



**REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF HEALTH**



# ANNUAL REPORT 2013

DEPARTMENT OF HEALTH  
PHILIPPINES



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# ON THE ROAD TO *KALUSUGAN PANGKALAHATAN*

DOH 2013 Annual Report



Republic of the Philippines  
Department of Health



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## MESSAGE FROM THE SECRETARY OF HEALTH

The year 2013 saw the Department of Health take significant steps to achieve *Kalusugan Pangkalahatan* as we launched several initiatives to enable even more Filipinos to enjoy the benefits of universal health care.

Our commitment to attaining health-related Millennium Development Goals led the Department to mobilize health service providers in areas that need those most. In 2013, a total of 89 doctors, 21,929 nurses, 2,738 midwives, and 48,519 community health teams were deployed – ensuring better access to quality health services among Filipinos.

Improving access to quality hospitals and health care facilities requires the upgrading of DOH-retained hospitals, provincial hospitals, district hospitals, and rural health units all over the country. Through the Health Facilities Enhancement Program, the upgrading of 269 health facilities was completed in 2013.

To widen the reach of financial risk protection, PhilHealth increased membership through its Point of Care Enrollment Program. Moreover, our desire to enhance benefit coverage and to ensure customer satisfaction resulted in the move from Fee-for-Service to All Case Rates as well as the implementation of the Z-Morph Benefit Package.

2013 was the first year of implementation of the Sin Tax Law (RA 10351). Collections in incremental revenues for health of PhP45 billion, as certified by the Bureau of Internal Revenue, far exceeded the projected amount

of PhP 34 billion; PhP 30 billion of this was allocated for the 2014 implementation of health programs.

The Responsible Parenthood and Reproductive Health Law (RA 10354) received a status quo ante order in March 2013 requiring deferred implementation; meanwhile, the National Health Insurance Act of 2013 (RA 10606) was signed in June 2013.

When Super Typhoon Yolanda hit the country in November 2013, Filipinos quickly showed their selflessness and patriotism in various ways. The Department immediately responded, too, by providing emergency health services to all Filipinos affected by the destructive tropical storm.

The Department has continued to consistently provide the country with better and more responsive health programs and services. In 2013, President Aquino gave us an award for being the first agency under the executive branch with a department-wide Quality Management System under a single ISO 9001:2008 certification.

Allow us to share with you this Annual Report as a documentation of 2013 initiatives and achievements of the DOH and all stakeholders at the midterm period of the Aquino Administration, working towards a future where health is truly a right for all Filipinos.

ENRIQUE T. ONA, MD  
Secretary of Health

# PERFORMANCE HIGHLIGHTS

## OUTCOME 1. PUBLIC HEALTH MILLENNIUM DEVELOPMENT GOALS ACHIEVED

*All Filipinos—particularly the poor—are protected from preventable diseases and premature death.*

Considered the most successful global anti-poverty push in history, the pursuit of Millenium Development Goals (MDGs) is anchored on the collective commitment of governments, civil society organizations, and other key stakeholders worldwide. In the Philippines, the following efforts in 2013 contributed to the attainment of health-related MDGs:

### MDG 4 REDUCE CHILD MORTALITY

**2016 TARGET: UNDER-FIVE MORTALITY RATE OF 25.5 PER 1,000 LIVE BIRTHS**  
**BASELINE: 34**

NATIONAL DEMOGRAPHIC AND HEALTH SURVEY, 2008

**ACCOMPLISHMENT: 31**

(NATIONAL DEMOGRAPHIC AND HEALTH SURVEY, 2013)



### MICRONUTRIENT SUPPLEMENTATION

To address the deteriorating nutritional status of children under five years of age, the Department, through the Family Health Office, provided essential vitamins and minerals to 5.09 million children.

### EXPANDED PROGRAM ON IMMUNIZATION

In 2013, the number of fully immunized children reached 2,100,828 or 89 percent of the eligible population. Each fully immunized child received routinely scheduled vaccines against tuberculosis infections, diphtheria, pertussis, tetanus, polio, hepatitis, and measles. The measles immunization rate and the DPT3 immunization rate were 91 percent and 94 percent of the eligible population, respectively. In addition, 336,255 infants received the rotavirus vaccine, introduced in 2012, to combat infections that cause illness and death from diarrhea.





## MDG 5 IMPROVE MATERNAL HEALTH

**2016 TARGET: MATERNAL MORTALITY RATIO OF 50 PER 100,000 LIVE BIRTHS**

**BASELINE: 163**

NATIONAL STATISTICAL COORDINATION BOARD, 2010

**ACCOMPLISHMENT: 221** FAMILY HEALTH SURVEY, 2011

**63** FIELD HEALTH SERVICE INFORMATION SYSTEM, 2012

**120** WORLD BANK ESTIMATE, 2013



### IMPLEMENTING RULES AND REGULATIONS OF THE RESPONSIBLE PARENTHOOD AND REPRODUCTIVE HEALTH ACT

President Benigno Aquino, Jr. signed the Responsible Parenthood and Reproductive Health Act on December 21, 2012. After a series of public consultations, Secretary Enrique T. Ona signed its Implementing Rules and Regulations on March 15, 2013, at the Corazon Aquino Health Center and Lying-in Clinic in Baseco, Tondo, Manila. However, petitions to declare the Responsible Parenthood and Reproductive Health Law as unconstitutional and resulted in a status quo ante order of the law for 120 days on March 19, 2013, followed by an indefinite period starting July 16, 2013.

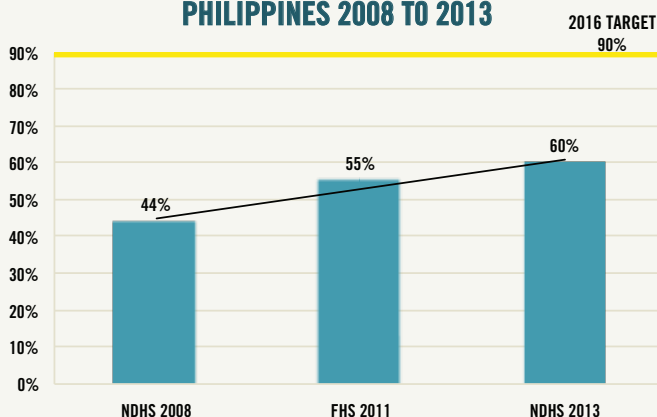
### WOMEN USING MODERN FAMILY PLANNING METHODS

Making family planning methods accessible is one of the strategies to achieve MDG 5. Through the Department's efforts, 2.1 million women benefited from the use of family planning methods in 2013.

### FACILITY-BASED BIRTHS

Another MDG 5 strategy is to increase the number of facility-based births. The 2013 National Demographic and Health Survey reported that six out of ten births (60%) were delivered in a health facility—an increase from the 44 percent it reported in 2008 and the 55 percent reported by the Family Health Survey in 2011.

**PERCENT OF FACILITY-BASED BIRTHS, PHILIPPINES 2008 TO 2013**



Sources: Family Health Survey, 2011, National Demographic and Health Survey, 2013

## MDG 6 REVERSE THE SPREAD OF HIV/AIDS, MALARIA, AND OTHER DISEASES



### HIV/AIDS

**2016 TARGET:  
PREVALENCE OF <1.0  
BASELINE: 0.57**

DEPARTMENT OF HEALTH-INTEGRATED  
HIV BEHAVIORAL AND SEROLOGICAL  
SURVEY, 2009

**ACCOMPLISHMENT: <1.0**  
NATIONAL EPIDEMIOLOGY CENTER, 2013

The estimated prevalence of HIV in the Philippines is within the MDG target of less than 1 percent. However, the rise of HIV and AIDS cases in the country for the past years has become a cause of concern. The number of new HIV cases increased from 1,591 in 2010 to 4,814 in 2013. The number of HIV/AIDS cases given anti-retroviral treatment also increased from 3,115 in 2012 to 5,355 in 2013.

### TUBERCULOSIS (TB)

**2016 TARGET:  
MORTALITY RATE  
OF 33 PER 100,000  
POPULATION  
BASELINE: 41**

DEPARTMENT OF HEALTH-PHILIPPINE  
HEALTH STATISTICS, 2007

**ACCOMPLISHMENT: 24**  
WORLD HEALTH ORGANIZATION  
GLOBAL TB REPORT, 2013

Based on the 2013 World Health Organization Global TB Report, the Philippines has achieved the MDG for TB. Through compliance with TB treatment, the number of deaths caused by TB has decreased in the country. In 2013, the number of TB cases treated successfully was 180,975 or 90 percent, which is the Department's target.



# DISEASE-FREE ZONES INITIATIVE

An endemic area is declared “disease-free” based on the results of a thorough evaluation to determine if the disease in question has been eliminated as a public health problem. The objective of the initiative is to reduce the number of endemic areas through preventive chemotherapy, case management, and transmission control.

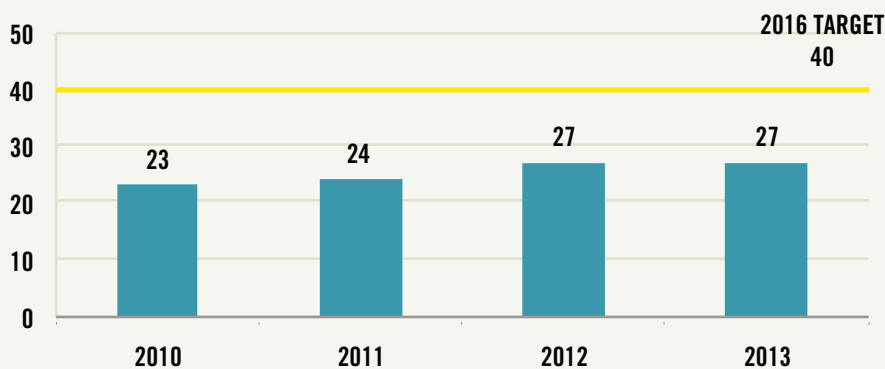
## MALARIA<sup>1</sup>

The country aims to eradicate malaria by 2020. Out of the 53 endemic provinces, the following 27 provinces declared malaria-free in 2012 maintained their status in 2013:

LUZON	VISAYAS	MINDANAO
Albay	Aklan	Camiguin
Batanes	Biliran	Dinagat Islands
Batangas	Bohol	Surigao del Norte
Benguet	Capiz	
Camarines Sur	Cebu	
Catanduanes	Eastern Samar	
Cavite	Guimaras	
Marinduque	Iloilo	
Masbate	Northern Leyte	
Romblon	Northern Samar	
Sorsogon	Siquijor	
	Southern Leyte	
	Western Samar	

Source: Department of Health

## NUMBER OF MALARIA-FREE PROVINCES 2010 TO 2013



Source: Department of Health

<sup>1</sup>A province has reached elimination level if a review of cases including entomological data reveals that there is an absence of local cases for the past five years.

# RABIES

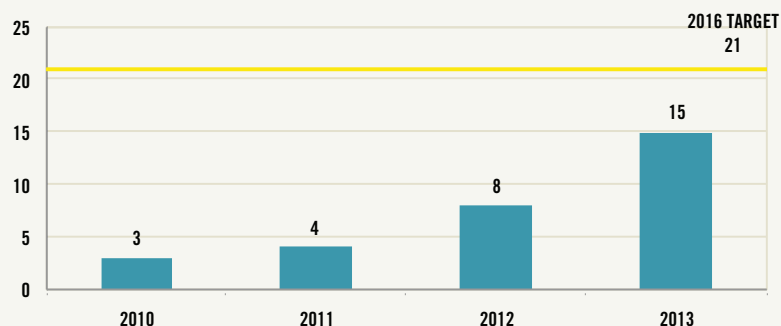
The country aims to eradicate human and animal rabies cases by 2020. From 2008 to 2013, 15 areas have been declared rabies-free zones, 6 of which achieved the status in 2013.

LUZON	VISAYAS	MINDANAO
Batanes	Apo Island,	Camiguin
Busuanga,	Negros Oriental	
Palawan*	Biliran	
Coron,	Boracay, Aklan*	
Palawan*	Camotes, Cebu	
Culion,	Guimaras*	
Palawan*	Limasawa, Cebu	
Marinduque	Malapascua, Cebu	
	Olympia Island,	
	Negros Oriental*	
	Siquijor	

\*Declared rabies-free in 2013.

Source: Department of Health

## NUMBER OF RABIES-FREE PROVINCES 2010-2013



Source: Department of Health

# FILARIASIS<sup>2</sup>

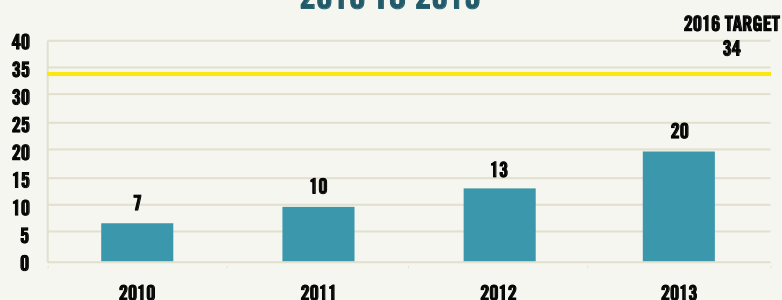
The country aims to eradicate filariasis by 2018. Out of the 43 endemic provinces, there are 20 filariasis-free provinces, 8 of which achieved elimination status in 2013.

LUZON	VISAYAS	MINDANAO
Camarines Sur*	Albay	Agusan del Sur
Catanduanes*	Biliran	Bukidnon
Marinduque	Eastern Samar	Compostela
Mindoro	Misamis	Valley
Oriental*	Occidental*	Cotabato
Romblon	Northern	Province
Sorsogon	Leyte*	Dinagat
	Southern Leyte	Province
	Western	South Cotabato*
	Samar*	Surigao del Sur*

\*Declared filariasis-free in 2013.

Source: Department of Health

## NUMBER OF FILARIASIS-FREE PROVINCES 2010 TO 2013



Source: Department of Health

<sup>2</sup>Filariasis is said to be eliminated if the prevalence of microfilaria and antigen rate is less than 1 percent. Mid-sentinel surveys are conducted to determine if the microfilaria rate is reduced compared to the baseline. There should be at least 5 years of good mass drug administration coverage. If the microfilaria rate in all survey sites is <1%, the transmission assessment survey is then conducted.

## 2013 PERFORMANCE SUMMARY: PUBLIC HEALTH MILLENIUM DEVELOPMENT GOALS ACHIEVED

STRATEGIES AND ACTIONS	INDICATORS	BASELINE	2013 PERFORMANCE	2016 TARGET
<b>REDUCE CHILD MORTALITY</b>				
Immunize all infants according to the Expanded Program on Immunization	% Fully immunized child	81 NDHS, 2008	89 NCDPC, 2013	95**
<b>IMPROVE MATERNAL HEALTH</b>				
Increase facility-based deliveries	% Deliveries in a health facility	44 NDHS, 2008	60 NDHS, 2013	90**
Improve access to family planning services	% Women using modern family planning	34 NDHS, 2008	37.6 NDHS, 2013	39*
<b>CONTROL AND ELIMINATE INFECTIOUS DISEASES</b>				
Treat all diagnosed TB cases	% TB treatment success rate	89 NTP, 2010	90 NTP, 2013	90**
Improve HIV/AIDS prevention, screening, diagnosis, and treatment	Number of HIV/AIDS cases diagnosed and given treatment	1,274 NASPCP, 2010	5,355 NEC, 2013	12,111*
Eliminate malaria in endemic provinces	Number of malaria-free provinces	23 NCDPC, 2010	27 NCDPC, 2013	40*
Eliminate filariasis as a public health threat	Number of filariasis-free provinces	7 NCDPC, 2010	20 NCDPC, 2013	34*
Eliminate rabies as a public health threat	Number of rabies-free LGUs	5 NCDPC, 2010	15 NCDPC, 2013	21*

Sources: National Demographic and Health Survey (NDHS), National Center for Disease Prevention and Control (NCDPC), National Tuberculosis Program (NTP), National AIDS and STI Prevention and Control Program (NASPCP), National Epidemiology Center (NEC), \* *Kalusugan Pangkalahatan* Roadmap, 2014-2016, \*\*National Objectives for Health, 2011-2016

## OUTCOME 2.

# FINANCIAL RISK PROTECTION IMPROVED

*All Filipinos are provided with adequate financial assistance in times of illness.*

## NATIONAL HEALTH INSURANCE PROGRAM MEMBERSHIP

By the end of 2013, PhilHealth enrolment rate was at 79 percent; 76.9 million Filipinos were covered. The decrease from the 84 percent (80.92 M Filipinos) of the preceding year was due to database clean-up and updates. During the year, local government units and DOH-retained hospitals pursued strategies to capture the unenrolled poor not identified in the National Household Targeting System. Local government units enrolled 4.5 million families belonging to the 2<sup>nd</sup> quintile. In addition, eight hospitals enrolled 9,164 indigents by pilot testing the Point of Care Enrollment Program. The Program allows hospitals to pay for an indigent patient's one-year membership premium upon admission so that hospital costs are immediately covered.

### PHILHEALTH ENROLMENT (IN MILLIONS) AS OF DECEMBER 2013

SECTOR	REGISTERED MEMBERS	DEPENDENTS	TOTAL
Employed			
<i>Government</i>	2.07	3.84	5.91
<i>Private</i>	10.30	10.14	20.44
Sponsored Program	9.61	21.77	31.38
<i>Local Government Unit/Regular</i>	4.45	5.91	10.36
<i>National Household Targeting System</i>	5.16	15.85	21.01
Individually-paying	5.38	6.62	12.00
Lifetime Members	0.77	0.54	1.31
Overseas Workers Program	3.14	2.73	5.87
<b>Total</b>	<b>31.27</b>	<b>45.63</b>	<b>76.90</b>

Source: Philippine Health Insurance Corporation



Source: *Health Beat Magazine*

## ALL CASE RATES

PhilHealth completed the shift from Fee-for-Service to case-based payment systems in 2013. The All Case Rates<sup>1</sup> system which offers a fixed rate for each treated case and which started with an initial 23 medical and surgical conditions was extended to apply to all kinds of confinements and procedures. In 2013, the case rates system processed a total of 3,679,686 medical conditions and surgical procedures with a benefit pay-out totaling PhP55 billion.

## Z-MORPH BENEFIT PACKAGE

Launched in 2013, the Mobility, Orthosis, Rehabilitation, Prosthesis Help or Z MORPH is the first PhilHealth benefit package to protect the health care and well-being of persons with disabilities. This package covers the initial fitting of the lower limb prosthesis below the knee at a package rate of PhP15,000 per limb or PhP30,000 for both limbs.

## NATIONAL HEALTH INSURANCE ACT OF 2013

In September 2013, the PhilHealth Board approved the Implementing Rules and Regulations of Republic Act 10606, otherwise known as the National Health Insurance Act of 2013. The Act aims to provide full national subsidy of premiums for the poor by simplifying the registration of members and benefit availment.

### 2013 PERFORMANCE SUMMARY: FINANCIAL RISK PROTECTION IMPROVED

STRATEGY AND ACTION	INDICATOR	BASELINE	2013 PERFORMANCE	2016 TARGET
Expand PhilHealth coverage of all Filipinos	% coverage of all Filipinos	53**	67 PhilHealth	95*

Sources: \* *Kalusugan Pangkalahatan Roadmap, 2014-2016*, \*\*National Objectives for Health, 2011-2016

<sup>1</sup>A case rate is applied to the same medical condition or surgical procedure across hospitals. It is similar to the concept of “*pakyawan*” because all items and/or services necessary for a case are covered by a single rate. This way, a patient immediately knows how much of his expenses will be shouldered by PhilHealth. This system maximizes the patient’s benefits in terms of medicine and diagnostics, reducing out-of-pocket expenses. (Sources: Usec. Janette Garin (DOH) and Dr. Israel Francis Pargas (PhilHealth), Email to PMS, 26 October 2013; and *TamangSagot*, PhilHealth’s Frequently Asked Questions, Updated 20 May 2012.)

## OUTCOME 3.

# QUALITY CARE DELIVERY SYSTEM ACCESSIBLE

*All Filipinos—particularly the poor—have access to quality health care services.*

## HEALTH FACILITIES ENHANCEMENT PROGRAM

The Health Facilities Enhancement Program aims to develop or upgrade government hospitals and other health facilities, as well as to support various initiatives to improve access of the poor to health services.

With a budget of PhP13.56 billion in 2013, the Program focused on the upgrading of licensing classification and PhilHealth accreditation of government hospitals, the expansion of services in tertiary hospitals to provide higher quality care as training and end-referral hospitals, and the strengthening of birthing facilities. Since 2010, 3,846 local government unit health facilities (1,567 barangay health stations, 2,027 rural health units/city health centers, and 252 local government unit hospitals) have been upgraded under the Program.



### 2013 HEALTH FACILITIES ENHANCEMENT PROGRAM STATUS

TYPE OF HEALTH FACILITY (HF)	TARGET (NO. OF HFS FUNDED)	STATUS			% COMPLETED
		NOT YET STARTED/ PROCUREMENT STAGE	ONGOING CONSTRUCTION	COMPLETED	
Rural health unit	878	226	484	168	19
Barangay health station	157	58	62	37	24
Hospital	162	48	50	64	40
<b>TOTAL</b>	<b>1,197</b>	<b>332</b>	<b>596</b>	<b>269</b>	<b>27.7</b>

Source: National Center for Health Facilities Development, 2013



# HUMAN RESOURCES FOR HEALTH

The DOH Deployment Program for human resources for health is intended to support local health systems in achieving *Kalusugan Pangkalahatan*. The Program utilizes learning and deployment approaches designed to produce a cadre of competent, committed, and community-oriented professionals through its component programs, namely: Registered Nurses for Health Enhancement and Local Service or RNheals; Rural Health Midwives Placement Program; and Doctors to the Barrios.

Launched in 2011, RNheals has augmented the nursing workforce in 1,634 municipalities and cities nationwide while providing work experience and training for nurses. A total of 52,730 nurses have been deployed since then. In 2013 alone, 21,929 nurses were deployed to 13 Metro Manila districts in addition to the 1,491 municipalities and 143 cities beneficiaries assisted in 2012.

To support its efforts to achieve MDGs 4 and 5, the Department has been implementing the Rural Health Midwives Placement Program. To date, the Program has deployed a total of 8,234 midwives since its launch in 2010. In 2013 alone, it deployed 2,738 midwives to 2,738 municipalities.

Doctors to the Barrios has deployed a total of 31 batches since its launch. From 2010 to 2013, 324 doctors were sent to various municipalities. In 2013, an additional 89 doctors were assigned to 89 municipalities; four of these doctors were absorbed by the local government units they were assigned to.

Community Health Teams are composed of barangay health workers, nutrition scholars/workers, barangay officials, and other community leaders in a locality. Through their regular visits and constant communication with poor households, they serve as the latter's "navigators" within the health care system.

As of December 2013, 48,519 community health teams (with 222,128 members) were deployed, assisting 3,808,972 National Household Targeting System households nationwide.



Source: *Health Beat Magazine*



Source: *Health Beat Magazine*

## 2013 COMMUNITY HEALTH TEAM MOBILIZATION SUMMARY

INDICATOR	BASELINE 2012	2013 TARGET	2013 ACTUAL
Number of National Household Targeting System Households Visited	2,999,707	5,257,916	3,808,942 (72.4%)
Number of Community Health Teams Deployed	33,157	52,579	48,519 (92.2%)
Number of Community Health Team Members Deployed	165,785	262,896	222,128 (84.5%)

Source: National Center for Disease Prevention and Control, 2013

# DOH COMPLETE TREATMENT PACKS

The Department provides medicines in complete treatment packs or ComPacks to members of families in the National Household Targeting System list and to PhilHealth Sponsored Program members for common infections and conditions such as hypercholesterolemia, hypertension, diabetes mellitus, and asthma.

In 2013, the program served 100 percent (2,470) of its target municipalities as it expanded coverage to patients of families under the Conditional Cash Transfer Program.



2013 PERFORMANCE SUMMARY: QUALITY CARE DELIVERY SYSTEM ACCESSIBLE				
STRATEGIES AND ACTIONS	INDICATORS	2010 BASELINE	2013 PERFORMANCE	2016 TARGET*
<b>UPGRADE, BUILD, AND IMPROVE HEALTH FACILITIES</b>				
Construct, rehabilitate, and upgrade primary health care facilities	Number of: Barangay health stations	207 NCHFD	1,567* NCHFD	7,217 (out of 16,308)
	Rural health units	55 NCHFD	2,027* NCHFD	3,074 (out of 3,074)
	Local government unit Hospitals	93 NCHFD	252* NCHFD	664 (out of 664)
<b>RECRUIT, TRAIN, AND DEPLOY HEALTH HUMAN RESOURCES</b>				
Deploy professional health workers among LGUs	Number of deployed: Doctors	67 HHRDB	276 HHRDB	398
	Nurses	9,518 HHRDB, 2011	21,930* HHRDB	12,296 <sup>1</sup>
	Midwives	191 HHRDB	2,738* HHRDB	6,148
Train and deploy Community Health Teams	Number of Community Health Teams deployed	33,157 FHO, 2012	48,519 FHO	60,000

Sources: National Center for Health Facilities Development, Health and Human Resources Development Bureau, Family Health Office, \*Kalusugan Pangkalahatan Roadmap, 2014-2016

<sup>1</sup>Nurses as of 2013 were hired as RNheals (training); starting 2014, they have been contracted for 2-year jobs.

# OUTCOME 4. HEALTH GOVERNANCE IMPROVED

*Health system is reformed to be more efficient and responsive to developing health needs.*

## MECHANISMS FOR EFFICIENCY, TRANSPARENCY, AND ACCOUNTABILITY

The Department is committed to expand the ISO 9001:2008 certification to all DOH regional offices and DOH-retained hospitals. On December 18, 2013, President Benigno Aquino, Jr. presented the ISO 9001:2008 certification by Certification International Philippines, Inc. to the DOH as the first government agency under the executive branch to have a department-wide Quality Management System under a single ISO 9001:2008 certification. In addition to the 17 central office units and 2 regional offices certified in 2012, 14 regional offices, 1 attached agency, and 6 DOH-retained hospitals received their ISO certification in 2013.



## REGULATORY SERVICES

In 2013, the regulatory bureaus licensed, registered, and inspected 139,459 health products and devices, health facilities, and aircraft and vessels respectively. Moreover, they acted on the permit and license applications within 100 percent of standard time.

### 2013 PERFORMANCE SUMMARY: HEALTH GOVERNANCE

STRATEGY AND ACTION	INDICATOR	2012 BASELINE	2013 PERFORMANCE	2016 TARGET
<b>PROMOTE GOOD GOVERNANCE</b>				
<ul style="list-style-type: none"> <li>Increase number of DOH units with ISO certification</li> </ul>	Number of ISO certified units	19 DOH Annual Report	23 KP Roadmap, 2014-2016	86 KP Roadmap, 2014-2016

Sources: DOH Annual Report, *Kalusugan Pangkalahatan* Roadmap, 2014-2016

## REGIONAL PERFORMANCE

Performance of the regions in terms of the three *Kalusugan Pangkalahatan* indicators (percentage of Community Health Teams deployed vis-à-vis target, PhilHealth enrollment rate, and percentage of completed Health Facilities Enhancement projects in 2010-2013) are presented in the following table.

REGION	PERCENTAGE OF COMMUNITY HEALTH TEAMS DEPLOYED VIS-À-VIS TARGET*	PHILHEALTH ENROLLMENT RATE (%)**	PERCENTAGE OF COMPLETED HEALTH FACILITIES ENHANCEMENT PROJECTS IN 2010-2013***
Region 1 Ilocos	138.2	80.8	89.6
Region 2 Cagayan Valley	95.5	72.7	97.5
Region 3 Central Luzon	111.9	73.2	96.1
Region 4A CALABARZON	108.1	74.6	82.6
Region 4B MiMaRoPa	113.3	71.9	50.4
Region 5 Bicol	107.6	72.7	93.4
Region 6 Western Visayas	103.4	76.3	82.6
Region 7 Central Visayas	98.2	74.3	77.9
Region 8 Eastern Visayas	121.8	89.8	57.7
Region 9 Zamboanga Peninsula	88.8	79.2	53.3
Region 10 Northern Mindanao	85.3	89.3	65.7
Region 11 Davao	88.6	82.7	50.1
Region 12 SOCCSKSARGEN	89.4	73.2	78.6
NCR	25.5	85.3	66.2
CAR	179.4	83.7	68.6
CARAGA	100.0	85.1	96.9
ARMM	35.7	85.9	26.3
<b>Total</b>	<b>93.2</b>	<b>78.7</b>	<b>74.8</b>

Sources: \*Family Health Office Consolidated Regional Reports from National Staff Meeting 2013, \*\*PhilHealth Core Planning Division, KP dashboard raw data as of March 28, 2014, \*\*\*National Center for Health Facility Development, Status of HFEP 2010-2014 Report as of June 11, 2014

## PUBLIC-PRIVATE PARTNERSHIP INITIATIVES

As innovative, long-term contractual arrangements for developing infrastructure and providing public services, public-private partnerships bring in private sector resources and expertise to assist the government in the provision of social services and infrastructure. These are expected to help the national government address present challenges in the health sector, in particular, the modernization and corporatization of DOH hospitals.

In 2013 through the Center of Excellence on Public-Private Partnerships in Health, the DOH awarded two public-private partnership projects: the modernization of the Philippine Orthopedic Center and the Cotabato Regional and Medical Center Modernization.



## DISASTER PREPAREDNESS AND RESPONSE

In 2013, the country suffered a number of calamities: earthquakes and typhoons. Super Typhoon Yolanda, internationally known as Typhoon Haiyan, hit the Philippines in November 2013 causing wide destruction in the Visayas. The Department deployed health teams to the affected provinces and municipalities to provide emergency health services to Yolanda victims.

AREAS OF SERVICE	ACCOMPLISHMENTS
Hospital services	34,522 patients served 2,127 operations conducted
Health teams deployed (composite teams)	278 teams (154 national, 124 international); 1,827 personnel made up the national teams. Approximately 20 percent of national teams were deployed to Tacloban while the rest were distributed across all affected areas.
Public health services	126,299 out-patient consultations 46,865 measles immunization 12,165 tetanus vaccination
Nutrition services	73,730 children screened for acute malnutrition (141 cases managed) 69,764 children given supplementary feeding program 33,619 children given vitamin A supplementation 27,020 children given multiple micronutrient powder 8,876 pregnant/lactating women assessed and counseled for infant and young child feeding
Water, sanitation, and hygiene services	1,747 latrines constructed/ rehabilitated 206,051 hygiene kits distributed 199,278 water kits distributed
Mental health and psychosocial support services	1,196 recipients of counseling 6,924 recipients of psychological first aid 12,875 recipients of psychosocial processing 32 advanced case referrals

Source: Timeline of Government Actions on Yolanda

# HEALTH RESEARCH

**Health System Research Management** sees to it that the 2012-2016 health research priorities of the Department are met. For the implementation of the 2013 Health Research Agenda, PhP172 million was pooled from the 2 percent research budget allotment of the DOH central offices. The 2013 Health Research Agenda consisted of 50 studies thematically grouped according to the 3 *Kalusugan Pangkalahatan* strategic thrusts of Financial Risk Protection (8), Improving Access to Quality Hospitals and Health Care Facilities (18), Attainment of MDGs (9) as well as Governance (11) and other research priorities (7).

Health System Research Management has a capacity building component to develop and capacitate researchers for health in the country, to ensure production and utilization of evidence in formulating policies and programs, to establish a system for research management, and to ensure adequate financing for research projects. For the **2013 Health Policy Internship Program**, 10 health policy associates and 20 health policy interns were hired and deployed to the different DOH operations, technical clusters, and units. The Program was carried out in collaboration with the Philippine Council for Health Research and Development and the University of the Philippines Manila - National Institutes for Health.

A **Universal Health Care Stocktaking Activity** was conducted in October as part of a midterm assessment of *Kalusugan Pangkalahatan*. An international panel of experts provided the external review and proposed two strategic flagships, advancing financial risk protection to all Filipinos and supply-side strengthening, to fast track the achievement of universal health care.

The **14th National Health Research Forum for Action** was held on October 16-17, 2013, at the Diamond Hotel, Manila, with the theme: *Ugnayang Pananaliksik para sa Kalusugan Pangkalahatan: Partnerships in Evidence*. The forum showcased the accomplishments, progress, and best practices of *Kalusugan Pangkalahatan*. It featured two plenary sessions: Tracking *Kalusugan Pangkalahatan* thrusts and *Kalusugan Pangkalahatan* Measures and Outcomes: and three parallel sessions corresponding to the three *Kalusugan Pangkalahatan* thrusts.

## ADVOCACY CAMPAIGNS

### PILIPINAS Go4Health

The DOH launched “Pilipinas Go4Health” as a nationwide healthy lifestyle movement that aims to inform and engage the youth as well as adults. It promotes four healthy behaviors (physical activity, healthy diet, no smoking, and avoiding the harmful use of alcohol) to prevent the “fatal 4” diseases (cardiovascular disease, cancer, diabetes, and chronic obstructive respiratory disease). Aside from traditional media, it also relies on the use of the internet and social media.

### BELLY GUD FOR HEALTH: EXECUTIVES’ EDITION

Secretary Enrique T. Ona led the Department’s executives in a waist circumference reduction in the workplace challenge called “Belly Gud for Health.” It is a six-month challenge which includes proper nutrition, physical activity, counseling, healthy diet, aerobic and isometric exercises, and stress management. The Department intends to bring the “Belly Gud Challenge” to other government agencies as well.



# HEALTH POLICIES ISSUED IN 2013

<b>AO No. 2013-0001</b>	Reconstitution of National and Regional Coordinating Committees on Public-Private Mix DOTS (NCC and RCC on PPMD) as the 2010 - 2016 Philippine Plan of Action to Control Tuberculosis (PhilPACT) Implementing Structures
<b>AO No. 2013-0002</b>	Establishment of the Hospital Accreditation Commission as the National Accrediting Body for Hospitals in the Philippines
<b>AO No. 2013-0003</b>	Implementing Guidelines in the Analysis, Monitoring and Maintenance of Water Used in Dialysis Facilities Pursuant to Administrative Order No. 2012-0001 known as “New Rules and Regulations Governing the Licensure and Regulation of Dialysis Facilities in the Philippines”
<b>AO No. 2013-0004</b>	Implementing Guidelines on the Conduct of Animal Bite Treatment Centers (ABTC) and Animal Bite Centers (ABC) Certification of the National Rabies Prevention and Control Program
<b>AO No. 2013-0005</b>	National Policy on the Unified Registry Systems of the Department of Health (Chronic Non-Communicable Diseases, Injury Related Cases, Persons with Disabilities and Violence Against Women and Children Registry System)
<b>AO No. 2013-0006</b>	Guidelines to “Rule XI: Role of DOH in the Omnibus Rules and Regulations Implementing the Migrant Workers and Overseas Filipinos Act of 1995, as Amended by Republic Act No. 10022”
<b>AO No. 2013-0006-A</b>	Amendment to Administrative Order No. 2013-0006 entitled “Guidelines to Rule XI: Role of DOH in the Omnibus Rules and Regulations Implementing the Migrant Workers and Overseas Filipinos’ Act of 1995, as Amended by Republic Act No. 10022” and Annex K of the Same
<b>AO No. 2013-0007</b>	Guidelines on the Establishment of Malaria Elimination Hubs
<b>AO No. 2013-0008</b>	Guidelines for the Implementation of Section 19 of the Implementing Rules and Regulations of Republic Act No. 9745 Otherwise Known as the Anti-Torture Act of 2009
<b>AO No. 2013-0009</b>	National Chemical Safety Management and Toxicology Policy
<b>AO No. 2013-0010</b>	Revised Guidelines on the Implementation of the National Prevention of Blindness Program (NPBP) Amending Administrative Order No. 179 s.2004
<b>AO No. 2013-0011</b>	Revised Policy on the Establishment of Women and Their Children Protection Units in All Government Hospitals
<b>AO No. 2013-0012</b>	Rules and Regulations Governing the Accreditation of Health Facilities in Human Stem Cell and Cell-Based or Cellular Therapies in the Philippines
<b>AO No. 2013-0013</b>	National Policy and Strategic Framework on Adolescent Health and Development
<b>AO No. 2013-0014</b>	Policies and Guidelines on Hospitals Safe from Disasters
<b>AO No. 2013-0015</b>	Guidelines on the Newborn Screening DOH CHD and ARMM 4% Fund Utilization
<b>AO No. 2013-0016</b>	Establishment of System for Monitoring and Evaluation of <i>Kalusugan Pangkalahatan</i> (KP)
<b>AO No. 2013-0017</b>	Revised Roles, Functions and Responsibilities of the DOH Representatives (DOHReps) in Support of National Health Thrusts
<b>AO No. 2013-0017-A</b>	Amendment to Administrative Order No. 2013-0017 re: Revised Roles, Functions and Responsibilities of the DOH Representatives (DOHReps) in Support of National Health Thrusts
<b>AO No. 2013-0018</b>	National Occupational Health Policy for the Informal Mining, Transport, and Agricultural Sectors

<b>AO No. 2013-0019</b>	Implementing Rules and Regulations of Republic Act No. 8372 “An Act Converting the Don Jose S. Monfort Memorial Hospital, in the Municipality of Barotac, Nuevo, Province of Iloilo, into a Tertiary Hospital, Functioning as an Extension of the Western Visayas Medical Center in Iloilo City to be Known as the Don Jose S. Monfort Medical Center Extension Hospital and Appropriating Funds Therefor”
<b>AO No. 2013-0020</b>	Participation of DOH Officials and Employees in International Developmental Interventions and Country Commitments
<b>AO No. 2013-0021</b>	Adoption of the Association of Southeast Asian Nations (ASEAN) Common Technical Dossier (ACTD) and Common Technical Requirements (ACTR) for the Registration of Pharmaceutical Products for Human Use
<b>AO No. 2013-0022</b>	Guidelines for Current Good Manufacturing Practice (cGMP) Clearance and Inspection of Foreign Drug Manufacturers
<b>AO No. 2013-0023</b>	Guidelines on the Establishment and Implementation of Collaborating Centers for Malaria
<b>AO No. 2013-0024</b>	Guidelines on the Adoption of the LGU Scorecard Institutional Validation System through the Inter-Local Health Zone (Cluster of Municipalities) / District Health System (DOH-ARMM) / Sector-Wide (Cities)
<b>AO No. 2013-0025</b>	National Implementation of Health Data Standards for eHealth Standardization and Interoperability (eHSI Release 001)
<b>AO No. 2013-0026</b>	Rules on the Regulation of Veterinary Drugs and Products, Veterinary Biological Products and Veterinary Drug Establishments
<b>AO No. 2013-0027</b>	Adoption and Implementation of the World Health Organization Annex 5 Guide to Good Distribution Practices (GDP) for Pharmaceutical Products and Annex 9, Guide to Good Storage Practices for Pharmaceuticals
<b>AO No. 2013-0028</b>	Guidelines to Adopt an Integrated Vector Management (IVM) to Support Vector-Borne Disease Prevention
<b>AO No. 2013-0029</b>	Amendment to AO No. 16 s.1998 dated April 24, 1998 re: Implementing Rules and Regulations of Republic Act No. 7799 “An Act Establishing a District Hospital in the Municipality of Talisay, Province of Cebu, to be Known as the Talisay District Hospital and Appropriating Funds Therefor”
<b>AO No. 2013-0030</b>	Revised Guidelines in the Monitoring and Epidemiological Assessment of Mass Drug Administration on Lymphatic Filariasis
<b>AO No. 2013-0031</b>	Requirements for the Operation of a Therapeutic X-ray Facility Utilizing Medical Linear Accelerators
<b>AO No. 2013-0032</b>	Strengthening the Implementation of the Development Partner Score card
<b>AO No. 2013-0033</b>	Manual of Operations and Procedures for the Implementation of the Point of Care Enrollment Program for Hospital-Sponsored Members
<b>AO No. 2013-0034</b>	Policies and Guidelines on the Affiliation of Higher Education Institutions with Hospitals and Other Health Facilities for the Training of Students in Health Professional Education



# 2013 BUDGET

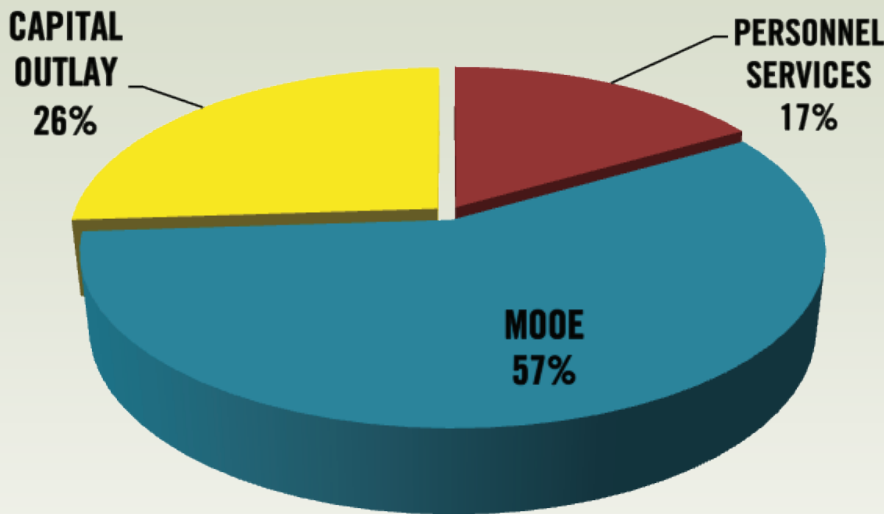
## 2013 DOH BUDGET BY MAJOR FINAL OUTPUT

MAJOR FINAL OUTPUT	2013 (PhP)
1. Health Sector Policy Services	1,383,403
2. Technical Support Services	32,870,854
3. Hospital Services	16,767,511
4. Health Sector Regulation Services	615,937
<b>Total (PhP)</b>	<b>51,637,705*</b>

\*Net of General Administrative Support Services, Support to Operations and Projects  
 Source: Department of Health

About 62 percent of the DOH 2013 budget was allotted for Technical Support Services. This includes the budget for commodities, training, and funding support to local government units and other health partners. Hospital Services received a budget of PhP16 billion (32%), Health Sector Policy Services PhP1.3 billion (3%), and Health Sector Regulation Services PhP 615 million (1%).

## 2013 DOH BUDGET BY EXPENSE CLASS



More than half of the DOH 2013 budget (57%) was allocated to Maintenance and Other Operating Expenses while 26 percent went to Capital Outlay and 17 percent went to Personnel Services.

Source: Department of Health

## DOH BUDGET TREND BY OUTCOME, 2010-2013

OUTCOME	2010 (PhP)	2011 (PhP)	2012 (PhP)	2013 (PhP)
Public Health MDGs Achieved	5,031,513	5,589,296	6,483,916	7,099,598
Financial Risk Protection Improved	-	3,500,000	12,028,000	12,627,883
Quality Care Delivery System Accessible	13,237,242	16,785,482	19,799,527	27,633,226
Health Governance Improved	6,381,010	5,953,838	3,844,520	5,867,162
<b>Total (PhP)</b>	<b>24,649,765</b>	<b>31,828,616</b>	<b>42,155,963</b>	<b>53,227,869</b>

Source: Department of Health

Investments to improve access to quality health care took up more than 50 percent of the health budget from 2010-2013, providing funding for the Health Facility Enhancement Program, Human Resources for Health deployment, Complete Treatment Packs, and the Medicines Access Program. To achieve public health MDGs, the DOH spent 16 percent of its budget on public health programs such as the Expanded Program on Immunization, family health, TB, other infectious diseases, and non-communicable diseases. The national government subsidy for PhilHealth premiums of the poor amounted to 19 percent of the health budget.

## DOH BUDGET TREND BY CONTINUUM OF CARE, 2010-2013

CONTINUUM OF CARE	2010 (PhP)	2011 (PhP)	2012 (PhP)	2013 (PhP)
Preventive and Promotive Health Care	14,759,584	18,080,819	19,465,376	26,155,583
Curative Health Care	9,129,073	12,941,476	21,900,679	26,257,895
Health Governance	761,108	806,321	789,908	814,391
<b>Total (PhP)</b>	<b>24,649,765</b>	<b>31,828,616</b>	<b>42,155,963</b>	<b>53,227,869</b>

Source: Department of Health

About 52 percent of the Department's budget has been utilized for preventive and promotive health care since 2010. This amount includes funds for public health programs and primary health care facilities upgrading. For the same time period, expenditures on curative health care amounted to about 46 percent of the DOH budget, covering the funds needed for DOH hospital operations and capital outlay, and the upgrading of LGU hospitals. Governance-related expenditure made up only about 2 percent.

# THE WAY FORWARD

For the remaining three years of the Aquino Health Agenda, the pursuit of the *Kalusugan Pangkalahatan* Roadmap 2014-2016 is paramount. The work to achieve *Kalusugan Pangkalahatan* continues and the Department's commitment to health for each and every Filipino remains unwavering.

## **KALUSUGAN PANGKALAHATAN ROADMAP 2014-2016**

### **OUTCOME 1.0**

#### **PUBLIC HEALTH MDGs ACHIEVED**

##### **STRATEGY 1.1 - REDUCE MATERNAL AND CHILD MORTALITY**

• **Key Actions:**

- Increase facility-based deliveries and family planning services
- Immunize all infants
- Provide vitamins and minerals to all children

##### **STRATEGY 1.2 - CONTROL AND ELIMINATE INFECTIOUS DISEASES**

• **Key Actions:**

- Treat all diagnosed TB cases
- Eliminate malaria
- Improve HIV/AIDS prevention, screening, diagnosis, and treatment
- Provide rabies vaccine
- Eliminate filaria and other intestinal parasites

##### **STRATEGY 1.3 - PROMOTE A HEALTHY LIFESTYLE AND PREVENT NON-COMMUNICABLE DISEASES**

• **Key Actions:**

- Promote key health messages on healthy lifestyle, prevention of disease and injury, and available health services
- Establish, link, and maintain non-communicable disease registries in provinces
- Provide access to screening services for non-communicable diseases for the poor through the PhilHealth Primary Care Benefit Package

### **OUTCOME 2.0**

#### **FINANCIAL RISK PROTECTION IMPROVED**

##### **STRATEGY 2.1 - EXPAND PHILHEALTH COVERAGE**

• **Key Actions:**

- Expand coverage of all Filipinos, especially the poor and near-poor (14.7 M)
- Inform and guide all members on PhilHealth availment procedures and benefits

## STRATEGY 2.2 - IMPROVE PHILHEALTH BENEFIT PACKAGE

### • Key Actions:

- Improve access of the poor to the Primary Care Benefit Package (drugs and diagnostics)
- Increase PhilHealth share in total health care costs

## OUTCOME 3.0

## QUALITY CARE DELIVERY SYSTEM ACCESSIBLE

### STRATEGY 3.1 - UPGRADE AND IMPROVE HEALTH UNITS AND HOSPITALS

#### • Key Actions:

- Upgrade, build, and enhance public health facilities
  - *Barangay health stations as well as rural and city health units* to deliver preventive health services
  - *Local government unit district and provincial hospitals* for quality outpatient and inpatient care
  - *DOH regional hospitals and medical centers* to make specialized care more affordable
- Distribute complete treatment packs for common diseases to poor patients

### STRATEGY 3.2 - DEPLOY HUMAN RESOURCES FOR HEALTH

#### • Key Actions:

- Deploy human resources for health (physicians, nurses, dentists, midwives) nationwide, giving priority to poor and vulnerable areas
- Train and deploy Community Health Teams to reach families with key messages and basic preventive care

## OUTCOME 4.0

## HEALTH GOVERNANCE IMPROVED

### STRATEGY 4.1 - IMPROVE/REFORM HEALTH SYSTEMS

#### • Key Actions:

- Develop health policies that are responsive to health needs and operational realities
- Expand ISO 9001:2008 certification to all Centers for Health Development and DOH hospitals
- Reform DOH hospital governance
- Expand Telemedicine/ e-health networks

### STRATEGY 4.2 - MAINTAIN AN EFFECTIVE HEALTH REGULATORY SYSTEM

#### • Key Action:

- Formulate and enforce regulations to protect the health of Filipinos