Health Sector Profile

Summary

Philippines

国別医療協力ファイル　要約　フィリピン

1997

Japan International Cooperation Agency

Medical Cooperation Division

1 Health Administration and Plan

1.1 National Health Administration and Plan

1.1.1 National Health Administration Organs

The Philippine Health Care Service, who is divided into government and private sectors, is under the jurisdiction of the Department of Health. The organization and policies regarding the services provided by public institutions was radically changed in 1992, when the 1991 Local Government Code which granted autonomy to local government, went into effect. The goal of this new Local Government Code is to allow each regional governmental body to independently administer its own health matters according to local needs.

As of 1990, the Department of Health employed 68,061 people, of which 11,662 were nurses, 12,500 were midwives, and 8,865 were doctors. Of those 68,061 employees, about 45,000 were transferred to regional governments.

1.1.2 National Health Plan

(1) The Health Plan in the Medium Term Development Plan

The present administration refers to the health plan within their medium term development plan as one part of "Total Human Development". The goal of the health plan is "health for all Filipinos." Their basic policy for achieving this goal includes improvement of disease prevention, health services, and increasing the role of the private sector in health services. Also included in their plan is a grass-roots policy of implementing comprehensive nutritional programs, maternal and child health, family planning, as well as making the most of traditional medicine, indigenous resources, and technology.

(2) National Health Plan (1995-2020)

Health is taken to be a basic human right, and as such is seen as both a means and an end of development. By the year 2020, the government's goal is to increase the average life expectancy, decrease the infant mortality rate, and reduce the number of disabilities. Moreover, since improved health, is seen to be interrelated with housing, education, and general living conditions, they also aim to achieve resident participation, inter-sectoral cooperation, equitable distribution of health service and other resources, good management, and the development of necessary health personnel.

(3) Public Investment Plan in the Health Sector (1994-2004)

The following six packages have been proposed by the Department of Health, and approved by the Investment Coordinating Committee of the National Economic and Development Authority (NEDA) Council.

- Safe Motherhood and Women's Health
- Child Survival and Development
- Control of Prevalent Diseases Affecting the Work Force
- Health Service Capacity Improvement
- Safe Water and Healthy Environment
- National Health Insurance

1.2 Provincial Health Administration and Plan

Under the 1991 Local Government Code (enacted in 1992), provincial government bodies took on the jurisdiction of important health services that had before been under the control of the central government's Department of Health. Staff and health facilities associated with these powers were transferred to the regional government bodies.

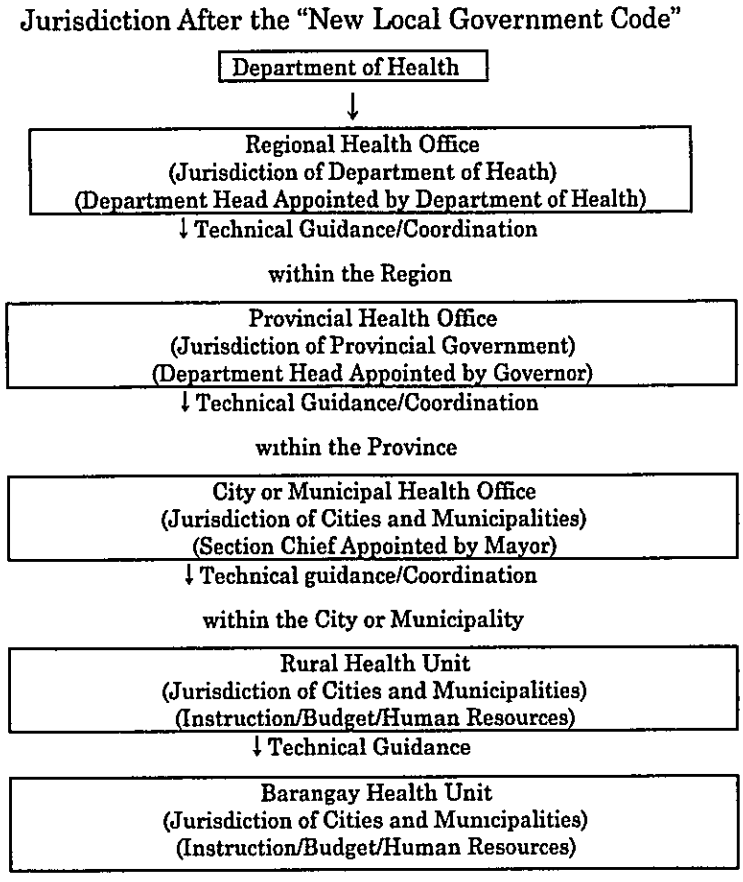

Figure 1-1 Regional Health Administration and Plan

1.2.1 Provincial Health Plan

Before the 1991 Local Government Code was enacted, The Department of Health had been searching for an approach whereby the National Health Plan would truly respond to the needs of local communities. This same approach has been continued following the enactment of the Local Government Code, with the difference being that local governments are now expected to bear some of the financial burden. Regional government bodies, however, generally have little experience with setting policy, planning, and management; and since, moreover, duties are spread over varying levels of provincial, city and municipal government, a new united planning policy has become necessary.

2 Demography

2.1 Population Total, Growth Rate, Distribution by Age

The population of the Philippines as of 1995 was 69,000,000, with a population growth rate of 2.32%. The Philippine population is comparatively young: dividing the population into three age groups one can see that the young (0-14 years) comprise 39.6% of the population, the working-age population (15-64 years) comprises 57.0%, and the elderly make up 3.4% of the Philippine population.

2.2 Population Distribution by Region

According to the 1995 census, over 38% of the total population were concentrated in the Manila Metropolitan Area, central Luzon and Southern Tagalog. On the other hand, the combined population of The Cordillera Autonomous Region, Cagayan Valley, and Eastern Pisaya, the three least populated regions, do not amount to 10% of the total population.

2.3 Fertility

1,631,069 births were registered in 1990; 1,643,296 were registered in 1991, and 1,454,657 in 1992. Based on these figures, the fertility rate for 1990 was 26.9 (per 1,000 population); in 1991 it was 26.1, and in 1992 it was 22.9. Unrecorded births are a problem, however, especially in geographically isolated areas. According to the National Statistics Office, the crude birth rate from 1990 to 1995 is estimated at 31.9.

National Demographic Surveys estimate the total fertility rate at 4.1 for 1993.

The decline in the Philippine birth rate is even more striking when compared to neighboring countries such as Thailand, Indonesia, and China. According to UNICEF, however, the Philippine total fertility rate of 3.8 as of 1994 is still higher than neighboring Indonesia's rate of 2.8, and Thailand's of 2.1.

2.4 Mortality

When looking at mortality rates by region, the overall mortality rate, the infant mortality rate, the mortality rate of children under 5 years of age and the maternal mortality rate are also seen to be on the decline.

3 Epidemiology

3.1 Overview

Infectious diseases continue to pose a serious health problem in The Philippines. Although the number of deaths caused by infectious diseases is on the decline, illnesses such as pneumonia, diarrhoeal disease, bronchitis and tuberculosis remain near the top of the list of major illnesses. Moreover, malnutrition is still a serious problem, especially among children and pregnant and nursing women. On the other hand, deaths caused by chronic degenerative diseases such as heart disease, arterial disease and malignant neoplasms are on the rise, as well as deaths caused by accidents.

The top 10 causes of death are shown in the chart below:

Table 3-1 Top 10 Causes of Death Nationally (1992)

Rank	Cause	No. Deaths	Proportion of Total Deaths (%)
1	Heart Disease	49,022	15.3
2	Pneumonia	42,074	13.2
3	Arterial Disease	35,414	11.1
4	Malignant neoplasms	23,946	7.5
5	Tuberculosis	23,356	7.3
6	Accidents	11,292	3.5
7	Chronic Respiratory Illnesses	9,391	2.9
8	Other Respiratory Illnesses	6,973	2.2
9	Diarrhoeal Disease	6,742	2.1
10	Septicemia	5,774	1.8
	Totals from Top 10	213,984	66.9

3.2 Morbidity

The chart below shows the 10 leading causes of morbidity. Respiratory illnesses such as pneumonia and bronchitis, as well as diarrhoeal disease, are some of the most common illnesses.

Table 3-2 The 10 Most Prevalent Illnesses (1992)

Rank	Cause	No. Cases	Prevalence *
1	Pneumonia	2,762,145	4,344.85
2	Diarrhoeal Disease	1,101,411	1,732.57
3	Bronchitis	609,203	958.27
4	Malnutrition	537,965	846.24
5	Influenza	477,587	751.27
6	Parasites infection	273,789	430.68
7	Accidents	147,196	231.54
8	Skin Ailments	127,347	200.32
9	Tuberculosis	111,272	175.03
10	Cardiovascular Disease	49,865	78.44
	Totals from Top 10	6,197,780	9,749.21

* per 100,000 population

3.2.1 Child Health

Pneumonia is a major cause of death among infants (below age one) and young children (between one and five years of age). The seriousness of diarrhoeal disease varies by region: in provinces such as Samal, where an adequate supply of sanitary facilities or water is not available, diarrhoeal disease accounts for about one half of all deaths among infants and small children.

Bronchitis and influenza, which can lead to pneumonia if the patient's condition worsens, make up about half of the illnesses among infants and young children reported by hospitals; after these two, diarrhoeal disease is the next major illness. Although malaria is not a problem on a national scale, in endemic areas it is the main illness. Furthermore, malnutrition is a serious health problem among infants and small children.

3.2.2 Women's Health

According to Department of Health documents, the leading causes of death among women of childbearing age are heart disease, tuberculosis, cancer, and problems related to pregnancy. Cases of breast cancer have increased among women in the 40-59 age group.

The main causes of death during childbirth are excessive post-partum bleeding, placental retention, and toxemia.

3.2.3 Adult's Health

The leading causes of death in adults are cardiovascular disease, followed by tuberculosis, cancer, and accidents. Planned public investment in the health sector places heavy emphasis on measures against illnesses which affect the workforce: diseases such as tuberculosis, malaria, schistosomiasis, HIV/AIDS and other sexually transmitted diseases, cardiovascular disease, and cancer.

3.3 Infectious Diseases

Statistics for the most prevalent infectious diseases are shown in the chart as follows.

Table 3-3 Number of cases and Deaths from Most Prevalent Infectious Diseases (1992)

Diseases	Cases	Deaths
Diarrhoeal Disease	1,045,615	4,799
Bronchitis	770,396	378
Influenza	510,190	401
Pneumonia	401,025	36,626
Tuberculosis	136,981	20,132
Chicken Pox	62,327	29
Measles	54,570	3,193
Malaria	46,614	864
Typhoid Fever	16,497	962
Viral Hepatitis	14,269	826
Schistosomiasis	9,194	235
Dengue Fever	9,108	441
Whooping Cough	3,792	8
Tetanus	2,216	892
Leprosy	1,887	50
Filariasis	1,423	2
Dyptheria	680	62
Polio	444	22
Gonorrhea	198	0
Syphilis	60	8

3.3.1 Immuno- Preventable Diseases

The state of immuno- preventable diseases in the Philippines saw astounding improvement after EPI activities increased starting in 1985. By 1989 the goal of Universal Child Immunization (UCI) had been nearly met. However, due in part to administrative decentralization, after 1993 the immunization rate has seen a worrisome decline.

3.3.2 Diarrhoeal Disease

Diarrhoeal disease is a major illness in the Philippines, affecting both children and adults alike: it is therefore a major focus of primary health care. Diarrhoeal disease is one of the three leading causes of death and one of the top three most common illnesses among infants; among children under aged under five years it is one of the ten leading causes of death and one of the 10 most common illness. Diarrhoeal disease is a major health problem for children under five, who account for about 75% of all deaths from diarrhoeal disease. Deaths from diarrhoeal disease, however, has shrunken from 21.1 (per 100,000 population) in 1985 to 8.6 in 1991, representing a 59% reduction.

3.3.3 Acute Respiratory Infection(ARI)

Pneumonia and other respiratory infections are one of the most prevalent illnesses in the Philippines, and a leading cause of death. According to the

National Demographic Survey of 1993, the children most at risk of contracting respiratory infections were infants aged 6 to 23 months, the sixth child or later, children living in rural areas, and children whose mothers had not received formal education.

3.3.4 Tuberculosis

The Philippines is said to have the highest incidence of tuberculosis in Southeast Asia, and in 1992 tuberculosis was the fifth leading cause of death in the Philippines. In 1992 the prevalence rate for tuberculosis was 175 (per 100,000 population), and the mortality rate was 35.7. While this is an improvement compared to prevalence and mortality rates 20 years ago, every year about 130,000 new cases of tuberculosis are reported, and there are more than 20,000 deaths from tuberculosis.

3.3.5 Leprosy

The WHO recommends Multi-Drug Therapy (MDT: medical treatment using a combination of dapsone, rifampicin and clofazamine), for the treatment of Leprosy. MDT was introduced into two provinces in 1985, and by 1989 had expanded nationwide. From that time the number of carriers and patients has declined: in 1989 the carrier rate was 6.2 (per 100,000 population), and the number of patients was 36,972; in 1995 the carrier rate was 1.5, and the number of patients was 11,410.

3.3.6 Malaria

Malaria is one of the most serious illnesses in rural areas of the Philippines. In the past five years, it is estimated that an average of 150 to 200 people have been infected with malaria per day. As the majority of those infected are young individuals of productive age between 15 and 29, malaria is said to have an extremely adverse socioeconomic impact.

3.3.7 HIV/AIDS

According to Department of Health reports regarding the spread of the HIV in the Philippines, the number of HIV/AIDS patients is estimated to have grown from 2 in 1984 to 679 persons infected with HIV by November of 1995. Of that number 325 persons have developed AIDS, and more than 105 have died.

3.3.8 Other Infectious Diseases

(1) Dengue Fever

Although dengue fever infections occur throughout the year, they are especially numerous from August to December. 14,269 cases of dengue hemorrhagic fever were reported in 1992, accompanied by 826 deaths.

(2) Filariasis

Mosquitoes carrying *wuchereria bancrofti* (bancroftian filaria) and *brugia malayi* (malayan filaria), which cause lyphatic filaria (also called elephantiasis), are found throughout the Philippines. Every year between 200 and 300 cases are reported.

(3) Viral Hepatitis

According to a report by the Research Institute for Tropical Medicine, 12-15 % of the Philippine population carries hepatitis B. This is past the "8% prevalence" limit after which the WHO recommends immunization with the hepatitis B vaccine.

3.4 Non-communicable Diseases and Injuries

3.4.1 Malnutrition

The normal Philippine diet consists mainly of rice, with fish and some vegetables. In low-income households, grains and potatoes make up over half of the diet and there is a risk for vitamin deficiencies.

3.4.2 Chronic Degenerative Disease

Analyzing the results of the National Health Survey carried out in 1992 (sample size: 25,000 households), women are seen to have the highest incidence of goiter, anemia and heart disease, while men have the highest incidence of hypertention.

(1) Cardiovascular Disease

Death from cardiovascular disease has been steadily increasing in the Philippines. In 1990, cardiovascular disease replaces respiratory illnesses, and become the leading cause of death . In 1990 there were 46,000 deaths caused by heart disease and 34,000 deaths caused by arterial disease; this accounts for 25.4% of all deaths.

3.4.3 Mental Disorder

The WHO estimates that 1% of the population has mental disorder requiring medical treatment.

The number of people in the younger age groups who are exposed to risk factors for mental illness is growing. Some of those most at risk are street children, children from dysfunctional families or broken homes, and children forced to work for economic reasons; some of the risk factors which their children are exposed to are civil unrest, natural disasters, prostitution, and drug and alcohol abuse.

3.4.4 Injuries and Accidents

Both the number of accidents and the number of deaths resulting from accidents have been rising since 1983. According to a 1991 report, there were 63,028 accident victims nationwide, 26,605 of who died. The two leading causes of injury and deaths resulting thereof were car accidents and cases where it was unclear whether the injury was accidental or intentional.

4 Health Programs

4.1 Primary Health Care (PHC)

Health is seen as an aspect of socioeconomic development. The goal of primary health care is to, expand access to health services and assure its continued low cost with the cooperation and participation of the local community. With this goal in mind, the Philippines has been moving from a system of government-sponsored health care to a system, which places emphasis on individual, family and community efforts.

Midwives, who form the front line of medical personnel, are stationed in about 11,500 Barangay Health Stations nationwide. There is one Rural Health Midwife (RHM) per 5,000 population, with one stationed in about every 3-5 Barangay (villages).

4.2 Expanded Program on Immunization (EPI)

Thanks to UNICEF support, on immunization gained worldwide attention in the mid-1980s. The President made calls for the expansion of immunization, and by 1989, 80% of all children had received vaccinations; by 1993 this figure had climbed to 91%. This success was achieved through simultaneously strengthening the cold chain system, training programs, effective interpersonal communication, and promotion activities using the mass media. Moreover, two National Immunization Days, one in 1993 and one in 1994, were highly effective.

4.3 Nutrition

The government has developed a "Philippine Food and Nutrition Plan," the main focus of which is to improve nutrition in poverty-stricken areas and areas affected by disasters. The Plan consists of the following five activities:

- Food distribution
- Nutrition-related health services
- Distribution of drinking water
- Backyard gardening and the promotion of increased food supply by households, such as preparation of baby food at home.
- Information, Education and Communication(IEC) activities

These activities are also supported by the private sector, NGOs, and aid organizations.

4.3.1 Maternal and Child Health (MCH)

The Department of Health's Maternal and Child Health Service section of the Office for Public Health Services is responsible for maternal and child health programs. At present the following programs are in effect:

- Immunization program
- Program for the prevention and treatment of diarrhoeal disease
- Program for the prevention and treatment of acute respiratory illnesses
- Parental care
- Breastfeeding, weaning, growth monitoring

4.4 Family Planning

Population and family planning in the Philippines has the following special characteristics:

- There is a comparatively high total fertility rate for the country's socioeconomic level.
- A decrease in the infant mortality rate does not lead to a decrease in the total fertility rate.
- Despite the demand for contraception, pills and contraceptive devices are not available.

4.5 Malaria Control

The Department of Health's Malaria Control Service section within Office for Public Health Services is responsible for the treatment and prevention of malaria. The Malaria Control Service is responsible for formulating measures, plans and standards, as well as developing educational programs and giving guidance.

4.6 HIV/AIDS Control

The main strategy of the Philippine National AIDS/STD Prevention and Control Program consists of the following components:

- Control of transmission through sexual intercourse
- Control of transmission through blood
- Control of transmission from mother to child
- Minimize the adverse effects on individuals, households, communities and society.

Some of the activities are Information, Education and Communication (IEC) programs, sentinel surveillance, and assuring a safe blood supply.

4.7 Diarrhoeal Disease

The Department of Health's 1993-98 National Control for Diarrhoeal Program places heavy emphasis on the control and treatment of diarrhoeal disease at home. Families are told to keep the patient hydrated, and continue nursing or feeding the patient. When no improvement is seen, the patient should be taken to a health facility for treatment. In this case, the health facility will assure the proper care of the patient by means of Oral Rehydration Salts (ORS) and proper use of medication.

4.8 Other Infectious Diseases

4.8.1 Tuberculosis Control

The Philippine Department of Health, with the introduction of its "New Guidelines for National Tuberculosis Control Program in 1993," has shifted emphasis from the detection of patients to improving treatment for tuberculosis sufferers.

Below are the present goals for the prevention and treatment of tuberculosis

- Reduce incidence rate to less than 1%.
- Reduce sputum positive prevalence rate to less than 1 (per 1,000 population).
- Reduce mortality rate to less than 1 (per 100,000 population).

4.8.2 Schistosomiasis Control

Measures against schistosomiasis are being implemented in all 8 regions of the Philippines.

At the national level, the Department of Health's Public Health Services Office is implementing a treatment and prevention program within their medium term plan (from 1993-1998). The goals of this program are listed below:

- Reduce prevalence rate to at most 5% in Barangay (villages) where schistosomiasis is endemic.
- Eradicate schistosomiasis from Bohol Province and Siargao Island by the year 2000.

4.8.3 Leprosy Control

The goal of the National Leprosy Control Program is to totally eliminate any new outbreaks of Leprosy by the year 1998 with the participation of Field Health Units. The components of this program are surveillance on a national scale, patient detection, treatment, and social rehabilitation programs.

4.8.4 Dengue Fever Control

The current National Dengue Control Program was authorized in 1992. The program, goal of which is to decrease the infection rate and death from dengue fever, is planned to for implementation on a nation-wide scale in 1998.

4.8.5 Filariasis Control

The National Filariasis Control program began in 1963. At present it is being implemented in regions 4, 5, 8 and 11, where filariasis is widespread. The goals of the program are to reduce the incidence rate of filariasis, and eradicate filariasis from 12 municipalities by the year 2000.

4.8.6 Rabies Control

The National Rabies Control Program was placed within the Communicable Diseases Control Service in 1991. The goal of the program is to eradicate rabies in humans by the year 2000.

4.9 Other Diseases

4.9.1 Cardiovascular Disease Control

The National Cardiovascular Disease Prevention and Control program is implemented by the Department of Health's Non-Communicable Disease Control Service section of the Public Health Services Office, and the Philippine Heart Center. The goals of the program are to reduce the incidence and mortality rate of cardiovascular disease, reduce the adverse economic effects of the disease on the individual, household and community level, and improve the quality of life.

4.9.2 Cancer Control

The Department of Health's Non-Communicable Disease Control Service of the Public Health Services Office controls the Cancer Control Program. The goals of the program are to reduce the incidence and mortality rate of cancer, and improve patients' quality of life (QOL).

4.9.3 Blindness Control

The Prevention Program of Blindness is implemented in 28 provinces. Its activities consist of cataract operations, supplying vitamin A to children under age 6 at high risk, and supporting the maintenance of healthy eyes.

4.9.4 Regional Rehabilitation Programs

The Rehabilitation Program uses a PHC approach; its goal is to provide rehabilitation services at the community level using pre-existing local resources available locally. The main activities of the Rehabilitation Program are early detection of problems and providing rehabilitation services.

5 Health Service Delivery System

5.1 Health Facilities

Philippine health facilities are roughly divided into public and private. Private health institutions, which are generally perceived to offer better quality services, are concentrated in the large cities on the other hand, the majority of public health care institutions offer free service, although some do charge for medical treatment and are therefore targetted to serve poorest segments of the population.

At present there are a total of 1,696 hospitals in the Philippines of which 583 (34%) are public, and 1,113 (66%) are private. The total yearly hospitalization is 83,330: of these 46,051 (55%) are in public hospitals, while 37,279 (45%) are in private hospitals. The hospitalization rate of 12.7 per 10,000 population is roughly one tenth the level of hospitalization in Japan.

5.1.1 Public Sector

Medical facilities in the public sector are roughly divided into three groups according to three different levels of medical service; tertiary medical service, which consists of specialist hospitals and medical centers is provided by regional and provincial hospitals. secondary medical service is provided by provincial, county, and city hospitals, while primary medical service is provided by Rural Health Units and Barangay Health Stations.

5.1.2 Private Sector, Missionaries and NGOs

The private sector consists of several thousand general practitioners working in outpatient offices; over 1,000 hospitals with scales ranging from 5 to 1,000 beds; several thousand pharmacies and drug stores, as well as some drug store chains; and several thousand traditional medicine practitioners and traditional birth attendants. Although NGOs play an important role in the health sector, their exact numbers are unknown.

5.2 Logistics

5.2.1 Production of Pharmaceuticals

As of 1992 there were 321 pharmaceutical companies in the Philippines.

Local pharmaceutical companies are chiefly involved with the importation, manufacture, and packaging of pharmaceuticals with 90% of raw materials imported. There is sufficient capability to manufacture pharmaceuticals from

imported raw materials and, in fact, pharmaceuticals manufactured by the nation's largest pharmaceutical company, Unilab, are provided not only for domestic use but for export to several other Asian countries.

5.2.2 Policy on Pharmaceuticals

In the Philippines, the fields of medicine and pharmacology are separate and in principle a doctor does not directly dispense medicine, but writes a prescription which the patient then brings to a pharmacy to purchase the medicine. In the Philippines, several policies are set and implemented to make the acquisition of medicine as easy as possible for citizens. These include the National Drug Policy, the Generic Act, the National Drug Formulary, and the development and production of traditional medicines.

5.2.3 Public Sector Pharmaceuticals Supply

Pharmaceuticals used in national programs such as anti-malaria medicines, anti-tuberculosis medicines, and Oral Rehydration Salts (ORS), are bought by the central Department of Health through open tender and from 1995, purchased pharmaceuticals have been delivered directly to each province by suppliers. Moreover, regional health offices are also given a budget to purchase pharmaceuticals and medical equipment which are delivered in turn to provinces, hospitals, Barangay Health Stations, and Rural Health Units. However, according to hospitals, with this method of supply such as inaccurate amounts and delays and there have been problems.

5.2.4 Private Sector Pharmaceuticals Supply

Pharmaceuticals are supplied by the private sector manufactures, which are basically, technologically and financially sound and also work in cooperation with foreign companies. Drug stores account for the majority of sales to customers of both locally produced and imported medicine reaching 78% of all pharmaceutical sales.

The high prices of pharmaceuticals are said to be a problem.

5.3 Utilization of Health Services

5.3.1 Perspective of Community Residents

Asian Development Bank (ADB) documents estimate that 63% of all people who are ill go without medical treatment, and 60% of all deaths occur in absence of any medical treatment.

According to a 1994 national survey of households, on the average 2.4% of household income is spent on health services.

5.3.2 Utilization of Regional Health Facilities

People in the lower income levels generally utilize free public health facilities.

In an effort to give low income patients access to private hospitals, a regulation was created allowing private hospitals to request tax deductions for services rendered to emergency room patients who did not have the funds to pay for their own service, but this regulation has not been implemented.

In a 1992 National Health Survey, of people who had received medical attention in the last 12 months, 74% had been treated at public medical facilities, and 26% had been treated at private medical facilities.

5.3.3 Traditional Medicine

In the Philippines, scientific research into medical uses of medicinal plants is limited to only a few institutions. Faced with the rising prices of modern medicine, however, the government has had no alternative but to promote the medical use of this ancient resource.

The government has formed a comprehensive medicinal plant program with the following goals:

- To promote the scientific use of medicinal plants to treat slight illnesses in rural areas
- Select and research several medicinal plants, which could lead to commercial production.

5.4 Managerial Information System

In the Philippines the information system, called the "Field Health Services Information System," is operated by the Department of Health's Health Intelligence Service.

One problem with the Field Health Services Information System is that management offices of the health system do not receive the required forms from lower levels; another problem is that target levels for health programs are set in accordance with estimated population levels from the last census, and the achievement of the targets depends on how the levels are set; another problem is that the accuracy of the data received from local medical facilities as Rural Health Units and Barangay Health Stations varies according to the enthusiasm of the staff in charge in such facilities; finally, regarding causes of death, as about half of all deaths receive no more than cursory examination from medical practitioners, the accuracy of collected data is uncertain.

5.5 Medical Insurance System

In 1969 the Philippines passed Republican Law 6111, which created a medicare program of mandatory health insurance. In 1972, following the establishment of the Philippine Medical Care Commission, the law was implemented.

Coverage under Medicare is limited to contributors to the Government Service Insurance System (GSIS) or the Social Security System (SSS), and their dependents. As of 1990, 16,800,00 people were covered by SSS, and 6,700,000 people were covered under GSIS, for a total of 23,500,000; the total number of people with health insurance was only about 38% of the total population.

5.6 Emergency Medical Assistance System

In the Philippines, although the need is recognized for an emergency medical assistance system capable of responding to frequent natural disasters and a growing number of accidents, there has been little action to create such a system.

(1) Hospital Emergency System

Public hospitals above the district and municipal levels conduct 24-hour emergency services. Generally, district hospitals have one ambulance, and provincial, regional and national hospitals have several. Ambulances are often used, however, for purpose other than the intended purpose of carrying patients, such as the transportation of medicine and documents.

(2) Philippine Red Cross Society

A) Disaster Measures and Relief Services

These services provide emergency food, first aid and medical treatment to victims of natural disasters such as fires, floods, typhoons, volcanic eruptions, and earthquakes.

B) Safety Training Services

These services provide training on a national level in first aid, accident prevention and rescue, in order to assure that enough trained individuals are present in the event of emergencies.

C) Department of Health Disaster Measures

The Department of Health's Disaster Control Unit manages the Disaster Control Program. The Disaster Control Unit organizes the system whereby hospitals, clinics and other health care facilities can provide health care service during emergencies, and organizes disaster response groups.

5.7 Research Institutions

The Philippine government, mainly through the Philippine Council for Health Research and Development, which is within the Department of Science and Technology, is involved in research and development related to health.

Some representative research organizations are the Research Institute for Tropical Medicine, the Food and Drug Laboratories, the Food and Nutrition Research Institute, the Institute of Ophthalmology, the Institute of Public health and the Philippine General Hospital "Radioisotope Laboratory.

6 Health Manpower

6.1 Medical Practitioners by Type

It is generally believed that, with the exception of dentists, the Philippines has a sufficient number of health practitioners.

The number of people per medical practitioner based on the national average population is shown in the chart below

Table 6-1 Number of Populations per Medical Practitioner (1987)

	Doctors	Nurses	Midwives	Dentists
Nationally	3,135	2,559	3,926	10,799

The number of medical practitioners employed by public health institutions (1992) is shown in the chart below.

Table 6-2 Number of Medical Practitioners Employed by Public Health Institutions by Type

Profession	As of 1992
Doctor	6,748
Nurse	14,853
Midwife	12,339
Dentist	1,614
Pharmacist	531
Health Inspector	2,442
Medical Technician	1,441
Nutritionist	795
Health Educator	96
Sanitation Engineer	111

6.2 Human Resource Development

6.2.1 Training System

(1) Physician

In order to become a doctor, one must first undergo through six years of primary school, four years of secondary school, four years of pre-medical school, 4 years of medical school, and one year as an apprentice. After a total of nine years

of higher education, those who pass the national examination will qualify as doctors.

(2) Other Medical Practitioners

A) Dentist

In order to become a dentist, one must undergo four years of secondary education, two years of pre-dentistry courses, 4 years of dental school, and finally pass the examination.

B) Nurse

In order to become a nurse, one must undergo four years of secondary education, four to five years of university education and then take a national examination. Those who pass the examination can become either a public health nurse or a hospital nurse.

C) Midwife

In order to become a midwife, one must undergo four years of secondary education. 1.5 to 2 years training at a technical school after which one must pass a national examination.

D) Pharmacists, Inspectors, Occupational Therapists and Physical Therapists

Candidates of all four professions must undergo four years of secondary education. Candidates for pharmacists and physical therapists must then study at university for five years, while candidates for inspectors and occupational therapists must study for four years. Finally all must take a national examination.

6.2.2 Medical Practitioner Training Institutions

The number of doctor training institutions in the Philippines rose from 10 in 1975 to 26 by 1990; the number of nursing schools rose from 73 in 1975 to 126 in 1990. Four of the 26 doctor training institutions are national, and seven of them are located in Manila.

7 Environmental and Occupational Health

7.1 Environmental Health and Sanitation

As is the case in other developing countries, inadequate environmental health and sanitation is the cause of such water-born illnesses as diarrhoeal disease, and malnutrition is a serious cause of death among infants and children under five years of age. In order to improve this situation, the Philippine Government in 1987 created a "Water Supply, Sewage and Sanitation Master Plan 1988 - 2000." The goals for the year 2000 are listed below:

- To improve the safety of drinking water from 63% to 94%.
- To increase the usage of sanitary toilets in cities, towns and villages from 62% to 92%.
- To increase the coverage of sewerage from 1.5% to 3.9%.

7.1.1 Potable Water

Water supply in the Philippines is carried out on three levels: Level I (simple wells: one deep well per 40 to 100 connections per well, one shallow well per 5 to 40 connections), Level II (one water storage facility for several connections), and Level III (water delivered to each connection by pipeline).

According to Asian Development Bank documents, as of 1995 the Philippine public water distribution system supplied water to approximately 45,000,000 people, or 69% of the total population.

7.1.2 Sanitary Facilities

In the Philippines sewage facilities are in place only in the Manila Metropolitan Ara, Bagio, Zamboanga, and part of Cebu. As of 1987, the coverage of sewerage did not exceed 1.5% nationally, or 9% in the Manila Metropolitan Area. The government is focusing its efforts more on increasing the usage of sanitary toilets than on establishing large-scale sewage systems.

According to Asian Development Bank documents, as of 1995 about 50,000,000 people, or 76% of the total population, had access to sanitary toilets.

7.1.3 Garbage Disposal

According to the National Health Survey conducted in 1992, the number of households whose garbage was disposed of by city, town or village garbage collection services did not exceed 19%. Households who burned their own trash were the most common at 45%; others individually disposed of their garbage by, for example, dumping it in specific places or burying it.

In the Manila Metropolitan Area, and even in other areas, garbage has already become a serious problem, and immediate attention is needed.

7.1.4 Pollution

(1) Air Pollution

Sources of air pollution in large cities are roughly divided into two groups: vehicles such as automobiles, and power plants and factories. Especially, in the Manila Metropolitan Area, where cars run on interconnected highways, air pollution has become severe to the point where it adversely effects the health of those living near roads, pedestrians, and commuters.

(2) Water Pollution

Lack of proper sewage system combined with large numbers of people crowded into cities and industrial development makes for serious water pollution problems. Especially in the Manila Metropolitan Area, household and industrial sewerage, along with the illegal dumping of hazardous materials has lead to worsening pollution in Philippine rivers; this in turn has led to the pollution of lakes and the nutrition of sludge in Manila Bay.

7.1.5 Occupational Health

Jurisdiction over occupational safety and health matters is held for the most part by the Department of Labor and Employment, internally by the Bureau of Working Conditions, and externally by the Employees Compensation Commission and the Occupational Safety and Health Center attached to them. Moreover, Regional Labor Offices are regionally organized and can be found in every region. Philippine occupational safety and health regulations are mainly aimed at ensuring proper safety and health management in the workplace, and proper emergency measures in place in case of work-related accidents and outbreaks of illness.

In 1994, 249,640 injuries due to work-related accidents were reported, about 59% of which were in the manufacturing industry. 45,840 of the work-related injuries (18.4%) resulted in disabilities.

8 International Cooperation in Health

8.1 Cooperation by Donors

8.1.1 International Organizations

(1) World Health Organization (WHO)

Between 1996 and 1997, WHO's support has been concentrated in maternal and child health, including family planning, and the expansion of health care facilities.

(2) UNICEF

UNICEF's efforts in The Philippines have primarily been aimed at improving living conditions, development and health of children, as well as getting the children themselves involved in UNICEF programs.

(3) UNFPA

UNFPA's support has largely been aimed at such programs as family planning and maternal and child health services, training and research, and IEC activities.

(4) Asian Development Bank (ADB)

The ADB provides support to such programs as maternal and child health and local health programs, with special emphasis on those living in poverty.

(5) World Bank Group

The World Bank Group provides support to such programs as the Department of Health's Public Investment Plan policy, and provides assessment studies on the effect of administrative decentralization on public health service.

8.1.2 Bilateral Support

(1) United States (USAID)

USAID primarily supports family planning and maternal and child health. It is involved in a project planned from 1994 to the year 2000 in the range of $100,000,000/US.

(2) Germany (GTZ)

GTZ is involved in a health care information management project, among others.

(3) Australia (AusAID)

AusAID provides support for the National Drug Policy, and helps to ensure the quality and rational use of pharmaceutical products.

(4) Italy

Italy supplies basic drugs for the prevention and treatment of tuberculosis, as well as health worker training.

(5) Canada (CIDA)

CIDA supplies the Department of Health with vaccines for DPT and measles.

8.1.3 Non-Governmental Organizations

According to OECD documents from 1993, 72 NGOs from 19 DAC countries are conducting projects in the Philippines. By country, the nations with large representation are the United States (15 organizations), Japan (6 organizations), Belgium (6 organizations), and Holland (6 organizations). The major fields of NGO activity are agricultural development, refugee relief, human rights, and health care.

Moreover, local NGOs are actively engaged in grass-roots cooperation activities.

8.2 Cooperation by Japan

In 1994, Japan provided $592,000,000/US in gross terms to the Philippines. Japan has been the Philippines' largest aid donor in recent years, accounting for more than 50% of bilateral ODA received by the Philippines (the share in 1993 was 56.8%), far surpassing the support of other countries. Japan's aid guidelines for the Philippines places emphasis on the following areas:

1 Economic infrastructure.

2 Support for the reorganization of industrial manufacturing.

3 Anti-poverty measures and improvement of basic living conditions.

Japan provides loan support to programs such as the Water Supply Project, and granted aid to projects such as the Rural Environmental Sanitation Project, the Project for Upgrading Medical Equipment of the Philippine Children's Hospital, as well as technical assistance for projects such as the Project for Prevention and Control AIDS.