



ANNUAL REPORT 2014

DEPARTMENT OF HEALTH
PHILIPPINES

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EDITORIAL TEAM

Lilibeth C. David, MD, MPH, MPM, CESO III

Frances Rose Elgo-Mamaril, MPH

Emmylou Narido-Magbanua

Honey Loveleen R. Bontile

CREATIVE TEAM

Emelina S. Almario

Eli F. Camacho

DOH 2014 ANNUAL REPORT



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF HEALTH

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MESSAGE FROM THE SECRETARY OF HEALTH

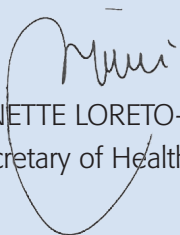
2014 was another milestone year for the Department of Health (DOH) as we continued our efforts to achieve Kalusugan Pangkalahatan.

With the support of partner agencies, the Department has been vigilant in preventing the spread of emerging and re-emerging diseases by taking appropriate measures such as surveillance, quarantine procedures, effective information dissemination and risk communication, and a hospital referral network system.

We face remaining challenges in attaining the health-related Millennium Development Goals. To ensure that Filipinos are protected from preventable diseases and premature deaths, the Department provided mass immunization for vulnerable populations (children, mothers, and elderly) and launched the Kalusugan Pangkalahatan Roadshow to mobilize support for implementation of public health policies and programs, particularly in underserved communities.

To allow more Filipinos to enjoy the benefits of universal health care, we widened the reach and depth of financial risk protection by increasing membership in the National Health Insurance Program of the Philippine Health Insurance Corporation (PhilHealth) through the Point of Care Enrollment Program. PhilHealth benefits are now available to *kasambahay* and their legal dependents and for all senior citizens, so that they get adequate assistance in times of illness. Through the Health Facilities Enhancement Program, we upgraded more DOH-retained and government hospitals giving the poor better access to quality health care. Moreover, we deployed health service providers to areas that need them most.

Allow us to share with you this Annual Report as a documentation of the 2014 accomplishments of the Department and our stakeholders.



JANETTE LORETO-GARIN, MD, MBA-H
Secretary of Health



OUTCOME 1: IMPROVED FINANCIAL RISK PROTECTION

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

NATIONAL HEALTH INSURANCE PROGRAM

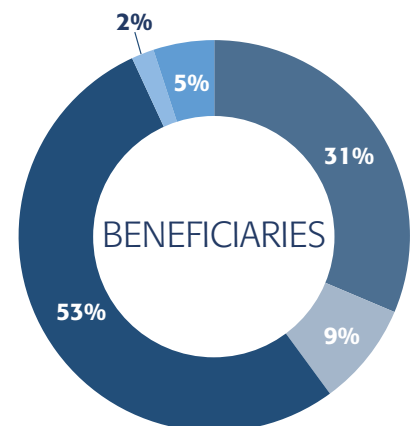
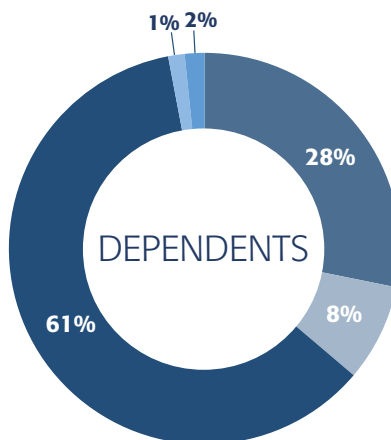
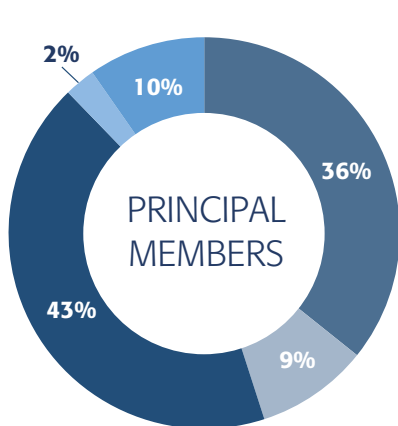
Out of the 99.56 million projected population for 2014, the National Health Insurance Program of the Philippine Health Insurance Corporation (PhilHealth) covered 87 percent or 86.22 million principal members and dependents. Of this total, 43.7 million principal members and dependents were enrolled as national government-sponsored members of PhilHealth as of September, 2014. To be able to serve the poor who are not yet covered by PhilHealth, hospitals pay for a qualified indigent patient’s one year PhilHealth membership premium upon admission through the Point of Care Enrollment Program. This way, hospitalization expenses of the poor are immediately covered. The Point of Care Enrollment Program is currently implemented by 60 Department of Health (DOH)-retained hospitals and 157 Local Government Unit (LGU)-managed hospitals.

PHILHEALTH COVERAGE AS OF DECEMBER 2014

36.4
MILLION
PRINCIPAL MEMBERS

49.8
MILLION
DEPENDENTS

86.2
MILLION
BENEFICIARIES



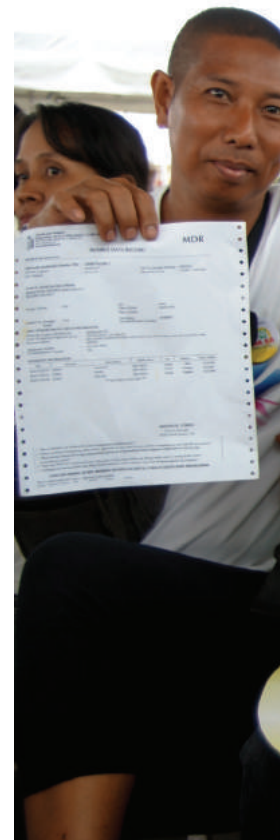
Source: PhilHealth



Source: PhilHealth



Source: PhilHealth



PHILHEALTH BENEFITS

NO BALANCE BILLING POLICY

The No Balance Billing Policy mandates a zero payment scheme for sponsored members and their dependents. These patients, when admitted to PhilHealth-accredited government hospitals due to medical and surgical conditions, can avail of the benefit under the case rates system.

As stated in Republic Act 10606, coverage of the policy has been extended to *kasambahay*¹ and their legal dependents in all PhilHealth-accredited government hospitals.

¹ Republic Act 10361 defines domestic workers, commonly known as “*kasambahay*,” as persons who engage in domestic work within an employment relationship such as, but not limited to general housekeepers, nursemaids “*yaya*,” cooks, gardeners, or washer women. This definition does not cover persons who perform domestic duties occasionally or sporadically, and not on an occupational basis.

Z-BENEFIT PACKAGE

The PhilHealth Z-Benefit Package covers catastrophic diseases such as breast cancer, childhood acute lymphoblastic leukemia, and prostate cancer, with assistance ranging from P100,000 to P600,000.

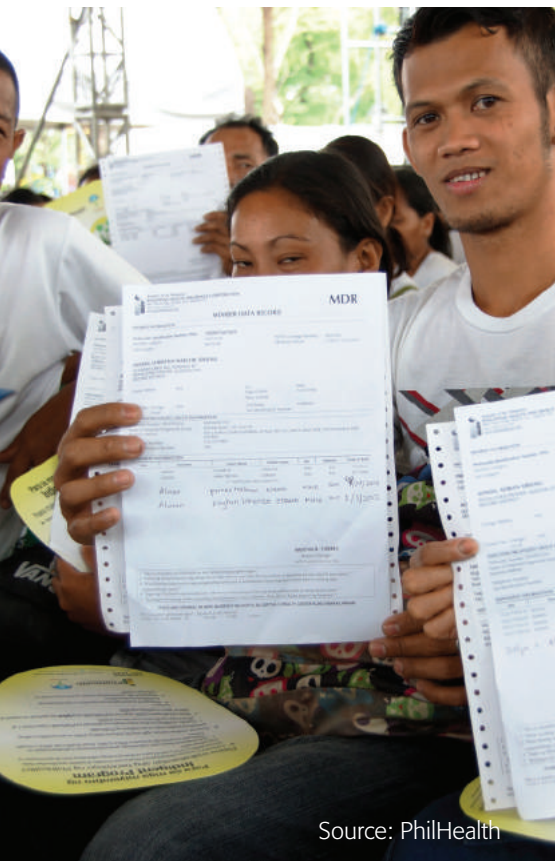
Support for the Expanded Z-Benefit Package ranges from P175,000 to P550,000, and covers additional catastrophic diseases such as coronary artery bypass graft surgery, repair of tetralogy of fallot for children, closure of ventricular septal defect for children, and cervical cancer.

For members with physical disabilities, PhilHealth launched the Z-Morph Benefit Package that allows qualified members with a

3-year lock-in membership and pre-authorization from PhilHealth to avail of the initial fitting of the lower limb prosthesis below the knee and implants for fractures.

ALL CASE RATES SYSTEM

PhilHealth-accredited facilities currently implement the all case rates system which covers a total of 4,698 medical conditions and 4,431 procedures and packages. The all case rates system offers a fixed rate for each treated case, thus discouraging health care providers from charging excessive fees. Members and dependents immediately know the precise amount to be shouldered by PhilHealth. The system reduces out-of-pocket expenses as well as patient anxiety caused by lack of information.



Source: PhilHealth

PRIMARY CARE BENEFIT

In collaboration with LGUs and other stakeholders, PhilHealth and the Department of Health launched the multi-sectoral advocacy campaign called “Alaga Ka para sa Maayos na Buhay” providing 14.7 million indigent families with greater access to primary health care services. The ALAGA KA Program ensures that through Tamang Serbisyo sa Kalusugan ng Pamilya (TSeKaP), primary health care services effectively reach the less privileged.



PANTAWID PAMILYANG PILIPINO PROGRAM

Source: DSWD

On June 20, 2014, the Department of Health, PhilHealth, and the Department of Social Welfare and Development (DSWD) sealed a partnership with the local government of Oriental Mindoro to expand the coverage of the Social Protection Support Initiatives (SPSI). Bringing together programs of the three agencies, SPSI is an inter-agency collaboration which aims to improve the well-being and economic status of targeted poor families and individuals through advanced information and communication systems technology.



OUTCOME 2: GREATER ACCESS TO HEALTH CARE SERVICES

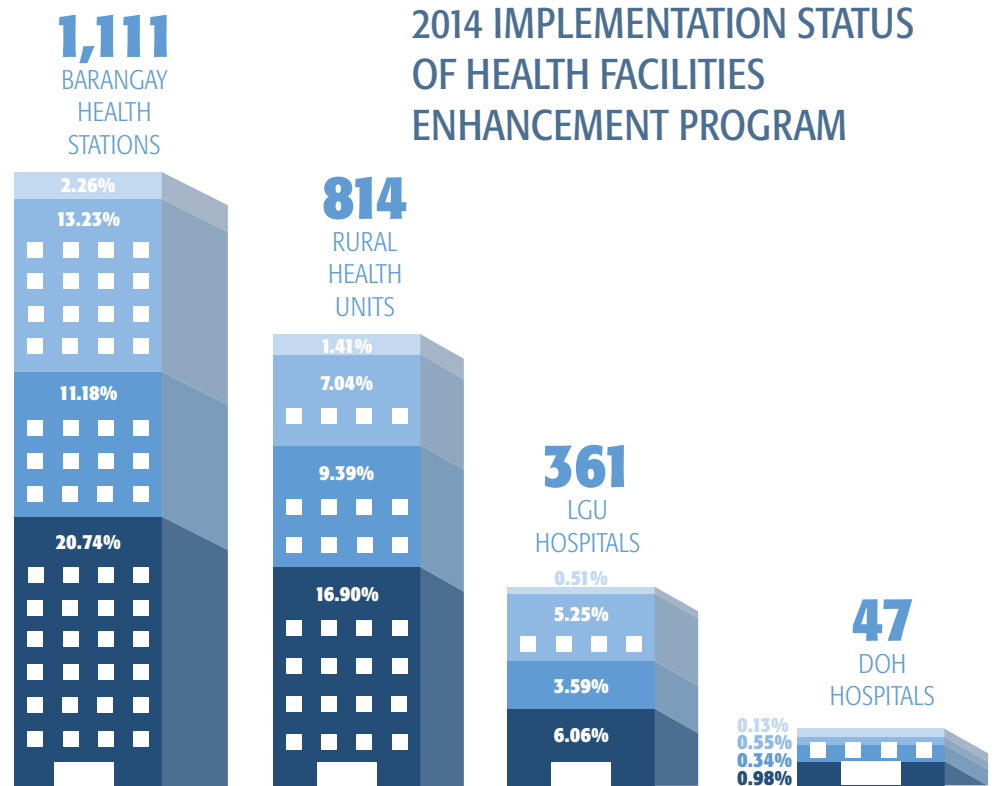
All Filipinos – particularly the poor – have access to quality health care services



HEALTH FACILITIES ENHANCEMENT PROGRAM

Increased funding for the Health Facilities Enhancement Program provided the poor with greater access to quality health care. From 2010-2014, a total of P46.39 billion was allocated for the upgrading of licensing classification, PhilHealth accreditation, and the rehabilitation of 8,453 hospitals.

- PRE-PROCUREMENT STAGE
- PROCURED
- ONGOING CONSTRUCTION
- COMPLETED



Source: DOH

HEALTH HUMAN RESOURCE DEPLOYMENT PROGRAM

The Department has been deploying Doctors to the Barrios (DTTBs) since 2010. In 2014, 320 DTTBs were deployed to municipalities without doctors. In the same year, a total of 11,293 nurses under the Nurse Deployment Project were hired as fulltime staff in rural areas and in Eastern Visayas for post Yolanda recovery activities. Likewise, a total of 2,700 midwives under the Rural Health Midwives Placement Program were deployed for the year, bringing the total of rural midwives deployed since 2010 to 9,137.

	2010	2011	2012	2013	2014
DOCTORS 	67	139	235	276	320
REGISTERED NURSES FOR HEALTH ENHANCEMENT AND LOCAL SERVICE (RN HEALS) 		20,801	10,000	21,929	11,293
RURAL HEALTH MIDWIVES 	191	1,117	2,391	2,738	2,700
COMMUNITY HEALTH TEAMS 			33,157 TEAMS (165,785 MEMBERS)	49,259 TEAMS (227,583 MEMBERS)	47,550 TEAMS (223,399 MEMBERS)

Source: DOH



OUTCOME 3: PUBLIC HEALTH MILLENNIUM DEVELOPMENT GOALS (MDGs) ACHIEVED

All Filipinos –particularly the poor – are protected from preventable diseases and premature death

MDG 4: REDUCE CHILD MORTALITY

The Department, in collaboration with the local government units, continues to carry out a set of effective and well-defined child health and related programs to reduce child mortality.

	BASELINE	ACCOMPLISHMENT	2016 TARGET
INFANT DEATH RATE PER 1,000 LIVE BIRTHS	25 NATIONAL DEMOGRAPHIC AND HEALTH SURVEY, 2008	23 NATIONAL DEMOGRAPHIC AND HEALTH SURVEY, 2013	17 NATIONAL OBJECTIVES FOR HEALTH 2011-2016
UNDER-FIVE DEATH RATE PER 1,000 LIVE BIRTHS	34 NATIONAL DEMOGRAPHIC AND HEALTH SURVEY, 2008	31 NATIONAL DEMOGRAPHIC AND HEALTH SURVEY, 2013	25.5 NATIONAL OBJECTIVES FOR HEALTH 2011-2016
% FULLY IMMUNIZED CHILD	81 NATIONAL DEMOGRAPHIC AND HEALTH SURVEY, 2008	89 DISEASE PREVENTION AND CONTROL BUREAU, 2013	95 NATIONAL OBJECTIVES FOR HEALTH 2011-2016

Source: DOH



EXPANDED PROGRAM ON IMMUNIZATION

The Expanded Program on Immunization (EPI) ensures that infants and children have access to routine vaccines such as BCG, DPT-HepB-HiB, OPV3, HepB, Measles, MMR, TT, PCV13, and rotavirus. According to data from the Family Health Office of the National Center for Disease Prevention and Control, 90 percent (2,070,000) of children were fully immunized in 2014.

MICRONUTRIENT SUPPLEMENTATION

Providing essential vitamins and minerals to children under five is a strategy against severe nutritional deficiencies. In 2014, regions affected by typhoon Ruby were given priority for distribution of micronutrients. A total of 8,340 bottles of Vitamin A 100,000 IU and 91,754 of Vitamin A 200,000 IU were distributed to Regions IV-A, IV-B, V, VI, VII, VIII while 169,378 bottles of iron salt solutions were dispensed for low birth weight infants.

MASS MEASLES VACCINATION

A total of 21,455 confirmed cases of measles and 110 deaths was reported in 2014. The Department, with the assistance of the World Health Organization, launched the "Ligtas Tigdas" mass measles vaccination campaign for children ages 9 months to 59 months old. Further support in the form of five million doses of measles rubella vaccines from the Prince of Wales through the International Health Partners was received by the Department. The campaign significantly boosted the country's measles immunization rate to 92 percent or 10,402,489 children.

MDG 5: IMPROVE MATERNAL HEALTH

Of the health-related MDGs, reducing maternal mortality is most problematic. The rate of change in the maternal mortality has been relatively low and the decline appears to have stalled for the past two decades. In addition, available data sets show varying results. To achieve MDG 5 by 2015, there is a need to reduce the maternal mortality ratio to 52 deaths per 100,000 live births.

REPRODUCTIVE HEALTH SERVICES

Maternal deaths may be attributed to the lack of access to qualified reproductive health services. The 2013 National Demographic and Health Survey points to the need to increase number of births delivered in health facilities and conducted with the presence of skilled birth attendants to achieve MDG 5.

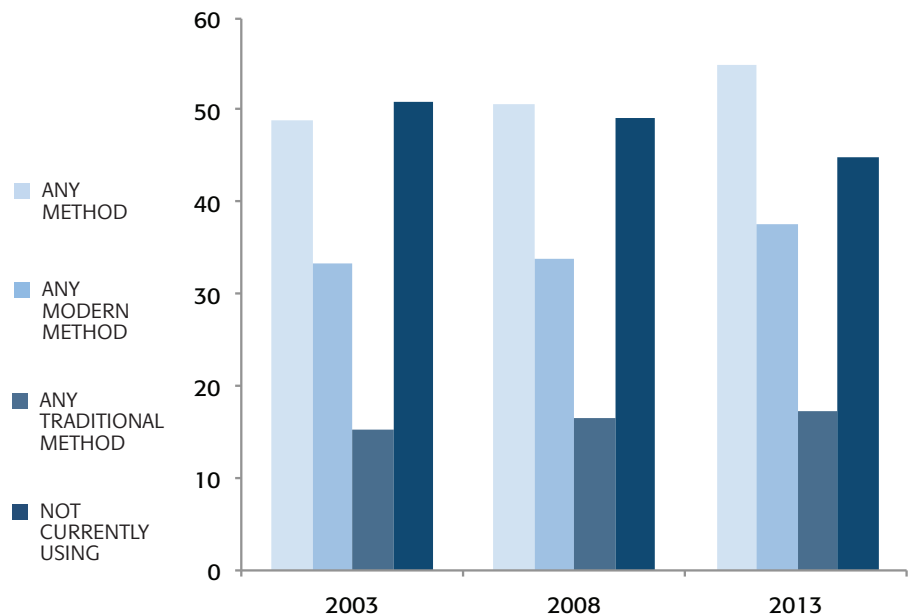
USE OF CONTRACEPTIVES AMONG FILIPINO WOMEN

One strategy to reduce maternal deaths and achieve MDG 5 is to ensure access to preferred contraceptives. A 2013 survey reported that Filipino women wanted fewer children; however, only 37.6 percent practice family planning using modern methods. The Department aims to increase the proportion of women using modern family planning methods to at least 53 percent in 2015.

	BASELINE	ACCOMPLISHMENT	2016 TARGET
PROPORTION OF BIRTHS ATTENDED BY SKILLED HEALTH PERSONNEL	62 NATIONAL DEMOGRAPHIC AND HEALTH SURVEY, 2008	87 DISEASE PREVENTION AND CONTROL BUREAU-FAMILY HEALTH OFFICE, 2013 72.8 NATIONAL DEMOGRAPHIC AND HEALTH SURVEY, 2013	85
PROPORTION OF PREGNANT WOMEN DELIVERING AT HEALTH FACILITIES	44 NATIONAL DEMOGRAPHIC AND HEALTH SURVEY, 2008	76 DISEASE PREVENTION AND CONTROL BUREAU-FAMILY HEALTH OFFICE, 2014	85
MATERNAL MORTALITY RATE (DEATHS PER 100,00 POPULATION) DECREASED	163 NATIONAL DEMOGRAPHIC AND HEALTH SURVEY, 2008	62 DISEASE PREVENTION AND CONTROL BUREAU-FAMILY HEALTH OFFICE, 2013 120 WORLD HEALTH ORGANIZATION/ WORLD BANK, 2013	52

Source: DOH

CONTRACEPTIVE PREVALENCE RATE (CURRENTLY MARRIED WOMEN AGES 15-49)



Source: National Demographic Health Survey, 2008-2013

KALUSUGAN PANGKALAHATAN ROADSHOW

The Department launched the Kalusugan Pangkalahatan (KP) Roadshow as a strategy to make access to health services easier for underserved communities. It encouraged the LGUs to come out with public health policies; it also emphasized the importance of political will in the provision of health care services.

In 2014, the Department conducted KP Roadshows in fourteen areas of the selected five regions: National Capital Region, CARAGA Region, Region 6, Region 7, and Region 8.



MDG 6: COMBAT HIV, AIDS, MALARIA, AND OTHER DISEASES

HIV/AIDS

Despite the continued increase in HIV cases in the country, the estimated national HIV prevalence remains less than 1 percent among the general population. More and more people living with HIV (PLHIV) are being provided access to free HIV treatment. The program aims to cover 90 percent of PLHIV eligible for treatment. At present, 6,437 PLHIV are enrolled in anti-retroviral therapy out of the estimated 8,732 needing the treatment.

	BASELINE	ACCOMPLISHMENT	2016 TARGET
HIV PREVALENCE RATE	0.57 INTEGRATED HIV BEHAVIORAL AND SEROLOGIC SURVEILLANCE, 2009	<1.0	<1.0
NUMBER OF HIV/AIDS CASES DIAGNOSED AND GIVEN TREATMENT	53 NATIONAL CENTER FOR DISEASE PREVENTION AND CONTROL, 2001	87 DISEASE PREVENTION AND CONTROL BUREAU, 2013	85

Source: DOH

TUBERCULOSIS (TB)

TB case detection has steadily increased and the treatment outcome remains generally good with more than 85 percent success rate registered for the period 2010-2013.

As of October, 2014, 244,392 TB cases were provided treatment.

	BASELINE	ACCOMPLISHMENT	2016 TARGET
PROPORTION OF TB CASES DETECTED UNDER DOTS	73 NATIONAL CENTER FOR DISEASE PREVENTION AND CONTROL, 2001	90 NATIONAL CENTER FOR DISEASE PREVENTION AND CONTROL, 2013	90
PROPORTION OF TB CASES CURED UNDER DOTS	0.57 INTEGRATED HIV BEHAVIORAL AND SEROLOGIC SURVEILLANCE, 2009	<1.0 NATIONAL CENTER FOR DISEASE PREVENTION AND CONTROL, 2013	<1.0

Source: DOH

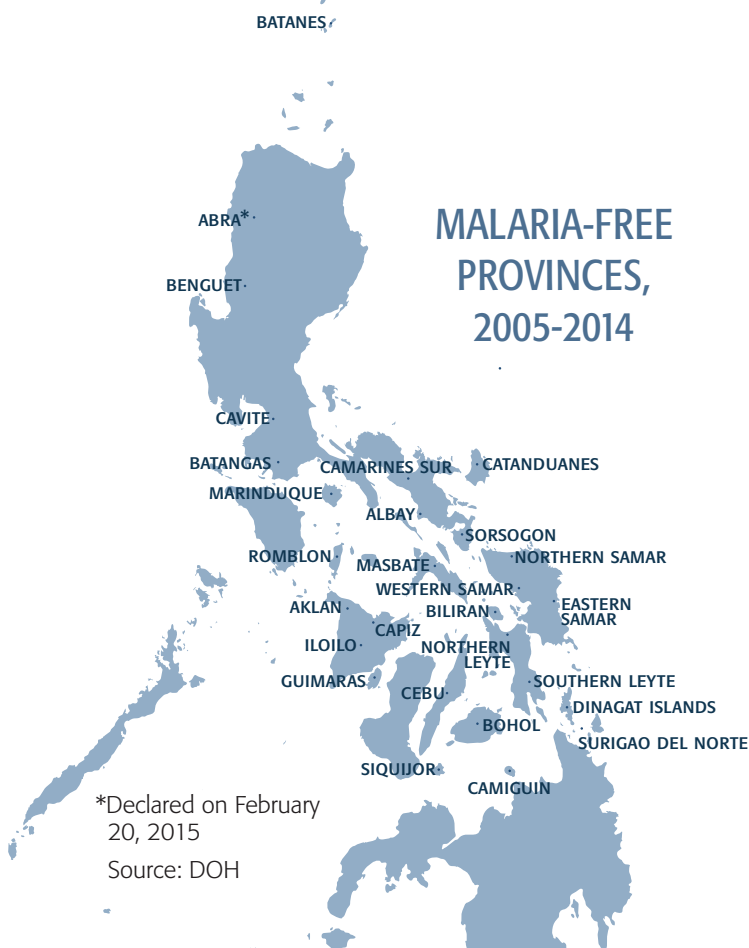
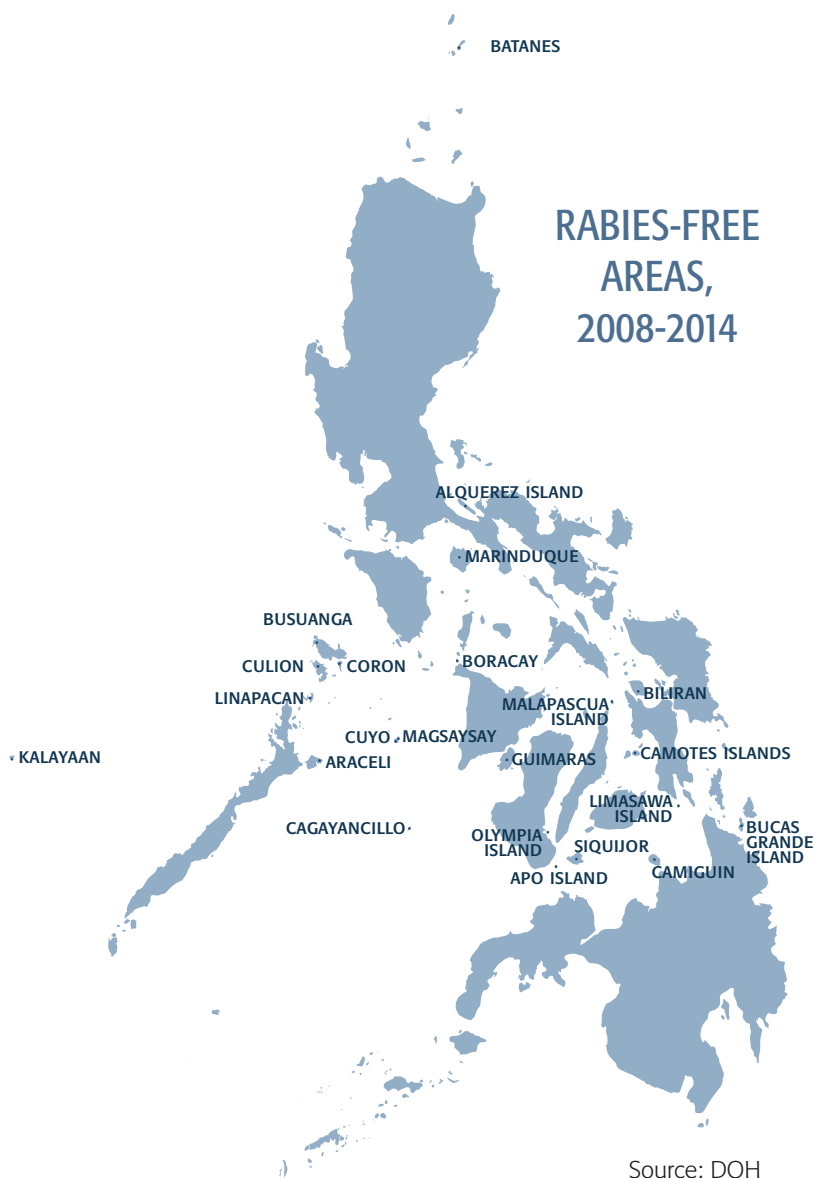
DISEASE-FREE ZONES INITIATIVES

Rabies

Rabies remains a serious public health problem responsible for about 200-250 deaths in the country annually. Worldwide, approximately 55,000 die from rabies every year.

To achieve a rabies-free Philippines by 2020, the Department of Health and the Department of Agriculture signed a Memorandum of Agreement that will fast track the achievement of zero human rabies cases by 2016, through increased dog vaccination and responsible pet ownership.

There are now 23 areas free of the disease compared to 3 in 2010. The incidence rate of human-rabies cases has decreased by 34 percent from 2010. Efforts are now focused on reaching a goal incidence rate of 1.5 cases per million population by 2016.



Malaria

The Philippines is on course for eliminating malaria by 2020. The number of malaria-free provinces has increased from 13 in 2001 to 28 in 2014².

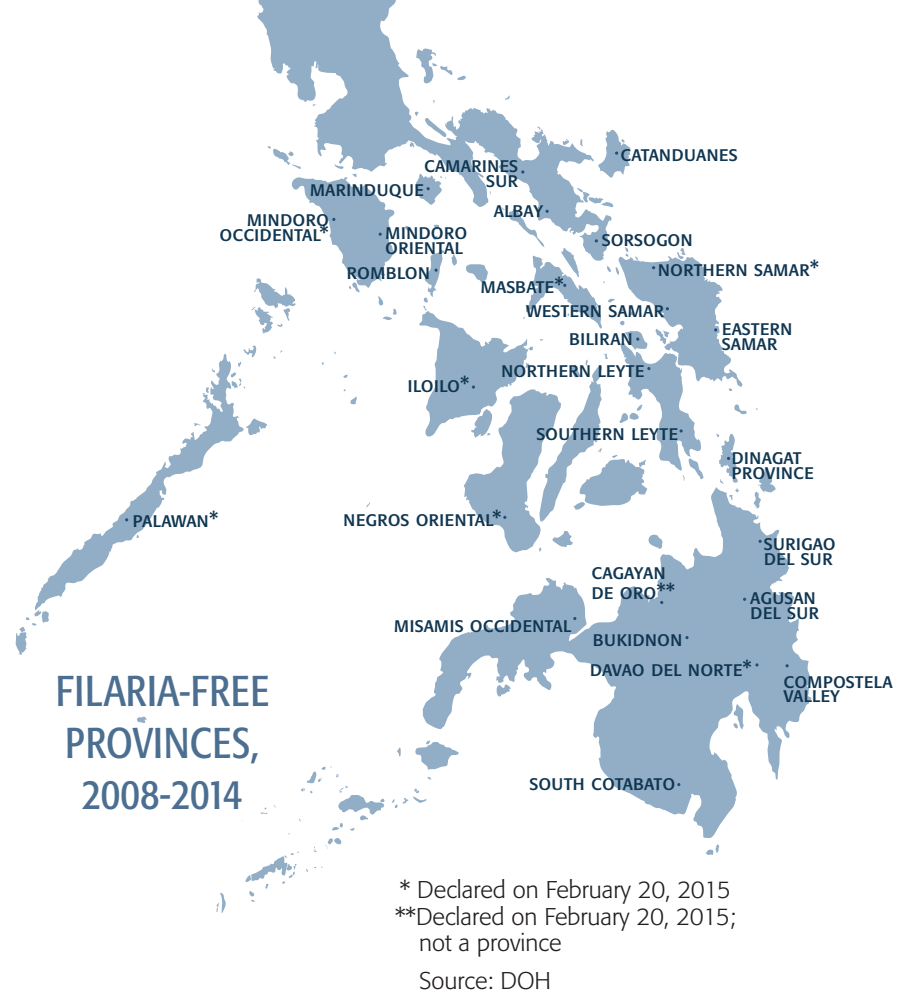
In March 2014, the Philippines joined the Asia-Pacific Malaria Elimination Network [APMEN] in its 6th Annual Meeting to work towards eliminating malaria as a public health threat in the Asia-Pacific countries.

²1 province was declared as “malaria-free” on February 20, 2015.

Filaria

The number of filaria-free provinces has doubled since 2010. There are now 27 provinces³ and 1 municipality free of filariasis out of the 44 endemic provinces. Forty-three of these endemic provinces conducted Mass Drug Administration while one employed selective treatment.

³7 provinces and 1 municipality were declared as "filaria-free" on February 20, 2015.

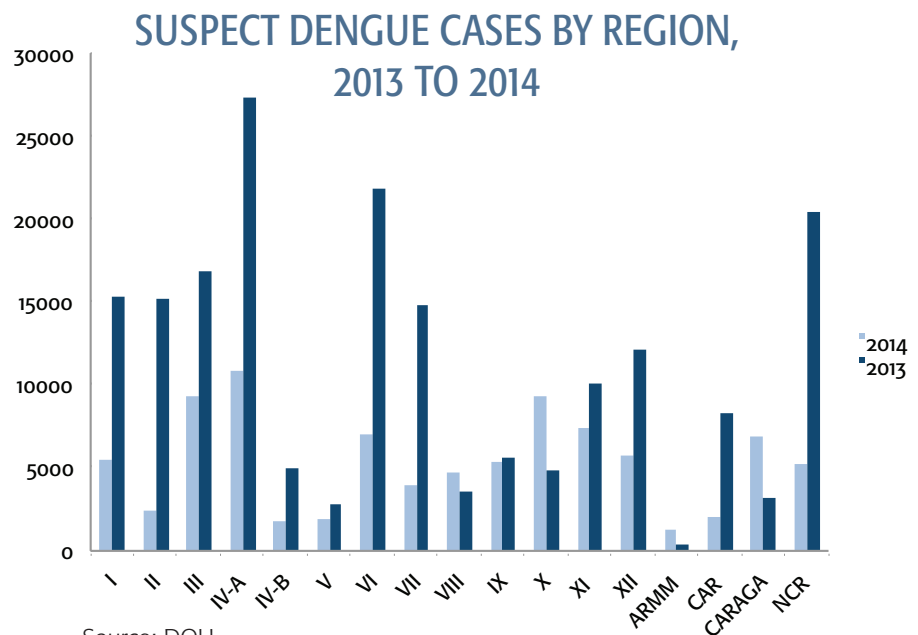


Dengue

Deaths from dengue remain very low at less than 1 percent of deaths from the period 2010 to 2014.

The Epidemiology Bureau reported a total of 90,503 dengue cases from January 1 to November 8, 2014. This is 51.61 percent lower compared to the same time period for the previous year, at 187,285. Of the total cases, 11.94 percent were from CALABARZON (Region IV-A), 10.24 percent from Northern Mindanao (Region X), 10.22 percent from Region III, 8.23 percent from Region XI, and 7.72 percent from Region VI.

Majority of the infected patients were 5 to 14 year old children (39.12% of the total cases), and more than half were males (52.82%). Since January 2014, a total of 342 deaths (Case Fatality Rate of 0.38%) was recorded; most of them were children.



EMERGING AND RE-EMERGING DISEASES

MERS-Corona Virus

In early 2014, MERS-CoV⁴, a highly fatal respiratory illness, threatened to enter the country.

The Philippines remains MERS-CoV-free but as a safety precaution, the DOH approved the alert bulletin issued by the Bureau of Quarantine to give prompt assistance to travelers affected by MERS-CoV and to include MERS-CoV in the pre-departure orientation for overseas Filipino Workers (OFWs). The Department of Health also spearheaded an inter-agency meeting to thresh out all concerns, gaps, and loopholes in addressing the MERS-CoV issue in the country.

⁴The Middle East Respiratory Syndrome Corona Virus or MERS-CoV is a respiratory illness that may be passed on to others through exposure or close contact with a positive carrier (Center for Disease Control and Prevention, 2014).



Ebola

Ebola virus disease is one of the world's most virulent diseases with a case fatality rate of up to 90 percent. It was declared as an international public health emergency in August, 2014.

The Philippines remains Ebola-free. To prevent its spread in the country, specialized training on the Ebola

virus disease was conducted in collaboration with the World Health Organization.

The Department has declared that the Research Institute for Tropical Medicine, the country's National Reference Center for Emerging and Re-emerging Infectious Diseases, is prepared to respond to the threat of Ebola virus disease.

CLIMATE AND HEALTH

Typhoon Yolanda, internationally known as Haiyan, is considered as the strongest typhoon to make landfall in recorded history. The wide scale destruction brought by the typhoon prompted the World Health Organization to categorize the calamity response as Grade 3, the highest internal emergency category.

On May 20, 2014, the Secretary of Health Dr. Enrique Ona addressed the 67th World Health Assembly at the Palais des Nations in

Geneva, Switzerland. The Secretary emphasized that "climate is recognized as an important determinant for health" and that "health is one of the most visible dimensions of climate change."

In his speech, he shared with other international health leaders and health policy workers the Philippine experience of Typhoon Yolanda, and expressed heartfelt appreciation for the outpouring of support from the international community. He said that the Philippines has started

to review its existing policies and programs based on the lessons learned from Typhoon Yolanda. The Secretary underscored the important principle of "building back better" in the reconstruction of health structures, making the health system more resilient and effective in responding to climate change. The Secretary called on the Assembly for a "united front against the health impacts of climate change to achieve universal health care for our people".



OUTCOME 4: IMPROVED HEALTH GOVERNANCE

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



HEALTH ADVOCACY CAMPAIGNS

Obesity is a serious health concern especially because of its strong association with the development of non-communicable diseases. The 2014 *Belly Gud for Health, Keeping Fit, Moving Forward* is the Department's response to the increasing waist circumference of health personnel. In November, 2014, the Knowledge Management and Information Technology Service was awarded as the DOH office with the highest percentage (69.6%) of personnel with the desirable waist circumference.

GOOD PRACTICE AWARDS

The Department of Health received four awards at the 52nd Project Implementation Officers Meeting of the National Economic and Development Authority. The 2014 Good Practice Awards were given out for the following strategies: 1) Strategy on Implementing the Development Partner Scorecard, initiated by the Department of Health; 2) Strategy on Enhancing Inter-LGU Collaboration to Improve Maternal and Child Health Services in the Cordilleras under the project entitled Cordillera-wide Strengthening of the Local Health System for the Effective and Efficient Delivery

2ND HEALTH TECHNOLOGY ASSESSMENT (HTA) INTERNATIONAL POLICY FORUM IN ASIA

The Health Technology Assessment International (HTAI) and the Office of Health Economics, United Kingdom (OHE) jointly organized the 2nd Health Technology Assessment International Policy Forum held on July 10-11, 2014 at the Manila Diamond Hotel. Representatives from national health departments and ministries; health system experts; and key stakeholders from the academe, industry, and development partners participated in the forum.

In his remarks at the forum, Secretary Enrique Ona stated that "The HTA Asia Policy Forum is timely in addressing the issue of transferability of HTA with many of our neighbors facing tough decisions on how to pay effectively for health care given the constraints in resources". Discussions focused on how HTA could be shared across countries in order to maximize the benefits of this work for which the Asian Region has limited capacity.

of Maternal and Child Health Services, supported by Japan International Cooperation Agency (JICA); 3) Strategy on Improving Data Quality Check on Maternal and Child Health and Family Planning under the project entitled Improving Quality Data on Maternal and Child Health and Family Planning Indicators, supported by United States Agency for International Development (USAID); 4) Strategy on Improving Postpartum Family Planning Services under the project entitled Center of Excellence for Postpartum Family Planning Services: Responding to Women's Unmet Needs, supported by USAID.



ISO CERTIFICATION

ALL DOH regional and central offices are ISO certified. As of November 6, 2014, 22 DOH- retained hospitals were ISO certified.

1. Bataan General Hospital
2. Batangas Medical Center
3. Bicol Medical Center
4. Bicol Regional Training and Teaching Hospital
5. Bicol Sanitarium
6. Corazon Locsin Montelibano Memorial Regional Hospital
7. Cotabato Regional Medical Center
8. East Avenue Medical Center
9. Eversley Child Sanitarium
10. Ilocos Training and Regional Medical Center
11. Jose B. Lingad Memorial Regional Hospital
12. Mariano Marcos Memorial Hospital and Medical Center
13. Mariveles Mental Hospital
14. National Children's Hospital
15. National Kidney and Transplant Institute
16. Paulino J. Garcia Memorial Research and Medical Center
17. Philippine Children's Medical Center
18. Quirino Memorial Medical Center
19. Region 1 Medical Center
20. Research Institute for Tropical Medicine
21. Rizal Medical Center
22. Southern Philippines Medical Center

HEALTH RESEARCH

In 2014, the Health Systems Research Management (HSRM) continued to address the health research priorities of the Department of Health. Notable accomplishments included the completion of the 2012 HSRM research projects through its institutional partners (the Philippine Institute for Development Studies and the Philippine Council for Health Research and Development); the completion of 8 of 50 research projects lined up under the 2013 HSRM; the development of the 2014 – 2016 Medium Term Research Agenda (MTRA) for the Department through the Research Reference Hub; the graduation of 24 health policy associates and interns under the 2013 Health Policy Internship Program; and the organization of the 15th National Health Research Forum for Action held on October 21-22, 2014, at the Manila Marriott Hotel.

The work of the Health Systems Research Management also included the formation of the Unit Management Office to provide technical and administrative assistance to the Research Reference Hub. For 2014, seven research associates were assigned to the Research Management Unit, one knowledge management officer to the Research Learning Management Unit, and eighteen data managers and coordinators to the Performance Measurement Unit.



2014 POLICY ISSUANCES TO ENSURE THE SAFETY, EFFICACY, AND QUALITY OF HEALTH PRODUCTS

AO No. 2014-0016	Adoption of the World Health Organization "Guidelines on the Evaluation of Similar Biotherapeutics Products (SBPs) in the Registration of Biosimilar Products"
AO No. 2014-0029	Rules and Regulations on the Licensing of Food Establishments and Registration of Processed Foods, and Other Food Producers, and for Other Purposes
AO No. 2014-0030	Rules and Regulations Governing the Labeling of Prepackaged Food Products Further Amending Certain Provisions of AO No. 88-B s. 2984 on the "Rules and Regulations Governing the Labeling of Prepackaged Food Products Distributed in the Philippines", and for Other Purposes.
AO No. 2014-0034	Rules and Regulations on the Licensing of Establishments Engaged in Manufacture, Conduct of Clinical Trials, Distribution, Importation, Exportation, and Retailing of Drug Products and Issuance of Other Related Authorizations
AO No. 2014-0038	Rules and Regulations Governing Household/Urban Pesticides Licensing of Establishments and Operators, Registration of Their Products and for Other Purposes
AO No. 2014-0040	Revised Guidelines on the Need/Role of a Medical Director in the Pharmaceutical Industry

2014 POLICY ISSUANCES

AO No. 2014-0001	Implementing Guidelines on the Price Freeze of Medicines during Disasters and Emergencies
AO No. 2014-0002	Revised National Policy on Violence and Injury Prevention
AO No. 2014-0003	Updated Guidelines on Strengthening Laboratory Confirmation of Suspected Measles Cases
AO No. 2014-0004	Guidelines in the Implementation of the Modified Philippine Malaria Information System (PhilMIS) in Recording and Reporting Malaria Cases, Deaths, and Vector Control Activities
AO No. 2014-0005	Revised Policies and Guidelines in the Collaborative Approach of TB and HIV Prevention and Control
AO No. 2014-0006	Guidelines on the Establishment of Regional Laboratory as Part of the National Framework of the National Health Laboratory Network
AO No. 2014-0007	National Policy on the Establishment of Pre-hospital Emergency Medical Service System
AO No. 2014-0008	Rules and Regulations on Electronic Nicotine Delivery System (ENDS) or Electronic Cigarettes
AO No. 2014-0009	Implementing Guidelines on the Rational Use of Medicines (RUM) Pillar of the Philippine Medicines Policy
AO No. 2014-0010	Rescission of AO No. 138 s.2004 dated February 23, 2004 entitled "Guidelines for the Implementation of the Simplified Supplier Registration System (SSRS)" and AO No. 180 s.2004 dated December 7, 2004 entitled "Additional Guidelines for the Simplified Supplier Registration System"
AO No. 2014-0011	Policies and Guidelines on the Implementation of Surveillance in Post Extreme Emergencies and Disasters (SPEED)
AO No. 2014-0012	New Guidelines on the Management of Rabies Exposures
AO No. 2014-0013	Revised Implementing Guidelines on the Medical Health Care Assistance Program of the Department of Health Integrating the Inputs from the Stakeholders Meeting held April 2, 2014

AO No. 2014-0014	Guidelines on the Department of Health Anaesthesia Care Nursing Program
AO No. 2014-0015	Implementing Rules and Regulations of RA No. 8658 Otherwise Known as "An Act Increasing the Bed Capacity of Vicente Sotto Memorial Medical Center located in Cebu City from Four Hundred (400) to Eight Hundred (800) Bed Capacity and Appropriating Funds, Therefor"
AO No. 2014-0017	Implementing Guidelines on the Medical Assistance Program (MAP) of the Department of Health
AO No. 2014-0018	Implementing Rules and Regulations of RA No. 10613 "An Act Increasing the Minimum Bed Capacity of Zamboanga City Medical Center from Two Hundred Fifty (250) to Five Hundred (500), Amending for the Purpose Section 2 of RA No. 7272"
AO No. 2014-0019	Implementing Rules and Regulations of RA No. 10355 "An Act Increasing the Bed Capacity of Jose B. Lingad Memorial Regional Hospital in the City of San Fernando, Pampanga from Two Hundred Fifty (250) to Five Hundred (500), Upgrading Its Services and Facilities and Professional Health Care, Authorizing the Increase of Its Medical Personnel and Appropriating Funds Therefor"
AO No. 2014-0020	Implementing Rules and Regulations of RA No. 10614 "An Act Increasing the Bed Capacity of Region 1 Medical Center in Dagupan City, Pangasinan from Three Hundred (300) to Six Hundred (600), Authorizing the Increase of Its Medical Personnel, Upgrading Its Services, Facilities and Professional Health Care and Appropriating Funds Therefor"
AO No. 2014-0021	Implementing Rules and Regulations of RA No. 10345 "An Act Increasing the Bed Capacity of Quirino Memorial Medical Center from Three Hundred Fifty (350) to Five Hundred (500) Beds, Amending for the Purpose RA No. 8313 and Appropriating Funds Therefor"
AO No. 2014-0022	Implementing Rules and Regulations of RA No. 7445 "An Act Increasing the Bed Capacity of the Congressman Luis Hora Memorial Hospital in Mt. Province and Appropriating Funds Therefor" and RA No. 8314 "An Act Designating the Luis Hora Memorial Hospital in Bauko, Mountain Province, as the Regional Hospital of the Cordillera Administrative Region and Appropriating Funds Therefor"
AO No. 2014-0023	Designation of the Research Institute for Tropical Medicine (RITM) as the Philippine National Influenza Center (PNIC)
AO No. 2014-0024	Guidelines on Medical Assistance to Indigent and Poor Patients in Government Hospitals
AO No. 2014-0025	Guidelines on the Deployment of Human Resources for Health (HRH)
AO No. 2014-0026	Guidelines for the Implementation of the Public Health Assistants Deployment Program
AO No. 2010-0026-A	Amendment to AO No. 2010-0026 "Implementing Guidelines on the Medical Health Care Assistance Program of the Department of Health"
AO No. 2014-0027	National Policy on Water Safety Plan (WSP) for All Drinking-Water Service Providers
AO No. 2014-0028	Implementing Rules and Regulations of RA No. 7943 " An Act Converting the Amai Pakpak General Hospital in Marawi City, Lanao del Sur, into a Medical Center, to be known as the Amai Pakpak Medical Center and Appropriating Funds Therefor"
AO No. 2014-0031	Policies and Guidelines on the Use of Antiretroviral Therapy (ART) among People Living with Immunodeficiency Virus and HIV-Exposed Infant
AO No. 2014-0032	Guidelines for the Scaling Up and Use of Xpert MTB/RIF as Rapid TB Diagnostic Tool under the National TB Control Program
AO No. 2014-0033	The Philippine Medicines Policy toward Kalusugan Pangkalahatan

AO No. 2006-0034-D	Amendment to AO No. 2006-0034-C Dated April 4, 2011 and AO No. 2006-0034-A Dated December 7, 2009 on Delegation of Authorities for Certain Transactions in the Offices under the Department of Health
AO No. 2014-0035	Implementing Guidelines on the Setting-Up of Newborn Screening Continuity Clinics
AO No. 2014-0036	Supplemental Guidelines to AO No. 2012-0012 to Strengthen the Role of the Bureau of Health Facilities and Services and DOH Regional Offices (ROs) in Licensing of Hospitals and Other Health Facilities
AO No. 2014-0037	Templates and Guidelines on the Use of Templates of Graphic Health Warnings Pursuant to RA No. 10643 "An Act to Effectively Instill Health Consciousness through Graphic Health Warnings on Tobacco Products"
AO No. 2014-0039	Strengthening the Capacity of LGUs in Identifying Potential Measles Outbreak and Planning for Appropriate Response
AO No. 2014-0041	Guidelines on the Recognition of Family Planning Training Providers of the DOH
AO 2014-0042	Guidelines on Implementing Mobile Outreach Services for Family Planning
AO 2014-0043	Guidelines on the Estimation of Unmet Need for Modern Family Planning
AO 2014-0044	Guidelines for the Installation of Human Resource for Health Management and Development Systems for Health and Allied Health Professionals Employed within a Service Delivery Network (SDN), including the Assessment and Monitoring of Clinical Competencies, Baseline Competencies, and Standards
AO 2014-0045	Guidelines on the Implementation of the Expanded Newborn Screening Program

2014 BUDGET

DOH BUDGET BY MAJOR FINAL OUTPUT, 2014

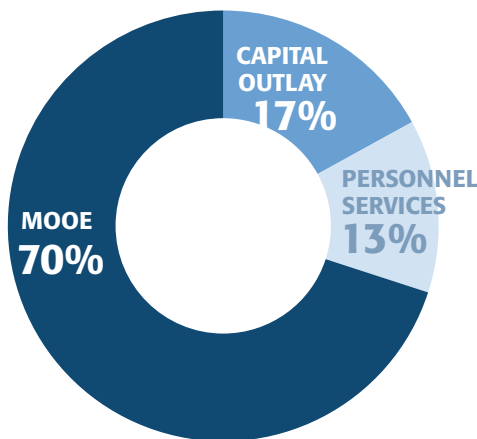
In terms of major final output, the main bulk of the 2014 DOH budget, PhP 60 billion or 76 percent of the total, went to Technical Support Services; this covered the budget for the procurement of commodities, as well as training and funding support to local government units and other health partners. Hospital Services received an allocation of PhP 16 billion (21%), followed by Health Sector Policy Services at PhP 1 billion (2%), and Health Sector Regulation Services at PhP 735 million (1%).

MAJOR FINAL OUTPUT	AMOUNT IN PHILIPPINE PESOS (PhP)
Health Sector Policy Services	1,343,670,000
Technical Support Services	60,396,248,000
Hospital Services	16,531,484,000
Health Sector Regulation Services	735,302,000
Total (PhP)	79,006,704,000*

*Net of General Administration and Services, Support to Operations, and Projects
Source: DOH

DOH BUDGET BY EXPENSE CLASS, 2014

In terms of expense class, Maintenance and Other Operating Expenses (MOOE) was allotted 70 percent of the 2014 DOH budget, vis-à-vis 17 percent for Capital Outlay (CO) and 13 percent for Personnel Services (PS).



Source: DOH

SIN TAX INCREMENTAL REVENUE EARMARKED FOR HEALTH IN 2014

The Joint Circular 001-201 Implementing Rules and Regulations of Republic Act 10351 earmarked a portion of sin tax incremental revenue for health. The earmarked amount of PhP 30.49 billion from 2013 sin tax revenues was added to the 2013 DOH baseline budget of

PhP 53.23 billion, resulting in a 2014 budget for the DOH of PhP 83.72 billion.

Out of the PhP 30.49 billion sin tax incremental budget that went to the 2014 DOH budget, PhP 22.71 billion went to health insurance premiums for the poor. PhP 4.52

billion supported the attainment of health-related millennium development goals while PhP 5.9 billion went to the medical assistance program which provides financial assistance to inpatient indigents confined in government hospitals.

DISTRIBUTION OF SIN TAX INCREMENT FOR HEALTH IN 2014 DOH BUDGET

IN MILLION PESOS

BUDGET ALLOCATION	FY 2013 GAA (DOH BASELINE BUDGET WITHOUT SIN TAX)	FY 2014 GAA	SIN TAX INCREMENTAL REVENUE INCLUDED IN 2014 DOH BUDGET*
PhilHealth	12.63	35.34	22.71
MDG and Others	24.16	28.68	4.52
Health Facilities Enhancement Program	13.56	10.83	-2.73
HRH	2.88	2.97	0.09
Medical Assistance Program & HEFP	0	5.9	5.9
Total (Php)	53.23	83.72	30.49

*FY 2014 GAA minus FY 2013 GAA (Baseline Budget without Sin Tax)

Source: DOH

DOH BUDGET TREND BY OUTCOME, 2011-2014

IN MILLION PESOS

OUTCOME	2011	2012	2013	2014
Public Health MDGs Achieved	5,589,296	6,483,916	7,099,598	8,785,257
Improved Financial Risk Protection	3,500,000	12,028,000	12,627,883	35,337,657
Greater Access to Health Care Services	16,785,482	19,799,527	27,633,226	33,462,121
Improved Health Governance	5,953,838	3,844,520	5,867,162	6,135,886
Total (Php)	31,828,616	42,155,963	53,227,869	83,720,921

Source: DOH

Funding for financial risk protection almost tripled from 2013 to 2014 when it received PhP 35 billion; this covered the enrolment of 45.23 million poor Filipinos in PhilHealth. Funding for this outcome increased at the highest rate over the 2011-2014 period. The rate of increase was less pronounced for greater access to health care services which received PhP 33.4 billion in 2014. For the same year, lower levels of funding went to the achievement of public health MDGs (PhP 8.8 billion) and improved health governance (PhP 6.1 billion).

DOH BUDGET TREND BY CONTINUUM OF CARE, 2011-2014

IN MILLION PESOS

CONTINUUM OF CARE	2011	2012	2013	2014
Preventive and Promotive Health Care	18,080,819	19,465,376	26,155,583	49,111,183
Curative Health Care	12,941,476	21,900,679	26,257,895	33,820,774
Health Governance	806,321	789,908	814,391	788,964
Total (Php)	31,828,616	42,155,963	53,227,869	83,720,921

Source: DOH

Approximately 59 percent of the 2014 budget was utilized for preventive and promotive health care, focusing on public health programs and upgrading of health care facilities. To support curative health care, 40 percent of the Department's expenditures went to the upgrading of LGU hospitals, augmentation for DOH hospital operations, and capital outlay. For health governance, the remaining 1 percent of the budget went to items which included policy development, health research, and health information systems. From 2011-2014, the first two levels of continuum of care experienced the largest increases in funding.



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF HEALTH