

(2) Budget of Health Service

The execution of the 1987 budget and the formulation of the 1988 budget provided the financial basis for health service improvement. The health budget was increased from P3.57 Billion in 1986 to P4.95 Billion in 1987 to P5.04 Billion in 1988. Apart from this quantitative improvement, there were also several significant changes with a favorable impact on the sector. The Outlay for capital goods (9.0% of the total 1987 budget; 10.3% of the 1988 budget) allowed the sector to avert the further deterioration of facilities and to begin correcting substandard conditions all over the country. The allocation of resources based on the regional incidence of poverty gave concrete support to poverty reduction and social justice goals of the development plan. A decentralized budget release system where funds are directly released to the provinces and districts improved the flow of resources.

2-1-3 Present Status of Health Service Administration

Office of the President of the Philippines issued Executive Order No.119 in January 1987, regarding the health service administration with the purpose of attaining goal of National Health Plan of the Philippines, the Government endeavours to furnish the people with better health service. Principal contents of the Executive Order are as follows.

OFFICE OF THE PRESIDENT
OF THE PHILIPPINES
MALACANANG

EXECUTIVE ORDER NO.119

REORGANIZING THE MINISTRY OF HEALTH,
ITS ATTACHED AGENCIES AND FOR OTHER PURPOSES

I, CORAZON C. AQUINO, President of the Philippines, by virtue of the powers vested in me by the sovereign will of the Filipino people and

the Freedom Constitution, do hereby order:

SECTION 1. Title. This Executive Order shall otherwise be known as the Reorganization Act of the Ministry of Health.

SEC. 2. Reorganization. The Ministry of Health, hereinafter referred to as the Ministry, is hereby reorganized, structurally and functionally, in accordance with the provisions of this Executive Order.

SEC. 3. Mandate. The Ministry shall be primarily responsible for the formulation, planning, implementation, and coordination of policies and programs in the field of health. The primary function of the Ministry is the promotion, protection, preservation or restoration of the health of the people through the provision and delivery of health services and through the regulation and encouragement of providers of health goods and services.

SEC. 4. Power and Functions. The Ministry shall have the following powers and functions:

- (a) Define the national health policy and formulate and implement a national health plan within the framework of the government's general policies and plans, and to present proposals to appropriate authorities on national issues which have health implications;
- (b) Provide for health programs, services, facilities and other requirements as may be needed subject to availability of funds and administrative rules and regulations;
- (c) Assist, coordinate or collaborate with local communities, agencies and interested groups including international organizations in activities related to health;
- (d) Administer all laws, rules and regulations in the field of health, including quarantine laws and food and drug safety laws;
- (e) Collect, analyze and disseminate health statistical and other relevant information on the country's health situation, and

- require the reporting of such information from appropriate sources;
- (f) Propagate health information and educate the population on important health, medical and environmental matters which have health implications;
 - (g) Undertake health and medical research and conduct training in support of its priorities, programs and activities;
 - (h) Regulate the operation of and issue licenses and permits to government and private hospitals, clinics and dispensaries, laboratories, blood banks, drugstores and such other establishments which by the nature of their functions are required to be regulated by the Ministry;
 - (i) Issue orders and regulations concerning the implementation of established health policies; and
 - (j) Perform other functions as established by law or as ordered by higher authorities.

SEC. 11. Office for Public Health Services. The Office for Public Health Services, headed by a Deputy Minister, shall include ten (10) staff services involved in policy formulation, standards development, program development, and program monitoring of disease control and service delivery programs implemented by the field offices. The Deputy Minister for Public Health Services, who shall be supported by an assistant Minister, shall supervise the following;

- (a) Maternal and Child Health Service
- (b) Tuberculosis Control Service
- (c) Family Planning Service
- (d) Environmental Health Service
- (e) Nutrition Service
- (f) Dental Health Service
- (g) Malaria Control Service
- (h) Schistosomiasis Control Service
- (i) Communicable Disease Control Service
- (j) Non-communicable Disease Control Service

SEC.12. The Office for Hospital and Facilities Service. The Office for Hospital and Facilities Service, headed by a Deputy Minister who shall be supported by an assistant Minister, shall include four (4) staff services involved in policy formulation, standards development, program monitoring and provision of specialized assistance in the operations of hospitals and the management of facilities, which are as follows:

- (a) Hospital Operations and management Service
- (b) Radiation Health Service
- (c) Hospital Maintenance Service
- (d) Health infrastructure Service

Sec.16. Regional Health Offices. The Ministry is hereby authorized to establish, operate, and maintain a ministry-wide Regional Office, in each of the administrative regions of the country, under the supervision of an Executive Committee chaired by the Minister, Each Regional Health Office shall be headed by a Regional Director to be appointed by the President, and supported by an Assistant Regional Director. The appointment of the Regional Director and Assistant Regional Director shall be to the Ministry at large and assignment shall be by administrative issuances of the Minister. The Regional Health Office shall be responsible for the field operations of the Ministry in its administrative region and for providing the region with efficient and effective health and medical services. It shall supervise all Ministry agencies in its administrative region including whatever medical centers, regional hospitals, sanitarium, provincial health offices and city health offices that are located in the region except placed under the Ministry Proper.

In addition to the foregoing, a Regional Office shall have within its administrative region, the following functions:

- (a) Implement laws and rules, regulations, policies; plans, programs and projects of the Ministry in the region;
- (b) Provide efficient and effective health and medical services to the people;

- (c) Coordinate with regional offices of other ministries, offices, and agencies in the region;
- (d) Coordinate with local government units; and
- (e) Perform such other functions as may be provided by law.

SEC.17. Provincial Health Office. The integrated Provincial Health Office created under Executive Order No.851 shall remain as the Ministry agency in the province. It shall exercise supervision and control over district health offices and other field units of the Ministry in the province, except those otherwise placed under the Ministry proper or directly under the Regional Health Office.

The Provincial Health Office shall be headed by a Provincial Health Officer. Depending on the size, Population, and health facilities of the province as well as budgetary provisions, a province may have one Assistant Provincial Health Officer assisting the Provincial Health Officer, or two Assistant Provincial Health Officers, one assisting the Provincial Health Officer in public health activities and the other assisting in hospital operations. The Provincial Health Officers and Assistant Provincial Health Officers shall be appointed by the Minister to a region, and their assignment to a province shall be made by the Minister on recommendation of the Regional Health Director.

SEC.18. District Health Office. The District Health Office is hereby created to absorb the functions of the district hospitals. The District Health Office shall exercise supervision and control over district hospitals, municipal hospitals, rural health units, barangay health stations and all other Ministry units in the health district, except those otherwise placed directly under the Provincial Health Office, or Regional Health Office, or the Ministry Proper.

The District Health Office shall be headed by a District Health Officer who shall also serve as the Chief of the district hospital as well as the head of all field units in the district. District Health Officers shall be appointed by the Minister to a region, and their assignments shall be made by the Minister on recommendation of the

Regional Health Director.

SEC.19. Local Health Agencies. The Ministry shall review and monitor the establishment, operation and maintenance of health agencies funded by local governments. Proposals for integrating locally funded health agencies under the supervision and control of the Ministry without regard to the sourcing of funds shall be made by the ministry for the appropriate local government's approval. Any such agreement shall be allowed and, whenever possible, funding from national sources may be extended to achieve a nationally integrated government health service under the Ministry.

The detailed system of health service administration is described following pages.

As being observed in the above Executive Order, the Government of the Philippines develops its health service policy giving emphasis on primary health care such as tuberculosis control service, Malaria control service, family planning service, maternal and child health service etc.

(1) Health Service Administration System

1) Central Health Administration System

System of health service activities in the Philippines is divided into three functions namely public sector, private sector and mixture of the both sectors, and Department of Health is located at the summit of these three sectors.

Department of Health is responsible for health promotion of the people controlling policies for overall health services. The organization chart of Department of Health is shown in FIG. II-4.

In view of importance of health in the Philippines, the Office for Public Health Service as being in charge of malaria, schistosomiasis and tuberculosis controls is established within the frame work of the organization, and effort is being paid for Primary

Health Care centering around communicable diseases control program. Meanwhile, Executive Committee for National Field Operations exercises control over the regional health facilities.

2) Regional Health Service Administration System

Regional Health service administration is carried out by dividing into following 12 regions and National Capital Area.

- | | | |
|-----------------------|-----------------------|----------------------|
| (1)Ilocos | (2)Cagayan Valley | (3)Central Luzon |
| (4)Southern Tagalog | (5)Bicol | (6)Western Visayas |
| (7)Central Visayas | (8)Eastern Visayas | (9)Western Mindanao |
| (10)Northern Mindanao | (11)Southern Mindanao | (12)Central Mindanao |

Each region has its regional Health office, and a regional director who is under direct control of the Minister of Health supervises regional health administration.

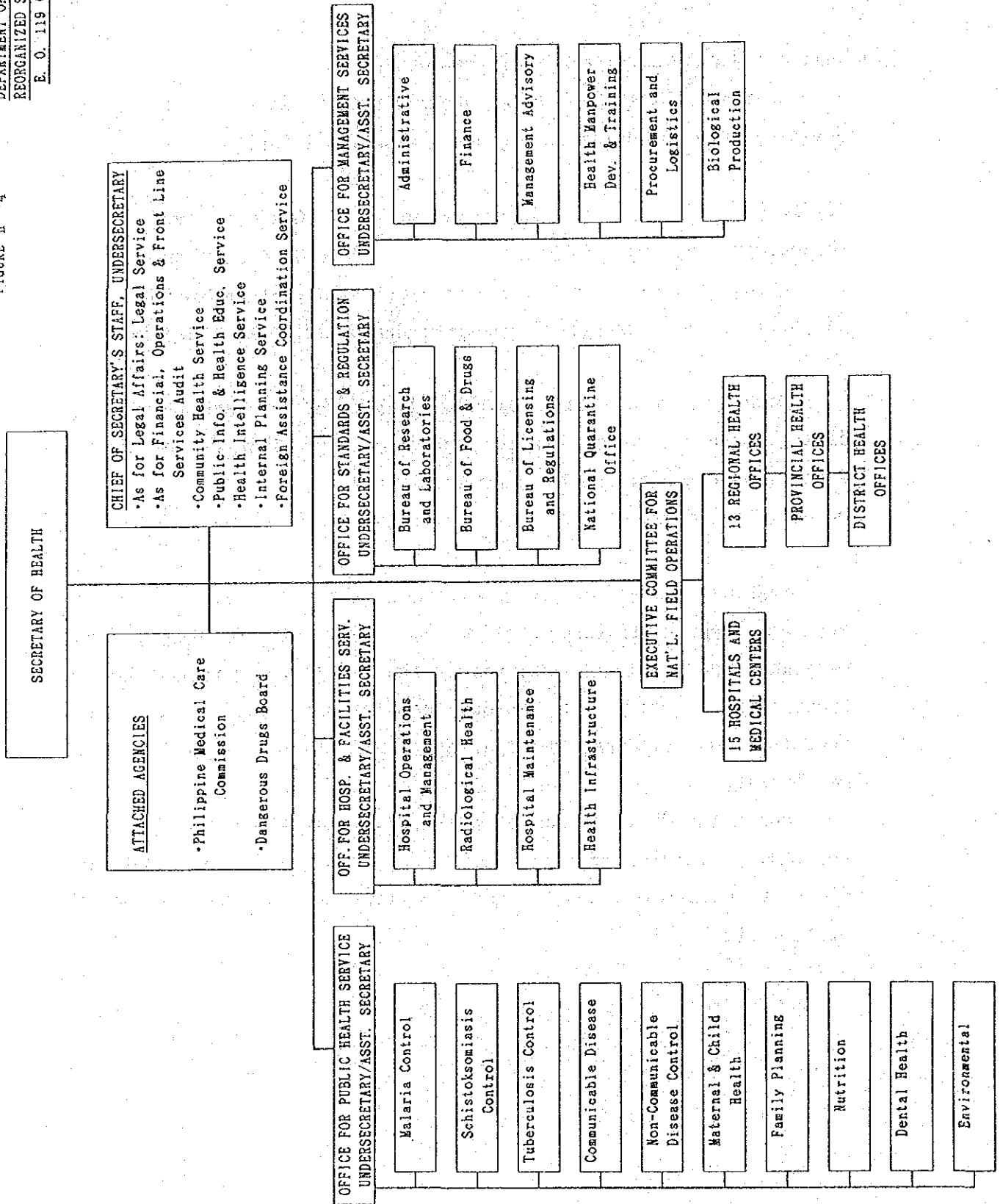
Organization chart of a regional health office is shown in FIG. II-5

Regional health office has technological divisions which are Regional Health Training Center in charge of training medical personnel and sanitary education of the people and Regional Health Laboratory in charge of various examinations such as water and foodstuff and clinical examinations asked by subordinate medical facilities.

Under the jurisdiction of a regional health office, there are regional hospitals, regional medical centers, provincial hospitals, district hospitals, city health offices and provincial Health offices etc.

FIGURE II - 4

DEPARTMENT OF HEALTH
REORGANIZED STRUCTURE
E. O. 119 (1987)



(2) Main Policies for Health Service

The Department of Health is working out a number of plans for the improvement and advance of the health services in the Philippines. Some of these are outlined as follows.

1) Preparation of the Plans

Internal Planning Service of the Department of Health is responsible for the preparation, evaluation and investigation of various plans related to health and medical treatment, and formation of statistics, and putting in practice of the following matters.

- (a) Preparation of budget for the health service plans as well as examination and improvement.
- (b) Preparation of training program for a large number of health officials.
- (c) Consultation and instruction on the preparation of health service improvement plans to the subordinate organizations under the Department of Health.
- (d) Execution of health and medical affairs related to other ministries.
- (e) Preparation of reports related to regional and provincial health affairs.
- (f) Preparation of annual reports.
- (g) Preparation of various health statistics.
- (h) Preparation of the report on the health conditions of the country of the Philippines.
- (i) Evaluation and instruction of the various health and service plans in rural areas.
- (j) Cooperation between foreign nations and international organizations for the improvement of health projects.

2) Execution of Health Service

Health Service carries out the following activities.

- (a) Supply of administrative and management techniques, improvement plans and execution standards related to health service.
- (b) Setting of standards for establishment of governmental and private hospitals.

(c) Giving instructions and advices related to drugs preparation and technical supervision for the hospitals under the jurisdiction of the Department of Health.

3) Researches and Inspection of Health and Medical Service

Bureau of Research and Laboratory of the Department of Health mainly functions as supplementary for the activities of Department of Health as follows.

- (a) Approval for establishment of laboratories, training and education of the staffs of the laboratories, and administration of nation wide lookout station for communicable diseases emphasizing upon diarrhea ailments.
- (b) Supply of preventive vaccine for typhoid fever, cholera, hydrophobia, tetanus, bitten by cobra diseases.
- (c) Supply of drugs necessary for anti-diarrhea campaign.
- (d) Examination at laboratory at the time of disease occurrence.
- (e) Supply of various aids in the primary health care project.

4) Quarantine Affairs

National Quarantine Office performs control over sea ports, air ports, ships and aircrafts, preventing the entry of dangerous communicable diseases through isolation or other means. Quarantine of immigrants is also conducted by clinics or examination through laboratories, and exports foods are checked epidemically as well as freights carried in or out to and from the Philippines are also examined.

5) Health Information Activities

Disease Data Center placed under Health Intelligence Service of the Department of Health concentrates its efforts upon the starting of a new health data supply system, improving the forms of all kinds from all levels related to all offices of the Department of Health, while conducting preliminary tests in cooperation with WHO. The center staffs are to act as instructors in the various training projects related to health statistics, and attend in the domestic and

international conferences.

6) Health Education and Training Activities of the Staffs.

Health staffs of the Department of Health and Health Education Service exert efforts to promote knowledge, attitude and technical level of the staffs of Department of Health as well as the improvement of health behaviour of people in general.

a) Training of health staff

As for the training program of health staff, emphasis is placed on the training of specialists and supervision of training program for health staff at the national level, and training program of health staff for the betterment of training activities in respective hospitals was formulated in order to secure qualified staff in the Department of Health. As for the training of staff at the regional, emphasis was placed on the training of the members of Brangay Committee and, as of September 1983, totalling 170,350 members of 34,070 Brangay Committees were trained.

b) Health education

Health education was executed in the process of carrying out primary health care at various levels throughout the country. In the course of the health education, importance was placed on giving fundamental knowledge, taking positive attitude of disposal, getting healthy practices of life and maintaining proper techniques, required for the improvement of health conditions of individuals, families and communities in 42,000 Barangays of the country. Mass media was also utilized for the health education.

(3) Primary Health Care System

Primary Health Care System was enforced in the Philippines in 1979 for the improvement of the health of the people. The following two points were emphasized in the establishment of the system.

- ① Working out health service in rural areas essential in primary level and strengthening the supporting system such as mass health examination for

the secondary level.

- ② attaining the comprehensive health service up to tertiary level to be promoted through the cooperation and coordination of all the governmental agencies concerned and private medical sector in compliance with the health service policy formulated in socio-economic program in National Development Plan, and under the Executive Order No.851 issued at the end of 1982 which provide for policies of diseases prevention, treatment and rehabilitation.

In the basic principles of primary health care are contained Government's responsibility for the health of the people, rights and duties of the people for health promotion of their own, supplementary relations among individuals, communities and the nation, fair distribution of health resources, balanced health service in respect to disease prevention, treatment and rehabilitation called for by each area, supply of related data, and a plan in which proper techniques are put in use. In the specific plan thereof are contained health education, supply of foods and improvement of nutrition, supply of safe water, and fundamental hygienic facilities, mother and child health including family planning, preventive vaccination against main communicable diseases, prevention and control of endemics, proper care for general diseases and disorders, and preparation of necessary drugs. Most of these are closely related to the improvement of communicable disease problems. The organization of Primary Health Care in the Philippines is shown in Fig. II -6. The functions of each facility under this system are as follows.

- 1) The health service on the primary level (Municipal) is mainly performed by Rural Health Unit or Main Health Center. These facilities have, as a rule, no beds for in-patients, but treat out-patients only. One unit takes care of a population of average 10,000 people with one physician, some nurses and health workers. In order to supplement its activities, health station is provided for each Barangay (minimum unit of administrative division) aimed to cover a population of average 1,500 people. One midwife and a health worker are stationed. They are volunteers selected from the dwellers and educated for the service. The

main activities of primary health care include provision of vaccination, out-patients treatment of internal medicine mostly concerned with family planning, and simple out-patients surgical treatment service.

2) The health service on the secondary level (Provincial) is conducted mostly by provincial health office or emergency community, district hospital or provincial hospital. Provincial hospital is provided one for each province, 77 (including emergency communities) throughout the country. As the top medical institution in each province it renders health service for local residents in cooperation with district hospital, rural health unit and main health center. These facilities are medical organizations mainly related to anti-communicable disease campaign. These facilities provide not only primary health care such as family planning, out-patient internal medicine and surgical treatments, but also provide services for internal, surgical, pediatric, obstetric, dental, ophthalmic patients, hospitalization and clinic test room. Furthermore, health service including a part of tertiary level such as X-ray diagnosis, microsurgery and rehabilitation is also conducted.

3) The tertiary (Regional) level health service is supported by regional health office, regional hospital and medical center. A regional hospital is provided for each one of the 13 regions (including National Capital Region). Each one consists of 1 to 5 provinces. Regional hospital is a leading medical service center in the area. Patients suffering from difficult cases of diseases unable to be handled in the rural hospitals of the second level are referred to the regional hospitals. Here in cooperation with rural hospitals, health services on primary and secondary levels are given. Provided with special physicians, highly technical treatments are mostly rendered such as related to throat surgery, nose and ear surgery, eye disease treatments and cancer recovery by nuclear treatments.

Nation-wide provision of facilities and personnel distribution according to this system is yet looked forward into future. Nearly 40% of the goal for the establishment of rural health unit was reportedly reached

by 1980, and nearly 20% of Brangay health stations already established. The actual conditions of primary health care and ratio of health worker against households are shown in Table II-4 (In the year of 1983) and Table II-5.

The actual conditions of primary health care are understood from these tables that the activities are carried out quite effectively with little relationship to the arrangement of health workers. When the primary health care system is completely materialized, remarkably effective health service can be provided.

ACTUAL CONDITIONS OF PRIMARY HEALTH CARE

Table II - 4

Region	No. of Barangay	No. of Primary Health Care under the leadership of Barangay	Ratio of practiced care (%)	No. of Barangay not leading Primary Health Care	%
I	3,945	3,945	100		0
II	2,531	2,396	95	135*	5
III	2,796	2,796	100		
IV	5,152	5,006	97	146	3
V	3,443	3,318	96	125	4
VI	4,035	3,960	98	75*	2
VII	2,917	2,898	99	19*	1
VIII	4,024	4,024	100		
IX	2,528	1,953	77	575*	26
X	2,262	2,213	98	49*	2
XI	1,624	1,591	88	33*	2
XII	2,758	2,271	82	487*	18
Total	38,015	36,371	96 (Av.)	1,644	40

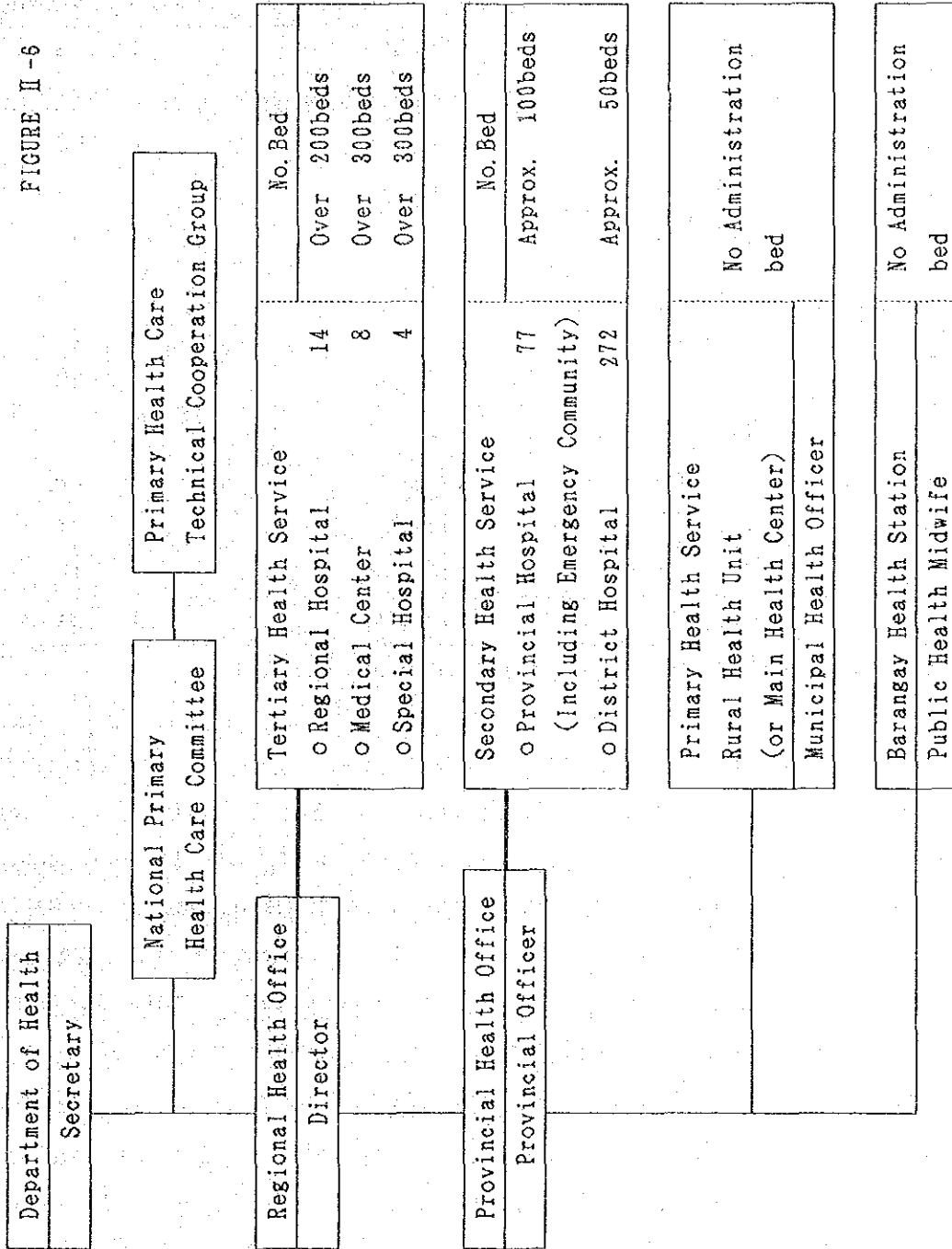
* Other plans included

(Source: Department of Health

Annual Report in 1983)

Primary Health Care System

FIGURE II - 6



NUMBERS OF HEALTH WORKERS IN BARANGAY

Table II -5

Region	No. of Household	Health workers Trained	Ratio of Health Worker against Household
I	685,725	36,545	1 : 19
II	350,132	4,541	1 : 77
III	719,974	6,636	1 : 108
IV	915,614	40,015	1 : 23
V	543,146	8,809	1 : 62
VI	836,413	9,699	1 : 86
VII	623,747	8,133	1 : 77
VIII	472,724	3,436	1 : 138
IX	352,468	45,081	1 : 7
X	404,586	18,467	1 : 22
XI	461,540	16,396	1 : 28
XII	305,855	16,938	1 : 18
Total	6,671,924	214,696	1 : 31

(Source : Annual Report 1983, Department of Health)

The Study Team was able to directly observe respective activities of the Medical Centres, Brangay Health Centres, Rural Health Units and main Health Centres in addition to the regional hospitals and provincial hospitals. Some portion of construnction and maintenance works of the facilities for primary level including the Barangay Health Stations were supported by the volunteer activites of inhabitants. this fact strongly reflected the spirit of independency and self-support of the people concerned.

(4) Medical Facilities

No. of hospitals and no. of beds, under the supervision of the Government of the Philippines in 1987 are as shown in Table II -6.

All the hospitals other than the super special hospitals under the supervision of Ministry of Education belong to Ministry of Health.

NO. OF HOSPITALS AND NO. OF BEDS

Table II -6

	No. of <u>Facility</u>	No. of <u>Bed</u>
S. Special Hospital	10	8,603
Special Hospital	4	Approx 1,200
Medical Center	8	2,750
Regional Hospital	14	4,150
Provincial Hospital	77	8,150
District Hospital	272	9,785
Municipal Hospital	61	610
Medicare Hospital	87	1,311
Sanatorium	8	5,000

Sanatorium are leprosy treatment houses, and all others are general hospitals with general beds. Beds for acute communicable diseases are maintained to a certain degree in major hospitals, and no special facilities are provided therefor and the number is by no means sufficient. Specific communicable patients are not compulsorily hospitalized, only serious patients of urgent cases are put in the hospitals in order to lower the rate of mortality. The total number of beds as shown in Table II -7 was 91,252 in 1981 including governmental and private hospitals put together. This means about 190 beds for a population of 100,000, widely different from those of Japan, 1,093 beds in 1979.

These compared with the figures of neighboring countries are as Table II -8.

Number of hospitals and beds at each region (1981)

Table II-7

REGION	Gov. Hospital		Private Hospital		Community Hospital and Health Center		SANITARIA		Total		Ratio to Pop.
	Hosp.	Bed	Hosp.	Bed	Hosp.	Bed	Hosp.	Bed	Hosp.	Bed	
	NATIONAL CAPITAL	30	15,805	146	12,953	0	0	1	2,600	177	
1. ILOCOS	35	2,615	98	2,913	4	60	0	0	137	5,588	698 "
2. CAGAYAN	36	1,800	73	1,108	5	75	0	0	114	2,983	845 "
3. CENTRAL LUZON	46	3,430	129	2,791	9	116	0	0	184	6,337	861 "
4. SOUTHERN TAGALOG	53	3,125	144	4,138	21	308	1	2,300	219	9,871	718 "
5. BICOL	28	1,523	113	2,657	8	115	1	450	150	4,747	826 "
6. WESTERN VISAYAS	34	1,875	41	3,067	10	125	1	700	86	5,767	883 "
7. CENTRAL VISAYAS	29	1,950	61	2,894	4	60	1	1,200	95	6,104	687 "
8. EASTERN VISAYAS	33	1,950	31	745	8	111	0	0	72	2,701	1,137 "
9. WESTERN MINDANAO	20	1,125	48	847	6	85	2	570	76	2,627	1,089 "
10. NORTHERN MINDANAO	30	1,970	94	2,747	8	111	0	0	132	4,828	658 "
11. SOUTHERN MINDANAO	22	1,325	145	3,811	3	30	0	0	170	5,166	742 "
12. CENTRAL MINDANAO	17	950	71	1,680	1	10	1	250	90	2,890	893 "
Total	413	39,625	1,194	42,351	87	1,206	8	8,070	1,702	91,252	

Source : Department of Health

Table II -- 8

Countries	No. of hospitals	No. of beds	Population for one bed
Bangladesh	504	19,727	4,545
India	25,452	1,066,164	634
Indonesia	998	83,101	1,787
Nepal	68	2,556	5,271
Pakistan	—	50,335	1,737
Philippines	1,702	93,374	518
Sri Lanka	493	43,389	350
Thailand	714	71,718	658
(Japan)	9,403	1,401,999	84

Source : U N Statistical Year Book 1983/84

Although the Philippines appears having nearly equal number of beds in hospitals to those of equivalent level in the neighboring countries, the population for one bed varies from 221 to 1137 people, at the rate of 1:5 depending upon the areas. In view of the population increase in the areas with small number of hospital beds, the health policy in the future must be considered.

(5) Medical Staffs

The following Table II - 9 indicates transition of the medical staffs in a period of five years from 1980 to 1984. The Government of the Philippines considers qualitative and quantitative improvement of medical staffs is imperative for the promotion of health and hygiene of the country. As economic factors are inseparable from the problems of personnel resources in connection with medical treatment, prompt improvement can not be expected. The Government, therefore, is putting efforts to increase the number of local health workers and expand the Primary Health Care Service, one of the main aims of health project of Department of Health, which demand less expense for the training of these staffs. This is accounted for the increase of the number of local

health workers, 3,344 in 1984, namely 1.75% more as compared with the figures in 1980, and this is conspicuous expansion compared with the increase rates of the number of physicians, nurses and medical technicians of 10 to 20%.

Transition of Governmental Medical Staff

Table II -9

	1980	1982	1984
Physician	7,259	7,378	8,132
Nurse	9,605	9,644	10,306
Midwife	9,329	9,470	9,574
Dental doctor	1,029	1,090	1,123
Pharmacist	518	539	588
Laboratory technician	1,565	1,928	1,880
Nutrician	355	1,739	740
Medical instructor	618	599	619
Local health worker	90	78	127
Total	190,675	214,696	333,596

(Source : Department of Health)

APPENDIX II, Table 3 shows main medical personnel by kinds of professions. The number of physicians under the Department of Health is 7,378 according to the statistics of 1981. The number of medical personnel in the private hospitals is not available, thus incomparable with the status of Japan. In reference to the number of hospitals aforementioned the number is enough by no means. Similar are about other professions. For example, it is known from the ratio, 1:1.3 for physician against nurse.

2-2 General Situation of Related Plans

2-2-1 Development Plan for Health Service

(1) National Health Program

Financial expenditure of the Government for health, nutrition and

family planning was insufficient and financial allotment for this service in the period between 1976 and 1985 did not reach even 5% of the public expenditures. This scanty finance caused a serious shortage of medical equipment, drugs and other items of consumption, this more conspicuous in the local areas. Worse yet, the expenses to be allocated for preventive health care was used for medicine, thus health and medical conditions were only worsened. Such unbalance and lack of appropriateness in financial allotment was common phenomenon throughout each area.

With an aim to improve the health and environmental sanitation, the Government of the Philippines formed the National Health Program as a part of the Medium Term National Development Plan (1987-1992).

By this program, it intends to improve the health, sanitation and welfare of the people, expansion of medical facilities, consolidation of sanitary environments and increase in the number of medical staffs.

1) Purpose of the National Health Program

The Government of the Philippines firmly believes that health is a fundamental right of man, and proper taking of nourishing foods is precondition for the sound health.

In this connection, the Government picked up the following three mottos as the goal of the National Health Program and promoted the same in order to raise the health and productivity of the people, increase its contribution to the development of social economy and share the benefits of economic development.

- a. Promotion of health and nutritive conditions of the people in the Philippines.
- b. Working out of health service available for each citizen by 2000 AD through the Primary Health Care facilities.
- c. Advance of family planning for the promotion of home environment.

2) Goal of the National Health Program

The Government of the Philippines sets specific goals for primary health project, 5 item health project. Foods nutrition project, and Family Planning Program (Refer to the APPENDIX II, Tabela 4A-D), and

establish the targets of health shown in Table II - 10 below to be reached by 1992.

Targets of National Health Program

Table II - 10

Items	1987	1992
Average life	63.7 Age	65.2 Age
Mortality of child	54.2/1,000 Per.	47.8/1,000 Per.
Infant mortality	4.7/1,000 Per.	3.7/1,000 Per.
Crude death rate	7.6/1,000 Per.	7.0/1,000 Per.
Birth rate	31.3/1,000 Per.	28.6/1,000 Per.
Population increase rate	2.41 %	2.21 %
Goal for improved nutrition	1,784 Kcal	1,950 Kcal

Source : Department of Health

Annual Report in 1983

(2) Development Plan for National Hospital Service

- 1) Health service in the medical facilities is an important item in the Public health service, and Department of Health is consuming 40% of its total budget.
- 2) The national hospital service development plan of Department of Health based upon the above-mentioned National Health Program is intended to make available governmental and private hospitals and the general public making use of such service enable to receive medical examination and treatment at the minimum cost. For rationalization of the system, following goals are set for practice.
 - (a) Improvement of management and maintenance efficiency of the hospitals.
 - (b) Maximum use of hospital facilities, equipment, personnel and techniques.
 - (c) Reduction of district differences of hospital facilities and personnels.
 - (d) Control of maintenance expenses of hospital and assurance of income.
- 3) Department of Health in order to reach the above-listed goals plans to

improve the hospitals now in function, work out the level-up of their quality, recheck the standards and specifications and establish new hospitals. Emphasis is particularly on the following points for level-up of hospitals.

- (a) Consolidation of managerial business affairs
- (b) Securement of protection against ion radiation
- (c) Performance of radiation standard measurement
- (d) Securement of non-ion radiation protection
- (e) Improvement of infrastructure

(3) Other Health Policies

1) Establishment of Public Health Units

The present rural health units and Barangay health stations shall be consolidated. The possibility of realizing the unification of health service systems connected with activities of disease protection, health promotion treatment and rehabilitation in the specific areas shall be searched. Some problems caused by uncertainty of areas under jurisdiction as well as scope of activities between municipal health officers and district hospital directors shall also be studied. At the same time, four policies in respect to disease prevention, health promotion, treatment and rehabilitation shall be worked out and further studies for improvement of management system shall be undertaken.

2) Development of Hospital Communication Network and Transportation System

Liason network between government and private institutions concerning treatment of patients and training and research and hospital mangement may be strengthened in order to accomplish the largest possible service of hospital facilities and to rationalize the hospital development plans of Department of Health. Related to the treatment of fpatients, emphasis shall be placed on diagnosing test of patients, and transportation of patients as well as exchange and and dispatch of specialists between and among the hospsitals.

Training activities required for each kind of hospital should be discerned, and training activities of hospitals must be enriched by common availability of experienced people who may later act as instructors, preparation of teaching materials and circulatory exchange of trainees. At the same time, enlarge the coordinative relations among hospitals touching on the research problems. Attempts shall be made to suppress the expenditure of Department of Health for the management of hospitals and also to develop the system with which maintenance, supervision and procurement will be done on the regional level for higher efficiency.

Radiotherapy and nuclear treatment shall be conducted on rural basis, and for such, cobalt 60 equipment may be repaired and arranged at local medical centers. Equipment repair shops shall not be centralized in the Manila Metropolitan Area, but scattered locally. This way will make local hospitals share facilities, equipment and necessary personnel through mutual liason network for the fulfilment of each responsibility.

3) Strength of Efficiency between Hospital Medical Spots and Related Offices of Department of Health

It is necessary for the improvement of hospital management that local spots of treatment and related offices of Department of Health work together for higher efficiency of cooperative system. Working staffs at local spots of each hospital and offices of Department of Health may be so shifted as to keep and promote the harmony of hospital management, and thorough reformation of present functions shall be put in practice.

4) Development of Income Source Plans

Efforts shall be put forth for an increase of income source, and for larger cooperation of foreign governments, local governments, non-governmental organization and private hospitals. A close and thorough investigation is required as to the solvency of patients in order to keep the hospitals from exhaustion of funds. Charges shall

be checked for the stronger income source of hospitals. A health loan system such as health insurance payable in advance may be adopted for more ready availabilities of health service.

5) Development of Hospital Inspection and Data Control System

Hospital inspection control system may be developed for accurate grasp of present conditions of hospital management standards, thus capacitate the collection, reference, storage and analysis of all sorts of data of the hospitals of Department of Health and advance the dependability of the activities.

6) Strength of Coordination with Private Sectors

Coordination with non-governmental hospitals and practitioners shall be made in order to avoid wastefulness in service by overlapped treatments as seen in some areas, and adequate treatments the needy, mutual use of equipment, transportation, communication and health education shall be expedited

2-2-2 Implementing Programs of Health Service

(1) Major Implementing Programs and Projects

Department of Health carried out overall reconstruction of its organizational structure in compliance with Executive Order No.119 mentioned before, and effort has been made in reviewing, planning, implementing and strengthening health service. Approach has been made to the primary health care and it has been systemized. Thus Department of Health tries to contribute to up-grading health service for the communities.

Contents of major implementing programs and Projects and their status are as follows (statistics are based on Medium-Term Philippine Development Plan 1987-1992).

1) Primary Health Care Development Program

a) Brief Description

This program is directed towards the institutionalization of the PHC concept in the life style of the population and in the health and health-related sectors through active community participation, intra/intersectoral linkages, use of indigenous technology and development of support mechanisms in order to attain self-reliance.

b) Status

A total of 37,885 Barangays have been initiated into the PHC services. There are at present around 348,732 trained Barangay health workers.

2) Control of Communicable Diseases

a) Brief Description

Communicable diseases are the leading causes of morbidity and mortality, thus, the need for this program to reduce the incidence and mortality caused by this group of diseases. Various methods are used for such purposes; (a) immunization of susceptible population against diseases with effective vaccines; (b) early case-finding and treatment; (c) intensive

surveillance activities and early referral of cases; (d) health education and promotion of disease-awareness; and (e) organized special diseases control for this group of communicable diseases.

b) Status

Intensified efforts were directed towards the conduct of various types of examinations and surveys in order to detect the incidence and/or prevalence of communicable diseases such as tuberculosis, malaria, schistosomiasis and filariasis, among others. A total of 210,686 sputum examinations, 352,302 malaria examinations, 228,277 schistosomiasis examinations, 64,196 clinical examinations for leprosy, and 45,192 blood surveys were conducted. Treatment/therapy was likewise given to those found positive of the diseases.

3) Control of Non-Communicable Diseases

a) Brief Description

Control measures are instituted against diseases like cardiovascular diseases, cancer and degenerative diseases.

b) Status

Seminars on cardiovascular control and training programs on cancer control were conducted during the year to assure proper dissemination of information and knowledge, pertinent to the control of non-communicable diseases. A total of 46,800 persons were trained on cancer control while around 41,305 patients were served under the Cancer Control Program.

4) Health Promotion and Specific Protection Programs

a) Brief Description

These programs are aimed at developing measures and interventions which will promote health and give the necessary protection against health hazards and diseases. The programs include health education; nutrition, maternal and child health; family planning; expanded program on immunization; environmental sanitation; and mental health, among others.

b) Status

Various nutrition studies were conducted during the year to examine the prevalence and proper protection schemes of different nutrition problems. The Environmental Sanitation Program was also intensified to assure 77 percent of total households of safe and adequate water.

5) Supportive Programs

a) Brief Description

These programs are aimed at providing adequate health care service and improved health infrastructure and medical facilities relevant to the population's needs. They include infrastructure programs, production of vaccines and biologicals, medical manpower development, and health service and biomedical researches, among others.

b) Status

Health infrastructure was improved and developed to meet the increasing needs of the population. There are now 1,706 hospitals spread all over the country with a total of 84,142 hospital beds. A total of 7,991 Barangay Health Stations and 1,991 Rural Health Units are now serving the health needs of the rural areas.

6) Dental Health Program

a) Brief Description

This program aims to improve and provide adequate delivery of dental care to the people by integrating preventive and curative services at all levels of dental care.

b) Status

The dental health program rendered 2.1 million oral examinations; 1.8 million fluoride therapy services; 598,322 dental prophylaxis; preventive services and other forms of dental preventive treatment numbering 1.4 million.

7) Medical Care Program

a) Brief Description

This is a compulsory health insurance program specifically designed to provide the people who pay certain amount of premium with adequate health service.

b) Status

The Medicare Program was expanded to provide its members with increased benefits at no additional costs. The pilot project of the program's second phase was launched in order to increase the program's coverage to include farmers, fishermen, drivers and other non-professional self-employed. Medicare coverage increased to 24.0 million persons in 1984.

8) Food Assistance

a) Brief Description

This is an intervention scheme which provides additional food to nutritionally deprived groups including preschool and school children, and pregnant and lactating women.

b) Status

The food assistance intervention, through its various feeding programs, served some 7.4 million individuals during the first three quarters of 1984. This includes 1.2 million preschoolers, 4.7 million school children, and 1.4 million other beneficiaries, including infants and pregnant and lactating women.

9) Selective Home Food Production

a) Brief Description

This intervention scheme extends food production assistance to families with malnourished children in identified nutritionally needy areas.

b) Status

A total of 12,503 families have so far been reached by this intervention program, assisting them in food production activities. Some 13.7 million kilograms of varied food stuffs

(fruits and vegetables, poultry and livestock, fish and fish products, and others) have been produced.

10) Nutrition Information and Education

a) Brief Description

This is another nutrition intervention scheme which uses the direct or personal and indirect approach in improving the knowledge, attitudes, and practices of family members on food values, effects of malnutrition, breastfeeding, and other important information.

b) Status

A total of 753,207 individuals (mothers, children, and others) were reached through the different nutrition programs which include nutrition classes for mothers, nutritive activities, print materials, and radio broadcasts.

11) Self-Employment Assistance

a) Brief Description

Self-employment loans are extended to families with severely and moderately underweight preschool children through the Scheme of the Ministry of Social Services and Development.

b) Status

Some 101,912 families were given financial assistance or loans to be used in income-generating projects.

12) Malnutrition Prevention Project

a) Brief Description

This program emphasizes community and home-based approaches for the delivery of nutrition services by giving nutrition education to mothers on the proper feeding of infants with emphasis on breastfeeding, early supplemental feeding and weighing of 0-36 month old children.

b) Status

In the 0-18 month old group, a total of 32,452 malnourished children out of the targeted 50,455 children graduated from the

program in 1984. From the 19-36 month old bracket, meanwhile, the targeted 14,204 children was surpassed as 23,319 children benefited from the program in 1984.

13) Others

In addition to the above-mentioned projects, the Department of Health established health policies, for the purpose of (a) setting of effective rules for medical product, (b) procurement, production and distribution of medical products, and (c) propagation of accurate knowledge of medical products for patients and medical staffs, and (d) promotion of investments for the self-supply of medical products, so that more products may be procured, quality of foods and medical product inspectors may be improved, and sales regulations at shops may be improved. In 1988, new goals were set, for instance, anti-AIDS campaign and plans for acute respirational and mental hygienic diseases, and efforts were made for each of these aims.

(2) Actual Condition of Health Project for Infectious Diseases

Under the aforementioned plans, specific projects as follows are presently in practice for anti-infectious campaign.

1) TB control project

As a result of the national anti-TB campaign, 1,020,000 people were found out as having TB symptoms, firstly by the use of spectrometer, and secondly by means of X-ray check on the chest. 72,150 people, namely, 7.1% of the total were decided positive. The number of people presently receiving treatment under this project is about 136,000. This figure means 6.6 persons against 1,000 of the population. The number of patients receiving treatment only reached one-third of the actual number of patients. Expansion of this project is imperative for the TB control, and for its effective operation, supply of proper TB drugs and test equipment, training of staffs, and large availability of anti-TB campaign are truly essential.

2) Anti-Schistosomiasis Project

Under the anti-schistosomiasis project, 689,918 people were examined, and 44,925 (6.6%) of these were found positive. 39,121, 86.7% of the positive patients received treatment. No conspicuous accomplishment seemed having been made in the past five years, a large-scale project must be formed through a foreign aid for the improvement of this campaign.

3) Malaria Control Project

270,789 households were given insecticide under this project (80% more than in 1986), 951,051 people were examined (53% more than in 1986), 882,344 received preventive treatment, and 157,701 had cure treatment. Nearly, 10 million people are exposed for suffering danger. Larger budget and expansion of the movement for anti-malaria must promptly be put in practice for effective control.

4) Immunity Project

1,074,760 infants were designated for six kinds of protective inoculation under this project. This number was estimated 63% of all the children of the age, and it was 3% higher than the goal in 1987, namely 60%. The goal for the complete protective inoculation by 1992 is set. Training of staffs and supply of medical products are imperative for the successful practice of complete protective inoculation.

5) Anti-diarrhea Project

536,271 children with loose bowels condition received treatment under this anti-diarrhea project. However, the number of infants hospitalized because of serious dehydration was not counted yet. The above-figure indicates incomplete control of diarrhea, and immaturity of the project.

Only 71.2% of the total number of families are provided with safe drinking water. In view of this fact, it is evidently assumed that far larger number of people may be suffered from diarrhea than the patients receiving treatment.

2-3 Foreign Assistance to the Health Sector

Amount of the Japanese Government's Grant Aid in the fiscal year 1987 was Yen 10,861 million (about US\$8,551 million) which occupies slightly over 30% of the amount of health budget of the Government of the Philippines in the same year. Foreign assistances to the health sector as of 1987 are shown in the Table II-11, which indicates that the assistance from the Japanese Government is in the second place next to the United States of America.

Table II-11

Status Report on the Foreign Assisted Projects
in the Health Sector of the Philippines

Unit: \$ million

Governments/ Agencies	Project	Amount Assisted		Year to be Implemented
		Grant Aid	Loan	
Japanese Government	The Establishment Project for the Research Institute for Tropical Medicine.	11.6	—	1979
	Regional Hospital Equipment Upgrading Project.	5.3	—	1984
	Upgrading Medical Equipment of the National Cancer Center	3.9	—	1984
	Maternal and Child Health and Family Planning.	4.0	—	1985
	The Establishment Project for Food and Drugs Laboratories.	10.0	—	1986
U. S. Government	1. Primary Health Care Project	16.5	1.03	1983 — 88
	2. Population Control Project	29.8	26.90	1980 — 86
Asian Development Bank	Schistosome Control Project	—	1.82	1979 — 84
UNICEF	Second Country Project for children	10.0	—	1983 — 87
WHO	Country Project	4.8	—	1984 — 87
Canadian Government	Vaccination Project	5	—	1986 — 88

Source: Department of Health, 1987.

In addition to the above, Table II-12 below shows main projects subjected to foreign assistance proposed to be implemented in the future in the health sector of the Philippines.

Table II-12

Proposed Projects Subjected to Foreign Assistance in Health Sector

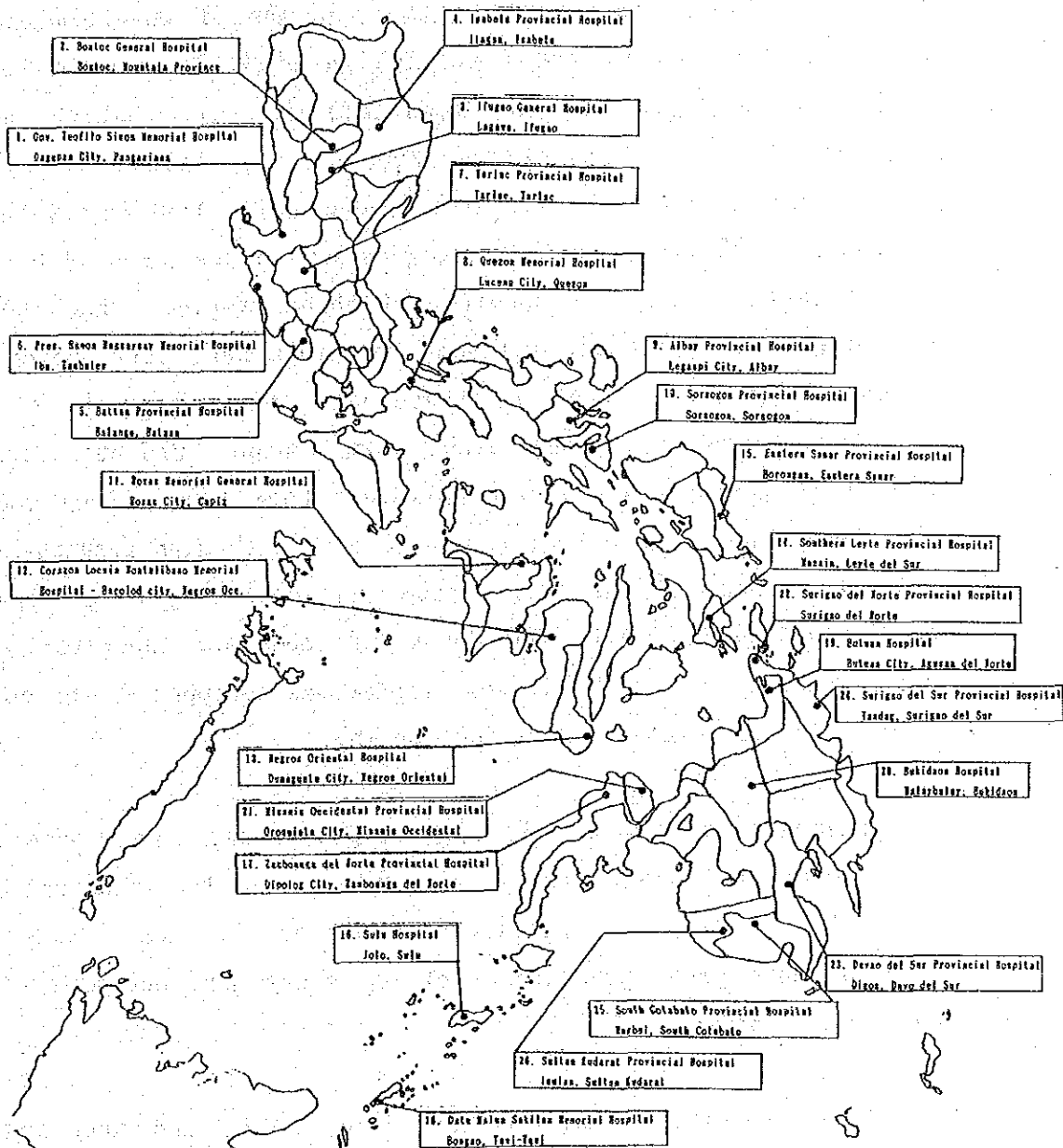
Governments/ Agencies	Projects	Year	Amount (\$ million)
World Bank	Population, Health and Nutrition Project	1988~ 1992	40~50.0
U S A I D	Child Survival Project	1987~ 1993	25.0
Italy	Tuberculosis Control Program.	Unfixed	10.0
	Medical Assistance Plan for the Upgrading of the Rural Hospitals.	"	4.0
	Health Planning Assistance to the NCR Pilot Project in Tondo.	"	1.0
German Agency for Technical Cooperation	Philippine Health Information System Development	1988~ 1993	0.653
	Health Care Equipment Maintenance	Unfixed	Undecided
Others	Repair/Rehabilitation of Government Hospitals	Being Planned	Package I 35,164 Package II 81,395 Package III 107,718
	Construction, Repair of Main Centers and Barangay Health Centers	"	45,296
	Pharmaceutical Project	Master Plan is being worked out	20.0

Source: Department of Health, 1988

2-4 Outline of Subjected Facilities of the Project

2-4-1 Location of Subjected Facilities of the Project

Location of 26 Subjected Hospitals of the Project is shown on the map below:



2-4-2 Situation of Subjected Facilities of the Project

(1) Buildings

Present situation of the various facilities of 26 subjected hospitals of the Project is shown in Table II-13 A~C. Since these hospitals are located in the capital cities of respective Provinces, transportation facilities are improved, access roads are kept in good conditions and there is no problem at all in delivering equipment to the hospitals. With regard to the position of the building of 6 hospitals surveyed by the Basic Design Study Team, main hospital buildings and supporting buildings were well arranged in the vast site except the case of Quirino Memorial Hospital in Manila City. Generally speaking, they are reinforced concrete buildings with walls of concrete blocks. Most of them are one or two storied buildings except Tarlac Provincial hospital of three stories. Each hospital has often been extended, and some hospitals were still being under extension works. Therefore, there were some hospitals of which structure seemed to be considerably complicated. Old buildings have high ceiling rooms while new buildings have low ceiling rooms of which environment seemed to be not so good with high temperature and humidity. Most of the office rooms and operating rooms were air-conditioned while nearly all the X-Ray rooms and laboratories were not air-conditioned. No air-conditioner was equipped in the hospital wards, some of which had fans for cooling.

Standard power supply is 220V single phase, some Provinces are under unstable power supply situation with the fluctuation of 180~250V and average frequency of power cut is once a week. Some hospital have power generators for emergency use, but many of them were out of order.

Those hospitals surveyed are using L.P.G. and city and well water together. Judging from the data collected, all the remaining 20 hospitals also seem to be the same.

(2) Functions

The provincial hospitals being subjected to the Project are medical facilities of kernel nature with 50 to 250 beds which render health services free of charge mainly for poor people. (About 10% of the whole patients are being charged by those hospitals.) Each hospital has internal department, surgical department, pediatrics, radiology department, obstetrics and gynecology and department for emergency out-patients (some hospitals have also dental surgery, ophthalmology department and otolaryngology) with operating rooms, X-Ray rooms, delivery rooms and nursery attached to these departments. Detailed functions of each hospital on the basis of field surveys and questionnaires collected are shown in the Table II-14.

Table II -13A

Present Situation of Subjected Hospital

No.	Region	Name of Hospital	Location	Building			Width of Access Road	Water Supply	Power Supply	Air-Conditioner	
				Age (year)	Structure	Story					Area (m ²)
1	I	Gov. Tefilo Sison Memorial Hospital	Dagupan City, Pangasinan	65	Concrete Block	2	9,574	4.5m	Well water	T.:240V 50KVA G.:140KVA	Operating room Delivery room Doctors' room Others
2	I	Bontoc General Hospital	Bontoc, Mountain Province	80	Concrete Brick	2	1,682	-	City water	T.:240V G.:66KVA	No
3	II	Ifugao General Hospital	Lagawe, Ifugao	1	Concrete	2	2,127	4.0	Well & city water	T.:240V 75KVA G.:18KVA	Office room only
4	II	Isabela Provincial Hospital	Ilagan, Isabela	41-42	Concrete Block	1	2,631	6.0	Well & city water	T.:220V 15KVA G.:15KVA	President's room & office room only
5	III	Bataan Provincial Hospital	Balanga, Bataan	47	Concrete	1	1,500	6.0	Deep well water	T.:220V 100KVA G.:50KVA	Operating room Delivery room Nurse center Laboratory & office room
6	III	Pres. Ramon Magsaysay Memorial Hospital	Iba, Zambales	47	Concrete	2	15,330	4.0	Well & city water	T.:220V 25KVA G.:25KVA	Operating room only
7	III	Tarlac Provincial Hospital	Tarlac, Tarlac	26	Concrete	1-3	9,932	6.0	City & deep well water	T.:240V G.:140KVA	Operating room Delivery room Laboratory, Office room & others
8	IV	Quezon Memorial Hospital	Lucena City, Quezon	40	Concrete	1	5,842	10.0	City water	T.:220V 100KVA G.:45KVA	Operating room only
9	V	Albay Provincial Hospital	Legaspi City, Albay	-	Concrete	2	5,432	12.0	City and deep well water	T.:220V 25KVA G.:--	Operating room Delivery room Office room
10	V	Sorsogon Provincial Hospital	Sorsogon, Sorsogon	6	Concrete	1	2,200	4.0	City and well water	T.:-- G.:27KVA	Office room only

Table II -13B

No.	Region	Name of Hospital	Location	Building			Width of Access Road	Water Supply	Power Supply	Air-Conditioner	
				Age (Year)	Structure	Story					Area (m ²)
11	VI	Roxas Memorial General Hospital	Roxas City, Capiz	37	Concrete Block	1	-	10.0	City and well water	T.:220V 25KVA G.:25KVA	Operating room Delivery room
12	VI	Corazon Locsin Montelibano Memorial Hospital	Bacolod	62	Concrete	2	2,031	10.0	City water	T.: - G.:40KVA	Operating room Delivery room Nurse Center Doctors' room
13	VII	Negros Oriental Hospital	Dumaguete City, Negros Oriental	36	Concrete	2	5,324	6.0	Deep well water	T.:230V 50KVA G.:30KVA	Operating room Consulting room
14	VIII	Southern Leyte Provincial Hospital	Maasin Leyte del Sur	20	Concrete	2	3,149	6.0	Well water	T.:220V 15KVA G.:37.5KVA	Operating room Doctors' room Guest room
15	VIII	Eastern Samar Provincial Hospital	Borongan, Eastern Samar	15	Concrete	1	2,440	6.0	Deep well water	T.:220V 30KVA G.: -	Operating room only
16	IX	Sulu Hospital	Jolo, Sulu	1	Concrete	2	10,646	6.0	City & deep well water	T.: - G.: -	Operating room only
17	IX	Zamboanga del Norte Provincial Hospital	Dipolog City, Zamboanga del Norte	15	Concrete	2	1,485	6.0	City water	T.: - G.: -	Operating room only
18	IX	Datu Halun Sakilan Memorial Hospital	Bongao, Tawi Tawi	10	Concrete	1	1,562	-	-	T.: - G.: -	No air-conditioner
19	X	Butuan Hospital	Butuan City, Agusan del Norte	12	Concrete	2	3,115	6.0	City water & well water	T.:220V 60KVA G.:25KVA	Operating room Doctors' room Office room
20	X	Bukidnon Hospital	Malaybalay, Bukidnon	16	Concrete	2	1,809	-	City water	T.: - G.:50KVA	Operating room only
21	X	Misamis Occidental Provincial Hospital	Oroquieta City, Misamis Occidental	20	Concrete	1	2,905	5.0	City & deep well water	T.:220V 50KVA G.: -	Operating room only

Table II -13C

No.	Region	Name of Hospital	Location	Building			Width of Access Road	Water Supply	Power Supply	Air-Conditioner	
				Age (year)	Structure	Story					Area (m ²)
22	X	Surigao del Norte Provincial Hospital	Surigao del Sur	2	Concrete	2	3,577	4.0	City water	T.:220V 50KVA G.:—	Operating room only
23	XI	Davao del Sur Provincial Hospital	Digos, Davao del Sur	13	Concrete	1	2,295	4.0	City & deep well water	T.:— G.:24KVA	No air-conditioner
24	XI	Surigao del Sur Provincial Hospital	Tandag, Surigao del Sur	17	Concrete	2	1,732	7.5	Shallow well water	T.:— G.:—	Operating room only
25	XI	South Cotabato Provincial Hospital	Marbel, South Cotabato	—	Concrete	2	2,856	4.0	Deep well water	T.:226V 36KVA G.:55KVA	Operating room Office room
26	XII	Sultan Kudarat Provincial Hospital	Isulan, Sultan Kudarat	15	Concrete	3	1,287	—	—	T.:— G.:—	Operating room Office room

Note

- (1) T: Transformer, G: Generator
(2) -: No figure was available

Functions of the Subjected Hospital

Table II -14

No.	Name of Hospital	Location	Number of				No. of Beneficiaries	No. of Out-patients	No. of In-patients	Total Expenditure
			Bed	Doctor	Nurse	Others				
1	Gov. Tefilo Sison Memorial Hospital	Dagupan City, Pangasinan	200	47	57	85	1,636,057	69,640	—	6,141,524.00
2	Bontoc General Hospital	Bontoc, Mountain Province	100	28	58	18	111,460	27,913	5,861	6,068,424.98
3	Ifugao General Hospital	Lagawe, Ifugao	75	25	44	44	128,943	24,033	3,999	5,312,681.00
4	Isabela Provincial Hospital	Iligan, Isabela	100	98	151	310	1,009,736	73,009	20,704	10,024,877.00
5	Bataan Provincial Hospital	Balanga, Bataan	200	27	364	221	410,772	34,561	—	12,677,319.00
6	Pres. Ramon Magsaysay Memorial Hospital	Iba, Zambales	150	34	36	75	336,027	32,342	5,797	6,994,998.00
7	Tarlac Provincial Hospital	Tarlac, Tarlac	200	49	87	118	563,460	32,100	15,506	15,673,840.00
8	Quezon Memorial Hospital	Lucena City, Quezon	200	56	70	—	1,129,460	—	—	—
9	Albay Provincial Hospital	Legaspi City, Albay	150	33	69	86	1,851,312	54,750	11,474	13,947,102.86
10	Sorsogon Provincial Hospital	Sorsogon, Sorsogon	100	20	155	335	580,368	—	—	10,171,022.00
11	Roxas Memorial General Hospital	Roxas City, Capiz	75	16	20	65	492,231	75,347	—	—
12	Corazon Locsin Montelibano Memorial Hospital	Bacolod	100	53	146	144	1,930,301	69,640	13,510	30,674,000.00
13	Negros Oriental Hospital	Dumaguete City, Negros Oriental	250	39	72	132	937,369	70,000	11,964	—
14	Southern Leyte Provincial Hospital	Maasin Leyte del Sur	100	13	17	95	226,379	55,629	5,252	—
15	Eastern Samar Provincial Hospital	Borongan, Eastern Samar	100	7	24	—	320,637	29,000	4,975	—
16	Sulu Hospital	Jolo, Sulu	100	24	39	52	403,556	14,646	6,443	9,964,000.00
17	Zamboanga del Norte Provincial Hospital	Dipolog City, Zamboanga del Norte	100	35	80	219	669,484	35,839	5,959	11,832,621.25
18	Datu Halun Sakilan Memorial Hospital	Bongao, Tawi Tawi	50	14	29	171	190,204	13,852	1,341	5,315,118.30
19	Butuan Hospital	Butuan City, Agusan del Norte	150	27	36	97	921,173	53,322	6,343	9,448,717.88
20	Bukidnon Hospital	Malaybalay, Bukidnon	100	15	198	355	778,999	27,158	6,172	14,126,917.50
21	Misamis Occidental Provincial Hospital	Oroquieta City, Misamis Occidental	100	18	45	38	466,851	26,424	6,605	9,849,672.00
22	Surigao del Norte Provincial Hospital	Surigao del Sur	150	20	119	64	762,869	13,616	7,310	8,327,570.00
23	Davao del Sur Provincial Hospital	Digos, Davao del Sur	100	15	24	—	1,133,599	39,751	8,690	5,081,000.00
24	Surigao del Sur Provincial Hospital	Tandag, Surigao del Sur	100	13	11	30	377,647	44,150	4,692	10,614,000.00
25	South Cotabato Provincial Hospital	Marbel, South Cotabato	100	15	23	200	564,599	22,996	6,164	—
26	Sultan Kudarat Provincial Hospital	Isulan, Sultan Kudarat	50	7	11	5	303,784	22,887	4,665	8,352,000.00

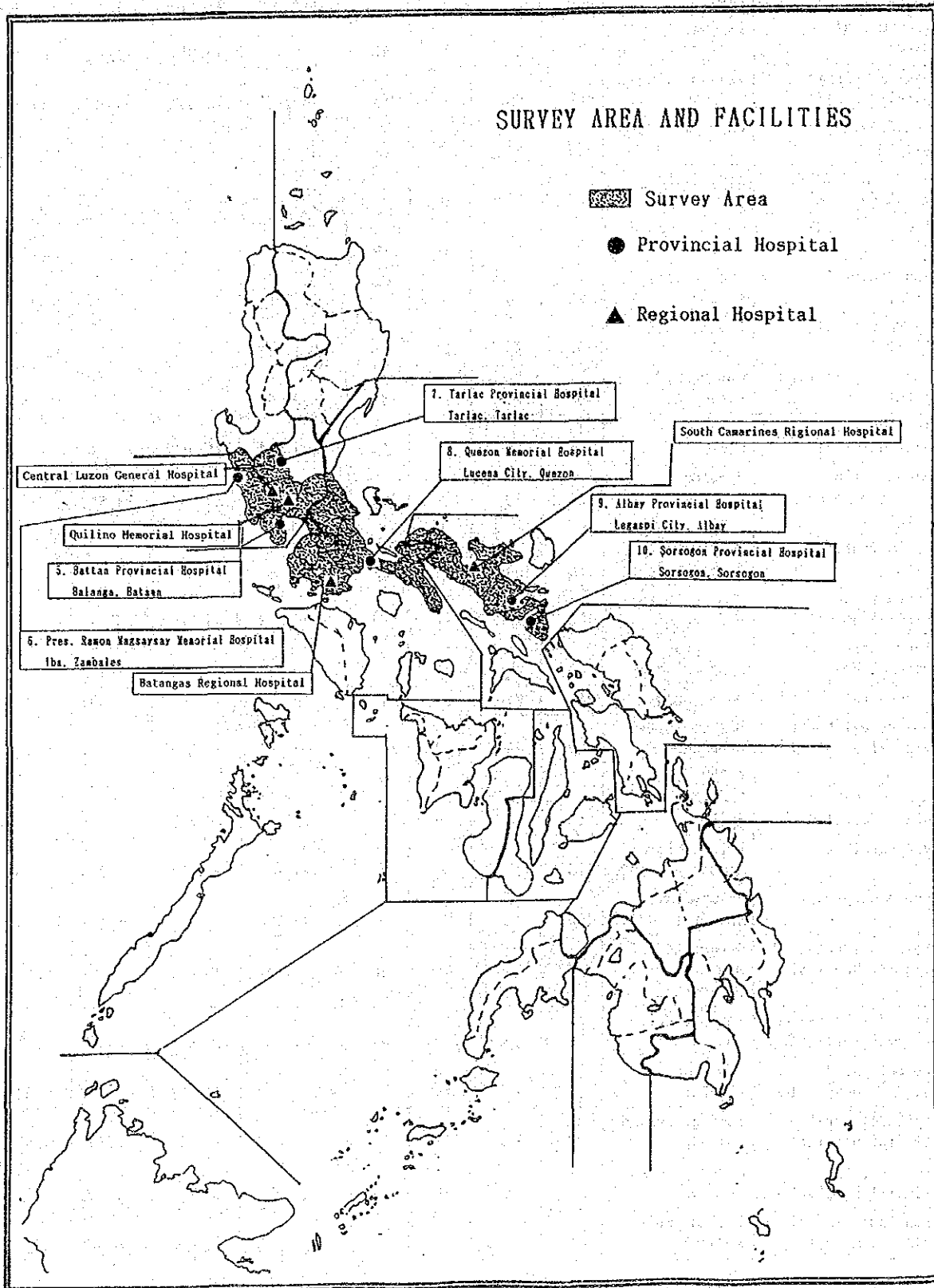
Note

—: No figure was available.

(3) Situation of the Facilities Surveyed

1) Location

Location of the subjected facilities and areas surveyed are shown in the map below.



2) Outline of the Subjected Facilities Surveyed

Environment, operational situation, location maps, and floor plans of rooms for installation of the equipment of respective six (6) subjected hospitals are outlined as follows:

a) Bataan Provincial Hospital, Balanga, Bataan Province.

Location: Balanga City, Bataan Province 50Km South West of Sanfernando City, 75Km North of Manila.

Building: Main building was constructed by the Japanese Army during the period of W.W. II. There have been several extension works since then. The ceiling of the main building is very high, while the ceiling of the extended building is low. The main building is badly ventilated because no air-conditioner is equipped. In the other building there are several air-conditioners, most of which are not operating because of old age.

Operations: Although substantial portion of equipment are in bad condition, it manages to render health services utilizing some substitutes. For instance, a refrigerator for home use is being utilized for keeping blood and also a fluorescent lamp for home use is being utilized in place of minor therapy equipment.

Radiology Department:

One 100mA X-Ray unit made by General Electric Co. does not work satisfactorily because of its old age of more than 25 years. Another 100mA unit, made by Siemens, provided by WHO is operating now.

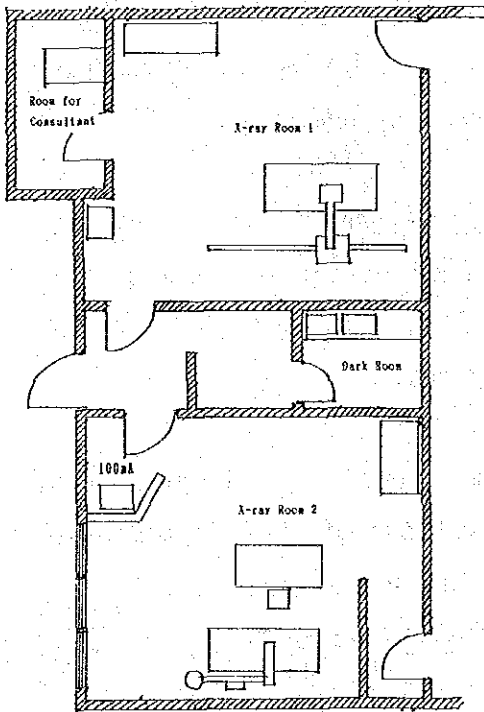
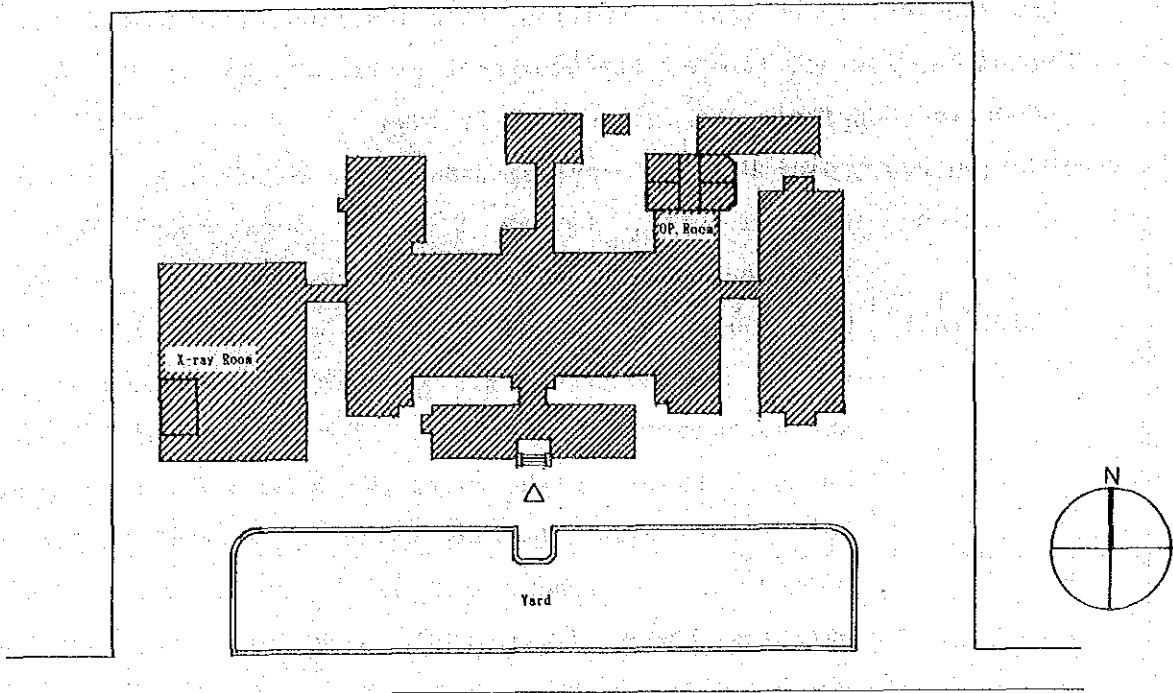
Operating Room:

There are three operating rooms with lamps, beds, suction and anesthetic apparatuses of 10~20 years old, that are not operating satisfactorily.

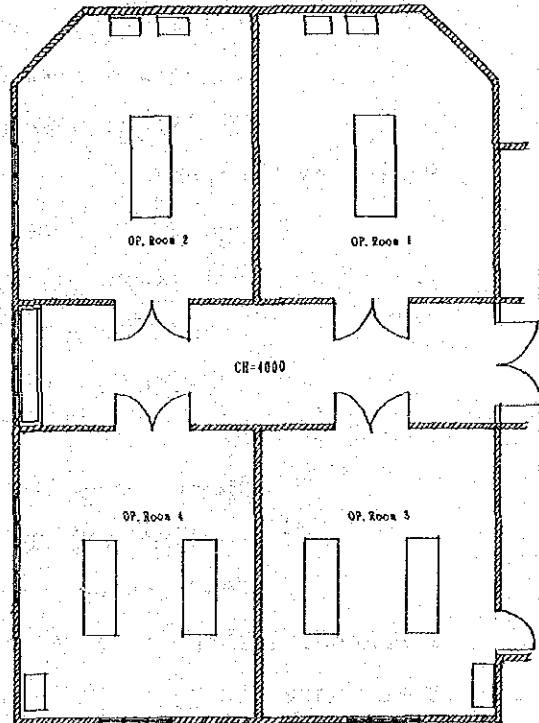
ICU Room: There is only one room without any equipment.

Power Generator:

One power generator with the capacity of 100KVA is out of order. However, no repair work can be done due to non-availability of parts for such an old type machine.

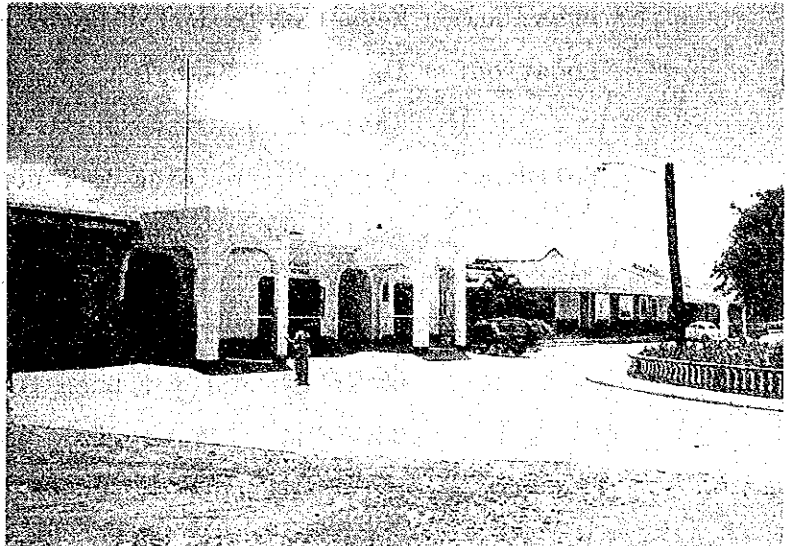


X-Ray Room

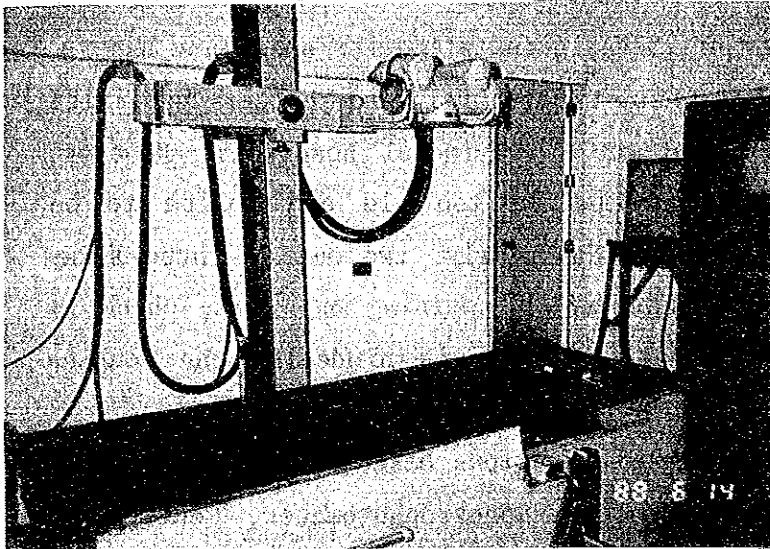


Operating Room

5. Battan Provincial Hospital



Outward



X-Ray Room



Operating Room

b) Pres. Ramon Magsaysay Memorial Hospital, Iba, Zambales Province

Location: Iba City, Zambales Province about 100Km North West of Sanfernando City, North of Manila.

Buildings: Original building was constructed during the period of World War II, which has often been extended afterwards. Dentistry and X-Ray rooms have just been modified. There is a large room modified for the purpose of ICU, which has not yet been fully prepared for usage.

Building itself is designed commodiously, but no airconditioner is equipped except Chief's room. Water from Iba City and well being used. Power generator with the capacity of 25KVA is installed for emergency use.

Operations: This hospital has substantial and better qualified medical equipment as a provincial hospital. However, many of them have become too old and infirm to be operated properly. Especially, two out of three X-Ray units are out of order. Remaining one unit, which is more than 20 years of age, is hindering the routine services of the hospital.

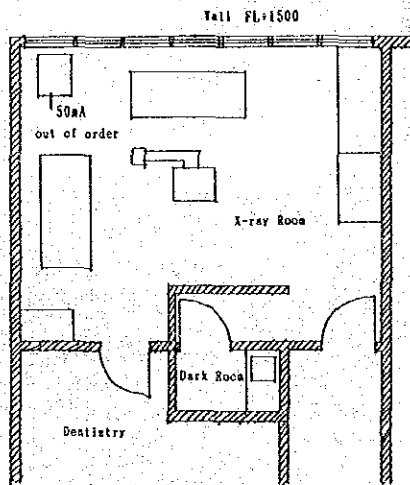
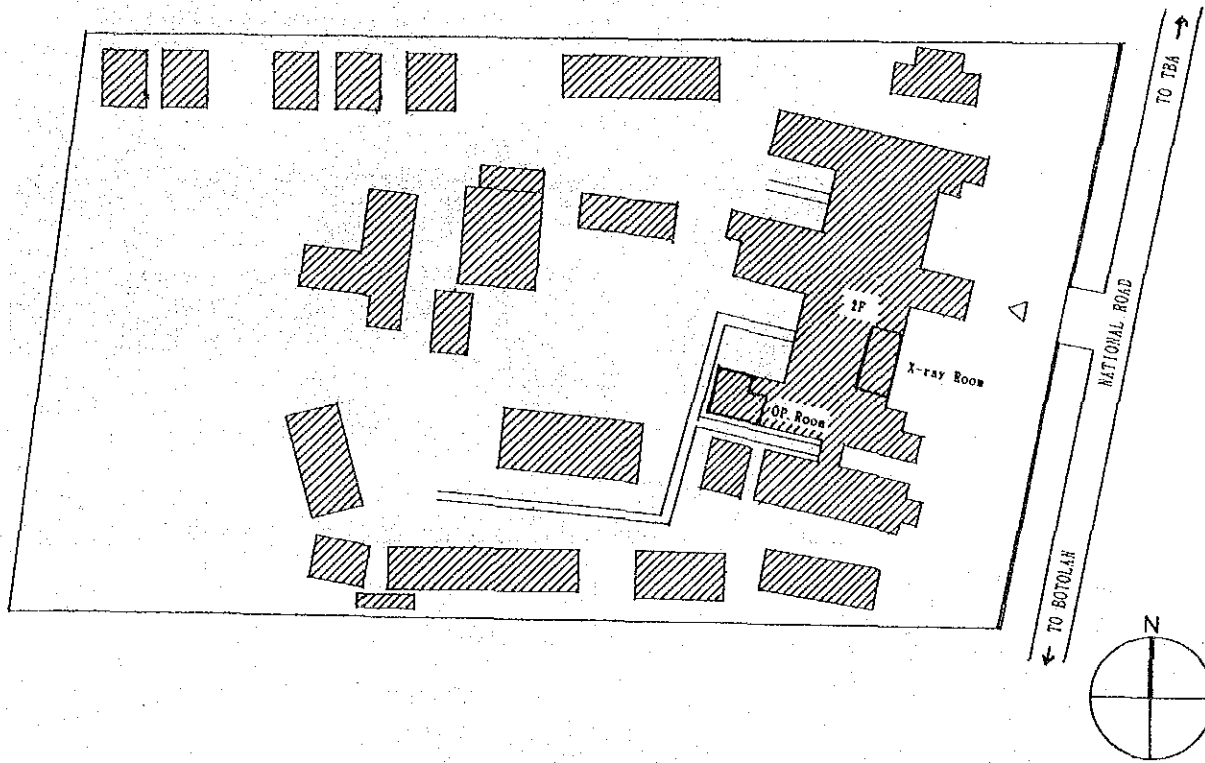
Laboratory: It is undertaking examinations based on blood chemistry with such equipment as Spectrophotometer, Centrifuge, Water Bath and Microscopes, most of which are infirm with age.

Operating Room:

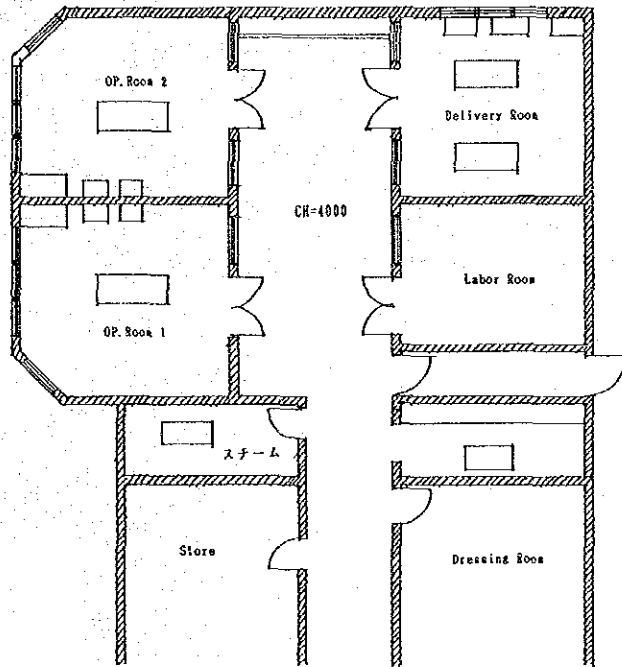
There are two operating rooms, equipment of which is infirm with age for sufficient functioning.

OB Room: With old operating bed and lamp, five to ten patients are being treated in a day.

ICU Room: There is a room with five beds, but no equipment is installed.

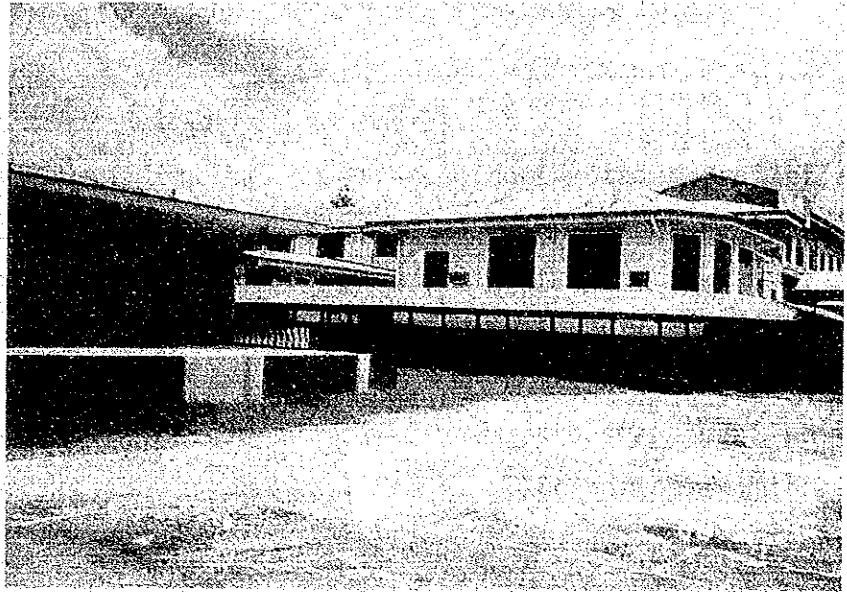


X-Ray Room

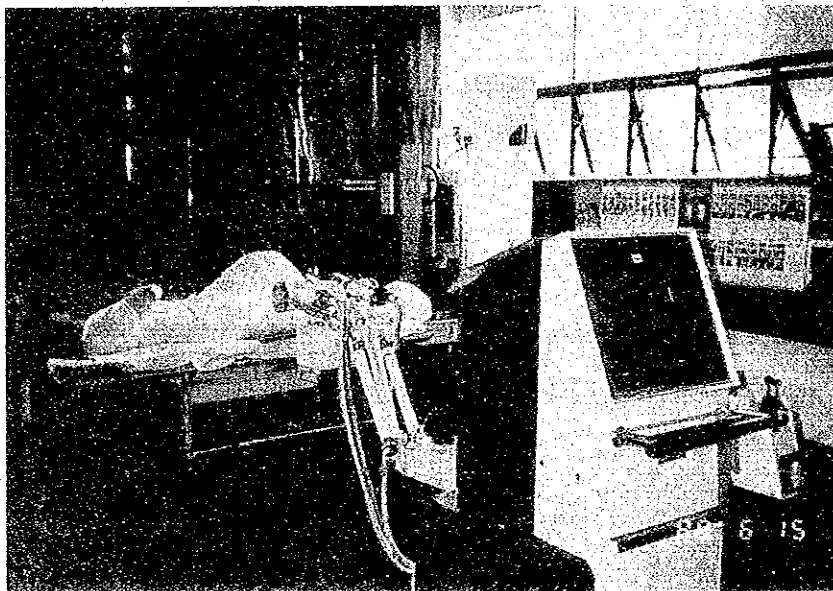


Operating Room

6. Pres. Ramon Magsaysay Memorial Hospital



Outward



X-Ray Room



Operating Room

c) Tarlac Provincial Hospital, Tarlac, Tarlac Province.

Location: It is in Tarlac City about 120Km North of Manila. It is located in a place about 1Km off the main street of the City.

Building: It was constructed as a hospital with 100 beds in 1962. Building was extended later to have 200 beds. It was repainted and provided more equipment this year, it looks, therefore, like a new facility. Next to the one story main building there is a two-storied building which is connected with a building of three stories. These three buildings include reception, office room and dental department in the main building, general treatment room at the first floor and doctors' room at the second floor of the two storied building, and delivery room at the first floor, operating room at the second floor and a ward at the third floor thereof, respectively. Air-conditioners seemed to be better equipped than the other hospitals, but there were still some which were not working. City and deep-well water is used and a power generator with the capacity of 140KVA was installed.

Operations: It was started with 30 beds in 1924 and re-organized as the Provincial Hospital in 1956. It is a middle class hospital with departments of internal, surgical pediatrics, obstetrics and gynecology, and radiology and each department is providing effective services. Existing equipment, however, is very old. There is only one 100mA X-Ray unit procured about 30 years ago. It can be said, therefore, that this hospital is considerably in poorer situation than the other hospitals of this class. Furthermore, although the power generator for emergency use is out of order, it can not be repaired because of non-availability of parts of this old type machine. In case of power suspension during the operation, doctors have to continue operation using flash lamp.

Radiology Department:

One 100mA X-Ray unit procured about 20 years ago often gets out of order.

Operating Bed:

One out of two beds for general surgical use is out of order.

Operating Lamp:

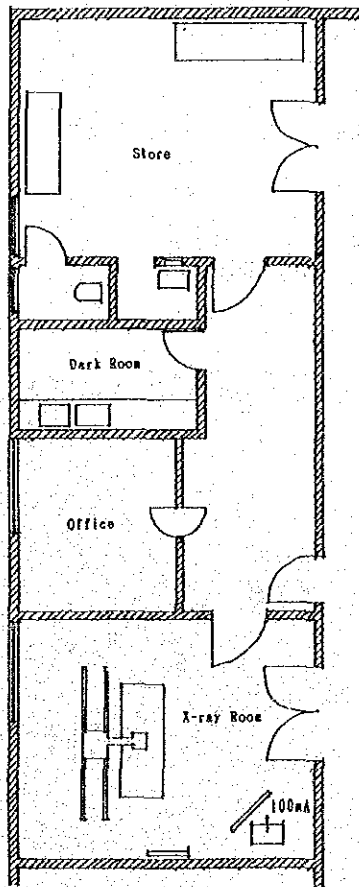
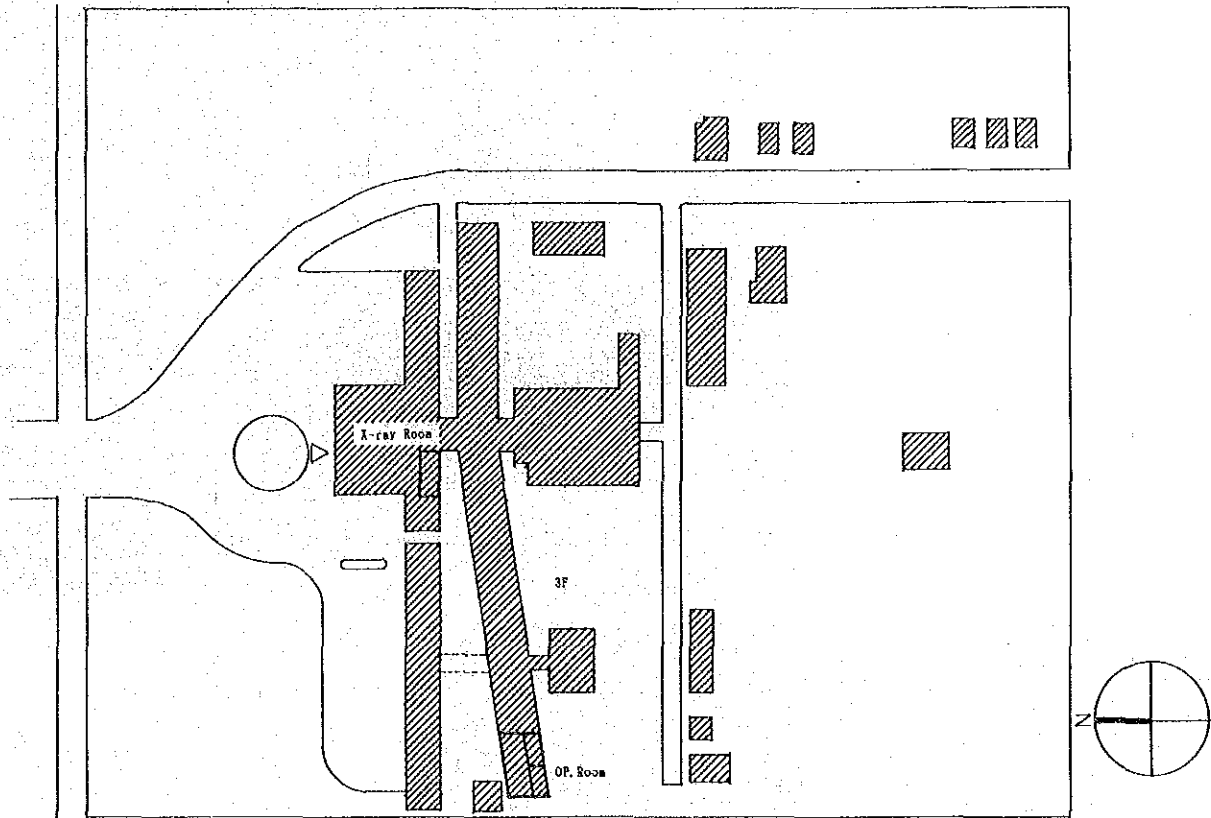
One for general surgical use is in good condition. There is no operating lamp for OB room.

Electronical Knife:

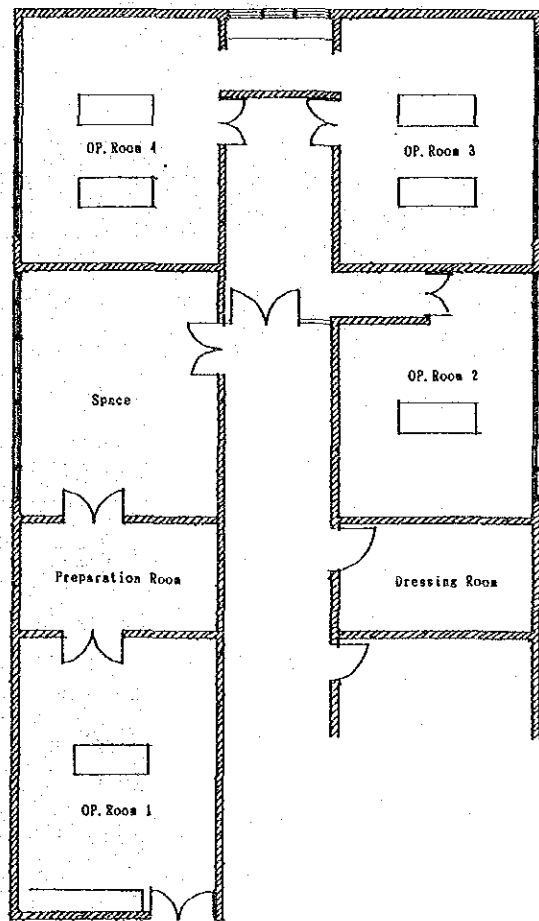
Only one existing knife procured more than 15 years ago is out of order.

Suction:

Two out of three portable type are out of order.

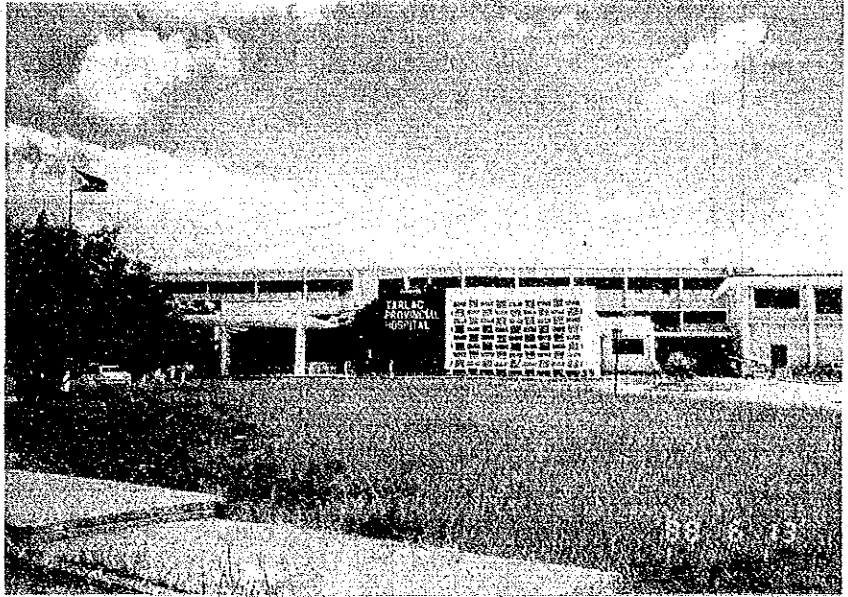


X-Ray Room

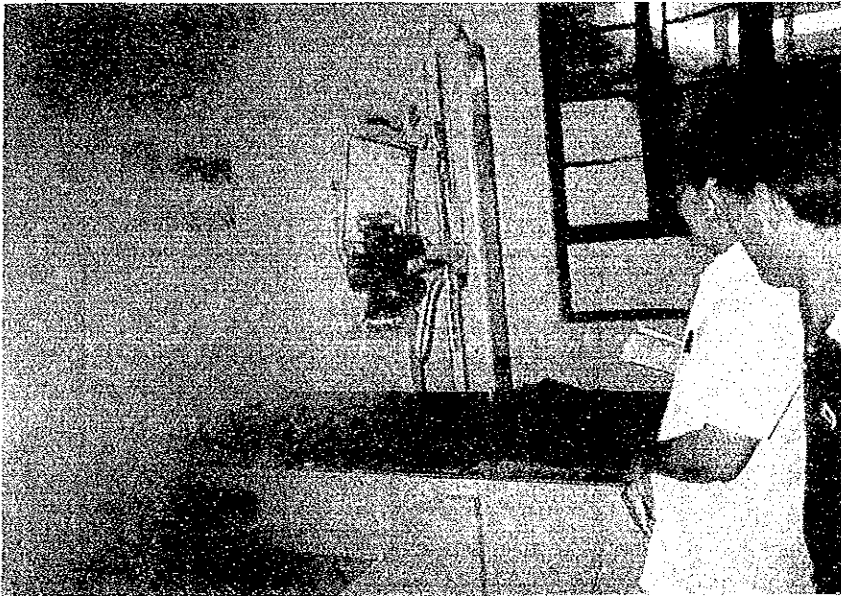


Operating Room

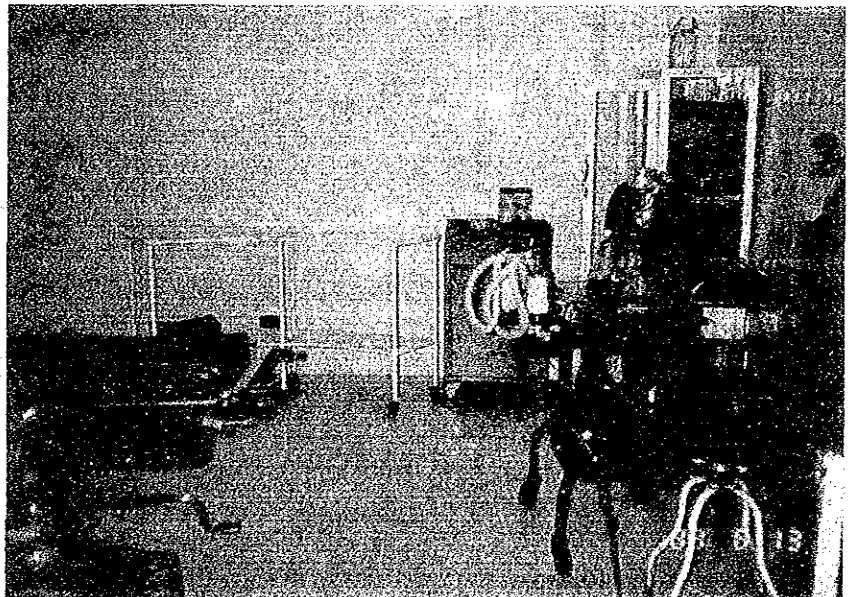
7. Tarlac Provincial Hospital



Outward



X-Ray Room



Operating Room

d) Quezon Memorial Hospital, Lucena, Quezon Province.

Location: It is located in Lucena City. It can be reached about 2 hours and a half drive toward South East from Manila.

Building: Main building of one story in the vast area is surrounded by the dormitory in North side, X-Ray room and Laboratory in South. Laundry, school and living-quarters of doctors and nurses are in an outbuilding. Although the main building with high ceiling is durably constructed, it is aged and badly infirmed. A small X-Ray room was planned to be extended. One out of three airconditioners equipped only in operating room was out of order. City water is being used and the power generator with the capacity of 45KV was equipped.

Operations: In addition to departments of internal, pediatrics, surgical, obstetric and ophthalmology, there are ward for communicable diseases and laboratories for pathology and malaria. As for existing medical equipment, however, they are insufficient in terms of both quality and quantity, and most of them have been badly deteriorated to be entirely unable for operation or going to be deteriorated. For instance, a part of operating beds belonged to emergency out-patient department are not usable because of insufficient mechanical functioning. Furthermore, microscopes belonged to the laboratory for malaria test are being managed to use with the help of artificial lighting. (electric bulb in the wooden box) On the other hand, however, there are such new equipment as X-Ray units and dental treatment unit etc. Presently, operating rooms for the departments of obstetric and orthopadic surgery are being constructed.

Radiology Department:

There is a X-Ray unit of 100mA 125KVA, it is not useful because of its insufficient capacity.

Operating Beds:

Two operating beds of 20~30 years of age in out-patients department are not practically workable because of their incapability of angle-change function. There are another two beds for emergency case and general surgery, respectively.

Operating Lamp:

There are two operating lamps for general surgery which are insufficiently lighted because of old type.

Anesthesia Machine:

One out of three machines made in Japan is out of order.

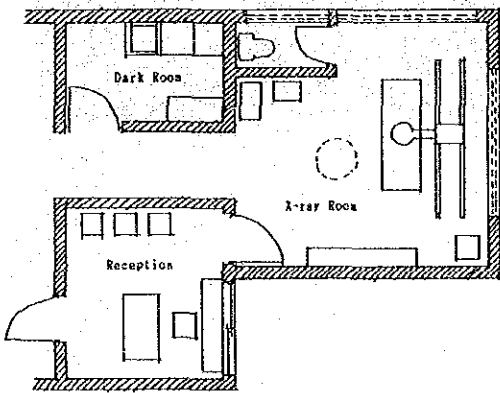
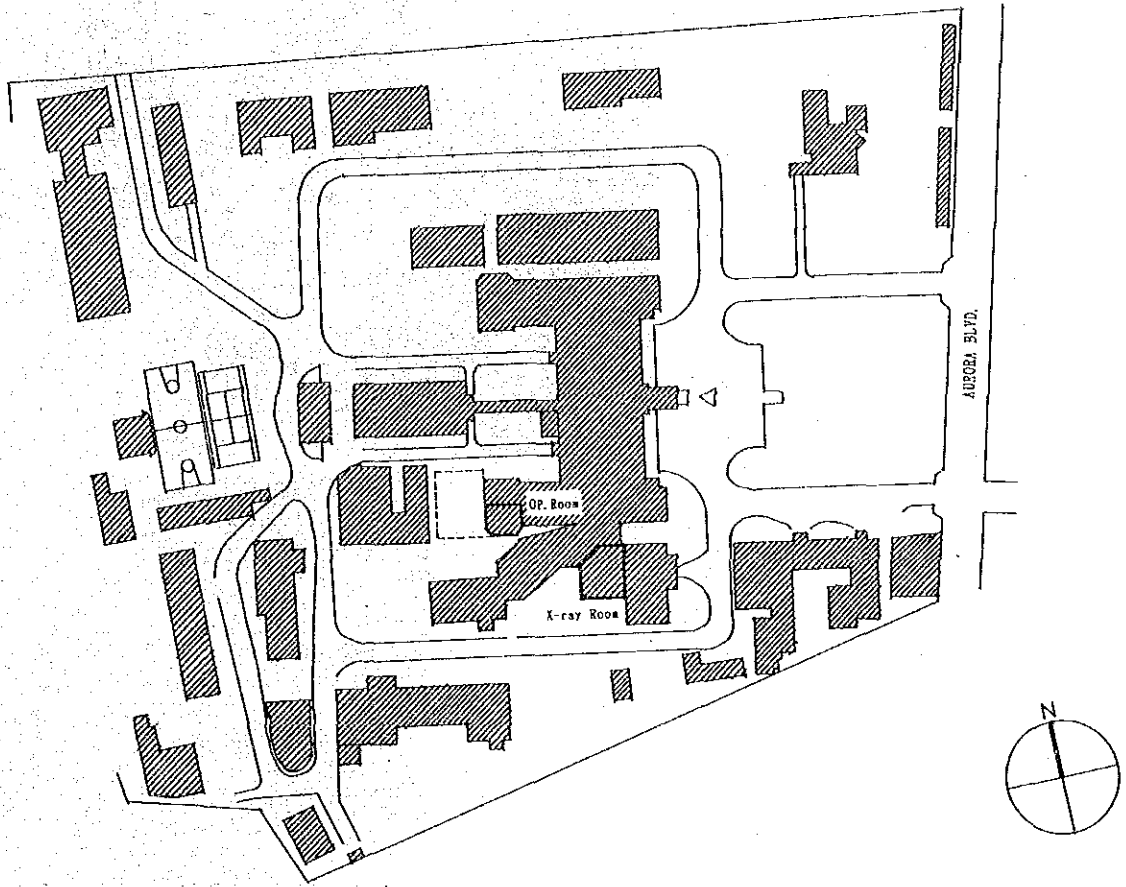
Cardio-resuscitator:

There is only one cardio-resuscitator. Provision of additional machine(s) is desired.

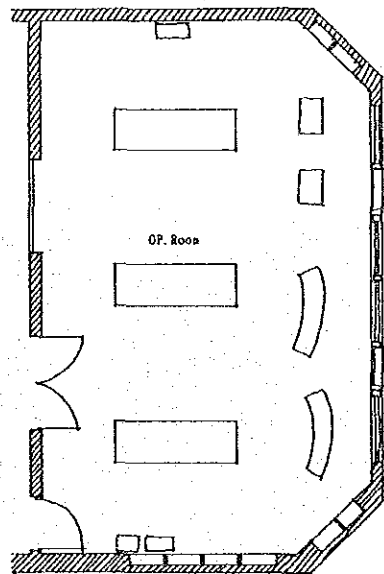
Incubator: One out of two simple-typed incubators is being out of order.

Spectrophotometer:

One spectrophotometer made in U.S.A. is operating well.



X-Ray Room

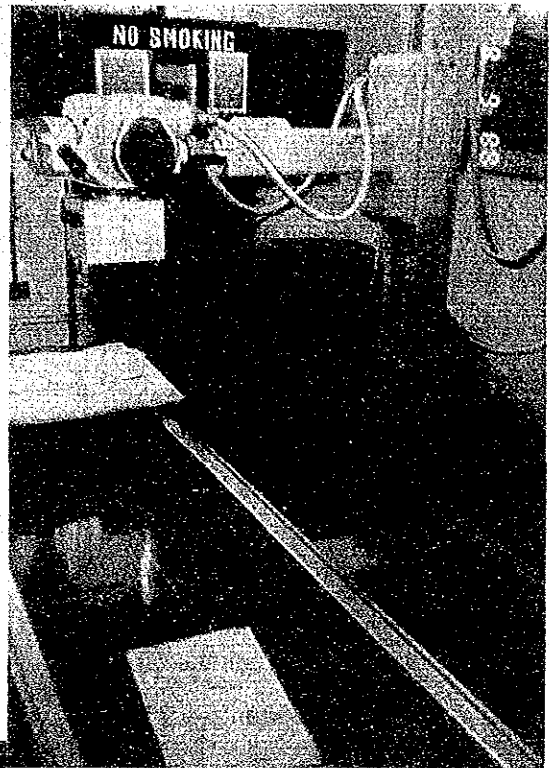


Operating Room

8. Quezon Memorial Hospital

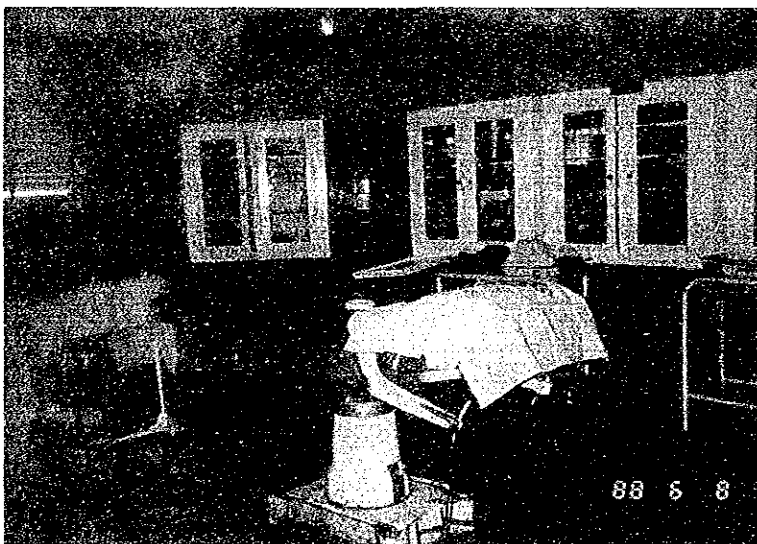


Outward



X-Ray Room

Operating Room



e) Albay Provincial Hospital, Legaspi, Albay Province

Location: It is situated in a place where about 10 minutes drive toward North from Legaspi Airport which is in South East direction about 40 minutes flight from Manila.

Building: Substantial portion of the heavily-built two storied building seem to have considerably been destroyed by the typhoon of last year. Presently extension works of some portion of the building are going on. As same as the others, air conditioners of this hospital also are out of order.

City water is being used. No emergency power generator is equiped.

Operation: It is the hospital in Legaspi City that is in a leading position of the area in Southern part of Luzon Island. The existing medical equipment, however, is not sufficient enough for rendering health services. This hospital has been endeavouring in participating in the Malaria Central Program, TB Control Program, Family Plan as well as rendering general health services.

Radiology Department:

Presently this hospital is using 100mA X-Ray unit made in Korea which has been provided by POPCOM. Per day capacity of that unit is 40~50 exposures. Another two X-Ray units are out or order.

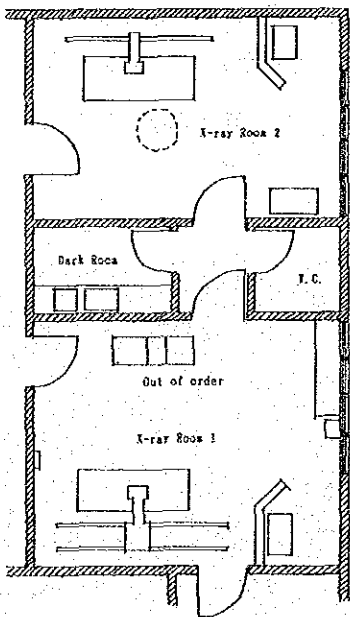
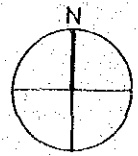
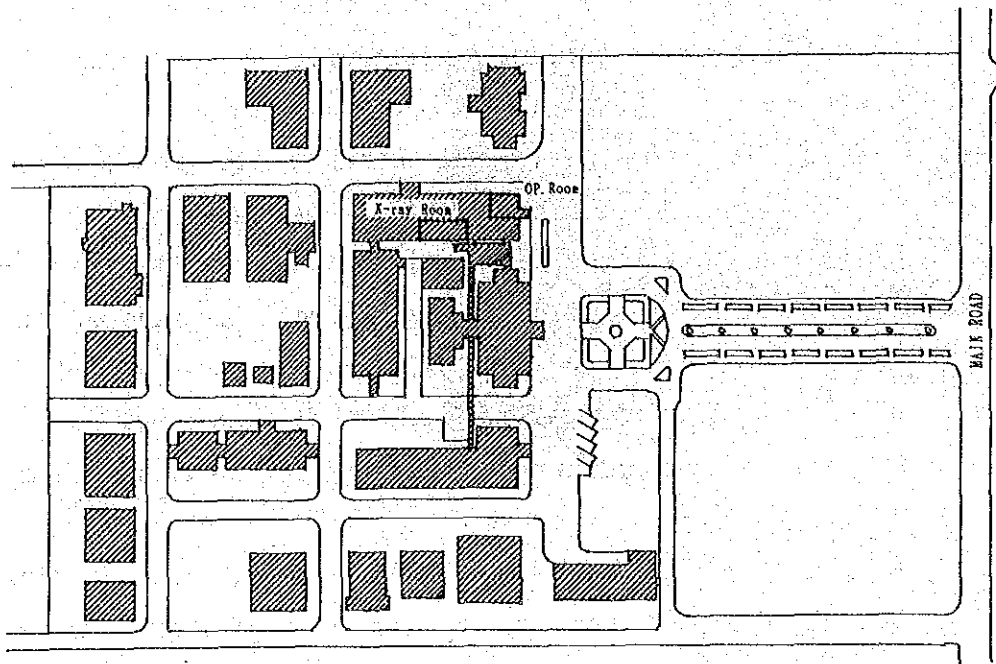
Research Room:

Daily research works in obstetric department is undertaken, while part-time doctors are entrusted to undertake research works once or twice a week with regard to the department of gynecology.

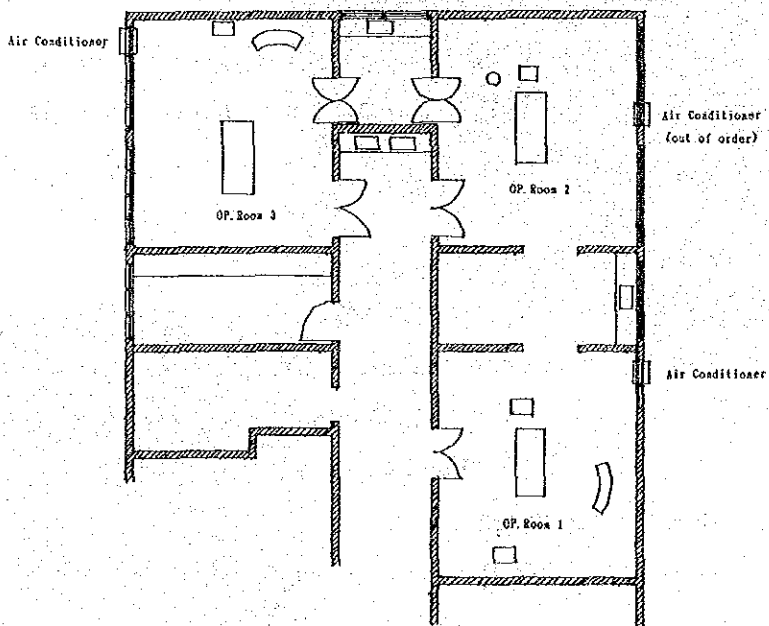
Operating Room:

Only one operating room out of three rooms has equipment of old type (10~20 years old). Three to seven operations are executed daily.

9. Albay Provincial Hospital PLOT PLAN



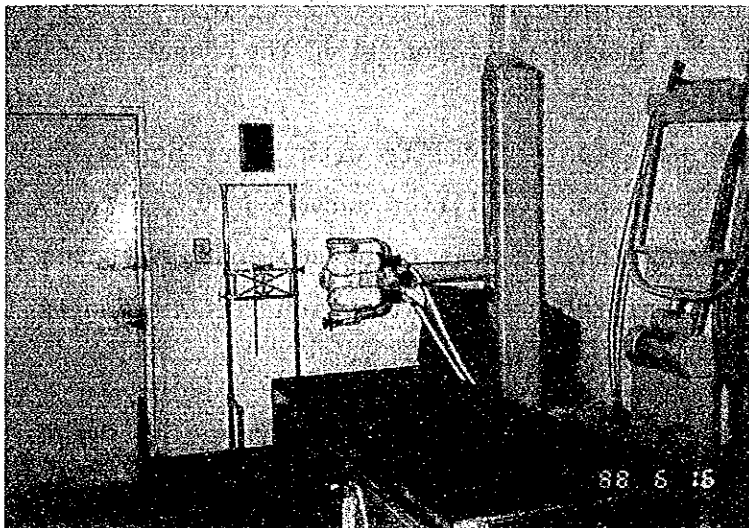
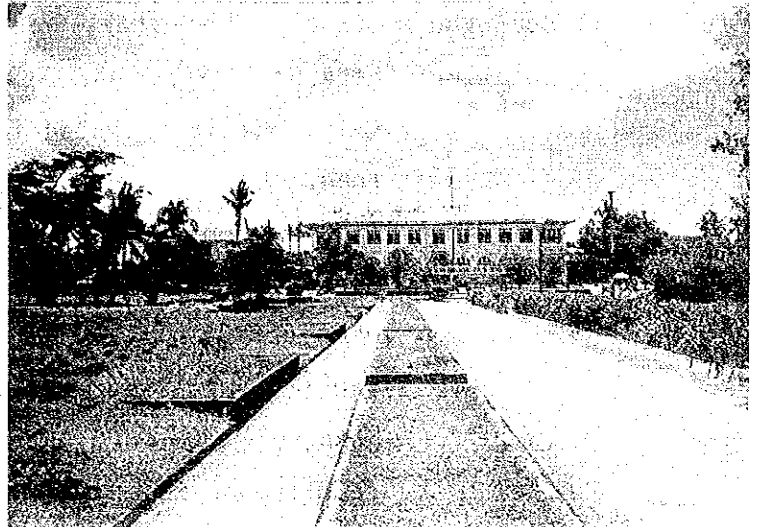
X-Ray Room



Operating Room

9. Albay Provincial Hospital

Outward



X-Ray Room



Operating Room

f) Sorsogon Provincial Hospital, Sorsogon, Sorsogon Province.

Location: Located in Sorsogon city about 60Km South East of Legaspi City. It is situated in a place about 500m off the main road.

Building: There are main building, office building, dormitories for doctors and nurses etc. in a vast area. Newly completed wards have not been in practical use. Physical facilities themselves are rather smaller than the other hospitals of this kind and poorly equipped. No air conditioner is seen except office room which has only one air conditioner. It uses city and well water together. It has emergency power generator with the capacity of 27KVA.

Operations: It seems to be the scanty facility with fewer equipment comparing with the other facilities surveyed by the Team. It is delivering health services using equipment borrowed from neighbouring district hospital to which POPCOM (Family Plan) provided the equipment.

Radiology Department:

40mA X-Ray unit made by Toshiba Corporation which is borrowed from the Family Plan is being used. The capacity of this equipment is insufficient for the services of this class of hospital. The equipment owned by this hospital itself is old type of more than thirty years of age and has become out of order.

Obstetric and Gynecology Department:

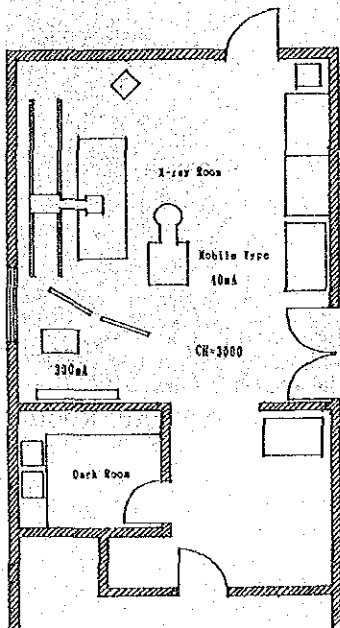
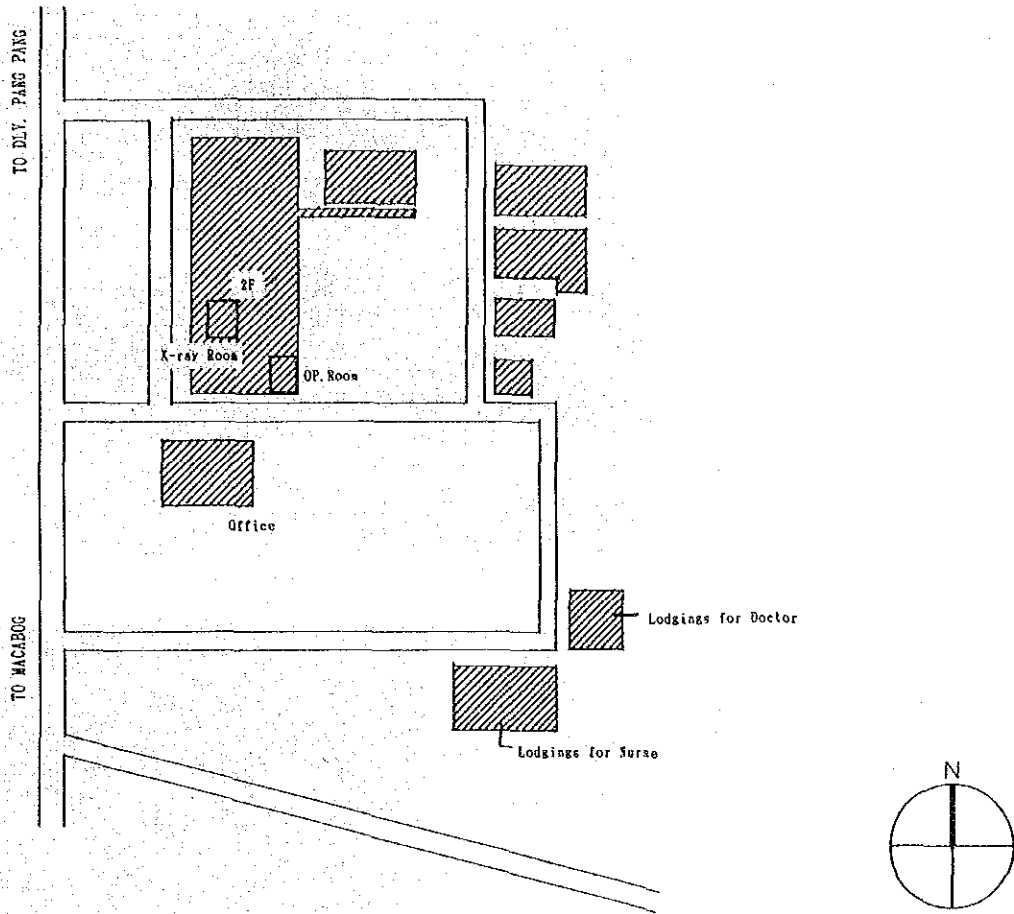
Suction and Embryocardiograph borrowed from the Family Plan are being used.

Laboratory: With insufficient quantity of equipment blood chemistry and examination of water are being undertaken.

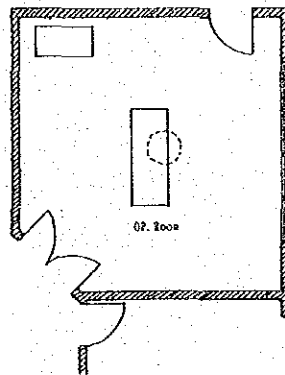
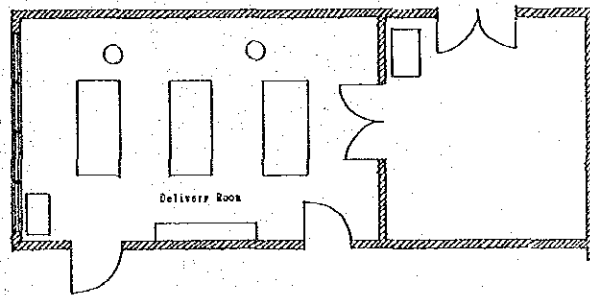
Since this hospital is lack of fundamental equipment to be used for secondary and tertiary health care, it is desired to provide such equipment urgently.

10. Sorsogon Provincial Hospital

PLOT PLAN

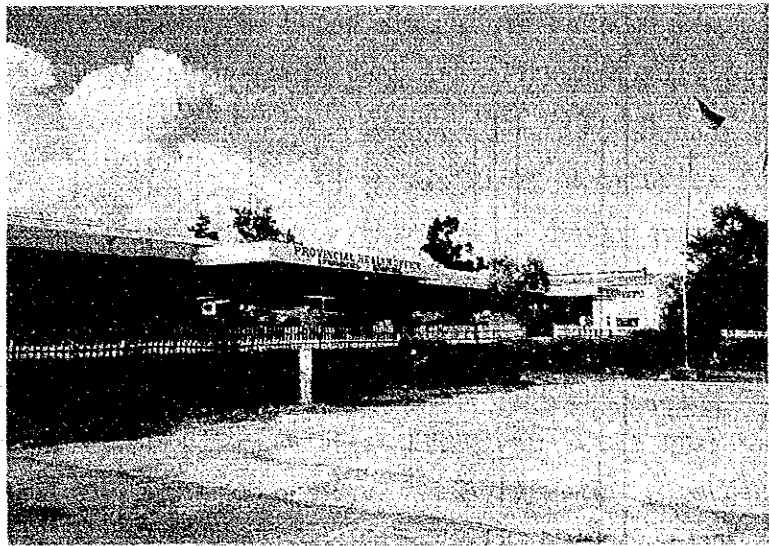


X-Ray Room



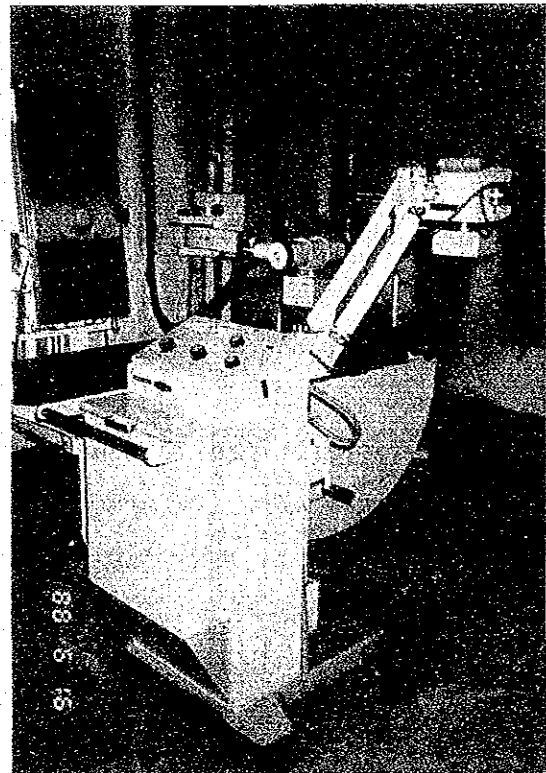
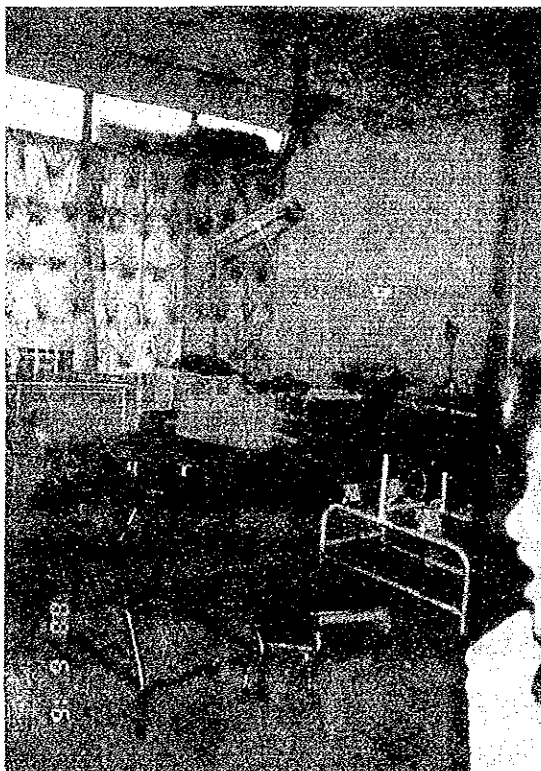
Operating Room

10. Sorsogon Provincial Hospital



Outward

Operating Room



X-Ray Room