PHILIPPINES

1. CONTEXT

1.1 Demographics

The population of the Philippines, as of the last census in 2007, numbered 88 574 614, with a population density of 295 per square kilometre. This translates to an average annual population growth rate of 2.04% for the period 2000 to 2007. Thus far, this is the lowest annual population growth rate recorded for the Philippines since the 1960s. Among the 14 regions of the country, Calabarzon (Region IV-A) had the largest population, with 11.74 million, followed by the National Capital Region (NCR), with 11.55 million, and Central Luzon (Region III), with 9.72 million. These three regions comprised more than one third (37.3% of the Philippine population.

The country's population is predominantly young, with the 0-14 year age group representing 33.8% and those aged 65 years and above comprising only 4.4%. There is an almost equal number of males and females. The crude birth rate is 20.5 per 1000 population and crude death rate is 4.8 per 1000 population. Life expectancy for both sexes is 67 years, with that of males being 64 years and females being 70 years.

1.2 Political situation

The Philippines is a democratic and republican state subscribing to the presidential form of government. There are three branches of government – the executive, legislative and judicial branches. The country has a unitary form of government and a multiparty political system. Executive power is vested in the President, who is the head of state and commander-in-chief of the armed forces. The Cabinet members are the heads of agencies and assist the President in drafting executive laws, policies and government programmes. The Constitution ensures direct election by the people for all elective positions from the President down to members of the *barangay* (village) councils.

In 1991, the Local Government Code transferred some of the powers of the national government to local government officials. The Code devolved basic services, including health, giving responsibility to local government units (LGU). The country is made up of political local government units of provinces, cities, municipalities and *barangays*. A local chief executive heads each LGU. Administrative autonomy enables the LGUs to raise local revenues, to borrow and to determine types of local expenditure, including expenditure on health care.

The country is preparing itself for the forthcoming presidential and local elections scheduled for May 2010. The elected president will become the 15th President of the Republic.

1.3 Socioeconomic situation

The Philippine economy was at its strongest in 2007, with the gross domestic product (GDP) real growth rate averaging 7.3%, the highest in 31 years. The economy continued to keep pace with population growth in the fourth quarter of 2007 as per capita GDP grew by 5.3% from 3.4 %.

The challenge for the Government is to make these economic gains felt among the poorer sectors of society. The 2006 official poverty statistics revealed an increase of 2.5 percentage points to 26.9% from 24.4% in 2003, meaning a total of 4.7 million poor families in 2006 compared with the 4.0 million estimated in 2003. In terms of population, the number of poor Filipinos reached 27.6 million in 2006, 16% more than the 23.8 million estimated in 2003, while food-poor individuals increased to 12.2 million, 14% more than in 2003. In the presence of the country's gains in economic growth, the Government's move to realign the national budget towards social services is a good opportunity to focus on the education and health needs of the population in tandem with an effective population management programme.

The gender gap appears to be in favour of girls as far as participation in basic education, technical-vocational education and training and higher education are concerned. There is a need for the

Government and other education stakeholders to look more seriously at the low completion and retention rates among boys in the school system. Although indicators to reflect gender equality, such as the country' Gender Development Index (GDI) and Gender Empowerment Measure (GEM) reflect gains, these do not necessarily translate into positive measurable changes in the roles of and status of women, given the continuing incidence of violence against women, the predominance of female child-abuse victims, the trafficking of women and children for sexual exploitation, and female forced labour, among others.

The slow decline in maternal mortality means that the country is unlikely to meet the Millennium Development Goal maternal mortality target of 80% access to reproductive health services by 2015. The reasons include the inadequate access to integrated reproductive health services (such as contraceptives, family planning, and responsible-parenthood education) by women, including poor adolescents, and men.

1.4 Risks, vulnerabilities and hazards

There is constant concern about the high population growth rate and it being a limiting factor for broad-based growth and poverty reduction.

The Philippines is still considered a low-HIV-prevalence country, with a prevalence rate of only 0.02%. However, the country is experiencing a steep rise in the number of new HIV cases reported. As of May 2009, there were 85 new HIV antibody seropositive individuals reported to the HIV and AIDS Registry. This was a 143% increase compared with the same period in 2008 (n=35 in 2008) and the highest ever reported in a month. Moreover, there is a shift in the epidemic scenario from predominantly hetero-sexual transmission to homo/ bisexual transmission; and those newly reported cases belong to the younger population group.

Due to its geographical location, the country faces various natural disasters such as typhoons, landslides, volcanic eruptions and earthquakes. Basic and emergency health services are readily mobilized to the affected population.

2. HEALTH SITUATION AND TREND

2.1 Communicable and noncommunicable diseases, health risk factors and transition

Tuberculosis continues to plague a sizeable segment of the population although, in recent years, effective case-finding, disease management using the directly observed treatment, short-course (DOTS) strategy, and partnership with the private sector have made inroads in the prevention and control of the disease.

Mosquito-borne diseases, such as malaria, dengue and filariasis, are an ever-present danger in endemic areas. Although malaria is no longer a leading cause of death, it remains among the leading causes of morbidity in the country, particularly in rural areas. High-risk groups include upland subsistence farmers, forest-related workers, indigenous peoples and settlers in frontier areas, as well as migrant agricultural workers.

Dengue fever also remains a threat, with cyclical outbreaks every three to five years. Early in 2008, there was a resurgence in the number of cases.

Mortality and morbidity rates for noncommunicable diseases have been increasing steadily since the 1970s. In 1990, diseases of the heart dislodged infectious diseases as the leading cause of mortality. Latest statistics (2004) show that cardiovascular diseases, cancers, chronic respiratory diseases and diabetes continue to be among the country's top 10 killers. Hypertension and diseases of the heart ranked 4th and 7th among the ten leading causes of illness in 2006.

Noncommunicable diseases are often linked by common preventable risk factors related to lifestyle. The risk factors involved are tobacco use, unhealthy diet, physical inactivity and alcohol use. In a study conducted by the Food and Nutrition Research Institute in 2003, it was found that 90% of Filipinos had one or more of the following risk factors: physical inactivity, smoking, obesity, hypertension, diabetes and

abnormal cholesterol. Among adults, 20% were overweight and 5% were obese, 22.5% were hypertensive, 60.5% were physically inactive, and a significant number had high blood cholesterol and sugar. More than half (56%) of adult males and 12% of adult females are currently smokers, while alcohol use has risen steadily since the 1960s.

Alarmingly, more and more children and adolescents are becoming exposed to NCD risks. The obesity trend, for instance, is catching up with the young. Prevalence of overweight among adolescents aged 9-11 years doubled from 2.4% in 1993 to 4.8% in 2005. Similarly, the prevalence rate of overweight for children aged 6-10 years doubled from 0.8% in 2001 to 1.6% in 2005. Numerous studies have shown a tendency for obese children to remain obese in adulthood.

Twenty-two per cent of teenagers currently smoke cigarettes. About 2% of teenage students are overweight and 30% are physically inactive, spending three or more hours per day sitting and watching television, playing computer games, talking with friends, or doing other sedentary activities.

2.2 Outbreaks of communicable diseases

A total of 7880 dengue cases were admitted to different sentinel hospitals nationwide from January 1 to March 29, 2008, 20.6% more than during the same time period in 2007 (6532). Cases had exceeded and reached the alert threshold in weeks 1, 8 and 9, and went above the epidemic threshold on weeks 2 to 7. Ages of cases ranged from <1 month to 87 years (median 12 years), the majority being male (53%). The age group with a case fatality ratio greater than 1 was the age group 1-10 years.

2.3 Leading causes of mortality and morbidity

Noncommunicable diseases (NCDs) are considered a major public health concern in the Philippines; more than half (58%) of total deaths in the country in 2003 were caused by NCDs. Diseases of the heart and vascular system are the leading causes of mortality, comprising nearly one-third (30.2%) of all deaths. Other NCDs in the top list include malignant neoplasms, chronic obstructive pulmonary disease (COPD) and diabetes mellitus.

Accidents of all types, including road traffic crashes, rank fourth among the causes of mortality for all age groups. Road traffic accidents constitute the second leading cause of injury death, with a mortality rate of 7.8/100 000. Among children aged 0-17 years, it is the second leading cause of injury death (mortality rate of 5.85/100,000), next to drowning.

Eight of the 10 leading causes of morbidity in the country are caused by infections. They are: acute lower respiratory tract infection and pneumonia; acute watery diarrhoea; bronchitis/bronchiolitis; influenza; tuberculosis; malaria; acute febrile illness; and dengue fever. Among these communicable diseases, pneumonia and tuberculosis continue to be among the 10 leading causes of mortality, causing a significant number of deaths across the country.

At the same time as deaths due to preventable diseases have been in a decline, lifestyle-related diseases have begun to dominate in the leading causes of death, particularly heart diseases, vascular system diseases, malignant neoplasms, diabetes mellitus, and chronic lower respiratory diseases. However, certain conditions originating in the perinatal period are also among the 10 leading causes of mortality, illustrating the vulnerability of the newborn child.

Accidents and injuries, other leading causes of death, are among the neglected disease conditions of public health importance. The mortality rate from accidents gradually increased from 18.7 deaths per 100 000 populations in 1980 to 23 per 100 000 in 1996. An abrupt increase has been observed since then, reaching a level of 41.3 per 100 000 in 2004, almost double the 1996 rate. Among the causes, 36% are assaults, followed by deaths due to transport accidents, at 25%.

2.4 Maternal, child and infant diseases

The Philippines is one of 55 countries accounting for 94% of all maternal deaths in the world and is statistically off-track for achievement of MDG 5 by 2015. Maternal deaths are closely linked with neonatal deaths.

Nearly half of all pregnancies every year are unintended, resulting in women having one-third more children than they desire, one-third being born less than two years apart, and 15% ending in abortion. For completed pregnancies, the majority (60%) of deliveries are home-based, two-thirds of them attended by an unskilled attendant.

The vast majority of maternal deaths are due to haemorrhage, hypertensive diseases, sepsis, obstructed labour and problems related to abortion, all conditions that are treatable if deliveries are attended by skilled health workers able to identify and treat them. They would also be less prevalent if mothers had only their desired number of children, spaced by at least two years.

For every maternal death, there are 20 neonatal, infant and child deaths. While the probability of reducing the under-five mortality rate by two thirds by 2015 has been adjudged highly probable, it may not be realized unless deaths during the first 28 days (neonatal period) are dealt with, as they account for 40% of deaths among the under-fives (17 per 1000 live births). In fact, half of neonatal deaths occur during the first two days of life. Progress to curtail neonatal deaths is dismal, with death rates among this age group showing only the barest decline over the past 20 years.

As mentioned, conditions originating in the perinatal period is among the leading cause of mortality; the top cause of death being pneumonia, followed by bacterial sepsis. Other causes of mortality are related to pregnancy, events during delivery and congenital malformations.

Undernutrition remains a challenge. Only 68% of children under five have the normal weight-for-age using the National Center for Health Statistics/WHO standards. In 2005, the prevalence of underweight pre-school children (0-5 years) was 24.6%, while 26.3% were stunted, 4.8% were wasted and 2.0% were overweight. In its *State of the world's children 2004*, the United Nations Children's Fund (UNICEF) reported that 20% of infants have a low birth weight, while according to the 2003 NDHS, 13% of babies are of low birth weight.

Exclusive breast-feeding is on the decline, with only 34% of children exclusively breast-fed up to the age of six months.

Other nutritional challenges faced by the Filipino child include:

- anaemia – With prevalence rates among children aged 6-12 months and 6-11 years of age still increasing, and presently at the high levels of 66% and 37.4%, respectively.
- vitamin A deficiency – The level among children aged six months to five years increased from 35% in 1993 to 40% in 2003.
- iodine deficiency – There are an estimated 1.5 million schoolchildren aged 6-12 years who are at risk of mental retardation due to iodine deficiency.

2.5 Burden of disease

Tuberculosis is still among the leading causes of morbidity and mortality; the country has the 9th highest TB incidence in the world and the 2nd highest in the Western Pacific Region. The WHO-estimated prevalence for all forms of TB in the country is 500 per 100 000 population: 130 per 100 000 population for sputum smear-positive TB and 290 per 100 000 population for all types of TB. The estimated mortality caused by TB was 41 per 100 000 population in 2007. The Drug Resistance Survey (DRS) conducted in 2004 revealed the primary MDR-TB rate was 4.0% and the acquired MDR-TB rate was 20.9%. As a result, there are expected to be approximately 5000 smear-positive MDR-TB cases annually. The TB burden is disproportionately high among the poor, the elderly and the male population, although the death rate is highest among older persons. Since TB principally affects the productive age group, it is estimated that the country loses some Php 26 billion (US$ 540 million) annually due to premature deaths from TB.

Environment-related health risks have been cited as a significant problem, with air pollution, water pollution, poor sanitation and unhygienic practices contributing to an estimated 22% of reported disease

cases and nearly 6% of reported deaths, and costing Php 14.3 billion (US$ 287 million) per year in lost income and medical expenses.

3. HEALTH SYSTEM

3.1 Ministry of Health's mission, vision and objectives

The Department of Health's vision is to be "The leader of health for all in the Philippines". Its mission is to "guarantee equitable, sustainable and quality health care for all Filipinos, especially the poor, and to lead the quest for excellence in health".

The goals of the health department align with the WHO health systems framework, with better health for the entire population being the primary goal. This means making the health status of the people as good as possible over the entire life cycle. The second goal is related to how the health system performs in meeting people's expectations and satisfaction with the services it provides. Equitable health care financing is the third goal, because health and illness involves large and unexpected costs that may result in poverty for many people.

The strategic thrusts to achieve the three primary health goals mentioned above are anchored in the current programme of health reform, 'FOURmula ONE for Health.' It is designed to undertake critical reforms with speed, precision and effective coordination, with the end goal of improving the efficiency, effectiveness and equity of the Philippine health system. Vital reforms are organized into four major implementation components: health financing; health regulations; health service delivery; and good governance in health. Implementation focuses on four general objectives: (1) health financing, the general objective of which is to secure increased, better and sustained investments in health to provide equity and improve health outcomes, especially for the poor; (2) health regulation, which aims to assure access to quality and affordable health products, devices, facilities and services, especially those commonly used by the poor; (3) health service delivery, where health interventions are aimed at improving the accessibility and availability of social and essential health care for all, particularly the poor; and (4) good governance in health, aimed at improving health system performance at the national and local levels.

Efficiency in implementation, through integration of health service delivery and harmonization of systems and processes, is being promoted. Implementation of reforms also follows a sectorwide approach, covering the entire health sector, and an investment portfolio that encompasses all sources. The capacities of LGUs are being enhanced to improve public health conditions in their respective jurisdictions. The national Government, on the other hand, maintains institutional influence over the LGUs by leveraging with incentives and regulatory functions.

3.2 Organization of health services and delivery systems

The power of the Department of Health diminished significantly with the transfer of responsibility for health to about 1600 LGUs under the Local Government Code of 1991. With the devolution of health services to LGUs, fragmentation of services became evident. The provincial governments now oversee provincial and district hospitals, while the municipal governments manage rural health units (RHUs) and *barangay* (village) health stations. The Department of Health, however, maintains specialty hospitals, regional hospitals and medical centres. Sub-national Department of Health offices or "centres for health development" are located in 16 regions.

Service provision is regarded as 'dual', consisting of both the public and private sectors. The public sector has three largely independent segments or sets of providers: (1) national government providers, which include, among others, hospitals run by national government agencies (e.g., hospitals of the Department of Health and the Department of National Defense), central and regional offices of the Department of Health; (2) provincial government providers, which include provincial hospitals, provincial blood banks and the Provincial Health Office; and (3) local (municipal or city) government providers, including rural health units or RHUs, city health centers and *barangay* health stations or BHSs. Each BHSs is staffed by a midwife, and each RHU is staffed by a doctor, a nurse and midwives.

The Department of Health has taken steps to address the challenges of devolution. It developed the Health Sector Reform Agenda (HSRA) in 1999, which set the strategic direction in promoting and ensuring effective and efficient provision of adequate health care to the population, despite devolution. The National Health Insurance Program (NHIP) is envisioned as the main lever to effect desired changes and outcomes. The Department's role now focuses on regulation, technical guidelines/orientation, planning, evaluation, and inspection, while the provincial government is responsible for provincial and municipal hospitals, health centers and health posts, although funding flows do not exactly match responsibility. The municipal government-level role is not well defined and capacity is reportedly weak.

With the decentralization of service delivery, local chief executives became core players in the health sector. The number of actors involved multiplied and hence the need for coordination and policy monitoring. On health financing, for instance, the Department of Health and the Central Government are no longer in control of resource allocation. The need for better coordination and a better working relationship with the local government units and other stakeholders is well recognized.

Ongoing reforms in health service delivery are aimed at improving the accessibility and availability of basic and essential health care for all, particularly the poor. Public primary health facilities are perceived as being low quality, and are thus frequently bypassed. Clients are dissatisfied due to long waiting times; perceived inferior medicines and supplies; poor diagnosis, resulting in repeated visits; and perceived lack of medical and people skills of the personnel available, especially in rural areas. The result is that secondary and tertiary facilities are inundated with patients needing primary health care. Since public primary facilities are more accessible to households and are mostly visited by the poor, improving the quality of those services particularly demanded by the poor would improve their health. Furthermore, referral mechanisms among different health facilities across local government units need to be strengthened.

Private providers are predominantly located in highly urbanized areas. The private sector consists of a wide range of privately operated facilities, such as pharmacies, physicians in solo or group practices, small hospitals and maternity centres, diagnostic centres, employer-based outpatient facilities, secondary and tertiary hospitals, traditional birth attendants and indigenous healers.

Pharmaceutical challenges remain due to asymmetric information, income distribution and the inadequacy of the regulatory system. This stems from various factors such as massive campaigns and lucrative incentives from multinational drug firms, prolonged patent rights and a lack of appropriate public understanding regarding generics.

3.3 Health policy, planning and regulatory framework

The Government's policy to achieve improvements in health includes a perspective on the integral value of health for any nation, the coordination of resources from all sectors, the right to access to quality care, and the presence of socioeconomic fundamentals. While the Government provides the leadership and stewardship to ensure that all efforts in the health sector lead to a common goal, greater support to local health systems development and emphasis on strong management and administrative support systems at all levels of governance is likewise critical. Better coordination between national policies and external development partner priorities would also play a major role in fostering harmonization of resources for health. In the context of securing sustained financing for ongoing health sector reforms, budget reforms are also underway such that resources that are within the direct control of the Department of Health are aligned and utilized in support of the LGU plans for health.

Major government policy reforms include: (1) the Cheaper Medicines Act of 2008, which amends the "Intellectual property code" to enhance competition in the drug industry; (2) the conditional cash-transfer programme, which includes visiting health centres and sending children to school as conditions for receiving cash assistance; (3) expansion of social health insurance benefit packages; (4) Sin Tax Law, which mandates that excise tax on cigarettes and alcohol be increased every two years; and (5) Value-Added Tax (VAT), where half of LGUs' shares of incremental VAT collection is earmarked for social and economic services; among many others.

At the local level, the provinces develop five-year medium term plans called "province-wide investment plans for health", using the health sector reform framework, which ensures that health system as well as programme-related issues are addressed.

The Department of Health has adopted a sectoral development approach for health, which is a way of organizing the planning and management of international and national support for the health reforms in FOURmula ONE. Corresponding memorandums of agreement are signed between the Department of Health and the provinces to formalize their collaboration in the implementation of their provincial health plans, with defined roles and responsibilities for the stakeholders involved.

The Department of Health remains inadequate in regulating the quality of health service in the country. This is attributed to the immense gaps in health regulations caused by the lack of specific legal mandates, inadequate expertise and an inadequate number of health regulation officers; a lack of expertise and infrastructure in specialized services and laboratory facilities; and weak health regulatory systems and processes.

3.4 Health care financing

The financial burden on individual families remains high. For many years, the most common source of funds for health has consistently been out-of-pocket payments (around 49%), and paying for health care is an issue because of its impact on poverty. Based on the latest national health accounts, most health care financing resources are spent on hospital-based curative services, with a lesser share going to preventive and promotive health services. These are signs that the Philippines is not spending adequately or effectively on health. The subsidies for health services are poorly targeted, as the true poor are not adequately captured in the indigent programme of social health insurance. Meanwhile, the large hospitals in Metropolitan Manila and other urban areas get the biggest share of spending. Non-hospital health services, on the other hand, face difficulties in securing adequate funding.

Meanwhile, the national health insurance programme, PhilHealth, has a relatively slow and cautious increase in its share of total health expenditure. The depth of the coverage of the national health insurance programme is currently not high enough, at 76%. The limited financial protection of PhilHealth is also closely related to the current provider-payment system. As physicians provide more services and raise prices under the current fee-for-service system, medical care expenses increase rapidly. PhilHealth pays only up to a rather low benefit ceiling and patients pay the rest of the expense. As a result of the low benefit ceiling and physicians' freedom to extra-bill without fee regulation, it is easy to extract profit out of patients' insurance benefits. Discussions are now ongoing to explore the feasibility of extending benefit coverage by raising the benefit ceiling.

Public health facilities are funded through a mix of public subsidies, such as Philhealth reimbursements, user fees and, to a lesser degree, private health insurers. At the primary level, public subsidies and Philhealth capitation allocations are funding services for both insured and non-insured members and for both public health and personal care. At the local level, several schemes are in operation, depending on local priorities and management styles. Drugs are mainly purchased out-of-pocket from private for-profit retailers. The Government has recently introduced thousands of non-profit community outlets, but their impact on access and costs supported by patients remains to be seen.

Based on the Local Government Code, local government units with higher fiscal capacity (using per capita income as a measure of financial base) tend to get higher per capita internal revenue allocations than those with lower fiscal capacity. Many municipalities and provinces have experienced financial shortfalls, causing the diversion of health funds to other priorities.

The national health care financing strategy is aimed at improving health care financing polices that would realistically enhance access, equity and effectiveness in resource mobilization and allocation, as well as use of health services. Dialogues with key stakeholders, from legislators and policy-makers to implementers, are ongoing and would have to be sustained in order to engender support for the operationalization of the strategy.

3.5 Human resources for health

The country is purportedly the leading exporter of nurses to the world and the second major exporter of physicians. Paradoxically, there are shortages of physicians and a fast turnover of nurses in the country, especially in rural areas. The high unemployment rates of health professionals, in spite of the considerable number of vacancies in rural areas, is another irony. Prevailing challenges include unmanaged emigration of Filipino health workers, a weak and inadequate HRH information system, and the existing distribution imbalance, among others. Responses to HRH issues in the past have more often been stopgap measures, and the interventions of the agencies concerned have not been coordinated.

In order to address such complex and multifaceted issues, a comprehensive master plan for human resources for health has been developed and implementation of activities is underway. A high-level coordinating body and multisectoral working group was established in 2006 to mobilize the political commitment, donor/partner support and funding needed to accomplish the priority activities of the master plan. Called the Human Resources for Health (HRH) network, this group was able to successfully convene a policy forum to advocate their policy agenda, which aims to resolve issues related to the production, entry and retention of health professionals, as well as their exit and re-entry.

Strategic thrusts for 2005-2010 include development of HRH policies and strategies to address outmigration; sustaining incentive mechanisms for HRH distribution and complementation in underserved areas; and making education, training and skills development more appropriate to local needs. The strategies that are being undertaken include, among others, the institutionalization of the HRH management and development system; improvement of the technical competence and relevant skills of health professionals through education and training; provision of targeted and performance-linked compensation benefits; strengthening of the coordination mechanism between the education sector, regulatory agencies and HRH users; and installation of an HRH information system.

3.6 Partnerships

The attainment of national health goals has progressed significantly, thanks to the well-defined, commonly–shared vision and framework for health ('FOURmula ONE'). The Department of Health has learnt from previous experience that better harmonization of efforts among the various stakeholders at all levels is critical. Currently, assistance for the health sector comes mainly in the form of grants, loans and technical assistance. A sectorwide development approach for health between the Government and its partners is being initiated to maximize investments, minimize duplication of initiatives and generate the necessary resources for the health sector. The Department of Health is working closely with international organizations and global initiatives to strengthen implementation of priority health programmes.

3.7 Challenges to health system strengthening

The publicly funded health system has been undergoing a major reform programme since 1999. At the broadest level, this has included a review of the Department of Health's primary functions, roles and responsibilities, as well as the suitability of the existing organizational structure to support these at both the strategic and service-delivery level. Introduction and pilot-testing the different concepts and strategies of heath sector reform in selected provinces showcased some gains in health systems development. However, one of the gaps was the absence of a comprehensive operational framework to implement the reform strategies. Thus, the "FOURmula ONE for Health" was launched in August 2005 to set the direction and implementation arrangements for strengthening the way health care is delivered, governed, regulated and financed.

FOURmula ONE is now in its fourth year of implementation and both the Department of Health and the LGUs are being challenged with operational issues, such as procurement. In addition, the health care delivery system has yet to address some major issues and challenges, such as the absence of data disaggregated at provincial/municipal levels (for baseline and monitoring); the absence of a workable means of identifying the poor for targeted health interventions; the minimal involvement of the private sector in the delivery of public health programmes; the still excessive reliance on use of high-end hospital services rather than primary care; the slow improvement in maternal mortality reduction; and population

growth. Issues such as geographic inequity, where people who live in rural and isolated communities receive less and lower quality health services, and socioeconomic inequity, where the poor do not receive health services due to inaccessibility and/or unaffordability, continue to abound in the country.

More specific issues like emigration of skilled health workers, low salaries/ wages and a lack of incentives, as well as poor work environments, including shortages of basic medical equipment and supplies, continue to contribute to the worsening shortage of workers in rural areas, where health needs are greatest. Hospitals, both public and private, all over the country lament the loss of senior, experienced nurses and doctors. The University of the Philippines-Philippine General Hospital (UP-PGH), the largest hospital in the country, loses 300 to 500 nurses of their 2000 nurse workforce every year. Midwives, the front-liners in providing health services, are also seeking jobs as caregivers in other countries in need.

There is a lack of reliable, disaggregated and integrated health and health-related data, evidence and information, and the inability to use health information to ensure knowledge-based policies and programmes remains a major challenge. There is also low investment in health research and development systems, as well as in information management systems.

In the area of health care financing, the following challenges remain: high out-of pocket spending; inadequate government spending on health; low spending for cost-effective public health interventions; low social health insurance benefit spending; and identification of the 'true' poor for social health insurance (sponsored programme).

The high cost of drugs and medicines also remains a major challenge, as prices range from twice to as much as 30 times higher than in Canada or other neighbouring Asian countries.

The devolution of health services created new challenges for the Government in overseeing that local actions are in accordance with national policies and goals. Good governance in health at the local level, particularly in improving transparency and accountability in finance and procurement, and logistics management remains a big challenge. With FOURmula ONE, systems of accountability and transparency are being established to minimize unscrupulous behaviour, thereby ensuring efficient use of available resources for health.

The country's commitment to achievement of the MDGs, particularly those concerning universal access to education, maternal mortality and access to reproductive health services, remains an immense challenge.

4. LISTING OF MAJOR INFORMATION SOURCES AND DATABASES

Title 1	:	Republic of the Philippines (official website)
Web address	:	www.gov.ph
Title 2	:	National Statistics Office.
Web address	:	http://www.nso.gov.ph/
Title 3	:	2007 Government of the Philippines Year-End Report
Web address	:	http://www.gov.ph/faqs/yearend_reports.asp
Title 4	:	Philippine Environment Monitor 2006
Operator	:	The World Bank Group
Web address	:	http://www.worldbank.org.ph/pem
Title 5	:	National Epidemiology Center
Operator	:	Department of Health, Philippines
Web address	:	http://www2.doh.gov.ph/nec/
Title 6	:	2007 Philippines Development Forum. 8-9 March 2007, Cebu City, Philippines.
Title 7	:	2005-2010 National Objectives for Health,
Operator	:	Department of Health, Philippines.

Title 8	:	National Nutrition and Health Survey (NNHeS): Atherosclerosis-related Disease and Risk Factors, Philippine Journal of Internal Medicine, 43:103-115, May-June 2005
Operator	:	Antonio Dans, Dante Morales, Felicidad Velandria, Teresa Abola, Artemio Roxas Jr., Felix Eduardo Punzalan, Rosa Allyn Gy, Elizabeth Paz-Pacheco, Lourdes Amarillo and Maria Vanessa Villaruz
Title 9	:	Philippines. Food and Nutrition Research Institute. *6th National Nutrition Survey*. Taguig, Metro Manila, 2003.

5. ADDRESSES

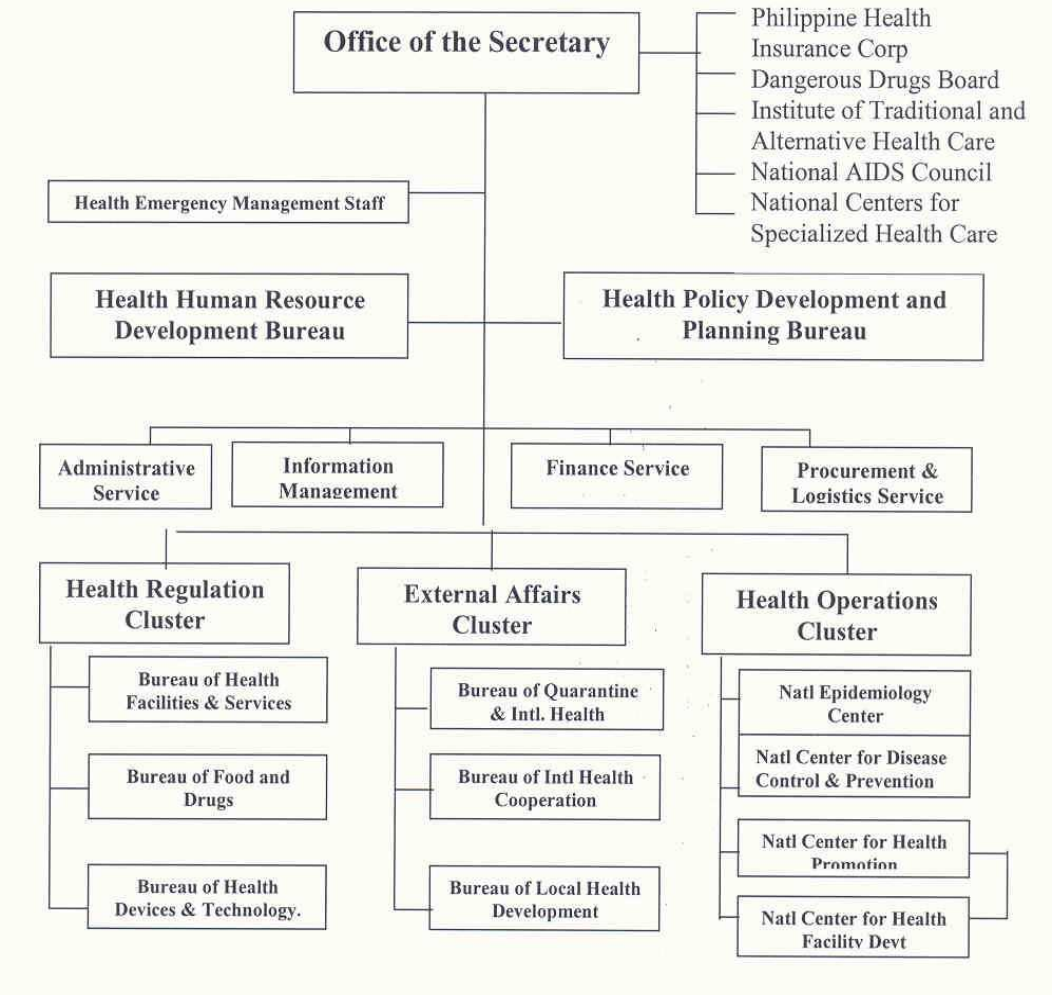
DEPARTMENT OF HEALTH

Office Address	:	San Lazaro Compound, Tayuman, Sta. Cruz, Manila
Official Email Address	:	info@doh.gov.ph
Telephone	:	(632) 743-8301
Fax	:	(632) 743-1829
Website	:	http://www.doh.gov.ph

WHO REPRESENTATIVE

Office Address	:	National Tuberculosis Centre Building Second Floor, Bldg. 9, Department of Health San Lazaro Hospital Compound, Sta. Cruz, Manila, Philippines
Postal Address	:	P.O. Box 2932, Manila
Official Email Address	:	who@phl.wpro.who.int
Telephone	:	(632) 338-7479/ 338-8605
Fax	:	(632) 338-8605

6. ORGANIZATIONAL CHART: Ministry of Health



PHILIPPINES — WESTERN PACIFIC REGION HEALTH DATABANK, 2009 Revision

	INDICATORS	DATA						Year	Source
	Demographics	**Total**		**Male**		**Female**			
1	**Area (1 000 km2)**	299.76							1
2	**Estimated population ('000s)**	88 574.61		…		…		2007	2
3	**Annual population growth rate (%)**	2.04		…		…		2000-07	2
4	**Percentage of population**								
	- 0–4 years	11.47		11.64		11.29		2005	3
	- 5–14 years	22.28		22.70		21.87		2005	3
	- 65 years and above	4.40		4.02		4.78		2005	3
5	**Urban population (%)**	64.20 [a]		…		…		2007 est	4
6	**Crude birth rate (per 1000 population)**	20.50		…		…		2004	5
7	**Crude death rate (per 1000 population)**	4.80		…		…		2004	5
8	**Rate of natural increase of population (% per annum)**	1.57 [b]		…		…		2004	5
9	**Life expectancy (years)**								
	- at birth	67.00		64.00		70.00		2004	5
	- Healthy Life Expectancy (HALE) at age 60	…		10.60		12.10		2002	6
10	**Total fertility rate (women aged 15–49 years)**	3.18						2005-15	7
	Socioeconomic indicators								
11	**Adult literacy rate (%)**	92.60		…		…		1995-2005	8
12	**Per capita GDP at current market prices (US$)**	1638.60						2007	9
13	**Rate of growth of per capita GDP (%)**	8.10						2007	9
14	**Human development index**	0.75						2006	10
	Environmental indicators	**Total**		**Urban**		**Rural**			
15	**Proportion of vehicles using unleaded gasoline (%)**	30.20		…		…		2003	10
16	**Health care waste generation (metric tons per year)**	…		…		…			
	Communicable and noncommunicable diseases	**Number of new cases**			**Number of deaths**				
17	**Selected communicable diseases**	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**		
	Hepatitis viral	…	…	…	…	…	…		
	- Type A	…	…	…	…	…	…		
	- Type B	…	…	…	…	…	…		
	- Type C	…	…	…	…	…	…		
	- Type E	…	…	…	…	…	…		
	- Unspecified	…	…	…	…	…	…		
	Cholera	…	…	…	36	24	12	2004	12
	Dengue/DHF	39 620	…	…	373	…	…	2008	11
	Encephalitis	34	22	12	…	…	…	2006	12
	Gonorrhoea	2218	84	1374	…	…	…	2006	12
	Leprosy	2514	…	…	…	…	…	2007	11
	Malaria	36 226	…	…	72	…	…	2007	11
	Plague	…	…	…	…	…	…		
	Syphilis	63	41	22	…	…	…	2006	12
	Typhoid fever (includes paratyphoid fever)	11 374 [c]	5869 [c]	5505 [c]	…	…	…	2006	12

	INDICATORS	DATA						Year	Source
	Communicable and noncommunicable diseases	**Number of new cases**			**Number of deaths**				
		Total	**Male**	**Female**	**Total**	**Male**	**Female**		
18	**Acute respiratory infections**	690 566 [d]	348 992	328 956	...	...	...	2006	12
19	**Diarrhoeal diseases**	...	...	...	3538	2069	1469	2004	5
20	**Tuberculosis**								
	- All forms	140 588 [f]	...	...	...	...	...	2007	11
	- New pulmonary tuberculosis (smear-positive)	86 566 [f]	...	...	...	...	...	2007	11
21	**Cancers**								
	All cancers (malignant neoplasms only)	106 884 [e]	51 980 [e]	54 864 [e]	42 686	22 551	20 135	C: 2005 D: 2004	13, 5
	- Breast	14 043 [e]	0	14 043 [e]	4254	55	4199	C: 2005 D: 2004	13, 5
	- Colon and rectum	8585 [e]	4737 [e]	3848 [e]	2230	1234	996	C: 2005 D: 2004	13, 5
	- Cervix			7277 [e]			1111	C: 2005 D: 2004	13, 5
	- Oesophagus	992 [e]	647 [e]	345 [e]	452	307	145	C: 2005 D: 2004	13, 5
	- Leukaemia	4202 [e]	2243 [e]	1959 [e]	2460	1234	1226	C: 2005 D: 2004	13, 5
	- Lip, oral cavity and pharynx	4113 [e]	2140 [e]	1973 [e]	1927	1201	726	C: 2005 D: 2004	13, 5
	- Liver	7629 [e]	5660 [e]	1969 [e]	...	...	...	C: 2005 D: 2004	13, 5
	- Stomach	3932 [e]	2368 [e]	1564 [e]	1439	811	628	C: 2005 D: 2004	13, 5
	- Trachea, bronchus, and lung	17 238 [e]	13 273 [e]	3965 [e]	7240	5446	1794	C: 2005 D: 2004	13, 5
22	**Circulatory**								
	All circulatory system diseases	...	...	...	54 045	30 598	23 447	2004	5
	- Acute myocardial infarction	...	...	...	28 663	18 571	10 092	2004	5
	- Cerebrovascular diseases	...	...	...	43 077	24 322	18 755	2004	5
	- Hypertension	...	...	...	15 617	8614	7003	2004	5
	- Ischaemic heart disease	...	...	...	13 915	7065	6850	2004	5
	- Rheumatic fever and rheumatic heart diseases	...	...	...	2183	930	1253	2004	5
23	**Diabetes mellitus**	...	...	...	16 552	7970	8582	2004	5
24	**Mental disorders**	...	...	...	1104	799	305	2004	5
25	**Injuries**								
	All types	...	...	...	...	...	...		
	- Homicide and violence	...	...	...	12 646	11 613	1033	2004	5
	- Motor and other vehicular accidents	...	...	...	6976	5312	1664	2004	5
	- Occupational injuries	...	...	...	...	...	...		
	- Suicide	...	...	...	1818	1400	418	2004	5
	Leading causes of mortality and morbidity	**Number of cases**			**Rate per 100 000 population**				
26	**Leading causes of morbidity (inpatient care)**	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**		
	1. ALRI and pneumonia	670 231	342 989	327 242	828.80	794.50	767.20	2006	12
	2. Acute watery diarrhoea	572 259	295 827	276 432	707.70	685.30	648.10	2006	12
	3. Bronchitis/bronciolitis	537 100	265 320	271 780	689.90	614.60	637.20	2006	12
	4. Hypertension	404 141	177 059	227 082	522.80	410.20	532.40	2006	12
	5. Influenza	337 275	161 446	175 829	435.00	374.00	412.20	2006	12
	6. TB respiratory	130 608	82 969	47 639	169.90	192.20	111.70	2006	12
	7. Diseases of the feart	38 482	17 946	20 536	49.30	41.60	48.10	2006	12
	8. Acute febrileillness	25 400	12 675	12 725	32.50	29.40	29.80	2006	12
	9. Malaria	22 284	12 128	10 156	27.60	28.10	23.80	2006	12
	10. Dengue fever	15 279	8076	7203	19.60	18.70	17.00	2006	12

	INDICATORS	DATA						Year	Source
		Number of deaths			Rate per 100 000 population				
27	**Leading causes of mortality**	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**		
	1. Heart diseases	70 861	40 361	30 500	85.72	96.99	74.30	2004	5
	2. Vascular system diseases	51 680	28 930	22 750	62.52	69.52	55.42	2004	5
	3. Malignant neoplasm	40 524	21 395	19 129	49.02	51.42	46.60	2004	5
	4. Accidents	34 483	28 041	6442	41.30	67.39	15.69	2004	5
	5. Pneumonia	32 098	15 822	16 276	38.83	38.02	39.65	2004	5
	6. Tuberculosis, all form	25 870	17 841	8029	31.30	42.87	19.56	2004	5
	7. Ill-defined and unknown causes of mortality	21 278	10 916	10 362	25.74	26.23	25.24	2004	5
	8. Chronic lower respiratory diseasesw	18 975	13 084	5891	22.95	31.44	14.35	2004	5
	9. Diabetes mellitus	16 552	7970	8582	20.02	19.15	20.91	2004	5
	10. Certain conditions originating in the perinatal period	13 180	7809	5371	15.94	18.77	13.08	2004	5
	Maternal, child and infant diseases	**Total**		**Male**		**Female**			
28	**Percentage of women in the reproductive age group using modern contraceptive methods**					35.90		2006	14
29	**Percentage of pregnant women immunized with tetanus toxoid (TT2)**					49.00		2008	11
30	**Percentage of pregnant women with anaemia**					43.90		2003	15
31	**Neonatal mortality rate (per 1000 live births)**	12.00		...		...		2006	14
32	**Percentage of newborn infants weighing at least 2500 g at birth**	86.10		...		...		2003	12
33	**Immunization coverage for infants (%)**			...		...			
	- BCG	88.00		...		...		2008	11
	- DTP3	86.00		...		...		2008	11
	- POL3	86.00		...		...		2008	11
	- Hepatitis B III	83.00		...		...		2008	11
		Number of cases			Number of deaths				
34	**Maternal causes**	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**		
	- Abortion			....			152	2004	5
	- Eclampsia			....			...		
	- Haemorrhage			....			317	2004	5
	- Obstructed labour			....			...		
	- Sepsis			....			...		
35	**Selected diseases under the WHO-EPI**								
	- Congenital rubella syndrome	...	...	...	...	...	...		
	- Diphtheria	65	...	...	...	...	...	2008	11
	- Hib meningitis	...	...	...	...	...	...		
	- Measles	341	...	...	...	...	...	2008	11
	- Mumps	...	...	...	...	...	...		
	- Neonatal tetanus	132	...	...	...	...	...	2008	11
	- Pertussis (whooping cough)	46	...	...	...	...	...	2008	11
	- Poliomyelitis	0	0	0	...	...	...	2008	11
	- Rubella	280	...	...	...	...	...	2008	11
	- Total Tetanus	813	...	...	...	...	...	2008	11

	INDICATORS		DATA		Year	Source
	Health facilities		**Number**	**Number of beds**		
36	**Facilities with HIV testing and counseling services**		52		2008	11
37	**Health infrastructure**					
	Public health facilities	- General hospitals	90 [a,g]	...	2006	17
		- Specialized hospitals	21	...	2006	17
		- District/first-level referral hospitals	282 [a]	...	2006	17
		- Primary health care centres	331 [a,h]	...	2006	17
	Private health facilities	- Hospitals	1068	44 296	2006	17
		- Outpatient clinics	...	...		
	Health care financing					
38	**Total health expenditure**					
	- amount (in million US$)			5567.15	2007p	18
	- total expenditure on health as % of GDP			3.90	2007p	18
	- per capita total expenditure on health (in US$)			63.29	2007p	18
	Government expenditure on health					
	- amount (in million US$)			1940.32	2007p	18
	- general government expenditure on health as % of total expenditure on health			34.90	2007p	18
	- general government expenditure on health as % of total general government expenditure			6.80	2007p	18
	External source of government health expenditure					
	- external resources for health as % of general government expenditure on health			...		
	Private health expenditure					
	- private expenditure on health as % of total expenditure on health			65.10	2007p	18
	Exchange rate in US$ of local currency is: 1 US$ =			46.15	2007p	18
39	**Health insurance coverage as % of total population**			76.00	2008	19

	INDICATOR		DATA							Year	Source
40	**Human resources for health**		**Total**	**Male**	**Female**	**Urban**	**Rural**	**Public**	**Private**		
	Physicians	- Number	93 862	...	...	...	...	...	...	2004	20
		- Ratio per 1000 population	1.14	...	...	...	...	...	...	2004	20
	Dentists	- Number	45 903	...	...	...	...	...	...	2004	20
		- Ratio per 1000 population	0.55	...	...	...	...	...	...	2004	20
	Pharmacists	- Number	49 667	...	...	...	...	...	...	2004	20
		- Ratio per 1000 population	0.60	...	...	...	...	...	...	2004	20
	Nurses	- Number	352 398	...	...	...	...	...	...	2004	20
		- Ratio per 1000 population	4.26	...	...	...	...	...	...	2004	20
	Midwives	- Number	136 036	...	...	...	...	...	...	2004	20
		- Ratio per 1000 population	1.65	...	...	...	...	...	...	2004	20
	Paramedical staff	- Number	...	...	...	...	...	...	...		
		- Ratio per 1000 population	...	...	...	...	...	...	...		
	Community health workers	- Number	...	...	...	...	...	...	...		
		- Ratio per 1000 population	...	...	...	...	...	...	...		
41	**Annual number of graduates**	Physicians	...	...	...	...	...	...	...		
		Dentists	...	...	...	...	...	...	...		
		Pharmacists	...	...	...	...	...	...	...		

INDICATORS			DATA							Year	Source
			Total	Male	Female	Urban	Rural	Public	Private		
41	Annual number of graduates	Nurses	...	...	...	...	...	...	...		
		Midwives	...	...	...	...	...	...	...		
		Paramedical staff	...	...	...	...	...	...	...		
		Community health workers	...	...	...	...	...	...	...		
42	Workforce losses/ Attrition	Physicians	...	...	...	...	...	...	...		
		Dentists	...	...	...	...	...	...	...		
		Pharmacists	...	...	...	...	...	...	...		
		Nurses	...	...	...	...	...	...	...		
		Midwives	...	...	...	...	...	...	...		
		Paramedical staff	...	...	...	...	...	...	...		
		Community health workers	...	...	...	...	...	...	...		

INDICATORS		DATA			Year	Source
	Health-related Millennium Development Goals (MDGs)	Total	Male	Female		
43	Prevalence of underweight children under five years of age	27.60	...	...	2003	15
44	Infant mortality rate (per 1000 live births)	24.00	...	...	2006	14
45	Under-five mortality rate (per 1000 live births)	32.00	...	...	2006	14
46	Proportion of 1 year-old children immunised against measles	86.00	...	...	2008	11
47	Maternal mortality ratio (per 100 000 live births)	162.00			2006	14
48	Proportion of births attended by skilled health personnel	63.70			2006	14
	- Percentage of deliveries at home by skilled health personnel (as % of total deliveries)	20.30			2006	14
	- Percentage of deliveries in health facilities (as % of total deliveries)	42.40			2006	14
49	Contraceptive prevalence rate	50.60	...	...	2006	14
50	Adolescent birth rate	4.80			2006	14
51	Antenatal care coverage - At least one visit	...				
	- At least four visits	59.00			2006	12
52	Unmet need for family planning	15.70	...	...	2006	12
53	HIV prevalence among population aged 15-24 years	...	...	...		
54	Estimated HIV prevalence in adults	0.17	...	...	2007	21
55	Percentage of people with advanced HIV infection receiving ART	...	...	...		
56	Malaria incidence rate per 100 000 population	41.00	...	...	2007	11
57	Malaria death rate per 100 000 population	0.08	...	...	2007	11
58	Proportion of population in malaria-risk areas using effective malaria prevention measures	17.00	...	...	2006	22
59	Proportion of population in malaria-risk areas using effective malaria treatment measures	85.00	...	...	2006	22
60	Tuberculosis prevalence rate per 100 000 population	500.00	...	...	2007	11
61	Tuberculosis death rate per 100 000 population	41.00	...	...	2007	11
62	Proportion of tuberculosis cases detected under directly observed treatment short-course (DOTS)	75.00	...	...	2007	11
63	Proportion of tuberculosis cases cured under directly observed treatment short-course (DOTS)	80.00	...	...	2006	11
		Total	Urban	Rural		
64	Proportion of population using an improved drinking water source	93.00	96.00	88.00	2006	16
65	Proportion of population using an improved sanitation facility	78.00	81.00	72.00	2006	16
66	Proportion of population with access to affordable essential drugs on a sustainable basis	...	...	...		

Notes:	
…	Data not available
p	Provisional
est	Estimate
NR	Not relevant
a	Revised data
b	Computed by Health Information and Evidence for Policy Unit of the WHO Regional Office for the Western Pacific.
c	Figure includes parathyroid fever
d	Totals may not tally due to some reported cases with no gender breakdown
e	Estimated figure
f	Figure based on notified TB cases (New and relapse number, smear positive number), DOTS and non-DOTS combined, in Global Tuberculosis Control 2009, WHO
g	Figure refers to Level 3 and 4 hospitals
h	Figure refers to Level 1 hospitals

Sources:	
1	Republic of the Philippines (official website) [http://www.gov.ph/].
2	2007 Census of Pouplation, National Statistics Office Presss Release. < http://www.census.gov.ph/data/pressrelease/2008/pr0830tx.html>.
3	Projected Population by Five-Year Age Group and by Sex, by Five Yr. Interval, Medium Assumption.National Statistics Office. <http://www.census.gov.ph/data/sectordata/poproj07.txt>
4	Urban and Rural Areas 2007. United Nations, Department of Economic and Social Affairs, Population Division. New York 2008. [http:///www.unpopulation.org].
5	2004 Philippine Health Statistics, National Statistics Office. Philippines, 2004.
6	The world health report 2004: changing history. Geneva, World Health Organization, 2004.
7	NSO Quick Stat Index Page. National Statistics Office, Philippines. Feb. 2008. <http://www.census.gov.ph/data/quickstat/index.html>.
8	Human development report 2007/2008: fighting climate change: human solidarity in a divided world. New York, The United Nations Development Programme, 2007. [http://hdr.undp.org/en/reports/global/hdr2007-2008/].
9	National Statistical Coordination Board, Philippines. <http://www.nscb.gov.ph/stats/statwatch.asp>.
10	United Nations Development Programme (UNDP) 2008. Human Development Indices: a statistical update. New York: UNDP. Available from [http://hdr.undp.org/en/media/HDI2008Tables.xls].
11	WHO Regional Office for the Western Pacific, data received from the technical units.
12	Field Health Service Information System. Department of Health, Philippines. <http://www.doh.gov.ph/research_statistics>.
13	2005 Philippine Cancer Facts and Figures, by the Philippine Cancer Society, Rizal Medical center and Department of Health.
14	2006 Family Planning Survey, National Statistics Office, Philippines.
15	Sixth National Nutrition Survey, National Nutrition Council, Department of Health, Philippines, 2003.
16	Joint Monitoring Programme for Water Supply and Sanitation (JMP). Progress on Drinking Water and Sanitation: Special Focus on Sanitation. UNICEF and WHO. Available from http://www.wssinfo.org/en/welcome.html.
17	Bureau of Health facilities and services, Department of Health.
18	National health accounts: country information. Geneva, World Health Organization. Available from: http://www.who.int/nha/country/en/index.html.
19	Philippine Health Insurance Corporation, Philippines. [http://www.philhealth.gov.ph/].
20	Professional Regulation Commission, Philippines.
21	2007 Estimation Workshop and Concensus Meeting, National Epedimiology Unit, Department of Health, Philippines.
22	National Malaria Control Program, Department of Health, Philippipnes.