



**HEALTH
IN THE HANDS
OF THE PEOPLE**

**A DOH
Strategy Paper
for Philippines 2000**

**Revised Edition
July 1993**

**POSITIONING
FOR PERFORMANCE
TOWARDS
HEALTH
IN THE HANDS
OF THE PEOPLE**

**A DOH Strategy Paper
for Philippines 2000**

Third Revision, July, 1993

Health in the Hands of the People was first used as the theme of the First Mindanao Community Health Workers Congress held in Butuan City in 1982, organized by Health and Development: Mindanao and Community-Based Health Services: Mindanao.

**Positioning for Performance Towards
Health in the Hands of the People**

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Foreword

Every Filipino is entitled to good health. The attainment of this is probably one of our most important national goals. The Philippine government must do everything to enable our people to attain the goal through collective and concerted efforts.

Health is indispensable to development. As the Administration of President Fidel V. Ramos gears for **Philippines 2000** improvement in health and nutrition of Filipinos in a health-promoting environment will enhance productivity and promote development.

This document, **Positioning for Performance Towards Health in the Hands of the People**, is the output of a strategic planning process participated in by top management of the Department of Health (DOH). In very broad strokes, it provides all those who interact and collaborate with DOH, within as well as outside its organizational boundaries, with a basis for defining common purpose and committing to common action. It does not intend to end discussions and debates on directions in the health field. On the contrary, it intends to provoke wider and deeper discussions and perhaps to build a strategic consensus among all those who care about health. It is not a plan, rather it aims to elicit further planning. It is by no means prescriptive as it only seeks to point to the guideposts and the landmarks in a map that has yet to be sketched.

The DOH strategic planning, though only the first step of a tedious national health planning process, interestingly comes to a simple conclusion: **Health can only be attained in partnership with our people.** The DOH realizes that it must

slowly move away from its role as a provider of health service, and must move toward the vision of putting **Health in the Hands of the People**. For eventually, the people themselves must master the determinants of health that shape their lives and the lives of their communities.

Operationally, the in-between step toward realizing the vision is a **new** DOH servicing the health needs of local governments and communities, influencing health policies and programs, providing technical assistance and support, and exerting its leadership in a new setting, where provision of health services is the primary responsibility of the local governments.

Though there are many challenges and obstacles, they are by no means insurmountable. By channelling our energies toward preventive and promotive health, by institutionalizing Primary Health Care as the core strategy in all health programs and by positioning ourselves for performance, we can meet our goals.

We will never have all the answers, but with the people on our side there is hope. Let "**Health in the Hands of the People**" be our rallying cry.

Juan M. Flavier, MD., MPH.
Secretary of Health

1

The Vital Need for Health Sector Performance



Health can no longer be viewed as the exclusive concern of the traditional circle of technical experts. It is now clear that apart from health care services, there are other social, environmental, political, cultural and economic factors that affect the health status of the country. The health sector in general and the Department of Health in particular are only components of the larger society that must constantly reexamine its purposes, methods and approaches for attaining its goals in the field of health.

Positive changes in society and the economy will significantly enhance health care delivery, but improvements in the health status of our people will also be accelerated by improvements in the performance of the health sector. In lieu

of this the DOH will catalyze the health sector towards improved performance and mobilize other sectors of society towards achieving health goals.

A recent review by DOH management points to the vital need for enhancing the performance of the health sector towards greater health status improvements and more effective service delivery. This need is underscored by two social emergencies, namely: (a) the disturbing state of health of the nation, particularly the poor, and (b) the increasingly difficult environment for equitable and efficient health service delivery.

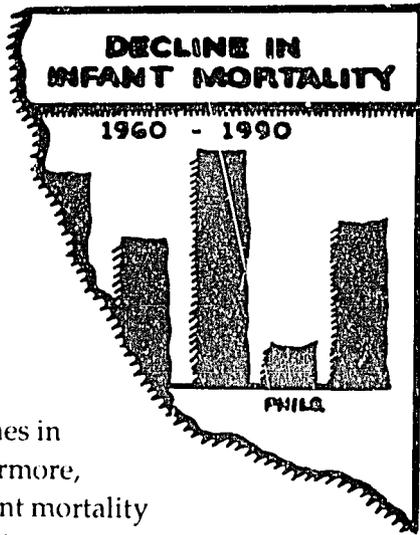
The State of Health : Better But Not Good Enough

Indicators of health impact in the Philippines point to some improvements in health status, but not to the extent envisioned. The Filipino nation is healthier today than in the 1960s. But there are many aspects of this condition that are of deep concern. Beneath the state of general improvement and progress, there are signs of weakness, worsening and deterioration.



Life expectancy at birth has risen from 56.9 years in 1960 to 62.6 in 1990 while infant mortality has declined from 106.4/1000 livebirths in 1960 to 58.7/1000 livebirths in 1990. These national averages, however, tend to mask wide

differences in regional rates. For example, there is a 9 year difference in life expectancy between Central Luzon and Eastern Visayas. These disparities continued from the 1960s. Some regions in the Visayas and Mindanao even have had episodes of increasing infant mortality rates despite declines in the national average. Furthermore, the Philippine decline in infant mortality rate, a key measure of health improvement, has been the slowest among Asian countries in the past thirty years from 1960 to 1990.



Pneumonia and tuberculosis remain major killers together with diarrhea, measles and nutrition-related diseases. The epidemiological burden from infectious diseases continues even as the burden of chronic diseases has also emerged. In addition, HIV infection and AIDS has begun as a major public health problem.

Deaths among infants alone constitute 15% of all reported deaths; almost half of these infant deaths are due to pneumonia, diarrhea, measles and nutritional deficiencies. All these causes are preventable by known, available and inexpensive public health measures. For example, an estimated 25% reduction in infant mortality can be achieved solely by longer spacing between births through family planning.

Nutritional Status

Poor nutritional status of Filipino children has been a persistent problem. Energy intake in 1987 was only 87% adequate compared to the 89% in 1978 and 1982. Chronic dietary energy deficiency is particularly alarming among preschool children (only 65% of needed daily requirements) and pregnant and lactating women (65 to 69%). At least 12% of children each year already suffer the effects of malnutrition as undernutrition in 1987 remained at 1982 levels. In 1989-1990, more than 11% of all children were considered stunted.

Malnutrition levels are even worse for children in Bicol and Eastern Visayas, and for female children across all regions. Breast feeding prevalence and duration have also declined between 1978 and 1983. Micronutrient deficiencies in iron, iodine and Vitamin A have remained high through the years.



Family Planning Status

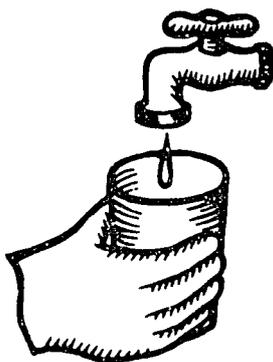
The high fertility rate has not declined as fast as in the neighboring countries of Thailand and South Korea. This slow decline is attributed to low acceptance and maintenance of contraceptive use as a direct result of an unclear policy on population management and inadequate family planning services.

As in other aspects of national indicators, there are large regional disparities in fertility levels and contraceptive prevalence.

Environmental Sanitation

Basic environmental sanitation remains inadequate, particularly among the poor in rural and urban areas. Less than 70% of households have access to safe water and only 73% have access to sanitary toilets. Safe sources of water are dwindling due to destruction of watersheds and pollution from industrial and domestic waste. Outbreaks of red tide and other algal blooms are occurring regularly and with alarming frequency in Manila Bay and Eastern Visayas. Outbreaks of waterborne diseases such as typhoid, cholera and other diarrheal diseases are a direct result of poor environmental sanitation. Massive deforestation resulting in cropland destruction on one hand, and soil erosion and siltation destroying coastal areas on the other, have created food insecurity and displacement of communities resulting in migration to urban and metropolitan areas causing urban blight and congestion.

Poor compliance with zoning and land utilization laws has resulted in pockets of communities unduly exposed to stationary sources of industrial pollution. Poor air quality in Metro Manila, due to poor enforcement of anti-smoke belching laws, the continued use of leaded gasoline, and congestion in the city further aggravates respiratory diseases among exposed groups.



Socio-Economic Status

The slowing of the progress in health during the 1980s occurred under conditions of worsening economic performance, particularly in the mid-80s. Poverty remains the condition of about 55% of households and in some regions such as Bicol and Western Visayas, as much as 73%



remained poor. While recent inflation rates have fallen to less than 10%, prices of consumer goods and services had risen at double-digit rates in 1991. The combination of high poverty, high inflation, and high unemployment compounded the health conditions of the poor.

Health Care Spending

Meanwhile only an estimated 1.6% of GNP was spent for health in 1991, with the bulk coming from out-of-pocket, fee-for-service payments of households. The low overall allocation in health by the economy, is reflected in the low priority placed on health expenditures in government budgets as well as in household budgets. DOH has accounted for an average of only 3% of the total government budget from 1980 to 1992, while families spend only 1.8% of their household budgets on health (almost at the same level as their spending on tobacco). Health insurance remains a relatively minor source of health financing as the failure to

achieve structural economic transformation prevented the expansion of statutory and voluntary health insurance.

Whatever health services are financed remain poorly utilized or inadequately extended. In 1989, only 40% of reported deaths were medically attended, indicating that as much as 60% of deaths occur without the benefit of timely medical interventions.

Calamities and Armed Conflict

Calamities and natural disasters have also occurred with bewildering frequency and severity over the past ten years. Recent incidents include the chronic emergency status of Region 3 and 5 due to the Mt. Pinatubo and Mt. Mayon eruptions and their respective aftermath; destructive typhoons in Regions 5 and 8; massive floods in Metro-Manila, Ormoc City, Agusan, Davao and Nueva Ecija; and extended droughts in Regions 10 and 11.



In addition to these natural calamities, armed conflict in the cities and countryside disrupted service delivery and added victims of violence and social dislocation. These exacerbated the weaknesses in service delivery as health workers are caught in the crossfire and become victims themselves, while some health facilities are destroyed or abandoned.

Summary

In summary, the following features characterize the state of the nation's health in the 1980s:

- Faltering progress in mortality reduction.
- Changing patterns of disease and death.
- Continued high levels of preventable illness and death particularly among women and children.
- Large and growing disparities in health status among different geographic areas.
- Continued high levels of malnutrition.
- Slow reduction in fertility and continued close spacing of births.
- Inadequate environmental sanitation.
- New threats from environmental degradation.
- Low resource allocation for health by government and households.
- Lack of basic service coverage in many essential areas exacerbated by incidence of natural disasters and persistence of armed conflicts.

While major improvements have been accomplished during the past three decades, the pace and scope of these improvements are now at risk of being overwhelmed by a growing population, rapid urbanization, a constrained economy and the various challenges to service delivery.

The State of the Nation's Department of Health

The Department of Health has examined itself and its place in the national life. From this self-assessment, internal strengths and weaknesses have been recognized; external threats and opportunities identified. The results of this SWOT



(Strengths, Weaknesses, Opportunities and Threats) analysis indicate the state of the nation's Department of Health and its capacity to pursue initiatives towards better health.

Strengths of the DOH

- An established and healthy organization with a tradition of technical capability, a functional structure, a service orientation and workable systems and procedures.
- A new-found self-respect based on a succession of credible and effective leadership, a track record of program accomplishments, and increasing recognition from professional peers in the academic, private sector and international spheres.
- A portfolio of beneficial programs, such as Expanded Programme on Immunization, Tuberculosis Control,

Diarrheal Disease Control and many other activities appreciated by individuals and communities.

- A culture receptive to technological innovations, reforms, new knowledge, collaboration with other organized groups.
- Some physical assets in building and equipment that are relatively well-utilized and reasonably serviceable particularly in speciality hospitals.
- A corps of civil service professionals with the necessary educational qualifications, wide range of experience and disciplines, respectable level of productivity, and firm commitment to serve the people.

Weaknesses of the DOH

- Endemic rigidities in the Philippine civil service prevent the retention of the best people, inhibit the performance of the most committed and innovative personnel, hinder the most efficient use of resources, and divert organizational energies away from service and performance.
- Budget constraints in level, release and use leave many important health needs unmet.
- Changing patterns of disease and changing understanding of these patterns require constant adjustments in DOH operations.
- Documentation of DOH decisions and actions, standard operating procedures, and service delivery experience have been erratic, inadequate or absent.
- Most public hospitals do not have plans and resources necessary for the proper and adequate maintenance of buildings and equipment.

Opportunities for Health Initiatives

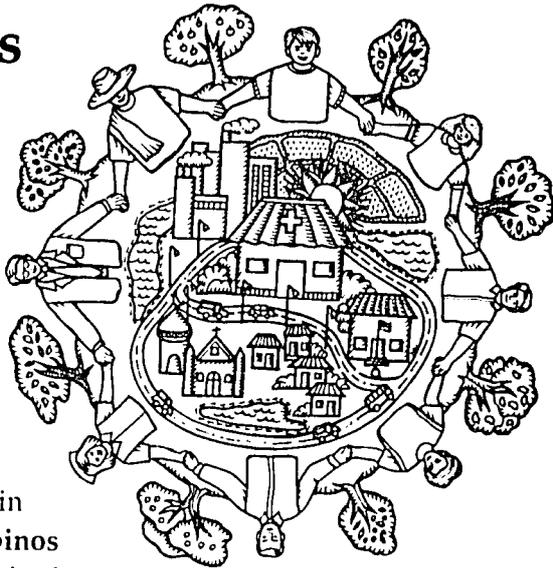
- The strengthening of democratic institutions and processes with a peaceful transition to a new administration and the effective workings of the political leadership's decision-making provides an ideal avenue for pursuing the social goal of Health for All Filipinos.
- The improved prospects for peace in the countryside as negotiations and dialogue replace armed conflict permit people's energies to be devoted to improving their welfare.
- The greater awareness of the public about health issues from AIDS to family planning, from generics to herbal medicines, from immunization to red tide poisoning will yield greater support to health policies and programs.
- The economic recovery will generate new and additional public and private resources for health.
- The availability of new knowledge in service delivery and policy will provide sound directions in prioritization and resource allocation.
- The abundance of allies within and outside government in the common pursuit of better health will create greater momentum in health status advances. The DOH has positive and fruitful collaborative efforts with certain Non-Government Organizations (NGOs) and community health volunteers.
- The climate of optimism and the greater determination in getting things moving are conducive to placing health priorities on the national agenda.
- The implementation of the Local Government Code will bring health services closer to the communities and their delivery will be more responsive to the needs of families.

Threats to Health Initiatives

- The constrained fiscal condition of the government limits the growth of resources which can be allocated for health so public funds will not be enough to solve all public health problems.
- Population growth and new health risks (AIDS, environmental pollution, natural disasters and degenerative diseases) threaten to overload the service delivery capacity of local communities.
- The escalating costs of inputs to health such as personnel, drugs, equipment, and operating expenses threaten to contract the real value of current financial outlays for health.

2

Visions, Policies and Strategies



Vision Mission Statement

The vision is to attain **Health for All Filipinos by 2000 and Health in the Hands of the People by 2020**. The mission is for the Department of Health in partnership with the people to ensure equity, quality and access to health care.

Policy Statements

Primary Health Care

Declared in Alma Ata in 1978, Primary Health Care refers to an approach to health care that is available, adequate,

accessible, affordable, and acceptable. Primary Health Care as a service delivery policy of the DOH shall permeate all strategies and thrusts of government health programs at the national, local and community levels, so that people can be active and self-reliant participants in the struggle for better health. Re-stated in the Philippines in the 1990's, Primary Health Care is Health in the Hands of the People.

Preventive and Promotive Health

Programs, services and activities that prevent illness and promote health will be the first and foremost priorities of the DOH. This policy will be advocated among the NGOs, LGUs, other government agencies, and all other health partners. Application of this policy will not be limited to public health programs. Even hospitals and other primarily curative care facilities will be reformed so that preventive and promotive

health programs are integrated in their operations. In addition to caring for the sick, hospitals will also become "centers of wellness".



The DOH, in partnership with all sectors of society, will promote health and prevent disease and disability in worksites, industrial areas, commercial centers, schools, communities, hospitals, clinics and other places. Priority programs will include the Expanded Programme on Immunization, Safe Motherhood and Women's

Health, Family Planning, Nutrition, Growth Monitoring and Promotion, Control of Childhood Diseases, Preventive Cardiology and Nephrology, Cancer Prevention, Smoke-Free Environment Campaign, Trauma Prevention, Management of Poisoning, Voluntary Blood Donation, and new programs to address problems like drug abuse and Human Immunodeficiency Virus (HIV) transmission / Acquired Immunodeficiency Disease Syndrome (AIDS).

People Empowerment and Participation

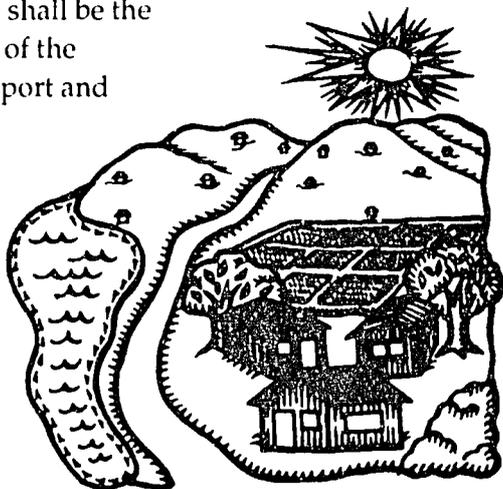
For health to be in the hands of the people, the conditions should be created for people to exercise control over the decisions affecting their health. In this regard, people empowerment is an essential element of health improvements. The DOH shall seek to transform health care from its presently "doctor-centered" character to an increasingly "people-centered" orientation. Every individual shall be responsible for his/her health, and shall exercise the means for promoting and protecting health through his/her participation in the community, organizations, institutions and government. This is people empowerment and popular participation in health.

People empowerment will be achieved through various means. Health information and education will be a major strategy. All opportunities will be seized to empower the people with knowledge and information that can enable them to adopt better health practices, participate in health activities, utilize health services, improve their living conditions, practice a healthier lifestyle, and most of all take responsibility for preventing disease and disability, and promoting health.

Community organizing for health will be institutionalized as a means of empowering people, specially the poor, because it develops grassroots capabilities for decision-making in response to community health needs. Promoting people's organizations, broadening popular participation, and nurturing health leadership among the people, will demonstrate how democracy works in support of social goals like health.

The Periphery as a Bias

The periphery of Philippine society consists of those who have been unserved or underserved by the health sector both in rural and urban communities specifically the poor, children, women, indigenous peoples, the aged and the disabled. These and several other groups have been marginalized because of poverty, armed conflict, ethnic differences, cultural isolation, religious uniqueness, disasters, illiteracy, geographic distance and ideological reasons. These people in the periphery shall be the priority and preference of the DOH. Government support and encouragement in the field of health will exert an active bias for these groups in the periphery in order to correct bring them into the mainstream of national development goals. The DOH will seek to



insure that vulnerable groups are nonetheless provided with health information, education and services that could empower them to assume responsibility for their health and the health of their communities.

Population Management

National development is proceeding under conditions where the limited natural resources of the country have to provide for the needs of a large and fast growing population. Difficulties are being experienced as the finite resource base is being strained by continued population growth. The DOH recognizes that population management is basic to health improvement in the Philippines. Reducing the rate of growth of the population will allow the economy to generate sufficient resources for a more adequate future. It will also allow more investments to be made on the improving the welfare and productivity of the present generations. It will also moderate the strains on the carrying capacity of the natural environment and create conditions for sustainable development. All these are favorable conditions for health. Sustaining improvements in health status require adequate food, shelter and clothing as well as unpolluted air and potable water for all Filipinos today, and for future generations. These cannot be attained if population growth continues unabated.

As its contribution to population management, the DOH shall support the free and informed exercise of the rights of women and men to choose the size of their families and to practice family planning based on their own beliefs, religion and conscience. The DOH joins all couples, families and the communities in respecting the spiritual value of human life as

these are expressed through the individual and social preferences in marriage, family formation, and number and spacing of children. In a humane and gender-sensitive way, the DOH will provide all individuals with equal access to information, services and guidance in planning their families, whether through natural or artificial methods, as a means to attaining their health and well-being. In making these provisions, enhancing women's health, ensuring safe motherhood and promoting child survival through birth spacing will be priorities.

Philippine Medicine

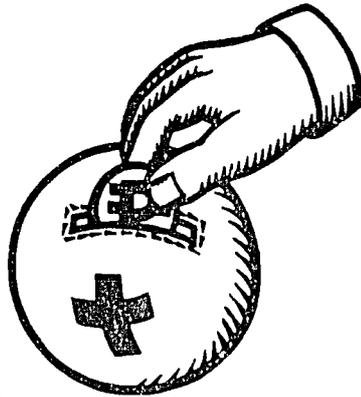
The teaching and practice of medicine and allied professions shall be reoriented to meet the needs and adjust to the conditions of the majority of Filipinos. All concerned institutions and organizations will be encouraged to develop and utilize teaching and training approaches that incorporate materials such as textbooks, instruments, curricula, and technologies as well as therapeutic modalities, based on experiences in the Philippines.

Development and promotion of Philippine medicine will include: scientific research on traditional and indigenous healing methods; wider use of medicinal plants; and attainment of self-sufficiency in the production of essential therapeutic preparations. The critical gains achieved through social legislation, such as the Generics Act of 1988 will be pursued in a continuing effort to provide the population with safe, efficacious and affordable drugs. Local production of medicines and other health promoting agents will be encouraged through the further development of the Philippine drug and pharmaceutical industry pursuant to the

National Drug Policy. The DOH will also promote and develop traditional systems of medicine and integrate them into the mainstream national health care delivery system.

Pesos for Health

The resources needed to achieve health goals must be mobilized and made available to health care providers and households. The declared importance and priority of health in policy statements must be reflected in



the allocation of government and household budgets. In order to attain full realization of **Health in the Hands of the People**, financial support is essential. Towards this end, efforts will be exerted to increase the budget for health in keeping with the needs and aspirations of the people on one hand, and their means and capabilities on the other.

The DOH will explore various sources of health financing aside from direct government expenditures. This will include community health financing, reforms and expansion of MEDICARE, employer financing, cooperative hospitals and private health insurance among others. Financing of preventive and promotive health programs will be given priority.

GOs and POs involved in development work will continue to be partners and allies in empowerment strategies at the grassroots levels, and in formulating and advocating policies that will ensure equity in health care delivery.

Partnership with Private Sector, Non-Government Organizations (NGOs), People's Organizations (POs) and Other Government Agencies

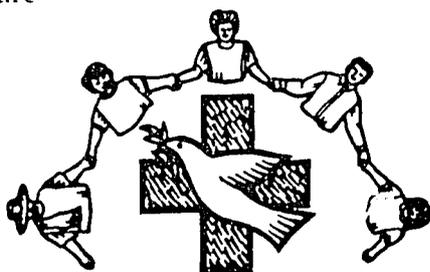
Action-oriented consensus for health in the hands of the people will be sought by DOH through linkages with other government agencies, local governments, the private sector, NGOs and POs who have exhibited great efficiency and flexibility in meeting the health needs of our people especially in areas where government has failed to make an impact.

The role of the private sector, which includes the professional health organizations, private practitioners, private hospitals, civic groups, business and industry will be expanded to include joint undertakings and social mobilization for programs, projects and ideas that will redound to empowerment.

Peace Building

Health cannot be attained in a land torn by armed conflict, violence and lawlessness. Peace is a prerequisite for health. The DOH believes that **Health in the Hands of the People** can only be attained in a democracy where there is trust and respect, and where plurality of ideas and equality of all persons are recognized and protected.

The DOH will promote peace initiatives in accordance with the desire of the people and in order to



attain health goals among victims of man-made disasters, crimes and violence. Emergency measures and intersectoral health assistance will be ensured to prevent epidemics, injuries, malnutrition, mental anguish and suffering among displaced communities and internal refugees.

Positioning for Performance

The DOH will position itself for performance, and it will seek to position the health sector for performance. In order to attain effectivity and efficiency, the DOH will conduct continuous assessment of the health situation, particularly the emerging trends, patterns and directions. Applying critical thinking to the health situation, the DOH will identify and describe the key factors and variables impinging upon health care. Monitoring, evaluation and operations reviews will be undertaken to determine progress, draw lessons and generate recommendations for improvements in health programs and projects. These findings will guide policy making and leadership in the health sector.

To overcome obstacles to attaining **Health in the Hands of the People**, DOH will seek health systems management that is dynamic and creative; responsive to changing needs and situations as affected by political, social and economic factors; and yet pro-active and deliberate in advocating preventive and promotive health care in true partnership with the people.

While the challenges and threats to health are intimidating, they are not insurmountable. Compromises and shortcuts are unacceptable in the world of health where life and well-being are at stake. The Filipino nation depends on the health sector and the DOH to meet the challenges of the present and future. These expectations must be met.

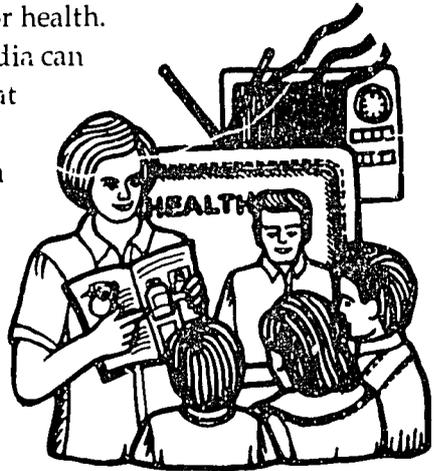
Major Strategies

Turning Health into a Comprehensive and Sustained National Movement

Attaining Health for All Filipinos requires expanding people's participation in social, political and economic affairs to such a degree that they become empowered to make decisions affecting their health and well-being. Whether as service providers or as beneficiaries, parents, the youth, farmers, workers, professionals, organized groups or concerned individuals in their communities should be involved in health and health-related programs so that they gain understanding, build commitment and sustain support.

Public advocacy for health goals is a key activity. It must be directed to national and local political leaders in order to elicit their support and commitment to major health concerns through legislation, budgetary allocations and logistical assistance. Advocacy can also heighten demand for quality services, increase health care utilization as well as generate resources for health.

Communication and the media can promote health messages that build and sustain public awareness. The participation of advocacy groups will be crucial to reaching as many people and groups as possible, and in obtaining their favorable response to health initiatives.



The transformation of health into a national movement begins with participatory planning and consultative policy making. Preparing a national health plan via an open, popular and widely participated process could be an opportunity for genuine consultation and consensus building. National, regional, provincial, city, municipal and barangay plans would become demonstrations of technical competence as well as expressions of the popular will at these levels of administration. These plans will integrate public health and hospital operations, emphasize health promotion and disease prevention and include disaster preparedness and mitigation. These plans would also include financing provisions which indicate resource requirements and sources of funding or support. These plans are meant to capture people's aspirations, address their fears and concerns, and reflect their hopes and confidence in the future.



Propagating Community-Managed Health Care

Health in the Hands of the People is built on communities capable of managing their resources and government in partnership with the communities. Towards the attainment of

such a vision, the strategy of propagating community-managed health care calls for the development of planning, implementing and evaluating skills at the community level; application of community organizing principles and methods; support for people's organizations and non-government organizations; innovations in community health financing; and greater emphasis and reliance on indigenous resources, approaches and technologies for health.

Self-initiated health endeavors will be recognized, supported and promoted. National standards will be adapted to local conditions. National programs will be responsive to local priorities and preferences. In fact, national initiatives will be built on promising and successful local initiatives. To provide the institutional mechanisms for local health leadership, functional local health councils, operational local facilities, adequate personnel and necessary support services would be encouraged.

Increasing Efficiencies in the Health Sector

Increasing the operating efficiency of the health sector will require building on successes of the past, expanding piloted projects to nationwide implementation, and re-packaging programs to "excite" the non-health sectors.

The DOH will continue to safeguard the integrity of the health system, the basic reliability of operations, and the essential quality of health services. Development of quality assurance, enforcement of standards, regulation of health establishments and health activities, monitoring through disease surveillance and operational reporting will be the

mainstays of an alert and watchful steward of the national health system.

Waste, leakages, poor accountability, lack of motivation and misuse of resources will be eliminated. Activities and tasks without significant benefits to health will be set aside. Performance monitoring, program reviews, and systems analysis will be undertaken in order to identify weaknesses and institute reforms. Unproductive bureaucracies will be trimmed down and the whole system will be streamlined.

An appropriate organizational structure responsive to devolution and decentralization will be built. Integration, networking and linkage will become hallmarks of health operations. The DOH will assume a flat horizontal organization that is quicker to decide, more flexible to changing conditions and more accessible to collaborating agencies, groups and communities.

Appropriate technology will be adopted to make services more effective, affordable, accessible and culturally acceptable. Traditional medicine will be promoted. Limited resources will be prioritized to support preventive and promotive interventions. Expensive and sophisticated health services will be subjected to rigorous cost-benefit analysis and strict locational studies.

The development of health human resources will be adjusted to correspond to the actual needs of the nation and the policies of Primary Health Care. The DOH, together with the educational institutions, will give this thrust its form and substance. Analysis of the health human resource situation, formulation of policies and plans, and monitoring of implementation will be essential. The DOH will continue to provide support and assistance to both public and private human resource development institutions particularly in

faculty development, enhancement of relevant curricula, and development of standard teaching materials. The DOH will sustain the training and utilization of community health volunteers.

The DOH will ensure that the rights and privileges of public health workers as provided by the Magna Carta for Public Health Workers will be respected. Through a continuing staff development program and a comprehensive career path for health workers, the DOH will take the lead role in maintaining a pool of highly trained and motivated health professionals and managers.

Building on previous successes, the DOH will promote excellence in public health programs as demonstrated by known advances in the Expanded Programme on Immunization and the Baby Friendly Hospital Initiative and in pioneer institutions of world renown like the Research Institute for Tropical Medicine and Jose Fabella Memorial Hospital. These programs and institutions will serve as positive lessons and outstanding examples of performance, dedication to public good, sustained success, and demonstration of the best in the health sector.

Finally, in response to the growing need to address health in relation to environment and development, new management mechanisms will be put into place as regional units are organized into Health, Environment and Development Zones or HEAD Zones. That will create action plans based on bioregions taking into account environmental, cultural and geographic factors affecting health.

Advancing Essential National Health Research

The Essential National Health Research (ENHR) is an integrated strategy for organizing and managing research, whose defining characteristics include its goals, content and mode of operations.

ENHR's goal is to promote health and development on the basis of equity and social justice. Its content includes research specifically oriented to solving the most essential problems affecting the population, with specific emphasis on the impoverished, disadvantaged and other vulnerable groups whose health needs are often overlooked or ignored. ENHR's mode of operation is characterized by inclusiveness, seeking the involvement of researchers, health care providers and representatives of the community in planning, promoting and implementing research programs.

The ENHR strategy calls for: mechanisms to close the gap between research and application so that results of research are effectively translated to action; objective scientific analysis as guides to planning, policy and action; and those involved in setting priorities for health research to take note of problems identified by health care providers, policymakers and the public at large.



3

Health Goals for the Nation

The DOH recommends the following health goals for the nation. Only by the concerted and sustained action of the people, through their government and institutions, can these goals be achieved. The DOH will seek to provide leadership in building consensus and encouraging common actions toward these goals.

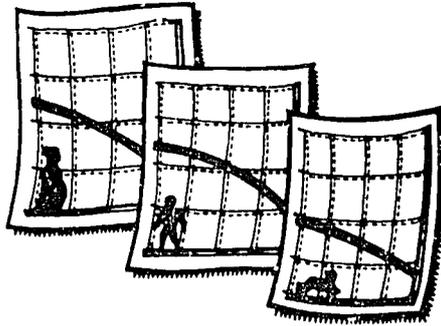
Health Status Goals

- Average life expectancy will increase from 62 years in 1990 to 67 years in 1998.
- Crude death rate (/1000 population) will decrease from 6.9 in 1990 to 6.4 in 1998.



- Infant mortality rate (/1000 live births) will drop from 59.35 in 1990 to at least 18 in 1998.
- Crude birth rate (/1000 population) will improve from 28 in 1990 to 25.1 in 1998. Moreover, the total fertility rate will decline from 3.58 in 1993 to 3.09 in view of the promotion of more responsible parenthood.
- Maternal mortality rate (/1000 live births) will decrease from 1 in 1990 to 0.5 in 1998.
- Child mortality rate (/1000 child population) will drop from 5.3 in 1990 to 4.4 in 1998.

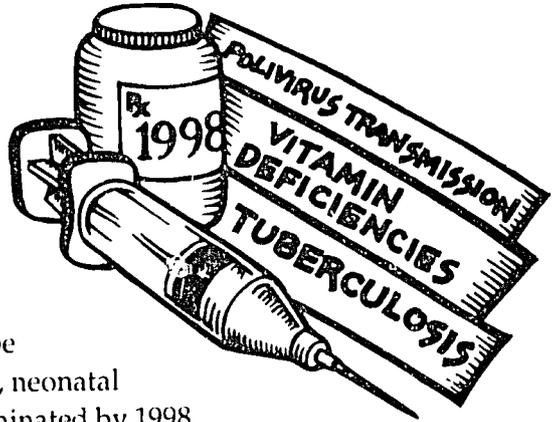
Goals on Reducing Disparities



- The disparities of field offices (regions, provinces, cities) from national targets of key indicators i.e. IMR, CMR, MMR will be reduced by 75% in 1998.
- By 1998, all municipalities will have doctors regularly detailed in key areas.
- The proportion of reported deaths without medical attention will be reduced by 70%.
- Medicare II will be fully implemented by 1998.
- Access to essential drugs will be increased to 90%.
- The access to safe drinking water supply will increase by 97% for Metro Manila populace, 96% in other urban areas and 93% in rural areas while the access of household sanitary facilities will go up by 94% especially in rural areas by 1998.

- Budgetary, health human resource and logistics augmentation will be prioritized to high risk or hard-to-reach areas.
- No region, province or city will be lower than 20% of the national priority program targets by 1998.

Goals on Reducing Specific Health Risks



- Wild poliovirus transmission will be eradicated by 1995, neonatal tetanus will be eliminated by 1998 and measles will be effectively controlled by 2000.
- Vitamin A and Iodine deficiencies will be virtually eliminated by 1998 and the prevalence of Iron-deficiency anemia among high risk groups will be reduced by 30% in 1998.
- The prevalence of moderate-severe malnutrition among pre- schoolers will decrease from 14% in 1990 to 8% in 1998.
- There will be an increase in per capita energy intake from 1753 Kcalories in 1987 to 1777 Kcalories in 1998.
- The proportion of low birth weight will be reduced to less than 10% in 1998.
- The mortality rate due to acute respiratory infections among young children will decrease by at least 50% in 1998.
- The mortality rate due to diarrheal diseases among young children will be reduced by at least 50% in 1998.

- The prevalences of dental caries and periodontal diseases will be reduced by at least 40% in 1998.
- The prevalence rate of tuberculosis will decrease from 6.6 in 1990 to 2 in 1998.
- The prevalence rate of leprosy will drop from 2.4 in 1991 to 1.0 in 1998.
- The incidence of rabies will be reduced by 90% in 1998.
- The incidence rate of malaria will decrease from 7.3 in 1990 to 2.0 in 1998.
- The prevalence rate of schistosomiasis will be reduced from 6.0 in 1990 to 2.0 in 1998.
- Cases of cancer, cardiovascular and other degenerative diseases will be reduced by at least 20% in 1998.
- Cases of pollution and other environmental/occupational hazard-related diseases will be reduced by at least 50% in 1998.

Goals on Health Services



- A health promoting environment will be created and maintained particularly in health offices, facilities and communities. Smoke-free environment in all health units and other public buildings will be established by 1998.
- The allocation for health will be increased from 3% in 1990 to 7% in 1998 with 35% allocation to preventive and promotive health.

- The quality and accessibility of patient care in all health facilities will be assured through (i) maintaining an adequate pool of competent health personnel at all times, (ii) providing low-cost medicine and promoting health insurance, (iii) institutionalizing the utilization of traditional medicine and other appropriate technology, (iv) promoting and supporting self-sufficiency in local drug-manufacturing, packaging and distribution and (v) establishing and sustaining quality assurance programs.
- The Universal Child and Mother Immunization will be maintained.
- Access to growth monitoring and promotion will be increased to 90% in 1998.
- Access to quality maternal care will be increased to 90% in 1998.
- Coverage of exclusive breastfeeding and proper weaning practices will be increased to 100% in 1998. All hospitals, public and private, will support the Baby-Friendly Hospital Initiative by 1998.
- Maximum access to family planning services will be attained by 1998.
- There will be significant reductions in emerging social health problems such as HIV infection/AIDS, drug and alcohol abuse. Measures on the prevention and control of HIV infections/AIDS will be fully operational by 1994.



- Measures and task forces on disaster control will be fully operational by 1994 in all regional, provincial and city health offices.
- Access to preventive cardiology and other public health programs related to environmental/occupational hazards and other degenerative diseases will be increased to 90% by 1998.
- Primary environment care and community-managed pollution control will be introduced to complement primary health care initiatives.
- All public hospitals will provide preventive and promotive services of priority public health programs by 1998.
- Available, accurate, reliable and timely health data will be ensured in support of disease control programs.
- Strong health representations in all national health committees and local health boards will be established and sustained.

The DOH believes these goals to be desirable and attainable. The DOH presents these goals for the whole country to accept and embrace as its own.

4 Mobilizing for Health



Health for all Filipinos

by the Year 2000 and Health in the

Hands of the People by year 2020 can be achieved only by mobilizing all stakeholders of health: public and private sectors, national, sub-national and international agencies and most especially, the communities, families and individuals.

Mobilizing for health requires a lead agency to coordinate and orchestrate the efforts of all participants in health actions. DOH will assume this vital role at national, regional, provincial, city, district, municipal and barangay levels. Mobilization will take many forms. It can be mobilization for legislation or for environmental health concerns; it can be expanding the Family Planning Program or advocating for certain health policies. It can also mean mobilizing resources and networks.

Mobilizing for health will promote and increase participation in health. Participation is both a means and a goal in attaining **Health for All Filipinos** via a comprehensive and sustained national effort.

How We Can Mobilize for Health

Alliance building is a key step to mobilizing. Partnerships and linkages must be established and strengthened. There must be strong and active representations in all local health boards. Endeavors of government agencies and NGOs must be coordinated if not integrated. Advocacy for health legislation must be encouraged.

Mobilizing involves reaching, touching and motivating people in large numbers. Mobilizing is a skill and a discipline. Therefore there will be a need for capacity building; people must learn how to advocate, communicate technical messages and even manage their community of participants and stakeholders. Mobilizing will also be biased for the periphery. Reaching the unserved and hard-to-reach areas will be prioritized to improve access and coverage. Mobilizing for health requires a sensitized citizenry, an aware beneficiary, and a community eager to participate.

Mobilization for the National Health Plan

The Department of Health calls on all sectors, public or private, local or international particularly NGOs, POs and educational institutions to participate in a national health planning process.

Now is the best time to converge in our vision, commitments, efforts and even apprehensions as we plan our long journey towards **Health for All Filipinos by 2000** and **Health in the Hands of the People by 2020**.

■

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