



DEPARTMENT OF HEALTH

Budget Folio

FY 2018

Department of Health 2017

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Introduction

The Department of Health FY 2018 Budget Portfolio aims to provide an overview of the mandate of this Department, its health sector goals and objectives, strategic thrusts, and the salient features of the proposals for major budget line items in the 2018 proposed budget. It also aims to provide details on key objectives and performances of funded programs of the Department.

Mandate

The mandate of the DOH stems from Article II, Section 15 of the 1987 Philippine Constitution that states; *“It is the responsibility of the state to protect and promote the right to health of the Filipinos and instill health consciousness among them.”*

Further, the DOH through Executive Order No. 102¹ is mandated to ensure that every Filipino will achieve an optimal level of health. The role of the DOH then is to provide assistance to local government units (LGUs), people’s organization (PO), and other members of civil society in (i) effectively implementing programs, projects and services that will promote the health and well-being of the citizens; (ii) prevent and control diseases among populations-at-risks; (iii) protect individuals, families and communities exposed to hazards and risks that could affect their health; and (iv) treat, manage and rehabilitate individuals affected by disease and disability.

Vision, Mission, Roles and Functions

Vision

A global leader for attaining better health outcomes, competitive and responsive health care systems, and equitable health care financing

Mission

To guarantee equitable, sustainable, and quality health for all Filipinos, especially the poor, and to lead the quest for excellence in health

Roles and Functions

The Department of Health has three major roles in the health sector: (1) a leader in health; (2) an enabler and capacity builder; and (3) as an administrator of specific services. As a leader in health, the DOH takes lead in the development of national plans, technical standards, and guidelines on matters of health. As an enabler and capacity

¹ Consistent with the provisions of EO 292 and RA 7160 or the Local Government Code of 1991

builder, the DOH provides technical assistance in strengthening health systems and capacities of health providers and stakeholders. The DOH provides special tertiary health care services through its specialty and regional hospitals. Finally, the DOH also ensures the safety and quality of health goods and services through regulation.

DOH Organizational Structure

The Rationalization Plan for the DOH Central Office and Regional Offices was approved through Executive Order No. 366 on August 23, 2013. The rationalization plan enforces the strategic review of agency operations and organizations to improve public service delivery. Figure 1 shows the DOH organizational structure based on Department Order No. 2017-0050 entitled: “DOH Functional Structure for the Attainment of the Philippine Health Agenda”.

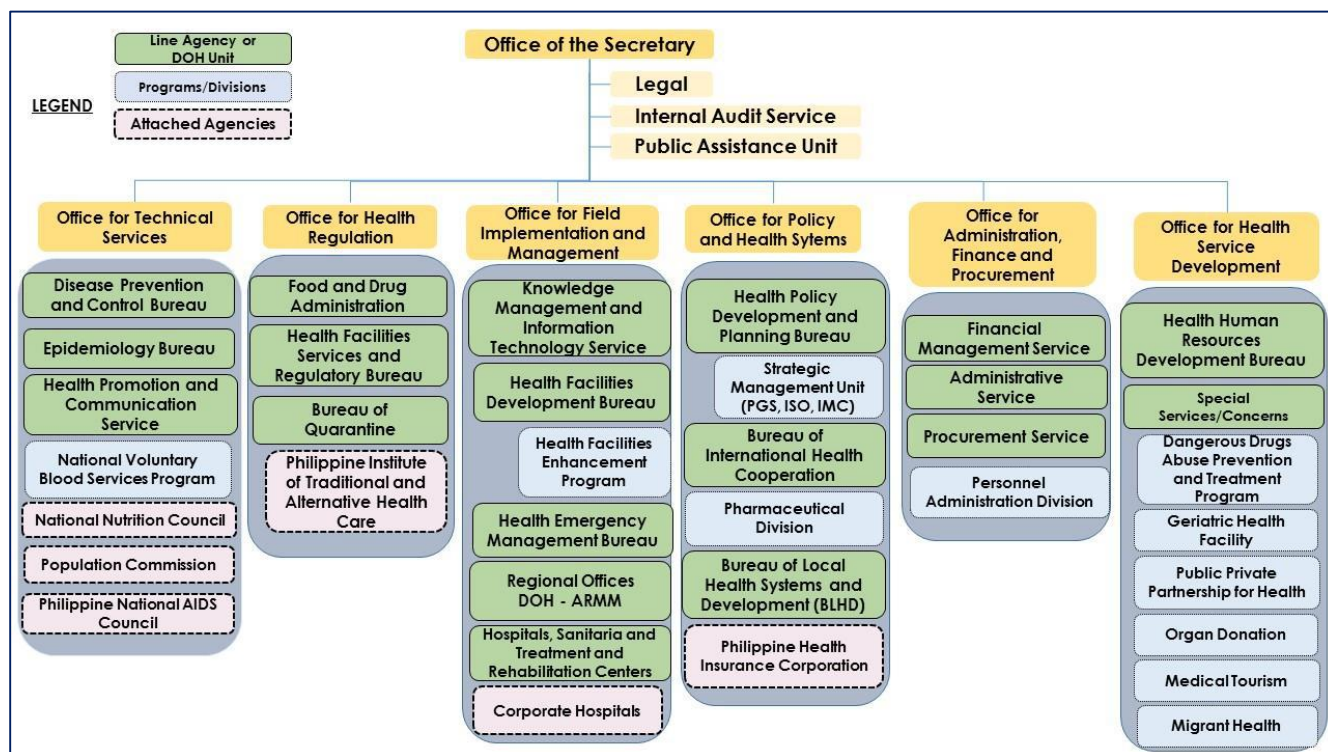


Figure 1. DOH Functional Structure

DOH Budget Structure Beginning FY 2018: PREXC

The DOH budget along with other national government agencies have transitioned into a new budget structure under the Department of Budget & Management’s initiative called the Program Expenditure Classification (PREXC). This initiative aimed to improve the 2013 Program Informed Budgeting by ensuring the link in the agency’s strategies, budget, and intended result. For the DOH-Office of the Secretary, four Organization Outcomes (OO) were identified. These are OO1: Access to Promotive and Preventive

Health Care Services Improved, OO2: Access to Curative and Rehabilitative Health Care Services Improved, OO3: Access to Safe and Quality Health Commodities, Devices and Facilities Ensured, and OO4: Access to Social Health Protection Assured. Under the OO's are seven (7) programs, fifteen (15) sub-programs and thirty eight (38) budget line items or activities, clustered accordingly by its contribution to an OO.

OO1: Access to Promotive and Preventive Health Care Services Improved

There are five (5) programs under OO1: (1) Health Policy and Standards Development Program has the objective of ensuring the alignment of policies, programs and standards towards sectoral goals on equity, access and quality of care, (2) Health Systems Strengthening Program aims to ensure access to quality health care services through technical support to LGUs. The program includes the biggest P/A/P of the DOH-OSEC: Health Facilities Enhancement Program and Human Resources for Health Deployment, comprising ~40% of the total DOH-OSEC proposed budget in 2018, (3) Public Health Program, the biggest program of the DOH in terms of quantity, aims to improve health of the community through provision of public health commodities, capacity building of health workforce on the different public health programs, technical assistance to LGUs and creation of an environment conducive for public health policy-making, (4) Epidemiology and Surveillance Program aims to prevent and control diseases through timely and accurate health information and immediate response to outbreak, and lastly (5) Health Emergency Management Program aims to assist LGUs in having an effective, timely, and efficient community response to emergencies and disasters.

Table 1. Details of Organizational Outcome 1

Program	Sub-Program	P/A/P	Bureau / Office / Service In-Charge
Health Policy and Standards Development	--	International Health Policy Development and Cooperation	Bureau of International Health Cooperation
		Health Sector Policy and Plan Development	Health Policy Development & Planning Bureau
		Health Sector Research Development	
Health Systems Strengthening	Service Delivery	Health Facility Policy and Plan Development	Health Facility Development Bureau
		Health Facilities Enhancement Program	
		Local Health System Development and Assistance	Bureau of Local Health Systems Development
		Pharmaceutical Management	Pharmaceutical Division
	Health Human Resource	Human Resource for Health Deployment	Health Human Resources Development Bureau
		Human Resource for Health and Institutional Capacity Management	
	Health Promotion	Health Promotion	Health Promotion & Communication Service
	Public Health	Public Health Management	Public Health Management
Operation of PNAC Secretariat			
Environmental and Occupational Health		Environmental and Occupational Health	
National Immunization		National Immunization	
Family Health		Family Health, Nutrition and Responsible Parenting	
Elimination of Infectious Diseases		Elimination of Diseases such as Malaria, Schistosomiasis, Leprosy, & Filariasis	
		Rabies Control	
Prevention & Control of Infectious Diseases		Prevention and Control of Other Infectious Diseases	
		TB Control	
		Assistance to Philippine Tuberculosis Society	
Non-Communicable Diseases	Prevention and Control of Non-Communicable Diseases		
Epidemiology and Surveillance	--	Epidemiology and Surveillance	Epidemiology Bureau

Program	Sub-Program	P/A/P	Bureau / Office / Service In-Charge
Health Emergency Management	--	Health Emergency Preparedness and Response	Health Emergency Management Bureau

OO2: Access to Curative and Rehabilitative Health Care Services Improved

There is one (1) program under OO2, the Health Facilities Operation Program. Under this program, there are two sub-programs: (1) Curative Health Care sub-program aims to improve access to curative health care services through sustained operations of government hospitals, blood centers and reference laboratories, while (2) Rehabilitative Health Care sub-program has the objective of improving access to rehabilitative health care services through sustained operations of dangerous drugs abuse treatment and rehabilitation centers.

Table 2. Details of Organizational Outcome 2

Program	Sub-Program	P/A/P	Bureau / Office / Service In-Charge
Health Facilities Operation	Curative Health Care	Operation of DOH Hospitals in Metro Manila	Individual hospitals of the twelve (12) DOH special hospitals
		Operation of DOH Regional Hospitals and Other Health Facilities	Individual hospitals of the sixty six (66) DOH special hospitals
		Operation of Blood Centers and National Voluntary Blood Services Program	National Voluntary Blood Service Program
		Operation of National Reference Laboratories	Health Facility Development Bureau
	Rehabilitative Health Care	Operation of Dangerous Drug Abuse Treatment and Rehabilitation Centers	DDAOTP & Individual TRCs of the 13 DOH TRCs nationwide

OO3: Access to Safe & Quality Health Commodities, Devices & Facilities Ensured

There is one (1) program under OO3, the Health Regulatory Program. Under this program, there are three sub-programs: (1) Health Facilities and Services Regulation sub-program aims to assure quality and safety of health facilities and services, while (2) Consumer Health and Welfare sub-program has the objective of ensuring the quality and safety of health commodities and products, (3) Routine Quarantine Services sub-program aims to secure the public against the introduction and spread of infectious diseases including emerging and re-emerging diseases and from public health emergencies of international concern.

Table 3. Details of Organizational Outcome 3

Program	Sub-Program	P/A/P	Bureau / Office / Service In-Charge
Health Regulatory	Health Facilities and Services Regulation	Regulation of Health Facilities and Services	Health Facilities & Services Regulatory Bureau
		Regulation of Regional Health Facilities and Services	Regional Offices
	Consumer Health and Welfare	Regulation of Health Establishments and Products	Food & Drug Administration
	Routine Quarantine Services	Provision of Quarantine Services and International Health Surveillance	Bureau of Quarantine

OO4: Access to Social Health Protection Assured

There is one (1) program under OO4. The Social Health Protection program aims to ensure Financial Risk Protection either through the enrollment to the National Health Insurance Program or through the provision of monetary support to reduce or eliminate out-of-pocket spending of indigent clients.

Table 4. Details of Organizational Outcome 4

Program	Sub-Program	P/A/P	Bureau / Office / Service In-Charge
Social Health Protection	--	Assistance to Indigent Patients either Confined or Out-Patients in Government Hospitals/ Specialty Hospitals/ LGU hospitals/ Philippine General Hospital/ West Visayas State University Hospital	Public Assistance Unit & Individual hospitals of the 70 DOH hospitals (4 corporate hospitals, 12 MM hospitals and the 54 Regional Hospitals)

Critical Changes in the DOH Budget Structure

Fund Pooling

There is pooling of funds for research, training, and health promotion. The pooled funds were taken from the budgets of the Bureaus in the Central Office (except Disease Prevention and Control Bureau) and the Regional Office's Local Health System Development and Assistance (LHSDA) fund.

Table 5. Details of Pooled Funds

Purpose of Pooled Funds	P/A/P	Central Office	Regional Office
		Source of Pooled Funds	
Health Promotion	Health Promotion	5% of Central Office Line Items	5% of LHSDA
Training	Human Resource for Health and Institutional Capacity Management	3% of Central Office Line Items	3% of LHSDA
Research	Health Sector Research Development	2% of Central Office Line Items	2% of LHSDA

Clear-cut Budget that Separates Commodities from other Program Activities

In order to ensure that health activities through the DOH public health programs are integrated, the following changes were introduced: **(1)** All Maintenance and Other Operating Expenses except for commodities are funded by the Public Health Management line item. All budget for soft components (e.g. budget for policy development, technical assistance, training, health promotion, research, monitoring & evaluation, administration, etc.) of public health budget line items (i.e. National Immunization, Family Health Nutrition and Responsible Parenting, Infectious Diseases, TB, Elimination of Diseases, Rabies, and Non-Communicable Diseases, Environmental and Occupational Health) were pooled for efficient management of funds. **(2)** Specific Public Health Program line items such as TB Control, Rabies Control, National Immunization, etc. are purely commodities to easily track the budgets for procurements.

Making the Regional Offices Budget Line Items more transparent

The regional offices budget line items has increased from three (3) to eight (8). This is due to the itemization of the region’s Local Health Systems Development & Assistance (LHSDA) fund to 1) Public Health Management, 2) Health Promotion, 3) Health Sector Research Development, 4) Health Emergency Preparedness and Response, 5) Human Resource for Health and Institutional Capacity Management, and 6) Local Health Systems Development & Assistance. The remaining two (2) budget line items were retained from its previous form, namely: Support to Operations and Regulation of Regional Health Facilities and Services. The itemization of the LHSDA funds is for a more transparent budget, efficient programming of funds by avoiding overlaps and streamlining of LHSDA funds for the purpose of local health systems strengthening.

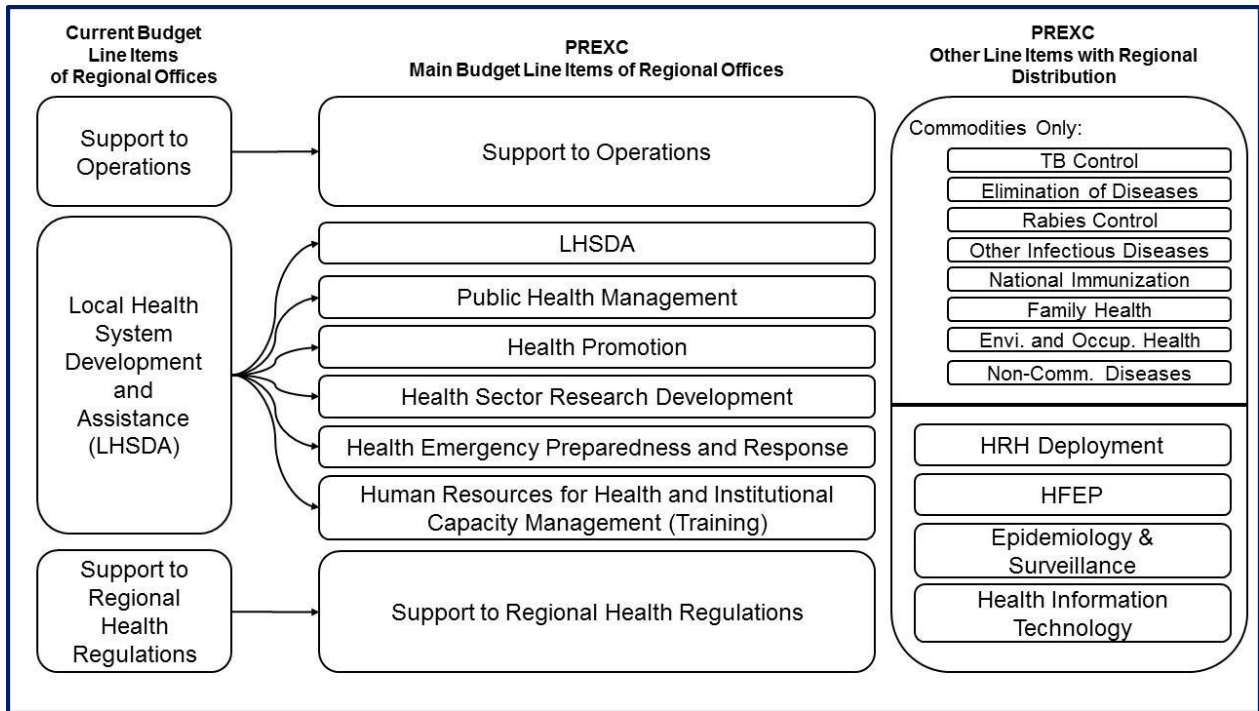


Figure 2. Regional Offices Budget Line Items

Health Agenda, Priorities and Directives

The Philippine Health Agenda

The Philippine Health Agenda of “All for Health, Towards Health for All” have the following goals (1) **financial risk protection**: protecting all families especially the poor, marginalized, and vulnerable against the high cost of health care, (2) **better health outcomes**: ensuring the best health outcomes for all, without socio-economic, ethnic, gender, and geographic disparities, and (3) **responsiveness of the health system**: promoting health and delivering health care through means that respect, value, and empower clients and patients as they interact with the health system.

The Philippine Health Agenda also specified set values that serve as guiding principles in the overall implementation of the health agenda which are equity, quality, efficiency, transparency, accountability, sustainability, and resilience.

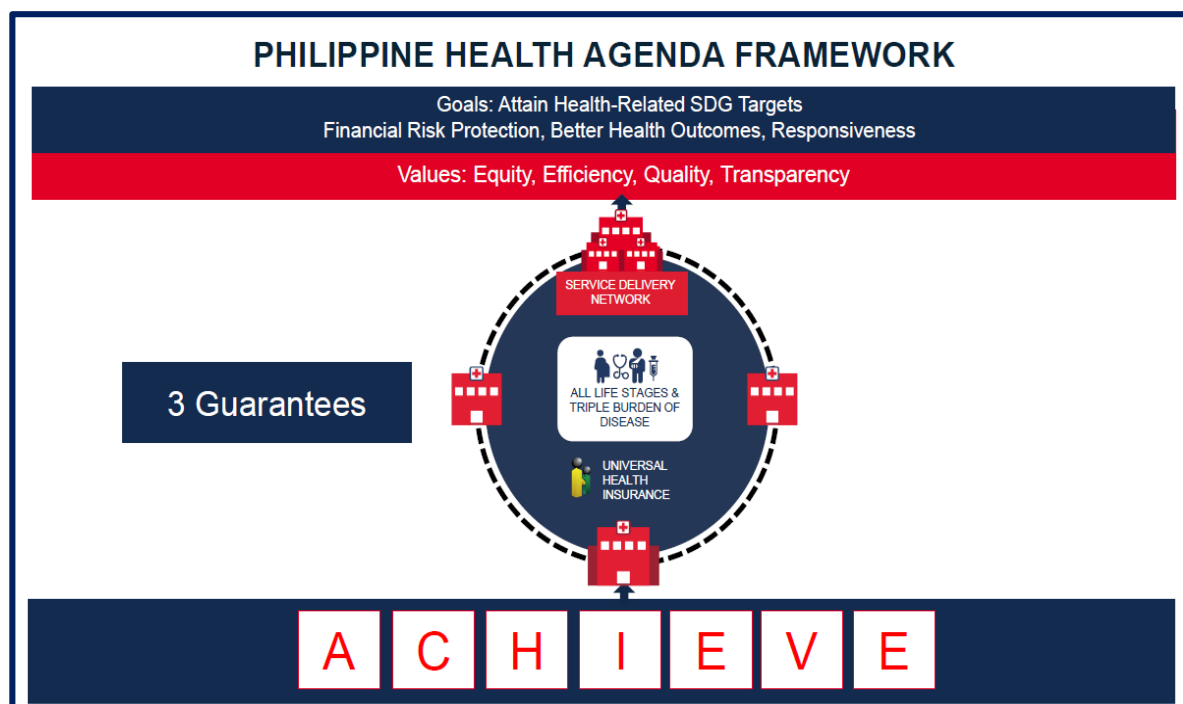


Figure 3. Philippine Health Agenda Framework

The three guarantees of the Philippine Health Agenda are as follows:

All Life Stages & Triple Burden of Disease

Guarantees quality services for all Filipinos, both the well and the sick. The government ensures that health care services be available for **All Life Stages & Triple Burden of Diseases**. This guarantee basically summarizes that a Filipino is entitled to a

comprehensive range of services that promote health and protect everyone from getting sick at all ages and all stages (from womb to tomb).

Entitlements include services to address (1) Communicable diseases (e.g. HIV/AIDS, TB, Malaria, etc.), (2) Non-communicable diseases including malnutrition (Hypertension, Diabetes, Cancers, and their risk factors), and (3) Diseases of rapid urbanization and industrialization (i.e. injuries, substance abuse, mental illness, pandemics, travel medicine, and health consequences of climate change / disaster).

Service Delivery Networks

Guarantee Filipino families to a fully functional, coordinated, appropriate, quality and respectful care from the primary care level up until the specialty centers. This entails the availability of services and accessibility of facilities, which are further ensured to be resilient in times of disasters. An SDN is a network of health providers or organizations that provides or makes arrangements to provide equitable, comprehensive, integrated, and continuous health services to a defined population and is willing to be held accountable for its clinical and economic outcomes and the health status of the population served.

Universal Health Insurance

Guarantees financial freedom in accessing health services. The **Universal Health Insurance** ensures that every Filipino will be a member of PhilHealth and is entitled to a package of products and services which shall be sustained and financed through the alignment of individual health funds (DOH, PhilHealth, PCSO, and LGU).

The ACHIEVE Strategy

The implementation of the ACHIEVE Strategy aims to ensure the guarantees for all Filipinos and the attainment of the health sector goals. This was outlined to address current health sector gaps, issues and bottlenecks, based on evidence and international best practices.

1. ***Advance quality, health promotion, and primary care***
2. ***Cover all Filipinos against health-related financial risk***
3. ***Harness the power of strategic Human Resources for Health Development***
4. ***Invest in eHealth and data for decision-making***
5. ***Enforce standards, accountability, and transparency***
6. ***Value all clients and patients, especially the poor, marginalized, and vulnerable***
7. ***Elicit multi-sectoral and multi-stakeholder support for health***

OUR LEGACIES 24/7

The OUR LEGACIES 24/7 is a collection of commitments in health of the current administration by 2022. This includes commitments to resolve persistent public health issues of the sector, and is the primary focus of the DOH in this medium term.

1. ***Out-of Pocket Expenditures for Health and for Medicines of the Poor Reduced***
2. ***Universal Health Insurance Coverage for All Filipinos***
3. ***Reversed Trend of HIV/AIDS and Tuberculosis***
4. ***Lowered Malnutrition Rates***
5. ***Ensured Blood Adequacy***
6. ***Good Data for Decision Making***
7. ***Attained Zero Unmet Needs for Modern Family Planning***
8. ***Community-based Drug Rehabilitation Program in All Communities***
9. ***ISO Certification of All Government Hospitals***
10. ***Expenditures on Health Increased***
11. ***Sustained Efforts Towards Zero Open Defecation, Universal Basic Drinking Water and Hand Washing***
12. ***24/7 Access to Health Services for All Filipinos***

FY 2018 DOH National Expenditure Program

Summaries and Analysis

The DOH budget including its attached agencies and corporations is proposed to increase to PhP 164.86 billion in FY 2018 from PhP 151 billion in 2017. This constitute a 9% increase from the total current appropriation.

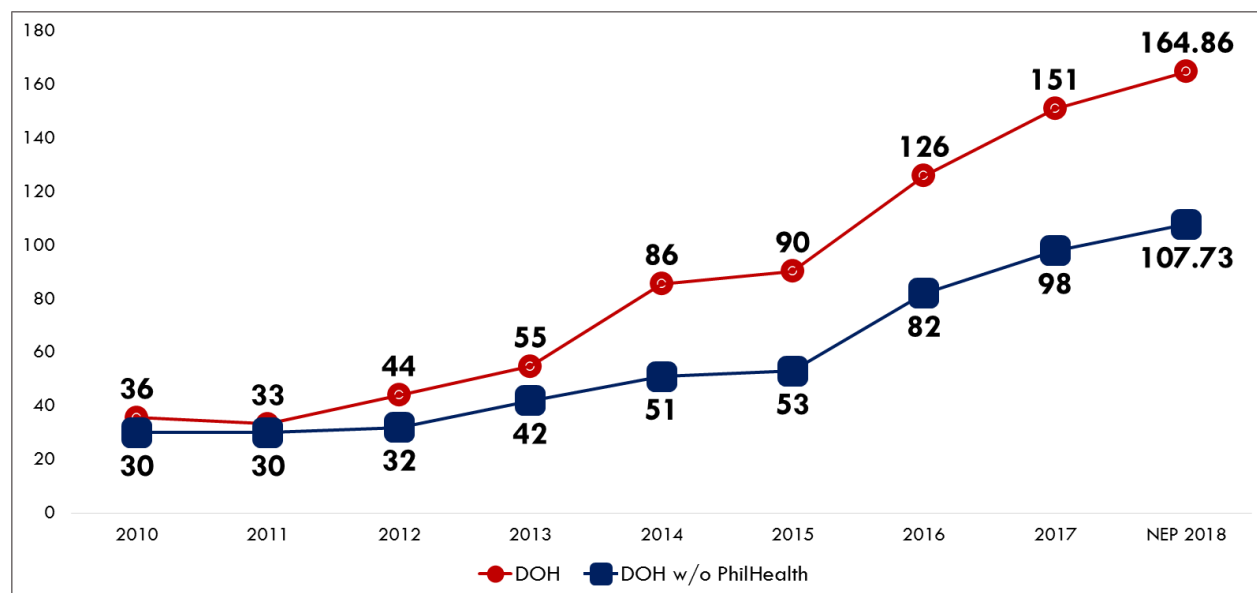


Figure 4. DOH Budget Trend 2010 - 2017 & NEP 2018, in Billion PhP

In **Table 6**. The DOH corporate hospitals has the highest proposed increases: Lung Center of the Philippines with a 47% increase from PhP 265 million to PhP 388 million, National Kidney and Transplant Institute with a 69% increase from PhP 465 million to PhP 785 million, Philippine Children’s Medical Center with a 56% increase from PhP 544 million to PhP 849 million, Philippine Heart Center with a 125% increase from PhP 384 million to PhP 866 million. The proposed increases are for the Maintenance and Other Operating Expenses (MOOE) of the corporate hospitals.

The DOH Office of the Secretary is proposed to have an increased budget of PhP 103.6 billion or 9% higher than its current appropriation of PhP 95.27 billion. This increase constitute the adjustment in Personnel Services to cope with the Salary Standardization and the increase in capital investment for the HFEP. The proposed appropriation for PhilHealth is also higher by 7% at PhP 57.13 billion compared to its current appropriation of PhP 53.22 billion. The proposed increase for PhilHealth is for the adjustments in the premium payments of Senior Citizens from PhP 2,400 to PhP 3,120 per annum. The Commission of Population (POPCOM) and Philippine Institute of Traditional and Alternative Health Care (PITAHC) has an increased proposed budget of PhP 492 million and PhP 121 million, respectively, equivalent to a 16% and 4% budget increase. The

proposal for the National Nutrition Council is 2% lower from PhP 644 million to PhP 630 million. The decrease is due to adjustments in the locally funded projects of the council which is now on its 3rd year.

Table 6. DOH NEP FY 2018 (OSEC, Attached Agencies & Corp.), in Billion PhP

Particulars	GAA 2017	NEP 2018	% Change
A. Department of Health – Office of the Secretary	95.27	103.60	9
B. Attached Agencies			
National Nutrition Council	0.64	0.63	(2)
Commission on Population	0.42	0.49	16
C. Attached Corporation			
Lung Center of the Philippines	0.27	0.39	47
National Kidney and Transplant Institute	0.46	0.78	69
Philippine Children’s Medical Center	0.54	0.85	56
Philippine Heart Center	0.38	0.87	125
Phil. Inst for Traditional & Alternative Health Care	0.12	0.12	4
Phil. Health Insurance Corp. (PhilHealth)	53.22	57.13	7
TOTAL	151.33	164.86	9

In **Table 7**, the highest percent change is for Personnel Services (PS). This amounts to a PhP 5.92 billion budget higher than currently appropriated. The proposed increase is to cover for the 3rd tranche of the Salary Standardization Law (SSL). This is followed by Capital Outlay (CO) at 8% change equivalent to PhP 2.13 billion for additional budget required to implement the Philippine Health Facility Development Plan. The proposed allocation for MOOE has the highest proportion of the total proposed budget at PhP 40.01 billion or 38%.

Table 7. DOH-OSEC, By Expense Class, In Billion PhP

Expense Class	GAA 2017	NEP 2018	% Change	% to Total 2018 NEP
PS	27.98	33.90	21	33
MOOE	39.74	40.01	1	38
CO	27.56	29.69	8	29
TOTAL	95.27	103.60	9	100

In **Table 8**, the highest proportion of the proposed budget is for OO1: Access to Promotive and Preventive Health Care Services Improved at PhP 60.22 billion or 58% of the proposal. This is followed by proposals for OO2: Access to Curative & Rehabilitative Health Care Improved amounting to PhP 27.43 billion or 26% of the proposed budget, which includes the operation funds for the 66 DOH hospitals and 13 TRCs. The highest percent change is for the proposed allocation for Support to Operations from PhP 1.53

billion to PhP 2.15 billion. The additional proposal is for the Personnel Services of Regional Offices and the operation of the Mega TRC in Fort Magsaysay.

Table 8. DOH-OSEC, By Organizational Outcome, in Billion PhP

Particulars	GAA 2017	NEP 2018	% Change	% to Total NEP 2018
Agency Specific Budget				
Gen. Administration & Support	7.43	8.70	17	9
Support to Operations	1.53	2.15	41	2
Operations				
OO1: Access to Promotive & Preventive Health Care Service Improved	54.89	60.22	10	58
OO2: Access to Curative & Rehabilitative Health Care Service Improved	26.76	27.43	2	26
OO3: Access to Safe & Quality Health Commodities, Devices & Facilities Ensured	0.68	0.75	11	1
OO4: Access to Social Health Protection Assured	3.98	4.34	9	4
TOTAL	95.27	103.60	9	100

In **Table 9**, the major P/A/Ps of the DOH in FY 2018 totals to PhP 115.17 billion, and is 6% higher than current appropriations. The proposed allocations for public health P/A/Ps (Family Health, Nutrition and Responsible Parenting, Prevention of Other Infectious Diseases, TB Control, & Elimination of Diseases) has decreased, however this was just a result of the pooling of the soft components into the Public Health Management budget line item, which also explains the said line item's increase by 65%. The decrease in the Operation of Dangerous Drug Abuse Treatment and Rehabilitation Centers was due to the non-recurring capital expenditure in its current appropriation. The National Immunization is proposed to increase by 5%, while the proposed increase in Rabies Control budget is 19% to cover cost for coverage expansion of Rabies vaccines. The Health Facilities Enhancement Program is proposed to increase by 20% for the implementation of the Philippine Health Facility Development Plan, while the Human Resource for Health Deployment is proposed to increase by 23% to cover for the salary adjustments due to the implementation of the tranche 3 of the SSL, deployment of additional HRH and increase in number of scholars.

Table 9. Summary of DOH Major P/A/Ps (MOOE & CO), In Billion PhP

P/A/Ps	GAA 2017	NEP 2018	%Change (2017 vs. 2018)
Public Health Management*	2.51	4.15	65
National Immunization	7.10	7.44	5
Family Health, Nutrition and Responsible Parenting	4.27	3.64	(15)
Prevention and Control of Other Infectious Disease	1.97	1.69	(14)
TB Control	1.32	0.78	(41)
Elimination of Diseases (Malaria, Schisto., Leprosy & Filariasis)	0.89	0.37	(58)
Rabies Control	0.49	0.58	19
Prevention and Control of Non-Communicable Diseases	2.22	0.38	(83)
Ops. of Dangerous Drug Abuse Tx and Rehab Centers	2.99	0.37	(88)
HRH Deployment (+PS)	7.82	9.60	23
Health Facilities Enhancement Program	24.19	29.03	20
Subsidy for Health Insurance Premium Payments	53.22	57.13	7
TOTAL	109.00	115.17	6

CY 2018 PREXC Targets

Table 10 shows the DOH outcome targets in CY 2018 presented by organizational outcome and program.

Table 10. DOH Outcome Targets for CY 2018

Program	Outcome Targets
OO No. 1: Access to Promotive & Preventive Health Care Services Improved	
Health Policy & Standards Development	<ul style="list-style-type: none"> ▶ At least 3 in Performance Governance Strategic Readiness
Health Systems Strengthening	<ul style="list-style-type: none"> ▶ 30% public health facilities with no stock-outs ▶ 17 HRH per 10,000 Population
Public Health	<ul style="list-style-type: none"> ▶ 85% of external clients rated the technical assistance provided as satisfactory or better ▶ 95% of children fully immunized ▶ 32.5% modern Contraceptive Prevalence Rate ▶ Additional 13 Malaria-free provinces ▶ Additional 3 Filariasis-free provinces ▶ Additional 3 Rabies-free areas ▶ 90% of ART eligible PLHIV on ART ▶ 90% Treatment Success Rate for all forms of TB ▶ Decrease premature mortality rate attributed to NCDs
Epidemiology & Surveillance	<ul style="list-style-type: none"> ▶ 80% of epidemiological & public health surveillance reports utilized

Program	Outcome Targets
Health Emergency Management	<ul style="list-style-type: none"> ▶ 40% of LGUs with institutionalized Disaster Risk Reduction Management for Health (DRRM-H) Systems
OO2: Access to curative and rehabilitative health care service improved	
Health Facilities Operation	<ul style="list-style-type: none"> ▶ <2% Hospital infection rate ▶ 80% of drug dependents completed the treatment program
OO3: Access to safe and quality health commodities, devices and facilities ensured	
Health Regulatory	<ul style="list-style-type: none"> ▶ 90% of health facilities and services compliant to regulatory policies ▶ 70% of establishments/ health products compliant to regulatory policies ▶ 95% of Public Health Emergencies of International Concern (PHEIC) and/or Public Health Risks (PHR) rapidly responded at point of entry
OO4: Access to social health protection improved	
Social Health Protection	<ul style="list-style-type: none"> ▶ 100% of excess net bill incurred by poor in-patients admitted in basic accommodation or service ward covered by Medical Assistance Program

CY 2018 Major Activities

Commensurate to the proposed budget are the major activities for the implementation of the PHA strategies and priority directives. The major activities of major P/A/Ps items are identified in **Table 11**.

Table 11. DOH Major Activities in CY 2018

P/A/Ps	Strategy	Activities
Public Health Management	Implement public health program strategies: policy development health promotion, provision of technical assistance to LGUs, coordination w/ health partners, conduct of health research and monitoring & evaluation, etc.	Implement integrated public health program strategies for: <ul style="list-style-type: none"> ▶ Women, Men, and Children’s Health Development Programs ▶ Infectious Diseases: HIV/AIDS, TB Control, Dengue, Food & Water-borne diseases, Emerging / Re-emerging Dis., Integrated Helminth Control ▶ Lifestyle Related Diseases Prevention and Control, and Essential Non-Communicable Disease Programs ▶ Elimination of Endemic Diseases: Malaria, Schistosomiasis, Filariasis, Leprosy, Rabies ▶ Environment and Occupational health

P/APs	Strategy	Activities
National Immunization	Provide vaccines for infants, adolescents and senior citizens	<p>Infants:</p> <ul style="list-style-type: none"> ▶ Fully immunize 2.7 out of 2.9 M infants (95%) ▶ Provide 1.4 M infants with Pneumococcal vaccine ▶ Provide 2.7 M infants with Japanese Encephalitis vaccine <p>Adolescents:</p> <ul style="list-style-type: none"> ▶ Provide 2.2 M Grade 1 and 1.7 M Grade 7 students with Tetanus-Diphtheria and Measles-Rubella vaccine <p>Pregnant women:</p> <ul style="list-style-type: none"> ▶ Provide 2.7 M Pregnant Women with Tetanus vaccine <p>Senior Citizens:</p> <ul style="list-style-type: none"> ▶ Provide 1.2 M Seniors with Influenza vaccine ▶ Provide 1.3 M Seniors with Pneumococcal vaccine
Family Health, Nutrition and Responsible Parenting	Augment micronutrients for vulnerable groups and FP commodities for Women of Reproductive Age (WRA)	<p>Provide</p> <ul style="list-style-type: none"> ▶ 24M est. WRA & 3.7M est. pregnant women with Iron Tablets with 400mcg folic acid ▶ 538K Females (aged 9y/o) in the 20 priority provinces with HPV vaccine ▶ FP commodities for Poor WRA: 468K (DMPA), 250K (Pills), 570K (IUD), 360K Modern Natural Family Planning (MNFP) ▶ 38K Pregnant, 35K Lactating mothers, and 115K Children (6-23 mos.) with Lipid-based Nutrients ▶ 2.8M (12-23 mos.) and 1.6M (6-11 mos.) children with micronutrient powder sachets
<p>Prevention and Control of Other Infectious Disease</p> <p>TB Control</p> <p>Elimination of Diseases</p> <p>Rabies Control</p>	Provide diagnostic, treatment and preventive health services among the target population	<ul style="list-style-type: none"> ▶ Diagnose: 239 K suspected Dengue cases ▶ Provide vector control commodities and Dengue NS1 Rapid Diagnostic Test kits to all 17 regions nationwide <p>Treat all diagnosed cases:</p> <ul style="list-style-type: none"> ▶ 46 K HIV/AIDS cases ▶ 414 K TB cases in adults, 55 K TB cases in children, & 30 K with Isoniazid Preventive Therapy <p>Deworm:</p> <ul style="list-style-type: none"> ▶ 45 M children aged 1-18 years old <p>Increase from:</p> <ul style="list-style-type: none"> ▶ 42 to 55 Malaria-free provinces

P/APs	Strategy	Activities
		<ul style="list-style-type: none"> ▶ 38 to 41 Filaria-free provinces ▶ 44 to 52 Rabies-free areas Mass drug treatment for: <ul style="list-style-type: none"> ▶ 7.3 M at risk against Filariasis; ▶ 2.4 M at risk against Schistosomiasis Expand rabies vaccine coverage
Prevention & Control of Non-Communicable Diseases	Provide NCD drugs	Provide maintenance drugs to: <ul style="list-style-type: none"> ▶ 1 M Hypertensives ▶ 233 K Diabetics ▶ 166 K Hypercholesterolemia patients ▶ 150 Mental Health Access Sites
Operation of Dangerous Drug Abuse Treatment and Rehab Centers	Treat and manage Drug abuse cases in 13 DOH-Treatment and Rehabilitation Centers & Community-based drug rehab	<ul style="list-style-type: none"> ▶ Support to Field Health Offices: <ul style="list-style-type: none"> ▶ Operate the 13 DOH Treatment & Rehabilitation Centers (TRCs) and new TRCs to be operational on 2018 ▶ Assistance to Mega-DATRC Fort Magsaysay ▶ Assistance to DOH Hospitals & ROs with Drug Rehab Facilities (CVMC, BGHMC, CARAGA RH), NRL-EAMC ▶ Equipping of 13 DOH TRCs ▶ Policy development and capability building on Dangerous Drug Abuse Prevention and Treatment Program ▶ Regulatory review of community-based rehab program
Human Resource for Health Deployment	Augment/Complement HRH in rural health facilities to strengthen the capability of local health workforce to support national and local health systems	Continued deployment of a pool of HRH: <ul style="list-style-type: none"> ▶ 330 doctors ▶ 15,893 nurses ▶ 4,000 midwives ▶ 324 dentists ▶ 441 medical technologists ▶ 219 pharmacists ▶ 417 UHC implementers ▶ 504 Family health associates² ▶ 2,587 Public health associates³
Health Facilities Enhancement Program	Improve primary health facilities for “gatekeeping” and delivery of preventive/primary healthcare services, and	Funding for the following health facilities: <ul style="list-style-type: none"> ▶ 1,455 Barangay Health Stations ▶ 539 Rural / Urban Health Centers ▶ 257 LGU Hospitals

² Ensure local implementation of the Family Health Programs

³ Collect, validate, consolidate and submit data on health sector performance on a monthly basis

P/APs	Strategy	Activities
	Decongest DOH hospitals to be able to provide affordable quality tertiary care and specialized treatments	<ul style="list-style-type: none"> ▶ 70 DOH Hospitals (Including the 4 Corporate Hosp.) ▶ 22 Other National Government Hospitals ▶ 14 Treatment & Rehabilitation Centers ▶ 22 Psychiatric Facilities ▶ 127 Blood Service Facilities ▶ 8 Quarantine Stations ▶ 13 Regional Water Testing Laboratories ▶ 217 TB Testing Laboratories using GenXpert Technologies
Subsidy for Health Insurance Premium Payments	Provide full National Government subsidy for the premium of the poor families listed in the NHTS-PR, families in conflict areas, and Senior Citizens	Subsidize for the insurance coverage of: <ul style="list-style-type: none"> ▶ 15.44 M DSWD identified NHTS-PR families ▶ 5.4 M Senior Citizens ▶ 46 K Beneficiaries in conflict areas <ul style="list-style-type: none"> ▶ 23 K PAMANA Beneficiaries ▶ 23 K Bangsamoro Beneficiaries ▶ Indigent Patients at the Point of Service

DOH FY 2018 Major Programs Brief

The major programs comprises 72% of the total proposed budget of the DOH-Office of the Secretary and PhilHealth. These programs are indicated in **Table 12**.

Table 12. FY 2018 Major P/A/Ps, by PHA Guarantee

PHA Guarantee	DOH Program as Activity in the 2018 NEP
Care for all Life Stages and Triple Burden of Diseases	Public Health Management (Consolidated Public Health Program Funds) <ul style="list-style-type: none"> ▶ National Immunization Program ▶ Women, Men, and Children’s Health Development Programs ▶ HIV/AIDS and STI Prevention, Emerging and Re-emerging Infectious Disease, Integrated Helminth Control, Food and Waterborne Diseases Prevention and Control, and National Dengue Prevention and Control Programs ▶ Tuberculosis Control Program ▶ Malaria Control, Schistosomiasis Control, Leprosy Control, and Filariasis Elimination Programs ▶ Rabies Control Program ▶ Lifestyle Related Diseases Prevention and Control, and Essential Non Communicable Disease Programs Provision of Drugs, Medicines, and other Public Health Commodities (with individual budget line items) : <ul style="list-style-type: none"> ▶ National Immunization ▶ Family Health, Nutrition and Responsible Parenting ▶ Prevention and Control of Other Infectious Disease ▶ TB Control ▶ Elimination of Diseases such as Malaria, Schistosomiasis, Leprosy and Filariasis ▶ Rabies Control ▶ Prevention and Control of Non Communicable Diseases
	Ops of Dangerous Drug Abuse Treatment & Rehabilitation Centers
Service Delivery Networks	Human Resources for Health Deployment
	Health Facilities Enhancement Program
Universal Health Insurance	Subsidy for Health Insurance Premium Payment of Indigent Families to the National Health Insurance Program

The details of each program is described in the succeeding sections of this document.

Public Health Management

In 2018, with the PREXC budget structure, the DOH consolidated all public health program soft components into one budget line item: **Public Health Management (PHM)**. The integration of public health program funds is to ensure the alignment of program interventions following a life cycle approach and development of efficient approaches to address the triple burden of diseases in the country. The proposed budget for PHM is PhP 4.62 billion and is broken down as below:

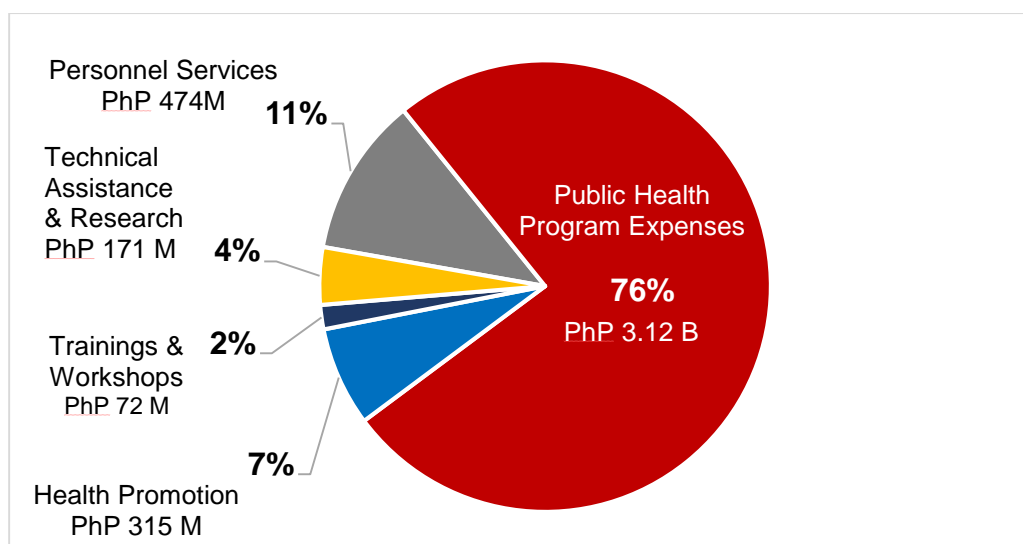


Figure 5. Breakdown of the Proposed Public Health Management

The PHM is comprised mostly of public health program expenses at PhP 3.12 billion or 76%. This funds the following programs:

- National Immunization Program
- Women, Men, and Children's Health Development Programs
- HIV/AIDS and STI Prevention, Emerging and Re-emerging Infectious Disease, Integrated Helminth Control, Food and Waterborne Diseases Prevention and Control, and National Dengue Prevention and Control Programs
- Tuberculosis Control Program
- Malaria Control, Schistosomiasis Control, Leprosy Control, and Filariasis Elimination Programs
- Rabies Control Program
- Lifestyle Related Diseases Prevention and Control, and Essential Non Communicable Disease Programs

The personnel services or salaries of DOH central and regional offices in public health units comprises 11% or PhP 474M of the proposed budget. An allocation for health promotion for the Central Office PHM is 7% or PhP 315 million of the proposed budget, for technical assistance and research of the Central Office PHM at 4% or PhP 171 million, and for trainings and workshops with 2% or PhP 72 million of the proposed budget.

National Immunization Program

The Expanded Program on Immunization (EPI) was established in 1976 to ensure that infants/children and mothers have access to routinely recommended vaccines. Six vaccine-preventable diseases were initially included in the EPI: tuberculosis, poliomyelitis, diphtheria, tetanus, pertussis and measles. Vaccination is one of the essential public health interventions that reduces the deaths of children less than 5 years old. In 2015, the program included the procurement of vaccines for adolescents and senior citizens. As mandated by RA 9994 or the Expanded Senior Citizens Act of 2010, the DOH shall administer free vaccination against the influenza virus and pneumococcal diseases for indigent senior citizens while, under the Adolescent Immunization Program of EPI, Human Papillomavirus (HPV), Measles Rubella (MR) and Tetanus diphtheria (Td) vaccines are being procured.

Over the next 5 years, the existing Expanded Program of Immunization (EPI) will transition into National Immunization Program (NIP). This transition requires five directional paths for policy focus and prioritization.

1. Immunization services will go beyond the existing antigens for most common vaccine preventable diseases (VPDs) confronting the newborns, infants, children and pregnant women, and will be expanded to address other diseases, a few of which the DOH has already introduced in the past 2-3 years.
2. Other population groups considered equally susceptible and vulnerable like the adolescents, senior citizens and other special groups will be targeted for immunization services.
3. The coverage of newly introduced vaccines will be scaled up nationwide on a graduated scale according to the outcome of pilot implementation and results of on-going studies and evaluation.
4. As NIP, it will continue to pursue in the next 5 years the achievement of the Philippine Government's commitment to international immunization goals which include the elimination of endemic measles virus, eliminate maternal and neonatal tetanus, sustain the polio-free status of the Philippines and accelerated control of Hep B.
5. The NIP has to address the other VPD control/elimination goals (e.g. rubella and congenital rubella syndrome elimination, JE control etc.). This demands consequently the complementary expansion and enhancement of human resource and all systems support as a national program on immunization.

Objective

To reduce morbidity and mortality rates due to vaccine-preventable diseases.

Specific Objectives:

- (1) To increase coverage of existing vaccines for targeted population groups across the life-stage
- (2) To provide additional protection to identified vulnerable groups from other VPDs through evidenced-based new vaccines and technologies
- (3) To achieve the country's commitment to priority global immunization goals
 - measles elimination
 - maternal-neonatal tetanus elimination (MNTE)
 - sustain polio-free status
 - accelerated Hepatitis B control

General Strategies

To achieve the above goals and objectives, 5 key strategies will be pursued.

- Expand package of quality immunization services and scale up coverage.
 - Provision of antigens and immunization devices for the routine immunization, school-based immunization program and vaccination of senior citizens.
- Generate demand for immunization services and build up multi-sectoral support for NIP
 - Development of a National Health Promotion and Communication Plan
- Strengthen surveillance and response
 - Conduct of regular quarterly meeting with Immunization Surveillance Committees (ISC) and regular quarterly monitoring by ISC
- Build-up Supervision, Monitoring and Evaluation
 - Establish the Monitoring and Evaluation Framework that clearly defines the key indicators to be tracked and assessed, the data source, means and frequency of data collection and the set targets to be accomplished over the 5 year period
 - Routine reporting through the established Field Health Service Information System (FHSIS)
 - Program monitoring for information that cannot be obtained through the routine reporting
 - Conduct of annual, mid-term and post-term evaluation on the status of implementation
 - Conduct of research and special studies
- Institute supportive governance, financing and regulatory measures
 - Develop a set of policy and guide on immunization response during disasters or emergency with clearly-defined financial assistance and management of Adverse Events Following Immunization (AEFI) cases.
 - Incorporate new vaccines in the existing PhilHealth benefit packages

- Regulatory measures to prevent proliferation of donations being required by several health care providers
- Health facility compliance with the proper waste vaccine management according to the law/guide⁴

Budget Trend

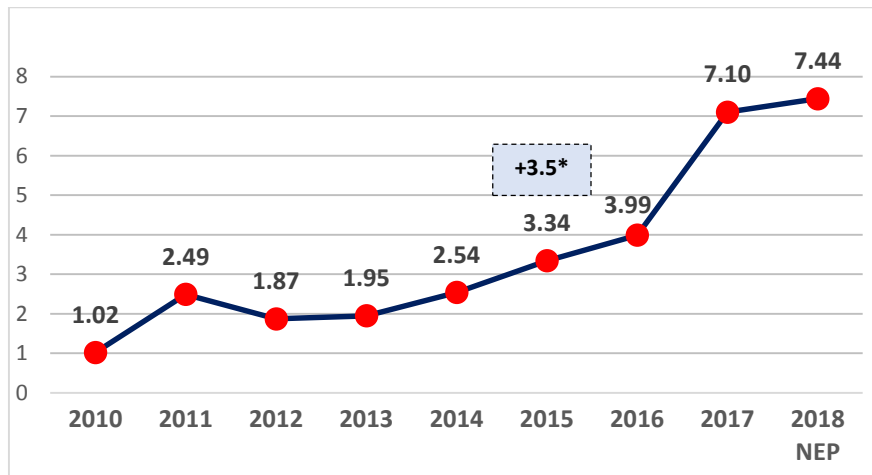


Figure 6. NIP budget (in Billion PhP) 2010-2018

In 2010, the budget for NIP was PhP 1.02 B for the procurement of routine vaccines, immunization devices and for taxes, custom duties and other fees related to logistics. The addition of the vaccines for senior citizens in the following year lead to the increase in the 2011 budget.

In 2012, the procurement of the vaccines for senior citizens were transferred to the FHRP line-item hence, the decrease from 2011 to 2012 budget. Since 2012, the NIP budget has been increasing. In 2014, the increase in budget was allocated for the distribution and installation of cold chain equipment.

In 2015, there was an initial budget allocated to NIP amounting to PhP 3.34 B for the procurement of routine vaccines for infants, pregnant women and senior citizens⁵. Towards the end of the year, DBM released another PhP 3.5 B to the EPI line item for the procurement of dengue vaccines.

In 2016, the budget increase is due to the inclusion of vaccines for adolescents (Measles-Rubella and Tetanus-Diphtheria) which were previously procured under the FHRP line item.

In 2017, the 78% increase from the 2016 allocation was due to the immunization coverage for infants and adolescents. This includes the provision of Pneumococcal

⁴ 2015-2019 EPI Strategic Plan draft

⁵ SC vaccines transferred back to EPI from Degenerative Disease Office

vaccine to 1.5 M infants, Tetanus-Diphtheria and Measles-Rubella vaccine to 5.3 M Grade 1 and 7 students.

In the proposed 2018 NEP, additional budget is allocated for the inclusion of the Japanese Encephalitis Vaccine in the immunization schedule. Additional procurement of pneumonia vaccine, EPI routine vaccine, & injection devices also contributed to the increase in the 2018 budget.

Accomplishments

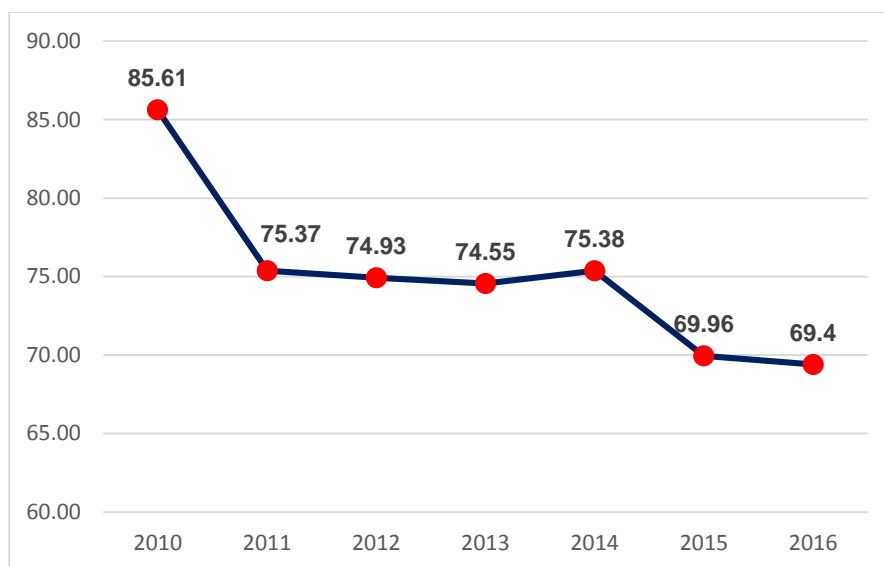


Figure 7. Percentage of Fully Immunized Infants (2010-2015)

The proportion of Fully Immunized Child (FIC) dropped from 85.61% in 2010 to 75.37% in 2011. The decreasing trend in FIC can be observed except in 2014 when the proportion of FIC increased to 75.38% from 74.55% in 2013. For the year 2016, the unofficial administrative data shows percentage of FIC to be at 69.4%, and is currently at 13% as of the first quarter of 2017.

The fluctuating trend in the FIC trend needs to be scrutinized considering that in the past 5 years, the DOH has provided for all vaccine requirements, including syringes and needles and other supplies required at the LGU level. Among the possible reasons for the fluctuating trend are: limited local capacities (e.g. inadequate, untrained staff), wavering commitment of LGUs to the program, limited supervision and monitoring at the frontline, non-implementation of supportive systems like defaulter's tracking, Reach Every Barangay (REB), weak surveillance and response⁶.

⁶ 2015-2019 EPI Strategic Plan draft

Women, Men, and Children's Health Development Programs

The programs under Women and Men's Health (WMH) and Children's Health Development (CHD) ensures that services are provided to the high poverty magnitude and incidence provinces, Geographically Isolated and Disadvantaged Areas (GIDA), and urban slums. Women and Men's Health (WMH) includes programs such as National Safe Motherhood Program while programs under Children's Health Development (CHD) include Newborn and Infant Health and Children Health and Development programs. The programs under WMH and CHD are part of the efforts to fully implement the Responsible Parenting and Reproductive Health (RPRH) Law.

In addition, the President signed the Executive Order No. 12 in January 2017 which aims to achieve zero unmet need in the year 2022. This means that all couples and individuals shall be aware of their reproductive health (RH) rights and have access to their preferred family planning (FP) methods that are medically safe and effective.

Objectives

The goals of the programs under the WMH and CHD are:

- (1) To reduce child morbidity and mortality to improve overall child health:
 - Reduce under-five mortality rate
 - Reduce infant mortality rate
 - Reduce newborn mortality rate
 - Reduce malnutrition (underweight, stunting, wasting, overweight/obesity and micronutrient deficiencies) and;

- (2) To reduce maternal deaths to support the attainment of the health-related sustainable development goals (SDGs)

General Strategies

- Development of policies and guidelines to aid in the implementation of the programs under WMCHDP.

- Provision of technical assistance to regional offices and/or health facilities:
 - Capacity building through trainings and workshops to capacitate health partners across all levels and all areas
 - Provision of subsidy to regions, hospitals and other operating agencies
 - Conduct of advocacy, networking, mobilization and research
 - Procurement and provision of commodities to the LGUs through the Regional Offices:

- (1) Family Planning Commodities such as male condoms, pills, intrauterine device (IUD), Depot medroxyprogesterone acetate (DMPA), Bilateral Tubal Ligation (BTL) kit, No Scalpel Vasectomy (NSV) kit, SDM cycle beads, CMM and BBT charts and thermometer.
- (2) Micronutrient Supplements (Vitamin A, Iron, Micronutrient Powder, Calcium Carbonate and Iodine)
- (3) Dental Supplies such as Sealant kit, Light cured composite kit, Glass Ionomer for Atraumatic Restorative Treatment and Flouride Varnish
- (4) IMCI Medicines (Oral rehydration solution, Amoxicillin, Zinc)
- (5) Ready to Use Therapeutic Foods (RUTF, F75, F100) for children with severe acute malnutrition

Budget Trend

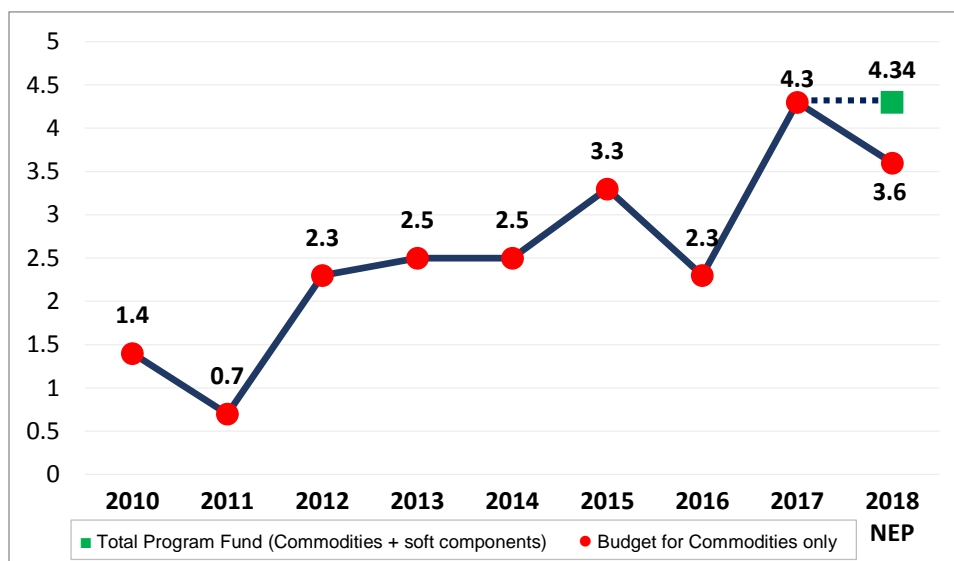


Figure 8. FHRP Budget (in Billion PhP) 2010-2018

Budget for Women, Men, and Children’s Health Development Programs are subsumed under the Family Health, Nutrition, and Responsible Parenting (FHRP) line item. In 2010, the FHRP budget was PhP 1.4 B which included an additional PhP 616 M for capital outlay (CO), on top of the PhP 811 M for maintenance and other operating expenses (MOOE). The drop in the allocation for the following year was due to the nonrecurring capital outlay. In 2012, the budget increased to PhP 2.3 B with the inclusion of the vaccines for adolescents and senior citizens as well as the additional Pneumococcal Conjugate Vaccine (PCV) for infants.

In 2013, the Inactivated Polio Vaccine (IPV) was included in the FHRP budget line item. However, the IPV was transferred to the National Immunization Program line item in 2014. This decrease was offset by the additional procurement of oral health commodities which caused the 2014 budget to remain at PhP 2.5 B.

In 2015, the FHRP line item received its highest budget, in the amount of PhP 3.3 B. The increase includes allocation for the procurement of family planning commodities and micronutrient supplements.

In 2016, the FHRP budget declined to PhP 2.3 B. The reduction of PhP 1 B in the approved GAA were for the object of expenditure: drugs & medicines⁷.

In 2017, the budget increased to PhP 4.27 B for the scaled-up procurement of family planning commodities and micronutrients.

The decrease in the budget in 2018 is due to the transfer of the soft components of the program to the PHM budget line item. The total program fund (inclusive of soft components) increased at PhP 4.32 B in 2018 due to the additional procurement of the lipid-based nutrients intended for infants (6-23 months), pregnant and lactating women as part of the interventions for Early Childhood Care and Development (ECCD).

Accomplishments

Table 13. FHRP Accomplishments (2010-2015)

Performance Indicator	2010	2011	2012	2013	2014	2015
Maternal mortality rate (deaths per 100,000 livebirths)⁸	129	127	126	121	117	114
Women aged 15-49 years reporting current use of a modern method of family planning	37.7% (4,291,820/ 11,380,303 ^a)	38.8% (4,582,114/ 11,806,586 ^a)	33.3% (3,942,427/ 11,854,723 ^a)	39.5% (4,774,629/ 12,079,973 ^a)	41.2% (5,063,262/ 12,309,503)	45.0% (5,650,053 / 12,543,393)
Antenatal coverage (at least 4 visits)	58.5% (1,889,239/ 3,231,729 ^b)	45.7% (1,533,581/ 3,352,783 ^b)	50.8% (1,709,372/ 3,366,453 ^b)	64.6% (1,708,463/ 2,646,323 ^b)	59.0% (1,590,593/ 2,696,605)	55.3% (1,520,349/ 2,747,843)

⁷ DBM Statement of Difference

⁸ WHO, UNICEF, UNFPA, The World Bank, and the United Nations Population Division. Trends in Maternal Mortality: 1990 to 2015. Geneva, WHO, 2015

Performance Indicator	2010	2011	2012	2013	2014	2015
Proportion of births attended by a skilled health personnel (SBA)	79.5% (1,449,277/ 1,822,233 ^c)	81.2% (1,504,840/ 1,853,155 ^c)	83.5% (1,603,121/ 1,919,270 ^c)	84.5% (1,614,948/ 1,911,745 ^c)	86.8% (1,640,261/ 1,890,650)	88.6% (1,598,409/ 1,805,000)
Proportion of births delivered in health facilities (FBD)	44.3% (852,887 ^d / 1,926,686 ^f)	59.7% (1,144,995 ^e / 1,916,546 ^f)	68.6% (1,366,929 ^e / 1,991,974 ^f)	75.2% (1,407,479 ^e / 1,872,533 ^f)	81.7% (1,561,080 ^e / 1,910,794 ^f)	86.0% (1,637,092 ^e / 1,903,416 ^f)

a – Eligible population (Women of Reproductive Age)

b – Eligible population of women

c – Total number of live births

d – Number of facility deliveries (normal)

e – Number of facility deliveries (normal and others)

f – Total number of deliveries

HIV/AIDS and STI Prevention, Emerging and Re-emerging Infectious Disease, Integrated Helminth Control, Food and Waterborne Diseases Prevention and Control, and National Dengue Prevention and Control Programs

The programs under Other Infectious Diseases line item contribute in the attainment of inclusive growth by providing services tailored to the needs of the Filipino people. The programs employ preventive strategies such as vector control and vaccination for dengue, as well as control strategies like provision of antiretroviral drugs for HIV to achieve SDGs.

Objectives:

- Less than 1% prevalence of HIV/AIDS
- Reduction of dengue case fatality rate by <1%
- Reduction of public health impact of emerging and re-emerging infectious diseases
- Reduction of Cumulative Soil-Transmitted Helminths (STH) prevalence to 20%
- Prevention of food and waterborne outbreaks

Strategies:

- HIV/AIDS: Provision of Antiretroviral (ARV) drugs to People Living with Human Immunodeficiency Virus (PLHIVs)
- Integrated Helminth Control Program (IHCP): School-based and community-based mass deworming, promotion of hygiene and sanitation in the community and schools and expanding deworming coverage to other high risk population.
- Strengthening of the integrated vector management including dengue
- Coordination with the National Immunization Program for the provision of dengue vaccine to 9yo and above school children
- Emerging and Re-emerging Infectious Diseases (EREID): Development of systems, policies, standards, and guidelines for preparedness and response to emerging diseases and strengthening of network and linkages with different agencies
- Food and Waterborne Diseases (FWBD): Early diagnosis and prompt treatment of food and water-borne diseases

Budget Trend:

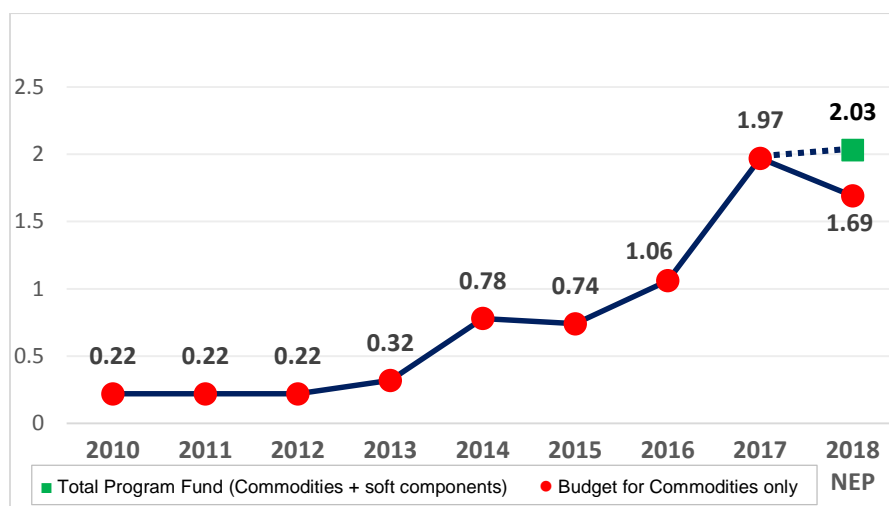


Figure 9. Other Infectious Disease Budget (in Billion PhP) 2010-2018

The increase in the budget from PhP 744 M in 2015 to PhP 1.06 B in 2016 was due to the increase in the procurement of ARVs to adjust to the new guidelines set by WHO. This eligibility guidelines increased the CD4 count cut off from 350 to 500, which increased the estimated number of PLHIVs to be catered in 2016.

In 2017, the *Revised Policies and Guidelines on the Use of Antiretroviral Therapy (ART) among People living with Human immunodeficiency virus (PLHIV) and HIV-exposed infants* states that ART will be initiated in all persons with confirmed positive HIV test results regardless of clinical and immunologic status. Thus, the 2017 budget was allocated for the provision of the diagnostic, treatment, and preventive services especially among the high-risk groups.

With the soft components transferred to the PHM budget line item, the budget seemed to decrease to PhP 1.69 B. But the total program budget including the soft components increased to PhP 2.03 B due to additional procurement of commodities for screening and treatment of HIV and Viral Hepatitis cases.

Accomplishments

HIV/AIDS and STI Prevention Program

Table 14. HIV/AIDS and STI Program Accomplishments (2010- Q1 2017)

Performance Indicator	2010	2011	2012	2013	2014	2015	2016	2017
Number of HIV cases diagnosed (latest update)	1,591	2,349	3,338	4,814	6,011	7,831	9,624	4,388 ⁹
Cumulative Number of PLHIV Alive and on ARV Treatment	Data Not Available	2,094	3,492	5,564	8,481	12,533	17,940	20,420

The number of PLHIVs continued to increase from 2010 - 2016. This is evidenced by the number of diagnosed PLHIVs which has an average of 1,248 new cases per year. Consequently, there was a large increase in the number of PLHIV on ARV treatment from 2014 to 2015. This is due to the change in the WHO guidelines increasing the CD4 count cut off from 350 to 500 cells/mm³ which then increased the number of eligible PLHIVs to start on ARV treatment. As of the 1st quarter of 2017, the number of PLHIV alive and on ARV treatment reached 20,420.

Emerging and Re-emerging Infectious Disease

Table 15. Emerging and Re-emerging Infectious Disease Program Accomplishments (2010- Q1 2017)

Performance Indicator	2010	2011	2012	2013	2014	2015	2016	2017*
EREID cases	AH1N1 = 91	0	0	0	0	MERS CoV = 2 Ebola = 0	Zika = 53	Zika = 9
EREID Case Fatality Ratio = <1%	0	0	0	0	0	0	0	0

* as of August 3, 2017

The presence of a functional surveillance system and an early and reliable reporting system was able to capture EREID cases; thus, prompt management was readily provided that prevented deaths.

In addressing Emerging and Re-emerging Infectious Diseases (EREIDs), the health system should have a multi collaborative and comprehensive preparedness strategy, integrated surveillance system for both human and animal EREIDs, fully functional national and sub-national laboratories and a pro-active response system down

⁹ As of May, 2017

to the LGU level. The program envisions to minimize, if not avert, the public health impact of EREIDs in terms of morbidity, especially mortality (case fatality rate < 1%).

Integrated Helminth Control Program

Table 16. Deworming Coverage (2010- Q1 2016)

Target		2010	2011	2012	2013	2014	2015	2016
Pre-SAC	Round 1	-	-	498,485	9,300,138	9,274,87	9,345,279	7,592,242
	Round 2	-	-	501,296	7,803,217	9,363,331	5,548,034	7,875,599
SAC	Round 1	5,987,355	7,622,993	8,231,879	8,347,154	8,131,359	11,824,013	22,496,145
	Round 2	7,756,265	8,004,900	8,764,294	4,879,520	3,174,084	12,019,819	11,380,780

*SAC = School-aged Children

There are variances as to the completeness of available reports at the DOH Central Office level leading to limited analysis on performances for each round between years. These variances in the form of either an increase or decrease in reporting of deworming coverage accomplishments could be due to the following:

1. Rapid turnover of staff and program manager in charge
2. Lack of an established monitoring and evaluation system for the Soil-Transmitted Helminthiasis Control Program (STHCP)

National Dengue Prevention and Control Program

Table 17. National Dengue Prevention and Control Program Accomplishments (2010-2016)

Performance Indicator	2010	2011	2012	2013	2014	2015	2016
Dengue Incidence Rate per 100,000 population (latest update)	187	133	194	209	121	210	212
Dengue Case Fatality Rate = <1%	0.61%	0.52%	0.49%	0.32%	0.38%	0.30%	0.48%

Due to high incidence of dengue in 2013, Clinical Guidelines on Dengue Management was implemented nationwide which included a standardized recording and reporting system. This system paved the way for capturing the dengue suspects detected at the various health facilities including hospitals through trainings on early recognition of dengue suspects and its proper recording. Deaths from dengue has been low (<1%) given that early warning signs were incorporated in the clinical management guidelines as well as a system for early referral to prevent complications, progression to severity and even unwanted deaths. For the past 3 years (2013-2015), CFR was reduced in 2010, indicating effectiveness of the strategy on early detection and prompt management of cases.

Tuberculosis Control Program

Based on the 2016 National Tuberculosis (TB) Prevalence Survey, the burden of TB in the Philippines remains high. Around one million Filipinos have tuberculosis and the prevalence is highest among males and among age group 45-54 years. The survey also reported higher risk among those with previous TB treatment, diabetics, smokers, poor and urban dwellers.

Poor health seeking behavior was also observed. Only one out of five individuals (19%) with cough of \geq two weeks and/or hemoptysis consulted a health worker, while four out of five (81%) either self-medicated or did not take action. Believing that symptoms were not serious enough to warrant consultation was the main reason for self-medicating or not taking any action.

With these results, the drafted 2017-2022 Philippine Strategic TB Elimination Plan was revised. The plan was initially formulated based on the recommendations of the 2016 Joint Program Review that there is a need to develop a roadmap towards sustainability, implement the TB Law, embrace and scale-up new technologies, medicines and approaches and to innovate to solve Program problems.

The use of Xpert MTB/Rif machine, which is a rapid and more sensitive diagnostic tool during the survey, was rolled out. There are three times more TB cases detected than using culture. Xpert can also detect Rifampicin resistant in just two hours compared to six to eight weeks of conventional culture examination.

Objective

The TB Control Program aims to increase the TB treatment coverage to 90% and to reduce the TB incidence by 5% and TB mortality by 50% from the 2015 baseline contributing to the attainment of the SDGs by 2030 and ensuring that no TB affected families will face catastrophic costs due to TB treatment.

General Strategies

- Activate TB patient support groups and communities to improve access to quality TB services
- Collaborate with other government agencies and partners to reduce out of pocket expenses of TB patients and expand social protection measures
- Harmonize national and local efforts mobilize adequate and capable human resources for TB elimination
- Innovate TB surveillance, research and data generation for decision-making
- Enforce NTP TB care and prevention standards and use of quality TB products and services

- Value clients and patients through provision of integrated patient-centered services
- Engage national government agencies, legislative branch and local government units on multi-sectoral implementation of localized TB elimination plan

Budget trend

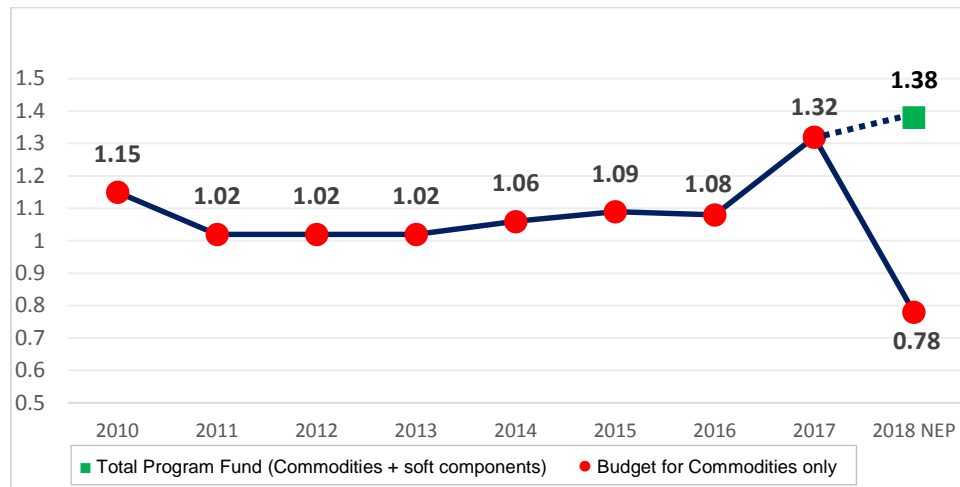


Figure 10. Tuberculosis Budget (in Billion PhP) 2010-2018

The decrease in the budget from PhP 1.15 B in 2010 to PhP 1.02 B in 2011 was due to provision of other financial support from the Global Fund and USAID. The PhP 0.24 B increase in 2017 from the 2016 budget was allocated for the procurement of GeneXpert machines.

In the 2018 proposed budget, the overall program budget (including soft components) increased at PhP 1.38 B compared to the PhP 1.32 B in 2017, which is mainly for the procurement of TB Kits, GeneXpert cartridge, drugs, and other commodities.

Accomplishments

Table 18. Tuberculosis Program Accomplishments (2010-2016)

Performance Indicator	2010	2011	2012	2013	2014	2015	2016
Number of cases detected and given treatment	174,535	206,088	229,694	244,392	268,835	308,267	339,822

Table 18 shows an increasing trend in the number of TB cases detected and given treatment from 2010 to 2016. Increase in cases is due to the intensified casefinding among the high risk and vulnerable groups and use of GeneXpert which is a more sensitive and rapid diagnostic equipment making the diagnosis faster and more accurate. Engagement of other health facilities from the public and private sector was also done to increase TB services. About 26% (79,197) of TB cases detected were contributed by public hospitals; other government agencies like the Bureau of Jails Management and Penology, National Bilibid Prisons and Bureau of Corrections and collaboration with other Programs like the National HIV AIDS STI Prevention and Control Program in screening of People Living with HIV AIDS for TB. About 6% (18,442) of TB cases were detected by engaging the private hospitals and private physicians.

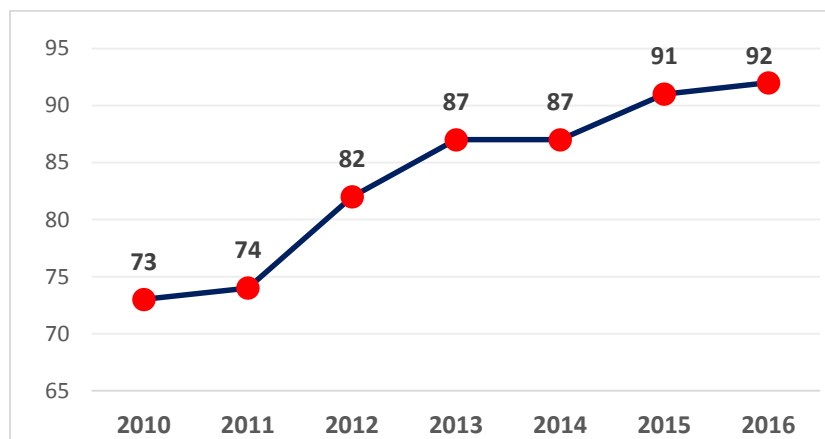


Table 19. Tuberculosis Case Detection Rate¹⁰ (2010-2016)

Tuberculosis Case Detection Rate (CDR) is the percentage of all forms of TB cases detected as compared to the total estimated incidence cases of TB. There is an increasing trend in the TB-CDR from 2010 to 2016. Increase is due to engagement of other health care providers like public and private hospitals, other government agencies and other Programs (National HIV AIDS STI Prevention and Control Program) to refer TB cases or provide TB services. An electronic Integrated TB Information System was also introduced with support from the Global Fund to capture the reporting of TB cases.

¹⁰ 2013 – 2015 data reported all forms of TB

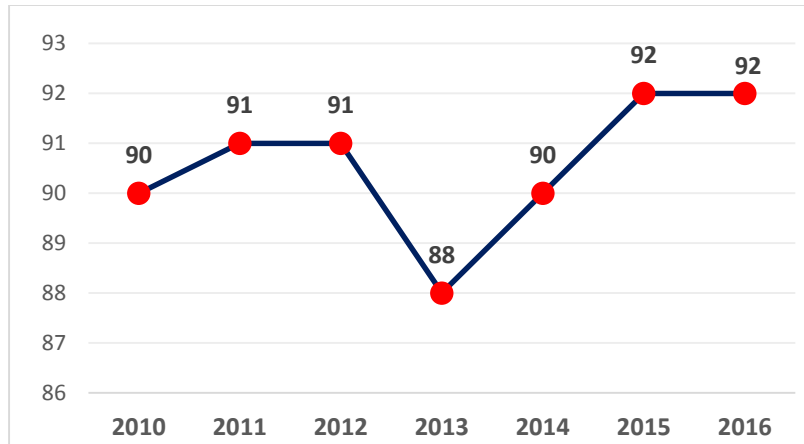


Table 20. Tuberculosis Treatment Success Rate (2010-2016)

TB Treatment Success Rate is the proportion of all forms of TB cases that had completed treatment and had been cured during a specified period. The Treatment Success Rate has been maintained at 90% or more except in 2013. Slight decrease in 2013 may be due to the transition period, with changes on the case definition of TB cases.

Malaria Control, Schistosomiasis Control, Leprosy Control, and Filariasis Elimination Programs

The programs under the Elimination of Disease contribute to the attainment of health-related SDGs by employing various subnational strategies such as mass drug administration, vector control, and disease surveillance to eliminate diseases and sustain it.

Objectives

- To reduce the prevalence rate of filariasis to elimination level of <1%
- To control morbidity (<5% prevalence) in all endemic barangays by 2020 and to eliminate schistosomiasis as a public health problem with a prevalence rate of less than 1% in all endemic barangays by 2025.
- To decrease by 50% the identified leprosy hyperendemic municipalities by 2018
- To ensure quality malarial services, timely detection of infection and immediate response and information and evidence to guide malaria elimination

General Strategies

- Strengthen surveillance system to quickly identify other endemic areas
- *Filariasis*: Implement integrated vector management
- *Schistosomiasis*: Integrated Program Management by means of Preventive Chemotherapy, Intensified Case Management and Surveillance, integration of WASH as an integral component of Control, Control of Animal Schistosomiasis and promotion of Animal health under the One Health Strategy and Health Promotion and Education.
- *Leprosy*: Ensure availability of adequate anti-leprosy drugs
- *Leprosy*: Strengthening of the LEARNS (Leprosy Alert Response Network & Surveillance Systems) which include capacitating the BHWs in recognizing & reporting leprosy cases.
- *Malaria*: Ensure universal access to reliable diagnosis

Budget Trend

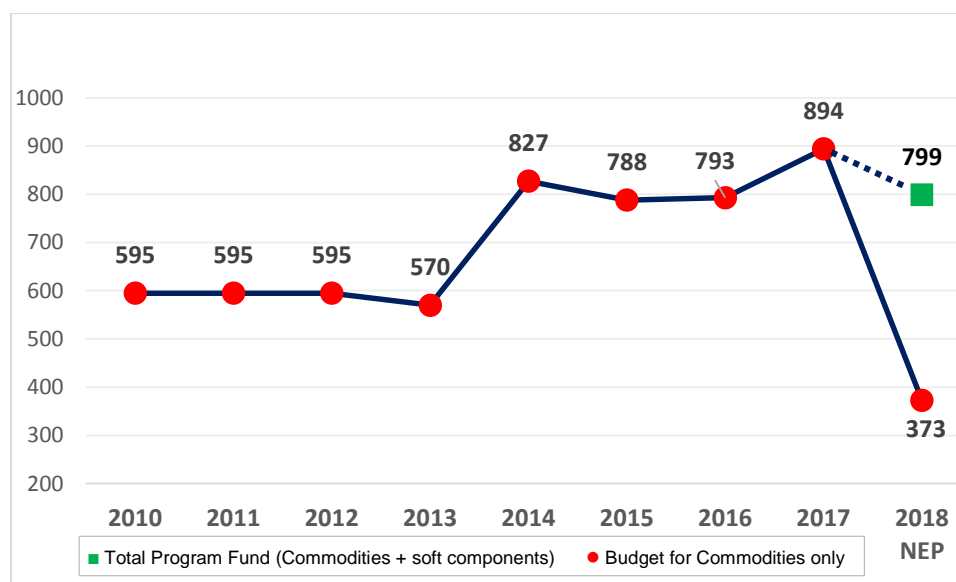


Figure 11. Elimination Budget (in Million PhP) 2010-2018

The increase in the budget from PhP 570 M in 2013 to PhP 827 M in 2014 was due to additional funds essential in the evaluation of potential disease-free areas. This includes procurement of rapid diagnostic tests for Filariasis and Malaria, conduct of focal surveys to assess status of 28 Schistosomiasis endemic provinces and the study on the possibility of using diagnostic antigen-antibody test and antigen-antibody surveillance tests for Leprosy.

Increase in the 2017 budget was allocated for strengthening the surveillance system in identifying endemic areas and provision of mass drug treatment for 13.5 M at-risk against Filariasis and 2.5 M against Schistosomiasis.

In 2018, the overall program budget (commodities with the soft component) decreased to PhP 373 B for the program to utilize continuing appropriations.

Accomplishments

Malaria Control Program

Table 21. Malaria Control Program Accomplishments (2010- Q2 2017)

Performance Indicator	2010	2011	2012	2013	2014	2015	2016	2017 (Q2)
Number of Malaria-free provinces	23	24	27	27	28	32	32	34
Number of Malaria cases	19,217	9,617	8,154	7,720	4,972	8,160	6,680	2,292
Prevalence associated with Malaria (per 100,000 population)	20.7	10.2	8.4	7.9	5.0	8.03	6.4	2.17
Deaths due to Malaria	33	12	16	12	10	20	7	1
Death rate associated with malaria (per 100,000 population)	0.03	0.01	0.02	0.01	0.008	0.019	0.006	0.0009

Schistosomiasis Control and Elimination Program

Accomplishments:

- 369 barangays out of 1,592 reached elimination as a public health problem
- 294 barangays out of 1,592 have controlled morbidity
- 2017 MDA Coverage: 1,261,632 dewormed out of 2,385,506 (53%)

Leprosy Control Program

Table 22. Leprosy Prevalence Rate (2012-2016)

Performance Indicator	2012	2013	2014	2015	2016
Leprosy Prevalence Rate	0.28	0.31	0.4	0.3	0.3

Filariasis Elimination Program

Table 23. Filariasis Elimination Program Accomplishment: Filariasis-free Areas (2009- Q1 2017)

YEAR	AREA
2009	South Leyte Sorsogon
2010	Romblon Bukidnon Biliran Agusan del Sur Dinagat Island
2011	Compostella Valley North Cotabato
2012	Albay Marinduque Eastern Samar
2013	Oriental Mindoro Catanduanes Camarines Sur West Samar North Leyte Misamis Occidental South Cotabato Surigao del Sur
2014	Palawan Masbate Iloilo Negros Oriental North Samar Davao del Norte Occidental Mindoro Cagayan de Oro (city)
2015	Maguindanao Zamboanga del Sur ZamboangaSibugay Davao Oriental Sarangani Agusan del Norte
2016	Capiz Misamis Oriental
2017 (Q1)	Sulu

During the Mass Drug Administration (MDA) in July 2016, 89.9% or 6 million of the 8 million population with filariasis are treated with Diethylcarbamazine (DEC) and Albendazole.

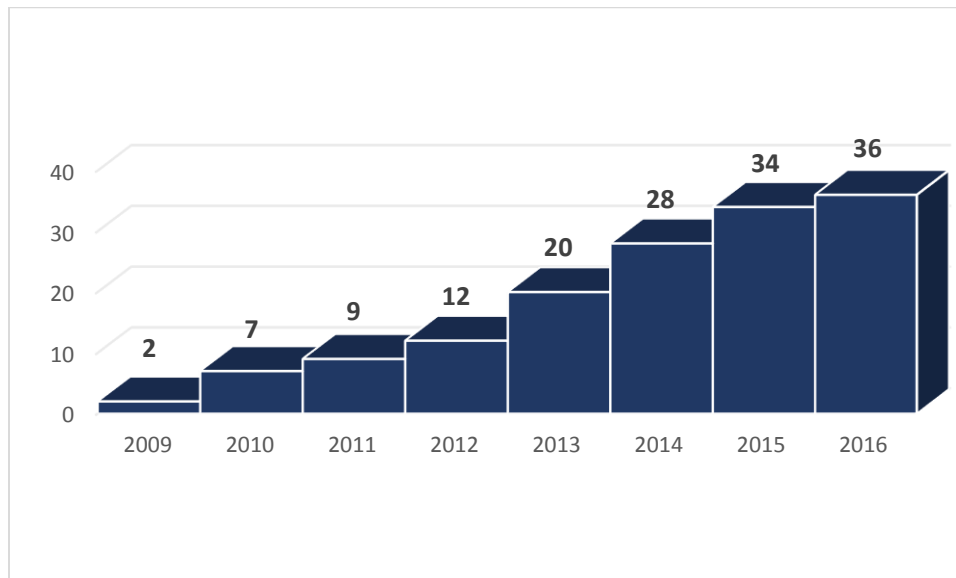


Figure 12. Cumulative Accomplishment of Filariasis-free Areas (2009-2016)

Rabies Control Program

Rabies is a zoonosis and human infection that usually occurs following a transdermal bite or scratch by an infected animal. Transmission may also occur when an infectious material, usually saliva, comes into direct contact with the victim's mucosa or with fresh skin lesions.

It is considered a neglected disease that is 100% fatal but 100% preventable. Effective and safe vaccines to prevent the disease in humans and animals have been available for decades. However, its elimination is hampered by poverty and ignorance about the disease and its prevention.

In the Philippines, although it is not among its leading causes of morbidity and mortality, rabies is considered a significant public health problem for two reasons: (1) it is one of the most acutely fatal infection and (2) it is responsible for the death of 200-250 Filipinos annually.

In 2016, incidence of 209 human rabies cases and 1,085,611 animal bites were reported to the DOH-Disease Prevention and Control Bureau (National Center for Disease Prevention and Control).

Objective

To eliminate rabies as a public health problem with absences of indigenous cases for human and animal and declare the Philippines Rabies free by the year 2020

General Strategies

- Provision of Post-Exposure Prophylaxis to all animal bite centers
- Provision of Post-Exposure Prophylaxis to high risk individuals and school children in high incidence area
- Strengthen Information, Education, and Communication (IEC) campaign on:
 - Immediate management of rabies exposure
 - Responsible Pet Ownership (RPO)
- Advocacy campaign
- Training Medical Doctors & Registered Nurses on the Guidelines on the management of animal bite victims
- Establishment of animal bite treatment centers by Inter Local Health Zone
- Disease-free zone – Joint DOH-DA evaluation and declaration of Rabies Free islands
- Integration of rabies program in elementary curriculum
- Advocacy: 2 National Events
 - March Rabies Awareness Month and World Rabies Day in September

Budget trend

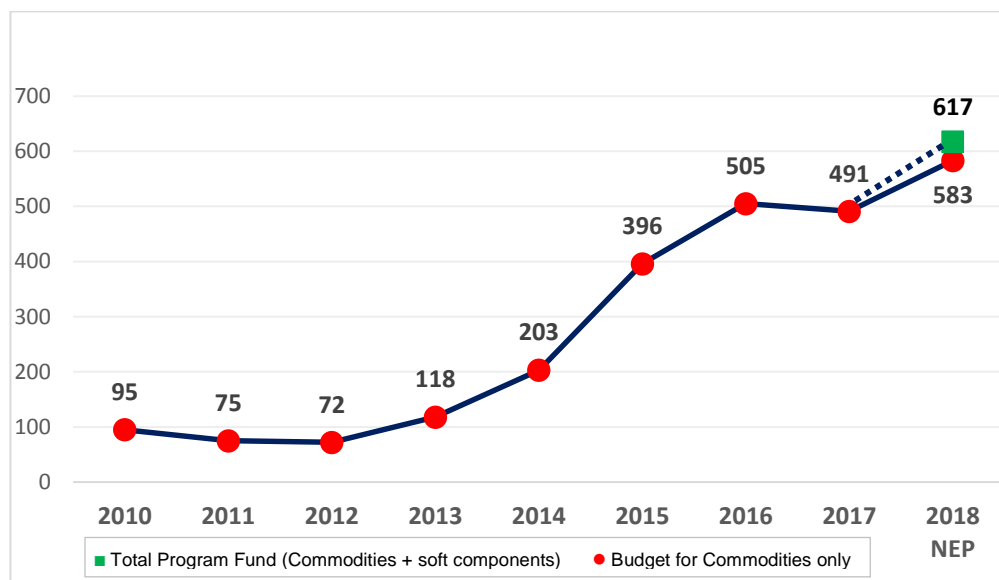


Figure 13. Rabies Budget (in Million PhP) 2010-2018

The progressive increase in the budget is for the procurement of vaccines responsive to the increasing animal bite cases. Further, the program has increased the availability of free doses of tissue culture vaccines (TCVs) from 2 doses in 2010 to 4 doses in 2014 and finally to 8 doses (full dose) in 2016.

The further increase in the total program fund from PhP 491 M in 2017 to PhP 617 M in the proposed 2018 budget is allocated for the additional procurement of the post-prophylaxis treatment such as Purified Chick Embryo Cell (PCEC) / Purified Vero Cell Rabies Vaccine (PVRV) and Equine Rabies Immunoglobulin (ERIG).

Accomplishments

Table 24. Rabies Program Accomplishments (2010- Q1 2017)

Performance Indicator	2010	2011	2012	2013	2014	2015	2016	2017 (Q1)
Number of Rabies-free areas	3	5	9	15	23	38	41	44
Incidence of human-rabies cases	257	219	213	205	236	218	209	36
% of Post-exposure prophylaxis against rabies	52.8% (2 dose) 216,569 Erig: 27.3% (27,351)	100% (2 dose) 328,733 Erig: 33.9% (40,098)	80% (2 dose) 410,811 Erig: 25.8% (51,778)	100% (4 dose) 522,420 Erig: 33.9% (40,098)	91.7% (4 dose TCV) 683,302 Erig: 25.3% (54,395)	100% (6 dose TCV) 699,705 Erig: 44.4% (99,186)	91% (8 full dose TCV) 1,074,977 Erig: 37% (102,838)	90.48% (8 full dose TCV) 161,318 Erig: 47.34% (24,123)

YEAR	Rabies-free areas
2008	Siquijor
2010	Batanes; Apo Island, Negros Oriental
2011	Camotes Island (4 municipalities: Poro, Tudela, San Francisco and Pilar); Malapascua Island
2012	Biliran; Camiguin; Marinduque; Island Municipality of Limasawa
2013	Guimaras; Boracay; Coron; Culion; Busuanga; Olympia Island, Bais City Negros
2014	Alquezar Island (Municipalities of Alabat, Quezon and Perez), Quezon; Linapacan; Kalayan, Palawan; Cuyo, Palawan; Cagayancillo; Magsaysay; Araceli; Bucas Grande Island (Municipality of Socorro) Surigao del Norte

YEAR	Rabies-free areas
2015	Tingloy, Batangas; Agutaya, Palawan; Balabac, Palawan; Dinagat, Dinagat; San Jose, Dinagat; Loreto, Dinagat; Cagdiano, Dinagat; Libjo, Dinagat; Basilisa, Dinagat; Tubajon, Dinagat
2016	Romblon, Romblon; San Jose, Romblon; Island of Pan de Azucar, Concepcion, Iloilo
2017	Monreal, Masbate; San Fernando, Masbate; San Jacinto, Masbate; Batuan, Masbate

Lifestyle Related Diseases Prevention and Control, and Essential Non Communicable Disease Programs

Non-communicable Diseases (NCDs) - mainly cardiovascular diseases, cancers, chronic respiratory diseases, and diabetes - are the leading causes of death globally and nationally. The WHO Global NCD Action Plan 2013-2020 reports that an estimated 36 million people die annually from NCDs (63% of global deaths). While the latest 2013 Philippine Health Statistics shows that the mentioned four NCDs plus accidents or trauma are the leading causes of deaths in the country. About a third of NCD deaths occurred in persons between 30 to 70 years old.

MORTALITY: TEN (10) LEADING CAUSES, PHILIPPINES		
<i>Source: Philippine Health Statistics, 2013</i>		
	Number	Rate per 100,000 population
1. Diseases of the Heart	118,740	121.1
2. Diseases of the Vascular System	68,325	69.7
3. Malignant Neoplasms	53,601	54.7
4. Pneumonia	53,101	54.2
5. Accidents	40,071	40.9
6. Diabetes Mellitus	27,064	27.6
7. Chronic Lower Respiratory Diseases	23,867	24.4
8. Tuberculosis, all forms	23,216	23.7
9. Nephritis, nephrotic syndrome and nephrosis	14,954	15.3
10. Certain conditions originating in the perinatal	10,436	10.6

The Non-Communicable Disease Prevention and Control Program of the Department of Health (DOH) addresses lifestyle-related NCDs, diseases of rapid urbanization and industrialization, and essential NCDs. Under the lifestyle-related diseases prevention and control program, health interventions are focused not only in the prevention and control of diabetes mellitus, cancer, chronic respiratory disease, and cardiovascular diseases such as hypertension but also their common behavioural risk factors, namely: tobacco use, harmful use of alcohol, physical inactivity, and unhealthy diet.

The diseases of rapid urbanization and industrialization such as injuries and mental illness, and other essential NCDs affecting the vulnerable population such as the elderly and persons with disabilities are also given priority in the Philippine Health Agenda.

Objectives

- To reduce morbidity and mortality rates due to NCDs through a life stage approach and integrated, comprehensive and community-based programs.

General Strategies

- Development of policies, plan, guidelines and standards
- Development of health service packages including palliative and hospice care at all life stages
- Provision of technical assistance for the prevention and control of NCDs
- Provision of medicines and supplies for the control of NCDs
- Conduct of advocacy campaigns for NCD prevention and control

Budget Trend

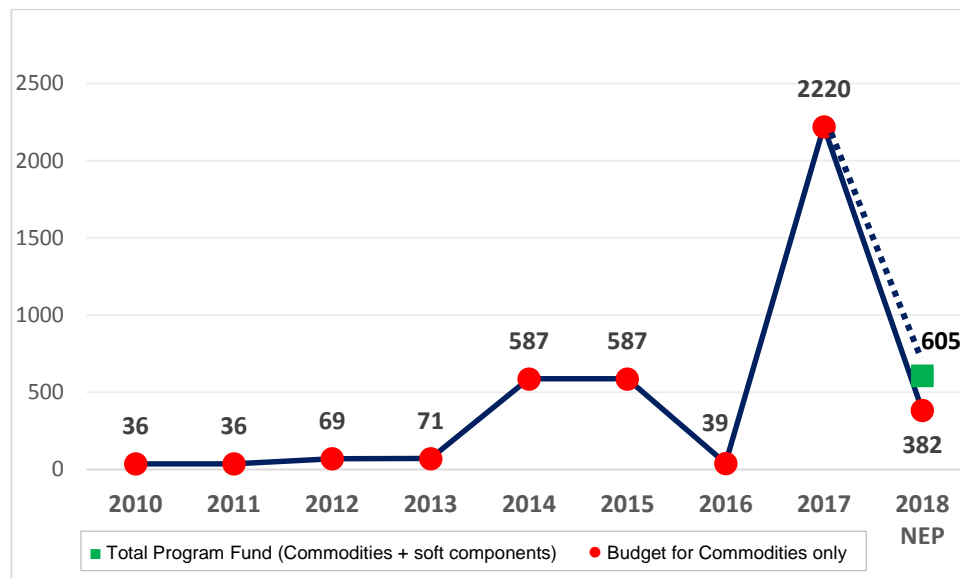


Figure 14. Non-Communicable Disease budget (in Million PhP) 2010 - 2018

The decrease in NCD budget from PhP 587 M in 2015 to PhP 39 M in 2016 was due to transfer of vaccines for Senior Citizens to the National Immunization Program (NIP).

The NCD budget attained its highest peak in the 2017 when the budget increased by PhP 2.18 B from PhP 39 M in 2016. The increase was a combination of the transfer of NCD drugs from Pharmaceutical Division line item for the procurement of drugs intended for diabetics, hypertensives, mental health and cancer patients and the expansion of beneficiaries.

Accomplishments

Table 25. Non-Communicable Disease Program Accomplishments (2016-Q2 2017)

Performance Indicators	2016		2017	
	Target	Accomplishment	Target	Accomplishment (Q1 & Q2)
Number of hypertensive and diabetic patients registered in the Registry System	648,000	313,829 ¹¹	216,000	381,002
Number of Access Sites provided with Mental Health Drugs	120	125	130	134
Number of Access Sites provided with Breast Cancer Medicines	7	7	7	Ongoing delivery
Number of Access Sites provided with Childhood Cancer Medicines	17	17	17	
Number of Access Sites provided with Colorectal Cancer Medicines	0	0	7	Ongoing delivery

¹¹ iClinicSys which is integrated with the hypertensive and diabetic patients registry

As previously mentioned, the funding for other population-based interventions and program management activities (soft components) are lodged under the Public Health Management and the 2018 DOH Budget for the provision of drugs, medicines and other public health commodities are lodged under individual budget line items. Listed below are the main activities of the said budget line items towards addressing the triple burden of disease:

Budget Line Item	Activities
National Immunization Program	<p>Infants:</p> <ul style="list-style-type: none"> ▶ Fully immunize 2.7 out of 2.9 M infants (95%) ▶ Provide 1.4 M infants with Pneumococcal vaccine ▶ Provide 2.7 M infants with Japanese Encephalitis vaccine <p>Adolescents:</p> <ul style="list-style-type: none"> ▶ Provide 2.2 M Grade 1 and 1.7 M Grade 7 students with Tetanus-Diphtheria and Measles-Rubella vaccine <p>Pregnant women:</p> <ul style="list-style-type: none"> ▶ Provide 2.7 M Pregnant Women with Tetanus vaccine <p>Senior Citizens:</p> <ul style="list-style-type: none"> ▶ Provide 1.2 M Seniors with influenza vaccine ▶ Provide 1.3 M Seniors with Pneumococcal vaccine
Family Health, Nutrition and Responsible Parenting	<p>Provide</p> <ul style="list-style-type: none"> ▶ 24M est. WRA & 3.7M est. pregnant women with Iron Tablets with 400mcg folic acid ▶ 538K Females (aged 9y/o) in the 20 priority provinces with HPV vaccine ▶ FP commodities for Poor WRA: 468K (DMPA), 250K (Pills), 570K (IUD), 360K Modern Natural Family Planning (MNFP) ▶ 38K Pregnant, 35K Lactating mothers, and 115K Children (6-23 mos.) with Lipid-based Nutrients ▶ 2.8M (12-23 mos.) and 1.6M (6-11 mos.) children with micronutrient powder sachets
Prevention and Control of Other Infectious Disease	<ul style="list-style-type: none"> ▶ Diagnose 239 K suspected Dengue cases ▶ Provide vector control commodities and Dengue NS1 Rapid Diagnostic Test kits to all 17 regions nationwide ▶ Treat all 46 K HIV/AIDS diagnosed cases ▶ Deworm 45 M children aged 1-18 years old
TB Control	<p>Treat all diagnosed cases:</p> <ul style="list-style-type: none"> ▶ 414 K TB cases in adults, 55 K TB cases in children, & 30 K with Isoniazid Preventive Therapy

Budget Line Item	Activities
Elimination of Disease such as Malaria, Schistosomiasis, Leprosy and Filariasis	Increase from: <ul style="list-style-type: none"> ▶ 42 to 55 Malaria-free provinces ▶ 38 to 41 Filaria-free provinces ▶ 44 to 52 Rabies-free areas Mass drug treatment for: <ul style="list-style-type: none"> ▶ 7.3 M at risk against Filariasis; ▶ 2.4 M at risk against Schistosomiasis
Rabies Control	<ul style="list-style-type: none"> ▶ Expand rabies vaccine coverage
Prevention and Control of Non-Communicable Diseases	Provide maintenance drugs to: <ul style="list-style-type: none"> ▶ 1 M Hypertensives ▶ 233 K Diabetics ▶ 166 K Hypercholesterolemia patients ▶ 150 Mental Health Access Sites

Operation of Dangerous Drug Abuse Treatment and Rehabilitation Center

Drug abuse is no longer just a societal problem but more so a health problem that needs to be prevented and treated. Thus, the Republic Act No. 9165, otherwise known as the Comprehensive Dangerous Drugs Act of 2005 was enacted to further intensify the campaign against the dangerous drug abuse. Selected functions of the Dangerous Drugs Board were delineated to the Department of Health (DOH) such as the technical and operational management of National Government's treatment and rehabilitations centers (Executive No. 273 s. 2004); regulation of legal drugs that have abusive properties, accreditation of government-owned and private treatment and rehabilitation center; the accreditation of drug testing labs and training of competent rehabilitation center staff (DDB Regulation No.4 s 2003).

Dangerous Drug Abuse Prevention and Treatment Program (DDAPTP) was created as a specialized program that serves as the directing, coordinating, and monitoring office for national health matters and public health issues related to drug abuse prevention, treatment and rehabilitation in the country. It formulates and reviews policies to ensure proper implementation of DOH mandates. It is the lead program in developing, implementing and evaluating DOH plans, programs and procedures on drug abuse prevention, treatment and rehabilitation. It is also the source of data required by the Dangerous Drug Board, Congressional Oversight Committee on Dangerous Drug and Controlled Chemicals, Senate Committee on Health and Public Order, Philippine Drug Enforcement Agency, and other partner agencies/ organizations

DDAPTP is envisioned to be the leading platform in Southeast Asia that sets standards on substance use prevention, treatment and rehabilitation that contributes to an empowered and drug-free Filipino community. This will be achieved through leading the implementation of a unified and rational health response in the fight against drug abuse, through a more effective drug abuse prevention, treatment and rehabilitation.

Objectives

Consistent with the Sustainable Development Goals, the DDAPTP aims to strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol through the following objectives:

- To provide quality services to drug dependents across levels of intervention, everywhere, and at all times
- To capacitate all providers and institutions to be able to offer appropriate and acceptable services related to dangerous drugs abuse prevention and treatment to their clients
- To lead the accreditation of all providers and facilities to be able to offer quality services related to dangerous drug abuse prevention and treatment to their clients

- To maintain availability and accessibility of the resources for operation of government facilities at all times

General Strategies:

- Institutionalize a comprehensive information system on drug dependence by 2019
- Standardize activities and programs on dangerous drugs abuse and prevention across various implementation levels, and for all populations (including minors, the elderly, persons with disabilities, pregnant women, and those with co-morbidities) by 2018
- Create evidence-informed policy and decision-making on dangerous drugs abuse and prevention
- Develop a standardized learning and development package for provider and institutional accreditation by 2018
- Capacitate all providers and institutions on dangerous drugs abuse prevention and treatment
- Integrate the role of the family in supporting efforts on dangerous drugs abuse prevention and treatment
- Secure the availability and accessibility of an accredited provider in the population
- Secure the availability and accessibility of an accredited facility in the population
- Strengthen the operational effectiveness and efficiency of the DDAPTP
- Harness the support from various sources in order to meet the requirements of operations particularly on: Human Resources, Infrastructure, Logistics, Capacity-building, Subsidized Treatment and Rehabilitation, Information Management System, and Advocacy before 2018

Budget Trend

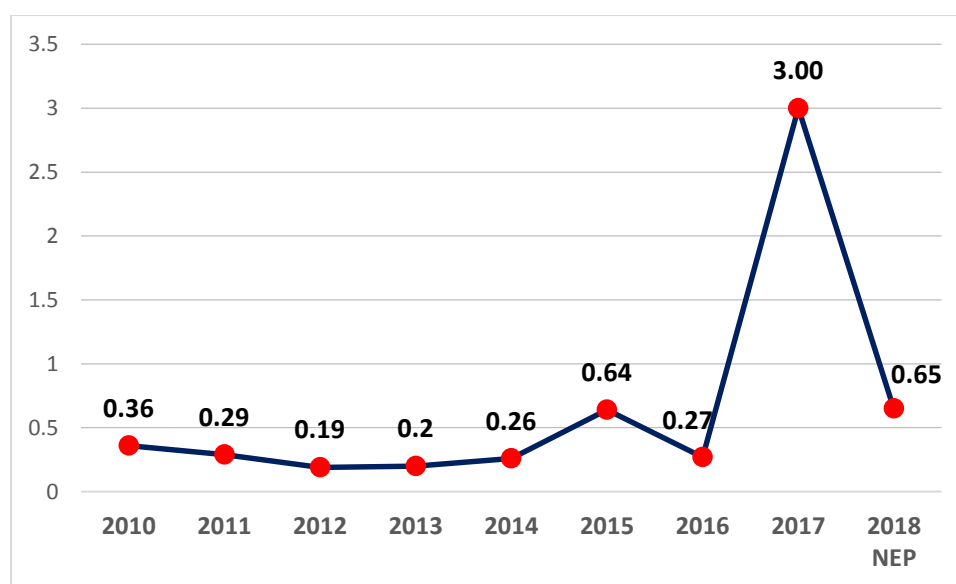


Figure 15. Dangerous Drug and Abuse Treatment and Rehabilitation Center (In Billion PhP, 2010 - 2018)

The increase in the 2015 budget is due to the inclusion of Capital Outlay funds for facility enhancement and construction. The following year the capital outlay funds were consolidated in the Health Facilities Enhancement Program budget.

The PhP 2.7 B increase in the 2017 budget was allocated for the construction of new TRCs, treatment and rehabilitation of 24 K drug dependents for residential services and implementation of community-based treatment services. This was in line with the president's initiative to address the dangerous drug cases in the country.

In 2018, the reduction in the budget is due to the capital outlay projection in 2017. The proposed budget considers the additional MOOE for newly constructed TRCs.

Accomplishments

1. DOH Treatment and Rehabilitation Center Census

Table 26. DOH Treatment and Rehabilitation Center Census (2011-2016)

Treatment & Rehabilitation Center (Admission Duration of 6 to 12 Months by Law R.A. 9165)	Census (Total Number of TRC Residents/ Inpatients)					
	2011	2012	2013	2014	2015	2016
	Tagaytay City	224	222	252	365	302
Argao, Cebu	81	110	113	163	180	115
Cagayan De Oro	54	44	57	60	133	217
Cebu City	15	13	18	30	47	25
Pototan, Iloilo	26	58	72	92	113	75

Treatment & Rehabilitation Center (Admission Duration of 6 to 12 Months by Law R.A. 9165)	Census (Total Number of TRC Residents/ Inpatients)					
	2011	2012	2013	2014	2015	2016
	San Fernando, Camarines Sur	22	45	72	111	136
Malinao, Albay	38	46	68	81	97	49
Bicutan	763	949	1,167	1,252	1,650	1,714
Dulag, Leyte	12	21	0	9	n/a	10
Pilar, Bataan	23	46	61	118	155	164
CARAGA	1	7	15	33	73	85
Dagupan	-	-	-	24	165	256
Isabela	-	-	-	n/a	n/a	n/a
TOTAL	1,259	1,561	1,895	2,338	3,051	3,036

The total number of TRC residents and inpatients increased from 1,259 in 2011 to 3,036 in 2016. DOH – TRC Bicutan has the highest number of inpatients with more than half (56%) of the total census while DOH-TRC Dulag, Leyte remains to have the least inpatients census.

2. Policy Initiatives for DATRCs

- Standardized Client flow for Wellness and Recovery for Substance-related Issues
- Framework of Referral System for Persons Who Use Drugs (PWUD)
- Voluntary pathways for mild to moderate cases who voluntarily seek treatment
- Community Based Treatment and Care (Prevention and Promotion, Treatment and Rehab, Aftercare, and Monitoring and Evaluation)
- Phil-Health coverage for detoxification (P10,000) and other package for concurrent illness
- Updated Manual of Operation for DATRCs
- Updated Standard designs for DATRCs
- Guide for service provision for Special Population: minors, females, PWD, HIV positives among PWUD
- Guidelines for Community-based Recovery Facilities: Substance Use Disorder Recovery Clinic, Recovery Halfway Homes
- Framework for monitoring and evaluation
- Harm Reduction versus HIV/ AIDs, TB, Hepa B and C
- 8 MOU/ MOA signed from donors for establishment/ expansion of DATRCs in 9 areas (Luzon-4, Visayas-1, Mindanao-4)
- DDAPTP Roadmap 2017-2022

3. Research

- Comprehensive Evaluation of DOH-Accredited Treatment and Rehabilitation Centers
- Study on Relapse Prevention with JICA

4. Capability Building

- Drug Dependency Evaluation Training, DOH Accreditation for MDs- trained 387 MDs nationwide
- MIOP training for pilot sites of Community-based Recovery Facilities (recovery clinics & recovery halfway homes in LGUs)- Trained 5 staff each of 8 participating LGUs
- Developed Evidence-Based Standard Training Modules for BHW/ Paramedics and RHPs/ MHOs
- Training and Manual of Procedure for Mega TRC

Human Resources for Health Deployment

The health human resources in the country are unevenly distributed. Some regions, such as NCR and CAR, have a high proportion of public health professionals per 100,000 population while other regions have low number of health professionals relative to the population. Moreover, health workers favor the urban work settings, and LGUs are not able to hire adequate health personnel for their communities. This leaves many rural and remote areas unserved or underserved.

To address this, the Department of Health (DOH) implemented deployment programs and projects including Doctors to the Barrios (DTTB) Program, Medical Pool Placement and Utilization Program (MPPUP), Universal Health Care (UHC) Implementers Deployment Project, Nurse Deployment Project (NDP), Rural Health Midwives Placement Program (RHMPP), Dentist Deployment Project (DDP), Medical Technologists Deployment Project (MTDP), Family Health Associates Deployment Project (FHADP) and Public Health Associates Deployment Project (PHADP). Through these deployment programs, access to health care services has been improved, especially among geographically isolated and disadvantaged areas.

Objectives

To improve access to quality basic health services by the marginalized population of the country

General Strategies

- Augment/Complement human resources for health (HRH) in rural health facilities and other areas to strengthen the capability of local health workforce to support national and local health systems.
- Expansion of the HRH deployment program to other cadre based on needs to address inequitable distribution of healthcare professionals in rural, underserved and hardship communities.
- Provide scholarship grants to selected professions (medical doctors/midwifery) to ensure availability of HRH for deployment
- Increase the health workers' employability through the provision of learning and development opportunities

Budget Trend

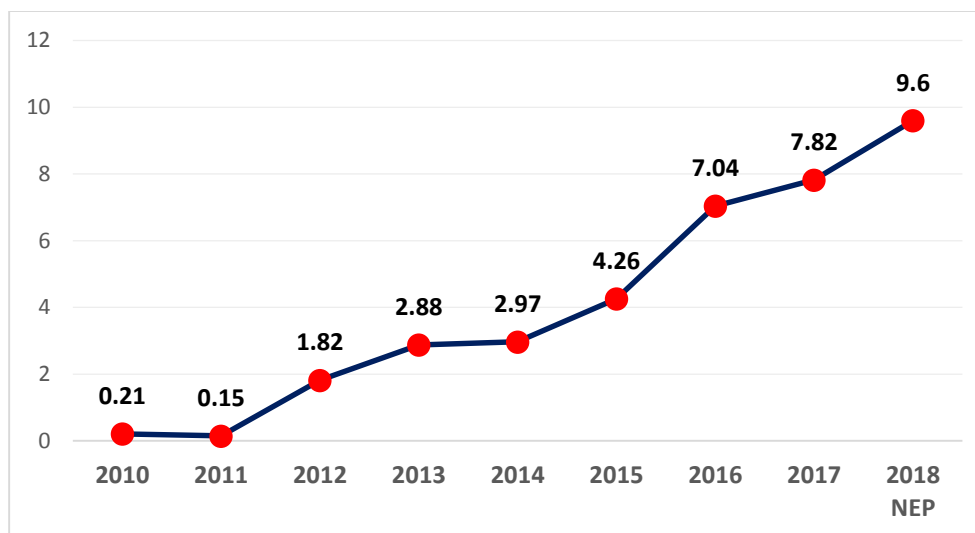


Figure 16. HRH Budget (in Billion PhP) 2010-2018

The marked increase in budget for the HRH deployment programs from PhP 4.26 B in 2015 to PhP 7.04 B in 2016 was due to the expansion of the DOH Deployment Program to include other cadres, such as UHC implementers, dentists, medical technologists and public health associates, and the increase in targets of existing HRH. In 2017, the program had PhP 7.82 B for achieving the target of one health worker per barangay under the Philippine Health Agenda 2016-2022.

Despite the overall augmentation in the HRH budget through the years, funds under Personnel Services (PS) decreased from PhP 0.20 B to PhP 0.19 B in 2015 and 2016, respectively. Though it gained an increase in 2017 to PhP 0.35 B, the PS budget of the program faces an impending decrease to PhP 0.34 B in 2018 as per 2018 National Budget Expenditure (NEP). This reduced allocation has implications on achieving the target number of physicians to be hired under the MPPUP and DTTB programs and on providing the required incremental salary increase based on Executive Order No. 201 s.2016.

In line with the strategies to achieve the WHO recommended 44.5 HRH per 10,000 population ratio by 2030, the DOH Deployment Program also has plans to expand service delivery in 2018 through deployment of new cadres such as pharmacists and nutritionist-dietitians and provision of scholarship grants to aspiring medical and midwifery students.

Accomplishments

Table 27. HRH Deployment Accomplishments (2010-2016)

Program	2010	2011	2012	2013	2014	2015	2016
Number of doctors deployed ¹³	248	303	393	437	458	459	442
Number of UHC implementers deployed ¹⁴	-	-	-	-	-	-	95
Number of nurses deployed ¹⁵	n/a	20,801	10,000	21,929	11,292	13,371	16,703
Number of midwives deployed ¹⁶	191	1,127	2,391	2,738	2,700	3,020	4,205
Number of medical technologists deployed ¹⁷	-	-	-	-	-	165	441
Number of dentists deployed ¹⁸	-	-	-	-	-	218	267
Number of public health associates deployed ¹⁹	-	-	-	-	-	834	1,681
TOTAL	439	22,231	12,784	25,104	14,450	18,067	23,836

¹³ Medical Pool Placement Program and Doctors to the Barrios Program

¹⁴ UHC Implementers Deployment Program (UHCIDP)

¹⁵ 2011-2013 (RN for Health Enhancement and Local Service Program) and 2014-2016 (Nurse Deployment Program)

¹⁶ Rural Health Midwives Placement Program (RHMPP)

¹⁷ Medical Technologist Deployment Program (MTDP)

¹⁸ Dentist Deployment Program (DDP)

¹⁹ Public Health Associates Deployment Program (DDP)

Health Facilities Enhancement Program

One of the major challenges in the Philippine health sector is providing access to appropriate health services for the poorest of the population who are the main users of government health facilities. However, quality of health facilities and services in the government sector decreased due to inadequate health budget for capital outlay and maintenance or upkeep of health facilities in the previous years. Deterioration in the quality of health facilities and service delivery resulted to bypassing of lower levels of care even for primary cases and resulted in congestion in the higher hospital levels. These issues have been the basis for the creation of the Health Facility Enhancement Program (HFEP).

Objectives

The HFEP is a national program that assists in enabling government healthcare facilities to provide quality health care towards Universal Health Care through the allocation of Capital Outlay and procurement of health infrastructure and equipment. Its goals are:

- (1) Improving primary health facilities (RHUs, BHS) for “gatekeeping” and delivery of preventive/primary healthcare services and PhilHealth accreditation (3-in-1 for RHUs);
- (2) Improving quality of LGU hospitals to comply with DOH licensing and PhilHealth accreditation requirements as quality referral centers; and
- (3) Decongesting DOH hospitals to be able to provide affordable quality tertiary care and specialized treatments

General Strategies

1. Targeted Health Facility Enhancement Program (HFEP) support to establish improvements in the capacity of health facilities to meet DOH licensure requirements and PhilHealth accreditation requirements to manage the most common causes of mortality and morbidity, including trauma.
2. Health service delivery network (of health facilities and providers) based on assigned catchment areas to address the current fragmentation of health services in some areas.
3. Provision of financial mechanisms to support the repair, rehabilitation and equipping of selected priority health facilities and LGU counterpart on human resource complement and operational expenses.
4. Fiscal autonomy through income retention schemes for government hospitals and health facilities and optimal utilization of PHIC reimbursements.
5. Implementation of the School-based Health Stations Project, in partnership with the Department of Education (DepEd) and Department of Interior and Local

Government (DILG), for quality health care to be more accessible to the poor and vulnerable population through ensuring a functional Barangay Health Station (BHS) in every barangay.

6. Provision of mobile dental vehicles aimed to provide oral health services direct to municipalities/barangays in the country to improve the oral health condition of the Philippine populace.

Budget Trend

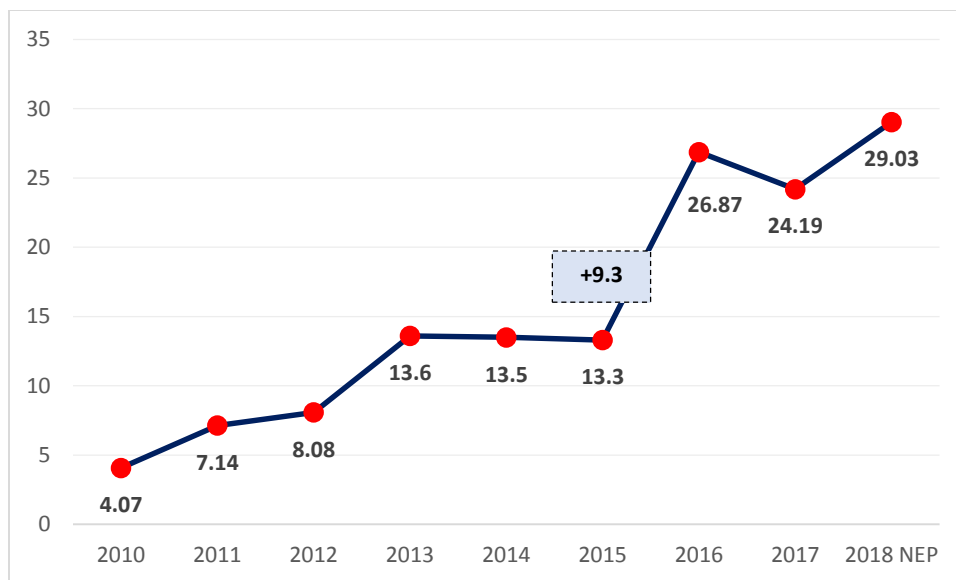


Figure 17. HFEP Budget (in Billion PhP) 2010-2018

In 2015, an additional PhP 9.3 B was allocated to the program to ensure enhancement of primary health facilities. In 2016, the increase covered for the scaled-up health facilities enhancement which includes upgrading of hospitals, allocation to ensure 3-in-1 accreditation of Rural Health Units/Urban Health Centers, building of Health centers in schools, and deployment of mobile dental clinics among others.

In 2017, PhP 24.19 B was allocated for improving the primary health care facilities for gatekeeping and delivery of preventive/primary health care services and for decongesting DOH hospitals to be able to provide affordable quality tertiary care and specialized treatments.

The 2018 proposed budget is mainly allocated for the completion of existing hospitals, BHS, and RHUs. Marked up in the standard costing for RHUs is accounted in GIDA areas due to labor and difficulty of access. The overall increase in the 2018 proposed HFEP budget is for the implementation of the Philippine Health Facility Development Plan.

Accomplishments

Table 28. HFEP Accomplishments (2016-2017)

Type of Health Facility	No. of Health Facilities	
	2016	2017
Barangay Health Station	895	362
Rural / Urban Health Centers	1,489	338
LGU Hospitals	281	312

For Health Facilities Enhancement Program 2016, a total of 895 Barangay Health Stations, 1,489 RHUs, and 281 LGU Hospitals are already at various stages of procurement. For 2017, 362 Barangay Health Centers, 338 RHUs, and 312 LGU Hospitals are currently ongoing implementation.

Subsidy for Health Insurance Premium Payment of Indigent Families to the National Health Insurance Program

The institutionalization of social health insurance in the Philippines through the National Health Insurance Program (NHIP) was envisioned to minimize out-of-pocket (OOP) spending as well as the inequities in health financing by providing health insurance coverage and accessible health care services for all citizens of the country. OOP expenditure continues to be the main source of health spending in the Philippines. In 2014, OOP accounted for 55.8%²⁰ of the total health expenditure while government share accounted for 10.6%. PhilHealth spending as percentage of the total health expenditure increased to 14.2% from 11.5 % in 2013.

Objective

To increase PhilHealth share in total health care costs to minimize OOP.

General Strategies

- Provide full National Government subsidy for the premium of the poor families listed in the NHTS-PR.
- Improve access to benefit packages, especially for the poor:
 - Primary care benefits for primary preventive services which include drugs and medicines and diagnostic examinations
 - PhilHealth Outpatient Anti-Tuberculosis Directly Observed Treatment (DOTS) Short Course (DOTS) covers new and retreatment cases of drug sensitive tuberculosis for both children and adults (i.e., relapse, treatment after failure, treatment after lost to follow up, and previous treatment outcome unknown).
 - Animal Bite Package which covers the cost for providing post-exposure prophylactic services
 - Maternity Care Package which covers the complete essential health care services for women about to give birth throughout their pregnancy and normal delivery.
 - Z-Benefit Package which covers catastrophic diseases, which are highly impoverishing (i.e., breast cancer, childhood acute lymphoblastic leukemia, and prostate cancer).
 - Expanded Z Benefit Package which covers additional catastrophic diseases (i.e., coronary artery bypass graft surgery, repair of Tetralogy of Fallot for children, closure of ventricular septal defect for children, and cervical cancer).
 - Z Benefits Package for Peritoneal Dialysis or PD First package

²⁰ Philippine National Health Account 2014

- Z-Morph Benefit Package covers the initial fitting of the lower limb prosthesis below the knee for persons with disabilities and implants for fractures.
 - Z Benefit for Selected Orthopedic Implants covers hip prosthesis and selected implants or hip fixation and femoral shaft fracture, among others.
 - Z-benefit for children with disabilities
 - Medical detoxification package
 - Z-benefit for package for pre-maturity and low birthweight babies
- Improved costing of case payment rates provide standard payment for specific medical and surgical conditions or cases to reflect the true cost of health care services and account for the inflation
 - Strengthen the implementation of the no balance billing which prohibits government health facilities from charging the poor any fee exceeding the case rates package
 - Inform and guide all members on PhilHealth avilment procedures and benefits

Budget Trend

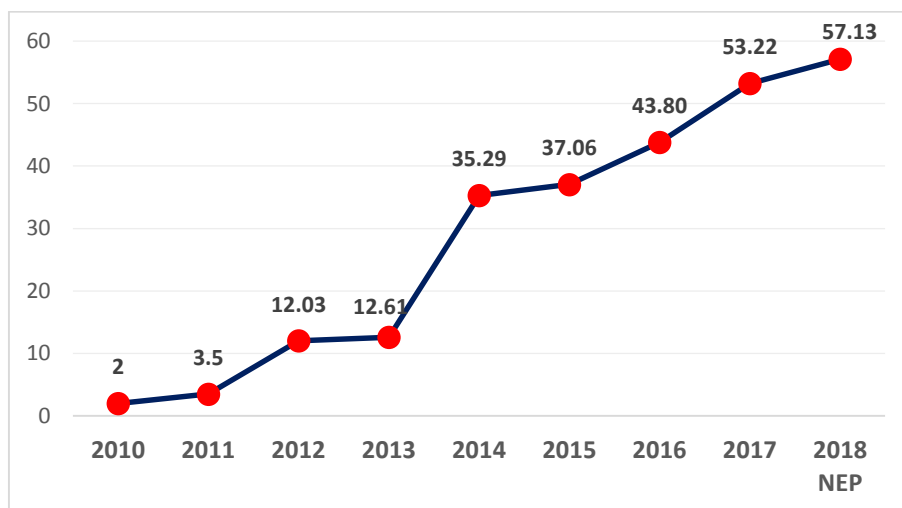


Figure 18. PhilHealth Budget (in Billion PhP) 2010-2018

The passage of the Sin Tax Law and the Expanded Senior Citizens Act opened the opportunity for the automatic coverage of the poor and the elderly. This was seen in the increase in the 2014 budget due to the first incremental revenue for health from Sin Tax. This enabled the increase in the indigent coverage from 21 million beneficiaries in 2013 to 43.7 million in 2014. Also, the remarkable increase in budget in 2016 was due to

the inclusion of Senior Citizen (SC) subsidy from Sin Tax. A total of 10.9 million SC members were covered in 2016 and 2017.

The increase from PhP 53.22 B in 2017 to PhP 57.13 B in 2018 was due to the increase in premium contributions for senior citizens from PhP 2,400 to PhP 3,120 per annum for 2018. This aims to cover the benefit payout as recommended by the Department of Budget and Management (DBM).

Accomplishment²¹

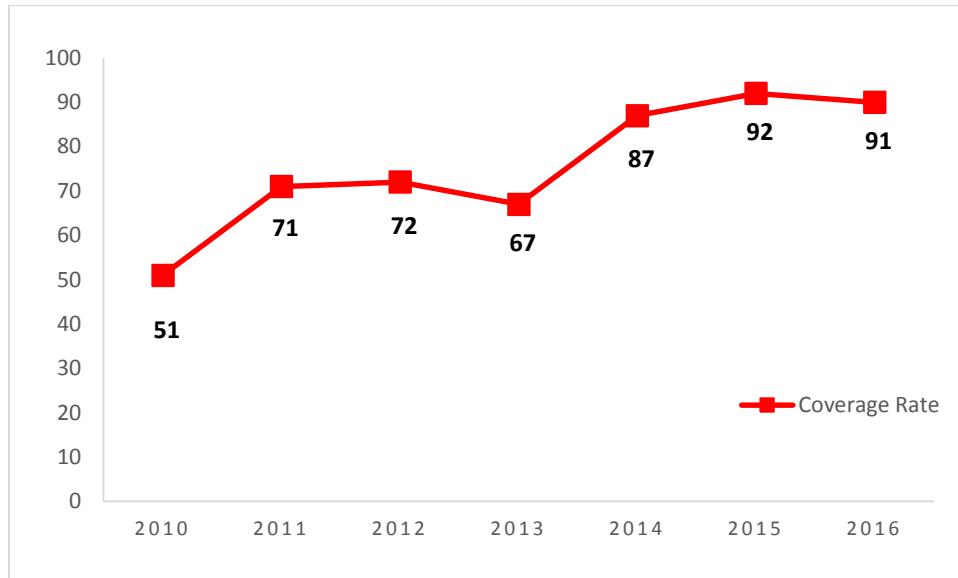


Figure 19. Coverage Rate (2010-2016)²²

Coverage

The Program reported substantial improvements in PhilHealth Coverage Rate from 51% in 2010 to 92% in 2015. As of December 2016, PhilHealth covers 91% of the projected population which is about 93.40 million principal members and dependents which means 9 out of 10 Filipinos have the opportunity to claim PhilHealth benefits.

Accessibility

- Over 1,895 (758- Government; 1,137- Private) public and private facilities and 31,814 professionals are accredited by PhilHealth
- 91% of rural health centers are PhilHealth-accredited which provide primary care, maternity care and TB-DOTS benefit packages.

²¹ 2015 PhilHealth SONA Report

²² Prior to 2014, PhilHealth is using enrolment rate in reporting coverage

Benefit Utilization

- 5% increase in benefit payments from Php 97 million in 2015 to PhP 101.7B in 2016 which means an average of 1, 956.78 million or 1.9 B per week

Support Value

- Increased compliance to no balance billing (NBB) policy in 2016 among government hospitals (from 7% in 2013 to 66% in 2016).
- This contributed to a higher support value for the poor than the non-poor