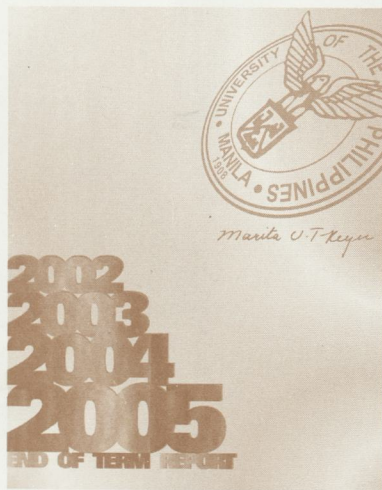


*Marita U.T. Keyser*

**2002**  
**2003**  
**2004**  
**2005**  
**END OF TERM REPORT**



**UP MANILA END-OF-TERM REPORT 2002- 2005**

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## PART ONE. INITIATIVES

### I. MANAGING CHANGE

#### Harmonizing Structure and Function

##### *Revised Organizational Structure*

In 1988, UP Manila was reorganized in response to a clamor for a more horizontal organizational structure and for more democratic governance. This structure essentially remained through the years even as the number of offices and units increased. The incoming administration (2002) thus saw the need to rationalize and harmonize the functions of offices and balance the responsibilities and duties of the staff members. The subsequent revision was in consideration of the management values of simplicity, efficiency and economy.

The proposed reorganization of the UP Manila Executive Offices and Central Administration (Feb. 1) was approved by the Board of Regents during its 1171<sup>st</sup> meeting on May 30, 2003. The highlights were:

- Restoration of the University Assembly or *Pamantasang Asambleang*, the policy-making body on matters not falling within the jurisdiction of the University Council;
- Merger of the Office of Extension and Continuing Education (OECE) and the Ugnayan ng Pahinungod;
- Conversion of the National Graduate School for the Health Sciences to the National Graduate Office for the Health Sciences;
- Creation of the GE Program Office and the National Service Training Program Office;

- Replacement of the Resource Generation Office by the Institutional Development Committee;
- Abolition of the Media Relations Office;
- Abolition of the Health Futures Office;
- Creation of the Office of Anti-Sexual Harassment; and
- Creation of the following offices under the Office of the Vice Chancellor for Research: Intellectual Property Rights Office, Health Research Information Office, Research Dissemination and Utilization Office, Resource Generation and External Linkages for Research Office, Bioethics Committee, Bio-safety Committee, Research Technical Review Committee and UP Manila Research Executive Committee.

Members of the reconvened Pamantasang Asambleang take their oath before Chancellor Marita V.T. Reyes



Two years after the approval of the reorganization of UP Manila, several of the offices that were created are yet to be formally set up because of budgetary constraints. Instead, the mandated functions are being performed by committees. An example is the Office of Institutional Development which is currently functioning as a committee.

**Reconstitution of the Academic Personnel and Fellowship Committee (APFC)**

The UP Manila APFC was reconstituted in March 2003 with major changes in its membership. For many years, UP Manila APFC was composed of the deans of all the academic units. This was a deviation from codal provisions and from what is practiced in the other campuses. Process-wise, it can be perceived as a monolithic approval without a proper check and balance. The reconstituted APFC is still chaired by the Vice Chancellor for Academic Affairs; co-chaired by the Vice Chancellor for Administration; but with seven full-time senior faculty as members. The members represent fields or disciplines such as the clinical sciences, field-work-rich disciplines, the physical sciences, social sciences, humanities and the All UP Academic Union.

The role of the APFC is very critical in the selection, promotion and development of the faculty members and REPS. Immediately after its reconstitution, the APFC formulated internal policies and implementing rules and regulations for the appointment of faculty administrators, the "up or out" policy, on promotions, the utilization of vacant items, faculty evaluation and career development.

**Institutionalizing the Human Resource Development Office**

The Office of Personnel Services was also subsequently reorganized into a

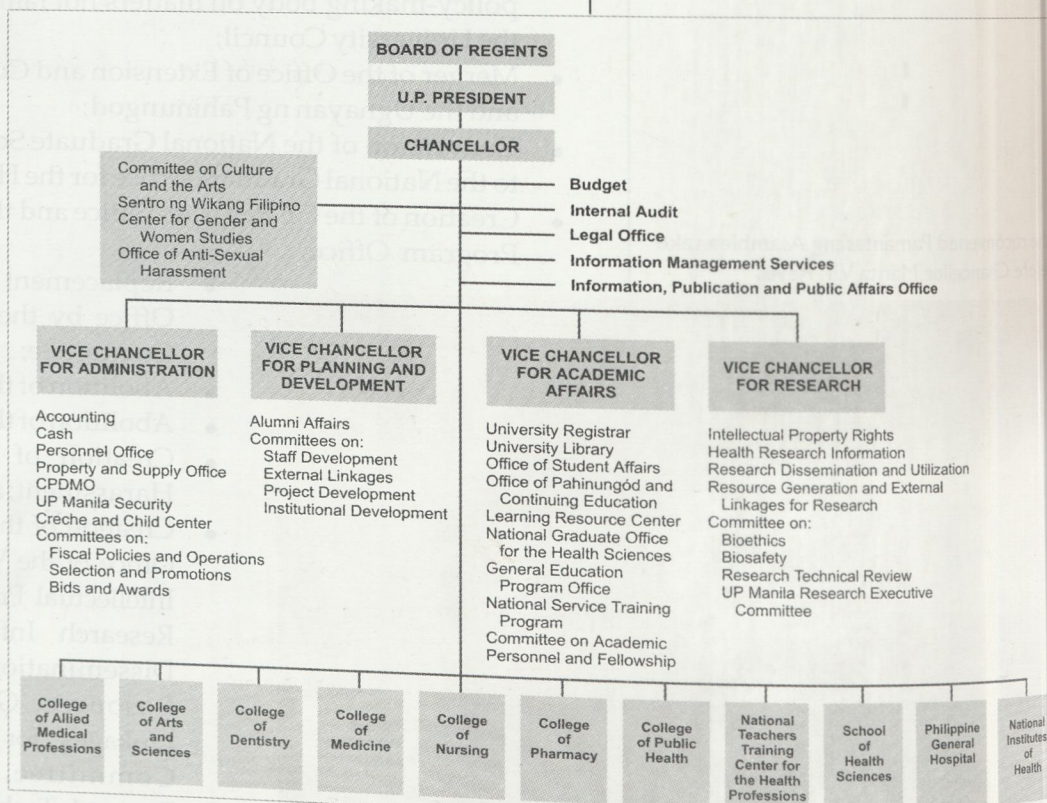


Fig. 1. Organizational chart of UP Manila administration.

Human Resource Development Office (BOR 1194<sup>th</sup> Meeting, March 21, 2005) in order to be more responsive to the growing needs of the UP Manila constituents. The reorganized office has expanded functions and was placed under the headship of a faculty. New functions included development of career programs and their implementation, development and implementation of uniform standards for evaluation of performance, rationalization of benefits and opportunities for professional growth, which are deemed necessary to address the growing demands and complexities of managing and developing the organization's most important resource.

Consultative workshops were held towards institutionalizing the HRDO: first, with the HRDO staff to identify the gaps between the existing and new functions; and second, with the heads of units and administrative officers to clarify expectations from the HRDO.



Creche and Child Center kids perform a song number during the Nutrition Month celebration

#### *Formalizing Creche and Child Center as a Unit*

It is also worth noting that with the 2003 UP Manila Reorganization, the Creche and Child Center, originally created as a "special project" under the Office of the Chancellor, became an organic unit of UP Manila. As a component of the UP Manila Personnel Welfare and Benefits Program, Creche and Child Center has been placed directly under the Office of the Vice Chancellor for Administration. With this, all employees of Creche and Child Center are classified as UP contractual employees and as such, are entitled to benefits given to government employees including GSIS coverage.

#### *Locating the National Poison Management and Control Center*

In 1975, a Poison Control Center (PCC) was established at the Philippine General Hospital which introduced the science of toxicology in the country. PGH-PCC addressed primarily the increasing incidence of poisoning brought about by indiscriminate use of pesticides. Activities of the center focused mainly on the management of acute poisoning cases and conduct of relevant researches. The true picture of poisoning in the country remained unknown due to limited data which were generated from the PGH-PCC. This led to the urgent setting up of a national poison control center to assume the lead role for all matters related to poisoning in the country.

Since the creation of the National Poison Control and Information Service (NPCIS) in 1991, it remained to be a service unit based at the UP Manila. As a project, it works with different clinical departments of the Philippine General Hospital (PGH) in the management of poisoning cases and training of resident physicians and clinical fellows. It also collaborates with the basic sciences departments, particularly the Department of Pharmacology, College of Medicine, on the academic training of the clinical fellow, the conduct of postgraduate courses and the strengthening of toxicology laboratory.

Through the years, the scope of responsibilities of the NPCIS has expanded beyond providing a clinical treatment service. As provided in the Memorandum of Agreement signed in 1992 between UP Manila and the Department of Health, NPCIS continued to address the problems of poisoning throughout the country.

Since poisoning still remains a major problem in the country and both the NPCIS and the PGH-PCIU share similar functions, the proposal that both units be merged as one organization and be named as the National Poison Management and Control Center (NPMCC) was approved during the 1192<sup>nd</sup> Board of Regents Meeting held on January 27, 2005. The center is envisioned to promote healthy Filipino in a toxic-free environment through poisoning prevention and control. It shall commit to protect the Filipino from exposure to hazardous chemicals, substances and drug overdoses by ensuring a safe-healthy environment and to minimize the loss of and harm to lives brought about by these products. It also aims to provide the adequate training in toxicology and appropriate management of poisoning cases, embarking on activities that promote the concept of toxicovigilance.

#### *Committing NIRPROMP at NIH*

A holistic program in the scientific studies of medicinal plants in the Philippines was approved by the National Science Development Board in 1977 to be undertaken by the National Integrated Research Program of Medicinal Plants (NIRPROMP). The NIRPROMP, based at the Department of Pharmacology, College of Medicine, propagated the use of herbal medicines of proven therapeutic efficacy and safety, studies medicinal plants in depth, and formulated pharmaceutical dosage preparation from the pure active ingredient for national and world consumption. NIRPROMP was able to obtain patents for several low cost drugs which have been



Dr. Nelia Cortes-Maramba examines a child victimized by mercury poisoning in Diwalwal, Cotabato.

included in the Philippine National Drug Formulary and registered with the Bureau of Food and Drugs (BFAD).

To further strengthen, institutionalize and expand support mechanism for the research programs on medicinal plants, The PCHRD-DOST explored the idea of institutionalizing NIRPROMP at the NIH. The idea was acceptable to NIH and hence committed to providing office space, one research faculty item and one research assistant item and the use of the animal house and other common research equipment as a gesture of welcome to NIRPROMP. The understanding is that there will be transition phase with PITAHC continuing to support NIRPROMP studies until they are able to fully transfer to NIH.

### **Labor/Employee Relations**

#### *University Management Health Workers Consultative Council*

In accordance with UP Manila's goal of organizational efficiency, the University Management-Health Workers Consultative Council (UMHWCC) was constituted in 2003. Aside from it being a mandate of Section 33 of RA 7305 (Magna Carta of Public Health Workers), The creation of UMHWCC gave UP Manila labor unions and organizations a venue to discuss with management, issues relative to the implementation of RA 7305, employees grievances and the broad aspects of health workers-management relations. These issues include those that affect the welfare and benefits of the health workers including their social and economic well being, their living and working conditions, and security of employment. Among the organizations that are represented in the UMHWCC are:

- All UP Workers Union Manila
- All UP Academic Union - Manila
- PGH Nurses Association
- REPSA Manila
- PGH Physicians Association

Among the issues that have been taken up and clarified through the efforts of the UMHWCC were the uniform implementation of Magna Carta of Public Health Workers benefits for UP Manila academic and PGH employees, clarification of the definition of "a pending case" specifically on its implication on employee's benefits, standardization of procedures in hearing and resolving administrative cases.



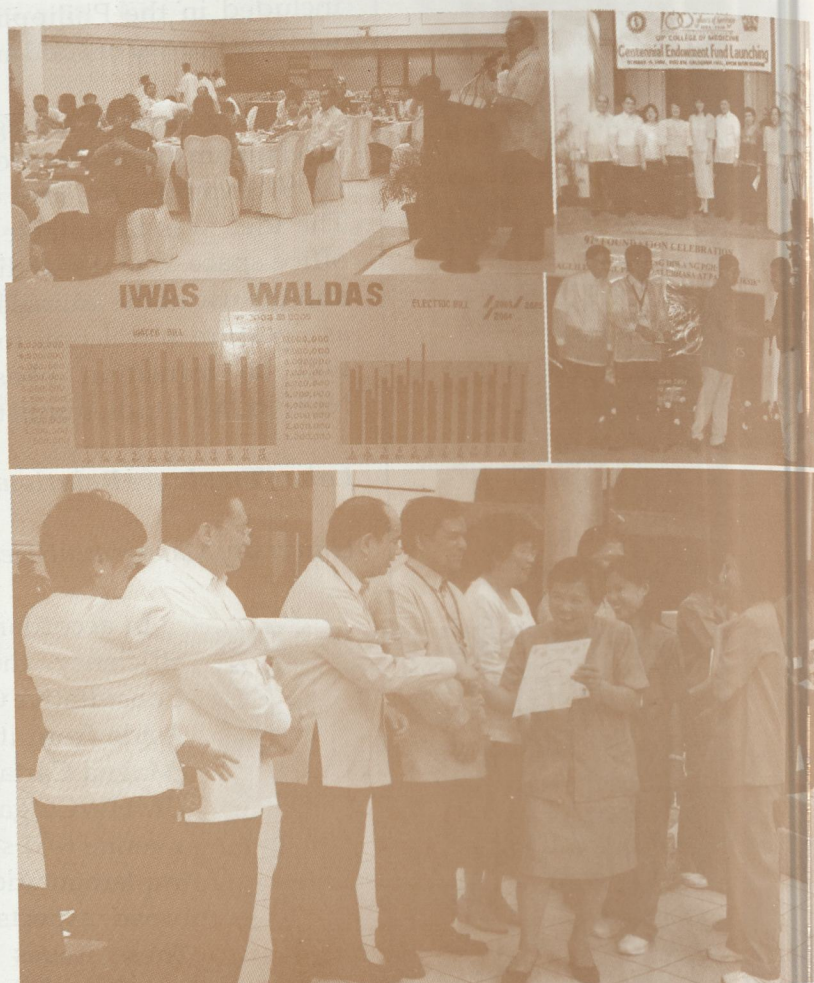
UMHWCC also initiated the conduct of studies for the implementation of automatic salary increase for UP Manila academics employees who completed graduate courses, uniform hospitalization/medical benefits for all UP Manila employees, CNA-mandated 50% discount on hospital fees for UP retirees, with particular attention to the budget implications. Among these, the one-step salary increase for those who completed graduate studies was implemented effective January 1, 2004.

Studies are underway on the recent directives regarding rehabilitation leave, and merit promotion. Proposals for the creation of a UP Manila Occupational and Health Safety Committee as well as for the review of the implementation of longevity pay amidst the differing provisions RA 7305 and the DBM-CSC Joint Circular pertaining to the granting of this incentive are now under consideration.

During the UMHWCC 8<sup>th</sup> meeting held on October 14, 2005, the Management Panel and the Health Workers' Panel signed a joint resolution to strongly endorse to the next administration, the continuation of studies, discussions and implementation of various matters which are of relevance to the welfare and well-being of the health workers, such as uniform medical and hospital benefits of UP Manila Academics and PGH personnel, expanded coverage of annual physical examination and rehabilitation leave, rules on faculty tenure, 50% discount on PGH hospitalization of UP retirees and granting of longevity pay as per provisions of SSL and RA 7305.

### Promoting Community-ness

UP Manila formally became a component university of the UP System in 1982. In 1986, however, its stability was shaken by an academic debate that involved the admission certain applicants in the College of Medicine. The campus was polarized on the issues of



UP Manila and PGH officials gather together during weekly flag ceremonies at the PGH flagpole

collegial processes and administrative powers. This led to the reorganization in 1987.

Several times in the past, there have been public conflicts between the UP Manila authorities and the PGH leadership. Additionally, there has been a perceived inequity among PGH constituents and the staff of academic units on benefits and privileges. Interdisciplinary and multidisciplinary collaborative undertakings have not been very evident in the campus even as it was of utmost importance that UP Manila constituents actually live the tenets of teamwork as a community of health professions if it is to effectively carry out its mission. Certain steps had to be done.

***Increasing Campus Awareness: "The UP Manila Community at a Glance: Facts and Figures 2003"***

The first step was the publication of "The UP Manila Community at a Glance, Facts and Figures 2003" and its distribution among the administrators, constituents, offices and units. The objective was to increase UP Manila awareness among constituents. The handbook provided baseline information about UP Manila: its history, mission, plans, programs and resources.

Additionally, a unit letterheads, personnel calling cards, background for slides were designed to give a uniform identifiable image for UP Manila constituents.

***Reviving the Pamantasang Asambleas/Yunit Asambleas***

The revival of the Pamantasang Asambleas structure aimed to accomplish two objectives: first to re-institutionalize shared governance in the university and second, to enhance community spirit. Chancellor Marita V.T. Reyes enjoined the deans and constituents of UP Manila to support the reconvening of the *Pamantasang Asambleas* (PA) at the university level and the *Yunit Asambleas* at the unit level.

*Pamantasang Asambleas* is a multisectoral body created during the 1988 reorganization of UP Manila. It is composed of representatives from the college assemblies and ex-officio members that include the chancellor, deans and directors.

As contained in the Handbook on the 1988 Reorganization of UP Manila, the functions of the *Asambleas* were as follows:

- To provide the directions of the thrust of the university to insure relevance to national goals in related fields.
- To formulate policies for UP Manila for implementation by the Chancellor. These policies shall dwell on matters affecting and peculiar to UP Manila only and shall be consistent with Board of Regents policies. On policy matters affecting or interfacing with the functions of the University Council, the latter will have the final decision. The Assembly may also recommend for consideration by and approval of the Board of Regents policies that may be of university-wide applicability.
- To serve as the principal forum for discussion of issues affecting UP Manila, including the UPM budget and long- or medium-range development plans.
- To nominate to the UP President members of the nominating committee who will then supervise the process of democratic selection of nominees for Deans, Directors and equivalent positions in units of UP Manila.
- To initiate the process of recall by recommending to the Board of Regents the recall of the Chancellor in the event of a no-confidence vote by two-thirds of the assembly members.

In the light of its revival, the above functions were reviewed and the revised Role and Functions of the *Pamantasang Asamblea* were presented and ratified by PA members during its general meeting early 2005. The new roles and functions of the PA are as follows:

- To serve as the principal forum where faculty, students, and non-academic personnel together with the UP Manila administration, can discuss non-academic issues affecting their University (including, but not limited to directions, the UP Manila budget, and long/medium range development plans) while ensuring relevance to the Filipino nation;
- To promote direct interaction among the various unit constituencies of the University (faculty, REPS, administrative staff, and students) in the discussion of issues which therefore were mainly sectoral;
- To recommend policies on administrative and non-academic matters for approval and implementation by the Chancellor. These policies shall dwell on matters affecting and peculiar to UP Manila and shall be consistent with the Board of Regents policies. The assembly may also recommend for

Pamantasang Asamblea forum on UP Charter Change



consideration and approval of the Board of Regents policies of university-wide applicability, i.e. guidelines and procedures for selection of officials.

The reconvening of the *Yunit Asambleas* paved the way for the historic reconvening of the *Pamantasang Asamblea* on July 18, 2003 that coincided with the investiture of Dr. Marita V.T. Reyes as the sixth Chancellor of UP Manila.. It was also during this event that the officers and members of the PA were inducted. Among those inducted were Dr. Jesus N. Sarol (CPH), *tagapangulo*; Ms. Apple Valparaiso (CM), *pangalawang tagapangulo*; Ms. Fedelynn Jemena (IPPAO), *Kalihim*, and Ms. Belinda Jabilo-Santos (PGH), *tagapamayapa*. Memberships of the four PA committees were also finalized with the following chairs: Policy Committee Prof. Bridgette Lao-Nario, Grievance Committee Mr. Jossel I. Ebesate, Ways and Means Committee Mr. Antonio Gumay, and the Committee on University and National Issues Dr. Edberto M. Villegas.

Since its reconvening, the *Pamantasang Asamblea* has initiated an information and advocacy campaign on Senate Bill No. 2587 or "An Act Strengthening the University of the Philippines as the National University" which sought to revise the 1908 UP Chapter. A public forum and group discussions on the UP Charter were held during the UP Manila Foundation Week Celebration.

The *Pamantasang Asamblea* made its presence felt again when it took the lead in the UP Manila Christmas celebration in 2004 as with its active participation in various committees and in the holding of several activities. Recently, amidst the raging national controversy and political crisis caused by the Gloria tapes, PA conducted a forum entitled "Usapang Gloriagate," after which a statement on PA stand pushing for the President's resignation was released and published.

### ***Integrating PGH with UP Manila***

Language is a reflection of thought and attitude so that the very first step taken towards the direction was a clarification of the use of the terms "UP Manila" and "PGH". "UP Manila" has been used to refer only to the academic units and the central administration, with the exclusion of PGH. It was declared that the new terminology should be "UP Manila Academics" when referring to academics and the central administration. "UP Manila PGH" on the other hand, refers to PGH alone and "UP Manila" refers to all units, including PGH.

There is a sense of imbalance in UP Manila because of the size of the resources of PGH compared to the rest of UP Manila. About 75% of the total UP Manila budget is allocated for PGH whose personnel dominate the UP Manila roster. PGH personnel have better hospital confinement benefits, a distinction not significantly addressed by past UP Manila officials, thus giving fodder to the divide.

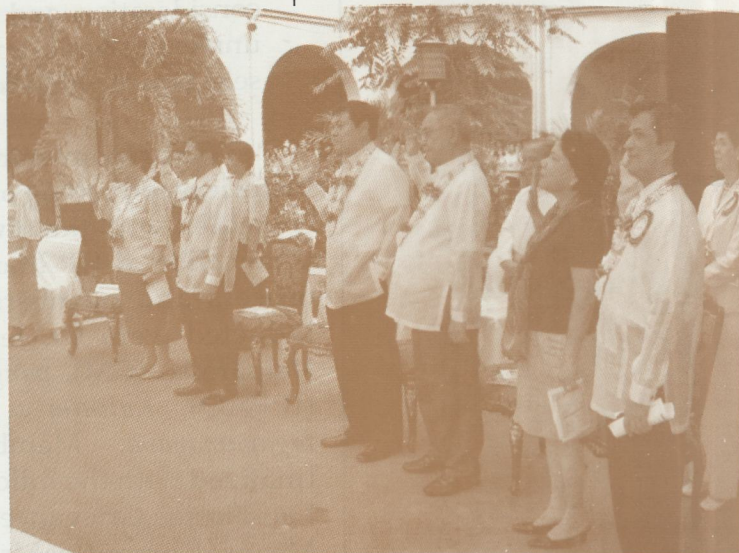
Immediately after the assumption of the current administration, the Office of the Chancellor reached out to PGH officials and opened discussions on how to equalize personnel benefits. Waste management was also integrated, such that hazardous wastes from the hospital and the different academic and research laboratories were considered as one during the bidding process. The Greening of UP Manila project also now includes the PGH grounds. The PGH Gateway was identified to be the first to be constructed among the several gateways with a uniform design depicting a UP Manila identity.

The UP Manila administration gave full support to the projects of PGH, particularly, for the establishment and operationalization of a Medical Arts Center (MAC) which has lately been referred to as the Faculty and Medical Arts Building (FMAB). The project was actually conceptualized more than ten years ago.

### *Connecting the School of Health Sciences with the rest of UP Manila*

The School of Health Sciences (SHS) in Palo, Leyte, is a significant unit of UP Manila as it exemplifies relevance and service in its curricular programs, values that are important components of social responsibility. And yet, many in UP Manila may not be aware of the School of Health Sciences in Palo, Leyte. Neither do SHS constituents feel that they are an important part of UP Manila.

In 2003, UP Manila officials visited SHS thrice as a group and several more times as individuals, thereafter. The most recent was in July, 2005 with the newly appointed UP President Emerlinda R. Roman. Teleconferencing was initiated to make possible the distance participation of the SHS faculty in the University Council meetings. Additional computer units were provided to the faculty, students



UP Manila and PGH officials during the hospital's foundation week celebration in August 2004

and the library. Collaborative programs--e.g. faculty exchange, student exchange, in research and in community programs--are underway.

### *Understanding Inter-professional Relations and Issues*

There are historical conflicts between and among health professionals, like those between physicians and nurses, between ENT practitioners and dentists, between rehabilitation medicine practitioners and allied medical professionals. These conflicts have been simplified as turf wars. And, yet as an institution for health professionals UP Manila advocates collaboration among the members of the health team. It is then important that inter-professional relations and issues be examined and mechanisms for resolution of issues established. A committee headed by Dr. Josefina G. Tayag has been constituted to study these and propose the appropriate approaches.

### *Establishing Good Neighbors Initiative*

Launched towards the end of 2003, the Good Neighbors Initiative (GNI) gained momentum in early 2004. GNI is a gathering of workplace-neighbors composed of government offices, schools, banks, private establishments, including the barangays with jurisdiction situated along Taft Avenue, Pedro Gil, Padre Faura and other adjacent streets surrounding UP Manila. It promotes

working together for a clean, orderly, secured and healthy community, for the safety and well being of the constituents, and to inspire citizens to obey and implement the laws. It is hoped that by doing simple acts of patriotism and little deeds of civic service, the community will become a wholesome place to work, to study and to conduct business; and a clean and safe place for pedestrians and visitors.

Aside from the University of the Philippines Manila, original advocates included the Supreme Court, National Bureau of Investigation, Western Police District Station 5, Girl Scout of the Philippines, St. Paul's University Manila, Manila Science High School, Philippine National Bank-PGH Branch, Banco de Oro, Equitable-PCI Bank and Barangay 696-Zone 76. Monthly meetings are held every last Monday of the month.

A Good Neighbors Initiative regular meeting



Top, IHC Director Dr. Carmelita P. ...  
 Mid, above, signing of a joint resolution ...

The list of advocates and volunteers continue to build-up. The updated list includes Department of Justice, Manila Doctors Hospital, Philamlife, Cathedral of Praise, Philippine Christian University, Ellinwood, Philippine Women's University, Robinson's Place, Manila Jaycees, Magsaysay Maritime Corporation, Philippine Business for Social Progress, Bureau of Fire Protection (Intramuros Station), DSWD-NCR, Manila City Hall Hawkers Bureau and Traffic and Parking Bureau, MMDA and Barangays 669-Zone 72, 697-Zone 76, 698-Zone 76.

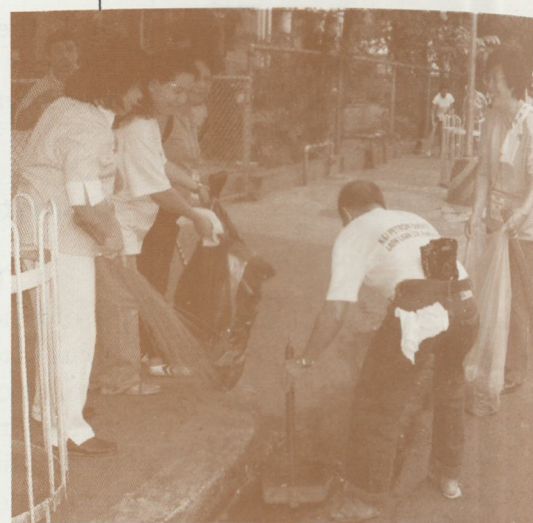
GNI has already conducted four *Linis Bayanihan* (on May 15, 2004, January 15, 2005, June 4, 2005 and October 9, 2005. It also sponsored lectures on "Crime Prevention In or Out of the Campus," "The Role of the PNP and the Community," and "Earthquake Impact Reduction Study for Metropolitan Manila." Relative to the drive versus illegal vendors, GNI initiated dialogues between the vendors and WPD together with Manila City Hawkers Office. Illegal carwash, carinderias, sari-sari stores were demolished along Guerrero and Malvar Streets. Enforcement of traffic in Pedro Gil and P. Faura Streets improved with the coordinated efforts of WPD and Manila City Hall Traffic and Parking Bureau. To provide adequate transportation for the law enforcers, GNI raised funds for the acquisition of four (4) units of motorcycles for WPD Station 5.

The GNI is the brainchild of Dr. Roland Capito and the activities of GNI are being coordinated by the UP Manila Office of Alumni Affairs.

### *Reviving the Metro Manila Health Science Community*

UP Manila is assisting the Philippine Council for Health Research and Development in reviving the Metro Manila Health Science Community (MMHSC) that was originally conceptualized as the Ermita Science Community in the 1980's to promote health research through collaboration involving the different health institutions in the Ermita Area.

Subsequently, it expanded its area of interest to the whole of Metro Manila. Diminishing research funds prodded the members to put up a Foundation for fund-raising activities. The MMHSC became inactive in the late 1990s. Recognizing the strategic role the MMHSC can play in the Philippine National Health Research System, the PCHRD has requested the assistance of UP Manila in its revival.



*Linis Bayanihan with Chancellor Reyes and UP Manila employees*

## II. SPEARHEADING NATIONAL HEALTH PROGRAMS

### National Newborn Screening System

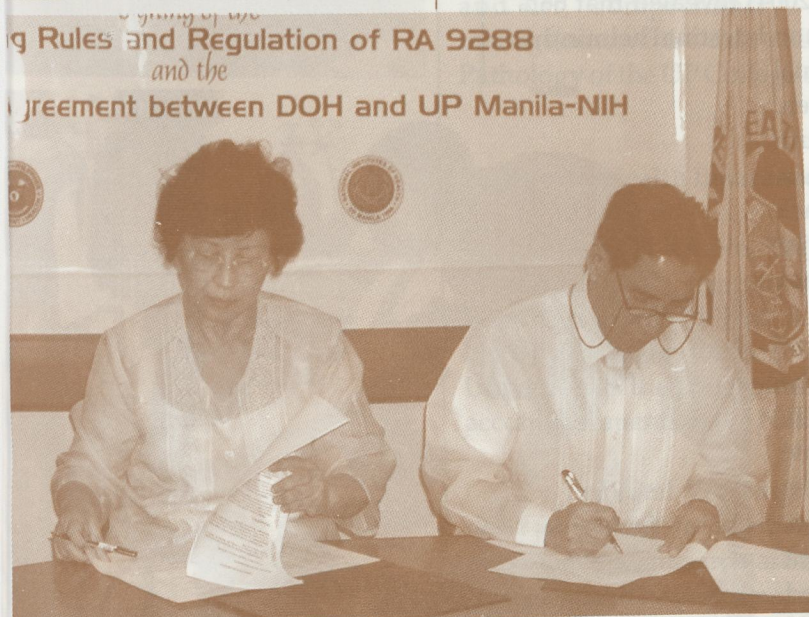
The Institute of Human Genetics (IHG), National Institutes of Health had been instrumental in the enactment of Republic Act No. 9288, otherwise known as the "Newborn Screening Act of 2004," an act promulgating a comprehensive policy and a national system for ensuring newborn screening.

The institutionalization of a comprehensive, integrative and sustainable national newborn screening system at the national and local levels ensures that every baby born in the Philippines is offered the opportunity to undergo newborn screening and thus, be spared from heritable conditions that can lead to mental retardation and death if undetected and untreated.

At present, 638 hospitals all over the country are collaborating partners of the Newborn Screening Program at the National Institutes of Health. The law envisions the enrollment of all newborns within the next few years, which ensures that newborns with inborn errors of metabolism are given the appropriate corrective treatment before it is too late.

A joint resolution to promote newborn screening in the Philippines was signed by the Department of Health (DOH) and relevant stakeholders last October 3, 2005 at the Jose R. Reyes Memorial Medical Center.

Stakeholders include the Department of Interior and Local Government, Philippine Health Insurance Company, Council for the Welfare of Children, UP Manila National Institutes of Health, Philippine Obstetrics and Gynecological Society, Philippine Pediatric Society, Inc., Integrated Midwives Association of the Philippines, Philippine League of Government and Private Midwives, Midwives Foundation of the Philippines, Inc., and the Jose R. Reyes Memorial Medical Center.



Top, IHG Director Dr. Carmencita Padilla with a screened and unscreened child; above, signing of a joint resolution to promote newborn screening

This joint resolution aimed to strengthen the promotion of newborn screening in all government and private health facilities and health practitioners, but more importantly, among the general public, to ensure the full and healthy development of every Filipino child in line with the government's Bright Child Program.

#### **Newborn Screening Reference Center**

The critical role of UP Manila in the implementation of the newborn screening system could be gleaned with the establishment of the Newborn Screening Reference Center (NSRC) in the National Institutes of Health as provided in the implementing guidelines of the Newborn Screening Act of 2004.

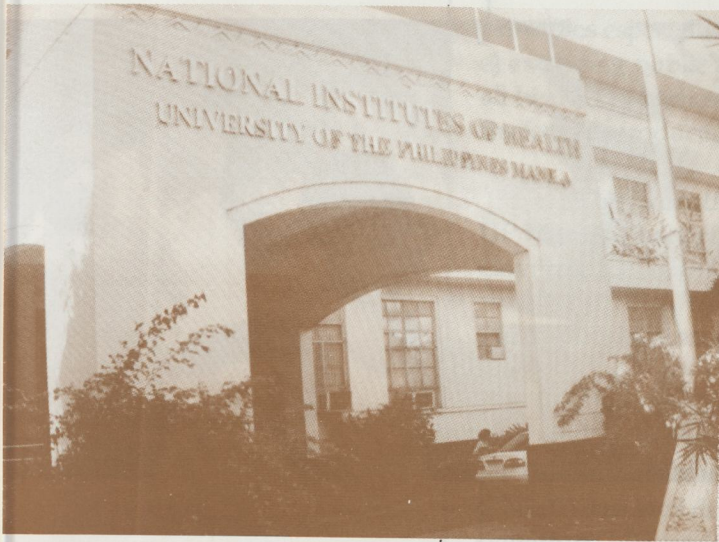
The NSRC is the central facility that defines testing and follow-up protocols, maintains an external laboratory proficiency testing program, oversees the national testing database and case registries, assists in the training activities in all aspects of the newborn screening program, oversees content of educational materials, recommends the establishment of newborn screening centers and acts as the Secretariat of the Advisory Committee on Newborn Screening. The Center is independent of the Newborn Screening Program.

#### **Support for the National Program for the Control of Intestinal Parasitism**

A recent nationwide study by University of the Philippines/Department of Health/UNICEF (2004) revealed that 66% of pre-school children were infected with common intestinal helminths. The national program for the control of intestinal parasitism has employed deworming of children, ages 1 to 14 years old, twice a year for a minimum of two years especially in highly endemic areas. However, the magnitude of the problem and lack of adequate resources continue to remain as major challenges as evidenced by the latest UP/DOH/UNICEF nationwide survey.

In the interest of supporting DOH in the campaign against soil-transmitted helminths (STH), the National Institutes of Health, led by Dr. Vicente Y. Belizario, Jr., is spearheading various strategies which aim to involve research as a main tool for more comprehensive understanding of current issues regarding STH and to use the generated information as basis for recommendations. The NIH





is also promoting a stronger advocacy campaign against STH, discredit myths and misconceptions regarding helminth control and produce solutions to existing problems.

In addition, the NIH is included in a Technical Working Group, in collaboration with DOH, tasked to formulate policies and actions in the control of STH for nationwide implementation. These activities are directed towards the creation of concrete solutions to reduce the population worm burden and consequently cause significant impacts in the quality of life of all children. This can be realized through close collaborations with Local Government Units, Department of Education, media, parents and other concerned health agencies.



#### **National Ear Institute**

By virtue of RA 9245, Ear Institute was designated as the Philippine National Ear Institute (PNEI). It is mandated to undertake epidemiologic investigations related to disorders of hearing, balance and their related functions. It is also aimed to conduct institution- and community-based studies and services related to deafness and balance disorders. In 2004, PNEI conducted hearing screening, training of school nurses in Regions I, II and III, comprehensive audiologic evaluation, comprehensive management of the deaf child in coordination with the Dept. of Speech Pathology of the UP College of Allied Medical Professions.

#### **Philippine Health Insurance Assessment**

In 2004, RA No. 9241 amended RA 7875, otherwise known as the National Health Insurance Act of 1995, and mandated the National Economic Development Authority (NEDA), in coordination with the National Statistics Office (NSO) and the National Institutes of Health of the University of the Philippines (UP-NIH) to undertake studies to validate the accomplishments of the National Health Insurance Program.

Technical Working Groups from the National Institutes of Health were organized to identify, prioritize and finalize the key performance indicators and research areas in accordance with the established validation framework. The performance indicators are anchored in the five health policy goals such as equity, quality, effectiveness, efficiency and sustainability.

### Philippine National Health Research System (PNHRS)

UP Manila (through the efforts of the National Institutes of Health and the Office of the Chancellor) was an active participant in the conceptualization of the PNHRS that shall coordinate health researches in the country through a virtual structure that includes the Department of Health (DOH), the Department of Science and Technology (DOST), the Commission on Higher Education (CHED) and the National Institutes of Health (UP Manila) as significant entities. UP Manila's specific policy contributions were in the areas of resource generation, capacity building and research ethics.



PNHRS represents the partnership and collaborative efforts of the Department of Health (DOH) and the Department of Science and Technology (DOST) to produce a coordinated and coherent research agenda which connects to and converges with the wider health, economic, political, educational, science and technology systems of the country. The National Institutes of Health of UP Manila, apart from being a major contributor of researches to PNHRS, was collaborator in the technical working groups initially created by the system.

Currently, all three agencies are working in partnership to pursue the proposed Philippine National Health Research System Act. Efforts to craft a bill were started in 2002. The major provisions of the bill include the institutionalization of PNHRS composed of stakeholders of the research fund and the creation of PNHRS fund and their mechanisms. The inclusion of the fund is to provide support to the system to enable the implementation of health research agenda that corresponds to the needs of the country.

The purpose of the proposed bill is to improve the health status, productivity, and the quality of life of Filipinos by: a) producing new knowledge through ground-breaking research and consequently improving the health of all Filipinos; b) developing a network among researchers, research organizations, and other members of the health research community; c) promoting health research as a profession by making it at par with international standards, thereby, along with the other purposes, encouraging individuals to pursue research as a career path; d) inculcating internationally accepted ethical standards and

principles especially in researches involving human subjects and participants; e) extending public access to the information and other outputs generated by all health researches; and f) encouraging and utilization of research results in the form of products, programs and technologies.

The Executive Director of the National Institutes of Health and the UP Manila Chancellor will sit alternately for one-year terms at the PNHRS Governing Council.

### **Philippine National Health Information Infrastructure (PNHII)**

A few weeks ago, UP Manila signed a Memorandum of Agreement with the Department of Health (DOH) that establishes their collaboration on the establishment of the Philippine Health Information Infrastructure (PNHII) that lays down the infrastructure of the Philippine health database system. This was through the initiative of the NIH-National Telehealth Center, the College of Medicine - Medical Information Unit and the UP Manila - Information Management Services, led by Drs. Alvin Marcelo and Inocencio Maramba.

PNHII is foreseen as a way of galvanizing the various health informatics activities in respective agencies into a solid and integrated approach towards health information management. These agencies will work together to build and strengthen the PNHII within the following areas of collaboration: registration, consolidation and promotion of existing standards already being used by partner agencies; development of standards for health information including but not limited to security, privacy and confidentiality of electronic health information; development of infrastructure in support of health data interchange; policy formulation in support of health data interchange; establishment of an authoritative registry for health ICT application; and other areas to be determined by the parties.

The Medical Informatics Unit, National Telehealth Center and Health Informatics Working Group will serve as Secretariat for the PNHII in the initial organizational development phase.

### **BuddyWorks: Use of Telehealth Services in Community Partnership Program**

In August 2005, the National Telehealth Center (NTC) formally launched BuddyWorks, a program that applies web-based technology in telemedicine services for community partnership programs.



With a PhP50-million grant from the e-Government Fund, the project was conceptualized by NTC and approved by the Commission on Information and Communications Technology (CICT). The NTC coordinates with the Department of Health (DOH) to reach the different provinces and with the different units of the Philippine General Hospital to provide experts for teleconsultations.

Functioning like electronic mail, BuddyWorks' interface has been modeled after a hospital chart, in which health professionals from far-off areas may enter important information that they wish to discuss with their colleagues in Manila. Based on the clinical data they provided, the colleagues can make a management suggestion.

This will be especially beneficial to rural communities that are without access to specialists and subspecialists. The network is also being developed to allow specialty societies and academic health institutions expansion of their database for research and training purposes.

BuddyWorks also aims to promote a sense of teamwork in the Philippine medical community; and eventually, contribute to the equitable distribution of health services all over the country.

With support from the DOH, PhilHealth, Advance Science and Technology Institute, UP Information Technology Training Center, Leverage Systems Technologies and Microserve Inc., the BuddyWorks currently coordinates with 10 hospitals, medical schools, and rural health units all over the country.

### **National Service and Placement Act**

The Institute of Health Policy and Development Studies (IHPDS) at the NIH continued to be an active key player in the development of health policies based on various researches, consultations, policy fora and evaluation studies. The National Service and Placement Bill is one of its projects in connection with UP Manila's own Placement program for its graduates. IHPDS is one of the



**Dr. Marilyn Lorenzo, IHPDS Director, leads a roundtable discussion**

health institutions that is pushing for the legislation of the National Service and Placement Act intended to regulate the exodus of health professionals.

### **The NIH Pfizer Research Fellowships**

Pfizer Philippines Foundation, Inc. (PPFI) and the National Institutes of Health (NIH) recently launched a fellowship program that provides financial assistance to local researches conducted by medical practitioners.

The NIH-Pfizer Research Program aims to strengthen the research capacity of selected medical practitioners engaged in local research which respond to current public health concerns and significantly affect a large sector of society.

The fellowship also aims to provide opportunities for inter-agency collaboration on health research and venues for sharing research results with concerned agencies.

The program involves mentoring of selected medical fellows through the research process that will include research methodology, proposal preparation, project implementation, data processing and analysis, report writing and dissemination of research results.

Priority research areas are: a) prevention and control of the country's top causes of morbidity and mortality such as diarrhea, bronchitis, pneumonia, influenza, hypertension, tuberculosis, malaria, heart diseases, cancer, accidents, chronic obstructive pulmonary diseases and other respiratory diseases, diabetes and kidney diseases; b) surveillance and diagnostic procedures for emerging diseases in the country, environmental pollution, and drug development; and c) biotechnology or transfer of technology developed from researches to increase public awareness. Applicants should be Filipino citizens and licensed medical practitioners from reputable institutions.

### III. RATIONALIZING PROCEDURES AND PRIORITIES

#### Academic Performance Monitoring Project

UP Manila, in its desire to assess relevance, equity and quality of education, started the academic index monitoring projects, towards the end of the Second Semester of 2004, through the Office of the Vice Chancellor for Academic Affairs. The project assessed the access to and performance of UP Manila undergraduate and graduate programs in terms of quality of students, faculty, facilities and courses as well as the quality of services being rendered by the difference colleges and academic support services. The academic indices that were used in the program performance monitoring were application to different courses, UPCAT qualifiers, enrollment, no show for new undergraduate and graduate programs for the last five years as well as retention, attrition, timely graduation and results of professional licensure examination. The faculty profile, faculty development and academic environment were likewise assessed including the faculty-student ratio and faculty loading to look into the adequacy of human resources with balanced portfolio on teaching, research and extension service. An over-all academic assessment, both qualitative and quantitative were also undertaken to assess compliance to the strategic thrusts of each unit and provide future direction for academic relevance and excellence.



#### Administrative Processes

##### *UP Manila Organizational Development Framework*

The Organizational Development Framework (see Annex B) is anchored on UP Manila 2003-2005 Strategic Plan as well on UP Manila's mandate to constantly strive to become an outstanding, relevant and socially responsible institution of higher learning. Recognizing the importance of its human resources, the organizational development framework identified major components, such as training, career development, group capacity building, development of organizational culture and resource management support. The interventions identified such as management development program, staff development program, career planning, learning enhancement, personnel assistance program are aimed towards promoting greater organizational effectiveness, increased organization efficiency and better organizational health.

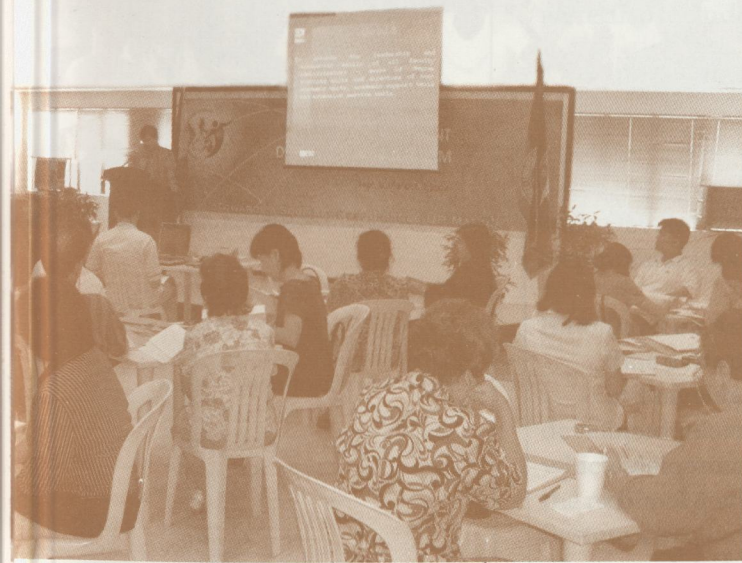
### *Management Development Program (MDP)*

The Management Development Program is part of the capability building thrusts of the UP Manila Strategic Plan for 2002-2005 for managerial and staff development. It is aimed at enhancing managerial capabilities of the University's administrators, making them effective partners in the formulation, implementation and evaluation of their own programs and projects.

A major commitment to this end was the active participation of all deans and directors in the preparation of their unit's annual Internal Operating Budget (IOB). This system started in 2003 and continues to be refined. An annual budget orientation for administrators has become institutionalized as part of the IOB process.

The conceptualization of a Management Development Program started in 2003 and was finalized in January 2004. The MDP aims to enhance the skills of faculty administrators in the following aspects of management:

- Setting goals, monitoring performance and raising standards
- Managing an organization and program with varied stakeholders
- Understanding the organizational behavior and the impact of leadership in the organization.
- Developing effective decision-making processes
- Making the most of the administrator's attributes and controlling his/her risk areas
- Communicating up and down the organization as well as motivating and generating enthusiasm
- Building teamwork and obtaining cooperation between diverse groups
- Stimulating, creating and innovation, as well as implementing and adapting to change.



Office Chancellor for Planning & Development  
Roland Simbulan explains goals of the MDP training

The first MDP Seminar was finally held on September 10 and 17 and October 1, 2004. In response to the results of a Managerial Needs Assessment conducted in late 2003, contents generally envisage methodological and technical aspects of management. It covered the basic elements involved in management, decision-making, planning, procurement, program implementation, human behavior in organizations, leadership skills, fiscal management and optimum resource utilization. Discussion of UP Manila's administrative policies and standard operating procedures was also an important part of the seminar.

### *Staff Development Program*

The implementation of UP Manila Staff Development Program is spearheaded by the Staff Development Committee (SDC) which was reconstituted on August 27, 2003. Among its mandate are to 1) identify and monitor career tracking of non-academic personnel; 2) conduct periodic staff development needs assessment; 3) rationalize the conduct of relevant development programs that will provide administrative and managerial competence to faculty administrators, enhance and develop skills; and competence of non-academic personnel; 4) to look for scholarships and other staff development opportunities that will provide professional growth and administrative efficiency and effectiveness; and 5) to screen candidates for scholarships and fellowships and training.

Initial activities of SDC included the conduct of training needs assessment and conceptualization of the Organizational Development Framework. SDC also prepared and spearheaded the conduct of the 1<sup>st</sup> Management Development Program.

The SDC also screened and nominated administrative staff for short training courses for the enhancement of skills relevant to their present jobs/tasks under the Administrative Development Fund (ADF). So far, six (6) UP Manila personnel had completed short term training under this program, conducted by the Meralco Foundation, Inc.

### *Personnel Effectiveness Audit (PEA)*

The Personnel Effectiveness Audit (PEA) is a system-wide program which was first implemented in 1998 with the following objectives: a) to establish the non-teaching ideal staffing base level per unit; b) to propose reclassification/modification of positions; c) to realign positions with the actual duties and responsibilities; d) to conduct re-engineering process; and e) to provide input for career development program.



In UP Manila, the conduct of the 1998 PEA was spearheaded by the Staff Development Committee. Although the PEA final report was completed and submitted to the UP Manila administration, implementation of the recommendation contained therein was put on hold. The PEA Program was reactivated in 2003 to effect a unit-to-unit conferencing in order to validate and update the information gathered from 1999 to 2002 and for more relevant and timely recommendations. The 2004-2005 updated PEA Report of UP Manila was finally completed in April 2005.

The conduct of the recent PEA was guided by the following policies: a) result of PEA shall not result to any downgrading/demotion of the existing staff, hence effectivity shall be upon retirement/separation of the incumbents; b) recommendation shall be implemented upon vacancy/promotion or transfer of the incumbent; and, c) conduct of audit shall be based on the duties performed by the incumbent vis-à-vis the job description of the position. The result of PEA detailed positions for upgrading, reclassification and downgrading. There are also positions that were declared not needed or redundant. At the same time, recommendations for additional items and regularization of positions were also included.

The PEA Report was a major source of recommendations submitted by UP Manila relative to the Implementation of the DBM Circular Letter No. 2004-7 Providing Management Flexibilities for State Universities and Colleges chaired by the Vice Chancellor for Planning and Development. It is also the reference of HRDO review on recommendations for hiring and promotion.

#### ***Handbook on Administrative Procedures***

The Handbook on Administrative Procedures has been developed to supplement the Handbook on Administrative Policies which was printed and distributed in 2002. Continuous issuances from the national government agencies such as COA, CSC, DBM as well as UP System directives, necessitated several revisions of the handbook before it was completed and finalized. The Handbook provides direction and guidance to UP Manila constituents on procedures involving various aspects of public administration and governance.

#### ***Fiscal Management***

The past three years had been both productive and challenging for the UP Manila administration as far as fiscal management is concerned. Amidst economic crisis and dwindling resources, austerity measures had to be strictly implemented without sacrificing the day-to-day operation of the University as it performs its regular functions and programs.

The current UP Manila administration believes that fiscal management, especially in the light of limited resources, will be improved if responsibility is shared by constituents and when the process of allocation and use of funds is transparent and perceived to be fair and rational.

Towards this direction, heads of academic units, academic support services and administrative offices were required to attend the workshop on the budget process and preparation of internal operating budget (IOB) held at the start of the year. They were made aware of the budget management process and relevant policies adopted by the UP System and the Department of Budget and Management (DBM). The different formulas and policies for sharing in the General Fund and Revolving Fund were explained and clarified.

UP Manila derives its funds from two sources: the General Fund (Fund 101), which constitutes the government subsidy as provided by the General Appropriations Act, and Revolving Fund (Fund 164) which represents all income derived from the operations of UP Manila, such as student and hospital fees. There are also funds being held in trust (Fund 184) with UP Manila as trustee or administrator. These funds, however, are intended for specific purposes and received for the fulfillment of certain obligations. In case of the Philippine General Hospital, Priority Development Assistance Fund (PDAF) and donations also provided big shares in the total fund source.

As shown in Fig. 2, the UP Manila allotment from the GF for 2003 and 2004 was maintained at almost the same level, with a very slight increase in 2005. On the other hand, there was a 33% reduction in the RF in 2004 compared to 2003 level. This decrease could be explained by the big reduction in enrolment in AY 2004-2005. There was an almost unnoticeable increase in RF in 2005.

Looking closely, the Revolving Fund or income of UP Manila Academic came mainly from tuition fees. Other

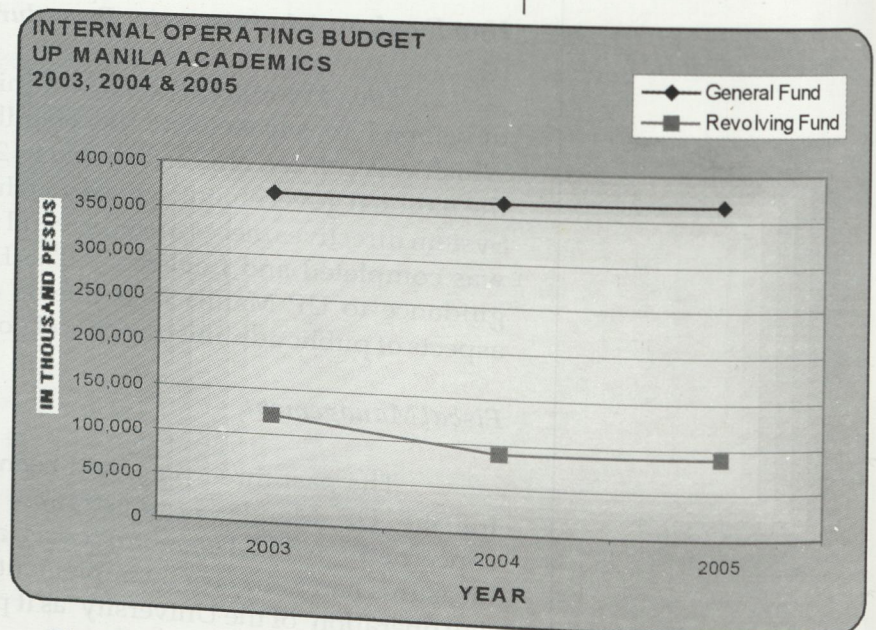


Fig. 2. Sources of Funds, UP Manila Academics, 2003-2005

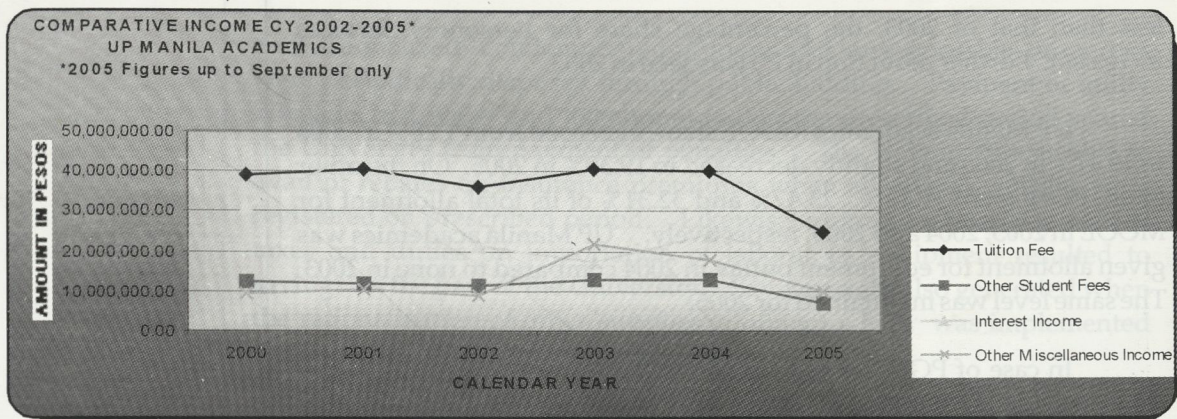


Fig. 3. Sources of Income, UPM Academics

sources of income include other student fees (laboratory, library, registration, etc), interest income on investments and miscellaneous income (rental, sale of publications, sale of condemned properties, etc). Fig. 3 shows the comparative income earned by UP Manila Academics from 2002 to September 2005.

In the case of the Philippine General Hospital, there was a big reduction in the 2004 and 2005 capital outlay allotment from GF compared to 2003. On the other hand, allotments from RF for the last three years were maintained at almost the same level.

The biggest share in government spending consistently goes to Personnel Services (PS). Compared to 2003 allotment for PS in UP Manila academics, there was a reduction seen in 2004 PS, but a slight increase was provided in 2005. In case of PGH, even the amount spent for PS in 2004 was

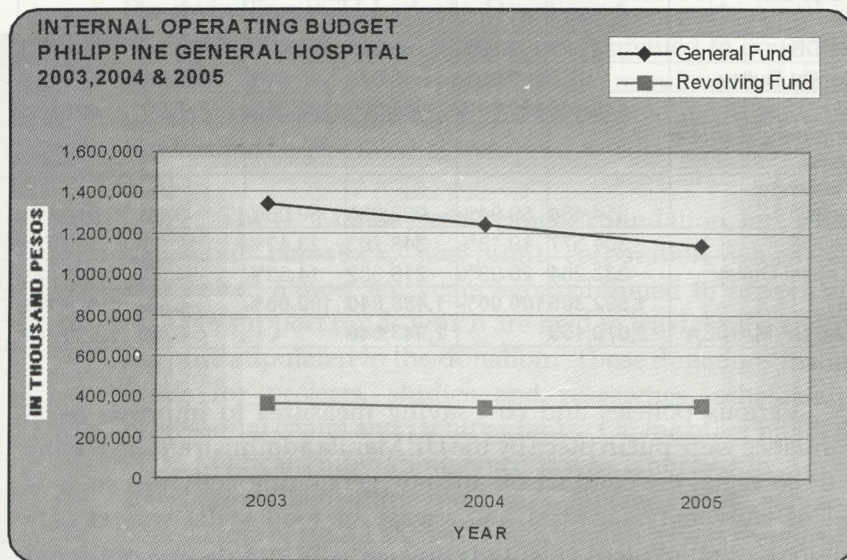


Fig. 4. Sources of Funds, PGH, 2003-2005

less than that of 2003, the percentage share for Personnel Services increased. Further reduction in PS was seen in 2005.

UP Manila academics MOOE share increased from 9.28% in 2003 to 19.41% in 2004 and slightly decreased to 19.39% in 2005. On the other hand, PGH spent 19.13%, 23.42% and 32.31% of its total allotment for MOOE in 2003, 2004 and 2005, respectively. UP Manila academics was given allotment for equipment outlay in 2004 compared to none in 2003. The same level was maintained for 2005.

In case of PGH, more than 50% reduction on its capital outlay was seen in 2004 compared to 2003 figures. Allotment for Capital Outlay was further reduced by 146% in 2005 compared to previous year's allotment. Comparative figures of expenditures for the last three years are shown in the Table 1.

The persistent problem of lack of funds hampers whatever plans UP Manila has to improve the quality of its service, particularly in the case of the Philippine General Hospital. Recognizing the need to effectively perform its functions amidst serious financial constraints, costs reduction and resource generation became the main concerns of the hospital management.

**Table 1. Comparative Internal Operating Budget for CY 2003, 2004 and 2005 (in thousand pesos)**

UP Manila and Central Administration	2003		2004			2005		
	Total allotment	Percentage Share	Total Allotment	Percentage Share	Variance from previous year	Total Allotment	Percentage share	Variance from previous year
Personnel Services	398,271	81.81%	363,025	79.78%	-9.71	363,380	79.80	0.10
MOOE	88,577	9.28%	88,303	19.41%	-0.31	88,303	19.39	0
Capital Outlay	0	0.00%	3,678	0.81%	100.00	3,678	0.81	0
<b>Total</b>	<b>486,848</b>	<b>100.00%</b>	<b>455,006</b>	<b>100.00%</b>	<b>-7.00</b>	<b>455,361</b>	<b>100.00</b>	<b>0.078</b>
<b>Philippine General Hospital</b>								
Personnel Services	954,464	59.94%	923,835	62.05%	-3.32	916,675	61.78	-0.78
MOOE	304,577	19.13%	348,703	23.42%	12.65	479,428	32.31	27.27
Capital Outlay	333,264	20.93%	216,302	14.53%	-54.07	87,645	5.91	-146.79
<b>Total</b>	<b>1,592,305</b>	<b>100.00%</b>	<b>1,488,840</b>	<b>100.00%</b>	<b>-6.95</b>	<b>1,483,748</b>	<b>100.00</b>	<b>-0.34</b>
<b>TOTAL UP MANILA</b>	<b>2,079,153</b>		<b>1,943,846</b>		<b>-6.96</b>	<b>1,939,109</b>		<b>-0.24</b>

Various policies and cost-saving measures to improve fiscal performance were put in place by the UP Manila administration. For the past three years, the conduct of income generating activities such as rental of University facilities and lease of food stalls was closely monitored, deployment of janitors and security guards was reviewed

and rationalized, condemned equipment and unserviceable properties were periodically disposed through public bidding. Payment of utility bills (electric, water and telephone) within the prescribed period spared the University from payment of penalties. The University was able to avail of rebates on insurance premiums when all official vehicles were registered on prescribed period. Likewise, exemption from payment of taxes and duties on importation of laboratory equipment resulted to savings on the part of the University. Savings were also generated when the rationalization of office supplies allotment which was implemented among the Central Administration offices.

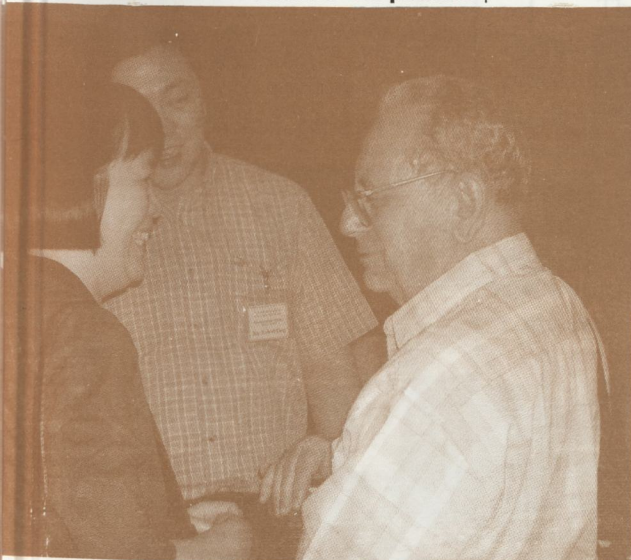
The reduction on the expenses for electrical consumption resulted from the concerted efforts of constituents to refrain from unnecessary use of air-conditioning units, lights, computers and other electrical office devices.

For its share, the Philippine General Hospital implemented various policies and programs to improve its fiscal position. The *Dagdag Kita* and *Iwas Waldas* campaigns translated to increased hospital income. Fiscal management reforms were implemented on accounting, budgeting and cash collection systems. Improved networking with donors from the government sector and nongovernment organizations allowed systematic resource generation initiatives. The rationalization of rates on hospital services was a main success.

The country's legislators continued to provide financial assistance for the medical needs of the constituents through the Priority Development Assistance Fund. Furthermore, the income from the increase in the pay patient room rates and services rendered by various departments augmented the dwindling PGH budget. Donations from various national and international donor communities continued to pour. PGH also saw the need to focus on the active recruitment of charity patients with PHIC (Medicare) benefits as a means by which funds could be generated.

The UP Manila Development Foundation, Inc., a duly registered non-stock, non-profit corporation which was established almost ten years ago, continued to receive and manage support funds which are held in trust for the specific purpose stipulated in the donation. These donations include funds for projects, studies and researches, scholarships, professorial chairs and faculty grants. On the other hand, the PGH Medical Foundation, since it was launched in August 2003, strengthened the hospital's linkages with generous benefactors here and abroad. The Foundation was responsible for various renovation and beautification projects in PGH which could not be given budget priorities.

Senator Maximo Barbero shares pleasantries with constituents during the launch of a foundation in his name the proceeds of which will benefit PGH patients.



### *Other Resource Generation Efforts*

Maintaining its stature as the country's premier institution in health sciences education, research and services has been a difficult task for UP Manila due to the continued dwindling of government subsidy. To supplement the revenues from regular sources, UP Manila mobilized its resource-generation machinery.

To institutionalize resource-generation efforts, the current UP Manila administration proposed the creation of the Office of Institutional Development (OID), which was included in the approved 2003 UP Manila Reorganization. The office shall coordinate with outside institutions for the promotion of UP Manila programs and generation of support. Institutional promotion and development was strengthened among policymakers, legislators and alumni as well as private local and international institutions.

One of the undertakings toward this direction is a NIH/DOH/PCHRD initiative on a One-Billion Pesos Research Endowment Fund which is being prepared for presentation for legislation. The project involves a 5% share for the Research Endowment Fund on the collections from the National Statistics Office, Professional Regulations Commission, Land Transportation Office and the Department of Environment and Natural Resources.

The National Institutes of Health entered into a collaboration with PhilHealth for the project "Evaluation and Validation of the Performance of the National Health Insurance Program," for which a budget of P2.8M was given.

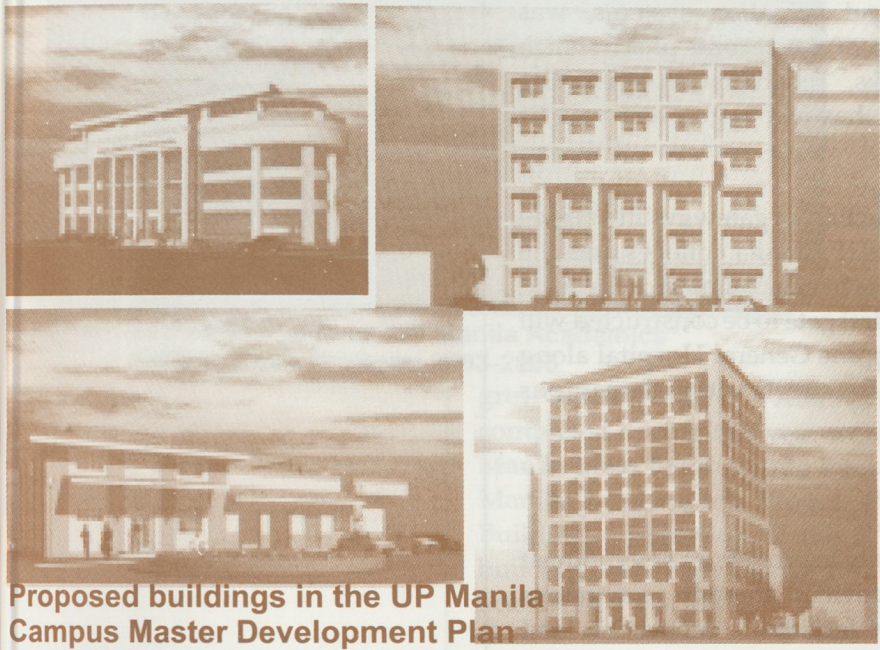
Resource-generation efforts have been likewise very visible at the college or unit levels. During the launching of its centennial year celebration in December 2004, the College of Medicine established the Centennial Endowment Fund which targeted a P100M collection from donations and other resource generation projects.

Funds received by colleges from donations and other private sources were generally earmarked for the procurement of laboratory and equipment, provision of audiovisual facilities and upgrading of facilities, which were not usually included in the budget allocated by the national government or funded by the Revolving Fund. Donations were also received from alumni and private individuals and institutions.



## CAMPUS DEVELOPMENT

### *2005 Campus Master Development Plan*



**Proposed buildings in the UP Manila Campus Master Development Plan**

How does UP Manila define its physical identity when its most distinctive identity is that it is the birthplace of the University of the Philippines which straddles in the middle of the historic City of Manila? How does UP Manila define its sense of place as its academic, research and extension service needs evolve?

These are among the questions the Campus Development Master Plan strives to answer as it evolves a ten-year master plan for UP Manila. The perspective is to develop a plan that is well aligned with the university's culture and traditions.

The Plan's overall goal is to translate academic, research and extensions service priorities into a physical plan. As such, it considered both the renovation and reuse of existing space and construction of new facilities taking maximum use of UP Manila's scarce space.

There are fascinating challenges in the UP Manila Campus Development Master Plan. There is a very strong sense of history in the place and this is a distinctive UP Manila landscape and architecture. It was made certain that this level of quality can be achieved in all sectors of the campus and bring about a unified sense of place for UP Manila.

The task of design and planning must be reflected in signature buildings that were designed and constructed before World War II. The planning, conceptual design and architectural work are made with consistency that gives the campus a sense of place.

The UP Manila Campus Development Master Plan was prepared with the following basic framework: first, UP Manila should be undeniably an attractive historical site; second, it should be a campus that is relaxed, enjoyable and with a friendly and healthy environment conducive to learning, development and progress; and third, its present and future configuration of centers and projects should be directed to promoting advanced learning.

*Landscaping Project*

The UP Manila Landscaping Project, which was given a P10 million budget by the UP System, is aligned with the UP Manila Campus Development Plan. The first phase of the project, which involved the installation of lighting and irrigation systems, was completed in 2004. The implementation of the second phase which involves putting up of new covered walks, rehabilitation of existing ones and construction of guard houses has just begun and will be completed before 2005 ends.

Also part of the plan is the construction of gateways in various identified points of entry/exit in several UP Manila colleges and the Philippine General Hospital. The gateways have a common design that depicts the character of the campus. The first gate to be constructed will be that on the main entrance of the Philippine General Hospital along Taft Avenue. A proposal for the naming the streets within the campus is also being considered.

*Infrastructure*

It has been the thrust of the University to provide an environment conducive to learning and research activities through continuous upgrading of its laboratory and library facilities, renovation and rehabilitation of its buildings and structures and modernization of information technology facilities. Undoubtedly, the extent of the University's development projects is a measure of its capacity to support the increasing demands for its expertise and services.

In 2003, infrastructure projects which included renovation, rehabilitation, upgrading of buildings and facilities, amounting to P14.5M were completed. A 100% increase was seen in the following year when UP Manila completed projects amounting to P28.8M in 2004.

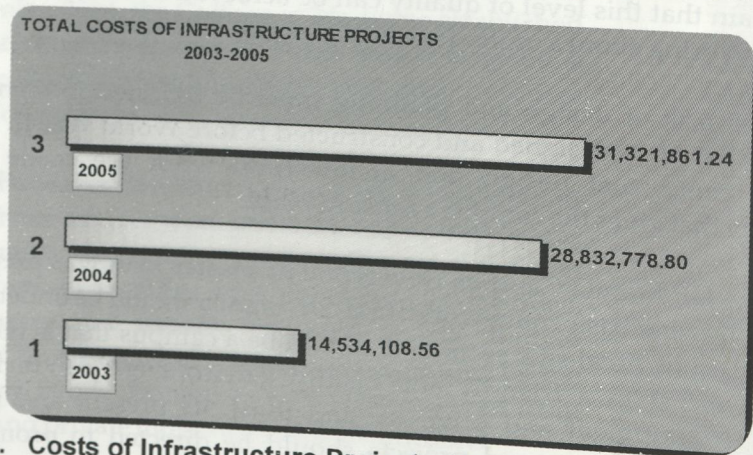


Fig. 5. Costs of Infrastructure Projects, UP Manila Academics, 2003-2005

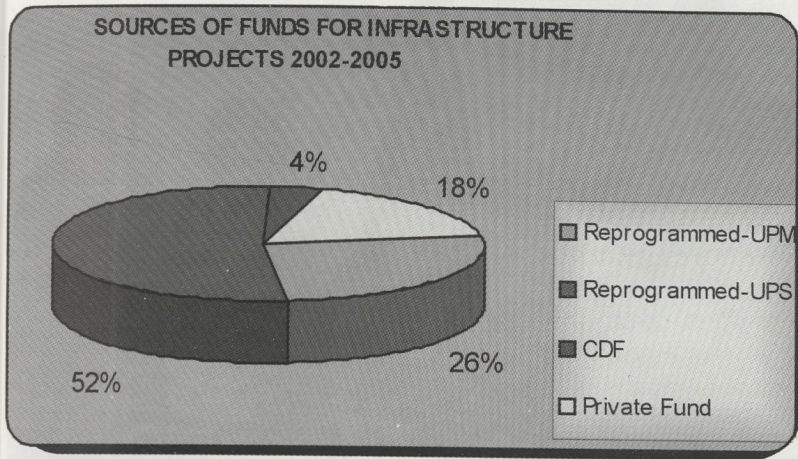


Fig. 6. Sources of Funds for UP Manila Academic Infrastructure Projects, 2003-2005

Among the most important infrastructure projects that were implemented in 2003 were the renovation of student comfort rooms in four colleges, refurbishing of the main stairs of Rizal Hall in the College of Arts and Sciences, renovation of CAS Audio-Visual Room and renovation of Bobby de la Paz Hall, College of Medicine. The elevator in the College of Medicine Annex Building (Salcedo Hall) which had been non-operational for more than fifteen (15) years was finally replaced in 2003 through the funds given by Senator Juan M. Flaviera.

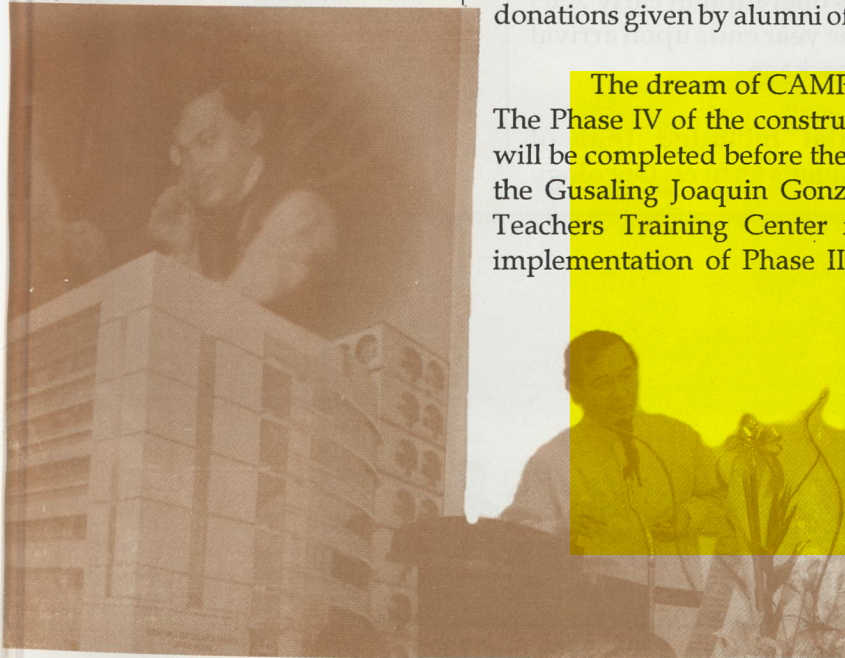
In 2004, the extent of infrastructure projects grew tremendously. Among the projects that were implemented and completed during this year were the conversion of the 2<sup>nd</sup> floor of the UP Manila Main Building into Interactive Learning Center, Phase I of the UP Manila Landscaping Project, Phase III of the Construction of CAMP Building, completion of the 3<sup>rd</sup> floor of the College of Dentistry new building, and renovation of student comfort rooms at the School of Health Sciences in Palo, Leyte.

During the first half of 2005, the reproofing of Paz Mendoza Building in the College of Medicine was completed. The building houses the Multidisciplinary Laboratories which were also renovated through donations given by alumni of the College of Medicine.

The dream of CAMP to move into its new home is coming closer. The Phase IV of the construction of CAMP Building already started and will be completed before the year ends. The renovation of the 3<sup>rd</sup> floor of the Gusaling Joaquin Gonzales provided a new home to the National Teachers Training Center for the Health Professions. Likewise, the implementation of Phase II of the UP Manila Landscaping project has already started. This phase involves rehabilitation of existing covered walk and construction of new covered ones to connect the buildings and structures in the Pedro Gil side of the campus. Construction of seven guardhouses is also included in this phase.

For PGH, two major constructions were completed in 2004, the Modernized

The Sentro Oftalmologico Jose Rizal was inaugurated in October 2004



Department of Emergency Medical Services (DEMS) and the Sentro Oftalmologico Jose Rizal (SOJR).

The DEMS modernization was funded through a soft loan from Spain and carried out by the Spanish company, Intersalus, S.A. The modernized DEMS with state-of-the-art facilities and equipment in emergency care was inaugurated in May 2004. The smooth operation of the modernized DEMS was challenged by various administrative concerns, such as the processing of shipment and release of equipment, payment of tariff and custom taxes, and finally, the taking of physical inventory and corresponding recording of these equipment in the appropriate books of accounts of the hospital.



Inauguration of the modernized Dept. of Emergency Medical Services of PGH

The five-storey SOJR had its soft opening in October 2004. These facilities, including equipment were made possible by a seven million euro grant from the Spanish government through the efforts of the Agencia de Espanola Cooperation Internacional and UP-PGH. Aside from the construction and equipment for the Sentro, another component of the project is the training of professionals in ophthalmology by way of fellowship and postgraduate programs in Spanish institutions. The Sentro started its operation in early 2005 and expected to be fully operational before the year ends upon arrival of state-of-the-art equipment included in the package.

Renovation works in the hospital included that of Neurosciences Ward 5, Accounting and Cashier's Offices, Oncology

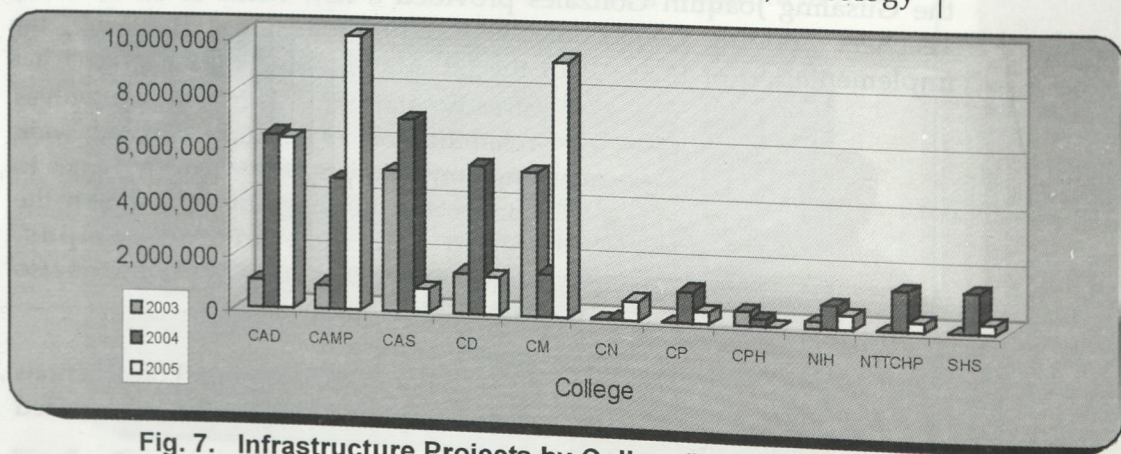


Fig. 7. Infrastructure Projects by College/Unit, 2003, 2004 and 2005.

Pharmacy, Cardiac Cath Lab, Multipurpose Treatment Unit of the Dept. of Otorhinolaryngology.

Shown in Fig. 7 are the total costs of UP Manila Academics infrastructure projects completed in 2003-2005 for each college/unit.

#### *Building Maintenance*

During this administration, efforts were also directed to maintain the upkeep and safety of UP Manila buildings. Post termite treatments were conducted in various buildings such as Gusaling Andres Bonifacio (CAS), the left wing of the 8/F PGH Central Block which houses the Accounting, Budget and Personnel Offices, the Old Dentistry Building, UP Manila Main Building, new CD Building, SHS Bldg., University Library and Calderon Hall (CM). The asbestos sun baffle which had long posed a grave danger to the students and personnel of the College of Pharmacy was finally dismantled and disposed.

Likewise, considering the age of most of its buildings, the administration ordered the conduct of structural integrity tests to ascertain structural soundness and safety of Rizal Hall (CAS), College of Dentistry and College of Pharmacy Buildings. Efforts are also being directed to put all the necessary building and occupancy permits for all UP Manila buildings, including PGH, in order.

#### *Future Infrastructure Projects*

Although the performance of UP Manila in infrastructure development has been far-reaching, the current administration has still various projects that are in different stages of development, mostly identification of funding source.

One of the current administration's current flagship programs is the construction of a Sports and Wellness Center, in as

much as UP Manila is the only constituent university without a gymnasium. Initial budget estimates reached P50M. On September 14, 2004, a Memorandum of Agreement for the implementation of the project was signed between UP Manila for the allocation of land for the center; College of Arts and Sciences, for the management and maintenance of the



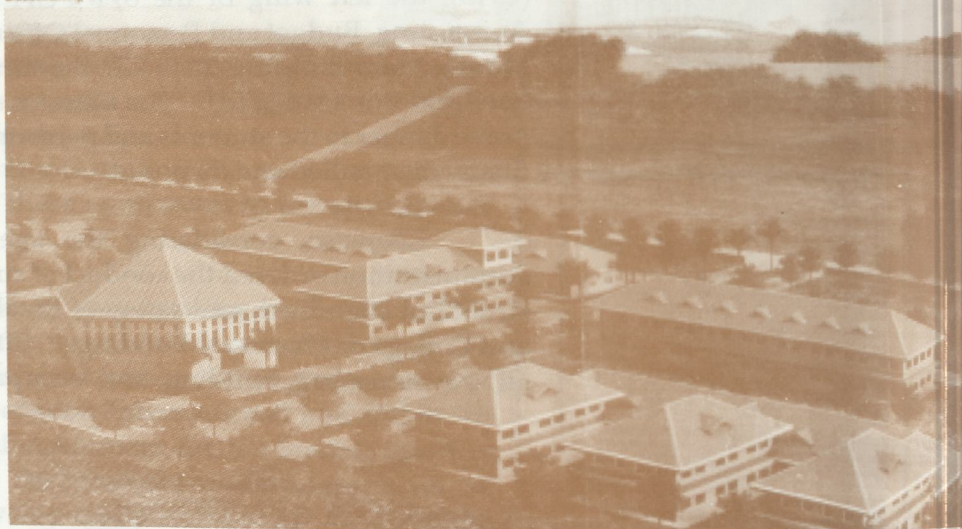
The proposed Sports Science and Wellness Center

facilities and Development Academy of the Philippines for the conceptualization of special events to raise funds for the construction.

The gateway project will soon be underway after the common design has been approved and major entrances of UP Manila campus identified. The reproofing of various UP Manila buildings has to be undertaken as soon as possible. The plan to transfer the Central Administration Offices to the old College of Dentistry Building needs a budget of P40.7M for its renovation.

The proposal for the School of Health Sciences' Academic and Administrative Building in a 10-hectare lot in Cabalawan, Leyte has been endorsed by UP System Administration to the National Economic and Development Authority (NEDA) as a priority project for Japan International Cooperation Agency (JICA) funding. The project cost of P298,872,000 includes: building, P207,990,000; equipment, P78,882,000; and consultancy fees, P12,000,000.

UP Manila - SHS for the  
Community Oriented Health Manpower



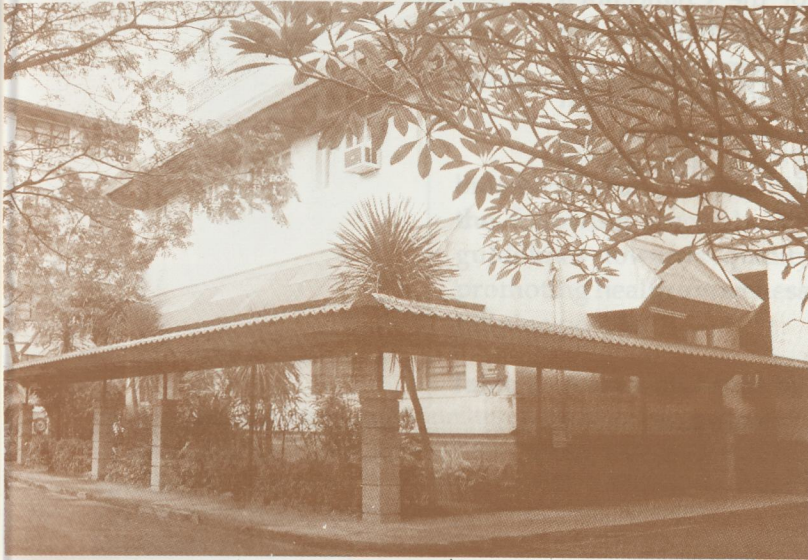
## HEALTHY WORKPLACE AND ENVIRONMENT

As the "Health Sciences Center," UP Manila is expected to be at the forefront of any undertaking that promotes Healthy University and Healthy Lifestyle.

It continues to strictly implement the "No Smoking" Policy within the campus. In 2003, UP Manila sent more than around 2,100 contingent to the Department of Health's Healthy Lifestyle Campaign which put the Philippines in the Guinness Book of World Records.

### *Integrated Waste Management System*

The Integrated Waste Management Committee (IWMC) was constituted in 2003 to formulate and implement a UP Manila Master Plan for an integrated and comprehensive integrated waste management system; regularly conduct waste audit and assessment for UP Manila to ensure compliance with all environmental laws; monitor,



evaluate and make recommendations on UP Manila's waste management practices and compliance with the Clean Air Act; and initiate information campaigns on environmental safeguards in relation to waste management.

The fact that UP Manila, particularly, PGH, generates a big volume of hospital waste considered as hazardous, makes the role of IWMC critical and challenging. Health Care Without Harm, a non-governmental organization that monitors hazardous waste disposal and advocates non-burning technology, volunteered to serve as "pro bono" consultant to UP Manila in these undertakings.

As an initial step, a survey on the manner and cost of waste disposal was conducted among college and units.

To increase awareness on the safety of waste management practices, two fora were already conducted: "Implementing the Clean Air Act: What are the Alternative to Incinerators" held in September 2003 with Dr. Jorge Emmanuel of USA Health Care Without Harm, Dr. Pat Costner of Greenpeace International Toxics Campaign and Mr. Alfredo Rivera of Integrated Waste Management, Inc. as speakers. In 2004, a round table discussion entitled "Toxicity on Medical Wastes and Recent Research on Health Impacts on Incinerating Medical Waste," with Dr. Peter Orris, Chief of Service of the Occupational and Environmental Medicine Unit of the University of Illinois-Chicago (UIC) Hospital and Medical Center, as guest speaker.

### *Occupational Health and Safety*

Rule II, Book IV of the Omnibus Rules Implementing the Labor Code provides that all establishments, workplaces, and other undertakings, whether operating for profit or not are required to keep and maintain workplaces that are free from work hazards that are causing or likely to cause physical harm to the workers or damage to property. It also requires the adoption of Occupational Safety and Health Standards (OSH).

As the premier health sciences center, with more than 4,000 personnel and 3,000 daily clientele, UP Manila should take a lead in the implementation of the OSH. Just recently, upon the recommendation of the All UP Workers Union-Manila, the UP Manila Occupational Health and

Safety Committee was constituted by virtue of the Chancellor's Administrative Order No. 2005-095. The committee shall take the lead in the development of policies, oversee implementation and conduct trailblazing researches and training in occupational health and safety. The committee shall evaluate applications for rehabilitation leave for work related injuries and diseases of personnel, and make recommendations accordingly.

## RESEARCH PRIORITIES

### *UP Manila-NIH Research Agenda*

Taking into consideration the needs of the underserved and bioethical issues, UP Manila, with NIH at the forefront, commits to pursue the following research agenda: a) research as basis for policies and guidelines towards quality health care and b) research as basis for promoting health awareness and improving health-seeking behavior of the Filipino people.

**Table 2. Research Areas by Institutes/Colleges**

Research Areas	Institutes	Colleges
1) Biotechnology for Health	IBMB, IHG, IPS, PNEI	CAS, CD, CM, CP, CPH, SHS
2) Clinical Research	IHG, IHPDS, IO, IPS, PNEI	All
3) Environmental Health	ICHHD, IHPDS	CAS, CPH
4) Epidemiology	ICE, ICHHD, IHG, IHPDS, IO	CAMP, CAS, CD, CPH, SHS
5) Health Promotion and Education	ICHHD, IHG, NTC	CAMP, CAS, CH, CN, CPH, SHS
6) Health Sector Reform	ICE, IHPDS	CAMP, CAS, CP, CPH
7) Health Services Delivery	IHPDS, NTC, PNEI	CAS, CPH, PGH, SHS
8) Human Resource for Health	ICHHD, IHG, IHPDS, NTC	CAMP, CAS, CD, CP, CPH, NTTCHP, SHS
9) Management Information System	NTS	CAMP, CAS, CN, CPH
10) Social Sciences in Health	ICE, IHG, IHPDS	CAMP, CAS, CPH, NTTCHP, SHS

As shown in Table 2, ten research areas were identified to constitute the focus of UP Manila researches.

### *Research Output*

The development and continued growth of UP Manila research undertakings is spearheaded by the National Institutes of Health. The research units of the NIH, continued to develop and conduct researches in accordance with each unit's established research agenda. Research output continued to increase as shown in Fig. 8 and 9.

The NIH also provided technical assistance in harnessing the research capabilities and expertise of various academic units of UP Manila. As can be seen in the overall trend of research output of UP Manila, research activities and output in most of the colleges also increased, particularly the College of Medicine and the Philippine General Hospital. This trend could be seen in Fig. 8 which shows the research output by college/unit in the last three years. It is however, noticeable, that the percentage of completed researches remained low.

**Research Funding**

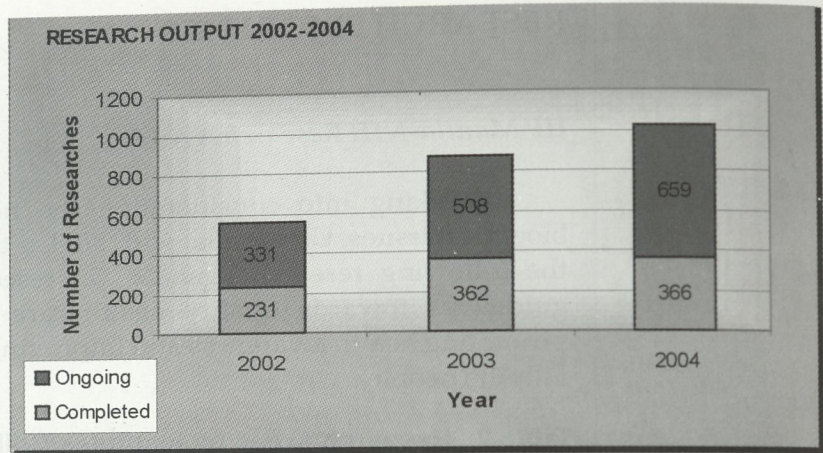
In 2003, UP Manila received P53M and \$18M to fund researches undertaken by NIH and other UP Manila units. Additional funds were also received from other agencies such as UP System, government agencies, non-government institutions and international organizations. In 2004, the amount received were as follows: P45.4M, \$0.286M and ¥13.5M.

To generate additional support, UP Manila, through NIH, continuously strengthened its institutional promotion and research development. One of the undertakings toward this direction was the One-Billion Pesos Research Endowment Fund, a joint project of NIH, DOH and PCHRD. NIH also entered into a collaboration with PhilHealth for the project "Evaluation and Validation of the Performance of the National Health Insurance Program," with a P2.8M budget.

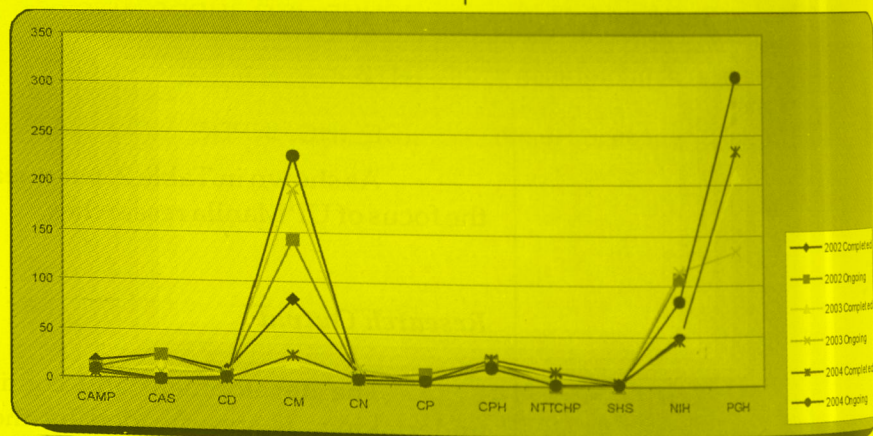
Before 2004 ended, the National Telehealth Center's project "Design and Implementation of Buddyworks: Use of Telehealth Services in Community Partnership Program," was given a P43M budget from the E-Government Fund under the Office of the President.

**NIH Strategic Plan**

The National Institutes of Health conducted its First Strategic Planning Workshop on July 22-23, 2004 with the purpose of reviewing the mission, vision and goals of the NIH. During the workshop, standards for the assessment of performance of institutes, program and committees were also formulated. Strategies to improve synergy among the institutes were also defined. It was envisioned that the outcome of the workshop would set direction for planning and development of short-term and medium-term plans.



**Fig. 8. Data on Research Output, 2002, 2003 & 2004**



**Fig. 9. Research Output by College, 2002, 2003 & 2004**

The NIH laid out its 5-year strategic plan identifying 1) strategies intended to influence national health policies and individual health behaviors through the conduct, dissemination and utilization of relevant researches as well as policy advocacy; and 2) strategies directed at building and enhancing institutional capacities.

In drawing out this strategic plan, NIH considered its strengths mainly drawn from its pool of researchers who are experts in their respective field, its great potential for international and local linkages with health research-oriented institutions, its broad range of programs that appeal to a variety of clients and stakeholders. Alongside, NIH has to face threats and drawbacks such as not so responsive management system, low prioritization by the government resulting to decreasing budget allocation, limited opportunities for human resource development, poor research output dissemination and utilization and inadequate social marketing.



## ALUMNI RELATIONS AND PLACEMENT PROGRAM

### *Alumni Relations*

UP Manila has always produced graduates who excel in varied fields and always adhere to the values instilled by the University such as service and social responsibility. Its alumni have been serving as the University's constant and reliable partners in fulfilling its mandate. The UP Manila alumni continuously demonstrate their loyalty and commitment to their Alma Mater that molded them into competent and well-rounded professionals.

The past year, once again, proved the generosity of UP Manila alumni through donations to their respective colleges in terms of cash, equipment, scholarships and services. In almost all instances, cash donations were used for the upgrading and modernization of facilities and acquisition of equipment where no fund allocation was provided by the national government. A number of alumni provided scholarships to students as well as professorial chairs or grants to the faculty. The alumni were also active in medical missions, free clinics, and other community outreach programs.

The Office of Alumni Affairs assures UP Manila's continuing link to its alumni. The office is headed by a director, with the alumni affairs officers of all colleges serving as members.

The Office of Alumni Affairs develops, maintains and updates the alumni database that contains the names and other basic information about

the graduates. It also serves as a reference for awards, honors and citations. The latest features of the database included job recruitment and placement as well as donations and wish lists. The database is uploaded through the CAS server. The alumni also began registering and updating their data on line.

Link-UP, the alumni newsletter, came up with quarterly issues and distributed to college alumni associations, colleges and units.

### *UP Manila Placement Program*

As the Health Sciences Center, UP Manila has an active role in shaping the health situation of the country, from policy formulation, training of health professionals up to the actual health care delivery. The UP Manila Placement Program was conceptualized as UP Manila's response to the deteriorating health status of Filipinos brought about by seemingly inaccessible health facilities and services, big factors of which are migration and maldistribution of health professionals.

This voluntary program aims to establish a link between the health care industry and the UP Manila graduates, provide opportunity for them to fill health human resource needs of the Philippine health care system and to be a model for deployment of health sciences graduates to the underserved regions and communities of the country.

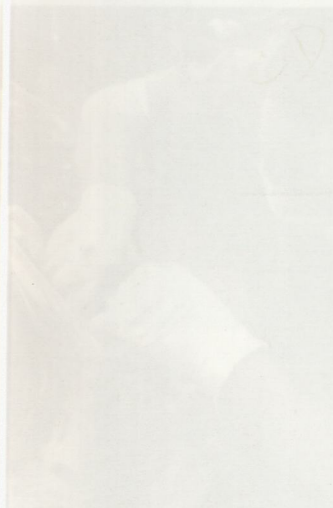
After consultation and brainstorming sessions with partner agencies such as the Department of Health, Department of Interior and Local Government, Philippine Hospital Association, and the Council for Health and Development, the program was officially launched during a press conference held in December, 2004. Surveys among graduating students from various degree granting units were already conducted to determine the preference of students after graduation such as field of practice and place of work.

To support the program's implementation, job recruitment and placement information were included in the existing database file of alumni maintained by the Office of Alumni Affairs. An online job portal was established to provide UP Manila graduates access to information



on job vacancies in various participating agencies. Current efforts are being directed towards continuing recruitment of potential employers in the health industry, government sector, particularly among the local government executives as well as alumni mentors.

The success of this voluntary placement program will pave the way for the implementation of UP Manila Mandatory Placement Program by 2007 and hopefully, the passage of legislation, the National Service and Placement Act by 2008.



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After a continuous review, the College of Pharmacy, proposed the major revision of its BS Pharmacy program. The program that underwent major revisions after the revised 5-year competency requirements in various areas of pharmacy practice through quality, socially relevant, and innovative education. The additional one year is necessary to prepare the students for a more competitive and demanding work environment (IVIA/ALD).

Aside from the implementation of the curricular innovation, Organ Systems Integration in the undergraduate medical curriculum, this is a major shift from the traditional subject-based learning to an innovative curriculum that is systems-integrated, competency-based, community-oriented, and student-centered.

The revision of the DVM curriculum was made to strengthen the integrative domain and service centeredness of the student was approved on May 23, 2005. The revisions included the improvement in the selection of courses and comprehensive investigation of course content addition or deletion, revision of the same number of course, changes in course code number, the credit description, classification and changes in policy. The new curriculum will be implemented starting the first semester of AY 2005-2006.

## PART TWO: CONTINUING THRUSTS

### ACADEMIC EXCELLENCE

#### *Academic Review and Assessment*

In 2002, the Office of the Vice Chancellor for Academic Affairs (OVCAA) considered several parameters in the conduct of academic program review such as: relevance to the needs and demands of stakeholders, impact in health, cost effectiveness, multi-disciplinary approach, congruence between objectives, content, teaching-learning strategies and evaluation, integration of relevant current socio-cultural issues, concepts and trends. In 2003, the OVCAA initiated a quality assurance assessment of programs and students' performance.

Among the programs that underwent major revisions after extensive review and evaluation were:

#### Undergraduate Programs:

##### *Integrated Arts and Medicine (INTARMED) Program leading to Doctor of Medicine degree*

The College of Medicine started the implementation of the curricular innovation, Organ Systems Integration in the undergraduate medical curriculum. This is a major shift from the traditional subject-based learning to an innovative curriculum that is systems-integrated, competency-based, community-oriented and student-centered.

##### *Doctor of Dental Medicine (DDM)*

The revision of the DDM curriculum was made to strengthen the affective domain and service centeredness of the student, was approved on May 25, 2005. The revisions included the improvement in the sequence of courses and comprehensive integration of course content; abolition of 23 courses, institution of the same number of courses, changes in course code, number, title, credit, description, classification and changes in policy. This new curriculum will be implemented starting the First Semester of AY 2005-2006.



### *BS Industrial Pharmacy (BSIP)*

The rapid growth of the pharmaceutical industry had diversified the roles and functions of industrial pharmacists and created a gap between education and practice. The review and consequent revisions of the BSIP curriculum were aimed to provide the students a solid foundation in pharmaceutical marketing, research and development, production, quality assurance, pharmaceutical engineering, purchasing and medical and regulatory affairs. The revision involved an increase in the total number of units required for the degree (from 189 to 219 units), abolition and deletion of obsolete courses, institution and addition of new and relevant courses and addition of internship as a graduation requirement.

### *BS Pharmacy (BSP)*

After a continuous review, the College of Pharmacy, proposed the major revision of its BS Pharmacy program. The revised 5-year competency based curriculum addresses the competency requirements in various areas of pharmacy practice through quality, socially relevant and globally competitive pharmacy education. The additional requirement of one year is necessary to prepare the students for new competencies needed and to comply with the agreement among ASEAN and Western Pacific countries to adopt a minimum of four years for professional courses to ensure acquisition of minimum entry level competencies for pharmacists.

Aside from the increase in the number of course requirements, from 160 to 212 units, obsolete courses were abolished and deleted while courses relevant to the current pharmacy practice were instituted.

### Graduate Programs

#### *MS Epidemiology (Clinical Epidemiology)*

The curricular changes were made in the light of recent trends and developments in clinical research, bedside epidemiology, evidenced-based medicine and clinical practice. These changes which were envisioned to strengthen the application of epidemiologic principles in clinical decision-making involved an increase of two units in the curricular requirements (from 32 to 34 units), deletion of courses which contents have been incorporated in other courses with focus on clinical research, institution of new courses that are relevant to the current trend and practice in clinical research and practical aspects of ethical decision-making research.

*MS in Dentistry (Orthodontics)*

The revision of the program was made in response to the needs of graduate students to improve the focus of the curriculum. The changes would bridge new ideas, innovative and modern technology with theoretical concepts and clinical practice. The review of the degree of emphasis towards these directions resulted to the identification of core courses. The major courses were identified to improve the students' readiness in the management of malocclusion to facilitate adjunctive support to other fields of dentistry. The change in focus and introduction of new courses enhanced the students' appreciation in practicing orthodontics with gender lens and greater proficiency.

*MS Pharmacy (Pharmaceutical Chemistry), (Industrial Pharmacy), (Hospital Pharmacy)*

The curricular changes in MS in Pharmacy, with three majors) were proposed to address the current competencies required of pharmacists along the areas of industrial, institutional and research-oriented practice. The revision intends to correct, as well, the confusion in the different degree titles printed in the diploma issued by the University in the past years to describe the same graduate program (e.g. Master of Science in Industrial Pharmacy and Master of Science (Industrial Pharmacy)).



Curricular changes were also made on the undergraduate courses: BS Biology, BA Development Studies, BA Political Science and BA Developmental Studies.

**Revitalized General Education Program**

RGEP is a system-wide program initiated in 2000. In UP Manila, the implementation of RGEP started with the review and assessment of existing G.E. courses, holding of round table discussions, workshops and consultative meetings. In 2002, the UP Manila University Council approved the GE Framework consisting of a "healthy mix of disciplines" in three domains: 1) Arts and Humanities, 2) Social Sciences and Philosophy and 3) math, Science and Technology; each domain consisting of 15 units.

In September 2002, the UP Manila GE Committee proposed the institution of new GE courses which was subsequently approved by the UP Manila University Council and the UP President in 2003. The initial offering of six new GE courses was during the First Semester of Academic Year 2004-2005. These new GE courses are:

- NatSci 3 Understanding the Environment
- NatSci 5 Biodiversity and Sustainable Development
- History 3 Mga Relihiyon sa Asya
- History 4 Kababaihan sa Kasaysayan
- History 5 Kasaysayang Pangkalusugan ng Pilipinas
- NatSci 50 From Molecules to Man
- Psych 10 Journey into the Self

Starting the First Semester of Academic Year 2005-2006, the following additional new GE courses were offered:

- NatSci 4 Planet Earth: Our Habitat
- NatSci 8 Ethnobotany
- Hum 20 Mito at Alamat sa Pilipinas
- Speech 11 Voices of Literature

Among the new courses instituted under the RGEP, only the following are yet to be offered pending approval of the Systemwide RGEP Council:

- NatSci 6 Chemistry of Consumer Products
- NatSci 7 Everyday Chemistry
- Hum 25 Images of the Self in World Literature

During the full implementation of RGEP and development of several GE courses, the Office of the Vice Chancellor for Academic Affairs was able to solicit support for the purchase of ten units of LCD from the UP System, distributed to different UP Manila units for teaching the GE courses. The College of Arts and Sciences was given six units, one for each department and one for the Little Theater. The Colleges of Public Health, Nursing and Medicine and the Interactive Learning Center were given one each.

The Chancellor is a member of the UP System GE Council.

#### *New Academic Programs*

True to its role as the Health Sciences Center, UP Manila offers academic programs which serve as models for health science education because of their pioneering and innovative nature, community-based

component and their being competency-based which make them more relevant to the critical health needs of the country.

The dynamism of academic activities in UP Manila could be gleaned through the continuous development of new programs as well as the review of existing academic offerings.

In 2002, two new graduate programs of the College of Medicine were approved by the Board of Regents: the Master of Clinical Medicine (Medical Oncology) and MS Clinical Medicine (Medical Oncology). These academic programs provide learning environment for medical internists into medical oncology specialists as well as health managers with broader knowledge and extensive skills.

In 2003, the institution of a diploma course in Preventive Ophthalmology in the College of Medicine, was approved by the Board of Regents. The program provides a higher learning environment to train and develop ophthalmologists with appropriate knowledge, skills and expertise in essential eye care services delivery, research and health program management. Further, it contributes new knowledge and skills beyond clinical ophthalmology, in the diagnosis and treatment of prevalent ocular diseases, including eye health promotion and prevention of blindness.

The Board of Regents during its 1182<sup>th</sup> meeting in May 27, 2004, approved the offering of the following new graduate programs: (1) MS Health Informatics with two tracks: Health Informatics to be offered by the College of Arts and Sciences and the Medical Informatics, by the College of Medicine; and the (2) Diploma in Bioethics, a joint program of the College of Medicine, UP Manila and College of Social Sciences and Philosophy, UP Diliman.

Having been recognized as the premier academic institution in the health sector and the only institution in the country with a tertiary hospital, an undergraduate program in health informatics and a medical informatics units and given its mission of producing top-caliber health practitioners, it becomes imperative that it plays a lead role in health informatics management in the country. The program became the first English-language training program at the graduate level in Health Informatics in the ASEAN Region. The Medical Informatics track deals with organization and management of information in support of patient care, education, research and administration. On the other hand, the Bioinformatics track deals with the creation and development of advanced information and computational technologies for problems in molecular biology.

The Diploma Program in Bioethics aims to develop a community of biomedical and social scientists, health professionals and other health care providers, policy makers, philosophers, as well as other interested students, with sufficient skills and relevant knowledge of ethical considerations, concepts and methods in health education, health care, health policy and research.

In the Second Semester of Academic Year 2004-2005, the Master in Hospital Administration of the College of Public Health and the Master of Health Professions Education were offered in an off-campus residential mode.

### Enrolment Trends

A decreasing enrolment trend in undergraduate programs was noted from Academic Year 2002-2003 to AY 2004-2005. Comparing with the previous year's figures, enrolment in the 1<sup>st</sup> Semester of 2003-2004 decreased by 2.58% (119) and 3.9% (176) in 2004-2005. For the 2<sup>nd</sup> Semester, a decrease of 3.41% (154) was noted in AY 2003-2004 and .9% (41) in AY 2004-2005.

An improvement was seen in the 1<sup>st</sup> Semester of AY 2005-2006 when enrolment increased by 2.78% (120).

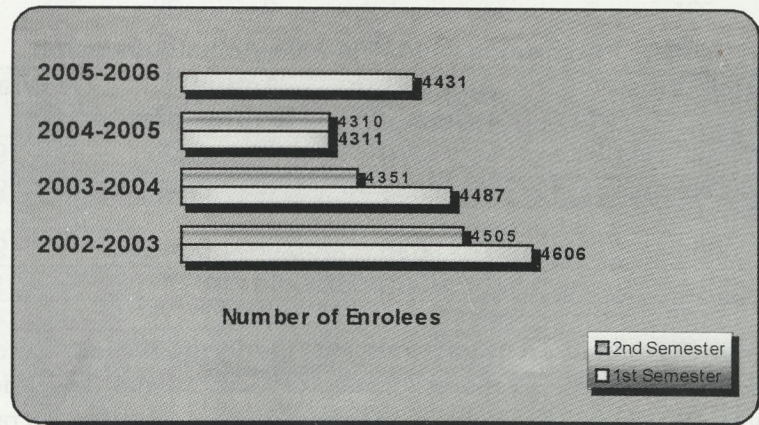
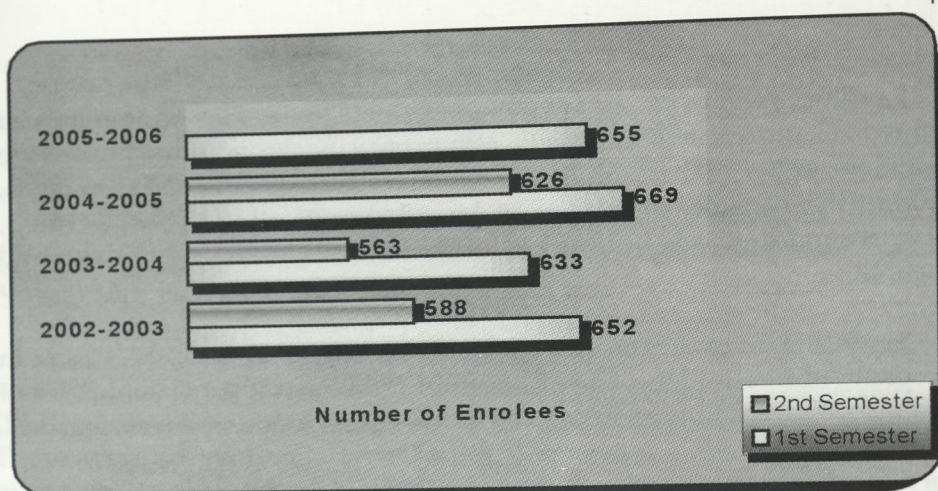


Fig. 9. Undergraduate Enrollment, AY 2002-2003 to AY 2005-2006

A similar trend was seen in the enrolment for undergraduate programs. Comparing with the previous year's figure, enrolment in the 1<sup>st</sup> Semester 2003-2004 decreased by 2.9% (19) and 4.2% (25) in the 2<sup>nd</sup> Semester. A remarkable increase in 2004-2005 was seen at 5.6% (36) in the 1<sup>st</sup> Semester and 11.19% (63) in the 2<sup>nd</sup> Semester. This was however, not sustained when enrolment in the 1<sup>st</sup> Semester 2005-2006 again decreased by 2.09% (14).

In a study conducted to determine the factors that affect the continuing decline in UP Manila enrolment, it was noted that for undergraduate programs, only the BS Nursing and M.D. programs



**Fig. 10. Graduate Enrollment, AY 2002-2003 to AY 2005-2006**

sustained the usual number of enrollees. Various factors which were identified to have contributed to the decline in enrolment include the university management's decision to decrease admission quota, decrease in regular qualifiers resulting to high attrition rate due to shifting, transfers, academic delinquencies and policy of some colleges not to accept transferees even if there were available slots. It was also noted that admission quota for the past three years was not always 100% filled up as shown in Table 3.

**Table 3. Admission Quota Vis-à-vis Actual Admission**

Academic Year	Admission Quota	Actual Admission	Rate
2002-2003	870	832	95.6%
2003-2004	885	880	99.4%
2004-2005	835	804	96.3%
2005-2006	830	827	99.75%

In case of graduate program enrolment, the decline was attributed to the lack of or decrease in the absorptive capacity of the professional employment sector in the light of the development of more lucrative alternative markets that do not require graduate studies. This was aggravated by the inflexibility of class schedules that could not accommodate employed professionals who are the prospective applicants to these programs. As a result, such students resorted to the distance-learning mode.

As part of UP Manila's interventional strategies to prevent further decline in enrolment particularly in the graduate programs, classes were offered at off-hours schedules and during Saturdays. The strategy resulted to increased enrolment during the Academic Year 2004-2005. The positive trend is expected to continue with the offering of the NTHCP's Master in Health Professions Education (MHPed) and the

College of Public Health's Master in Hospital Administration, in an off-campus residential mode starting AY 2005-2006. These undertakings, in collaboration with the Cebu Institute of Medicine and the Ciudad Medical Zamboanga will address the need for a formal degree program of health professions teachers and hospital administrators from Visayas and Mindanao areas.

#### *Graduation Trends*

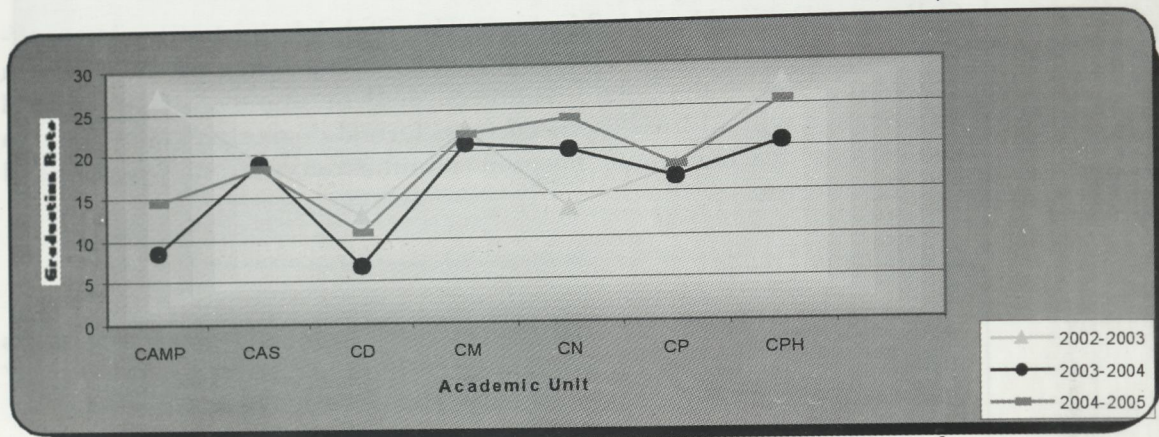
UP Manila graduated 2,853 young men and women from its undergraduate programs during the last three academic years: 1,013 in AY 2002-2003, 893 in AY 2003-2004 and 947 in AY 2004-2005.

**Table 4. Graduation Data in Undergraduate Programs, AY 2002-2003 to AY 2004-2005**

DEGREE-GRANTING UNITS	AY 2002-2003			AY 2003-2004			AY 2004-2005		
	1st Sem	2nd Sem	Summer	1st Sem	2nd Sem	Summer	1st Sem	2nd Sem	Summer
CAMP	2	110	5	3	31	0	5	62	0
CAS	28	293	18	30	282	11	17	274	18
CD	22	22	0	11	12	0	8	27	0
CM	1	165	35	0	151	32	2	155	37
CN	0	38	0	0	60	1	0	70	1
CP	8	74	1	8	58	6	19	51	5
CPH	6	52	8	3	38	2	1	50	3
SHS	49	21	55	72	13	69	61	15	66
<b>TOTAL</b>	<b>116</b>	<b>775</b>	<b>122</b>	<b>127</b>	<b>645</b>	<b>121</b>	<b>113</b>	<b>704</b>	<b>130</b>

**Table 5. Graduation Data in Graduate Programs, AY 2002-2003 to AY 2004-2005**

DEGREE-GRANTING UNITS	SY 2002-03			SY 2003-04			SY 2004-05		
	1st Sem	2nd Sem	Summer	1st Sem	2nd Sem	Summer	1st Sem	2nd Sem	Summer
CAMP	0	2	6	0	0	0	2	2	0
CAS	2	7	0	13	13	0	8	9	0
CD	0	4	1	2	8	1	1	10	0
CM	9	2	5	2	2	3	3	11	10
CN	1	0	2	2	3	0	0	1	2
CP	1	0	0	0	0	0	0	3	0
CPH	5	13	60	3	2	39	6	4	34
NTTCHP	1	5	1	2	3	5	8	4	5
<b>TOTAL</b>	<b>19</b>	<b>33</b>	<b>75</b>	<b>24</b>	<b>31</b>	<b>48</b>	<b>28</b>	<b>44</b>	<b>51</b>



**Fig. 11 . Graduation Rate in Undergraduate Programs**

On the other hand, 353 graduated from various graduate programs: 127 in AY 2002-2003, 103 in AY 2003-2004 and 123 in AY 2004-2005.

To appreciate the significance of these numbers, these should be looked vis-à-vis enrollment to gauge the performance of each college in producing the number of graduates. Fig. 11 and 12 presents the graduation rates of each college during the last three academic years, in undergraduate and graduate programs, respectively.

In undergraduate programs, the College of Medicine consistently has the highest rate of graduation or at least 20% of its population in the 5-year MD program. Among the 4-year courses, the BS in Public Health of the College of Public Health graduated more than 20% which is a little short of the expected 25%. The Colleges of Dentistry and Pharmacy had



**Fig. 12. Graduation Rate in Graduate Programs**

the lowest percentages of graduation ranging from 6.87% to 12.68%. These colleges had the highest percentages of students with academic delinquencies.

In graduate programs, the Colleges of Dentistry and Public Health graduated the highest percentages of their population while the Colleges of Pharmacy and Arts & Sciences had the lowest rates of graduation.

### *National Service Training Program*

By virtue of RA 7163, NSTP was initially implemented in Academic Year 2002-2003. The program aims to enhance civic consciousness, defense preparedness among the youth by developing the ethics of service and patriotism while undergoing training in the following service components: Literacy Training Service (LTS), the Civic Welfare Training Service (CWTS) and the Reserve Officers Training Corps (ROTC).

Each component consisted of lectures and field work/practicum. Under CWTS, students rotate in various services at PGH, while under LTS, students join the Pahinungod volunteers in teaching literacy and numeracy skills training to students of various Metro Manila public schools. The mechanics of the ROTC component remain the same however, due to a very small number of students who opt to take this component, the Department of Military Science and Tactics (DMST) of UP Manila was abolished and implementation was transferred to UP Diliman starting AY 2003-2004.

The formulation and institutionalization of guidelines and policies for the implementation of NSTP in coordination with other units/offices, college secretaries characterized the second year of the program implementation. Feedback from students based on their first year experience were considered in this endeavor.

Starting 2004-2005, implementation was devolved to the colleges. A workshop was conducted to prepare the colleges for the task. Efforts towards cooperation with nongovernment organizations and other advocacy groups were also noted during the year.

### *Awards and Recognition for Academic Excellence*

#### *CHED Centers of Excellence*

UP Manila maintained its stature in the field of higher learning as it is continuously recognized by the Commission of Higher Education (CHED). The College of Medicine and College of Nursing remained as the Center of Excellence and Development in Medical Education and Nursing Education, respectively. Likewise, the College of Arts and Sciences, Department of Biology maintained its status as the CHED Center for Development.

Under the CHED guidelines, a Center of Excellence is expected to become a showcase of Philippine higher education system. Technical and financial support were given to prepare these Centers of Excellence for joining the international higher education arm as a competitive partner, act as role model and engage in extension service in the national, regional and local community.

#### *WHO Collaborating Center for Leadership*

In January 2004, the College of Nursing was redesignated as the WHO Collaborating Center for Leadership in Nursing Development. This distinction inspired anew the College of Nursing to take a lead in nursing development, to strengthen the capabilities of nurses, to develop appropriate and innovative approaches for health promotion, healthy lifestyle and quality of life, and to forge collaboration with other WHO collaborating centers, universities, institutions, organizations, and nursing interests groups.

#### *SEAMIC Coordinating Library*

On the other hand, the F.B. Herrera Jr. Medical Library was designated as the SEAMIC (Southeast Asia Medical Information Center) Coordinating Library in the Philippines and the National Center for SEAMIC EDDS (Electronic Document Delivery System).

#### *Performance in Licensure Examinations*

UP Manila consistently achieved excellent performance in health professions licensure examinations. This unprecedented and trailblazing feat has been a tradition since UP Manila produced its first graduates.

Table 6 shows that the Colleges of Dentistry, Nursing and Pharmacy consistently registered 100% passing rate. These colleges were declared by the Professional Regulations Commission as the top



**Table 6. Performance of UP Manila  
in Licensure Examinations, 2002 to 2005**

Examination	Date of Exam	2002	2003	2004	2005
Chemistry	September	93%	95%	88%	
Dentistry	May	100%	100%	100%	100%
	December	100%	100%	100%	
Medicine (CM)	February	94.40%	90%	92.30%	100%
	August	98.40%	95.97%	93.66%	96.52%
Medicine (SHS)	February	100%	85.71%	66.60%	40%
	August	53.30%		50%	33%
Nursing (CN)	June	100%	100%	100%	100%
Nursing (SHS)	June	92.80%	100%	100%	
	December	100%	82.60%	78%	
Pharmacy	January	100%	100%	100%	100%
	July	100%	100%	100%	100%
Physical Therapy	February	87.50%	66.67%	91%	100%
	August	98.40%	82.35%	67%	100%
Occupation Therapy	February	83.30%	85.71%	100%	75%
	August	94.70%	80%	82%	79%
Midwifery (SHS)	November	97.50%	95%	87%	

schools in their respective fields. The College of Medicine was awarded first place by the Board of Medicine, having registered the highest passing rate among all medical schools in 2002, 2003 and 2004. Likewise, the School of Health Sciences was recognized by the PRC Board of Midwifery as the number one midwifery school in the country.

## STAFF DEVELOPMENT AND WELFARE

### Profile

The strength of the University depends mainly on its faculty and staff whose expertise, values and dedicated service are crucial to carrying out its mission of excellence and leadership in health science education, research and services.

UP Manila had a staff complement of 5,324 as of the end of 2002, 5,366 in 2003 and 5,148 in 2004, 70% of which belonged to the Philippine General Hospital.

The total staff complement of UP Manila academics was 1,630 in 2002; 1,556 in 2003 and 1,532 in 2004. The decline was due to the implementation of the following directives and orders: Attrition Law and AO 103 for administrative personnel, the "Up or Out" policy for academic personnel. The College of Medicine also imposed a moratorium on the hiring of clinical faculty.

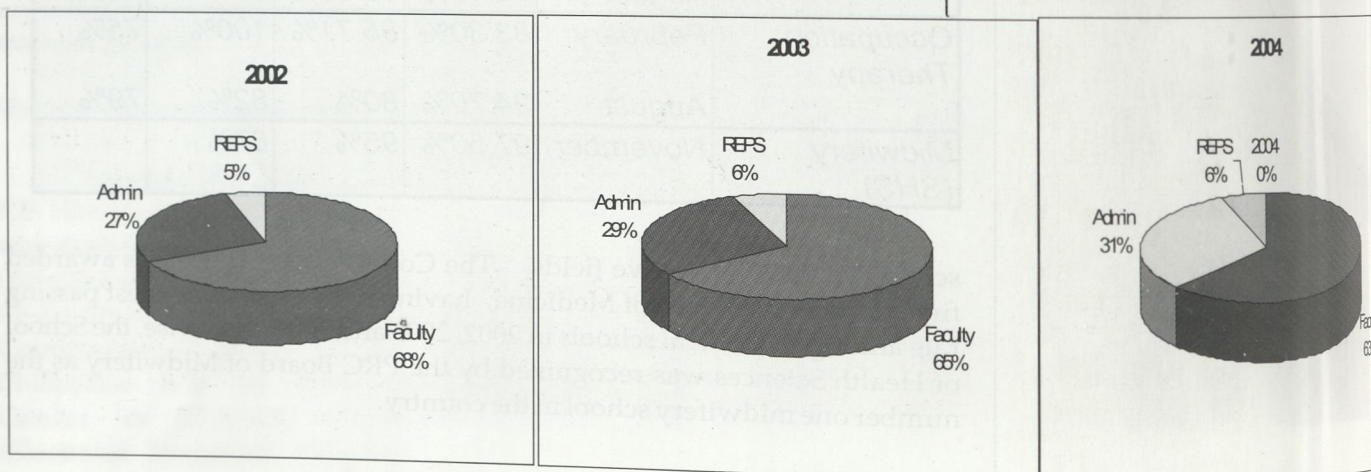


Fig. 13. Distribution of UP Manila Academics Personnel by Classification, 2002-2004

On the other hand, the Philippine General Hospital had a total staff complement of 3,694, 3,810 in 2003 and 3,616 in 2004. Although hiring of medical personnel is exempted from Attrition Law and AO 103, the hiring of administrative personnel and REPS are not. In 2004, the nursing staff declined by 10% from the previous year's number. The obvious reason was the exodus of nurses not only from the PGH but also from other hospitals in the country.

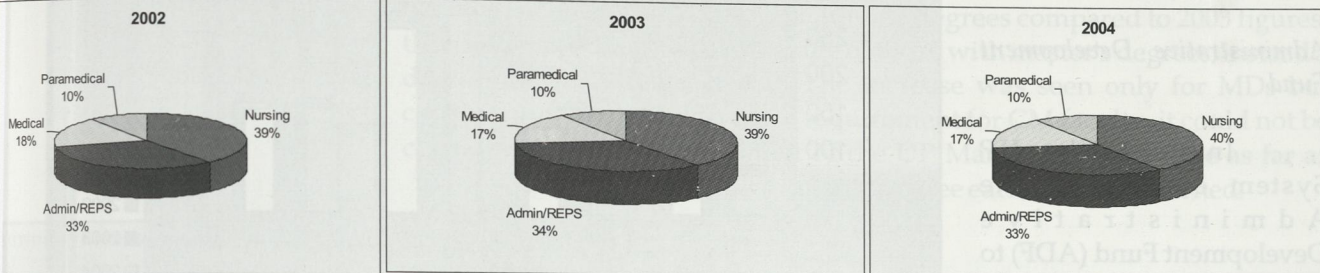


Fig. 14. Distribution of PGH Personnel by Classification 2002-2004

Figures 15 and 16 show the distribution of UP Manila faculty members by academic unit, status and nature of appointment and rank in 2002, 2003 and 2004.

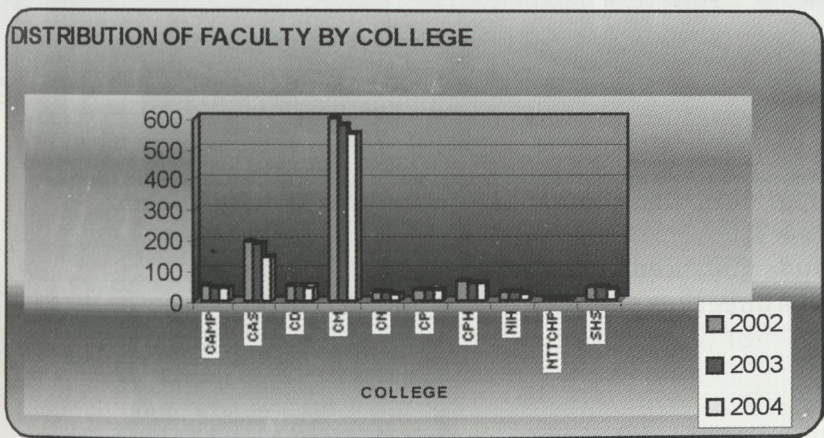


Fig. 15. Distribution of Faculty by Academic Unit

Faculty or academic personnel comprise more than half of UP Manila personnel. It is, however disappointing to note that only half of them have plantilla items. At the end of 2004, 55.4% are regular faculty while 44.6% are non-regular. Non-regular faculty members are composed of substitutes, lecturers, clinical faculty (without compensation), professors emeritus, visiting lecturers, casuals and

contractuals.

The College of Medicine has more than half (57%) of the total faculty members of UP Manila. However, looking closely, 66% of the College of Medicine faculty are non-regulars.

The College of Arts and Sciences has the second largest number of faculty members, 70% of whom have regular items. The National Teachers Training Center for Health Professions is the smallest academic unit as far as faculty complement is concerned, with only five, four of whom are regulars.

*Faculty/Administrative Development Fund*

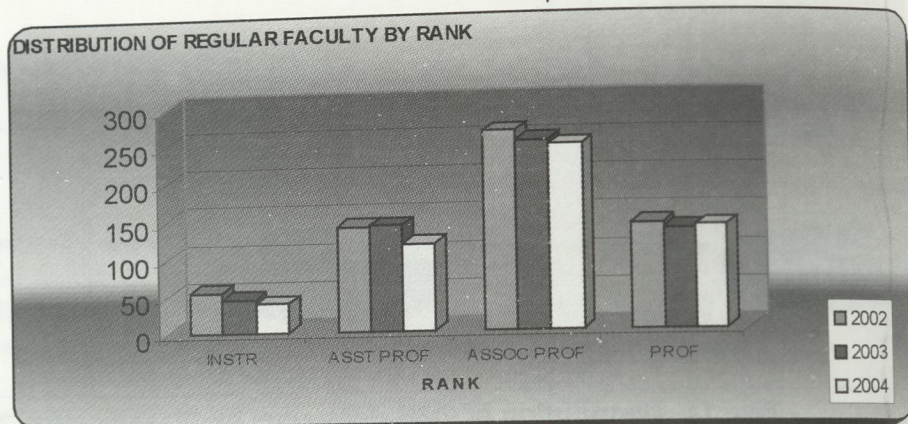
*Administrative Development Fund*

In 2004, the UP System established the Administrative Development Fund (ADF) to support the training of administrative personnel in short term programs that are relevant to their current jobs and functions. An amount of P3M was set aside for the fund, P500,000 of which shall be used to immediately subsidize fellowships for short-training programs. Among the programs included are those being offered by the Meralco Foundation Institute such as *Microcomputer Hardware Fundamentals*, *Microcomputer Hardware Servicing* and *Advanced Microcomputer Hardware Servicing*. UP Manila was given three slots per batch.

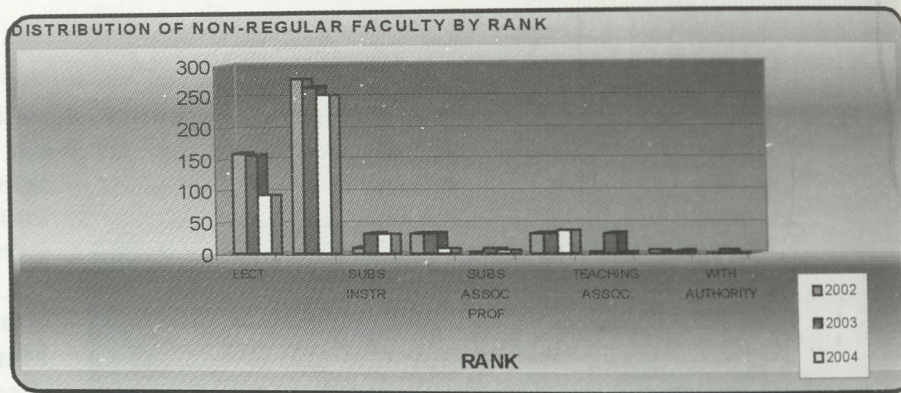
*Faculty Development and Fellowship*

UP Manila continued to support various programs and activities that enhance professional skills and teaching capabilities, such as faculty training on test construction and measurement, etc. All academic units held their respective regular faculty conferences and strategic planning workshops.

Many faculty members went on special detail to attend local and international symposia, conventions, conferences, and workshops/seminars in various capacities. In many instances, UP Manila faculty members were invited to these gatherings as speakers, resource persons, facilitators or presenters of scientific papers. Although attendance to these activities were usually funded by outside agencies, the support of the University could be seen in allowing the faculty members to attend on official time.



**Fig 16A. Distribution of Regular Faculty by Rank**



**Fig. 16B. Distribution of Non-Regular Faculty By Rank**

The overall profile of UP Manila faculty in terms of educational attainment shows a disappointing trend. While there was a decrease in the percentage of faculty with baccalaureate degrees compared to 2003 figures, this did not increase the percentage of those with master's degrees, instead a decrease of 0.06% was seen. The increase was seen only for MDs but considering that this is an entry requirement for CM faculty, it could not be considered as an improvement of the UP Manila faculty profile as far as highest degree earned was concerned.

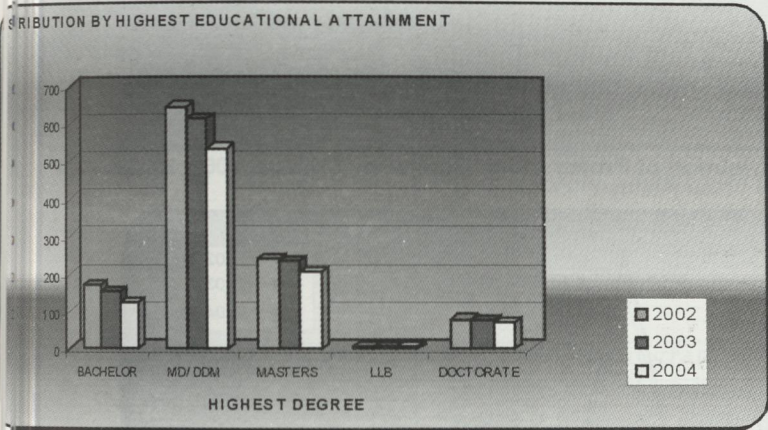


Fig.17. Distribution of Faculty Members According to Highest Degree Earned

*Faculty Tenure and the "Up or Out" Policy*

The year 2004 brought anxiety to 57 and 53 full time and part time faculty, respectively, when the University's tenure or out policy was fully implemented. About half were given renewal of appointment, majority of them were part-time. Those who were tenured were mostly full time. About 21% of the affected full time faculty were reclassified to lecturers, as shown in Table 7.

Table 7. Faculty Affected by "Up/Tenure or Out Policy", AY 2004-2005

Classification	Full Time		Part Time		Total	
	Number	%	Number	%	Number	%
Renewed	18	31.6	33	62.3	51	46.4
Tenured	20	35.1	13	24.5	33	30
Up	2	3.5			2	1.8
Out	4	7	7	13.2	11	10
Lecturer	12	21.1			12	10.9
Appeal	1	1.8			1	0.9
Total	57	51.8	53	48.2	110	100

*Awards and Incentives*

*Faculty Incentives and Recognition*

In recognition of meritorious work in teaching, research and other creative endeavors, faculty members were awarded professorial chairs, considered one of the highest forms of recognition in the academe. Aside from professorial chairs, faculty grants were awarded to make the University's recruitment and retention program more effective. These grants provided incentives and support to young and promising members

of the faculty who may want to become actively involved in relevant research activities and creative work.

Aside from the annual recognition given by UP Manila to Outstanding Teachers during its Foundation Week, several academic units institutionalized the awards system for outstanding teachers by holding annual recognition ceremonies.

On the other hand, UP Manila researchers continued to contribute outstanding works and were recognized by different award giving bodies in the field of health research and development. Further, these researches, which were published in national, regional and international journals and publications continued to reap honors not only for the UP Manila but also for the University System. The number of UP Manila researchers who were awarded the President's International Publications Award increased in the last three years.

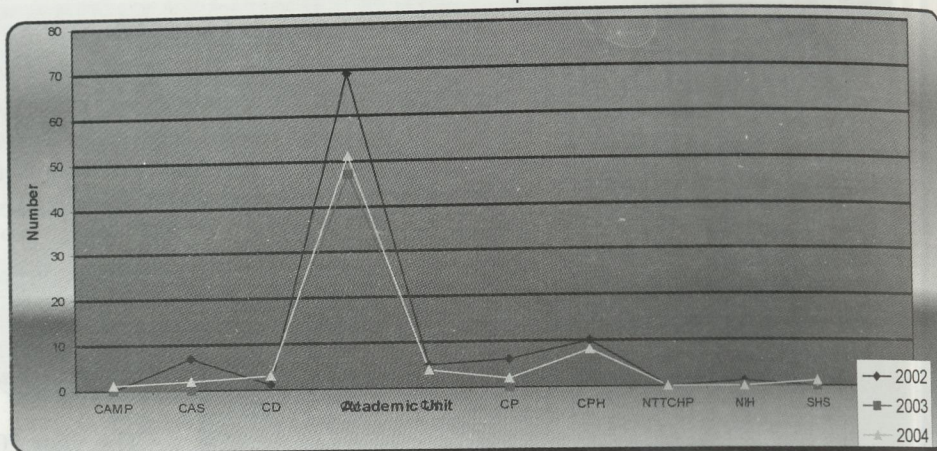


Fig. 18. Distribution of Professorial Chairs by College, 2002, 2003 & 2004

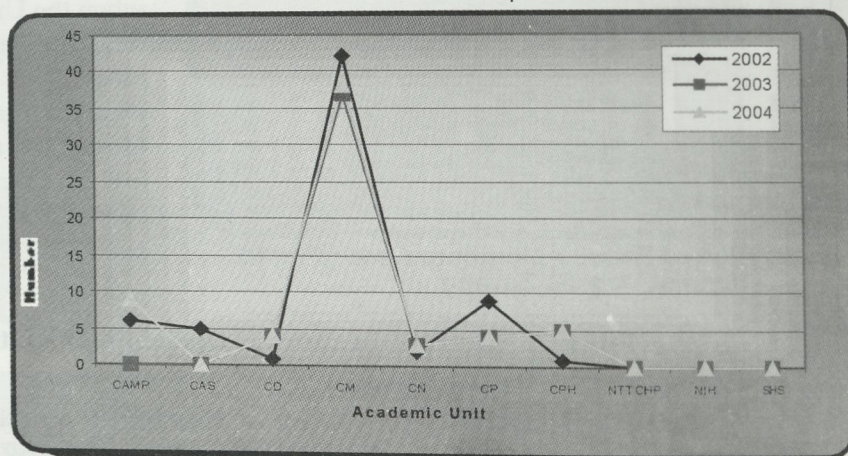


Fig. 19. Distribution of Faculty Grants by College, 2002, 2003 & 2004

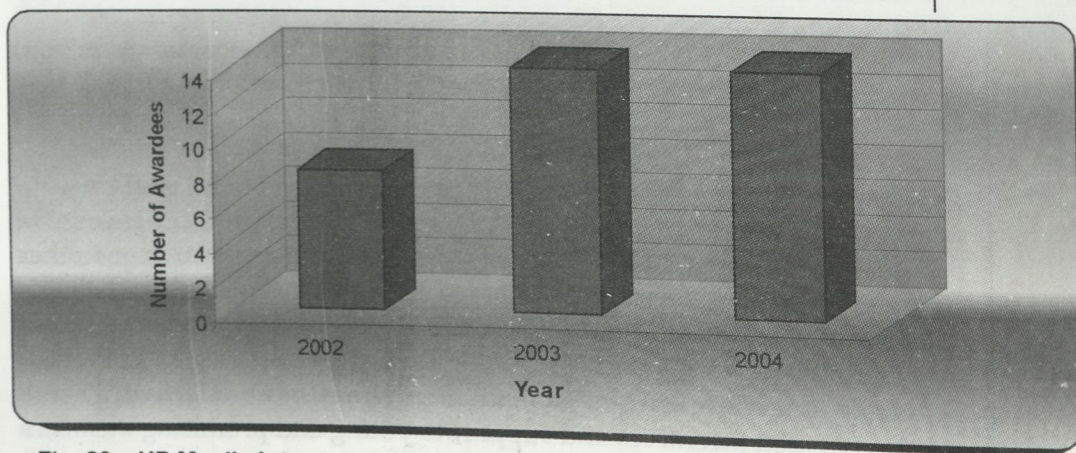


Fig. 20. UP Manila International Publications Awardees, 2002, 2003 & 2004.

## STUDENT WELFARE

During the past three years, UP Manila enhanced the delivery of services to the students, provided more and better academic support and learning assistance services as well as more opportunities for the nurturing of their talents, skills and other creative abilities. The University also provided them opportunities to actively participate and get involved in the affairs of the University.

Shortly after the start of the term of this administration, accredited organizations were allowed to use the facilities of the University for their activities such as meetings, fora, anniversary celebrations, consultations, free of charge. This encouraged the students to conduct relevant activities and actively participate in the discussion of issues affecting the University and society.

### *Scholarship and Financial Assistance Program*

The program provides financial assistance to deserving students through the Socialized Tuition Fee Assistance Program, scholarships, student loan and student assistantship. The following tables show the 3-year data regarding the implementation of various scholarships and financial assistance programs in UP Manila.

**Table 8. Data on STFAP Grantees, AY 2002-2003 to 2004-2005**

Bracket	2002-2003		2003-2004		2004-2005
	1 <sup>st</sup> Sem	2 <sup>nd</sup> Sem	1 <sup>st</sup> Sem	2 <sup>nd</sup> Sem	1 <sup>st</sup> & 2 <sup>nd</sup> Semesters
1	442	442	152	153	430
2	5	5	3	3	2
3	5	5	5	5	1
4	27	28	28	28	13
5	43	44	18	20	15
6	58	59	43	46	36
7	40	42	23	26	12
8	30	32	11	12	11
9	227	236	117	130	213
<b>Total</b>	<b>354</b>	<b>370</b>	<b>400</b>	<b>423</b>	<b>733</b>

**Table 9. Scholarships, Student Loan and Assistantship Programs**

	2002-2003		2003-2004		2004-2005	
	1 <sup>st</sup> Sem	2 <sup>nd</sup> Sem	1 <sup>st</sup> Sem	2 <sup>nd</sup> Sem	1 <sup>st</sup> Sem	2 <sup>nd</sup> Sem
Scholarships:						
Government	242	210	228	205	221	203
Private	23	20	19	15	24	6
College-based	88	88	89	89	119	119
Student Assistantship:						
Number	116		71		51	
Amount of payroll	P1.920M		P1.625M		P.283M	
Student Loan:						
Number	43	52	51		43	42
Total Amount Loaned	P.196M	P.211 M	P.202M		P.178M	P.156 M

**Table 10. Services rendered by OSA and LRC , 2002-2005**

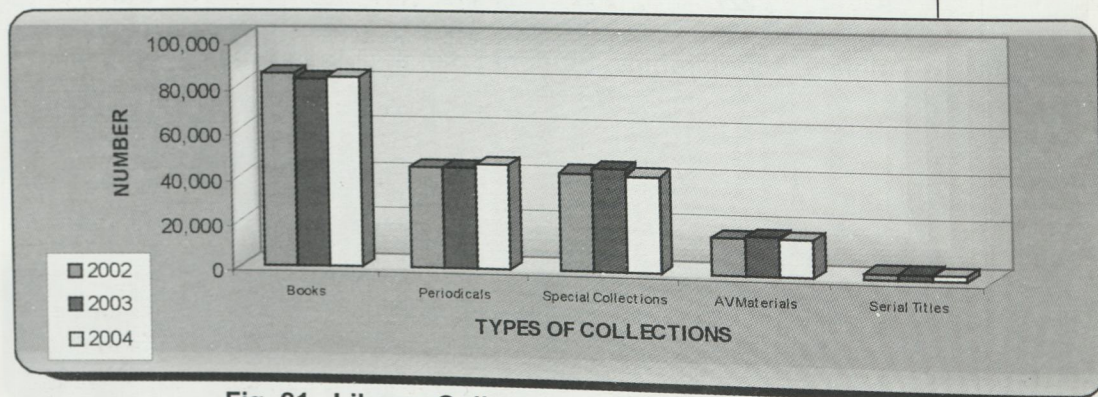
Services Rendered	2002-2003	2003-2004	2004-2005
<b>Office of Student Affairs :</b>			
Guidance and Counseling	660	626	476
Accredited Student Organizations	40	37	46
<b>Student Disciplinary Tribunal</b>			
No. of cases	7		
No. of cases decided:	5		
Dismissed	2		
Reprimand	1		
Suspension	1		
Expulsion	1		
<b>Learning Resource Center:</b>			
Tutorials	49	1,509	1,845
Summer Bridge Program		20	
Simulated examinations		1,627	1,446
Diagnostic Exam			527
Review			605
Seminar on Open Office and Star Office Operation			220
Use of freebees			3,682

**Other Student Support Services**

*Library Services*

The University Library and the unit libraries continued to upgrade and expand its collection, resource sharing, links and services to support the instructional, research and extension needs of UP Manila.

Shown in Fig. 21 is the volume of library collections composed of books, periodicals, special collections, AV materials and serial titles as of the end of years 2002, 2003 and 2004.

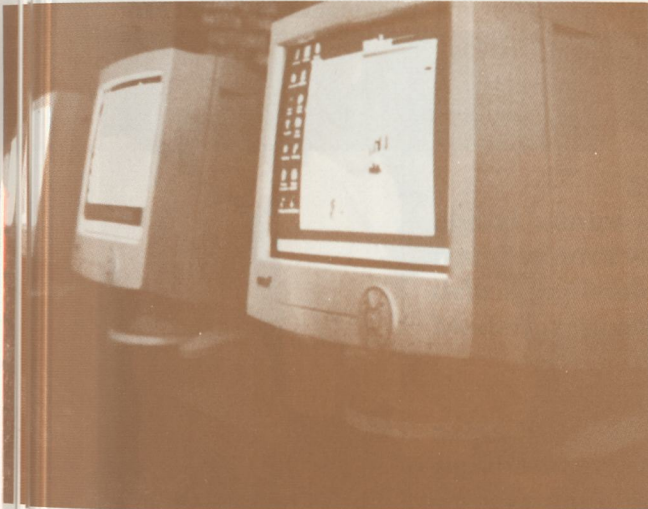


**Fig. 21. Library Collections, 2002, 2003 & 2004**

## Modernization of the University

### *Information Technology Development*

As early as 2000, the UP Manila Information Technology Group composed of the Information Management Service (IMS), National Telehealth Center (NTC) and the Special Assistant for Information Technology, already drafted a Strategic Information Technology Plan for UP Manila. Several milestones were identified such as IT infrastructure, network upgrading and expansion, the IT literacy program and development of administrative support systems.



In 2002, the UP Manila Data Communication Network upgrading was implemented through an P8M funding from the UP System. This phase consisted of upgrading building connections to the backbone, installation of structured cabling system, installation of additional data ports at each building, installation of network server and other cable management hardware. It was during this year when the IT Literacy Training Program was completed. This capacity building program complemented the development of IT facilities.

The year 2003 saw the start of the development of several information systems. These were aimed to support the University's tasks of teaching, research and service. Continuous development of the prospective application systems also included access and development of content information and knowledge generated and shared by the University.

The capacity of the UP Manila Network access was increased to respond to the rapidly increasing demand for network services. Internet link was upgraded to four times the bandwidth of 2003 from 256 kbps to 1,024 in 2004 and to 2,048 in 2005. At the start of 2005, more than 1,000 computers in the campus have internet access, student to computer ratio is 22:1. A total of 1,860 data ports now exist in UP Manila. The most recently installed were 20 data ports in the College of Medicine and 40 data ports in the College of Arts and Sciences.

The computerized Registration System/Student Registry System was fully implemented during the AY 2002-2003 Second Semester registration. The final phase which involved the student on-line enlistment and pre-registration using the system already started in 2004. While enhancement of the Computerized Registration System continues, current

activities under this project involve more of the development of the Student Registry System (SRS) modules.

Other applications that were developed included Portable Wireless Medical Records, Blood Bank Information Package, Community Health Information Tracking System, Surgical Pathology Registry, Philippine College of Surgeons Registry, Integrated Surgical Information System, Health City, Philippine National Drug Formulary for the Palm, Design and Implementation of Buddy Works: Use of Telehealth Network Services in Community Partnership Programs and the Philippine National Health Information Infrastructure: Collaboration, Design and Implementation.

The development of Personnel Data Tracking System (PDTs) started in 2005 and is already half way.

One of the most significant accomplishments of UP Manila in the field of information technology which operationalizes UP Manila's aspirations of social responsibility was the approval of the project, "Design and Implementation of Buddyworks: Use of Telehealth Services in Community Partnership Program" which was given a P43M fund by E-Government Fund CICT under the Office of the President.

The project entails deployment and evaluation of community based telehealth services in partnership with a network of national health agencies, local government, health units, academic institutions and clinical specialty societies. It is a breakthrough in addressing the vertical inequity in health care delivery by bringing expert health care resources of academic institutions and health professionals to underserved communities using appropriate information and communication technology. The project was formally launched on August 25, 2005.

UP Manila held an IT Summit in June 2005 to review and update the IT Strategic Plan formulated in 2000. During the summit, the UP Manila strategic IT directions for the next 3-5 years was charted.

Testing of system at BuddyWorks inauguration in August 2005



### *Laboratory Modernization*



The Laboratory Modernization Project Phase I enabled UP Manila colleges to acquire new laboratory equipment amounting to P3,971,148.50 during Academic Year 2002-2003.

In 2003, UP System allotted to UP Manila P12,635,926 from the Laboratory Modernization Project Phase II. From this amount, the College of Arts of Sciences was able to acquire equipment for its science laboratories and as well as for the renovation of its computer laboratory. The College of Allied Medical Professions was able to modernize and update its laboratory facilities for physical therapy, occupational therapy and speech pathology students.

From its share of P2.205M, the College of Dentistry procured dental chairs and equipment for its dental clinics and laboratories. The budget for the supply and installation of water filtration system and vacuum system for simulation debris implemented in early 2005 was also taken from the Laboratory Modernization Fund.

The Colleges of Medicine and Pharmacy got their respective share amounting to P1.950M and P1.30M, respectively, for the purchase of new laboratory equipment. The Virology Laboratory of the College of Public Health, Dept. of Microbiology was constructed using the CPH share from the fund.

### *Library Modernization*



In 2003, P927,589.00 was released for the UP Manila Library Modernization Project. The amount enabled UP Manila Library and other constituents libraries to acquire hardware and materials, the bulk of which consisted of one unit Compaq Proliant ML370 Server with internal backup tape drive and veritas backup software amounting to P647,000.00 and five units of computer system which are now being used as workstations of unit libraries for database maintenance.

As part of the modernization project, the University Library converted 66,775 records into MARC format, encoded/converted 5,004 patron records, loaded bibliographic data into the Library Solution format,

established holding codes for circulation operation for each unit library and created 16 workstations.

With the modernized library facilities, bibliographic record of books could now be searched from the Internet. The On-Line Public Access Catalog (OPAC) which provide information such as current location and circulation status of books and other catalogued materials, also accessible.



### *Interactive Learning Center*

To complement the implementation of the Revitalized General Education Program, Interactive Learning Resource Centers (ILC) were established in all autonomous campuses of the University. The UP Manila Interactive Learning Center was inaugurated in April, 2004. ILC is tasked to conduct training workshops to assist the faculty in designing, developing and evaluation of learning materials which should be produced in software readily available to students.

President Nemenzo at the inauguration of the Interactive Learning Center in April 2004

UP System provided for the ILC infrastructure and equipment needs. It is now equipped with 30 desktop and two laptop computers, two LCD, two electronic board, one teleconferencing stations and one television set. An amount of P1M was also given as seed money for the development of learning materials. Since it started operation, ILC already conducted three faculty workshops participated by 56 faculty members from various academic units.

### *Philippine eLib Project*

The Philippine eLib is a collaborative project of the National Library of the Philippines (NLP), University of the Philippines (UP), Department of Science and Technology (DOST), Department of Agriculture (DA), and the Commission on Higher Education (CHED).

This project will provide a portal that contains a union catalog of the holdings of the partners and provide links to these resources; digitize resources, which are produced locally, and materials that represent the country's cultural heritage; share subscriptions of online databases and make these available to a wider audience; facilitate access to these resources particularly to State Universities and Colleges and the Filipino citizenry in general; and to establish mechanism of income generation for continuity and sustainability of the project.

In line with the objectives of the project, the University Library received thirteen (13) units of computer system, which were distributed to CAMP (1 unit), CAS (2 units), CD (1 unit), CM (2 units), NTTC-HP (1 unit), CP (1 unit), CPH (2 units) and University Library (2 units).

#### *UP Manila Archives and Records Depository*

The University Library Organic Act of 1991 stated that "The University Archives and Records Depository shall collect, organize and maintain archival and official records including artworks of the constituent university." In response to this, on 10 May 2005, a Task Force composed of librarians with background in archiving was created, with the University Library as the lead unit to put the UP Manila Archives and Records Depository (UPMARD) in place. The fourth floor of the University Library will house the UPMARD.

The task force prepared the policies and guidelines on what documents/materials will be included in the archives.

#### *Computerized Registration System-Student Records System*

The development of the Computerized Registration System-Student Records System started in November 2001. During the development phase, Information Management Service Office held regular consultation meetings and program demonstrations with the different stakeholders involved in the student registration process to iron out glitches in the system.

The system had its pilot implementation during the First Semester AY 2002-2003 enrolment for incoming freshmen. Full implementation for all UP Manila students was done during the Second Semester AY 2002-2003 registration.

Student online pre-enlistment and pre-registration within the campus already started during the First Semester AY 2004-2005 and through the internet during the Second Semester AY 2004-2005.

#### *NIH Online Submission and Review of Research Proposals*

Dr. Inocencio Maramba, Director of National Telehealth Center developed the NIH Research Database that will serve as repository of researchers with their expertise, titles of on-going and finished researches, and online research abstracts. Another component of this database is submission of research proposal for consideration for funding online by going to [www.nih.upm.edu.ph](http://www.nih.upm.edu.ph). Announcements on research fellowships, training workshops, conferences, seminars and available scholarships are also posted in this website.

The next phase of database would be the online review of submitted research proposals for consideration for funding.

Funding agencies and institutions looking for specific expertise for possible research collaborations and linkages would have easy access on determining who to collaborate and link with.

#### *Professorial Chairs and Faculty Grant Database*

The Office of the Chancellor and the Vice Chancellor for Academic Affairs with the assistance of Dr. Noel Lawas developed a database for Professorial Chairs and Faculty Grants given and assigned to UP Manila. The database includes the list of professorial chairs and faculty grants, its donors, purpose and intent, year of establishment by the Board of Regents, status of funding, and past and present holders.

#### *Personnel Data Tracking System*

The necessity to systematize procedures is needed by each unit in UP Manila for efficient provision of services and release of complete, accurate information, data statistics and report. Hence, automating the processes involved is viewed as a solution, especially in processing personnel information. The Human Resource Development Office (HRDO), mandated to handle personnel transactions and services, should be equipped with an electronic personnel data information system for proper documentation and accurate reporting.

The Personnel Data Tracking System (PDTS) is an electronic database to complement the personnel information needs of the University. The system will employ software using the evolutionary prototyping method and necessary equipment for systems development and actual use.

PDRS is composed of five (5) modules. The Appointment Module contains all the personal information on an employee, their service record and Performance Evaluation Rating. The Hiring Module provides the list of all vacant positions in the university with all the internal and external applicants which has the capability to automatically search for qualified applicants based on the requirements set by the unit/college. The Benefits Module containing all the details pertaining to leaves (vacation/sick/special leaves) and tardiness/undertime of all employees. The Other Benefits Module includes all other leaves such as study leave, sabbatical leave and the likes. The Query Module will help the HRDO personnel format their reports depending on the needed data. The report output will then be converted to excel for printing purposes.



## QUALITY AND ACCESSIBLE HEALTH CARE AND OTHER EXTENSION SERVICES

The leadership and involvement of UP Manila constituents in the conduct of extension and community services concretized the goal of self-offering symbolized by the oblation. These services are in the form of direct patient care rendered at the country's biggest hospital, the medical/dental missions, community-based programs, conduct of continuing education and training programs, involvement in various organizations and professional groups, and consultancies.

### *Philippine General Hospital*

The current economic difficulties being experienced by all sectors provide the challenge to the various components of the health care system to help identify and formulate new means of providing appropriate and inexpensive medical services. For the Philippine General Hospital where indigent patients constitute the primary clients, this is a harder task to accomplish. As the biggest government tertiary hospital, the Philippine General Hospital struggles to continuously provide the widest array of health care services to its patients. PGH also trains hundreds of students in the health professions and health workers both from UP Manila and other medical/health and health institutions.



*Typical morning queue of patients at the FH-OPD lobby*

### *On Service*

In its almost a century of existence, the Philippine General Hospital has evolved to become the premier health institution in the country. The reputation it has built through the years, continually draws patients from all over the country in the hope of getting quality health services. Each year is a challenge in many respects. As poverty continues to bear heavily on the majority of Filipinos, so does the heavy financial burden on PGH. Throughout these years, the hospital managed to cope with these challenges. Its service, training and research components remain strong despite difficulties.

PGH serves more than half a million patients every year: 80% at the Outpatient Department, 11% as emergency cases and 9% were admitted in the charity wards and pay patient departments. In 2002, PGH served 540,081 outpatients. The implementation of the outpatient quota system in 2003 resulted to only 467,239 consultations or a reduction of more than 13%. The number increased by 9.48% in 2004 with 511,514 consultations.

Admission in charity wards reached 39,322 in 2002, 35,131 in 2003 and 37,270 in 2004. Occupancy rate was 85.75%. On the other hand, the pay patient department admitted 17,088 patients in 2002, 15,896 in 2003 and 16,044 in 2004. The decrease in admission in 2003 was attributed to the closure of rooms damaged by wear and tear as well as to room preference of the patient. Occupancy rate was lower at 62%. The efforts of the Department of Pay Patient Services maximize bed occupancy by improving aesthetics and converting suites and de luxe rooms into small or bid private rooms resulted to the increase in pay patient admission in 2004.

A continuous decline in the number of patients served at the emergency complex was seen during the three-year period. This was attributed to the renovation of the Department of Emergency Medical Services (DEMS). The number increased in 2005 due to reopening of the modernized DEMS.

*On Training*

The Philippine General Hospital continues to provide a venue for training not only to UP Manila medical and paramedical students but also to young health professionals through its internship, residency and fellowship programs, observership and on-the-job training from other health professions institutions. The training component of the hospital is further strengthened by the development of comprehensive programs on values reformation and revitalized curriculum for residents and post residency fellows.

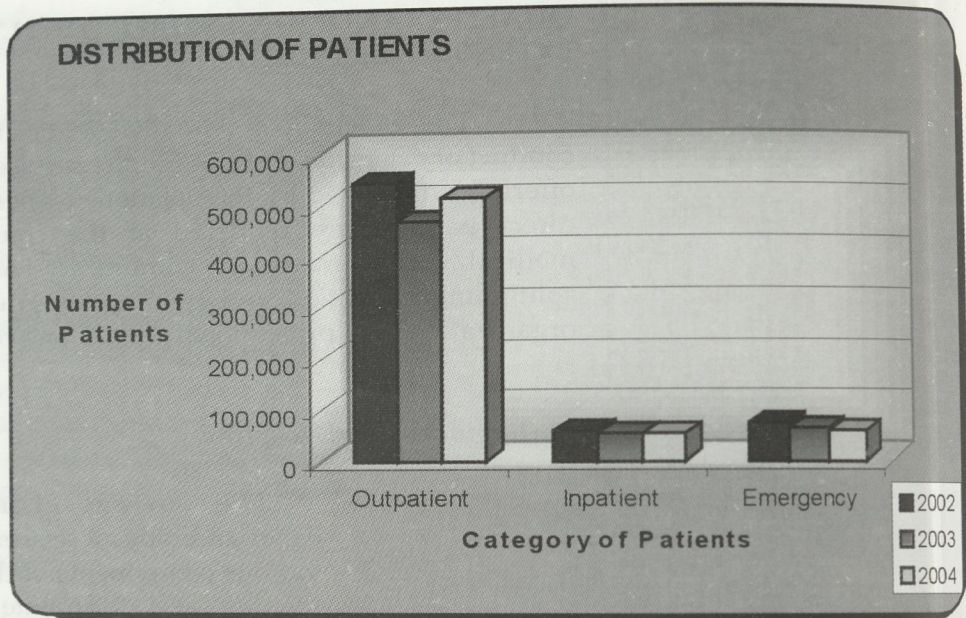


Fig. 22. Distribution of Patients By Category, 2002-2004

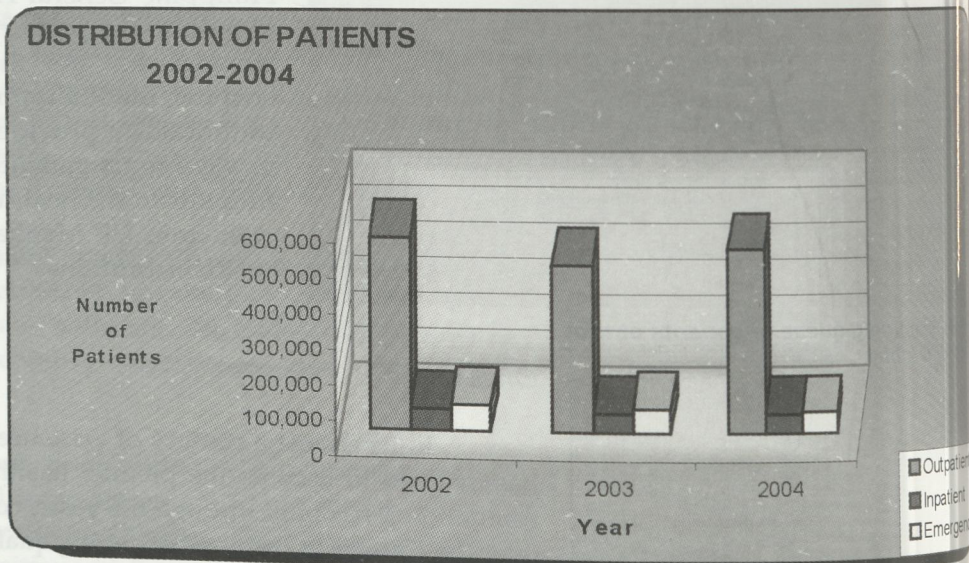


Fig. 23. Distribution of Patients by Year

The number of residents and fellows who had undergone training at the Philippine General Hospital is shown in the next table.

**Table 11. Number of Medical Trainees, 2002-2005**

Programs	2002	2003	2004	2005
Internship	261	258	257	260
Residency	586	542	562	552
Fellowship	232	154	196	202

Likewise, PGH provided venue for the training and hospital exposure of other paramedical or allied medical sciences students and trainees from UP Manila and other institutions. Data on these are shown in the next table.

**Table 12. Number of Paramedical Trainees, 2002-2004.**

Allied Health Sciences Programs	2002	2003	2004
Nursing and OJT (UP)	542	442	368
Nursing Training (non-UP)		163	711
Nutrition (UP/non-UP)	75	86	101
Dietetic Residency Program (non-UP)	3	2	6
Pharmacy (UP/Non-UP students/trainees/observers)	271	118	164
Dental Internship (UP & non-UP)	28	20	61
Postgraduate Medical Technology (BSPH-UP students/non-UP)	57	57	125
Social Work (UP and non-UP)	14	9	9
Physical Therapy Internship (UP)	98	87	208
Occupational Therapy Internship (UP)	41	29	71
Speech Language Therapy Internship (UP)	22	16	24
Psychology	33	10	18
ECG/EKG Observership	145	12	47
Radiology Technology Internship	60	36	30
Emergency Medical Technicians	130		14
Other allied health science trainees	279		138

### FACULTY MEDICAL ARTS BUILDING

The UP Board of Regents, in its 1093<sup>rd</sup> meeting on 15 December 1995, approved in principle the proposal to convert the old Dispensary Building of the Philippine General Hospital (PGH) into a Medical Arts Building (MAB), envisioned primarily to be a faculty incentive and institutionalize geographic practice of profession for private medical and dental practice of faculty members of UP Manila.

Under the present leadership and initiative of Chancellor Marita V. T. Reyes and Director Carmelo A. Alfiler, UP Manila and PGH have made

wide consultations with the different stakeholders of the project in the effort to bridge the gaps and jumpstart this much delayed undertaking. From these consultations arose a refined proposal for the establishment of the Faculty Medical Arts Building, the highlights of which are: (1) operationalization by phase, (2) evolution from a purely MAB and FMAB, (3) involvement and integration of other health academic units of UP Manila, (4) operation of the FMAB as a local business interest, and (5) establishing the clinics as extension of the PGH clinical departments.

Several parallel consultations with UP System administrators were made. Finally, the UP President's Executive Staff, in its meeting last 10 June 2005, recommended that the building should be leased and administered by a private party (preferably a foundation) after a public bidding, in order to insulate the PGH and the University from further financial obligations in the facility.

The recommendation called for the development and conversion by a developer/lessee of the old Dispensary Building of PGH into an FMAB where: (1) UP Manila and PGH to enter into a Lessor/Lessee agreement preferably with a completely private and PCNC-accredited foundations which will manage the administrative and fiscal concerns of the facility; (2) formulate/finalize the Terms of Reference (TOR) with conditions designed to safeguard faculty incentive and exclusivity purposes and autonomy of PGH to attend to medical affairs (credentialing, peer review, tenure, etc); and (3) constitute a Special Bids and Awards Committee to conduct the public bidding.

The UP Board of Regents has approved this proposal in its 1201<sup>st</sup> meeting on September 29, 2005.

## VOLUNTARISM AND PAHINUNGOD

The different outreach programs of the University have evolved into many forms of service and are continuously evolving to answer the needs of the communities. These programs reach out to many underserved communities through different projects and services. While the Ugnayan ng Pahinungod which was established as the volunteer service program of the University of the Philippines 10 years ago ceased to exist in some autonomous campuses of the university, the Ugnayan ng Pahinungod in UP Manila has been actively performing its mandated functions.



*Pahinungod volunteers providing tutorial services to elementary students*

**Table 13. Data on Community Programs Conducted by Pahinungod**

<b>Services</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>
<b>Tutorials</b>			
Volunteers	129	550	91
Sessions conducted			568
Beneficiaries	600	1,167	144
<b>Teacher's Devt. Program</b>			
Volunteers	10	10	
Beneficiaries	75	95	
<b>Programs for Streetchildren</b>			
Volunteers	45	45	129
Beneficiaries	161	64	200
<b>Summer Immersion</b>			
Volunteers		6	13
Municipalities			4
<b>Health Missions</b>			
Number	45	87	92
Volunteers	415	517	561
Patients benefited	8,770	19,500	19,379
Communities	88		1,157
<b>ER Volunteer Program</b>			
Volunteers	111	35	30
Patients served	4,000	1,500	3,133

Table 13 shows the services and the corresponding beneficiaries reached by the Ugnayan ng Pahinungod programs.

### COMMUNITY PARTNERSHIPS FOR THE UNDERSERVED

The College of Allied Medical Professions continued to strengthen its community-based rehabilitation (CBR) program in Montalban, Rizal. Incidentally, the program was conferred by the Civil Service Commission with the 2004 Pag-Asa Award. CBR workers training was conducted to further strengthen the competencies of these workers in meeting the needs of persons with disabilities (PWD). Likewise, CBR barangay level planning sessions were implemented in seven barangays of Montalban to bring the program to the barangay level. Closer coordination with the municipal and barangay officials was attained with the establishment of the Office of PWDs Affairs. Preparations for the next site of the CBR Program were done with the local government officials.

On the other hand, the expansion of CAMP's Clinic for Therapy Services was seen with the launching of its Adult/Adolescent Section during the UP Manila Foundation Week Celebration in October. For many years now, the section has been an excellent venue for training, dynamic research and resource for OT, PT and SP services. Likewise, its Pediatric section continued to be sought for training, scholastic exchange of expertise, research of OT/PT/SP pediatric services.

The faculty members of the **College of Dentistry** continued their community service through free clinics and dental missions conducted in coordination with the Philippine Dental Association Colgate-Palmolive Philippines, Our Lady of Abandoned Parish and Clinic for Therapy Services-CAMP. Likewise, several of them had active involvement in the Continuing Dental Education Programs, both here and abroad.

The **College of Medicine** enhanced community involvement of its students and faculty through the implementation of the Community Oriented Medical Education (COME) program. The COME concept is integrated in the medical curriculum, providing students with knowledge about the Philippine Health System and hands-on experience in both urban and communities. Students in Year Levels 3 to 6 are exposed in several urban communities in Pasay while Year Level 7 students (interns) are required to undergo a six-week community exposure in Sto. Tomas, Batangas.

Likewise, CM continued to conduct circuit courses under the Continuing Medical Education Program in the following hospitals: Andres Bonifacio Medical Center (Trece Martires, Cavite), Laguna Provincial Hospital (Sta. Cruz, Laguna), Roxas Memorial Provincial Hospital (Roxas City, Capiz). Almost all departments of the College of Medicine conducted outreach programs, free clinics, in-house training in their respective specialty areas.

The **College of Nursing** linked up with partner institutions in responding to the current need to strengthen health care system performance vis-à-vis rapid outflow of nursing human resource to other countries.

The **College of Pharmacy** forged an agreement with the Sto. Nino Parish, Bagong Silang, Kalookan City. The community has more than 300 thousand residents who were provided year-round health related assistance including health promotion activities, setting-up of a cooperative-run community drugstore, establishment of a herbal garden, promotion of rational drug use and promotion of the use of herbal medicine for common ailments.

A Memorandum of Agreement was signed between University of Illinois, Chicago, Philippine National Herbarium (National Museum Manila), Palawan Council for Sustainable Development (Puerto Princesa, Palawan) and University of the Philippines Manila-College of Pharmacy regarding established cooperative relations to develop the



**Medical students teaching Barangay Health Workers of Pasay City on the basic diagnosis and treatment of common illnesses under the COME program**

academic and cultural interchange between these institutions through mutual assistance in the areas of education and research.

The faculty and staff of the **College of Public Health** continued to conduct community-based programs/services such as: environmental health risk assessment at the Local Government of Bislig, Surigao del Sur, blood and environmental lead monitoring, industrial hygiene measurements, chemical analysis of water, medical mission in Pila, Laguna, training on community health sponsored by Plan-International Phils. and other community health services in UPEHCO in Cavite.



Chancellor Reyes listening to the concerns of SHS students

The **School of Health Sciences (SHS)**, the distant unit of UP Manila in Palo, Leyte is continually training a broad range of health human resources intended for the unserved and underserved Philippine communities. Its step-ladder program graduates community health workers (midwives), nurses and physicians who were admitted and trained purposely to confront the grim realities of health problems of their own communities.

After each level of the curriculum, the graduates go on service leave to their home communities to render health related services applying the knowledge and skills developed during their training at the same time enriching the values of competent and compassionate health workers.

## LINKAGES

### Institutional Linkages

UP Manila maintained its linkages with various institutions primarily for exchanges in faculty training and research collaboration. Memoranda of Agreement were forged with other government institutions such as DOH, CHED, DOST, PCHRD. Likewise, UP Manila has existing collaborative undertakings with international educational and research institutions on health.

To strengthen its research capabilities, the UP Manila Institutes of Health Sciences worked for faculty exchange programs, consortia and other forms of scholarly collaborations with reputable research institutions such as Chung Hwa University in Taiwan, Michigan University and Bill and Melinda Gates Institute of Leadership and Management.

The College of Allied Medical Professions undertook collaborative study entitled "Speech Outcome of Postpalatoplasty of International Surgical Mission," with the University of Iowa. The College of Dentistry forged linkages with various foreign universities such as the Nippon Dental University and Tokyo Medical Dental University for the specialty training of its faculty.

#### 4<sup>th</sup> Asia-Pacific Conference on Problem-Based Learning (PBL)

UP Manila accepted the responsibility of hosting the Asia Pacific Conference on Problem-Based Learning held on September 22-25, 2004. The conference provided added benefits to the faculty in terms of making them aware of innovative strategies in teaching-learning and gaining better opportunities for networking. Crucial issues on the relevance and application of problem-based learning in the health sciences were tackled by about 500 health science experts leaders and educators from the Asia-Pacific region.

The conference aimed to assess the relevance and appropriateness of the problem-based learning in Asia-Pacific; examine health education systems, cultures, and pedagogies in the light of international and local health issues and trends and to draw a plan of action for reforming health science education and pedagogies in the specific contexts as well as for regional application. It is to the credit of Prof. Fatima Castillo, Dr. Armando Crisostomo, Dr. Jose Alvin Mojica and the

faculty staff complement of UP Manila that the conference turned out to be a success with 326 participants including the 36 foreign delegates/speakers. It generated funds for future similar endeavor.

The UP Manila Chancellor was elected President of the Asia Pacific Association in Problem-Based Learning for the Health Sciences for period 2004-2006.



### 2005 Philippine Medical Summit

The 2005 Philippine Medical Summit was organized with the primary objective of formulating a unified program of action, including appropriate policies and legislation, in order to address the following problems that are besetting the medical profession in the Philippines today.

The identified problems were: the mass exodus of doctors leaving the country, mostly as nurses; declining interest among young Filipinos to enter medicine as a career; the continuing threat of medical malpractice legislation; and the deteriorating public image of physicians. These interrelated problems affecting the medical professions are perceived to lead to a further deterioration in the already dismal quality of health services for our people and the potential collapse of the health system which is further compounded by a lack of a unified national policy or consensus to address these problems.

Deeply disturbed by these interrelated issues, a group of concerned physicians led by Chancellor Marita V. T. Reyes, Vice Chancellor for Research Jaime Z. Galvez Tan and Dr. Fernando Sanchez of the Association of Philippine Medical Colleges conducted focused group discussions to further clarify these concerns. This led to consultative meetings with various

stakeholders at UP Manila which resolved to organize the Philippine Medical Summit with Philippine Medical Association (PMA) as the lead organization.

In September 24, 2005, UP Manila joined the Philippine Medical Association in the conduct of a whole day medical summit dubbed as "OK KA DOC" participated by the country's health institutions and professional medical group and societies. Nearly 200 participants from various medical and nursing organizations, legislators, government and non-government organizations, medical school deans, media representatives and other stakeholders attended the summit.

The summit which was the highlight of the Medicine Week featured various topics such as exodus of medical doctors and other health professionals, reducing the threat of malpractice, reformation of medical education, improving work conditions for MDs, and public information campaign.



Philippine Medical Summit of which UP Manila was a major participant

### UP Manila Michigan State University Collaboration on Biodiversity

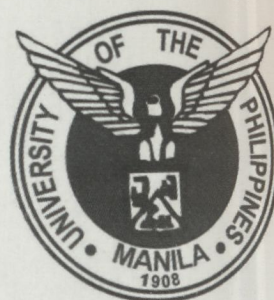
The University of the Philippines and Michigan State University (MSU) are co-partners in a research collaboration which seeks to urgently address the issue of declining biodiversity and rapid species extinction through exploration and genetic conservation of the terrestrial and aquatic biodiversity in the Bataan National Park. Special emphasis of the research is on medicinal plants as well as microorganisms found in various terrestrial and aquatic environments. Scientists from the UP System specifically from the Department of Biochemistry (College of Medicine, UP Manila) and the Marine Science Institute (UP Diliman) conduct research together with scientists from different units of Michigan State University (i.e., College of Human Medicine, the National Food Safety and Toxicology Center, etc.)

The research is funded by the International Cooperative for Biodiversity Groups through the United States (US) National Institutes of Health, the National Science Foundation and the US Department of Agriculture.

The Office of the Chancellor had been instrumental in facilitating the signing of a Memorandum of Agreement (MOA) between the two proponent universities (both universities are represented by their respective Presidents). In brief, the MOA contains the specific provisions for defining the roles of the partner institutions as far as the research endeavor is concerned. For instance, UP shall be primarily responsible for gathering specimen samples for preliminary chemical investigation. MSU, on the other hand, will assist UP in continuing further scientific pursuits related to promising natural compounds and synthesis of chemical analogues. UP and MSU will jointly be offering options and/or licenses under the potential patent rights pertaining to inventions/novel discoveries that may arise from the research undertaking.

Specifically, both universities have agreed on particular premises relevant to patent applications/licensing, sharing of expenses and royalties/other income and assignment of interests.

The research project will actively involve the local communities and indigenous tribes in the Bataan National Park (Prior Informed Consent certificates have been obtained) and will be implemented in the context of the guidelines in accordance to Executive Order 247 and the Wildlife Act.



MICHIGAN STATE  
UNIVERSITY

### UP Manila Universiti Sains Malaysia (USM) Memorandum of Understanding

The Memorandum of Understanding between UP Manila and USM is an offshoot of the active involvement of USM School of Pharmacy Faculty in the clinical pharmacy program of the UP College of Pharmacy and the Department of Pharmacy of the Philippine General Hospital (PGH).

The MOU, signed by the UPM Chancellor Marita V. T. Reyes and USM Vice Chancellor Dato Dzulkifli Abdul Razak at the Asian Conference of Clinical Pharmacy at Penang, Malaysia last July 23, 2005, strengthens the cooperation between the two academic institutions in the following areas: research, consultancy services, exchange of information, including but not limited to research publications, participation in seminars, lectures and academic meetings as well as the exchange of faculty members for part time teaching and training within the fields that are mutually acceptable to both parties. In the next three years, the following concrete steps are intended to be taken: exchange of

faculty members and research scholars, exchange of pharmacy practitioners with reference to pharmacy practice in PGH and USM, exchange of materials in education and research, publications and academic information.

The implementation of cooperation based on this MOU shall be dealt with between the relevant divisions of both institutions. A specific plan shall be worked out for each activity setting forth the detailed arrangements for collaboration. Such plans shall be subject to the approval of the appropriate authorities of each institution. To facilitate development of such plans, each institutions shall nominate a senior member of its staff to cooperate and coordinate on activities arising under this MOU.



Signing of the memo of agreement between the University Sains Malaysia and UP Manila

## CULTURE AND THE ARTS

The Chancellor's Committee on Culture and the Arts (CCCA) was reconstituted to reinvigorate the cultural and artistic sense among the constituents, particularly, the students. To encourage greater involvement in culture and arts, CCA coordinates with cultural liaison officers of various units of UP Manila. CCCA encouraged and sponsored the holding of various cultural presentations during University celebrations. Likewise, it actively searched for student artists and provided a venue for the expression of their crafts.

The CCCA established links with other cultural groups and institutions for sharing of resources and dissemination of information on cultural projects and other cultural information. It seeks ways to have the arts exert a greater impact on the lives of UP Manila constituents, so that the arts would be regarded as an integral part of learning, of attaining good health, and of achieving a fulfilling life.

With the support of the UP Manila community, the UP Manila Chorale participated in the 7<sup>th</sup> International Choir Days Bad Ischl held in Bad Ischl, Saizkammergut, Austria where the Chorale won two major prizes. Competing in two categories, the UP Manila Chorale garnered 3<sup>rd</sup> place plus a gold diploma in the Mixed Youth Choir category and second place plus a gold diploma in the Folk song category. In addition to these prizes, the Chorale also won a special prize—the Crown Award of the Town Bad ischl.

## GENDER AWARENESS

The implementation of programs and projects promoting gender awareness and sensitivity is spearheaded by the Center for Gender and Women Studies (CGWS). Since its establishment in 1988, CGWS institutionalized a gender-sensitive perspective and framework in the curriculum, as well as in teaching and training programs for students, teachers and researchers. It also develops gender-responsive health services in all health sector units, specifically, clinical and public health





Women's Celebration being spearheaded by the Center for Gender and Women Studies

policy, research paradigms and information systems, under a systematic and strategic plan of action through health science education, research and training.

CGWS accomplishment includes the formulation of the Gender and Development Plan.

## RESPONSIVENESS TO NATIONAL ISSUES

### *On the Medical Malpractice Bill*

The University of the Philippines Manila, the Health Sciences Center of the UP System, agrees with the objectives of House Bill 4955, and Senate Bill 2298 and 2303, "to strengthen the right of a patient to quality medical care." As such, it recognizes the intentions of the sponsors of these bills to ensure patient safety by providing them with professional health care services. The University strongly objects, however, to the proposal to punish medical malpractice as a mechanism for enhancing the quality of health care. The full text of UP Manila's position paper is attached as Annex C.

### *On the University of the Philippines Charter*

After the public hearings conducted by the Senate on April 22 and 29, 2003, UP Manila prepared a position paper (Annex D) on the suggestion provisions to the Senate Bill on the UP Charter:

- Declaration of UP as the National University of the Philippines
- Exemption from Salary Standardization Law
- Inclusion of the administrative staff/REPS in the Board of Regents, the highest policy-making body of UP
- Tax exemption of UP
- Codification of Executive Issuances and Statutes of UP's Fiscal Autonomy

### *On the Current Political Crisis*

Amidst the raging national controversy and political crisis caused by the Gloria tapes, the Pamantasang Asambleya (PA) conducted a forum entitled: "Usapang Gloriagate," after which it prepared and released a statement pushing for the resignation of President Gloria Macapagal Arroyo. The UP Manila University Council expressed a similar sentiment on the issue (*Annex E*).

## Part Three INSIGHTS AND RECOMMENDATIONS

In this portion of the End of Term Report I share some thoughts and insights gathered in the past three (3) years that may be helpful in shaping some policies in the near future.

### Shared Governance

The Pamantasang Asamblea and the Unit Assemblies were conceptualized during the reorganization of UP Manila in 1987 (finalized in 1988) following an admissions issue that escalated into an institutional upheaval because of loss of trust between administration and the university constituents. The Pamantasang Asamblea was established as a structure through which the university can practice participative decision-making and transparency in governance.

In the following five (5) years, it became a significant forum on campus issues, where (most of the time) opposition to administrative policies was expressed. Because of this, the Asamblea structure was perceived as a rival "power center" in the campus. It was, therefore, natural that the subsequent administrations, wittingly or unwittingly, sought to dis-empower the Asamblea by depriving it of logistical support and ignoring its role in decision-making. By the late 1990's, it practically disappeared from the scene except for two Unit Assemblies, those in the College of Public health and in the College of Nursing.



*A Pamantasang Asamblea forum discussing university and national issues*

On 18 July 2003, the Pamantasang Asamblea was reconvened following the approval of the board of Regents of the revision of the organizational structure of UP Manila that was explicit on the Pamantasang Asamblea. It took more than a year to clarify its functions. Meanwhile, Asamblea meetings have been hampered by lack of quorum and uninspired presence of the elected members. Aside from the hesitancy of the Board of regents to approve the functions of the PA, some unit administrators were also half-hearted in their support.

In trying to determine the future of the Pamantasang Asamblea in UP Manila, one must go back to the original intentions when it was established in 1987-1988. It was all about the clamor for shared governance (participative decision-making) and for transparency and accountability in the management of the university. This is an acknowledgement that the governed has ideas and experiences that can enhance governance. It is also about trust in the leadership.

From the many discussions in the Presidential Advisory Committee and in the Board of regents in 2003 and 2004, it has become apparent to me that higher administration has misgivings about having a parallel organizational structure that may compete with the principal governing structure for the loyalty of the constituents. This misgivings have generated a vicious cycle- that of the constituents perceiving non-support by administration and thereby becoming unenthusiastic about the Asamblea, which then the administration interprets as a lack of interest in the Asamblea and further withdraws support which makes the constituents feel more frustrated and disempowered and so on...

In the re-examination of the original values and principles (shared governance, participative decision-making, transparency, accountability) that led to the conceptualization of the Pamantasang Asamblea, we should include a critical analysis of two issues: the ownership of the university and the different lives of academic constituents their private, public and working lives.

There are many claimants to the ownership of the university, e.g., the Board of Regents, the faculty, the students, the alumni, donors, the government and the people of the Philippines. I contend that all of these groups have indeed legitimate claims and that ownership of the university is inclusive and should be so regarded in order that working relationships are clearer.

The private life of academics focuses on academic issues, the freedom of academics to teach and do research and share in decision-making about these matters. It is their life of teaching and learning. Policies and processes regarding this private life are pretty well defined and practiced through the College Councils and the University Council.

On the other hand, the working life of the academic is all about employment issues, about decisions affecting the daily life of employment and job regulations, those that pertain to tenure, terms and conditions. The working life is the focus of an existing Academic Union. Finally, the public life which defines institutional systems of governance and internal management must be the focus of a Pamantasang Asamblea.

In the light of varied issues in our academic lives and the inclusive ownership of the university, do we in UP Manila still consider the above mentioned values and principles important in our academic existence? Are we still committed to these principles and values? Are there other ways of institutionalizing these values aside from the Asamblea structure? Do we need to re-structure the Pamantasang Asamblea system to better reflect these values? How can we best make these values "walk" and not be "bed-ridden" in the campus?

### **Institutional Bureaucracy**

We have identified "choke points" in our bureaucracy: at the level of the individual (who does not complete documentary requirements on time), the department office (where the office secretary is a casual employee, to whom no endorsements were given by a previous one), the unit/college administration where many of the support staff are also non-regular without any system of filing and paper trail) and at the Personnel Office and Accounting Offices (who cannot seem to coordinate and communicate consistently). There is also the matter of old policies that may not have been endorsed properly to incoming administrations. For example, there is the issue of having to submit another set of "Certificate of Service" (COS) aside from the one already submitted (with the basic papers) when one is part of a special payroll or will be given an award (ex: professorial chair). The faculty gets indignant when the office secretary asks for another set as s/he knows that s/he has already submitted a set earlier. The secretary who is not clear about the policy blames the college office for the loss of the set, etc.

We have instituted a Personnel Data Tracking System and have come out with a Handbook on Administrative Procedures to facilitate processes and make for an informed and effective bureaucracy. By the way, computerization is not just the matter of money for the hardware and software: computerization is also about people and their habits.

### **Uneven development of Units**

The academic assessment conducted by the Office of the Vice Chancellor for Academic Affairs brought to fore the uneven development of the different units. We noted that out of 1035 faculty



Graduate students of NTTC-HP

members, 540 are regular and 495 are non-regular that includes 129 lecturers and 279 clinical faculty. Most of the lecturers belong to the College of Arts and Sciences while 277 of the clinical faculty are in the College of Medicine. We have only 65 PhD holders, 25 of whom are in the College of Arts and Sciences. The average faculty-student ratio in typical classes is 1:20. with the lowest at the NTTC at 1:8 and the highest at the College of dentistry, 1:36. There is basis for worry over the general lack of well-qualified faculty. Let us leap-frog on faculty development and take advantage of the system program for precisely this purpose.

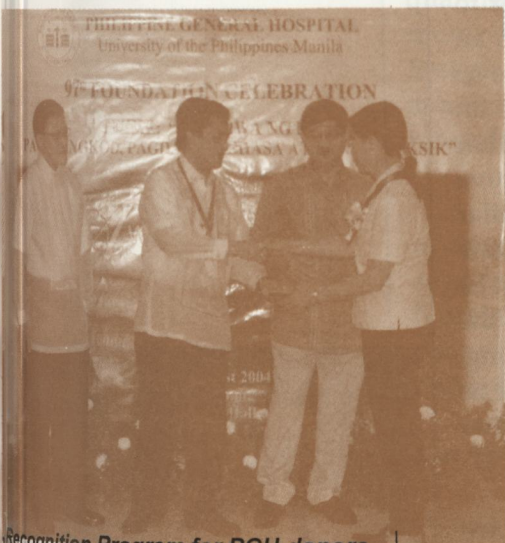
The underdeveloped units need to be helped in specific ways. It is also important to consider a paradigm-shift in reviewing roles and functions in the health care system.

### Resource generation

Our financial resources consist of government subsidy through the General appropriations and of a revolving fund generated from tuition, and other student fees, interest income and other miscellaneous income. In 2002, UP Manila Cash Flow showed total available cash of P457,000,499.07 and an expenditure of P 482,689,000.00. We had a deficit of approximately P25 M!! In 2003, Cash available was P468,138,317.26. Expenditures amounted to P479,198,000.00. Our deficit was decreased to about P11 M.

In these 2 years, we survived because of reprogrammed funds from previous savings. However, in 2004, funds available totaled P508,496,538.40 while expenditures were P 479,198,000.00. We had a positive balance of approximately P28 M. We hope to improve that performance in 2005.

I must also report on the famous Special Endowment Fund that was settled between the Academics and the PGH during the term of Chancellor Alfredo Ramirez. At that time, it was agreed that there will be a fair split of the beginning balances so that the Academic Units' share amounted to P41,594,149.71 while PGH's was P41,459,012.14. The SEF is intended to be a campus "nest-egg" which can be spent only for income-generating projects. PGH has used its share of the interests for the purchase of a cobalt machine, a generator set and feeder lines, medical compressed air plant system and for reroofing of the Central Block where the Academics will contribute P4 M. On the other hand. The academic unit portion has been hardly spent even a certain portion has been allotted for computer and housing loans. As of 31 August 2005, the balances of the funds (corpus +interest) total P 161,924,586.54 for the Academics and P 78,872,375.37 for PGH.



Recognition Program for PGH donors

I must, however, recommend that the university diversify its funding resources and diminish its dependency on government subsidy for its operations. The many competing priorities of government make it an unproductive source for the future of our institution.

### Tenure and Promotion

We have in our University Code two policies about which we have not really paid attention. We have the "Up or Out" rule that requires instructors to obtain graduate degrees in 5-7 years so that they can be "upped" to assistant professor or else they are not reappointed ("out"). This is to ensure that the faculty on tenure track are academically qualified. I do not think that we have a problem with this rule.

Our issue is with the "Tenure or Out" rule which requires a publication of a scientific paper in a peer-reviewed journal in order to gain tenure within 3 years as assistant professor, within 2 years as an associate professor and within a year as a full professor. Failure to do so within the specified periods will mean no reappointment or an appointment as a lecturer no matter how good one is as a teacher or that one is taking up a PhD. I contend that this rule is an administrative nightmare to implement especially if there are no substitutes of similar experience. The administrator will be forced to appoint a new graduate (and begin from 0 in faculty development). I contend that tenure must be the concern of the faculty because it implies temporariness and the possibility of being replaced when a better qualified person comes along. I cannot understand why we must impose a time limit to non-tenure as long as the faculty member is a good teacher. We can also add other privileges to tenured faculty so that it becomes a valid goal.

It was in the process of implementing the tenure rule that we realized that we have to solve the enigma of deficiency in publication despite an increase in research activities.

### Admissions Process

In the past 3 years, UP Manila admissions cut-off has been mentioned as having surpassed that of UP Diliman (UPM: 2.269, UPD: 2.322) and the implication is that UP Manila has become the choice of better students. This is, however, a very short-sighted interpretation of the trend. In fact, it brings to fore an issue on admissions.

There are 25 undergraduate program offerings in UP Manila. All of them have fixed slots. But, there are popular courses and not so popular ones which nevertheless, in the interest of the arts, culture and



the social sciences, the disciplines that define a rounded university education, we have to keep robust and alive. Among the popular courses, the most popular in the past few years has been the Nursing course. So much so that out of 19,279 applicants in UP Manila in 2005, 14,635 applied to Nursing which has only 70 slots out of a total 830 slots in the campus.

The centralized systemwide admissions process requires that students are first assigned via campus choice through ranking based on predicted UPG's. Thus, the cut off grade is the grade of 830<sup>th</sup> UPG ranked student for the 830 slots in UP Manila. Because of the popularity of the Nursing course, it is theoretically possible that all of these 830 qualified students all applied to Nursing! And, therefore, the 760 qualifiers who cannot be accommodated in the 70 slots of Nursing will be assigned to their second choices. Those whose first choices are not Nursing but whose UPG's are higher than the absolute campus cut-off of 2.58 who would ordinarily be qualified are elbowed out and rejected. We, therefore, have a situation where qualified applicants to the unpopular courses are not accepted and instead these courses are populated by students who did not want to be there in the first place. For example, Dentistry is not exactly a course that can be offered as a choice to someone who wanted to become a nurse. This explains the high rates of transfer outs and shifting after the first semester or after the first year.

I recommend that admissions process in UP Manila be reviewed in consideration of the unusual circumstances of Nursing applications. I suggest that the process segregate the applicants to the College of Nursing from the general admission process (like the INTARMED program) so that the unpopular courses can have a cadre of students who chose them primarily.

### **On Approval of Contracts and Implementation**

All contracts with outside agencies are signed by the Chancellor. Most of the time, the Chancellor leaves it to the Office of Legal Services to review the contract and will sign it upon endorsement of the said office and the Office of the Vice Chancellor for Administration. However, sometimes because of the volume of work certain provisions are overlooked that may be disadvantageous to the institution or may be the subject of controversy when everything has been signed and done. Here are a few examples of such provisions and some problematic decisions:

#### *Himex case (Purchase of the MRI):*

*Effectivity of the contract was stated as "upon receipt of the purchase order" instead of "upon signing of the contract". Subsequently, the reckoning of penalty for delayed delivery was contested by the company because they never received a purchase order.*

### *Dentistry and the Otis Company*

*Based on the design of the building, the incumbent dean deemed it necessary to install an elevator in the new dentistry building. A sum of money from donations of dental alumni was earmarked for this project. A down payment was subsequently made to formalize the purchase order. Apparently, the faculty was not part of this decision. In fact, majority of the faculty subsequently registered their objections to an elevator that will service only 2 floors (the building has 3 floors). It fell on the shoulders of the new dean to negotiate a cancellation of the purchase order and to get a refund from the company. The negotiation continues up to the present.*

### *Faculty Grants/Scholarships*

*In awarding scholarship grants to faculty members, some granting agencies (ex: PCHRD) impose a liability on the Recipient Institution as follows: "the Recipient Institution shall reimburse PCHRD the total PCHRD assistance released to the institution should the grantee willfully abandon his/her scholarship or take a leave of absence without prior notice/approval". This is an onerous provision because the institution cannot be faulted for the deficiency of the grantee. At most, the institution should exert all means to help the grantee in case of problems or to help PCHRD recover its investments in case the scholarship fails. The issue was raised by the chancellor in the September 2005 meeting of the PCHRD Governing Council during which time the DOST Secretary expressed her own objection to the liability.*

### *Grants for Infrastructure*

*Whereas we always welcome grants (or even soft loans) for capital outlay, on some occasions we overlook the fact that new facilities require a complement of support staff and additional expenses for utilities that have not been factored into the plans. The institution may thus find itself with a white elephant being unable to support activities or services in the new facilities because of insufficient MOOE.*

### *Acknowledgments*

*Everything accomplished and every lesson/insight gained during my term were made possible by the contributions of each and every member of the UP Manila community.*

*To each of you, my warmest thanks!*

**Chancellor's Advisory Council meeting**





## ANNEX A

### UNIVERSITY OF THE PHILIPPINES MANILA STRATEGIC PLAN (2003-2005)

*"The institution must embark on partnerships with the community, policy-makers and other organizations that matter in the health environment. A socially-accountable institution is one that is socially responsible. The framework for social responsibility consists of four values: quality, relevance, cost-effectiveness and equity. This means that all programs i.e., curriculum, research and service must be planned, implemented, and evaluated on the basis of all these values. This framework shall be the lens by which we shall examine UP Manila and shall be our guide in leadership, governance, planning and strategizing."*

Marita V.T. Reyes, MD  
Chancellor

#### WORK FOR A SOCIALLY-RESPONSIBLE UP MANILA

- Reconfigure academic curricula, training and service programs according to the social responsibility framework
- Creatively implement the revitalized GE Program in a manner that strengthens the spirit of nationalism, respect for human rights, gender sensitivity and environmental consciousness.
- Consolidate and coordinate all service programs, i.e. Pahinungod, NSTP and practicum/fieldwork programs of colleges, with the perspective of promoting social responsibility and nationalism beyond the academe.
- Broaden access through the "regionalization" of admissions.
- Establish a placement office/program for our graduates through linkages with appropriate institutions.

#### CONTINUE PURSUING ACADEMIC EXCELLENCE

- Aim for more colleges/units to be recognized as CHED Centers of Excellence/Development.
- Encourage intellectual ferment at UP Manila through symposia, debates and theoretical study circles.
- Introduce innovative pedagogical techniques.

#### ENCOURAGE SCHOLARSHIP AND WORLD CLASS RESEARCH IN HEALTH.

- Reinvigorate Acta Medica and establish the Philippine Journal for the Health Sciences.
- Encourage multi-disciplinary and inter-unit research.
- Work for faculty exchange programs, consortia and other forms of scholarly collaboration with reputable universities.

#### DEVELOP, UTILIZE AND PROMOTE RESEARCHES THAT IMPACT ON NATIONAL HEALTH POLICY AND THE PHILIPPINE HEALTH CARE SYSTEM.

- Establish consultative mechanisms with health policymakers and grassroots NGOs for the formulation of relevant research agenda.
- Actively collaborate with the National Health Research System.
- Work for the wider dissemination of research outputs.

### **MODERNIZE UP MANILA AND FURTHER DEVELOP ITS TECHNOLOGICAL CAPABILITY.**

- Integrate the School of Health Sciences technologically with UP Manila units.
- Computerize patient care, personnel, student, property records and library services.
- Upgrade teaching technology.

### **INITIATE PROGRAMS FOR STUDENT WELFARE.**

- Accredit dormitories around UP Manila with the aim of improving their safety and sanitation standards.
- Expand student benefits e.g. student loans and scholarships.

### **RATIONALIZE AND MAXIMIZE A PERSONNEL DEVELOPMENT PROGRAM TO ENHANCE PROFESSIONALISM.**

- Regularize and improve staff development programs for UPM administrators, REPS and staff.
- Initiate sustainable capacity-building programs for all academic, research and service units.

### **EXPAND AND IMPROVE PERSONNEL BENEFITS.**

- Initiate the full implementation of the Magna Carta for Health Workers, COLA and other employee benefits such as exemption from SSL.
- Develop grievance mechanisms, reorient into a more "friendly" legal office.

### **IMPROVE ADMINISTRATIVE EFFICIENCY AND FINANCIAL MANAGEMENT SYSTEMS.**

- Rationalize budget planning and implementation.
- Enforce accountability, transparency, collegiality and fairness in the governance and management of UP Manila.

### **IMPROVE PHYSICAL FACILITIES AND ENVIRONMENT.**

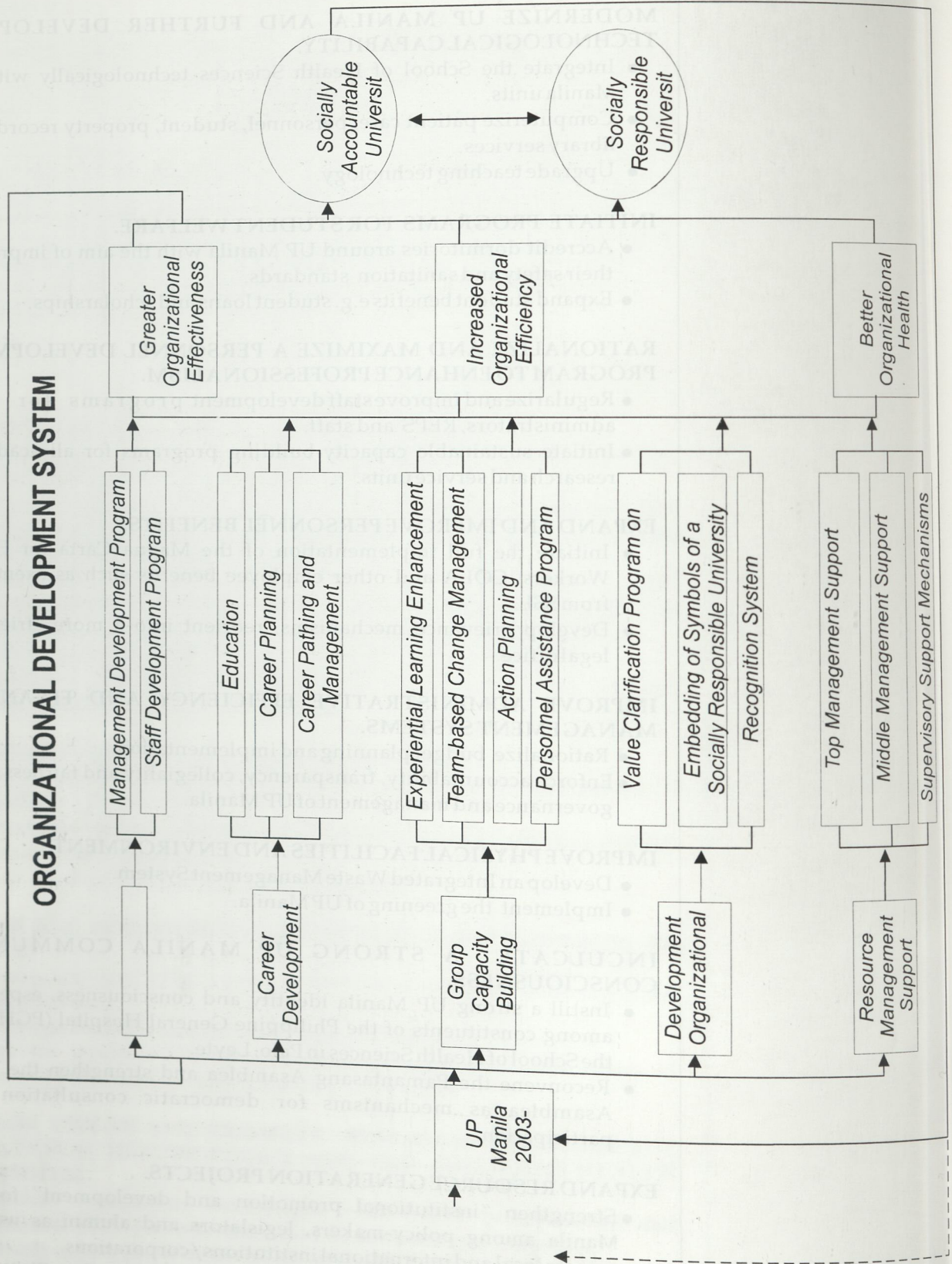
- Develop an Integrated Waste Management System.
- Implement the greening of UP Manila.

### **INCULCATE A STRONG UP MANILA COMMUNITY CONSCIOUSNESS.**

- Instill a strong UP Manila identity and consciousness, especially among constituents of the Philippine General Hospital (PGH) and the School of Health Sciences in Palo, Leyte.
- Reconvene the Pamantasang Asamblea and strengthen the Yunit Asamblea as mechanisms for democratic consultation and participation.

### **EXPAND RESOURCE GENERATION PROJECTS.**

- Strengthen "institutional promotion and development" for UP Manila among policy-makers, legislators and alumni as well as private local and international institutions/corporations.
- Initiate and support campaigns for an increase in the Philippine health and education budgets.



**ANNEX C****UPHOLDING THE PATIENT'S RIGHT TO  
QUALITY HEALTH CARE**

A consolidated position paper of the University of the Philippines, Manila community on the Proposed Medical Malpractice Bill. Submitted to the Senate and House Committees on Health by UP Manila Chancellor Marita V. T. Reyes, MD.

The University of the Philippines Manila, the Health Sciences Center of the University of the Philippines System, agrees with the objectives of House Bill 4955, and Senate Bills 2298 and 2303 "to strengthen the right of a patient to quality medical care."

As such, it recognizes the intentions of the sponsors of these bills to ensure patient safety by providing them with professional health care services. The University strongly objects, however, to the proposal to punish medical malpractice as a mechanism for enhancing the quality of health care. It takes this position for the following reason:

- The bill will further increase the already high cost of health care as doctors and other health care professionals would be forced to practice "defensive medicine" and to secure high-premium malpractice insurance. Under such a system, physicians will be requiring patients to undertake additional diagnostic tests and procedures to confirm a diagnosis and avoid the subjective assessment of a patient's condition. Other health professionals will also find it difficult to act as independent practitioners.
- The bill will erode the sanctity of the patient-health professional relationship because it will spawn doubts and mutual distrust on both sides, thereby destroying the very foundation of ideal health care delivery and depriving patients of their right to self-determination which is enshrined in the Magna Carta of Patients' Rights. It will provide an opportunity for third parties including non relatives, to sue medical practitioners even if the patient does not want to do so. Patients owe it to themselves to choose the medical practitioner they trust.
- It will further deplete the ranks of doctors and health professionals as they will shy away from providing health care because of the "criminal implications" of their slightest errors and the stiff penalties that will be imposed on them. The risk and the implications on their career as well as the possible financial burdens will encourage selective treatment of patients. It will also discourage health professionals from conducting free medical missions for indigent patients and providing free treatments for those working in government hospitals. The bill will further drive many health practitioners to practice abroad because of higher benefits and better legal protection. It will discourage future generations from pursuing medical-related professions because the care of the sick will no longer be imbued with nobility, only risks.
- There are enough existing laws, regulations, mechanism and institutions at all levels of health care that regulate and monitor the practice of medicine in the Philippines. The laws include the Revised Penal Code and the Medical Act of 1959, while the institutions include the

Professional Regulation Commission, the Philippine Medical Association Ethics Committee, the specialty societies, the courts, and the ethics/audit unit of hospital. All these laws, regulations, mechanisms and institutions can be strengthened.

- The bill violates the Constitution's Equal Protection Clause and promotes class legislation. Why are medical practitioners being singled out for such a harsh law which is characterized by sweeping but vague definitions? If passed into law, the Philippines will be the only country to have such a restrictive and harsh measure.
- It will unduly punish legitimate medical practitioners who act in good faith and whose mistakes are unintentional. Many of the so-called "malpractices" vaguely defined by the bill are in fact system errors such as overworked health professionals or dilapidated/obsolete equipment, to name a few. This reflects the sad state of our ailing health care system due to the comparatively low budget allocated health.

As part of its mandate to contribute to the improvement of the health care delivery system in the Philippines, the UP Manila community is proposing the following measures with long-term benefits to our health care system in general and patients in particular.

- The government should increase the budget for health care so that it can implement health care programs that are accessible and affordable to as many poor Filipinos as possible. Many government hospitals lack the necessary facilities and equipment for better diagnosis and treatment of illnesses.
- Greater attention and efforts to improve the system of health care by every member of the health care team by understanding the system as an organized unit with a set of patients, technologies, and practitioners and how each part of the system contributes to promoting safety and reducing risks for patients.
- There should be continuing efforts to improve the quality of Health professional education in the country. Medical and paramedical education should be regulated through the strict implementation of laws and imposition of sanctions on violators. The Professional Regulation Commission should exercise its mandate of screening the competence of new health professionals.
- The government should also be responsible for informing the public about its rights as patients and the actions that can be taken when these rights are violated. Likewise, government must assure that bio-ethics is included in the curriculum for all health professionals.
- All individuals and groups involved in health care, whether providers of access or service, should take upon themselves the continuing responsibility to help improve its quality and work within the system. By its nature, health care has risks and errors that cannot always be avoided. But these can be kept to a minimum as humanly possible through substantial changes in the organization and system of delivery of health care and periodic individual assessments.
- The UP Manila National Institutes of Health (NIH) should conduct an in-depth study on the issues surrounding medical malpractice and the formulation of appropriate long-term solutions to improving the health care delivery system in the Philippines.

### WHY WE NEED TO SUPPORT THE PROPOSED U.P. CHARTER

We, the undersigned officials and constituents of U.P. Manila's academic units and the Philippine General Hospital (PGH) support the following provisions in the proposed Senate bill to finally revise the 1908 UP Charter:

- **DECLARATION OF THE UNIVERSITY OF THE PHILIPPINES AS THE NATIONAL UNIVERSITY OF THE COUNTRY.**

This will ensure that the University of the Philippines has the legislative, executive and political support it needs to continue as the country's premier university, excellent and modern in all aspects. As the national university, U.P.'s role in national development, at the very least, through the training of future leaders, should also be recognized. Corollary to this is the definition of academic excellence, academic freedom, social responsibility and democratic access which are essential in emphasizing the recognition given to UP as a community of scholars.

- **EXEMPTION FROM THE SALARY STANDARDIZATION LAW (SSL)**

This will now grant the Board of Regents the power to act on the classification and compensation plan for its faculty and staff, which has long been constrained by the Salary Standardization Law or SSL. To continue to recruit the best and the brightest of its alumni, U.P. needs to have competitive salary scales for its faculty and staff.

- **INCLUSION OF THE ADMINISTRATIVE STAFF/REPS REGENT IN THE BOARD OF REGENTS, THE HIGHEST POLICY-MAKING BODY OF THE UNIVERSITY OF THE PHILIPPINES**

The composition of the University's Board of Regent's strengthened and effectively democratized by respecting the processes of choosing the sectoral representatives, students, faculty and admin staff/REPS staff regent will represent the full-time, permanent research, extension and professional staff or REPS and administrative personnel of the University.

- **TAX EXEMPTION OF THE UNIVERSITY OF THE PHILIPPINES**

As the National University, tax exemption granted to the University on property, resources, receipts, expenditures, profits and income, revenues derived from intellectual property, research, teaching and extension facilities and ancillary activities will relieve it of its burden so it can function effectively as the standard setter of academic excellence. It

## ANNEX E

### Statement of the University Council of UP Manila on the Current Political Crisis

We, the faculty of the University of the Philippines Manila, composed of professors, associate professors, and assistant professors, recognizing the important task of fulfilling our responsibility to the Filipino people, hereby express our views and stand on the "Gloriagate" scandal.

We believe that the pursuit of truth and the quest for a democratic society are integral to the University's mission in society. In the conduct of its work, we are guided by the paramount values of honesty, personal integrity, and social accountability, particularly for those of us who work in government.

We believe that the exemplary role of leaders, who should be models of integrity in all aspects and dimensions of life, cannot be taken for granted. That President Gloria Macapagal-Arroyo made the calls to Commissioner Garcillano constitutes a grave violation of our Constitution to which she swore to preserve, defend, and execute faithfully. In particular, she violated a provision of the Constitution (Article 1X, Section 1) that guarantees the independence of the COMELEC.

We strongly believe that as the highest public official of the land, President Arroyo should serve as a model of accountability for her actions. We, therefore, support any and all measures within the framework of our Constitution (including resignation and impeachment) to make not only President Arroyo, but all other erring public officials as well, accountable for betraying the public trust.

The political crisis that we are now experiencing is but a manifestation of a social cancer that has devoured our weak nation. The cancer that is patronage politics originates from a social system that continues to be unequal and unjust. The powerful and wealthy bureaucrats, who run the government like a business to further enrich themselves and protect their wealth, have to maintain their cronies and patrons. It is this same political patronage system that has allowed a dictatorship to rule our country for 20 years and has given the Presidency and other high public offices to incompetent persons based on popularity alone. Not even a change in our change in our Constitution (Cha-Cha) can resolve this political crisis or uplift the conditions of our people for as long as we continue to elect public officials who protect their own self-interests instead of aligning with the true aspirations of our people.

We join and urge the Filipino people to reflect and reexamine our values in working for a truly responsible and people-oriented government and building a just, democratic and progressive society.

**UP MANILA ADMINISTRATION**

**Marita V.T. Reyes, MD**  
*Chancellor*

**Emilie G. Flores, MD, MPH, PhD**  
*Vice Chancellor for Academic Affairs*

**Roland G. Simbulan, MPA**  
*Vice Chancellor for Planning and Development*

**Mayvelyn D. Gose, MD (Nov 2002-May 2004)**  
**Arlene A. Samaniego, MD (June 2004-2005)**  
*Vice Chancellor for Administration*

**Jaime Z. Galvez Tan, MD, MPH**  
*Vice Chancellor for Research*

**DEGREE GRANTING UNITS**

**Susan B. Villegas, MOH, OTRP (1998-2004)**  
**Cynthia V. Isaac (2004-present), MEd, OTRP, OTR**  
*Deans, College of Allied Medical Professions*

**Marilou G. Nicolas, PhD**  
*Dean, College of Arts and Sciences*

**Elizabeth G. de Castro, DDM**  
*Dean, College of Dentistry*

**Ramon L. Arcadio, MD, MHPEd (2002-2003)**  
**Cecilia V. Tomas (2004-2005)**  
*Deans, College of Medicine*

**Luz B. Tungpalan, MA (May 2002-September 2004)**  
**Josefina A. Tuazon (October 2004-2005)**  
*Deans, College of Nursing*

**Yolanda R. Robles, PhD**  
*Dean, College of Pharmacy*

**Ruben N. Caragay, MD, MPH, PhD (May 2001-April 2004)**  
**Caridad A. Ancheta, MD, Dr PH (May 2004 to present)**  
*Deans, College of Public Health*

**Jose Alvin T. Mojica, MD, MHPEd**  
*Dean, National Teacher Training Center for the Health Professions*

**Romeo O. Ceniza, MD**  
*Dean, School for the Health Sciences*

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**Juan Pablo R. Nañagas, MD, MPH (Dec. 2000-Dec. 2003)**  
**Carmelo A. Alfiler, MD (Jan 2004 - present)**  
*Directors, Philippine General Hospital*

**Jaime Z. Galvez Tan, MD, MPH**  
*Executive Director, National Institutes of Health*

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*University Registrar*

**Doroteo C. Abaya, Jr.**  
*Director, Office of Student Affairs*

**Theresa P. Dugenia, MLS**  
*University Librarian*

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**Armando C. Crisostomo, MD, MHPed (Nov 2004-Oct 2005)**  
*Directors, Information, Publication and Public Affairs Office*

**Junie T. Billones, PhD**  
*Director, Learning Resource Center*

**Froilan P. Inocencio, MD, MHPed (Jan 2001-Jan 2004)**  
**Eric S. Talens, MD (Jan 2004 - present)**  
*Directors, Office of Pahlunungód and Continuing Education*

**Ariel S. Betan, MA**  
*Director, Information Management Services*

**Roland S. Capito, MD**  
*Director, Office of Alumni Affairs*

**Amante A. del Mundo**  
*Director, Sentro ng Wikang Filipino*

**June P. Lopez, MD**  
*Director, Center for Gender and Women Studies*

**Cora A. Añonuevo, RN, MPH**  
*Director, National Graduate Office for the Health Sciences*

**Amante A. Del Mundo, MA**  
*Tagapag-ugnay, Sentro ng Wikang Filipino*

**Nemuel S. Fajutagana, M.D.**  
*Director, Interactive Learning Center*

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Human Resource Development Office

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Chief, Accounting Office

**Mrs. Tessie B. Merca, AB**  
Chief, Budget Office

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Chief, Internal Audit Office

**Mrs. Elsie M. Bolambao, CPA**  
Chief, Cash Division

**Proserfina G. Lascano**  
Chief, Property and Supply Office

**Arch Allen Buenaventura, MA CM**  
Chief, Campus Planning, Maintenance and Dev. Office

**Zaldy B. Docena, LI B**  
Chief, Office of Legal Services

**Milladilla A. Santiago, MPA**  
Property Development Officer IV

**Leticia Macutay**  
Administrator  
UPM Creche and Child Development Center

**Violeta Dapula**  
Chief, Office of Security Services