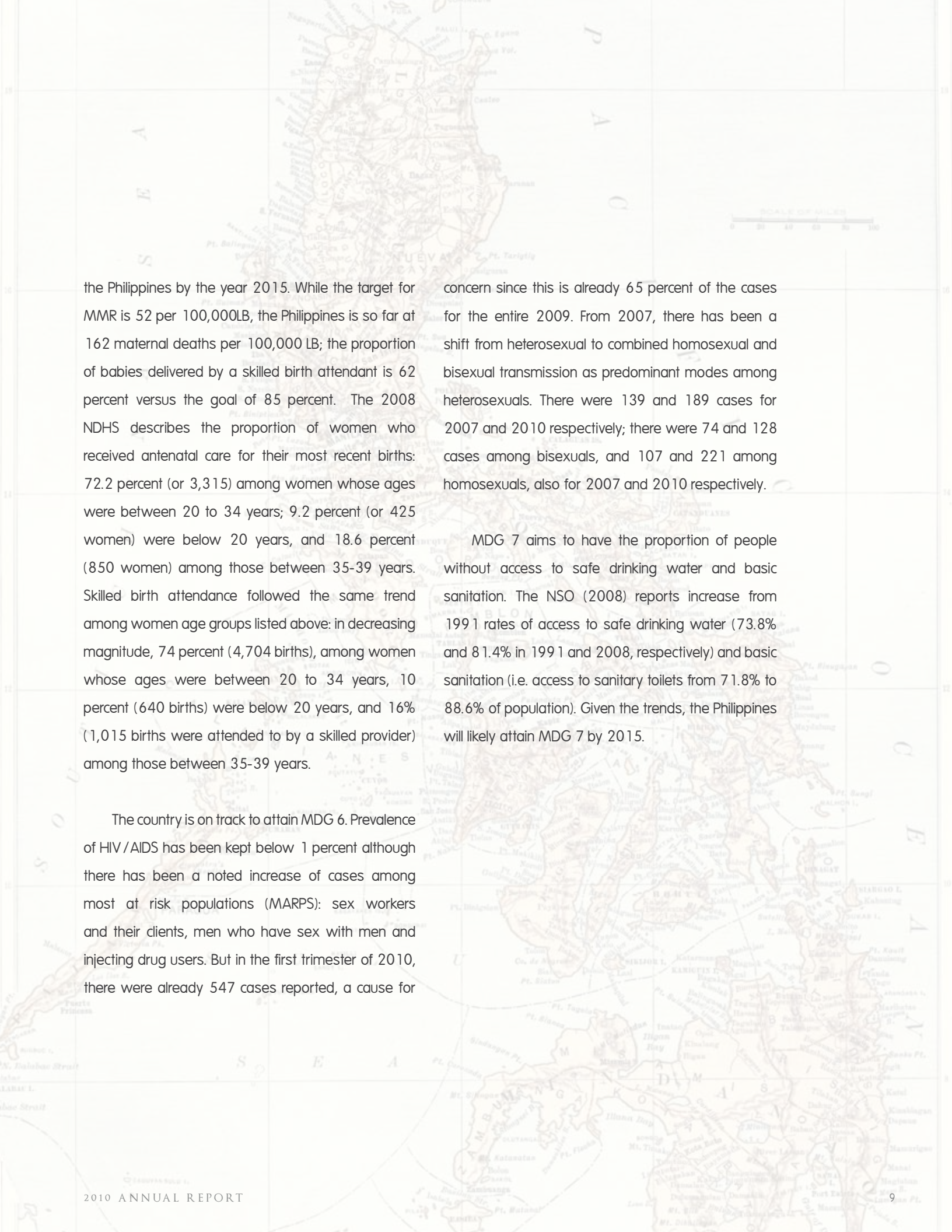
In 2000, the United Nations Millennium Declaration was signed by 189 countries in a bid to more decisively fight hunger, disease and poverty and foster development in the low and middle income countries. This pledge was translated into 8 Millennium Development Goals (MDGs), which are specific, concrete, time-bound and quantitative targets for action by 2015.

Six (6) of the 8 MDGs affect health – directly or indirectly. The Philippine government adopted a

collaborative strategy to address these; the DOH especially focused efforts on MDGs 4, 5 and 6 (reduction of child mortality, improvement of maternal health, and combating Human Immunodeficiency Virus or HIV / Acquired Immune Deficiency Syndrome or AIDS, tuberculosis, malaria and other diseases, respectively). MDGs 1 (eradicate extreme poverty and hunger), 7 (ensure environmental sustainability, measured by access to safe and clean water supply) and 8 (develop a closer partnership for development, especially establishing public-private partnerships to increase access to medicines) are also concerns of and are addressed by the DOH.

Table 6 of Annex A shows that the Philippines is on track for achieving MDG 1. But progress is slow in reducing the prevalence of underweight children below 5 years old. Currently 20.6 percent are underweight versus the goal of 13.7 percent. For MDG 4, there has been a drastic reduction on child mortality and the goals are likely to be met (goal for IMR and Under-five Mortality Rate or U5MR are 19 and 26.7 per 1,000LB), versus current rates of 25 and 34 per 1,000LB, respectively). However, catch-up efforts must be done to deliver interventions that will reduce neonatal mortality rate.

Similarly intensified effort is needed to attain MDG 5, the MDG that is least likely to be met by



the Philippines by the year 2015. While the target for MMR is 52 per 100,000LB, the Philippines is so far at 162 maternal deaths per 100,000 LB; the proportion of babies delivered by a skilled birth attendant is 62 percent versus the goal of 85 percent. The 2008 NDHS describes the proportion of women who received antenatal care for their most recent births: 72.2 percent (or 3,315) among women whose ages were between 20 to 34 years; 9.2 percent (or 425 women) were below 20 years, and 18.6 percent (850 women) among those between 35-39 years. Skilled birth attendance followed the same trend among women age groups listed above: in decreasing magnitude, 74 percent (4,704 births), among women whose ages were between 20 to 34 years, 10 percent (640 births) were below 20 years, and 16% (1,015 births were attended to by a skilled provider) among those between 35-39 years.

The country is on track to attain MDG 6. Prevalence of HIV/AIDS has been kept below 1 percent although there has been a noted increase of cases among most at risk populations (MARPS): sex workers and their clients, men who have sex with men and injecting drug users. But in the first trimester of 2010, there were already 547 cases reported, a cause for

concern since this is already 65 percent of the cases for the entire 2009. From 2007, there has been a shift from heterosexual to combined homosexual and bisexual transmission as predominant modes among heterosexuals. There were 139 and 189 cases for 2007 and 2010 respectively; there were 74 and 128 cases among bisexuals, and 107 and 221 among homosexuals, also for 2007 and 2010 respectively.

MDG 7 aims to have the proportion of people without access to safe drinking water and basic sanitation. The NSO (2008) reports increase from 1991 rates of access to safe drinking water (73.8% and 81.4% in 1991 and 2008, respectively) and basic sanitation (i.e. access to sanitary toilets from 71.8% to 88.6% of population). Given the trends, the Philippines will likely attain MDG 7 by 2015.

C O N T I N U I N G T H E H E A L T H S E C T O R R E F O R M S

Activities of DOH, for the major part of 2010, continued using the F1 implementation framework for health sector reform. F1 includes operationalization of four key flagship programs on Governance, Service Delivery, Regulation and Financing. It is designed to undertake critical reforms with speed, precision and effective coordination directed at improving the efficiency and effectiveness of the country's health system. The health sector reform agenda that began in 1998 has been enhanced with the implementation of the F1 envisioned to bring about better health outcomes.

GOOD GOVERNANCE IN HEALTH

GOOD GOVERNANCE

Good Governance in Health refers to the enhancement of stewardship functions and the improvement of management and internal support systems, both at the national and local levels, to better respond to the needs of the health care system.

DOH STRATEGIES TO IMPROVE GOVERNANCE IN HEALTH

- Developing rational and more efficient national and local health systems by establishing effective inter-local health zones (ILHZs), referral networks, and resource sharing schemes, and pursuing the accreditation of ILHZ networks;
- Improving national capacities to manage and steward the health sector through management support systems for health human resources, procurement, finance and management information.

A. DEVELOPMENT OF EFFICIENT NATIONAL AND LOCAL HEALTH SYSTEMS

1. Implementation of Sector Development Approach for Health (SDAH)

Administrative Order (AO) No. 2007-0038 sets the guidelines for implementing the Sector Development Approach for Health (SDAH), a system for improving the implementation of development assistance by

harmonization of donor agencies' procedures with Philippine government procedures, and consolidation of resources from various sources especially intended to facilitate management of reforms at the provincial level. The Technical Assistance Coordination Team (TACT) was created through Department Personnel Order (DPO) 2007 – 2964, *Creation of Technical Assistance Coordination Team in Support of Health Reforms*, to harmonize technical assistance to the DOH under the SDAH. The Technical Assistance Tracking System, a database for project terms of references provided by development partners and TACT, status of implementation and their corresponding final technical reports, funded by the European Union. It can be accessed by the public through the portal, the Project Tracking Management Information System.

2. Strengthening local health authority for improved health system performance

a) The LGU Scorecard

The results for 2010 showed positive outcomes for disease prevention and control, financial risk protection among the poor, and resource management. (Refer to Table 1.) All 35 provinces in Region V, VI, XI and XII, and the Philippines, in general, met the country target for tuberculosis (TB) case detection rate (CDR): the national average increased from 69 percent to 70.75 percent. Protein energy malnutrition (PEM) was recorded only at 7.95 percent, far below the target of reducing PEM rate to 24 percent. Over 5.2 million Filipinos, who belong to the poorest income quintile,

were enrolled in the National Health Insurance Program (NHIP). The average length of stay in hospitals (LOS-H), bed occupancy rate (BOR) and the proportion of provincial budget allocated to health services, all exceeded 2010 targets. Program Project Activity performance targets reached by more than 50 percent of provinces and cities for 2010 are on TB CDR and PEM rates, as well as TB Cure Rate, Average LOS-H, BOR, PhilHealth² accreditation of rural health units (RHUs) for Out Patient Benefit and TB DOTS Packages, and the establishment of Botika Ng Barangay (BnB). There are continuing improvements from 2006 to 2010 for the control of schistosomiasis, increasing facility-based delivery, accreditation of RHUs for TB DOTS services, increasing municipal operating budget for health.

However, many provinces have failed to meet the 2010 national targets for maternal and child care: facility-based deliveries and the percentage of PhilHealth-accredited RHUs for maternal health packages. Only 21 provinces and 9 cities were able to reach the 85% target for fully-immunized children; 50 provinces failed to reach the goal of 85% newborn initiated breastfeeding. Although LGUs excelled in certain areas, they fall behind in others.

b) CHD Scorecard

For the second year, the effectiveness of regional Centers for Health Development (CHD) in supporting implementation of LGU-led health sector reform implementation as well as their performance as extension offices of the DOH has been assessed

using the CHD Scorecard. Department Memorandum (DM) No. 2010-0125 was issued to answer the need for validation of CHD scorecard results. Ten areas of assessment (with 52 indicators) were randomly selected and used for the validation activity of the 2009 CHD Scorecard results. Results have shown progressive improvements in CHD performance.

The Integrated Hospital Scorecard and Development Partner Scorecard were also developed and implemented. See subsequent discussions.

3. Expanding partnerships and networks

a) Partnership with the Autonomous Region in Muslim Mindanao

The DOH formalized its partnership with the Autonomous Region in Muslim Mindanao (ARMM) through a Memorandum of Agreement (MOA) signed



² PhilHealth – Philippine Health Insurance Corporation

on 23 April 2009, covered the allocation, release, and utilization of DOH resources; PhP 17million start-up funds was allocated. The DOH-ARMM, through its ARMM-Wide Investment Plan for Health (AIPH), proposed PhP 6.246 billion budget medium term investment on health over a five-year period, CY 2008-2012. Implementation of the AIPH is being undertaken yearly through Annual Operational Plan (AOP) and execution of a Service Level Agreement (SLA). Under the SLA 2010, DOH was able to transfer funds to DOH-ARMM Regional Office the total amount of PhP 47,207,260.00 representing the operations fund (Health Sector Development Project-Fixed Allocation 2009-2010), performance based incentives (variable allocation) for 2009, PhilHealth “Sabado”, NHIP and BnB advocacy on Health and funds for the development of Rationalization Plan of its provinces.

Transfer of funds to DOH-ARMM has been limited because of the late submission of financial reports as required by the Commission of Audit Resident Auditor.

b) LGU Investment Plans for Health

The Province-wide Investment Plan for Health (PIPH), with its related documents (MOAs, AOPs, SLAs), has been institutionalized as the key instrument for the DOH to forge partnership with LGUs, development partners and other stakeholders local health reform implementation. This year 2010, 75 AOPs have been developed by target provinces including the DOH-ARMM; all 17 cities and the lone municipality in the National Capital Region (NCR) developed their own five-year City-wide Investment Plans for Health (CIPH) and AOPs. A total of PhP 1,480,735,117 has been provided to LGUs as support.

2010 LGU Scorecard

Performance Indicator	2006 Baseline	2010 Targets	TOTAL # OF GREENs	TOTAL # OF REDs	TOTAL # OF YELLOWs	TOTAL # OF NDs	TOTAL # OF INCs
TB Cure Rate	81	85	141	100	24	3	26
Percentage of Fully Immunized Child	83	95	17	177	85	2	13
Percentage of Facility Based Deliveries	33	70	51	65	148	7	23
Accredited by PhilHealth for OPB Package	49	80	121	3	15	22	133
Percentage of RHUs/Health Centers Accredited by PhilHealth for Maternity Care Package	13	90	20	0	2	127	145
Percentage of RHUs/Health Centers Accredited by PhilHealth for TB-DOTS Package	23	50	64	0	1	72	157

Table 1

Legend:

Green- achievement is equal to or better than target

Yellow- achievement is better than the 2006 baseline but less than the 2010 target

Red – achievement is equal to or less than the baseline

ND- No data for the indicator

c) Inter-LGU Cooperation in Health Operations

The Inter-local Health Zone (ILHZ) is a form of inter-LGU cooperation in health operations management to assure the constituents access to a range of needed health services. To date there are 294 ILHZs in 69 provinces. Table 1 presents the 2010 LGU Scorecard, color-coded to denote achievements of ILHZs, compared to the 2006 baseline. 48 percent (or 141 out of 294 ILHZs) achieved the 2010 target in TB Cure Rate, and 41 percent (or 121 of RHUs were accredited by PhilHealth for the out-patient benefit. Alarming is the poor performance in immunization coverage, i.e. only of 6 percent (17) achieved the 2010 FIC target. There were 199 facilities which have increased the percentage of facility based deliveries; however, only 17 percent (51) have achieved the 2010 target.

4. Developing System Interventions towards Health Equity

a) Geographically Isolated and Disadvantaged Areas (GIDA)

2010 was a year of building evidence through research to develop a national policy on service delivery and financing for GIDA. The GIDA is an emerging local health system model, which include mountainous and island communities, for indigenous peoples, conflict-affected areas. One launched in October 28, 2010 was a research to develop and pilot-test health service

delivery strategies in 6 identified GIDAs in Caraga Region. Also, an evaluative research on GIDA projects in 4 GIDAs was initiated in partnership with the Philippine Council for Health Research and Development (PCHRD). Development of policy notes on GIDA was supported by the United Nations Children's Fund and United Nations Population Fund, European Commission's Mindanao Health Sector Policy Support Program, and the World Health Organization (WHO) Country Office. Two (2) documentations on GIDA exemplary practices and GIDA profiles in 15 regions were generated from CHDs. Outcomes of these studies have yet to be presented, however.

b) Urban Health Systems Development

April 7, 2010 marked World Health Day and the Year of Urban Health - intended to raise awareness of various stakeholders on urban health challenges: water, air and noise pollution, poor sanitation, road traffic injuries, overcrowding and slum formation, among others. It culminated with the *A Night with Champions* where local and national initiatives on urban health systems were recognized. CHDs were mobilized address health challenges especially among the urban poor. Two (2) policies on Urban Health Systems Development (UHSD) were issued in 2010: DM No. 2010-0038, *Urban Health Systems Development in 2010*, which defined the directions



and framework for UHSD in the country; and DM 2010-0207, *Guidelines on the Use of Urban Health Equity and Response Tool (Urban HEART) in Highly Urbanized Cities*, designed to systematically generate evidence for identifying, assessing, and responding to urban health equity concerns. To further support UHSD, 20 participants from highly urbanized cities and one from a highly-urbanized municipality took the *Short Course on Urban Health Equity*. Seventeen (17) CPH from Metro Manila were approved and funded.

B. IMPROVING NATIONAL CAPACITIES TO MANAGE AND STEWARD THE HEALTH SECTOR

1. Multi-sectoral Collaboration in Health Human Resource Management

The DOH Health Human Resource Development Bureau is the convenor and secretariat for the Human Resource for Health Network, a multi-sectoral organization composed of government agencies and non-government organizations. A major concern addressed in 2010 is the mushrooming of nursing schools in the country below par with standards required for nursing education (the Commission on Higher Education has regulatory mandate). This manifests the imperative for the country to balance the production of health professionals to meet local need and to contribute to the global demand as well.

2. Improved Public Finance, Procurement and Management Systems

Department Order (DO) No. 2009-246 was issued to set a common direction for all efforts related to Public Finance Management (PFM) reform, geared towards improving budget credibility, execution, and internal controls. These include streamlining of operations, and

revision of related issuances and delegation of authority for various financial transactions. PFM in LGUs vary by source of funds: for foreign-assisted projects, fund flows from the Finance Service directly to the LGUs. For funds from the national government, fund flows from the Finance Service to the CHDs, which in turn distributes to LGUs based on allocation. To monitor these cash flows, an Expenditure Tracking System (ETS) was developed to track expenditures and correlate them with planned activities, particularly the service delivery programs of DOH. An ETS User's Manual was developed in April 2010 to guide authorized personnel on ETS use; it was revised in September. The Health Policy Development and Planning Bureau and Bureau of Health Facilities and Services pilot tested the ETS in October. To further strengthen controls, the Internal Audit Division was upgraded to the Internal Audit Service as a means to improve systems and promote sustained transparency and accountability in DOH operations. Management mechanisms have now shifted from the traditional approach to one that is more risk-based, with more concentration on person-hours and resources reviews.

a) Procurement Reforms

Due to the nature, peculiarity, and complexity of the DOH procurement processes, a set of Customized Procurement Manuals (CPM) was developed to ensure efficient, effective and transparent processes, and approved by the Government Procurement Policy Board. The framework on procurement, embodied in the 4 volumes of the CPM, covers the procurement process from planning to contract implementation and termination. Several units were organized, based on the CPM, in accordance with law. The Procurement Oversight Committee, created to settle issues on procurement in relation to other internal and external management processes, played a

critical role in policy development and crafting of these manuals. Alongside this, the various DOH offices act also as technical clearing houses which review and evaluate the procurement requirements of other DOH end-user offices based on need, specifications and costs. Henceforth, the clearing houses started to maintain a database reference information system. The Central Office Bids and Awards Committee (COBAC), whose functions and responsibilities are defined in DO No. 2010-5317, was created to evaluate and approve bids. To ensure that institutional policies and procedures consistent with the procurement law (RA 9184), DOH Procurement Monitoring Teams (PMT) were created, and Agency Procurement Performance Indicators were incorporated in the monitoring tool. To further strengthen the capacity on procurement, customized comprehensive and refresher training courses were conducted. In 2010, PMTs evaluated 8 regional health offices and 34 DOH hospitals. Findings showed that RA 9184 was not fully implemented: *Notice to Proceed* for contractors was not given, training on procurement processes was not cascaded and some have no training activities at all.

b) Integrity Development

The DOH has its Integrity Development Committee (IDC), created through DPO No. 2005 – 0112, even before President Noynoy Aquino’s call for *Practice Zero Corruption at all Levels*. The IDC is tasked to advocate, implement, monitor and formulate policies regarding anti-corruption measures, programs and collaborations with NGOs and/or civil society organizations. DPO 2005-1870 and DPO 2008-0398 were issued to amend its creation, and reconstituted its membership and institutionalized its function. Major accomplishments for 2010 include (1)

development of the Employee’s Handbook, articulating procedures and professional behavior expected of government employees, (2) setting up of the IDC web portal, *May Isusumbong Ka Ba?*, (3) institutionalization of the Occupational Health and Safety Program Social Dialogue Tool as a mechanism of management - employee/ rank-and-file partnership; and (4) cascade of anti-corruption advocacy in 20 DOH hospitals and 16 CHDs.

3. Monitoring and Evaluation, and Strengthening Research and Knowledge Management

The **National Forum on Health Research for Action** translates health research findings into policies and program interventions continue to be held annually. The 11th National Forum on Health Research for Action with the theme *New Directions and Challenges Ensuring Financial Risks for Filipinos* on July 29 – 30, 2010 at Century Park Hotel. The forum provided the opportunity for researchers to share and discuss important findings of recent studies in order to help inform policy makers and program managers. It highlighted the following studies: (a) Health Resources, Financing Estimates and Relevant Health Financing Tools and Measures; (2) Health Sector performance and Equity; (3) Sustaining Universal Health Care; (4) Payment Provider Mechanisms and Quality Assurance; and (5) Drugs and Financing. The 2010 – 2020 Philippine Health Care Financing Strategy was also launched, with lecture-orientation on *Analyzing Financial Burden of Health Payment* was conducted as well as poster exhibit on related studies made by young researchers. The Resource Center for Health Systems Development was established as the repository of resources on health systems development including documentation of best practices by LGUs.

Health Policy Notes (HPNs) summarize critical health policy issues to guide DOH policy makers, program managers, and health partners in decision-making. In November 2010, HPN on *Public Private Partnership in Health* was produced. The **DOH Knowledge Management Strategic Plan**, crafted in 2010, defined the framework, strategic direction, and roadmap for implementation managing knowledge created within the DOH.

A **monitoring and evaluation system** (i.e. the **ME3**) was put in place to determine the achievements of the health sector reforms. Several scorecards are among the ME3 tools. The 2009 LGU Scorecard was presented to the National Statistics Coordination Board in December 2010, depicting continuing improvements in performance from 2006 to 2009 service delivery, regulation, financing and governance pillars of the F1 health sector reform agenda. Both top and low performing cities and provinces for selected performance indicators, e.g. TB cure rate, TB CDR and FIC, were identified.

The **CHD Scorecard** is a tool that assesses the performance of the CHDs on the execution of the DOH steering and leading function to support an LGU-led health sector reform implementation. For 2010, strongest performance areas were in service delivery personnel training, monitoring and evaluation, leveraging performance where 15, 9 and 9 CHDs, respectively received green ratings, or equal or above

the 2010 targets. Weakest performance areas were in regulation functions, i.e. personnel training as well as licensing of health facilities where 9 and 8 CHDs, respectively received red ratings. Governance function of personnel training was also among the weakest performance areas where 5 CHDs performed below the 2008 national baseline.

The **Integrated Hospital Scorecard** was developed through an inventory of existing assessment tools and consultations with stakeholders.

The **Development Partner Scorecard (DPS)**, under the SDAH, was designed as an instrument for open and constructive dialogue between government and partners. A validation process was conducted by the DOH DPS Validation Team composed of Team Managers and civil society groups represented by the Women Health and Social Watch. Conducted in July to August 2010, it was supervised by an oversight unit consisting of representatives of key national government agencies, i.e. the National Economic and Development Authority, Department of Finance, and Department of Budget and Management. The validation process included a self-assessment by each of 9 development partners on 12 indicators on alignment and harmonization of development goals and intervention. The DOH technical implementation offices such as the bureaus of the DOH Central Office, Field Implementation and Coordination Office and



CHDs (i.e. recipients of the development partners' assistance) were consulted. Leaders of selected provincial LGUs that were beneficiaries of development partners' support were also interviewed on the performance of the development partners in their engagement. The validation process concluded with a dialogue; the DOH DPS Validation Team, through a visit to each of the various offices of the development partners, discussed and agreed on the result of each measure in the DPS. The validated DPS rating of each development partner was presented to the Secretary of Health for his approval and signature. The initial results were consolidated and presented at the *Health Partners Meeting* on September 14, 2010, and the *ME3 Conference* last September 17, 2010 held at Crown Plaza Hotel, Makati City. The DPS Results for CY 2009 were presented and disseminated at the Health Partners Meeting held at Diamond Hotel, Manila on December 03, 2010.

4. Strengthening Health Information Management

Health information is important for health planning and decision-making. Among the initiatives implemented to produce timely, quality and relevant health information for health sector development are: (1) the organization of the Philippine Health Information Network in 2005, aimed at providing

a harmonized framework for the country's health information system to strengthen and improve access to and use of health information through an inter-agency body responsible for the production and dissemination of timely and reliable health information; (2) the set up of the Philippine Local Health Information System, a web-based monitoring and evaluation system that tracks progress in local health systems development and is integrated into the Local Health Information System or the LGU websites; (3) the development and implementation of major registries and application systems supporting the implementation of laws and disease prevention; (4) the development of the National Health Data Dictionary; and (5) upgrade of information and communications technology infrastructure at the central office and field health facilities. Two (2) training events on International Classification of Diseases- 10 (ICD- 10) were conducted in May 2010 in Pampanga for CHD 3, and in Tagaytay for CHD-NCR in September 2010.

HEALTH SERVICE DELIVERY

HEALTH SERVICES

The persistence of wide disparities in health outcomes across gender, age, regions, and income groups underscores the gaps in the availability and accessibility of health care services in the Philippines. Health service delivery reforms intend to improve the accessibility and availability of basic and essential health care services, particularly to the poor. Substantial investments were made, i.e. service packages for priority health programs such as Malaria Control, Maternal, Newborn and Child Health, and the National Tuberculosis Program were developed. Integrated health services were also established to facilitate access to health facilities at different levels of care such as the Maternal, Newborn, and Child Health and Nutrition (MNCHN) health facility network which includes the Basic Emergency Obstetric and Newborn Care (BEmONC) and Comprehensive Emergency Obstetric and Newborn Care (CemONC) centers, as well as the laboratory network for infectious diseases such as TB and malaria. Major accomplishments for 2010 are described below.

MATERNAL, NEONATAL AND CHILD HEALTH AND NUTRITION

The DOH continues to implement an integrated MNCHN strategy that highlights the importance of the attendance by skilled health professionals in the delivery of integrated package of health services at all life stages of these vulnerable groups, especially

underprivileged Filipino women, mothers and children.

The *Manual of Operations for MNCHN* was revised and updated to guide LGUs. Orientation forums on MNCHN policies and *Manual of Operations on the Essential Newborn Care Protocol* were conducted. Forty-five (45) BEmONC teams were trained in 2010. On July 2010, DO No.2009-0084, *Guidelines Governing the Payment of Training Fees Relative to the Attendance of Health Workers to BEmONC Skills Training Courses at Duly Designated Training Center*, was amended to recognize a network or consortium of training providers affiliated with any of the 11 DOH-recognized BEmONC Training Centers³. AO No. 2010-0014, *Administration of Life-saving Drugs and Medicine by Midwives to Rapidly Reduce Maternal and Neonatal Morbidity and Mortality*, was issued to guide licensed midwives in the public sector as well as those in private practice. The latter need to obtain PhilHealth accreditation for the Maternal and Newborn Care Packages for their own birthing facility to enjoy privileges stipulated in the AO.

The *Expanded Garantisadong Pambata (GP)* was launched in October 2010, expanding the targets beyond the previous 0-5 to 0-14 year-old children. This also emphasizes the daily provision of the GP package in all health facilities rather than the twice-a-year national campaign. *Expanded Program on Immunization* introduced campaigns in 2010. During the third quarter of 2010, the combination Measles,

³ DOH-recognized BEMONC Training Centers: Dr. Jose Fabella Memorial Hospital, Quirino Memorial Medical Center, Baguio General Hospital and Medical Center, Veterans Regional Hospital, Bicol University in collaboration with the Bicol Regional Training and Teaching Hospital, Vicente Sotto Medical Center, Western Visayas Medical Center, Saint Anthony Mother and Child Hospital, Zamboanga City Medical Center, Northern Mindanao Medical Center, and Davao Medical Center.

Mumps and Rubella (MMR) vaccine was introduced nationwide with the country's goal of measles elimination by 2012. The pentavalent vaccine (DPT-HepB-HiB⁴) was also introduced in Regions VI, VII and Caraga. This is intended to prevent the sequelae of HiB meningitis and other invasive HiB diseases, and up to 30 percent of all pneumonia cases among vulnerable children.

The LGUs continue to support priority public health programs. A special initiative on intensifying outreach immunization activity was conducted in Cabanatuan City in collaboration with WHO. All barangays in the City conducted the Rapid Coverage Assessment to search for the missed children during routine immunization. Similarly, a 20-day Measles-Rubella supplemental immunization activity was conducted in Pasay City in November 2010. In order to interrupt the circulation of new measles virus strain, an estimated 81,038 children, 9 to 95 months old, were given a dose of measles-rubella vaccine through a door-to-door campaign. Pasay City was among the most affected cities in the NCR during the height of the outbreak. The Pasay City Government is committed to eliminate measles.

The reported annual Fully Immunized Child (FIC) coverage as of December 2010 is 84 percent. A

total of 2,130,576 children were fully immunized out of a total eligible population of 2,538,356 children. Top three performers are Regions X, NCR and Region IX with 90-94 percent FIC rate; but ARMM (68%), Region VIII (74%) and the Cordillera Administrative Region (75%) have coverages way below the 95 percent target. (Refer to Annex A: Table 5 describes annual performance from 2007 to 2010; Table 7 lists the accomplishments per region.)

DISEASE-FREE ZONE INITIATIVES

Malaria. The clinical and entomological assessment released in November 2010 revealed that 23 provinces maintained their malaria-free status. The Malaria Control Program Medium Term Development Plan is currently being developed to support the vision of the Program of achieving Malaria-free Philippines by 2020.

Filariasis. Similar to malaria, lymphatic filariasis is also a mosquito-borne disease endemic to 44 provinces affecting majority of the population in fourth to sixth class municipalities. Two (2) provinces maintained its elimination⁵ level and 5 provinces reached elimination status in 2010, namely, Biliran, Bukidnon, Romblon, Agusan del Sur and Dinagat Islands. Evaluation is ongoing in other provinces on the Filaria - Free Initiative.

Elimination and Disease-Free Zones

Malaria
Filariasis
Rabies
Leprosy
Schistosomiasis

The disease-free zone initiative aims to “mop up” diseases such as malaria, filariasis, rabies, leprosy and schistosomiasis in selected localities in support of the National Objectives for Health (NOH) goals to eliminate these diseases as public health problems.

⁴ Pentavalent vaccine for infectious diseases DPT-HepB-HiB: diphtheria, pertussis, tetanus, Hepatitis B and Hemophilus influenza B
⁵ Elimination of filaria is defined as prevalence of microfilaremia of less than 1% and antigen rate of less than 1%

Rabies is a zoonotic disease endemic to the Philippines. The National Rabies Prevention and Control Program aims to attain a Rabies-Free Philippines by 2020. The DOH, in partnership with the Department of Agriculture and the LGUs, is implementing the Rabies-Free Visayas Project, one of the three projects funded by the Bill and Melinda Gates Foundation through the WHO. The project aims to eliminate⁶ rabies in Regions VI, VII and VIII by eliminating canine rabies through dog vaccination. One (1) province, Siquijor, has maintained its elimination level; Batanes as well as the Apo Island of Negros Oriental Province were declared rabies-free in 2010. See Annex A Table 8 for the annual rabies and bite victim reports.

Leprosy is a communicable disease but the elimination efforts have been sustained through the years. DOH conducted the *International Leprosy Convention* last November 7-8, 2010 to share best practices on leprosy elimination with global counterparts.

Schistosomiasis is a parasitic disease still endemic to 28 provinces in the country. To date, the prevalence rate is 4 percent, based on active casefinding. In 2010, the Schistosomiasis Information System and data collection procedures were pilot tested in Compostela

Valley. Meanwhile, schistosomiasis mass treatment is ongoing in endemic municipalities as part of the elimination campaign.

TUBERCULOSIS CONTROL

The Philippines is one of the 22 high-burdened countries on WHO Watch List, although the country has improved its ranking from seventh to the ninth with the most TB cases. The disease is still the sixth leading cause of mortality and morbidity in the country, although a decreasing trend is seen. The National TB Prevention and Control Program goal is to reduce the prevalence and mortality by half in 2015 to contribute to the country's attainment of the MDGs. This translates to a Case Detection Rate (CDR) of 70 percent and Cure Rate of 85 percent, or better. New smear positive cases treated in 2010 was 95,219, or a CDR of 77 percent. 178,550 TB cases were detected (all forms). Cure rate of new smear positive cases in 2010 (1st to 3rd quarter of 2010) is 84 percent (or 49,684 out of 59,394 cases). Although total cohort of new smear positive is 88,806, report on the outcome of treatment of 29,412 TB patients is still not available



⁶ Elimination of Rabies is defined as absence of human and animal rabies for at least two years.

DENGUE CONTROL

Dengue is another mosquito borne diseases endemic to the whole country. It commonly affects patients less than 20 years old. In 2010, dengue cases increased more than 100 percent but the Case Fatality Rate is at 0.6 percent. The DOH continues to support the LGUs to respond to increasing cases of dengue through technical and logistic augmentation for emergency procurement of vector control commodities. The Dengue Inter-Agency Committee was convened to strengthen intersectoral response.

EMERGING AND RE-EMERGING INFECTIOUS DISEASES

The National Pandemic Preparedness Plan were reviewed and revised based on lessons from the pandemic A(H1N1) 2009 experience. More than a million Filipinos were vaccinated with the A(H1N1) vaccines donated through the WHO. Capacity building activities among the Barangay Health Emergency Response Teams were conducted to assist in early identification of possible emerging disease in a community. The DOH initiated the *International Training Course on the Prevention and Control of Avian Influenza in Asia and the Pacific*, with assistance from the Asian Development Bank. Its objective is to strengthen the local capacity response to Pandemic A(H1N1) Influenza and other emerging infectious diseases.

RESPONDING TO PUBLIC HEALTH EMERGENCIES

The DOH Health Emergency Management Staff (HEMS) takes the lead role in health emergency management in the country and follows the policy directions of Republic Act No. 10121, *Act Strengthening the Philippine Disaster Risk Reduction and Management System*. This provides the development, promotion and implementation of a comprehensive National Disaster Risk Reduction and Management Plan that aims to institutionalize arrangements and measures for reducing disaster risks, including projected climate risks, and enhancing disaster preparedness and response capabilities at all levels.

Last January 12, 2010, a 7.0 magnitude earthquake struck Port-Au-Prince, Haiti which caused death, injury and considerable damage to property and social systems. Upon the instruction of the Philippine President, the HEMS organized a medical team to assist the relief efforts in the aftermath of the earthquake. Members of the team were selected from a pool of professionals and specialists from DOH Central Office, CHDs, and DOH Hospitals. The mission team deployed from January 25 to February 17, 2010 provided medical / surgical care and other public health services in the hospital and evacuation camps.

In collaboration with the National Center for Health Facilities and Development (NCHFD), the HEMS



promotes disaster risk reduction in hospitals primarily by ensuring that hospitals continue to function in the midst of emergencies and disasters. HEMS is developing a *hospital assessment tool* to measure the capacity of hospitals to withstand emergencies and disasters by evaluating their structural, non-structural, and functional preparedness. Last April 8, 2010, HEMS organized the global launch of the *One Million Safe Schools and Hospitals Campaign* in the *ASEAN Forum on Safe Hospitals*, with 247 participants from Association of Southeast Asian Nations (ASEAN) member states, WHO, international organizations and development partners, and other Philippine government agencies. This served as advocacy platform in the ASEAN region to deliver the message that “disaster risk reduction is not the sole responsibility of the government, that everyone has a significant role to play to ensure the safety of schools and hospitals”.

The DOH Operations Center of the Health Emergency Management Staff operates on a 24-hour monitoring system to detect any health or health-related event that would require national DOH intervention, report such event to the Secretary of Health and other concerned offices of the Department. A total of 773 events were monitored, with the majority (or 749 events) classified as minor, while 9 events were considered major events. Most of the minor events were categorized as *technological emergencies* (441 events), mostly incidents of fire in Metro Manila as well as land vehicular crashes.

HEMS responded to 3 major events with the greatest negative impact to the country: the devastation due to 2 typhoons Basyang (July 11, 2010) and Typhoon Juan (October 15), and hostage-taking incident. On August 23, a group of HongKong tourists were held hostage inside their tour bus in front of the Quirino Grandstand in Rizal Park. The HEMS

declared Code White alert, deployed 4 medical teams with ambulances to provide medical and ambulance services, and continuously monitored the situation.

UPGRADING OF PUBLIC HEALTH FACILITIES

The Health Facilities Enhancement Program, i.e. the rationalization and critical upgrading of health facilities nationwide, continues to be implemented as among DOH’s strategic thrust of improving delivery of basic, essential, as well as specialized health services. Facility improvement of government-owned hospitals and health facilities to expand capacity and provide better quality services: services relevant to attain MDGs, services to attend to traumatic injuries and emergencies, and those that manage non-communicable diseases and their complications. By end of 2010, a total of PhP 3.7 billion capital expenditure funds were transferred to various local governments nationwide to upgrade health infrastructure necessary to rapidly reduce the number of maternal and infant deaths in the country. Specifically, the investments were directed towards improving the BEmONC capacity of public hospitals and health centers. See Annex A Table 9, Status of Health Facilities Enhancement Program projects.

HOSPITAL REFORMS

In August 2010, the *Ospital ng Bayan: Malinis at Mabango* campaign was launched by DOH. It advocates among government hospitals to maintain cleanliness and orderliness inside premises, including driveways and parking areas, at all times. The campaign mobilizes hospital administrators, staff and health workers, as well as patients and their companions to ensure that hospital cleanliness and orderliness is maintained.

HEALTH REGULATION

HEALTH REGULATION

Health Regulation reforms aim to ensure access to quality and affordable health products, devices, facilities, and services, especially those commonly used by the poor.

STRENGTHENING AND STREAMLINING OF REGULATORY PROCESSES

Advocacy and awareness-raising campaign on the regulatory function of the DOH expanded to 10 pilot LGUs under CHD for Metro Manila, namely, Manila, Caloocan, Mandaluyong, Quezon City, Parañaque, Pasig, Pasay, Muntinlupa, Marikina and Makati. *The Handbook for Regulatory Officers* was finalized in 2010; it contains basic information and norms for regulatory officers. It outlines the DOH vision and mission, regulatory reforms and processes involved in the regulation of health facilities and services. It defines the roles, tasks, responsibilities, competencies and Code of Conduct of the regulatory officer (for health facilities and services). It incorporates, as well, patient safety regulations and steps on risk management and the management of health regulatory violations. It lists the health facilities regulated by the DOH. Likewise, a *Knowledge, Attitude and Practices Survey of DOH-regulated Facilities* was conducted among clients/consumers and LGU executives in 10 areas as a means towards strengthening surveillance of non-licensed health facilities to ensure safe and quality health services nationwide.

A total of 115 clients of the Bureau of Quarantine (BOQ) registered through the National Single Window (NSW) and transacted business on-line. NSW is an initiative of the Office of the President in order to fulfill the obligations of the Philippines in ASEAN with the Bureau of Customs as the lead agency. With the NSW importers and exporters can transact with 40 National Government Agencies through a single internet window or web-page. A BOQ Satellite Office was opened in Kalibo, Aklan in 2010; it coincided with the opening of the international airport in that area. Quarantine personnel from the Iloilo Quarantine Station are assigned there on-rotation basis.

In the area of tobacco control, DOH issued AO 2010-0013 requiring graphic health information on all tobacco packaging – a means to curb tobacco use and reduce its large socioeconomic costs due to health care expenditures and productivity losses.

IMPROVING THE AVAILABILITY OF AND ACCESS TO LOW-COST AND QUALITY ESSENTIAL MEDICINES AND OTHER HEALTH COMMODITIES

Improving access⁷ to quality medicines through the regulatory functions of the DOH was strengthened through RA No. 9711 and RA No. 9502. These were passed by Congress and signed as national laws in 2009 and 2008, respectively.

⁷ Access is defined by the NCPAM as having 20 essential drugs within one hour of walking from the household to the nearest health facility or medicine outlet.

Two (2) public consultations were conducted to help draft Implementing Rules and Regulations of RA No. 9711. *The Food and Drug Administration (FDA) Act of 2009*, created 4 centers to implement its provisions: (1) drug regulation and research; (2) food regulation and research; (3) cosmetic regulation and research; and the (4) device regulation, radiation health, and research (formerly the Bureau of Health Devices and Technology). FDA has satellite testing laboratories equipped with modern facilities and equipment, run by well-trained laboratory analysts. It consists of five sections, namely, antibiotics, drugs, toxicology, food chemistry and food microbiology testing laboratories. The FDA Satellite Laboratory for Mindanao (in Energy Park, Apokon, Tagum City) is already operational, while the one in Visayas (Jagobiao, Mandaue City, Cebu) will be in use only in 2011 when the facilities are completed. The FDA adopted several strategies to effect more efficient public service delivery (see FDA Circular No. 2010-010, dated May 24 2010):

[1] "no-noon break" policy [2] all applications for Certificate of Product Registrations, License to Operate laboratory analysis, permit, certification and other related transaction are accepted from 7:00 AM to 3:00 PM only; and [3] transactions with the Cashiers Section shall be until 4:00PM only, to allow time to prepare the Report of Collections and Deposits.

RA No. 9502, the *Universally Accessible Cheaper and Quality Medicines Act of 2008*, created the **National Center for Pharmaceutical Access and Management** (NCPAM) as the body to ensure implementation of provisions of the law. It, as well provided powers to the President of the Philippines, upon recommendation of the Secretary of Health, to regulate drug prices should other measures fail. Pursuant to RA 9502, an Executive Order was signed in July 2009 that imposes maximum retail drug prices for selected commonly used drugs and medicines in all public and private retail outlets. DOH expanded the **P100 Project**, i.e. low-cost quality drug packages prescribed,



dispensed, and sold at 100 pesos or less to the public. PhilHealth Board Resolutions No.1214 s. 2009 and No.1831 s. 2010 were signed: P100 is the only drug package that is reimbursable by PhilHealth as take-home medicines for all PhilHealth members. **The Botika ng Barangay (BnB) and Botika ng Bayan (BNB)** outlets were expanded; on the average, these medicines are 62 percent cheaper than the leading drugstore chain's lowest selling price (based on 2001 prices). A total of 1,171 BnBs were established in 2010; thus, there are now 16,297 BnBs and 2,256 BNBs strategically situated nationwide. The DOH stepped up efforts to promote high quality generic pharmaceutical products among producers, distributors, retailers, medical and dental practitioners and consumers. *Compliance is Wellness Campaign* featuring the Generic Mascot "Saver Generic" was launched in March 12, 2010, Manila where former President Arroyo witnessed the said activity.

In support of the implementation of the provisions of RA No. 9994, *The Expanded Senior Citizens Act of 2010*, ensuring 20 percent senior citizens' discount on the sale of medicines, the DOH issued AO No. 2010-0032, dated October 9, 2010, *Guidelines and Mechanisms to Implement the Provisions of Republic Act No. 9994*, otherwise known as *The Expanded Senior Citizens Act of 2010, on the Sale of Medicines and the Sharing of the 20% Senior Citizens Discount*. Senior citizens will now have the option to avail of either promotional campaigns and other forms of discounts on certain medicines by pharmacies, or the **Senior Citizens' discount**.

AO 2010-0008 was also issued changing the use of the phrase "no approved therapeutic claim" in all advertisement, promotional, and/or sponsorship activities or materials concerning food/dietary supplements. All advertisements of food/dietary supplements will now carry the message:



Mahalagang Paalala: Ang (name of product) ay hindi gamot at hindi dapat gamiting panggamot sa anumang uri ng sakit.

Key bottlenecks to access to quality medicines include monopolies and oligopolies among the pharmaceutical industry and other suppliers / traders of medical goods and technology technology, limited distribution to GIDA, irrational drug prescribing and dispensing among health professionals, irrational drug use among patients, and the limited capacity of FDA in monitoring drugs. These remain priority for policy action.

Botika ng Lalawigan of Oriental Mindoro (BLOM) is cited as best practice of private-public partnerships (PPP), an advocacy of President Aquino's administration. Under the able leadership of the Provincial Health Officer (PHO) Dr. Normando Quisumbig and a supportive and progressive set of local chief executives, BLOM implements the

P100 Project in, and supplies quality drugs to all its BnBs, RHUs and provincial hospitals. The PHO organized an Alliance of BnB Operators, which monitors performance and recognize outstanding BnBs; it reinforced availability of quality drugs among the populace and Municipal Health Officers in the province (to prescribe drugs from the BnB) through IEC strategies. Also as a Public-Private Partnership (PPP) effort, SM Prime Holdings Inc. offered the DOH to make use of their Activity Centers nationwide at no expense. Thus, **Generics Expo** events were held in SM Malls at Cebu, Clark, Davao and Baguio between August to November 2010. This partnership, together with other stakeholders aims to achieve the common objective in improving knowledge and education in quality and affordable generic medicines through the advocacy on the importance of using generic medicines and adhering to treatment regimens.

Licensing, Registration and Accreditation

The **FDA** registered 87,742 products and licensed 62,293 establishments. The **Bureau of Health Facilities and Services** issued Permit to Construct a Health Facility to 297 facilities, Permit to Operate a Health Maintenance Organization to 10 organizations, Permit for Remote Collection of Urine Specimen for Drug Test to 1,857 clinics. 23,572 Pre-Employment Medical Examinations were authenticated, and 153 complaints were resolved. 427 health facilities were monitored, and 1,812 hospitals (730 government, 1,082 in the private sector) were licensed (see Annex A Table 10).

The **Bureau of Quarantine** inspected for disease vectors and cleared 5,052 ocean-going vessels (including 2,769 ships) and 40,855 international aircrafts, implemented 1,206 plague and 12,232 yellow fever preventive operations for vector control. 2,491 inter-island vessels were inspected for compliance with sanitation policies, of which 2,395 ship sanitation certificates were issued. 12,274 water, food and food export samples were examined for bacteria. 1,319 food service establishments were inspected for compliance with sanitation policies. 10,220 aliens, stewards and food handlers were examined; 70,342 were immunized against yellow fever, cholera, typhoid fever and meningococcal infections, and 14,447 frontline workers of the BOC, the Ninoy Aquino International Airport, seaports and Provincial Quarantine Stations were vaccinated against AH1N1 virus

The **Bureau of Health Devices and Technology** licensed and accredited 2,813 x-ray and Radio Frequency Radiation facilities. 501 compliance monitoring visits were made to evaluate x-ray facilities, health/medical products/device and device establishments. Of 779 applications evaluated by the Bureau in 2010, 552 (or 71%) were issued certificates of product registration as health-related and medical devices. Of 785 applications evaluated and facilities inspected, 442 were issued medical device establishment licenses. 196 authorizations were issued to manufacturers/ importers/ distributors of appropriate health-related devices. 1,186 certifications were issued for appropriate toys 1,269 clearance-for-custom release for radiation and non-radiation emitting devices and toys.

FOOD & DRUGS

Registered Products Licensed Establishment

87,742 62,293

HEALTH FACILITIES & SERVICES

CONSTRUCTED OPERATED

297 Facilities 10 Organizations

REMOVED

1,857 Clinics

AUTHENTICATED

23,572 Pre-employment medical examination

RESOLVED

153 Complaints

MONITORED

427 Health Facilities

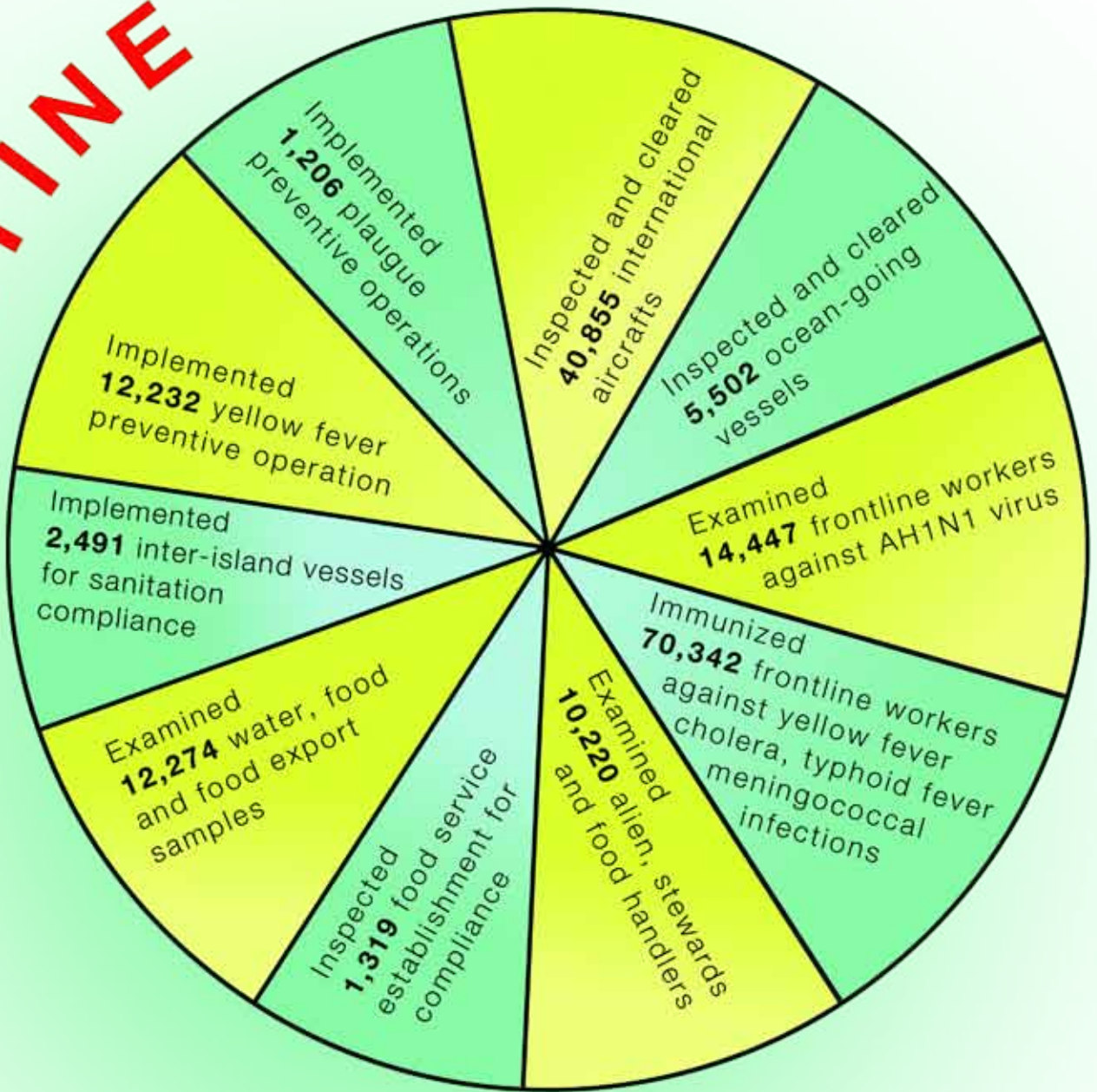
LICENSED

427 Hospitals

HEALTH DEVICES &



QUARANTINE



Licensed and Accredited

2,813 X-RAY & Radio Frequency Radiation Facilities

& TECHNOLOGY



HEALTH FINANCING

HEALTH FINANCING

President Noynoy Aquino’s inaugural address put forth Universal Health Care at center stage, vowing that quality health services be accessible by all. This approaches head on health financing problems the nation faces: health spending (3.5% of GDP in 2007⁸) is below average compared with similar income countries. (Figures 1 to 3 below, as well as Tables 11 to 14 in Annex A present the Philippine National Health Accounts from 2005 to 2007.) The Philippines spends only 6.8 percent of total government expenditures for health, also based on 2007 data, compared with the average of 9.9 percent in East Asia and Pacific Region⁹. Larger investments in personal health care than in public health services, and out of pocket spending from private sources characterize how health care is financed; these indicate a “sickly health system”. This result from underspending in health, fragmented health services and financing – (unintentional products of the devolution of health services to the local government units), “a health care system is highly inequitable thus providing weak protection specially to the

poor households; and at the facility level, institutional structures and incentives that are inappropriate and inadequate to yield good service performance¹⁰ ,all of which are manifestations of the “marginal impact of past reforms¹¹” .

In 2010, the DOH launched its **Health Financing Strategy: A Path towards Universal Health Care**, and proposed five-prong reform strategies in health care financing: first is to increase allocation for health to 5 percent of GDP by the year 2020. Mechanisms relevant to the NHIP include expanding and sustaining membership in social health insurance, and shifting to new provider payment mechanisms in PhilHealth. Allocating resources to the most appropriate funding agent (DOH, local governments and PhilHealth) upon better evaluation of performance, and securing fiscal autonomy of health facilities are envisioned to improve financial access to health services. Table 4, Annex B lists the relevant DOH orders on health care financing from 1999 to 2010.

Distribution of Health Expenditure by Use of Funds

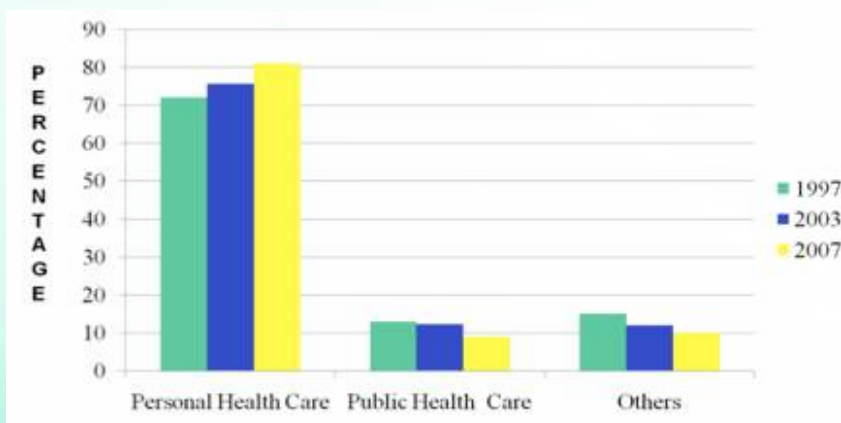


Figure 1

8 Philippine National Health Accounts 2005-2007

9 June 2010. Philippines: Health Sector Review. World Bank

10 _____, 2010 Legislative Mapping for the Health Care Financing Strategy of the Philippines.

11 Lagrada L. 2010. Health Financing Strategy: A Path towards Universal Health Care.

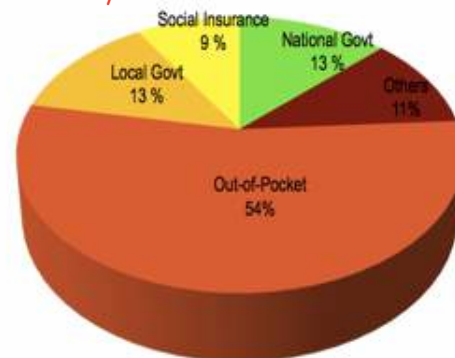
PhilHealth Accreditation

REFOCUSING THE NATIONAL HEALTH INSURANCE PROGRAM (NHIP)

The NHIP serves as the main lever to effect desired changes and outcomes in the implementation of health reforms. The cumulative aggregate registration to NHIP totals 22.44 million members as of December 2010. To complement the regular registration activities conducted by PhilHealth, the first **Nationwide PhilHealth Registration Day** was launched in October 2, 2010 to enroll the informal sector under the Individually Paying Program (IPP) and to advocate for more membership to the NHIP. This activity served 266,336 clients, 14 percent of whom enrolled under the IPP and 23 percent updated their membership data records. In addition, NHIP cards were distributed to 122,495 Sponsored Program members. By December 2010, 6.04 million indigent members were enrolled under the Sponsored Program. A PhilHealth Board Resolution was passed adopting the **National Household Targeting System** (NHTS) as the mechanism to identify the poorest families in the country. As of December 2010, the Department of Social Welfare and Development identified 4,213,225 of the poorest households. The total NHIP benefit payouts reached PhP 30.51 billion for 3.48 million claims. This was translated to an average value of PhP 7,930.00 per claim. The Sponsored Program members received a cumulative of PhP 6.6 billion benefit payouts, both for in-patient and out-patient services. The privately employed members, constituting 35 percent of the membership, filed 33 percent of the claims and received about 34 percent of the total benefit payments.

21,338 professionals	4,972 Facilities
<ul style="list-style-type: none"> 9,823 general practitioners 10,981 medical specialists 180 dentists 354 midwives 	<ul style="list-style-type: none"> 1,602 hospitals 59 ambulatory surgical clinics 1,404 rural health units 116 authorized hospitals 56 free-standing dialysis clinics 813 TB-DOTS Centers 742 maternity care clinics <p style="margin-top: 10px;">Only 89% of almost 1,800 DOH-licensed hospitals are accredited by PhilHealth</p>

Distribution of Health Expenditure by Use of Funds 2007



Total health expenditure = 234.3B or 3.2 percent of GNP

Source: Philippine National Health Accounts, 2007

Figure 2

Trends of Expenditure by Source of Funds

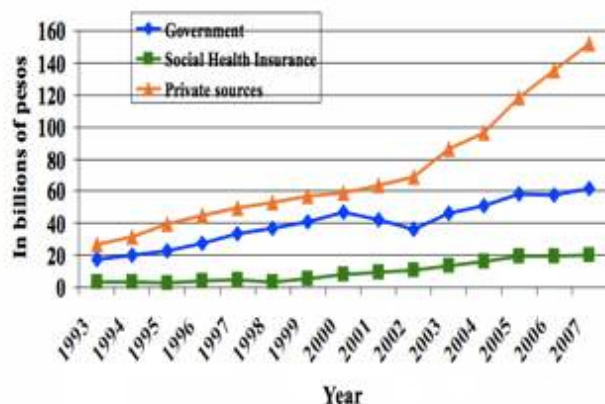


Figure 3

HIGHLIGHTS OF THE 2010 DOH FINANCIAL REPORT

In order to pursue the continuing reforms in the health sector, the DOH proposed PhP 33.7 billion as its budget for 2010. This would thus allocate PhP 358 per Filipino. This represents only 2.2 percent of the total government budget; however, Figure 4 shows the increased government spending for health in the recent years. Figure 5 shows the budget allocation of the DOH central office, its attached corporations and LGU allocation.

The DOH Central Office gets the biggest share, but this includes commodities for public health services allocated to regional CHDs and hospitals to assist local governments. The collective maintenance and other operating expenses accounts for the biggest share in the budget allocation; a significant increase in the capital outlay beginning 2008 is also noted. In terms of distribution by major island groups, Luzon historically receives the largest, followed by Mindanao, then the Visayas. This is also followed in 2010. Refer to Figures 6 to 8.

Distribution of Health Expenditure by Use of Funds

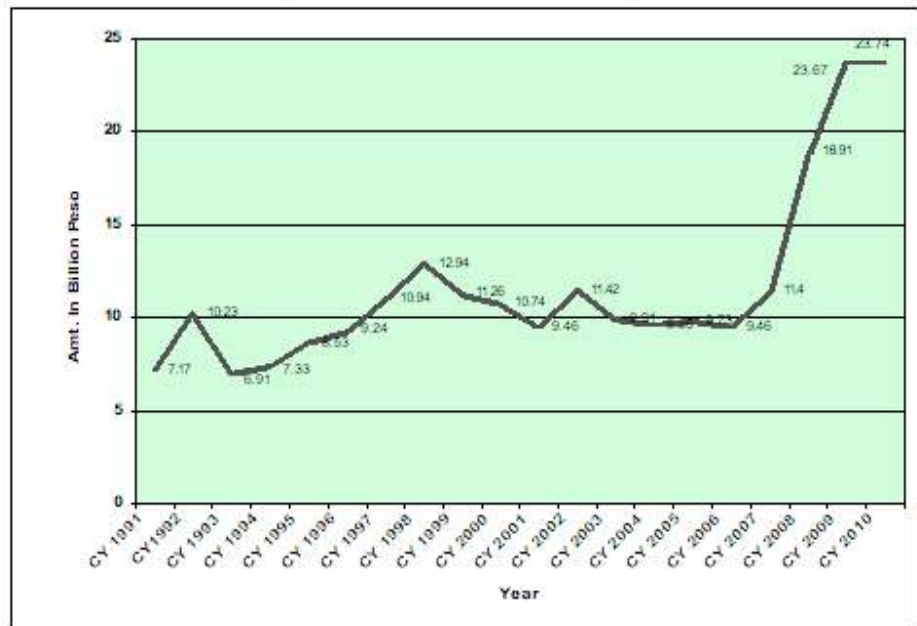


Figure 4

DOH Budget for Fiscal Year 2010

DOH and Attached Agencies	Budget
	(in '000 pesos)
Department of Health	
DOH Proper*	23737605
Commission on Population*	267368
National Nutrition Council*	3868950
Attached Corporations	
Lung Center of the Philippine	157560
National Kidney and Transplant Institute	185000
Philippine Children's Medical Center	237000
Philippine Heart Center	185000
Philippine Institute of Traditional and Alternative Health Care	40000
Allocation to Local Government Units	
Premium subsidy to indigents under the NHIP	5000000
Total	33678483

Figure 5

Allocation by Administrative Level,
FY 2006-2010 (in billion pesos)

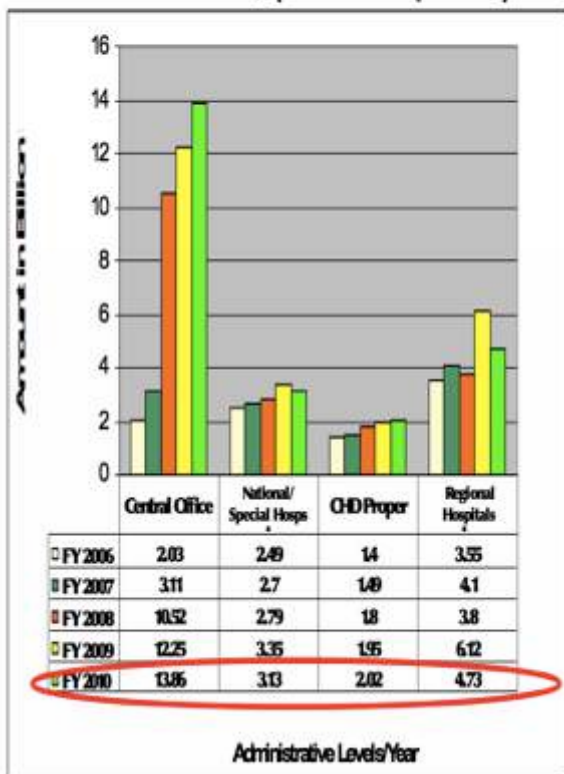


Figure 6

Allocation by Expense Class,
FY 2006-2010 (in billion pesos)

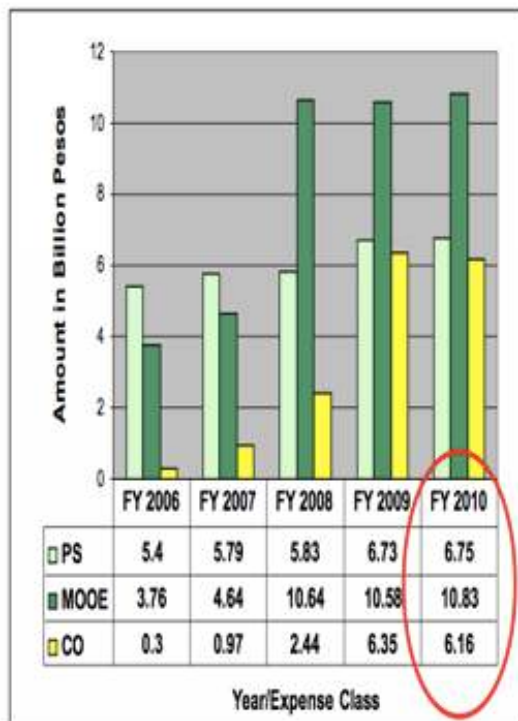


Figure 7

Allocation by Geographical Areas,
FY 2006-2010 (in billion pesos)

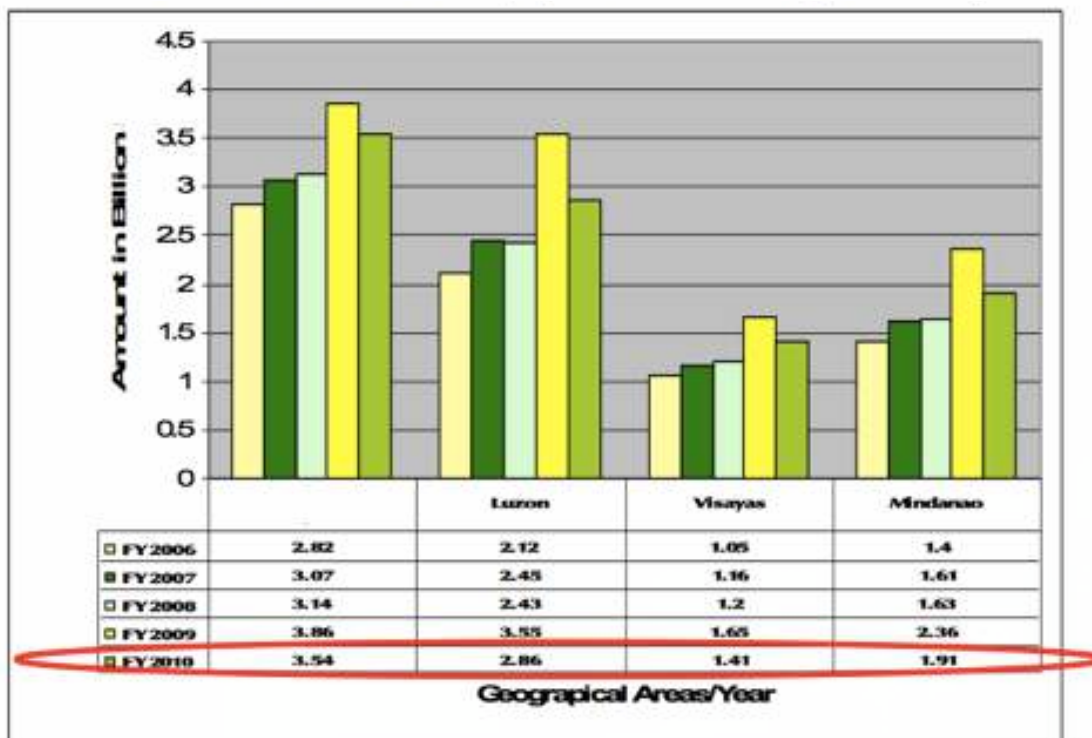


Figure 8

DIRECTIVES FOR HEALTH BY PRESIDENT BENIGNO S. AQUINO III

ACCOMPLISHMENTS IN THE TRANSITION PERIOD

DIRECTIVES FOR

The year 2010 saw the transition of DOH leadership from Secretary Dr. Francisco Duque to Dr. Esperanza Cabral, then finally, Dr. Enrique Ona. Under the P-Noy administration, Secretary Ona has the task to steer the health sector towards achieving **Universal Health Care for ALL Filipinos**, its main goal. That is, efforts directed towards ensuring the achievement of the health system goals of better health outcomes, sustained health financing and responsive health system means ensuring that all Filipinos, especially the disadvantaged groups, in the spirit of solidarity, have equitable access to affordable health care.

This section of the 2010 DOH Annual Report lists accomplishments of the Department on P-Noy's immediate directives for health.

PRESIDENTIAL DIRECTIVES TOWARDS ENLIGHTENED LEADERSHIP AND GOOD GOVERNANCE OF THE HEALTH SECTOR

• “KUNG WALANG CORRUPT, WALANG MAHIRAP”

The DOH organized the **Integrity Development Committee** (IDC) a permanent committee under the Office of the Secretary and currently headed by an Assistant Secretary of the Field Implementation Management Office. It is tasked to advocate, formulate, implement, and monitor policies on anti-corruption measures, programs and collaborations with the non- governmental organizations and civil society groups.



• “WALANG WANG-WANG”

The DOH has existing policies against abuse of authority; advocacy was renewed. Issued was AO No. 2009-004 where norms of behavior, policy on nepotism, gift giving, conflict of interest, whistle blowing and public disclosure are incorporated and harmonized with RA 6713 and other Civil Service Laws but with stricter provisions. Likewise issued was AO No. 2007-0042 institutionalizing the DOH norms of behavior primarily focusing on equality, transparency, teamwork, efficiency and effectiveness.

• “WALANG LAMANGAN
WALANG PADRINO”

The DOH AO No.65 s.1990 prohibits the employment of family related members within 3rd Degree of affinity and consanguinity in the same department /institution, hospital or office under the DOH. DOH AO No.14 s.1996 constituted a promotions and selection board to truly comply with the merit and fitness criteria of applicants to best suit and fulfill the duties, responsibilities and authority vested in the position.

• “WE WILL CUT RED TAPE DRAMATICALLY
AND IMPLEMENT STABLE ECONOMIC POLICIES”

The DOH required all its agencies to post their respective Citizens Charter in a dialect known to the community with the required information for appropriate guidance of the transacting public. The directive also includes the provision of a public assistance unit and complaint desk for easy interaction and feed-back from / with the general public.

• “SA ADMINISTRASYON PO NATIN,
WALANG KOTA-KOTA, WALANG TONGPATS,
AT PERA NG TAUMBAYAN AY GAGASTUSIN
PARA SA TAUMBAYAN.”

As part of the anti-corruption campaign, the DOH strengthened its advocacy for the “No Gifts Policy”. More vivid campaign posters have been crafted for dissemination to all offices, bureaus, Centers for Health Development, attached agencies and hospitals to convey the message of the Department.

• “ANG ANUMANG PAGBABAGO AY
NAGMULA SA PAGSIGURO NATIN NA
MAGWAKAS NA ANG DATING PAGIGING
MALUHO AT PAGWAWALDAS. KAYA NGA PO
MULA NGAYON ITITIGIL NA NATIN ANG
PAGLULUSTAY NG SALAPI NG BAYAN.”

DOH adopts the Electronic National Government Accounting System (eNGAS) and pushed for the strengthening and computerization of the Financial Management Center, which interlinks databases into a single viewable data window. Finance management records are thus linked to the procurement service and as well as to the materials management warehousing office.

• “PANANAGUTIN DIN NATIN ANG MGA
CORRUPT SA GOBYERNO”

The DOH IDC drafted amendments to the DOH *Procedures on Handling Complaints* to address and facilitate a just execution for any complaint /case filed against erring officials /employees of the Department.

• “PAPAIGTINGIN NAMIN ANG PROSESO
NG KONSULTASYON AT PAG UULAT
SA TAUMBAYAN. SISIKAPIN NAMING
ISAKATUPARAN ANG NAKASAAD SA
ATING KONSTITUSYON NA KINIKILALA
ANG KARAPATAN NG MAMAYAN NA
MAGKAROON NG KAALAMAN UKOL SA MGA
PAMPUBLIKONG ALINTANA.”

To facilitate feedback mechanism and integration / reaction with the public, the DOH established the

Sumbangan ng Bayan through its web portal “*May isumbong ka ba?*”. It aims to facilitate and serve the public by addressing any concern, complaint and / or grievance. All 16 DOH CHDs established functional IDCs and Public Assistance Unit to address immediate concerns of the public. The *Bilis Action Partner* for DOH was updated with the Civil Service Commission’s Public Assistance and Information Office.

PRESIDENTIAL DIRECTIVES TOWARDS APPROPRIATELY DELIVERED ESSENTIAL HEALTH SERVICES

· PRESIDENT AQUINO DECLARED, “THE AQUINO ADMINISTRATION WILL GO BEYOND ENSURING THAT EACH FILIPINO HAS A PHILHEALTH CARD. UNIVERSAL HEALTH CARE MEANS THAT EVERY PHILHEALTH CARDHOLDER WILL GET NOT MERELY THE CARD, BUT MORE IMPORTANT, THE ESSENTIAL HEALTH SERVICES, BASIC NECESSITIES AND APPROPRIATE QUALITY HEALTH CARE”.

· “UPGRADE HEALTH FACILITIES, FOR EASY ACCESS AND DELIVERIES ARE MANAGED IN EMERGENCY OBSTETRICS AND NEWBORN CARE.”

In August 31, 2010, the National Center for Health Facility Development (NCHFD) endorsed the preliminary listing of facilities to be upgraded to their respective CHD offices for evaluation, validation, costing revision. The list of additional BEmONC facilities feasible for upgrading was also included.

· “THE DOH TO ENSURE THAT THE BOTTOM LINE OBJECTIVE - OF ALLOWING LGU HEALTH FACILITIES TO UNDERTAKE ECONOMIC ACTIVITIES (THAT IS, ESTABLISH INCOME-GENERATING HEALTH FACILITIES) - IS STILL THE PROVISION OF HEALTH SERVICES.”

The Health Care Financing Strategy 2010-2020 encourages LGU health facilities to start retaining their income to fund recurrent costs (or MOOE) to ensure that services are always available to their catchment population, particularly the poor. The DOH, through the Health Facilities Enhancement Program, invested in upgrading the LGU health facilities (i.e. BHS, RHU, Level 1 and 2 hospitals) to enable PhilHealth accreditation. This is to ensure the quality of services provided by these facilities and to promote the gate-keeping function at the local level.

· “LOOK INTO THE REPORTED CASES OF LEPROSY IN ILOCOS SUR AND ILOCOS NORTE, AND PRESCRIBE THE APPROPRIATE REMEDIAL MEASURES THERETO”

P-Noy based this statement on data of reported cases (December 2009): where in Ilocos Norte – 26 cases were reported (Paucibacillary – 2 cases; Multibacillary – 24 cases) and Ilocos Sur, 25 cases (Paucibacillary – 2 cases; Multibacillary – 23 cases). Measures undertaken by DOH, hence, include provision of multiple drug therapy to identified patients, and conducted monthly monitoring of patients for treatment compliance at the Skin Clinic by the Provincial Leprosy Coordinator and regular household survey by the Rural Health Center Program Coordinator. The LGU

health staff also performed case finding activities to locate the source of the disease and *Kilatis Kutis* campaign to encourage person with skin disease to visit the nearest Rural Health Unit in the area.

- “PUBLICIZE THE ACTIONS BEING UNDERTAKEN BY AGENCIES WITH REGARD TO THE DENGUE OUTBREAK.”

DOH conducted press conferences on the dengue outbreak and media (print and TV stations) placement of dengue advisories, infomercials, press releases. The DOH website is utilized for public information on DOH initiatives on dengue prevention and control.

- “MOBILIZE, IN COORDINATION WITH THE DOH, BARANGAY TANODS IN DISSEMINATING INFORMATION ON DENGUE, ESPECIALLY ITS RISKS AND WAYS TO PREVENT IT.”

The Secretary called on the LGUs to mobilize *barangay dengue brigades* in their respective localities for a once a week community-wide clean up drive and information dissemination campaign. He further instructed the DOH Regional Offices to collaborate and coordinate with Department of Interior and Local Government and Department of Education for such activities.

- “ENSURE THAT ESSENTIAL QUALITY DRUGS BECOME MORE AFFORDABLE AND ACCESSIBLE TO FILIPINOS, ESPECIALLY THE POOR.”

- “WORK ON THE MECHANICS ON HOW THE AGENCY CAN PROVIDE THE COMPLETE SET OF ANTIBIOTICS NEEDED BY INDIGENT PATIENTS TO SUPPORT THEIR RECUPERATION AND PREVENT GROWTH OF RESISTANT BACTERIA.

The NCPAM, in collaboration with the Research Institute for Tropical Medicine Antimicrobial Resistance Program and the WHO, is in the process of establishing a *National Rational Drug Use Program*. The Terms of Reference has been drafted and is now being reviewed by the NCPAM Program Director to be submitted to WHO for approval and funding support. Under this proposal, a more systematic solution to address the problem of irrational antimicrobial use (and its attendant wastage of resources, among other) is proposed. NCPAM is also in the process of consolidating clinical practice guidelines from different medical societies as basis for the standard for rational use of antibiotic in treating different infections. In addition, the *P100* program began retailing packs of medicines with a complete regimen of selected medicines, especially antibiotics, at the lowest price



possible. These are sold at DOH- retained hospitals pharmacies on a pilot basis. If this initiative yields favorable results, the step to give antibiotics for free to indigents will then be considered under the entitlement program.

- “PROMOTE REPRODUCTIVE HEALTH AS A MEANS TO ENSURE THE HEALTH AND WELFARE OF FILIPINO FAMILIES.”

- “CONTINUE THE RESPONSIBLE PARENTHOOD SEMINARS TO PROVIDE INFORMATION ON DIFFERENT FAMILY PLANNING METHODS SUCH AS BIRTH SPACING.”

The Commission on Population is coordinating with Department of Social Welfare and Development (DSWD) and the DOH on the integration on these Agencies’ existing manuals, standards, guides and other documents that may serve as additional basic references for the conduct of the Family Development sessions, presently being spearheaded by the DSWD. It is also updating its modules

on Responsible Parenthood to possibly include artificial family planning methods and Natural Family Planning. Regional Population Offices have started coordinating with DSWD and CHD regional counterparts for appropriate collaboration on the implementation of the 4Ps especially on the conduct on the Family Development sessions.

PRESIDENTIAL DIRECTIVES TOWARDS HEALTH FINANCING THAT LESSENS THE IMPACT OF EXPENDITURES ESPECIALLY AMONG THE POOREST AND THE MARGINALIZED SECTOR

- “PALAKASIN NATIN ANG KOLEKSYON AT PUPUKSAIN NATIN ANG KORAPSYON... PARA MAPONDOHAN NATIN ANG ATING HINAHANGAD PARA SA LAHAT, TULAD NG SERBISYONG PANGKALUSUGAN...”

The budget allocation for the DOH increased by 13.6 percent from PhP 29.3 billion in 2010 to PhP 31 billion for 2011.



• “MAIPATUPAD ANG PLANO NATIN SA PHILHEALTH. TULAD NG PHILHEALTH PARA SA LAHAT SA LOOB NG TATLONG TAON.”

• “...TUTUKUYIN NATIN ANG TUNAY NA BILANG MGA NANGANGAILANGAN NITO. NGAYON PA LANG, KUMILOS NA SI SECRETARY DINKY SOLIMAN AT ANG DSWD UPANG IPATUPAD ANG NATIONAL HOUSEHOLD TARGETING SYSTEM (NHTS), NA MAGTUTUKOY SA MGA PAMILYANG HIGIT NA NANGANGAILANGAN NG TULONG NITO...”

A nationwide PhilHealth Registration Day was conducted on October 2, 2010 to enroll poor families identified by the DSWD through the NHTS. President Aquino and Secretary Ona distributed PhilHealth cards during the PhilHealth Sabado in Baseco, Tondo, Manila. And as of December 31, 2010, 6.04 million indigent members were enrolled under the Sponsored Program.

In support to President’s commitment, PhilHealth Board approved the following resolutions:

- PhilHealth Board Resolution (PBR) 1478 – Resolution approving special contribution rates for calendar year 2011 on the enrollment of 4.7 million households under the NHTS of the DSWD and on the renewal of existing 6.04 million families under the existing sponsored program in calendar year 2010

- PBR 1479 – Resolution approving the implementation of the partial subsidy scheme for the coverage of women micro entrepreneurs, small self-employed and underground economy workers of the informal sector which is under special provision no. 12, will compromise around 1.25 million families.

PRESIDENTIAL DIRECTIVES TOWARDS PUBLIC- PRIVATE PARTNERSHIP (PPP) AND INFRASTRUCTURE DEVELOPMENT

• “MULA SA MGA PPP LALAGO ANG ATING EKONOMIYA AT BAWAT PILIPINO MAKIKINABANG. MAIPAPATAYO NA PO ANG IMPRASTRUKTURANG KAILANGAN NATIN PARA PALAGUIN ANG TURISMO.”

The DOH Task Force for PPP, Research Institute for Tropical Medicine and Philippine Orthopedic Center Project Management Teams were organized in 2010. Letters of intent for PPP projects for RITM and Philippine Orthopedic Center were submitted to Project Development and Monitoring Facility of the PPP Center of the Philippines

ANNEX A. HEALTH STATISTICS AND RELEVANT HEALTH SERVICE DELIVERY ACCOMPLISHMENTS

TABLE 1: 2010 Population Distribution by Sex, by Region

Region	Male	Female	Both Sexes
Philippines	47,263,600	46,749,600	94,013,200
National Capital Region	5,677,900	5,874,200	11,552,100
Cordillera Administrative Region	858,900	835,500	1,694,400
1	2,599,000	2,573,900	5,172,900
2	1,715,900	1,649,500	3,365,400
3	5,090,100	5,069,200	10,159,300
4A (Calabarzon)	5,920,900	5,983,200	11,904,100
4B (Mimaropa)	1,545,000	1,473,000	3,018,000
5	2,916,200	2,755,300	5,711,500
6	3,818,800	3,759,200	7,578,000
7	3,527,500	3,501,800	7,029,300
8	2,264,900	2,182,600	4,447,500
9	1,766,100	1,721,300	3,487,400
10	2,199,800	2,149,500	4,349,300
11	2,224,500	2,137,900	4,362,400
12	2,069,700	2,010,700	4,080,400
Administrative Region for Muslim Mindanao	1,765,900	1,785,900	3,551,800
CARAGA	1,302,500	1,246,900	2,549,400

Source: www.census.gov.ph

TABLE 2: 2010 Population Distribution by Age Group

Age Group	Male	Female	Both Sexes
0 – 4	5,619,400	5,365,400	10,984,800
5 - 9	5,289,200	5,081,100	10,370,300
10 -14	5,006,300	4,795,200	9,801,500
15 – 19	4,900,900	4,702,400	9,603,300
20 – 24	4,478,600	4,378,900	8,857,500
25 – 29	3,940,800	3,951,200	7,892,000
30 – 34	3,474,900	3,526,600	7,001,500
35 – 39	3,013,200	2,995,200	6,008,400
40 - 44	2,737,600	2,704,700	5,442,300
45 - 49	2,376,700	2,325,400	4,702,100
50 – 54	1,974,500	1,957,100	3,931,600
55 – 59	1,521,500	1,529,300	3,050,800
60 – 64	1,122,800	1,185,000	2,307,800
65 – 69	735,700	823,600	1,559,300
70 – 74	533,700	655,700	1,189,400
75 – 79	298,500	402,000	700,500
80+	239,300	370,800	610,100
All Ages	47,263,600	46,749,600	94,013,200

Source: www.census.gov.ph

TABLE 3. Early Childhood Mortality Rates, Per 1,000 Live Births

Neonatal, postneonatal, infant, child, and under- five mortality rates for five- year periods preceding the survey, Philippines 2008

Years preceding the survey	Approximate calendar years	Neonatal mortality	Postneonatal mortality ¹	Infant mortality	Child mortality	Under-five mortality
0-4	2004-2008	16	9	25	9	34

¹Computed as the difference between the infant and neonatal mortality rates

Source: National Demographic and Health Survey (NDHS), 2008

TABLE 4: Early Childhood Mortality Rates (Per 1,000 Live Births) By Demographic Characteristics

Neonatal, postneonatal, infant, child, and under- five mortality rates for 10- year period preceding the survey, Philippines 2008

Demographic Characteristics	Neonatal mortality	Postneonatal mortality ¹	Infant mortality	Child mortality	Under-five mortality
Child's Sex					
Male	20	11	31	10	41
Female	13	11	25	9	34

¹Computed as the difference between the infant and neonatal mortality rates

Source: NDHS 2008

TABLE 5: Fully Immunized Children (FIC), CY 2007- 2010:

Year	Eligible Population	FIC	
		Number	%
2007	2,390,796	2,166,494	91%
2008	2,442,344	2,228,090	91%
2009	2,490,118	2,190,167	88%
2010	2,538,356	2,130,576	84%

Source: Expanded Program on Immunization, National Center for Disease Prevention and Control, DOH

TABLE 6. Status of Progress towards the Millennium Development Goals, Philippines

Indicators	2015 Targets	Accomplishment
MDG 1:		
Prevalence of underweight children under 5 years of age	13.7	20.6 (NNS, 2008)
% of households w/ per capita energy less than 1005 adequacy	37.1	66.9 (NNS, 2008)
MDG 4:		
Under 5 mortality rate	26.7 per 1,000 live births	34 (NDHS, 2008)
Infant mortality rate	19.0 per 1,000 live births	25 (NDHS, 2008)
MDG 5:		
Maternal mortality ratio	52 per 100,000 live births	95-163 (NSCB, 2010)
Proportion of births attended by skilled health professional	85.0	62 (NDHS, 2008)
MDG 6:		
Prevalence of HIV/AIDS among high risk groups	<1%	<1%
Malaria morbidity rate	6.6/100,000	21.6/100,000 (2009)
Malaria mortality rate	<0.03	0.03 (2009)
TB morbidity rate	398/100,000	480/100,000 (2010 WHO)
TB mortality rate	33.0	41.0 (2007)
TB case detection rate	85%	75.3% (2008)
TB cure rate	85%	79% (2008)
MDG 7:		
Proportion of households with access to safe water	86.5	82.3 (FHSIS, 2008)
Proportion of households with sanitary toilet facility (%)	83.8	76.8 (FHSIS, 2009)
MDG 8:		
Proportion of population with access to essential drugs (population with access to BnBs)	85%	73% (NCPAM, 2009)

TABLE 7. Expanded Program on Immunization, 2010

CHDs	Total Population (NSO)	Eligible Population	FIC	
			No.	%
NCR	11,552,100	311,907	289,782	93
CAR	1,694,400	45,749	34,110	75
I	5,172,900	139,668	113,925	82
II	3,365,400	90,866	76,116	84
III	10,159,300	274,301	228,746	83
IV-A	11,904,100	321,411	274,919	86
IV-B	3,018,000	81,486	66,539	82
V	5,711,500	154,211	121,355	79
VI	7,578,000	204,606	155,322	76
VII	7,029,300	189,791	158,580	84
VIII	4,447,500	120,083	92,534	77
IX	3,487,400	94,160	85,149	90
X	4,349,300	117,431	110,035	94
XI	4,362,400	117,785	101,594	86
XII	4,080,400	110,171	96,888	88
CARAGA	2,549,400	68,834	59,852	87
ARMM	3,551,800	95,899	65,130	68
TOTAL	94,013,200	2,538,356	2,130,576	84

TABLE 8. CY 2010 Annual Rabies and Bite Victim Report

Animal Bite Category				HR
Cat I	Cat II	Cat III	Total	No.
13,511	132,211	90,644	236,366	245

Post-Exposure Prophylaxis (PEP)			PEP Coverage
TCV	HRIG	ERIG	%TCV
191,465	1,316	23,723	85.9%

TABLE 9. Status of 2010 Health Facilities Enhancement Program Projects

HFEP 2010	Total Projects	Pre-Procurement Stage		Bidding Stage		On-going works/deliveries		Completed	
		No.	%	No.	%	No.	%	No.	%
Equipment	67	0	0	5	7%	42	63%	20	30%
Infra	337	0	0	24	7%	249	74%	64	19%
TOTAL	404	0	0	29	7%	291	72%	84	21%

Source: National Center for Health Facility and Development (NCHFD)

TABLE 10. Number of Licensed Hospitals as of December 31, 2010

	Government	Private	Total
Level 1	370	411	781
Level 2	268	415	683
Level 3	42	187	229
Level 4	50	69	119
Total	730	1,082	1,812

Source: Bureau of Health Facilities and Services

TABLE 11. Total Health Expenditures, 2005 to 2007 (The Philippine National Health Accounts)

ITEM	2005 ¹	2006	2007	Average Annual Growth Rate, 2005-2007
Total Health Expenditure (in million pesos, at current prices)	198,398	216,413	234,321	
Total Health Expenditure Growth Rate (in percent, at current prices)		9.1	8.3	8.7
Total Health Expenditure (in million pesos, at constant 1985 prices) ²	47,418	49,586	51,564	
Total Health Expenditure Growth Rate (in percent, at constant 1985 prices)		4.6	4	4.3

¹Revised

²Derived using the consumer price index (CPI) for all items

TABLE 12. Total Health Expenditure as Percent of GDP and GNP, 2005 to 2007

ITEM	2005 ¹	2006	2007	Average Annual Growth Rate, 2005-2007
Total Health Expenditure (in billion pesos, at current prices)	198.4	216.4	234.3	8.7
Gross Domestic Product (GDP, in billion pesos, at current prices) ²	5,444.00	6,031.20	6,648.60	10.5
Gross National Product (GNP, in billion pesos, at current prices) ²	5,891.20	6,532.10	7,230.10	10.8
Health Expenditure as % of GDP	3.6	3.6	3.5	-1.7
Health Expenditure as % of GNP	3.4	3.3	3.2	-1.9

¹Revised

²National Statistical Coordination Board, National Accounts of the Philippines with Consolidated Accounts, Income and Outlay Accounts, CY 2004 to 2006, May 2010.

TABLE 13. Health Expenditure by Source of Funds, 2005 to 2007

Source of funds	Amount (in million pesos)			Growth Rate 2005 - 2006	Growth Rate 2006 - 2007	Average Annual Growth Rate 2005 - 2007
	2005 ¹	2006	2007			
GOVERNMENT	58,474	57,475	61,507	(1.7)	7.0	2.6
National Government	30,416	27,001	30,441	(11.2)	12.7	0
Local Government	28,058	30,475	31,066	8.6	1.9	5.2
Social Insurance	19,360	19,098	19,972	(1.4)	4.6	1.6
National Health Insurance Program	19,270	19,005	19,838	(1.4)	4.4	1.5
Employees' Compensation	90	93	134	3.3	43.7	21.9
Private Sources	118,293	135,376	151,909	14.4	12.2	13.3
Private Out-of-pocket	97,562	113,087	127,346	15.9	12.6	14.2
Private Insurance	4,112	3,924	4,175	(4.6)	6.4	0.8
Health Maintenance Organizations	8,853	10,097	11,941	14.1	18.3	16.1
Employer-Based Plans	5,699	5,813	5,821	2.0	0.1	1.1
Private Schools	2,068	2,455	2,627	18.7	7.0	12.7
Rest of the World	2,271	4,463	933	96.6	(79.1)	-35.9
Grants	2,271	4,463	933	96.6	(79.1)	-35.9
ALL SOURCES	198,398	216,413	234,321	9.1	8.3	8.7

1/ Revised

TABLE 14. Distribution of Health Expenditure by Source of Funds, 2005 to 2007

Source of funds	Percent Share		
	2005 ¹	2006	2007
GOVERNMENT	29.5	26.6	26.2
National Government	15.3	12.5	13
Local Government	14.1	14.1	13.3
Social Insurance	9.8	8.8	8.5
National Health Insurance Program	9.7	8.8	8.5
Employees' Compensation ²	0.0	0.0	0.1
Private Sources	59.6	62.6	64.8
Private Out-of-pocket	49.2	52.3	54.3
Private Insurance	2.1	1.8	1.8
Health Maintenance Organizations	4.5	4.7	5.1
Employer-Based Plans	2.9	2.7	2.4
Private Schools	1	1.1	1.1
Rest of the World	1.1	2.1	0.4
Grants	1.1	2.1	0.4
ALL SOURCES	100	100	100

¹Revised

²less than 0.05 in 2005 and 2006

ANNEX B. DOH POLICIES ISSUED IN 2010

TABLE 1. DOH Policies Relevant to Good Governance

Number	Title	Date
2010-0007	National Framework for Quality in Health	1/6/2010
2010-0006	Amendment to Administrative Order No. 2009-0022 on Guidelines on the Determination of Funds for Transfer to Local Government Units Year 2010	1/6/2010
2010-0016	Guidelines on the Process Flow of Communication within the Department of Health	6/18/2010
2010-0010	Amendment to Department Order No. 2006-0050 dated September 27, 2006 re: Rationalization of Cellular Phone Expenses	1/4/2010
2010-0012	Guidelines on the Release, Utilization and Liquidation of Funds Transferred to CHD IV-B for the Project Orientation - Constituency Building Seminar for the Province of Romblon from January 21 - 22, 2010 (DOH HPDPB Bloomberg Project)	1/6/2010
2010-0016	Guidelines for the Sub-Allotment and Utilization of Funds to National Center for Mental Health for the Reimbursement of Expenses Incurred in the Implementation of E-NGAS, HOMIS and Hospital Preparedness for Influenza A (H1N1)	1/15/2010
2010-0018	Guidelines for the Sub-Allotment of Funds to CHD for Bicol Region, Eastern Visayas and Zamboanga Peninsula to Cover the Cash Incentives for the Top 3 National Barangay Winners in the 2009 National Search for Barangay with Best Sanitation Practices	1/15/2010

TABLE 2. DOH Policies Relevant to Service Delivery

Number	Title	Date
2010-0003	National Policy on Ambulance Use and Services	1/7/2010
2010-0004	Further Amendment to Administrative Order No. 177 s.2004 "Amendment to AO 171 s. 2004 on Policies and Guidelines to Implement the Relevant Provisions of Republic Act No. 9257, otherwise known as the Expanded Senior Citizens Act of 2003"	1/12/2010
2010-0008	Directive Specific to the Change in the Use of the Phrase "No Approved Therapeutic Claim" in all Advertisement, Promotional, and/or Sponsorship Activities or Materials concerning Food/Dietary Supplements	3/18/2010
2010-0009	Guidelines in the Prevention of Disabilities due to Lymphatic Filariasis	4/13/2010
2010-0010	Revised Policy on Micronutrient Supplementation to Support Achievement of 2015 MDG Targets to Reduce Underfive and Maternal Deaths and Address Micronutrient Needs of Other Population Groups	4/19/2010
2010-0013	Requiring Graphic Health Information on Tobacco Product Packages, Adopting Measures to Ensure Tobacco Product Packaging and Labelling Do Not Promote Tobacco By Any Means that are False, Misleading, Deceptive or Likely to Create an Erroneous Impression	5/12/2010
2010-0015	Revised Policy on Child Growth Standard	6/8/2010

CONTINUATION OF TABLE 2. DOH Policies Relevant to Service Delivery

2010-0017	Guidelines in Surveillance and Response to Adverse Events Following Immunization (AEFI)	6/18/2010
2010-0018	Revised National Policy on Living Non-related Donation and Transplantation and Its Implementing Structure Amending for the Purpose Administrative Order No. 2008-0004-A	6/23/2010
2010-0019	Establishment of a National Program for Sharing of Organs from Deceased Donors	6/23/2010
2010-008	Guidelines on the Utilization of Funds Sub-Alloted to the Center for Health Development - Eastern Visayas for Monitoring, Surveillance Operations, Conferences and Meetings to Sustain and Maintain the Status of Biliran as a Filariasis - Free Province 1/4/2010 do 2010-0024	1/4/2010
2010-0001	Guidelines for the Sub-Allotment and Utilization of Funds to the zonal Technical Offices of the FIMO	01/05/10
2010-0004	Guidelines for the Transfer and Utilization of Funds to Dr. Jose B. Lingad Memorial General Hospital	1/5/2010
2010-0002	Guidelines for the Sub-Allotment and Utilization of Funds to Selected Centers for Health Development for the Implementation of Various Activities relative to the DOH 2010 Red Orchid Awards	1/6/2010
2010-0005	Guidelines for the Sub-Allotment and Utilization of Funds to Western Visayas Sanitarium under CY 2010 Health Facilities Enhancement Funds for Government Hospital Upgrading	1/7/2010
2010-0003	Sub-Allotment Guidelines on the Disbursement / Utilization of the Treatment and Rehabilitation Program, GOP MOOE Funds, under the Office for Special Concerns for the Selected DOH - Treatment and Rehabilitation Centers for the Month of January 2010	1/8/2010
2009-0303	A Amendment to Department Order No. 2009-0303 dated November 20, 2009 re: Guidelines on the Utilization of GOP Funds Sub-Alloted to the Centers for Health Development for the Regional Epidemiology and Surveillance Units to Implement the Rapid Assessment	1/12/2010
2010-0027	Guidelines on the Utilization of Fund Sub-Allotment to the Centers for Health Development to Undertake the National and Zonal Review of the Rabies Program	01/15/10
2010-0029	Guidelines on the Utilization of Fund Sub-Allotment to the Centers for Health Development to Undertake Capability Building for the Control and Elimination of Rabies	01/15/10
2010-0025	Guidelines on the Utilization of Funds Sub-Alloted to the CHD - CARAGA for Monitoring, Surveillance Operations, Conferences and Meetings to Sustain and Maintain the Status of Agusan del Sur and Dinagat Islands Province as Filariasis-Free Provinces	1/17/2010

TABLE 3. DOH Policies Relevant to Health Regulation

Number	Title	Date
2006-0018-B	Amendment to AO2006-0018-A on the Addendum to Admin. Order No. 2006-0018 entitled “Implementing Guidelines for the Philippine National Drug Formulary System”	01/12/10
2010-0001	Policies and Guidelines for the Philippine National Blood Services (PNBS) and the Blood Services Networks (BSN)	01/15/10
2010-0002	Policies and Guidelines pertinent to the Establishment and Operation of Local Blood Councils to Support the Implementation of the National Voluntary Blood Services Program for Blood Safety and Adequacy, Quality Care and Patient Safety	
2010-0004	Further Amendment to Administrative Order No. 177 s. 2004 “Amendment to AO 171 s. 2004 on Policies and Guidelines to Implement the Relevant Provisions of Republic Act No. 9257, otherwise known as the Expanded Senior Citizens Act of 2003”	03/18/10
2010-0005	Establishment of the National Center for Pharmaceutical Access and Management (NCPAM) under the Office of the Secretary of Health	05/12/10
2010-0005-A	Amendment to AO 2010-0005 entitled Establishment of the National Center for Pharmaceutical Access and Management (NCPAM) under the Office of the Secretary of Health	07/09/10
2010-0006	Guidelines for the Sub-Allotment and Utilization of Funds to CHD Central Visayas for Sub-National Blood Center for the Visayas Formerly Region VII Blood Center	08/10/10
2010-0007	Guidelines for the Sub-Allotment and Utilization of Funds to CHD Southern Mindanao (Davao Region) for Davao Blood Center	07/19/10
2010-0008	Directive Specific to the Change in the Use of the Phrase “No Approved Therapeutic Claim” in all Advertisement, Promotional, and/or Sponsorship Activities or Materials concerning Food/Dietary Supplements	10/07/10
2010-0009	Guidelines on Utilization of Fund Sub-Allotment to the Research Institute for Tropical Medicine (RITM) for the Acquisition of Packaging Supplies of Various Biological Products	10/09/10
2010-0011	Amending Section 6 and Relevant Provisions of the Terms of Reference (TOR) of the National Codex Organization (NCO) Annexed to Joint DA-DOH Administrative Order (DA-AO No 01 S2008/DOH-AO No. 2008-0030) Issued on October 22, 2008	12/10/10
2010-0012	Policy Requiring Temporary Suspension of Acceptance by the FDA of Initial Applications for Drug Product Registration and Criteria for Refusal of Applications for Renewal of Drug Products with more than One Hundred Registered Pharmaceutical Formulations	12/14/10
2010-0013	Requiring Graphic Health Information on Tobacco Product Packages, Adopting Measures to Ensure Tobacco Product Packaging and Labeling Do Not Promote Tobacco By Any Means that are False, Misleading, Deceptive or Likely to Create an Erroneous Impression	01/06/10

CONTINUATION OF TABLE 3. DOH Policies Relevant to Health Regulation

2010-0014	Administration of Life-saving Drugs and Medicine by Midwives to Rapidly Reduce Maternal and Neonatal Morbidity and Mortality	01/07/10
2010-0014	Authority for CHD Western Visayas, Iloilo City and CHD Eastern Visayas, Tacloban City to Transfer Funds to Hospital Maintenance Service for the	01/08/10
2010-0015	Guidelines for the Sub-Allotment and Utilization of Funds to CHD VI (World Blood Donor Day and 4th National Blood Summit)	03/03/10
2010-0022	Policies in the Conduct of Psychological Examinations for Overseas Work Applicants	05/13/10
2010-0022-A	Amendment to AO2010-0022 entitled "Policies in the Conduct of Psychological Examinations for Overseas Work Applicants"	5/14/10
2010-0024	Requirement of Permit to Construct in the Establishment of Free-standing Screening Drug Testing Laboratories Nationwide	1/4/10
2010-0032	Guidelines and Mechanisms to Implement the Provisions of Republic Act No. 9994, otherwise known as "The Expanded Senior Citizens Act of 2010", on the Sale of Medicines and the Sharing of the 20% Senior Citizens' Discount	1/5/10
2010-0034	Revised Implementing Rules and Regulations Governing Massage Clinics and Sauna Establishments	01/05/10
2010-0035	Re-Centralization of the Issuances of Permit to Construct (PTC) for All Levels of Hospitals, License to Operate (LTO) for all New Hospitals and Renewal of LTO for Levels Three 930 and Four (4) Hospitals	01/14/10

TABLE 4. DOH Memorandum Circulars in Health Care Financing, 1999-2010

Memorandum Circulars	Title	Date
D.O. No. 2010-0156	Adoption of Benefit Delivery Rate (BDR) Approach as Basis of DoH Support to Health Investments	07/02/2010
A.O. No. 2010-0006	Amendment to A.O. No. 2009-0022 - guidelines on determining funds for transfer to LGUs in 2010	01/06/2010
A.O. No. 2009-0029	Implementing Guidelines of HCF Strategy 2010-2020	12/02/2010
A.O. No. 2009-0026	Implementing Guidelines for Institutionalizing the Estimation and Use of Local Health Accounts (LHA)	12/29/2009
A.O. No. 0003	Guidelines for Preparation of Annual Operational Plan for 2008 and yearly province-wide investment plan for health	01/07/2008
A O. No. 2007-0034	Guidelines in the Development of the Province-wide Investment Plan for Health	10/15/2007
A.O. No. 2005-0028	Implementing guidelines for FOURmula ONE for Health as Framework for Health Reforms	08/30/2005
A.O. No. 174 s. 2004	Implementing Guidelines for Refocusing Health Sector Reform Agenda (HSRA) Implementation	10/11/2004
A.O. No. 52 s. 1999	Finance Management Reform Program 2000-2002	12/02/1999



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