



2012 KALUSUGAN MILESTONES PANGKALAHATAN

ANNUAL REPORT

Department of Health
Philippines

DEPARTMENT OF HEALTH ANNUAL REPORT 2012

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KALUSUGAN PANGKALAHATAN

2012 Milestones



DOH Annual Report



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MESSAGE FROM THE SECRETARY OF HEALTH



The Aquino administration recognizes the importance of quality, accessible and affordable health care for all Filipinos. Acknowledging that health remains to be elusive to a significant portion of the population, the national strategy of *Kalusugan Pangkalahatan* (KP) was formulated and supported to address the issue of inequity in health.

KP is focused on the plight of our poorest countrymen whose health needs have been neglected for so long. We want to ensure that all Filipinos have access to health services and we are doing this by pursuing reforms in the country's health care system. These reforms are strategically directed to 1) improve financial risk protection for the poor, 2) enhance the quality of government health facilities and 3) scale up public interventions to achieve our Millennium Development Goals (MDGs).

True to the President's commitment, KP has made great strides for the past three years. The year 2012 registered milestones in our journey towards KP.

The Department of Health (DOH) ranked first among all national government agencies in two significant areas in 2012. First, the DOH is the first national government agency to achieve department-wide ISO 9001:2008 certification to implement a quality management system. Second, the DOH was cited by the Department of Budget and Management (DBM) as the Best Performer among the Account Management Teams -guided departments in terms of disbursement performance.

To highlight, the following institutional achievements spurred the DOH to perform better in the sector and to further KP:

1. Initiation and further expansion of catastrophic care and primary care packages of our National Health Insurance Program to ensure financial risk protection of all Filipinos.
2. The DOH, in partnership with the Department of Public Works and Highways, built and upgraded more health facilities under the Health Facilities Enhancement Program to ensure quality and availability of health care services even in the most remote and depressed areas of the country.
3. More Community Health Teams (CHTs) were trained and deployed to increase awareness and utilization of Philhealth benefits and services to attain Millennium Development Goals for health.
4. The DOH advocated for the passage of laws addressing two of the country's major health concerns: 1 - the Sin Tax Reform Law, which aims to reduce alcohol consumption and tobacco smoking in the country and to generate revenues for government health programs; and 2 - the Responsible Parenthood and Reproductive Health Law - finally signed after 14 years - which aims to provide better access to reproductive health care services for women and children.

Allow us to share with you this Annual Report as a documentation of the Department's achievements for 2012 and as a testament of our commitment to realizing Universal Health Care (UHC) for all Filipinos.

Mabuhay tayong lahat!

A handwritten signature in black ink, appearing to read "E. Ona".

ENRIQUE T. ONA, M.D.
Secretary of Health



FINANCIAL RISK PROTECTION

As the prime mover for reforms towards achieving UHC, the National Health Insurance Program (NHIP) pursued policy reforms in 2012 with the following corporate thrusts:

Four Main Corporate Thrusts of the New and Revitalized PhilHealth in 2012

- 1 Satisfied and empowered beneficiaries and stakeholders
- 2 Excellent business processes
- 3 Viable social health insurance fund
- 4 Adequate organizational capability

NHIP MEMBERSHIP

By the end of 2012, PhilHealth enrolment rate was at 84 percent, representing 80.92M Filipinos covered as well as an increase from the 82 percent (78.4M) coverage in the preceding year. The Sponsored Program (SP) registered 36.68M members in 2012, increasing last year's membership by 4.4 percent. SP membership included 5.2M families identified in the National Household Targeting System (NHTS) covered through full national government subsidy.

PhilHealth enrolment as of 2012 is detailed in Table 1.

Table 1. NHIP Enrollment Summary, CY 2012

Category	Total
1. Employed	25,938,549
Government	6,431,921
Private	19,506,628
2. Overseas Filipino Workers	5,229,926
3. Individually-paying	11,613,932
4. Sponsored	36,679,497
Local Government Units	16,250,204
National Health Targeting System	20,429,293
5. Lifetime	1,253,804
6. Open Category	203,763
Total	80,919,471

Source: Philhealth

CASE RATES

A total of 25 medical and surgical procedures were covered by the Case Rate payments. Benefit pay-out for 2012 totalled to around PhP47B. The expansion of the Case Rate payment scheme covering all conditions and procedures is scheduled for implementation by April 2013.

NO BALANCE BILLING

The No Balance Billing (NBB) policy is a PhilHealth-initiated reform to reduce out-of-pocket expenditures by mandating that no other fees shall be charged to or paid for by PhilHealth patients who have been confined for any of the 25 identified medical and surgical cases under the Case Rate payment scheme. All government hospitals are presently implementing NBB.

NBB, however, currently applies only to eligible PhilHealth SP members and their qualified legal dependents when they are: (1) admitted in government facilities; (2) claiming reimbursement for outpatient surgeries, hemodialysis and radiotherapy performed in accredited non-hospital facilities; and (3) availing of existing outpatient packages for TB-DOTS, malaria, and HIV/AIDS.

Other members (i.e., employed, individually paying, overseas workers, lifetime) are also covered by NBB for maternity and newborn care packages in all accredited non-hospital providers, such as maternity clinics and birthing homes.

PRIMARY CARE PACKAGE

Launched in April 2012, the Primary Care Benefits Package seeks to provide preventive health services in government health facilities to members and dependents under PhilHealth's Sponsored and Overseas Work Programs, as well as organized groups. Covered families were assigned contracted providers who are responsible for providing necessary services based on annual health profiling. Essentially, families are assured visits from their primary care doctors at least once a year, not only to treat them when they fall ill, but also to encourage them (through lifestyle counselling) to remain healthy.



Sec. Ona delivering the keynote speech (left) and signing the Pledge of Commitment (right) during the launching of the 5Ps (PhilHealth para sa Pantawid Pamilyang Pilipino Program), in partnership with the DSWD.

Z-BENEFIT PACKAGE

Catastrophic (or type Z) illnesses are those associated with prolonged hospitalization and very expensive treatments, and the potential to push patients into poverty. In July 2012, PhilHealth launched the Z-Benefits Package with the goal of ensuring totality of care and attainment of better health outcomes among cancer patients.

Included in the package are payment for hospital services such as hospital room and board fees, drugs and laboratory examinations, operating room and professional fees for the entire course of treatment, including mandatory and other services required per illness.

The package shall be provided in selected PhilHealth accredited Levels 3 and 4 government hospitals. Cost of treatment ranges from PhP100,000 to PhP600,000, depending on case type. The package covers newly diagnosed cases of standard-risk acute lymphoblastic leukemia

in children, low- to intermediate-stage prostate cancer, early-stage breast cancer, and end-stage renal disease requiring low-risk kidney transplant.

E-CLAIMS PROJECT

To simplify benefits availment, PhilHealth has given accredited health providers access to its database, thus facilitating the verification of member and dependent eligibility. This is the first of a three-phase e-Claims project that seeks to speed up claims processing and promote paperless transactions in the core businesses of the NHIP. The construction of a system for electronic submission of claim status verification, which constitutes the remaining phases of the project, is currently underway.

PHILHEALTH CARES

(Customer Assistance, Relations and Empowerment Staff)

Dedicated to providing its members with point-of-service assistance, PhilHealth conducted a two-week intensive training for registered nurses to become PhilHealth Customer Assistance, Relations, and Empowerment Staff (CARES). The training covered current policies and guidelines, benefits, membership procedures, accreditation requirements, and other basic information that members and accredited providers might need. The nurses were finally deployed as PhilHealth CARES to accredited hospitals on May 2, 2012.

530

registered nurses recruited and deployed to Philhealth-accredited hospitals
(Levels 3 & 4 private hospitals, Levels 1 & 2 government hospitals)

IMPROVED ACCESS TO QUALITY HOSPITALS



HEALTH FACILITIES ENHANCEMENT PROGRAM

As part of the KP thrust of improving access to quality health care services and facilities, the Health Facilities Enhancement Program (HFEP) was implemented to upgrade or develop government hospitals and health facilities, and to support various initiatives to improve access of the poor to health services.

With a budget of PhP5.1B in 2012, HFEP 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 CEmONC facilities.

Despite the lack of technical indicators to assess its impact, HFEP is nevertheless considered a boon to families and communities, as the appeal of newly-constructed hospitals or upgraded clinics encourages the much needed health-seeking behaviour among clients. To national and local health managers, HFEP served as a great enabler, as it provided the basic capital investments necessary to provide improved health services to more people.

Figure 1. HFEP Facilities, 2012

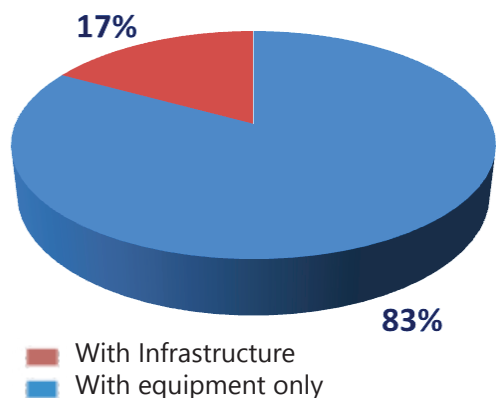


Figure 2. HFEP Projects in 2012

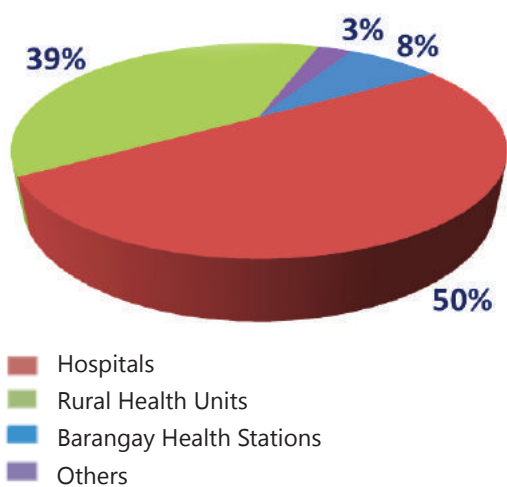


Table 2. Health Facilities Enhancement Program (HFEP) Status, as of December 31, 2012

Stage	Financial Progress (as % of total)	Physical Progress (as % of total)
Pre-procurement	3.8	0.5
Procurement/bidding /awarded	21.0	20.0
On-going	75.4	76.8
Completed	0.8	2.7
Total	100.0	100.0

Source: NCHFD



HUMAN RESOURCES FOR HEALTH

The DOH Deployment Program for human resources for health intends to support local health systems in achieving UHC. 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 (RNheals); Rural Health Midwives Placement Program (RHMPP); and Doctors to the Barrios (DTTB).

Registered Nurses for Health Enhancement and Local Service

RNheals is a learning and deployment project of the DOH in collaboration with the Department of Social Welfare and Development (DSWD), the Department of Interior and Local Government (DILG), and the Professional Regulation Commission (PRC). The program aims to create a pool of registered nurses with enhanced clinical and public health management competencies. The DOH functions as the lead agency in the implementation, development and deployment of nurses, while the other agencies are involved in the formulation and implementation of related policies.

Launched in 2011, RNheals has developed and deployed three batches of health providers consisting of 30,975 nurses. The first batch deployed 9,518 nurses to health facilities of 1,235 municipalities and cities, while the second batch deployed 11,377 nurses to 70 DOH hospitals in 1,500 municipalities and cities. The third batch deployed 10,080 nurses to 1,491 municipalities and 143 cities in 2012.

Rural Health Midwives Placement Program

Millennium Development Goals (MDGs) 4 and 5 focus on the reduction of maternal and infant deaths related to pregnancies and deliveries. In response, the DOH has been implementing the RHMPP through its Return Service and Training Deployment schemes. In 2012, the RHMPP deployed 72 midwives in return service and capacitated 3,059 midwives under training deployment in 17 regions, 80 provinces, 1,351 municipalities and 87 cities.

Training covers the following areas: (1) community organization and diagnosis; (2) provision of basic health services such as immunization, prenatal, family planning, simple laboratories; (3) management of simple ailments in public health; and (4) basic emergency obstetrics care in birthing homes and BEmONC facilities.

10,080

registered nurses
deployed in
1,491 municipalities
and 143 cities

72

registered midwives
under return service

3,059

midwives under
training-deployment
sent out to
17 regions,
80 provinces,
1,351 municipalities
and 87 cities

IMPROVED ACCESS TO QUALITY HOSPITALS AND HEALTH CARE FACILITIES



Graduation ceremonies for Doctors to the Barrios, with Sec. Ona as keynote speaker

Table 3. DTTB Deployment Summary, CY 2012

Region	Batch 28	Batch 29	Batch 30	TOTAL
CAR	8	3	2	13
I	2	6	1	9
II	2	4	15	21
III	1	2	5	8
IVA	1	2	2	5
IVB	3	4	8	15
V	1	2	5	8
VI	0	7	2	9
VII	4	4	10	18
VIII	5	10	12	27
IX	5	2	8	15
X	2	12	9	23
XI	1	1	1	3
XII	0	1	1	2
CARAGA	2	2	13	17
NCR	0	0	0	0
ARMM	1	6	14	21
Total	38	68	108	214

Source: HHRDB, 2012

Doctors to the Barrios

In October 2012, thirty-eight (38) physicians graduated from the DTTB program with the degree of Master in Public Management, major in Health System and Development. The degree was made possible through the Department's collaboration with the Development Academy of the Philippines (DAP) to maximize the potential of DTTBs as health leaders and managers of local health systems.

The DTTB Program serviced 24 municipalities in 17 regions in 2012.

The Pinoy MD Program

The Philippine Charity Sweepstakes Office-DOH Pinoy MD Scholarship Program aka "Duktor Para sa Masa" is an eleven-year medical education scholarship program that aims to produce physicians for local distribution.

Currently, the program has a total of 269 scholars from 12 partner medical schools in seven (7) regions.

Table 4. Distribution of Scholars for the Pinoy MD Program

Level	Batch 2	Batch 3	Batch 4	Batch 5	Total
3rd year		1	2	85	88
4th year		3	87	4	94
PGI	1	81	5	0	87
Total	1	85	94	89	269



Launching of DOH Complete Treatment Pack (Compack), with Sec.. Ona, during the Generic Medicines Summit at Eastwood Richmonds Hotel

DOH COMPLETE TREATMENT PACKS

The Department provides medicines in complete treatment packs (ComPacks) to members of families in the NHTS list and PhilHealth SP members for common infections and conditions such as hypercholesterolemia, hypertension, diabetes mellitus, and asthma.

In 2012, the program served 1,654 municipalities (exceeding its 1,392 target) as it expanded to cover all patients of eligible families.



DOH ComPack medicines

Table 5. List of ComPack Drugs

	Name of Medicine	Dosage Form
Antibiotics	Amoxicillin (as trihydrate)	500 mg capsule
	Amoxicillin (as trihydrate)	250 mg/ 5 mL granules/powder for suspension, 60 mL
	Cloxacillin (as sodium salt)	500 mg capsule
	Cloxacillin (as sodium salt)	125 mg / 5 mL powder for suspension, 60mL
	Cotrimoxazole	800 mg sulfamethoxazole + 160 mg trimethoprim, tablet
	Cotrimoxazole	200 mg sulfamethoxazole + 40mg trimethoprim per 5mL suspension, 60 mL
	Cotrimoxazole	400 mg sulfamethoxazole + 80mg trimethoprim per 5mL suspension, 60 mL
	Erythromycin (as stearate)	500 mg tablet
	Ciprofloxacin (as hydrochloride)	500 mg tablet
	Doxycycline	100 mg capsule
	Metronidazole	500 mg tablet
	Mebendazole	50 mg/ mL suspension, 10mL
Antidiabetics	Metformin (as hydrochloride)	500 mg tablet
	Glibenclamide	5 mg tablet
	Gliclazide	80 mg tablet
Antilipidemic	Simvastatin	20 mg tablet
Antihypertensive	Amlodipine	10 mg tablet
	Aspirin	80 mg tablet
	Enalapril (as maleate)	10 mg tablet
	Hydrochlorothiazide	25 mg tablet
	Losartan (as potassium salt)	50 mg tablet
	Metoprolol (as tartrate)	50 mg tablet
Bronchodilator	Lagundi	300 mg tablet
Diuretic	Sambong	250 mg tablet

ATTAINING HEALTH-RELATED MDGs



Sec. Ona announces the introduction of rotavirus vaccine as part of the Expanded Program on Immunization

Table 6. Summary of EPI Target and Accomplishments

Vaccine	Disease	Target Beneficiaries 2012	Status (Jan-Sept) 2012	% Accomplishment
BCG	TB Meningitis and disseminated TB diseases		1,383,538	55
Hepatitis B	Chronic liver diseases (e.g., liver cancer)		1,142,033	46
DPT	Diphtheria, pertussis, tetanus	2,506,517	1,397,151	56
Oral Polio	Poliomyelitis		1,427,861	57
Measles	Measles		1,366,372	55
MMR	Measles, mumps, rubella		524,855	21

Source: Family Health Office, NCDPC

The MDGs are considered the most successful global anti-poverty push in history. Governments, civil society organizations, and international organizations worldwide have committed to attain specific MDG targets by 2015. Four of the eight MDGs are health-related, and the following are our accomplishments under each front:

EXPANDED PROGRAM ON IMMUNIZATION

EPI served 2,506,517 beneficiaries of BCG, hepatitis, and DPT immunization in 2012.

Rotavirus

In 2012, the rotavirus vaccine became part of the EPI, making the Philippines the first country in Southeast Asia to implement this 2009 WHO-recommended vaccine.

Rotavirus is a virus that infects the bowels and is the most common cause of fatal diarrhea among infants and children. On July 2, 2012, President Aquino himself launched the administration of rotavirus vaccines to 142,263 of the targeted 700,000 infants aged 1.5 to 3.5 months, all coming from families listed under the NHTS.



142,263

**infants aged 1.5 to
3.5 months received
rotavirus vaccine**

162 TO 52 COALITION

As a multi-sectoral organization spearheaded by the DOH, the 162 to 52 Coalition seeks to help improve the alarming maternal health situation in the country. The Coalition aims to serve as the needed catalyst for strategic, targeted, and innovative partnership for the attainment of better maternal indicators.

A summit was convened on April 20, 2012 at the Philippine International Convention Center to provide various stakeholders a venue to forge partnerships and to commit to improving maternal and child health. Strategies identified include public-private partnerships (PPPs), community health team (CHT) mobilization, and immediate services provision to pregnant women according to priority areas.

The Coalition asserts that the solutions to existing maternal and child mortality problems are not entirely complicated. It pushes for the provision of adequate reproductive health care and family planning services, as well as ensuring access to quality health facilities. With only three years left, the Coalition calls for urgent interventions: for local governments to effect change, for the private sector to help government in its undertakings, and for civil society organizations to sustain the efforts and deliver it to where these are needed the most.

PRIORITY AREAS FOR REDUCING MATERNAL MORTALITY

URBAN AREAS

**Cavite
Cebu
Metro Manila
Pampanga
Pangasinan**

RURAL AREAS

**Quezon
Palawan
Masbate
Iloilo
Negros Occidental
Negros Oriental
Camarines Sur
Leyte
Davao del Sur
Northern Samar
Sultan Kudarat
Zamboanga del Sur
Maguindanao
Lanao del Sur
Basilan
Sulu
Tawi-tawi**

ATTAINING HEALTH-RELATED MILLENNIUM DEVELOPMENT GOALS



Declaration of disease-free zones by Sec. Ona



(From L to R) Asec. Enrique Tayag (SSDTC II); Dr. Gloria Balboa (Regional Director, CHD IV-B); Dr. Rachel Garcia (PHL, Marinduque); Dr. Honesto Marquez (PHO, Marinduque); Sec. Enrique Ona; Mr. Oscar Balboa (Vector-borne Diseases Coordinator, CHD IV-B)

HIV/AIDS

In 2012, the estimated national prevalence for HIV among the general population was less than one percent. HIV prevalence was significantly higher among men having sex with men (two to five percent) and among injecting drugs users (four to seven percent).

To address this emerging epidemic, strategic changes were reflected in the 5th AIDS Medium-Term Plan spearheaded by the Philippine National AIDS Council (PNAC). The DOH, through the National AIDS and STI Prevention and Control Program, has been supporting the attainment of the plan's goals and objectives.

As of November 2012, anti-retroviral medications have been provided to 3,065 persons living with HIV/AIDS.

DISEASE-FREE ZONES INITIATIVE

The Department has come a long way since launching the Disease-free Zones initiative in 2007. Several provinces have been declared free from rabies, malaria, and filariasis as a result of integrated efforts and maximized resources to eliminate these diseases.

In 2012, the provinces of Biliran and Marinduque were declared rabies-free; the provinces of Batanes, Dinagat Islands, Camarines Sur, and Romblon malaria-free; and the provinces of Marinduque, Albay, and Eastern Samar filariasis-free. These provinces were given disease-free zone awards in recognition of their efforts, and as a challenge to sustain their disease-free status.

The number of malaria cases was reduced from 46,352 in 2005 to 7,961 in 2012, entailing a 83% reduction in a period of eight years. In addition, malaria deaths were reduced from 150 in 2005 to 13 in 2012, entailing a 91% reduction within the same number of years.

Rabies, a serious public health problem that claims 200-300 Filipino lives every year, has been continually dealt with extensive advocacy campaigns and provision of pre- and post-exposure prophylaxis – in the hope of attaining a rabies-free Philippines by 2020.

Filariasis has been the second leading cause of permanent and long-term disability in the country, mostly affecting poor municipalities and barangays. In 2012, nine provinces have reached elimination level, namely: Southern Leyte, Sorsogon, Biliran, Bukidnon, Romblon, Agusan del Sur, Dinagat Islands, Cotabato, and Compostela Valley.



Table 7. Provinces that Reached Elimination Status for Filariasis in 2012

Luzon	Visayas	Mindanao
Marinduque Romblon Albay Sorsogon	Eastern Samar Southern Leyte	Bukidnon Compostella Valley Cotabato Province Agusan del Sur Dinagat Islands

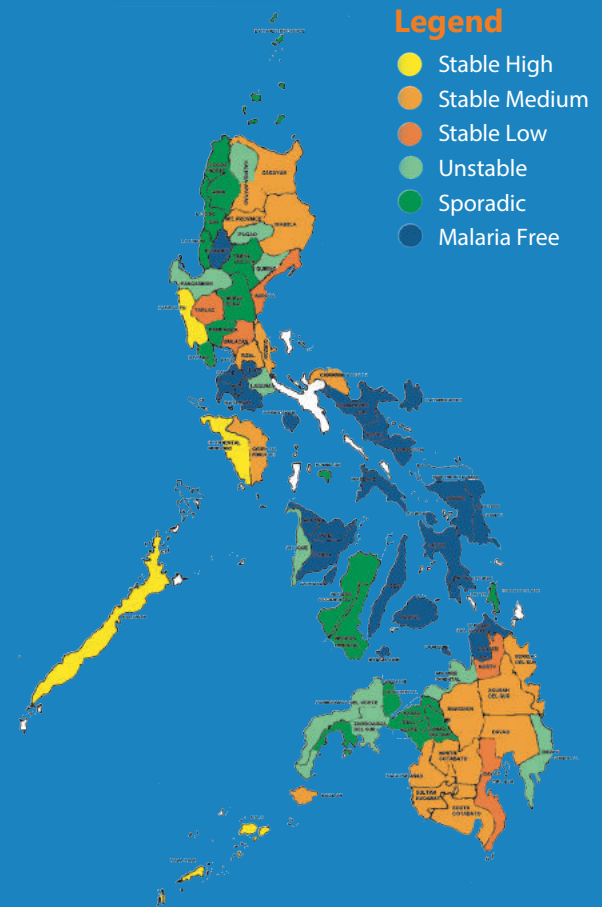
Table 8. Provinces Declared Rabies-Free in 2012

Luzon	Visayas	Mindanao
Batanes Marinduque	Aklan Capiz Guimaras Iloilo Bohol Cebu Siquijor Biliran Eastern Samar Northern Samar Western Samar Northern Leyte Southern Leyte	Camiguin Dinagat Islands Surigao del Norte

Table 9. Malaria-Free Provinces in 2012

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

Figure 3. Malaria Stratification Category, 2012



**41,352 cases
(2003)**

VS

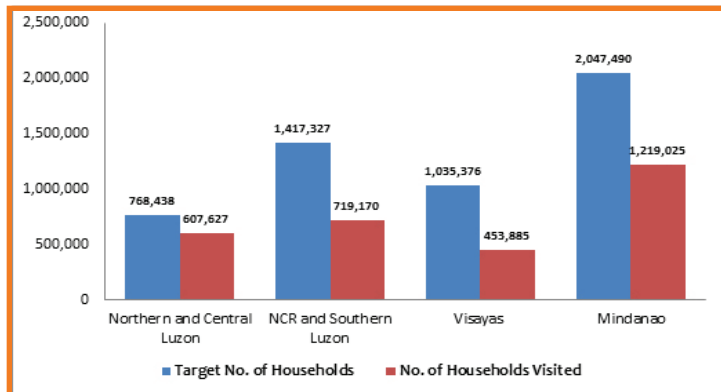
**9,375 cases
(2011)**

**Lowest level on record
for the country in 42 years**

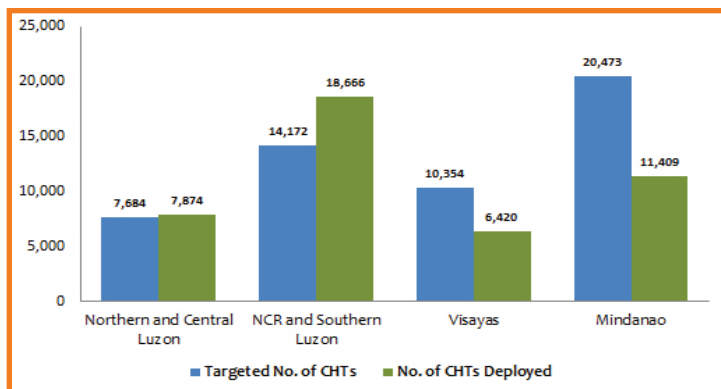
ATTAINING HEALTH-RELATED MILLENNIUM DEVELOPMENT GOALS

Figure 4. Summary of CHT Mobilization, CY 2012

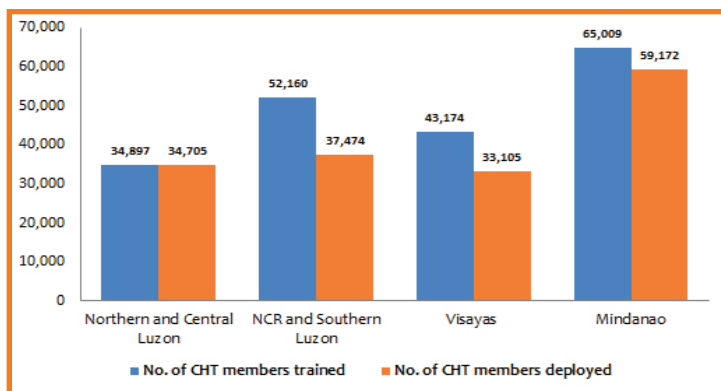
Households Visited by CHTs



CHT Deployment



CHTs Trained



COMMUNITY HEALTH TEAM MOBILIZATION

A community health team (CHT), led by a rural health midwife, is composed of barangay health workers, barangay officials, and other community leaders in a locality. By conducting regular visits to and communicating directly with poor households, CHTs serve as the latter's "navigators" within the health care system.

As of December 2012, 44,009 CHTs (with 164,456 members) were deployed, catering to 2,999,707 NHTS households nationwide.

- Target No. of Households**
5,268,631
- Households Visited**
2,999,707
- Target No. of CHTs**
52,686
- No. of CHTs Deployed**
44,009
- Target No. of CHT members trained**
195,240
- No. of CHT members deployed**
164,456

Source: Family Health Office, NCDPC

GOVERNANCE



MECHANISMS FOR EFFICIENCY, TRANSPARENCY AND ACCOUNTABILITY

DOH ISO Certification

The DOH is the first government agency in the country certified to have a department-wide ISO 9001:2008 for implementing quality management system. With 17 Central Office bureaus, centers and services, and two pilot CHDs in Metro Manila and CALABARZON, the DOH is also the biggest organization ever to be certified in the country.



Best Performer in Terms of Disbursement

Among the eight key agencies (DOH, DSWD, DENR, DA, DPWH, DOTC, DAR, and DepEd), DOH was considered the Best Performer in Terms of Disbursement, having achieved targeted monthly cash allocations.



Net Sincerity Rating

The DOH surpassed all other agencies in the executive branch of government (and was second to the Office of the President) in receiving a net sincerity rating from “Good” (+37) in 2009 to “Very Good” (+60) in 2012, specifically for fighting graft and corruption. This is based on the preliminary report of the 2012 Social Weather Station Survey of Enterprises on Corruption presented during the Second Integrity Summit.



Surveillance in Post Extreme Emergencies and Disasters (SPEED)

Out of 50 contenders, the Surveillance in Post Extreme Emergencies and Disasters (SPEED) of DOH-HEMS, in partnership with WHO, received the *Galing Likha Kalusugan* (GLK) Award for being a shining example of innovation in health. GLK is the first and only award that specifically honors ground-breaking health programs and initiatives that have benefited the country's health system. SPEED garnered the Award of Merit for its trailblazing web-based innovation as the world's first early warning disease surveillance system for disasters and emergencies. It is activated during major disasters in the country and is particularly useful in evacuation centers, health centers and hospitals in NCR, CALABARZON, and Central Luzon.



Performance Governance System

The DOH is currently at the Compliance Stage of the Performance Governance System (PGS), where roles and activities of each DOH unit and sub-units are aligned to the achievement of the agency's goals, and to the country's Medium-Term Development Goals. The PGS Pathway outlines the Department's vision, mission, goals and targets to be attained by 2030. It is guided by five perspectives or areas of excellence, namely: social impact, people empowerment, internal processes, organization, and resources.





Dr. Ernesto Domingo and Usec. Madeleine de Rosas-Valera as presentors in the Research Reference Hub

HEALTH RESEARCH Research Projects

Aligned to support the three thrusts of KP, the DOH funded 70 research efforts in 2012: 16 on health care financing, 26 on health facilities enhancement, and 28 on MDGs attainment.

This was done through the Health System Research Management Initiative in 2012 that pooled 2% of DOH funds for research, in partnership with research institutions to generate resources and build capacity for research in the sector. Prior to this effort, only 6 researches out of the 187 topics in the Research Agenda for 2005-2010 was actually accomplished.

COMPLETED RESEARCHES

- 1 Evaluation of the Harmonization and Streamlining of Hospital Licensure System
- 2 Evaluation of the Impact of Health Reform in the Responsiveness of Philippine Health System
- 3 Enhancing the National Forum on Health Action to Support the Universal Health Care Agenda
- 4 Research Ethics Governance
- 5 Assessment and Risk Management of the DOH Resource Center for Health Systems Development as a Support Facility for the Implementation of the UHC Goals and Objectives
- 6 Systematic Reviews and Meta Analysis of Relevant Studies Supporting Policies for UHC.

Health System Research Management

Through Department Order No. 2012-0197, the Research Reference Hub was established for the following purposes:

1. To strengthen health policy research system management in the DOH through collaborations and partnerships among government and other research institutions
2. To increase capacity for research, knowledge management, policy development, and performance assessment in the DOH
3. To generate more health researches in support of the KP Health Research Agenda

Thirty (30) Policy Planning Research Legislative Fellows were hired and deployed to different bureaus/units/programs of the Central Office, and to be trained as next-generation health sector leaders, program managers, policy analysts, and researchers.

On October 10, 2012, the Asia Pacific Observatory for Health Systems and Policies was launched at Sofitel Manila, where the Philippine Health Systems Review (Health in Transition Vol. 1, No. 2, 2011) was presented.



The 13th National Health Research Forum for Action



Registration of participants at the NHRFA

National Health Research Forum for Action

Themed “*Kalusugang Pananaliksik para sa Kalusugan Pangkalahatan*” (KP4KP), the 13th National Health Research Forum for Action (NHRFA) was held at Pan Pacific Manila on November 20-21, 2012. The forum was comprised of two plenary sessions on research translation into policy in the local and global setting, and four parallel sessions on the three KP thrusts and on issues related to governance and research support systems.

At least 150 participants from different groups of professionals and partners in health from both the public and private sectors were in attendance. The NHRFA served as a venue for reaching health professionals in order to disseminate updates in health research, and as an advocacy effort in support of the Aquino Health Agenda of providing quality and equitable health care services to all Filipinos.

PUBLIC-PRIVATE PARTNERSHIP INITIATIVES

As innovative, long-term contractual arrangements for developing infrastructure and providing public services, PPPs bring in private sector resources and expertise to assist the government in the provision of social services and infrastructure. PPPs have been expected to aid the national government in addressing present challenges in the health sector, such as the modernization of DOH hospitals.

In 2012, PhP3B was allocated for the modernization of 24 DOH-retained regional hospitals. Another prospective PPP initiative is the modernization of the Philippine Orthopedic Center which was started last 2010. Currently, the bidding is still ongoing.



Perspective of the Philippine Orthopedic Center



Waist circumference monitoring as part of the Belly Gud for Health project campaign



DOH Red Orchids Awards trophy



2012 DOH Red Orchids Hall of Fame awardees

ADVOCACY CAMPAIGNS

Belly Gud For Health



A DOH healthy lifestyle advocacy strategy, Belly Gud for Health is envisioned to be a light and enjoyable challenge for officials and employees to be fit by attaining and maintaining a desirable waist circumference.

Participant selection was based on actual waist circumference: over 90cm for males and over 80cm for females.

Interventions included monthly nutrition and physical activity sessions, waist circumference monitoring, and participation in different activities such as jogging within the DOH compound, engaging in HATAW exercises at the DOH Gym every Tuesday and Thursday, participating in the “Ala Stress” daily regimen, and working out using the DOH gym facilities. The intervention period ran for six months, beginning in July.

A total of Eight DOH employees received plaques of recognition as Good Performing Participants, and two received cash prizes of PhP5,000 each as winners of the 2012 Belly Gud for Health project.

DOH Red Orchid Awards

The DOH Red Orchid Awards represent a measure to recognize LGUs, offices, and hospitals with 100 percent tobacco-free environments. In 2012, DOH Red Orchid awards were given to six cities, 25 municipalities, 28 government hospitals, 12 government offices, and 10 DOH centers.

Each awardee received PhP100,000 worth of drugs to be utilized for smoking cessation or for the control of NCDs. Five LGUs were inducted to the Hall of Fame for winning the DOH Red Orchid Award for three consecutive years: Davao City; Legazpi City; Maasin City; Calauag, Quezon; and Talisayan, Misamis Oriental— each receiving PhP500,000 as incentive for sustaining their tobacco control activities.

Additionally, MMDA Chairman Francis N. Tolentino received the World No Tobacco Day 2012 Award for his outstanding efforts and advocacy initiatives towards a “100% Smoke-free Metro Manila.”

National Tobacco Control Strategy

Launched on 24 July 2012, the National Tobacco Control Strategy (NTCS) is the first comprehensive and coordinated approach of its kind. The NTCS reflects the government’s political commitment to strengthen national capacities in addressing non-communicable diseases (NCDs) in terms of rising incidence, developmental challenges, and socio-economic impact, as reflected in the United Nations Political Declaration on Control of NCDs. It



The APPIR campaign of DOH and partners urges LGUs to stage public display of fireworks to be handled by professionals in their localities

also seeks to move for the complete implementation of the WHO Framework Convention and Tobacco Control to protect the public from the effects of tobacco use. The National Tobacco Control Coordinating Office (NTCCO) was established under the National Center for Health Promotion (NCHP) to synchronize all tobacco control efforts of the DOH, as well as to enjoin other stakeholders for the same.

Good Practice Awards

Issued by the National Economic and Development Authority (NEDA), the Good Practice Awards (GPA) recognizes notable Official Development Assistance (ODA) projects and activities in the country. The GPA has been created to encourage implementing agencies to document their performance in implementing critical ODA projects. It also recognizes the good practices developed by these agencies, and aims to multiply the benefit of such practices by allowing other organizations to learn and possibly adopt them.

In 2012, four out of the 10 entries submitted by the DOH were awarded accordingly. Moreover, four DOH entries were favourably considered for the Achieving Desired Outcome Category and two for the Resolving Recurrent Issues in Project Implementation Category.

Aksyon: Paputok Injury Reduction

Launched in 2011, Aksyon: Paputok Injury Reduction (APIR) is an advocacy campaign for the prevention of firework-related injuries and deaths. For the period covering 21-31 December 2012, APIR has tallied a total of 931 fireworks-related injuries, distributed as follows: fireworks injuries, 904; due to stray bullets, 25; and firecracker ingestion, 2. Majority of the cases were from the NCR (246 cases, or 56 percent), while the most affected age group was 6-10-year bracket (240 cases, or 27 percent).

Table 10. Firework Injury Surveillance
December 12-31, 2012 Versus December 21-31, 2013

Nature of Injury	2011	2012	% Change
Firework	987	904	8% lower
Stray Bullet	29	25	14% lower
Firework Ingestion	5	2	60% lower
Total	1,021	931	9% lower

Source: National Epidemiology Center, DOH



HEALTH POLICIES



Signing of the Sin Tax Law at Malacanang

LANDMARK HEALTH-RELATED LEGISLATIONS

Sin Tax Law **Republic Act No. 10351**

An Act Restructuring the Excise Tax on Alcohol and Tobacco Products, amending Sections 141-145, 8, 131 and 288 of Republic Act No. 8424, otherwise known as the National Internal Revenue Code of 1997, as amended by Republic Act. No. 9334 and for Other Purposes

RA 10351 is envisioned as one of the strategies to reduce alcohol consumption and tobacco smoking in the country, as well as to generate additional revenues for the health programs of the government. It is projected that PhP33.96B in excise tax will be collected in the first year of its implementation.

The law mandates that 85 percent of the incremental revenues generated be utilized for the attainment of UHC under the NHIP and health-related MDGs, as well as to fund HFEP and other medical assistance. The remaining 15 percent shall be equitably distributed among the burley- and tobacco- producing provinces for programs that will provide alternative means of livelihood for farmers and other workers directly affected by the implementation of the new law.

Responsible Parenthood and Reproductive Health Law **Republic Act No. 10354**

An Act Providing for a National Policy on Responsible Parenthood and Reproductive Health

RA 10354 provides that the State guarantee access to RH and family planning services, supplies and information, including voluntary contraception. This is on the premise that the latter are medically safe, non-abortifacient, quality, effective, legal and affordable, and that priority acceptors are the poor and those from marginalized sectors. Resting on the principle of autonomy, the law promotes openness to life, provided that parents bring forth to the world only those children that they can raise in a truly humane way.

Similarly, the law asserts that there shall be no demographic and population targets, and that the mitigation, promotion, and/or stabilization of the population growth rate are merely incidental to the advancement of RH and sustainable human development. Moreover, age- and development-appropriate RH education shall be promoted and conducted at the secondary level, with due deference to cultural, religious and ethical norms of various communities.



Senate hearing on the Responsive Parenthood and Reproductive Health Bill, December 17, 2012 (Photo courtesy of Sen. Pia Cayetano's office)

OTHER HEALTH-RELATED LAWS APPROVED IN 2012

RA 10345

An Act Increasing the Bed Capacity of the Quirino Memorial Medical Center from Three Hundred Fifty (350) to Five Hundred (500) Beds, Amending for the Purpose Republic Act No. 8313, Appropriating Funds Therefor and for Other Purposes.

Signed into law on December 4, 2012, the measure mandates increasing the bed capacity of the Quirino Memorial Medical Center from 300 to 500 beds in order to accommodate the growing number of patients coming not only from Quezon City but also from neighboring LGUs (e.g., Marikina, Antipolo, San Mateo, Montalban, Caloocan, Novaliches), as well as from nearby provinces (e.g., Laguna, Bulacan, Cavite).

RA 10352

General Appropriations Act of 2013

For fiscal year 2013, the Philippine Congress has allocated PhP 54,808,421,000 to the Department of Health, including its attached agencies and specialty hospitals. This represents a 24.38-percent increase from the 2012 overall budget of PhP 44,063,738,000.

Table 11. Approved DOH Budget for 2013

Particulars	Amount (in '000 pesos)
Department of Health	
DOH Proper	50,442,299
Commission on Population	304,543
National Nutrition Council	327,744
HFEP c/o DPWH	2,785,570
Sub-total	53,860,156
Specialty Hospitals	
Lung Center of the Philippines	173,400
National Kidney and Transplant Institute	202,865
Philippine Children's Medical Center	345,000
Philippine Heart Center	187,000
Sub-total	908,265
Attached Corporations	
Philippine Health Insurance Corporation	
Philippine Institute for Traditional and Alternative Health Care	40,000
Local Water Utilities Administration	
Sub-total	40,000
Grand Total	54,808,421

DOH POLICIES APPROVED IN 2012

AO No. 2007-0009-A	Amendment of AO No. 2007 – 0009 dated March 9, 2007 “Operational Framework for the Sustainable Establishment of a Mental Health Program”
AO No. 2009-0005-B	Addendum to AO No. 2009 – 0005 Revised Policies and Guidelines on the Regulations on the Issuance of License to Operate Certificate of Conformity and Clearance for Customs Release Prescribed to Manufacturers, Importers
AO No. 2011-0013-A	Amendment to AO No. 2011 – 0013 dated September 12, 2011 re: Implementing Guidelines on the DOH Complete Treatment Pack to Ensure Sustainable Access to Essential Drugs and Medicines for the Marginalized Sectors
AO No. 2012-0001	New Rules and Regulations Governing the Licensure and Regulation of Dialysis in the Philippines
AO No. 2012-0002	Revised Guidelines on the Distribution and Sale of Yellow Prescription Pads
AO No. 2012-0003	Guidelines on Strengthening Laboratory Confirmation of Suspected Measles Cases
AO No. 2012-0004	Policy Framework for Public-Private Partnerships in Health
AO No. 2012-0005	National Policy on Climate Change Adaptation for the Health Sector
AO No. 2012-0006	Revised Dengue Clinical Case Management Guidelines
AO No. 2012-0007	Guidelines on the Grant of Twenty Percent (20%) Discount to Senior citizens on Health-Related Goods and Services and for Other Purposes
AO No. 2012-0008	Adoption and Implementation of the Pharmaceutical Inspection Cooperation Scheme Guides for the Good Manufacturing Practice for Medical Products
AO No. 2012-0009	National Strategy Towards Producing Unmet Need for Modern Family Planning as a Means to Achieve MDGs on Maternal Health
AO No. 2012-0010	Establishment of the Office of the DOH Center of Excellence on PPPs in Health at the NKT Diagnostic Center
AO No. 2012-0011	Further Amendment to AO No. 142 s. 2004 regarding the Bureau of Food and Drugs Issuance of Certificate of Product Registration for Foreign-Assisted Projects Procurement and Laboratory Testing of Pharmaceutical and Biological Products
AO No. 2012-0012	Rules and Regulations Governing the New Classification of Hospitals and Other Health Facilities in the Philippines
AO No. 2012-0013	Policy and Guidelines on Logistics Management in Emergencies and Disasters
AO No. 2012-0014	Policy and Implementing Guidelines on Reporting and Documentation in Emergencies and Disasters
AO No. 2012-0015	Revised Fees and Charges of Services Rendered by the Bureau of Quarantine, Department of Health
AO No. 2012-0016	Guidelines in the Conduct of Mass Blood Survey for Malaria Case Finding
AO No. 2012-0017	Guidelines on the Use, Retention and Storage of Residual Dried Blood Spots from New-born Screening

DEPARTMENT BUDGET



The DOH budget has been steadily increasing since 2008. The Department Proper's budget for 2012 amounted to PhP42,155,963,000 (marking a 32 percent increase from that of the previous year), distributed as follows: maintenance and other operating expenses (MOOE), 62 percent; capital outlay (CO), 20 percent; and personnel services (PS), 18 percent.

Figure 5. Budgetary Trends of DOH, 2008-2012, in Billion Pesos

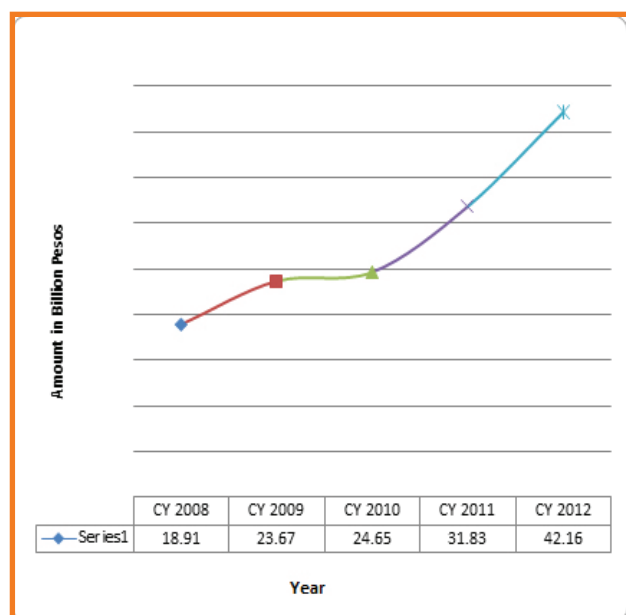


Table 12. Overall DOH Budget for 2012

Particulars	Amount (in '000 pesos)
Department of Health	
DOH Proper	42,155,963
Commission on Population	291,523
National Nutrition Council	321,892
Sub-total	42,769,378
Specialty Hospitals	
Lung Center of the Philippines	257,560
National Kidney and Transplant Institute	264,800
Philippine Children's Medical Center	445,000
Philippine Heart Center	287,000
Sub-total	1,254,360
Attached Corporations	
Philippine Health Insurance Corporation	
Philippine Institute for Traditional and Alternative Health Care	40,000
Local Water Utilities Administration	
Sub-total	40,000
Grand Total	44,063,738

Table 13. Comparative Budget Summary for the DOH Proper, 2008 thru 2012

Year	PS	MOOE	CO	Total
2008	5,832,513,000	10,643,479,000	2,436,018,000	18,912,010,000
2009	6,727,340,000	10,584,705,000	6,354,610,000	23,666,655,000
2010	6,866,566,000	11,316,923,000	6,466,276,000	24,649,765,000
2011	7,709,552,000	15,192,127,000	8,926,937,000	31,828,616,000
2012	7,633,148,000	25,994,815,000	8,528,000,000	42,155,963,000

Source: GAA, FY 2008-2012

HEALTH SECTOR RESOURCE MOBILIZATION

Budget utilization was relatively high at 89 percent in 2012, compared to 73 percent in 2011. DOH-wide, highest utilization was performed by the specialty hospitals, and the National Capital Region and Southern Luzon Clusters (at 95 percent) while the lowest was made by the Central Office (at 86 percent). This made the DOH the Best Performer in Terms of Disbursement (among all eight key national government agencies).

Table 14. Expense Utilization Rate Comparative Report, DOH-wide 2011 and 2012 (in million pesos)

Utilization Rate (%)	2012	2011	Increase/ (Decrease)
Personal Services	100	100	0
Maintenance and Other Operating Expenses	88	73	15
Capital Outlay	76	52	24
TOTAL	89	73	16

Table 15. Snapshot of Utilization Rate (in percent), 2012

Central Offices	85.5
Bureaus (FDA and BOQ)	93.3
Special Hospitals; NCR and Southern Luzon Cluster	94.8
Northern and Central Luzon Cluster	88.6
Visayas Cluster	87.3
Mindanao Cluster	86.2
DOH-WIDE	89.1

RESOURCES FROM FOREIGN-ASSISTED PROJECTS

For 2012-2017, DOH's overall Official Development Assistance (ODA) totaled twenty four (24) projects amounting to Php 16.6 billion where majority of the project cost are from grants.

The grant amount of Php 15 billion came from several development partner agencies that have consistently provided assistance even to the early health reform initiatives of the DOH and its implementation of the Sector Development Approach for Health (SDAH). On the other hand, loan amounting to Php 1.6 billion came from three development partners.

Figure 5. Foreign Assisted Projects 2012-2017 Loans and Grants P 16.6 Billion

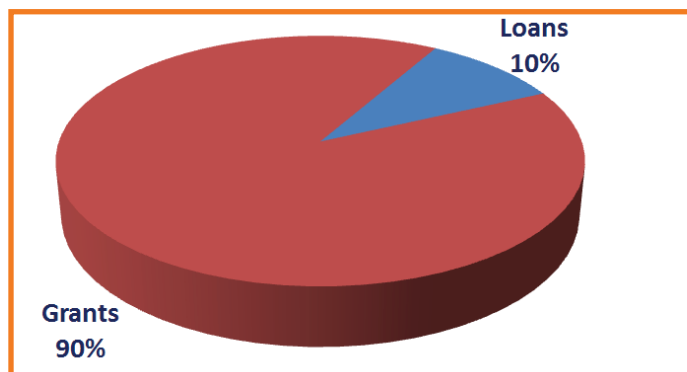


Figure 6. Foreign Assisted Projects Grants 2012-2017 P 15 Billion

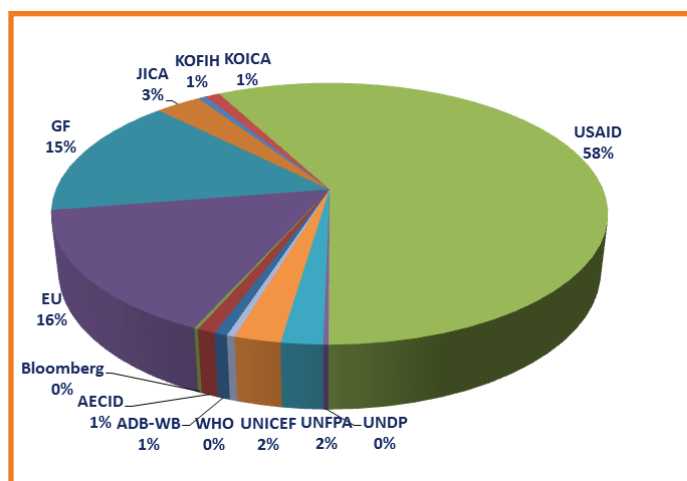
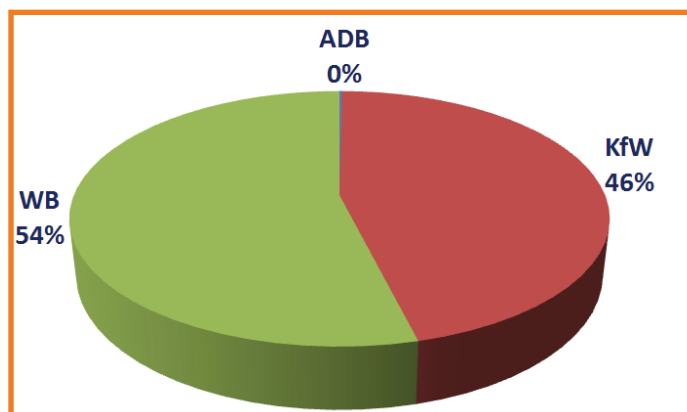


Figure 7. Foreign Assisted Projects Loans 2012-2014 P 1.6 Billion



DOH OFFICIALS



SECRETARY
ENRIQUE T. ONA

UNDERSECRETARIES



NEMESIO T. GAKO
Administration
Technical Cluster

ASSISTANT SECRETARIES



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