



# PHILIPPINE HEALTH CARE DELIVERY SYSTEM

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# PHILIPPINE HEALTH CARE DELIVERY SYSTEM

## 2 COMPONENTS:

### 1. Public Sector

- National: DOH
- Local: LGU

\*can be in the city or  
municipality

\*includes health  
centers or barangay  
health stations



**To DOH Alerto**  
**Laban sa Flu!**

Alagaan ang Kalusugan  
LABANAN ANG KAHIRAPAN

**OK DOH - K**  
OK na Kalusugan  
OK sa Bayan

**HEALTH ALERT NOTICE**

**For International Travelers Arriving in the Philippines**

**To the Traveler:**  
During your recent travels, you may have been exposed to cases of Influenza A(H1N1). You should monitor your health for at least 10 days. If you become ill with fever accompanied by cough, sore throat, nasal congestion or difficulty of breathing, you should consult a health care provider or a physician. Other accompanying symptoms are vomiting, fatigue, headache, chills or diarrhea.

To help your physician make a diagnosis, tell about your recent travel history especially if you have been to these affected countries/areas and whether you have been in contact with animals (birds, pigs) or persons who had these symptoms.

**To the Physicians:**  
The bearer of this card may have recently traveled to the affected countries/areas where cases of Influenza A(H1N1) have been identified. Manage symptomatically the presenting signs and symptoms and isolate the patient.

Immediately report to the nearest local health authority (MHO/CHO/PHO), DOH Hospital and Center for Health Development or to the Department of Health thru the following numbers:

Bureau of Quarantine	Tel. No. (632) 832-2929
	Telefax. (632) 877-1109 loc 3119
OPCEN-HEMS	Tel Nos. (632) 711-1001 to 02 (63) 921 592-2361
National Epidemiology Center (NEC)	Tel. No. (632) 743-1937
Research Institute for Tropical Medicine (RITM)	Tel. No. (632) 807-2628 to 32

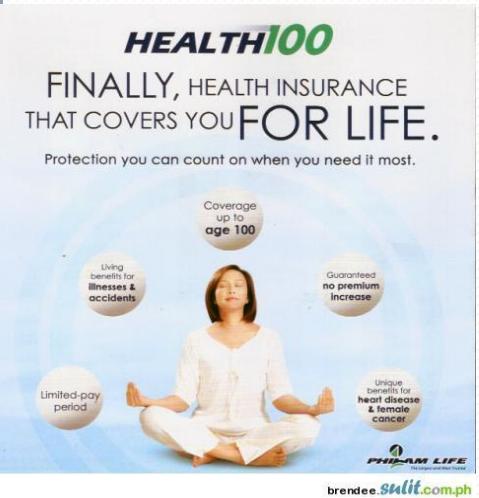
# PHILIPPINE HEALTH CARE DELIVERY SYSTEM

## 2. Private Sectors

- clinics
- hospitals
- health insurance
- manufacturing of medicines
- vaccines
- medical supplies
- equipment
- nutrition products
- research & development
- or other any health related items



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# PHILIPPINE HEALTH CARE DELIVERY SYSTEM

- **Department of Health**

## **History:**

1. *pre-Spanish and Spanish periods (before 1898)*
  - traditional health care (herbs & rituals)
  - dispensary of indigent patients of Manila
  - **Medicus Titulares**
  - Superior Board of Health & Charity, 1888

# PHILIPPINE HEALTH CARE DELIVERY SYSTEM

- **Department of Health**

**2. June 23, 1898**

- creation of E. Aguinaldo government of **Department of Public Works, Education & Hygiene**

**3. September 29, 1898**

- gen. order no. 15 established the Board of Health for the City of Manila



# PHILIPPINE HEALTH CARE DELIVERY SYSTEM

## *4. July 1, 1901*

- Act no. 157: **Board of Health of Philippine Islands**
- Acts no, 307 & 308: provincial and municipal boards

## *5. October 26, 1905*

- Act no. 1407: establishment of Bureau of Health

# PHILIPPINE HEALTH CARE DELIVERY SYSTEM

## 6. 1912

- Act no. 2156 (Fajardo Act): health fund for travel and salaries

## 7. 1915

- Act no. 2568: from BOH to **Philippine Health Service** “semi-military system of public health administration”

# PHILIPPINE HEALTH CARE DELIVERY SYSTEM

## *8. August 2, 1916*

- Act 2711 w/c included the Public Health Law of 1917

## *9. 1932*

- Act no. 4007: Reorganization Act of 1932

# PHILIPPINE HEALTH CARE DELIVERY SYSTEM

**10. May 31, 1939**

- Commonwealth act no. 430 created the **Department of Public Health & Welfare**, but was only completed through E.O. no. 317, Jan. 7, 1941

-Dr. Jose Fabella became its first secretary

# PHILIPPINE HEALTH CARE DELIVERY SYSTEM

***11. October 4, 1947***

- E.O. no. 94: post war reorganization of the Department of Health & Public Welfare
- resulted in the split of Department of Public Welfare (w/c became Social Welfare Administration) and Philippine General Hospital to the Office of the President

# PHILIPPINE HEALTH CARE DELIVERY SYSTEM

## 11. October 4, 1947 (cont....)

- another split between curative (**Bureau of Hospitals**) & preventive services (**Bureau of Health**)
- Nursing Service Division was also established

# PHILIPPINE HEALTH CARE DELIVERY SYSTEM

***12. January 1, 1951***

- conversion of Sanitary District to Rural Health Unit, carrying the ff. services:

- \*maternal & child health
- \*environmental health
- \*communicable disease control
- \*vital statistics
- \*medical care
- \*health education
- \*public health nursing

## **12. January 1, 1951 (cont...)**

- resulted in passage of Rural Health Act of 1954 (RA 1082)

## **13. 1970**

- conceptualization of the Restructured Health Care Delivery System (primary, secondary & tertiary levels of care)

# PHILIPPINE HEALTH CARE DELIVERY SYSTEM

**14. June 2, 1978**

- P.D. 1937 renamed DOH to **Ministry of Health** during the Martial Law
- Sec. Gatmaitan was the 1<sup>st</sup> minister of health



## **15. December 2. 1982**

- E.O. 851 reorganized Ministry of Health as an integrated health care delivery system through the creation of Integrated Provincial Health Office, combining the public health and hospital operations under the PHOs

# PHILIPPINE HEALTH CARE DELIVERY SYSTEM

*16. April 13, 1987*

- E.O. no. 119: MOH was  
back in the name  
**Department of Health**  
by President Cory Aquino



# PHILIPPINE HEALTH CARE DELIVERY SYSTEM

*17. October 10, 1991*

- RA 7160 known as the Local Government Code: all structures, personnel & budgetary allocations from the provincial health level down to the brgy were devolved to the LGU to facilitate health service delivery

*From PROVINCIAL TO LOCAL GOVERNMENT  
(devolution/ devolved health sector)*

# PHILIPPINE HEALTH CARE DELIVERY SYSTEM

## ***18. May 24, 1999***

- E.O. 102 “Redirecting the Functions & Operations of the DOH” by Pres. Joseph Estrada

## ***19. 1999-2004***

- Development of the Health Sector Reform Agenda

# PHILIPPINE HEALTH CARE DELIVERY SYSTEM

***20. 2005 to present***

- development of a plan to rationalize the bureaucracy in an attempt to scale down including the DOH





# The Department of Health

## Roles and Functions

### 1. Leadership in Health

- national policy & regulatory institution
- leadership in formulation, monitoring, & evaluation of health policies, plans & programs
- serve as advocate in health policies, plans & programs



# The Department of Health

## Roles and Functions

### 2. Enabler & Capacity Builder

- innovate new strategies in health
- monitoring & evaluation of national health policies, plans & programs
- ensure highest achievable standards of quality HC, health promotion & health protection



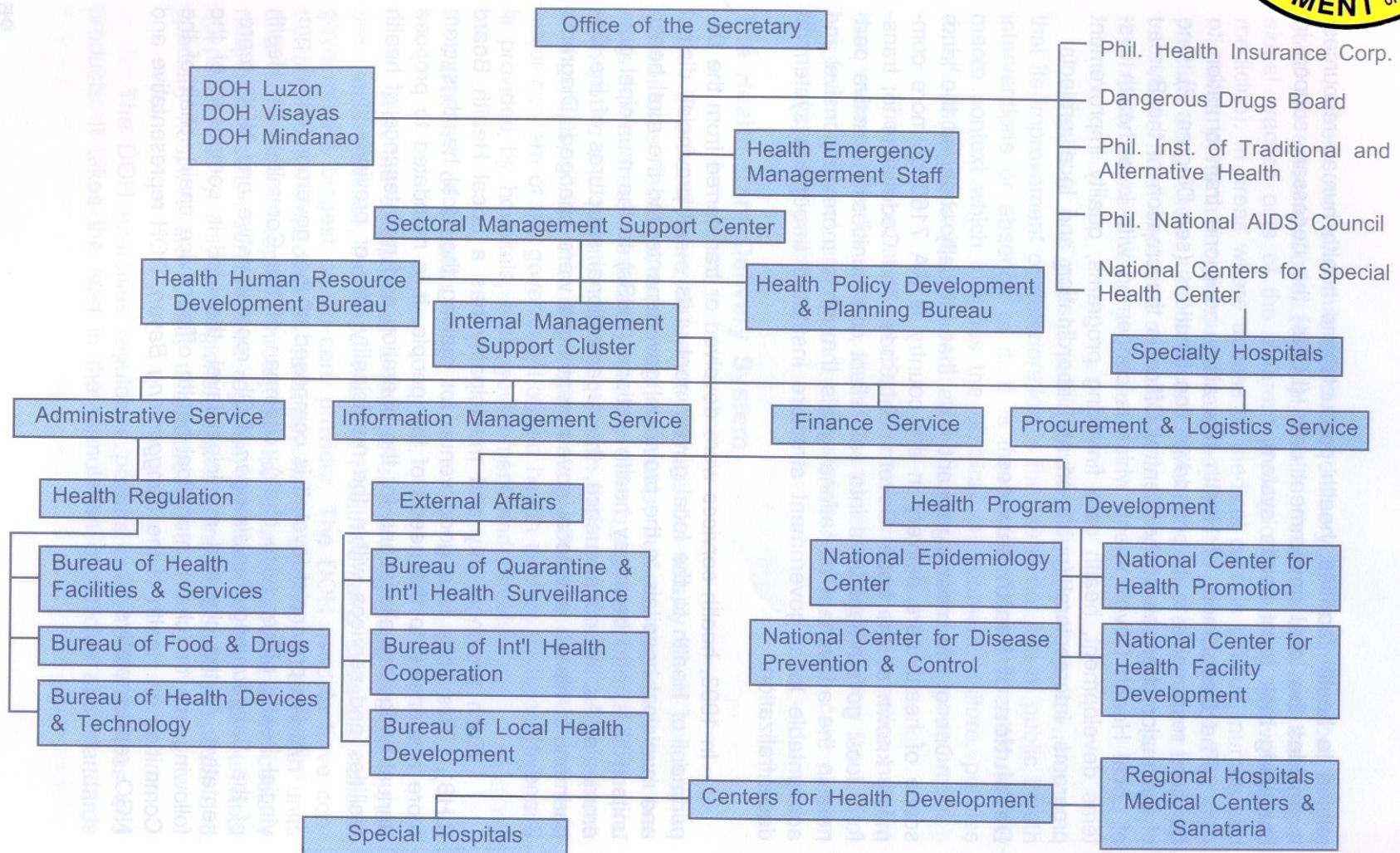
# The Department of Health

## 3. Administrator of Specific Services

- manage selected national & sub-national health facilities & hospitals w/ modern facilities that shall serve as referral centers
- administer direct services for emerging health concerns
- emergency response services in disaster and epidemics



Diagram 2. ORGANIZATIONAL CHART: DEPARTMENT OF HEALTH





# The Department of Health



Dr. Enrique T. Ona



# The Department of Health

## VISION

The DOH is the leader, staunch advocate and model in promoting health for all in the Philippines



# The Department of Health

## MISSION

Guarantee equitable, sustainable and quality health for all Filipinos, especially the poor and shall lead the quest for excellence in health.



# The Department of Health

**Goal: Health Sector Reform Agenda (HSRA)**

-health sector reform: overriding goal of DOH



# The Department of Health

## Rationale for Health Sector Reform

*For the last 50 yrs, the ff conditions are still seen among the pop'n:*

- slowing down in reduction of IMR & MMR
- persistence in large variations in health status across pop'n groups & geographic areas



# The Department of Health

## Rationale for Health Sector Reform (cont...)

- High burden from *infectious diseases*
- Rising burden of *chronic & degenerative diseases*
- Unattended emerging health risks from *environmental & work related factors*
- Burden of disease is heaviest in poor



# The Department of Health

## MORBIDITY: TEN (10) LEADING CAUSES

Number and Rate /100,000 Population, Philippines  
5-Year Average (2000-2004) & 2005

Cause	5 Year Average (2000-2004)		2005*	
	No.	Rate	No.	Rate
1. Acute Lower RTI and Pneumonia	694,209	884.6	690,566	809.9
2. Bronchitis/ Bronchiolitis	669,800	854.7	616,041	722.5
3. Acute Watery Diarrhea	726,211	928.3	603,287	707.6
4. Influenza	459,624	587.0	406,237	476.5
5. Hypertension	314,175	400.5	382,662	448.8
6. TB Respiratory	109,369	139.7	114,360	134.1
7. Diseases of the Heart	43,945	56.2	43,898	51.5
8. Malaria	35,970	46.1	36,090	42.3
9. Chickenpox	79,236	41.1	30,063	35.3
10. Dengue Fever	15,383	19.6	20,107	23.6

\*\* Pneumonia only from 2000-2002

\* reference year

Last Update: June 29, 2009

## MORTALITY: TEN LEADING (10) LEADING CAUSES

Number and rate/100,000 Population Philippines  
5-Year Average (2000-2004) & 2005

Cause	5 Year Average (2000-2004)		2005*	
	Number	Rate	No.	Rate
1. Diseases of the Heart	66,412	83.3	77,060	90.4
2. Diseases of the Vascular system	50,886	63.9	54,372	63.8
3. Malignant Neoplasm	38,578	48.4	41,697	48.9
4. Pneumonia	32,989	41.4	36,510	42.8
5. Accidents	33,455	42.0	33,327	39.1
6. Tuberculosis, all forms	27,211	34.2	26,588	31.2
7. Chronic lower respiratory diseases	18,015	22.6	20,951	24.6
8. Diabetes Mellitus	13,584	17.0	18,441	21.6
9. Certain conditions originating in the perinatal period	14,477	18.2	12,368	14.5
10. Nephritis, nephrotic syndrome and nephrosis	9,166	11.5	11,056	3.6

Note: Excludes ill-defined and unknown causes of mortality (R00-R99) n=23,235

\* reference year

\*\* External Causes of Mortality

Last Update: June 29, 2009

# Framework for Implementation of HSRA: FOURmula ONE for Health

## Goals of FOURmula ONE for Health

1. Better health outcomes
2. More responsive health systems
3. EQUITABLE health care financing



# Framework for Implementation of HSRA: FOURmula ONE for Health

## 4 elements of strategy

1. Health financing
2. Health regulation
3. Health service delivery
4. Good governance



# Local Health System

## Objectives:

1. Establish local health systems for effective & efficient delivery of health care services
2. Upgrade health care management & service capabilities of local health facilities
3. Promote inter-LGU linkages & cost sharing schemes including local health care financing systems for better utilization of local health resources

# Local Health System

## **Objectives:**

4. Foster participation of the private sector, NGOs & communities in local health systems development.
5. Ensure the quality of health service delivery at the local level

# Local Health System

## Inter Local Health System

- Espoused by DOH to ensure quality HC at local level
- Clustered into Inter Local Health Zone (ILHZ)

# Local Health System

## Expected Achievement of the Inter-local Health System:

1. Universal coverage of health insurance
2. Improved quality of hospital & RHU service
3. Effective referral system
4. Integrated planning
5. Appropriate health information system
6. Improved drug management

# Local Health System

## **Expected Achievement of the Inter-local Health System:**

7. Developed human resources
8. Effective leadership through inter-LGU corporation
9. Financially visible or self-sustaining hospitals
10. Integration of public health & curative hospital care
11. Strengthened cooperation between LGU & health sectors

# Local Health System

## Guiding Principles

1. Financial & Administrative autonomy of the provincial & municipal administrations
2. Strong political support
3. Strategic synergies & partnerships
4. Community participation
5. Equity of access to health services by the population, especially the poor

# Local Health System

## Guiding Principles

6. Affordability of health services
7. Appropriateness of health programs
8. Decentralized management
9. Sustainability of health initiatives
10. Upholding of standards of quality health service

# Local Health System

## Composition of the Inter-Local Health Zone

1. People
2. Boundaries
3. Health Facilities
4. Health Workers

# Alma Ata Declaration of 1978



- **International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978**
- The International Conference on Primary Health Care, meeting in Alma-Ata this twelfth day of September in the year Nineteen hundred and seventy-eight, expressing the need for urgent action by all governments, all health and development workers, and the world community to protect and promote the health of all the people of the world

# Alma Ata Declaration of 1978

**The Declaration consists of ten parts each reinforcing widely accepted values and policies on health care.**

- Definition of Health
- Concern over inequity between countries
- Health as a pre-requisite for economic progress of countries
- People's right to participate in planning and implementation of health services
- State responsibility in provision of health care to all citizens
- Reaffirmation of primary health care as an important strategy to organize health services
- Components of primary health care
- Align national policies and build political will to achieve primary health care
- Cooperation between countries to achieve these goals
- Health for all by 2000