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# THE DOH files

TOWARDS QUALITY HEALTHCARE FOR ALL

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## HI-5 : Kalusugang Tuloy-Tuloy Para sa Pamilyang Pinoy

THE UNIVERSAL Health Care High Impact Five ( UHC HI-5) Plan with the theme of "Kalusugang Tuloy-tuloy Para sa Pamilyang Pinoy (KTP3)", focuses on five critical UHC interventions with high impact on health, prioritizing the poor, providing tangible outputs which are "felt" within a breakthrough period of 15 months, with synchronized nationwide implementation of activities. These were developed through several workshops of the Regional Directors with technical inputs from DOH Central Office program managers and other stakeholders and experts. These plans include both innovative and routine activities that have been selected due to their positive impact on the health of the people in the community.

The objectives of HI-5 include attaining key 2015-2016 UHC/MDGs, intensifying regional operations through a convergence approach in priority poverty program areas including NHTS-PR identified

poor, 43 Category 1 (Provinces with High Poverty Magnitude), Category 2 (Provinces with High Poverty Incidence), and Category 3 Provinces Vulnerable to Shocks and Disasters), NAPC-identified municipalities for Bottom-UP Budgeting, 29 Accelerated and Sustainable Anti-Poverty Program (ASAPP) municipalities belonging to Category 1 provinces, and 35 municipalities in 8 provinces identified in WNI. We also need

to implement model plans on 5 key high impact interventions. The Special Breakthrough Services shall focus on reducing maternal, infant, and under-five mortality; reducing the burden of HIV/AIDS; and establishing Service Delivery Networks. The rest of the country shall also be targeted in a life cycle approach spanning; (1) neonates, infants, and children, (2) adolescents, (3) adults, and (4) old persons. HI-5 entails conduct

of Preparatory Activities, Intensified Regional Operations for Routine Services, and Intensified Regional Operations for Special Breakthrough Activities. Preparatory activities shall be done to ensure that implementation of the Intensified Regional Operations are organized, standardized, and efficient. Profiling of target recipients, health facilities, and health care providers shall then be carried out to establish baseline data for service delivery. Baseline data shall include a) masterlists of target recipients (MWRA, 0-1 year old, 1-5 years old, pregnant women, and families) b) pregnancy tracking, and c) mapping of health facilities and providers. Orientation or training of existing and additional HHR shall be focused and integrated to take up no more than 2 weeks of health workers time from direct service delivery activities.

Intensified operations for routine services shall be done through the deployment of



HHR, advocacy, and data systems. Regional Offices (ROs) shall deploy existing HHR to strengthen routine services, and may redeploy to other areas if deemed necessary. ROs may also opt to hire additional manpower if needed. DOH-Central Office (DOH-CO) will hire additional HHR to serve as Public Health Associates in 2015 (12 per Region) and UHC Implementers in 2016. ROs shall scale up targeted advocacy efforts to increase both awareness and utilization of public health services. A HI-5 Summit shall be convened by Regional Offices with all health stakeholders where priority HI-5 activities for implementation will be introduced and commitment will be secured from all health stakeholders. To support the delivery of intensified routine services, monitoring, and reporting, ROs shall enhance their regional electronic data systems to meet requirements of accurate and timely reporting. BHWs will be trained in TSiSMIS (Tama Sigurado Sapat at Makabuluhang Information System) – a community communication system will be used to effectively gather and relay information within a community on defaulters, health practices, and health

activities to support.

HI-5 will be done over a period of 15 months from April 2015 to June 2016. Special Breakthrough Services on the five interventions critical to Universal Health Care shall also be implemented to complement routine services. UHC Caravan/ Roadshow and the Buntis Congress are pro-active means of reaching target population and improving access to relevant health information, health services, and commodities. The Buntis Congress is a 1-day event to occur right after the UHC Caravan/Roadshow, where essential pre-natal care services will be rendered to pregnant women. Child injury prevention will be addressed through an IEC campaign or community forum to be held as part of the UHC Caravan/Roadshow in December 2015.

RAIDERS (Reach And Innovate Desired Rational Scores) shall trace defaulters of immunization and pre- and post-natal services, and other services, and shall serve as the outreach link between the community and RHUs. Child health services shall be provided through Garantisadong Pambata, which shall include mass

deworming and micronutrient and food supplementation. Mass deworming shall be carried out simultaneously nationwide and twice a year on National Deworming Day for those aged 1 – 12 years. Micronutrient and food supplementation in prioritized ASAPP municipalities shall be done to improve overall nutritional status of Filipino children. Voluntary blood donations shall be solicited through bloodletting activities to increase the supply and availability of blood to patients in need.

Ultrasound services shall be made accessible in RHUs in selected priority areas. This will include mapping of existing ultrasound machines and personnel, and matching need with the required ultrasound services. Increased access to testing for HIV/AIDS will be done on specific days to identify more cases for treatment.

The next phase for the HI-5 includes carrying out strategic and tactical plans for government hospitals all over the country. Convergence of both regional and hospital plans is vital for the holistic approach in health service delivery towards meeting UHC and MDG objectives before the end of the current administration in 2016.

## DOH-MIMAROPA launches first KTP3 Summit and Health Caravan

DEPARTMENT OF HEALTH (DOH) – MIMAROPA (Oriental/Occidental Mindoro, Marinduque, Romblon, Palawan) launched the first “Kalusugang Tuloy-Tuloy Para sa Pamilyang Pinoy (KTP3)” Summit and Health Caravan which showcases the whole range of the health department’s program at the Divine World College Gym in San Jose, Occidental Mindoro.

According to Regional Director Eduardo C. Janairo the caravan will provide direct services for each member of the family from Lolo, Lola, Tatay, Nanay, Kuya, Ate and Bunso, also to Buntis and newborn, especially those under the National Household Targeting System for Poverty Reduction (NHTS-PR).

“This event will be the focus of the



CARAVAN FOR HEALTH DOH MIMAROPA Regional Director Dr. Eduardo C. Janairo with DOH Health Promotion and Communications Service Director Rio L. Magpantay and the Occidental Mindoro local chief executives during the ceremonial ribbon cutting



five provinces in the region because of the low health coverage, high maternal and infant mortality rate. There are also numerous groups of indigenous communities needing health care services in this province. These concerns will be addressed immediately by deploying the needed health care services and providing the essential health interventions to immediately improve health care outcomes in these target areas," Dr. Janairo stated. "The individual's health care and well-being must be recognized at all times because health prevention and preservation are the key elements in achieving total health outcomes and economic growth," he added.

The objective of KTP3 Summit and Health Caravan is to boost the five major health programs of the DOH including maternal and infant care, child care, HIV/AIDS and Service Delivery Network. It also aims to intensify the health operations in the provincial & municipal levels especially those in the priority poverty programs & areas.

According to Health Secretary Janette Loreto-Garin, the KTP3 is part of the High Impact Breakthrough (HIB) Program of DOH to provide people more access to health care services and ensure that these services are properly utilized and able to reach communities in far flung areas.

Free health care services during the summit includes family planning services (i.e, bilateral tubal ligation (BTL), Implanon, intrauterine contraceptive device (IUD) insertion and vasectomy), measles-rubella immunization, preventive dentistry, distribution of RiMo (Rice Mongo) curls, pregnant health and nutrition education with distribution of pregnancy kits, adolescent reproductive health teaching with distribution of teen kits, blood testing (glucose, uric acid (UA), cholesterol), nutritional and physical activity counselling, prevention of disease analyzer, bloodletting/typing, human immune virus testing and Operation "Tuli".

Also included are health promotion and awareness activities that will provide information and education to families and individuals. An interactive exhibit and a High Impact Breakthrough (HIB) motorcade and Float Competition



DOH HPCS Director Dr. Rio L. Magpantay with DOH MIMAROPA Assistant Regional Director Dr. Faith Alberto as judges in the best float production



showcasing health breakthroughs in the province of MIMAROPA will be exhibited before the start of the summit.

In support to the DOH-HIB program, a Memorandum of Commitment between the Local Government Units and various stake holders will be signed to sustain and

further improve LGU health services and strengthen public-private and public-public partnerships for the attainment of health goals for 2015. "This will ensure the continuous and comprehensive delivery of basic health care services to the community," Janairo concluded.

## EDITORIAL

### Lifesaving shots

IN THE UNITED States, many parents have taken advantage of laws in 48 states, allowing families to skip or delay vaccination for their children due to religious or personal reasons.

But the measles outbreak last year linked to Disneyland visitors once again raised the question regarding parents who refused or delayed vaccinations for their children—should vaccination be a personal choice?

In the Philippines, we cannot afford to delay, skip, or make vaccinations/immunizations an option or even a personal choice.

Take the case of measles. The World Health Organization (WHO) has reported that there were 58,010 suspected cases of measles alone, including 21,420 confirmed cases and 110 deaths in the Philippines in 2014.

This year, there are 201 suspected cases of measles so far, including 33 confirmed cases, fortunately with no deaths yet.

Dubbed as the “most deadly of all childhood rash/fever illnesses,” measles is a respiratory disease caused by a virus, which can be easily spread through cough and sneeze and direct contact with an affected person’s mucus or saliva.

It can have life-threatening complications thus it needs serious attention.

While it can be controlled, the virus can be brought in again by international travelers and infect more than 90 percent of people who are exposed to it. In the United States, 25 travelers who returned from the Philippines in 2014 were infected with measles and most of them were unvaccinated.

It may be difficult to understand that parents, all of whom care so much for the well-being of their children, are still hesitant to give their children vaccination because of unfounded fears, myths, and misinformation. Experts have already debunked these myths concerning potential long-term side effects of the immunization on their children. There can be no disagreement about it that the benefits of vaccination, particularly for measles, far



outweigh whatever perceived risks it may have.

Measles is a severe disease with potentially fatal complications like pneumonia and even inflammation of the brain. Pregnant woman, who get infected with the measles virus, can have a miscarriage, premature birth, and a low-birth weight baby.

Anyone—children and adults alike—who hasn’t been vaccinated or has not had measles is at risk if they are exposed to the virus. Our best bet to prevent it is by vaccination.

Everyone should also check to make sure they themselves and members of their family are up-to-date on measles/mumps/rubella (MMR) vaccine and all other age-appropriate immunizations. Aside from measles, other vaccine-preventable diseases include whooping cough (pertussis), flu, polio, pneumococcal disease, tetanus, meningococcal disease, hepatitis B, mumps, Hib (Haemophilus Influenzae Type B).

Measles vaccination does not only protect the individual being vaccinated but it also safeguards infant family members who are too young to receive the vaccine. It must also be remembered that two doses of the measles vaccine are needed for it to be highly effective in preventing measles. A single shot won’t be enough.

Measles is not a simple self-limiting viral infection. For some unfortunate victims, it can be their worst nightmare when complications develop. All parents and caregivers of children aged 0-12 years old should go the nearest health center and have their children, and perhaps themselves, immunized against measles.

These measles shots can be lifesaving and having them for oneself and one’s children can be one of the best decisions one can ever make.



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# DOH clinches Bloomberg Award for Sin Tax Law

*Aim to reduce tobacco use especially among youth*

THE DEPARTMENT of Health (DOH) recently bagged one of the six Bloomberg Philanthropies Awards at the 16th World Conference on Tobacco or Health (WCTOH) held last March 17 to 21, 2015, in Abu Dhabi, UAE.

DOH together with the Department of Finance (DOF) received the said prestigious award for the passage of the Sin Tax Reform Act (RA 10351) in 2012, which effectively increased tobacco taxes and reduced smoking among Filipinos.

The awarding was spearheaded by former New York City mayor and business magnate Michael Bloomberg, who emphasized that raising tobacco taxes is considered the single most effective measure to reduce smoking and described the Philippines' case as an "example for countries around the world."

The award citation given to DOH reads, "The Philippines' (finance and health departments) played a critical role in passing the Sin Tax Law in 2012, which made it more efficient to raise the tobacco tax by simplifying the country's tax structure."

It also said that the government "stood strongly for tax increases vocalizing their support to the media and Congress while fighting strong opposition and interference by the tobacco industry since the law's passing," and cited the country's efforts to expand universal healthcare across all sectors to improve public health.

Receiving the award, DOH Assistant Secretary Paulyn Jean Rosell-Ubial underscored the importance of President Benigno S. Aquino III's political will "to counter vested interests and strong lobbies to achieve what is best for the country's health and future."

Regarded as a win for "better fiscal and public health," the Sin Tax Law has achieved both its revenue and health objectives in the first two years of implementation.

Usec. Paul of DOF also said that, "while



DOH Assistant Secretary Paulyn Jean Ubial and the Department of Finance Usec Jeremias Paul receiving the award from Michael Bloomberg



much has been achieved, a lot more has to be done."

This was supported by Michael Bloomberg saying that "we have to stand together and support one another, especially those working against the toughest odds to protect peoples' health."

Raising taxes is part of the country's MPOWER- the awards basis for judgment, which is also being used by the Philippines in curbing tobacco use.

The conference was attended by 3,000 delegates from more than 100 countries.

# DOH Regional Office conducts CHT Summit 2015

By Dines K.N. Garcia, RN

MANY FILIPINO families in our communities suffer from health conditions that could have been prevented if they had only been detected early enough or had received the proper attention and care. One of the largest hurdles is the limited capacity of these families to access health services, because they often (1) do not know their health risks and needs, (2) have no financial means to get the health services they need, (3) have little knowledge of available and appropriate health providers in their area, and/or (4) do not have ready access to transportation that can bring them to these providers.

To help break these barriers to health care use, Community Health Teams (CHTs) give direct assistance to underserved Filipino families all over the country by helping them navigate or find their way through the health system. CHTs are tasked to help especially the poorest families as identified by the Department of Social Welfare and Development (DSWD) in the National Household Targeting System NHTS, including those covered by PantawidPamilyang Pilipino Program(4Ps).

A total of 11,615 CHT members comprise the target for 2014, of which, 11,790 or 101.51 percent were trained. 11,035 or 93 percent of the trained CHTs were deployed throughout the region. These CHTs were able to visit and advocate for appropriated health seeking behavior, enrolment and availment of PHIC benefits and regular prenatal care of 100% (145,077) identifiedPantawidPamilyang Pilipino Program (4Ps) Households.

The 2015 CHT Summit held at Almont Hotel's Inland Resort on February 12, 2015, acknowledges and recognizes the contribution of CHT Partners in the achievement of the goals of KalusuganPangkalahatan (KP) through their active participation at the community level. More or less 900 individuals composed of nurses under the Nurse Deployment Program, midwives, barangay health workers, Development Management



Director Minerva P. Molon of DOH Regional Office XIII giving an inspirational message during the summit

Officers of the DOH Regional Office XIII, Barangay Captains, several PHOs and CHOs, MNCHN Coordinators, CHT Coordinators, CHT Members and Staff from the DOH RO XIII.

The CHT Summit 2015 also highlighted the outstanding barangays in the region. Fifteen barangays from each province and from Butuan City were awarded the Best of the Best Barangay Awards, a distinction given by the DOH Regional Office XIII to the barangays who promptly submit their reports to the municipal and city health offices and the regional office; newborn screening coverage higher than the regional target; high percentage of BCG immunization; zero maternal death/s in the barangay; high rate of facility-based delivery; high rate of prenatal visits during the whole duration of pregnancy; high number of post-partum visits; and high percentage of Family Planning Unmet needs given appropriate services. A total of

90 barangays were presented with the said award. This award was instituted through the efforts of the Regional Office XIII in the hopes to uplift and raise the level of morale and challenge the health workers in the fields, especially at the grassroots level where the CHTs serve.

"The Department of Health Regional Office XIII acknowledges the role of all Community Health Team Members in whatever our health status has become, especially on the reduction of Infant Mortality Rate and Maternal Mortality Rate in some areas these CHTs served. These instrumental individuals do not serve the department, but the people in their communities. Because of their involvement, we have been achieving our targets and we have been improving not only the quality of health of individual families, but the quality of life for our constituents as well." – Director Minerva P. Molon, MD, MPH, FPPA.



# PH winning its battle against TB



THE DEPARTMENT of Health (DOH) reported that the Philippines is now one of the seven among the 22 high-burdened countries that have achieved its 2015 Millennium Development Goal (MDG) in fighting tuberculosis (TB) as early as 2012. The other six countries were Brazil, Cambodia, China, Uganda, United Republic of Tanzania and Vietnam.

Health Secretary Janette P. Loreto-Garin disclosed that there has been a marked decline in TB burden since the launching of the DOTS (Directly Observed Treatment Short-Course) strategy in 1996. She added that as of 2013, cases and deaths due to TB was reduced by more than 50% from the 1990 baseline.

"Vigilance and eradication of stigma will help us in winning the battle against TB," Garin said, adding that the Philippines has already developed a 2010-2016 Philippine Plan of Action to Control TB.

The health chief explained that in 2011, rapid diagnostic tools such as Line Probe Assay, Mycobacterium Growth Indicator Tube and GeneXpert were introduced to improve and lessen turnaround time of Multi-drug resistant (MDR) TB diagnosis.



There is also a continuous expansion of services for drug resistant TB cases to at least one treatment center/satellite treatment center per province and highly urbanized city.

The success of the national TB program can be attributed to past efforts like the implementation of the DOTS Strategy or "Tutok Gamutan", management of the multi-drug resistant TB, initiation of public-private mix DOTS, implementation of TB in children program, and the enhancements of DOTS through the adoption of the WHO-endorsed STOP TB strategy and expansion of services to the vulnerable groups like the inmates and people living with HIV.

Tuberculosis ranked as the 8th leading cause of sickness in the country (based on 2010 data) and the 6th leading cause of death (based on the 2009 Philippine Health Statistics). Currently, the Philippines is 8th among the 22 TB high-burdened countries in the world in terms of TB cases.

"We are on the right track. We are winning our battle against TB. Let us continue to be vigilant, let us do our part. Bawat pamilya, bawat Pilipino, may papel dito," Garin concluded.

## SERVICE VEHICLES FOR NATIONAL TB PROGRAM

The Department of Health, along with the international community, commemorated World TB Day last March 24. This year's global theme, "Reach the 3 Million: Reach, Treat, Cure Everyone", stresses the need to find missing cases among the population where TB information and diagnostics are poorly accessible. In order to improve this limitation, the DOH (through the National TB Program of the Disease Prevention and Control Bureau together with the Philippine Business for Social Progress) procured service vehicles to augment the resources of regional offices. The service equipment will be used primarily for transport of national TB Program logistics, services and the conduct of monitoring, supervision, and evaluation activities.



# DOH RO VI selects the best newborn screening design



First Place winner Jaspher Sianson of Iloilo Doctors' College

NEWBORN SCREENING is a procedure done for newborns within 24 hours after delivery to diagnose if a baby suffers from a congenital metabolic disorder. If left untreated, it may lead to mental retardation or even death. It was first introduced in the Philippines in 1996 and was later integrated into the public health delivery system with the passage of Republic Act 9288 or the Newborn Screening Act of 2004.

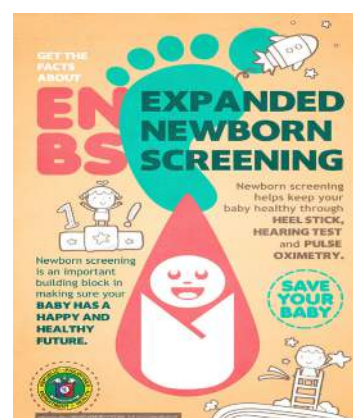
In the past years, the Newborn Screening Program in the Philippines included screening of six disorders namely: congenital hypothyroidism (CH), congenital adrenal hyperplasia (CAH), phenylketonuria (PKU), glucose-6-phosphate dehydrogenase

(G6PD) deficiency, galactosemia (GAL) and maple syrup urine disease (MSUD). However, the Expanded Newborn Screening (ENBS) which started in 2014 includes 22 more disorders such as hemoglobinopathies and additional metabolic disorders, namely, organic acid, fatty acid oxidation, and amino acid disorders. The latter are included in the standard care across the globe, covering a total of 28 disorders.

In line with this updated program, the Department of Health - Regional Office VI (DOH RO VI) launched its Digital Layout Design Contest among students from different colleges and universities in Iloilo City last February 13, 2015. The competition



Second Place Winner, Paul John Tuvilla of St. Therese MTC Colleges



Third Place Winner, Denmark Padua of West Visayas State University

aimed to conceptualize and create a design that best captures the key health message of this program. This is also one strategy to raise awareness on the importance of submitting all newborns for screening. DOH RO VI awarded the winners of the said competition last March 3, 2015 in Eon Centennial Hotel, Iloilo City. The winning design will be used in various ENBS advocacy materials across the region.

A total of 24 entries from 14 participating schools were submitted and screened by the judges. 20 finalists were selected by judges who are graphic artists and nurses. The winners were as follows: 1st place winner – Jaspher Sianson from Iloilo Doctors' College, 2nd place winner – Paul John Tuvilla from St. Therese MTC Colleges and 3rd place winner – Denmark Padua from West Visayas State University. The cash prizes and certificates to the winners as well as to the participating schools were given by DOH RO VI Regional Director Marlyn W. Convocar and Dr. Renilyn Reyes, Cluster Head of Family Health and Nutrition Cluster.