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TOWARDS QUALITY HEALTHCARE FOR ALL

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The Aquino Health Agenda

Achieving Universal Health Care for all Filipinos

By Gelyka Ruth R. Dumaraos

THE national government has been constantly pursuing health reforms in its goal of delivering adequate healthcare services to every Filipino, most especially the poorest of the poor and those living in remote areas.

With health-related public policies and laws providing the impetus, comprehensive reform strategies have been identified in the Health Sector Reform Agenda (HSRA) launched in 1999 and its implementation framework, the FOURmula One (F1) for Health in 2005.

With these, substantial gains in health sector improvements have been achieved in the areas of social health insurance coverage and benefits, efficient and effective use of Department of Health (DOH) budgets to enhance local government unit (LGU) performance and spending in health programs.

Systematic health investment planning was also accomplished through the Province-wide Investment Plan for Health (PIPH), Citywide Investment Plan for Health (CIPH), Annual Operational Plan (AOP) process, capacities of government health facilities, and the implementation and monitoring of public health programs.

However, despite all these health programs, the desired bottom line has not been achieved—a vision wherein each and every Filipino, especially the ones living in remote areas, experience equity and adequate access to critical health services.

Health need

A Benefit Delivery Review conducted jointly by the DOH and PhilHealth highlighted the need to increase enrollment coverage, improve availment of benefits and increase support value for claims in order for the National Health Insurance Program (NHIP) to provide Filipinos substantial financial risk protection.

More importantly, benefit delivery for the sponsored program for the poorest quintile of the population was found to be lowest among Filipinos. Then, only 53



HOSPITAL GROUND BREAKING President Benigno S. Aquino III and Health Secretary Enrique T. Ona led the ceremonial ground-breaking of the new site for the state-of-the-art Eastern Visayas Regional Medical Center (EVRMC) in Brgy. Cabalawan, Tacloban City last February 5. With the theme, "Kapit-Bisig Tungo sa Kaunlaran," Sec. Ona envisioned to build a hospital that will be capable of serving the people especially in times of disaster, man-made or otherwise, referring to typhoon Yolanda which shattered most parts of Tacloban. With an initial funding of PHP 500 million and additional funding from private donor agencies, the new 500-bed capacity modern hospital is expected to be operational after two years. Also present during the event were local health officials, cabinet secretaries, LGUs, and donor partners

percent of the entire population was covered by the program, with a 42 percent availment rate, and 34 percent support value, or a total benefit delivery ratio of only eight percent.

Due to serious budgetary constraints, public hospitals and health facilities have also suffered neglect with hardly any means for upgrading to expand capacity and improve quality of services. As of October 2010, 892 rural health units (RHUs) and 99 government hospitals have yet to qualify for PhilHealth accreditation.

The poorest of the population are the main users of government health facilities, which meant that the deterioration and poor quality of many government health facilities was particularly disadvantageous to the poor who needs the services the most.

Challenges

Other challenges noted were weaknesses in management and compensation of human resources for health, and inadequacies in health information systems to guide planning and implementation of health programs. It was also notable that while the Philippines was on target for most of its Millennium Development Goals (MDGs), it was lagging behind in reducing maternal (162 per 100,000 live births) and infant mortality (25 per 1,000 live births). The 2015 MDG targets are 52 and 19, respectively, for these two indicators.

With all these challenges, the Aquino Health Agenda (AHA) was launched to improve, streamline and scale up health reform interventions. There was a deliberate focus on the poor to ensure

that as health reforms are successfully implemented, they would not be left behind.

For a successful attainment of the AHA, the following essential components of the Philippine health system were identified: enlightened leadership and good governance practices, accurate and timely information and feedback on performance, financing that lessens the impact of expenditures especially among the poorest and the marginalized sector, competent workforce, accessible and effective medical products and technologies, and appropriately delivered essential services.

AHA roadmap

On December 16, 2010, Sec. Ona issued Administrative Order No. 36 which provided the objectives, strategic thrusts, and implementation framework to implement the ultimate vision of the Aquino Health Agenda, which is Universal Health Care (UHC), later called *Kalusugan Pangkalahatan* (KP).

AO No. 36 led to the drafting of the AHA “roadmap”—the UHC implementation plan and operational guidelines—which was jointly formulated by the DOH and other stakeholders. All DOH offices, DOH attached agencies especially PhilHealth, and DOH-retained hospitals were enjoined to ensure coherence of their activities, projects and individual operational plans to the UHC strategic thrusts.

The comprehensive roadmap consisted of guidelines, approaches and resources needed to be tapped, including public-private partnerships (PPPs). It also made clear the benefits to families, civil society, private and public health care providers. The important role of the local government units was also delineated as they execute plans in the local health system that will

provide the backdrop for the Aquino Health Agenda.

The overarching goal was the implementation of UHC that shall ensure that all Filipinos, especially the marginalized or disadvantaged group, have equitable access to affordable health care. This would hopefully lead to better long-term health outcomes thru a responsive health system and sustained health financing for the entire population.

To achieve this goal, the National Health Insurance Program (NHIP) needed to be strengthened, it being the prime mover in improving financial risk protection. Resources have to be generated to modernize health facilities, and improve the provision of public health services to achieve the committed MDGs.

Strategic goals

Three strategic goals have been identified with focus on the poor sectors of society:

1. Financial risk protection through expansion in NHIP enrollment and benefit delivery;
2. Improved access to quality hospitals and health care facilities with upgrading of government-owned and operated hospitals and health facilities to expand capacity and provide quality services to help attain MDGs, attend to traumatic injuries and other types of emergencies, and manage non-communicable diseases and their complications; and,
3. Attainment of the health-related MDGs through public health programs focused on reducing maternal and child mortality, morbidity and mortality from TB and malaria, and the prevalence of HIV/

AIDS, in addition to being prepared for emerging disease trends, and prevention and control of non-communicable diseases.

Six strategic instruments

A key success factor identified was the optimization of six strategic instruments to achieve these AHA strategic thrusts. These instruments are:

1. Health financing to increase resources for health that will be effectively allocated and utilized to improve the financial protection of the poor and the vulnerable sectors;
2. Service delivery to transform the health service delivery structure to address variations in health service utilization and health outcomes across socio-economic variables;
3. Policy, standards and regulation to ensure equitable access to health services, essential medicines and technologies of assured quality, availability and safety;
4. Governance for health to establish the mechanisms for efficiency, transparency and accountability and prevent opportunities for fraud;
5. Human resources for health to ensure that all Filipinos have access to professional health care providers capable of meeting their health needs at the appropriate level of care; and,
6. Health information to establish a modern information system that shall:
 - a. Provide evidence for policy and program development;
 - b. Support for immediate and efficient provision of health care and management of province-wide health systems.

The success of the AHA shall be measured by the progress made in preventing premature deaths, reducing maternal and newborn deaths, controlling both communicable and non-communicable diseases, improving access to quality health facilities and services, increasing NHIP benefit delivery rate, and prioritizing the poor and the marginalized (such as the Geographically Isolated and Disadvantaged Area [GIDA] population, indigenous population, older persons, differently abled persons, internally-displaced population, and people in conflict affected areas).

The drafted AHA roadmap was also clear that for it to be successfully implemented, the DOH shall engage local health systems (provinces and their component LGUs, cities, private and public health care providers, local partners, and families) through the formation of regional clusters based on their catchment areas.

Four years after the AHA roadmap has been drafted, important headways in health reforms have been achieved, and the vision of Universal Health Care or *Kalusugan Pangkalahatan* is no longer a far-fetched vision, but a goal that is slowly but surely within reach.



KALUSUGAN PANGKALAHATAN (KP) IN BATANGAS Secretary Ona and Batangas Medical Center (BatMC) chief Dr. Ramoncito Magnaye led the ceremonial groundbreaking of the proposed Php 50 million two-storey internal medicine building of the BatMC. Ona also inaugurated the new Php 45 million two-storey Surgery bldg. of the hospital. Joining Sec. Ona during the blessing & inauguration were Health Undersecretary Teodoro Herbosa, Assistant Secretaries Roland Cortez & Jaime Lagahid, Director Nestor Santiago, Engr. Max Adan and other local officials led by Cong woman Aileen Ermita & Congressman Rannie Abu. Sec. Ona also unveiled the hospital marker of the new surgery building. As part of President Aquino's marching order of providing better health for all Filipinos through the Department of Health's Universal Health Coverage, Ona and party visited several LGU health facilities like the Lipa City District Hospital, Ospital ng Lipa, Malvar Health Center, and the Sambat Birthing Home. Sec. Ona revealed that today, there are now about 4.7 million families covered by PhilHealth. He added that more PhilHealth enrollees translate to more hospital income. He also stressed that the country is now in the middle of a crucial health reform

KP accomplishments

Notable progress achieved in financial risk protection, access to quality health services and facilities, attainment of health-related MDGs, and effective health governance

By Ma. Cristina Arayata



ALAGA KA President Benigno S. Aquino III, Secretary Enrique T. Ona, and PhilHealth President Atty. Alexander Padilla during the ALAGA KA (Para sa Maayos na Buhay) program launch last March 24. The said PhilHealth program, which is a joint campaign of local and national government, aims to encourage its members to avail of preventive care packages at all government health facilities

UNIVERSAL Healthcare or *Kalusugan Pangkalahatan* (KP) is a banner program of President Aquino's administration. What used to be a utopian dream is now slowly achieving fruition as the KP program accomplishes important goals in the following areas: financial risk protection, access to quality health services and facilities, attainment of health-related Millennium Development Goals (MDGs), and health governance.

Financial risk protection

The National Health Insurance Act of 2013 was passed which amended the outdated 1995 version to provide full national subsidy of premiums for the poor.

As of December 2013, PhilHealth enrolment rate was 79 percent or 76.9 million of the 2013 projected population, including 5.2 million families belonging to the 1st quintile of the population (e.g. poorest of the poor) identified through the National Household Targeting System for Poverty Reduction (NHTS-PR) of the Department of Social Welfare and Development (DSWD).

This 2014, the National Government-sponsored members shall cover 14.72 million families or an additional 9.52 million families including those who belong to the 2nd quintile of the population (i.e. next poorest and previously sponsored by the local government units or LGUs)

To capture the unenrolled poor not covered by the NHTS-PR, the Point of Care scheme was pilot tested in several government hospitals, wherein the hospitals pay for an indigent patient's one year membership premium upon his/her admission, in order to immediately cover his/her hospitalization. As of December 2013, a total of 9,164 indigents have been enrolled in the eight pilot hospitals. The Point of Care scheme is now being made

available to all DOH-retained facilities and other government hospitals as well.

Last October 2013, the Z-Morph Benefit Package was launched, the first PhilHealth benefit package for persons with disabilities (PWDs), along with All Case Rates, expanding the coverage of the case rates system to 4,662 medical conditions and procedures.

Access to quality health services and facilities

With more Filipinos now covered by PhilHealth, the need for adequately equipped medical facilities is apparent to provide the necessary medical and healthcare services. A total of 3,475 government health facilities have been upgraded from 2010 to 2013; 2,084 of which were completed in 2013 alone. There was also effective implementation of 60 infrastructure projects in the DOH-retained hospitals.

From 2010-2013, the DOH has deployed a total of 59,510 health professionals to the underserved and far-flung LGUs (343 Doctors to the Barrios, 52,730 RNHeals, 6,437 Midwives under the Rural Health Midwives Placement Program).

As of December 2013, the DOH has also trained and deployed a total of 45,810



Community Health Teams to provide assistance to poor households, particularly the *Pantawid Pamilya* beneficiaries.

Attainment of health-related MDGs

The Millennium Development Goals (MDGs) are eight international development goals which all United Nations member states including the Philippines committed to achieve by 2015. The Philippines has attained some advances in the following areas:

- Infant-mortality rate: 8.49 percent or 16,764 (2012)
- Maternal-mortality rate: 64 percent or 1,255 (2012)
- TB treatment success rate: 90 percent as of December 6, 2013
- Rabies-free: a total of 15 areas were cleared of rabies
- Malaria-free: 27 out of 53 endemic provinces were declared as malaria-free
- Filariasis-free: 20 out of 43 endemic provinces declared as free from filariasis
- Implementing Rules and Regulations of the Responsible Parenthood and Reproductive Health Act (RA 10354) was developed

Health governance

The DOH was awarded by President Benigno Aquino III last December 18, 2013 with the prestigious ISO 9001:2008 certification by Certification International Philippines, Inc. (CIP). It is the first government agency under the executive branch to have a department-wide Quality Management System (QMS) under a single ISO 9001:2008 certification.

The QMS covers the following:

- 17 bureaus and offices in the Central Office
- 16 Centers for Health Development
- One attached agency (FDA)
- Six tertiary care DOH-retained hospitals



Illustration by Donna I. Pahignalo

EDITORIAL

Keeping everyone 'on the same page'

Ensuring that every Filipino—even the ones living in remote areas of the country—has access to adequate healthcare is a huge team effort, with the team consisting of all health stakeholders in the various sectors of society.

For this multisectoral collaboration to be both efficient and effective, a good health communication plan is necessary so everyone is figuratively "on the same page" to prevent duplication of efforts and programs. In this manner, optimization of funds and other resources could also be attained.

We herald the birth of *The DOH Files*, a monthly newsletter the objective of which is to encourage active collaboration of all health stakeholders by keeping them in close touch and properly informed of all DOH activities, advisories, programs and plans, as well as best practices of local government units, government hospitals, health agencies, nongovernmental health organizations and other stakeholders which can be duplicated to benefit more people in the country.

All efforts will be made to make the newsletter as interactive as possible to serve as a channel or medium transmitting information, eliciting feedback and suggestions, and as a forum for discussion to weigh both sides of any issues pertaining to public health and delivery of healthcare services. The ultimate goal, of course, is to achieve *Kalusugan Pangkalahatan* (KP) or Universal Health Care for the Filipinos—the prime vision of the Aquino Health Agenda.

The DOH Files can therefore serve as the gateway between the Department of Health—as policy makers and health plan-

ners, and the various health stakeholders who implement the nitty-gritty of the health programs. The success of any program hinges on the close collaboration of the planner and the implementers, and *The DOH Files* hopes to contribute in providing that channel of communication for closer collaboration.

The vision of *Kalusugan Pangkalahatan* is no longer the nebulous haze that it was, enveloped by a lot of uncertainty. A utopian dream it used to be, but it has now taken concrete shape, with the government now achieving 79 percent health coverage. The target to cover 85 percent or 90 million Filipinos this year is definitely doable and achievable; and in another year, a 100 percent coverage is certainly within reach.

But this vision will only be achieved with everyone pitching in his or her share. And as many would attest, communication gaps can be a pitfall that can threaten the success of a vital program such as *Kalusugan Pangkalahatan*.

As we draw closer to our vision, it is all the more important that each individual stakeholder's action and decision are in line with the ultimate goal of *Kalusugan Pangkalahatan* by providing the tools and bits of information that all workers and stakeholders need.

It is with great pleasure that we introduce to you one of these tools, *The DOH Files*; and may it effectively serve its mission of speaking to a very powerful audience—the healthcare workers and health stakeholders.

DR. ENRIQUE T. ONA
Secretary, Department of Health



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In Memoriam

We would like to remember



Mr. Anthony Roda, one of the movers behind the concept and actualization of *The DOH Files*.

We would like to hear from you!

E-mail us your feedback at

DOHFiles@gmail.com



Upgrading requests for health facilities standardized

Approving criteria defined for fairer and faster processing

By Michaela Sarah de Leon

IN AN effort to make processing requests for faster and fairer validation and review, the process for requesting for health facilities enhancement and the assessment checklist has been standardized within the department.

"It has been observed that requests for health facility upgrading from Local Government Units (LGUs) and the Department of Health (DOH) hospitals are addressed directly to the President of Health Secretary," wrote the Department Memorandum entitled Process Flow for Approval of Health Facility Enhancement Program (HFEP) Fund Allocation.

Whereas, before requests for health facilities enhancement was brought to different offices such as the Center for Health Development (CHD) Technical Working Group, the Office of the Secretary (OSEC), the Executive Committee for Approval (EXECOM) and even the President, it shall follow a more linear

path starting from the requesting party: either the DOH Hospital or the LGUs.

From the DOH hospital, the request for health facility enhancement must go to the CHD TWG for HFEP, the Policy and Standard Development Team for Service Delivery (PSDT-SD)/ National Center for Health Facility Development (NCHFD), the EXECOM for approval, and the Internal Management Support Office (IMSO)/ Finance Service, in that order, before the allocation goes to the implementing unit.

If the request comes from the LGUs, it must go through the Sanggunian Resolution before proceeding to the same process the DOH hospitals must go through.

No requests will be directed to the Office of the Health Secretary or the President. In the event that a request does go through the OSEC, it shall be redirected to the CHD for review and validation.

Likewise, a checklist for assessment was also standardized. The checklist will guide the EXECOM in their decision "to

ensure objectivity, equity, and fairness in the allocation of HFEP funds and shield the process from biases and partiality."

The checklist is points-based with 10 as the highest point for each criteria except for "responsiveness to health status situation" for LGU priority and "approval by PIPH/AOP framework by LGU" for CHD review, which gives 15 points each.

Ten points will be deducted if the request went through the wrong route.

The criteria include allocation of Maintenance and Other Operating Expenses and Human Resources for the project, counterpart funds, and responsiveness to health status situation for LGU Priority.

Meanwhile, the criteria for CHD Review are approval by PIPH/AOP framework by LGU, compliance with Certificate of NEED and/or BEmONC/CEmONC standards/requirements, being deemed "rational" by the CHD if without RatPlan of not complying with RatPlan.

Requesting parties can get additional points from plus factors, which has the criteria 85 percent LGU IP enrolment, good track record in submitting reports/FUR, and good financial management in place.

Adding up all criteria should make 100 points.

Post-Yolanda rehabilitation efforts

THE wrath brought by Typhoon Yolanda was like no other, and it has deeply affected the lives of thousands of people in Samar and other areas in the Visayas lying in the path of the supertyphoon. The death and destruction it has caused will forever leave an indelible mark on the people who survived the typhoon's wrath, but are now faced with an uncertain future.

But the resilience of the Filipinos as a people has again been shown after the catastrophe. The Filipino rises after each fall. Just after the disaster, relief efforts came flooding from here and abroad, ensuring the survivors that they are not alone in standing up again.

Aside from delivering the necessary medicines and medical supplies needed, the Department of Health also promptly dispatched medical teams for emergency and basic services to the survivors, most of whom have been rendered homeless and prone to a lot of illnesses. The DOH therefore focused on possible epidemic threats and other risks to public health and safety. Both proactive (preventive) and reactive (curative) approaches were carried out, thru proper risk communication together with accessible quality

health services and prevention of health risks among the survivors.

The DOH National Center for Health Promotion (NCHP) partnered with doctors, nurses and paramedical staff for the "Oplan: Handog Kalusugan." This was in coordination with affected local government units and communities in Visayas. The program encompassed services such as consultation, immunization, health education on the potential risks of outbreaks and epidemics and health information dissemination. Apart from these is the *Lakbay Buhay Kalusugan* (LBK) - *Kalusugan Pangkalahatan* on Wheels—a bus specifically designed into a mobile consultation and examination clinic.

In the first month after the supertyphoon, assessment of the health situation and medical mission was conducted as well as health promotion and risk communication activities integrated by DOH to the medical mission provided by the Bicol Medical Center.

Rosemarie Aguirre, NCHP division chief and head of the risk communication team said that the LBK bus was used for easier transportation of medical and health promotions teams in different places affected by the storm.

It provided the basic facilities needed to handle consultations and treatment for prevalent medical problems.

Aside from addressing the physical ailments of the survivors, the consultations inevitably had to deal with the psychological and emotional aspects which the trauma of the experience had caused.



Lakbay Buhay Kalusugan (LBK) - Kalusugan Pangkalahatan on Wheels

DOH releases guidelines for health facilities enhancement program

Covers all national gov't agencies, LGUs, and DOH facilities

By Alexa Villano

THE Department of Health (DOH) released the guidelines for the Health Facilities Enhancement Program (HFEP) for 2014.

The HFEP aims to provide participating local government units, national government agencies, DOH officers, and health facilities with policy guidelines, processes, responsibilities, and timelines for the implementation.

To avail of the HFEP 2014, a detailed project proposal must be submitted to the parties concerned composed of the National Center for Health Facility Development, DOH, Centers for Health Development, and the Local Government Units (LGUs) in coordination with the Department of Budget and Management, Congress, and the National Economic Development Agency (NEDA).

Proposals for the HFEP cover local and national government-owned facilities; health facilities such as hospitals, laboratories, and health centers, and all DOH facilities and grounds. It will provide funding assistance for civil works and purchase, and technical assistance.

Once all parties review the proposals, the NCHFD will inform the CHDs to prepare, execute, and finalize the architectural and engineering plans, and equipment specifications for the budget execution.

The set of guidelines covers National Government Agencies, LGUs, and DOH facilities with beneficiaries from any city, municipality, province, hospital, rural health unit and other health facilities.

The HFEP will not accept project proposals that were provided from the HFEP 2010-2012 as validated by CHD Assessment Team and health facilities lacking any mandatory documentary requirements on the deadline of submission.

'Heightened awareness' on MERS-CoV

Amidst fears of a possible outbreak of the dreaded Middle East Respiratory Syndrome-Corona Virus (MERS-CoV), the government assured the public that there is no reason to panic.

MERS-CoVirus is a communicable disease which can be transmitted by a positive carrier to others through sneezing, coughing or close contact. Caused by a virulent type of virus, the infection is characterized by fever, coughing, sneezing, diarrhea and difficulty of breathing. Chest x-ray usually shows pneumonia. The clinical course is progressive with a high fatality rate.

Sec. Ona acknowledged the importance of providing accurate information about MERS-CoV to families, relatives, friends and neighbors of overseas Filipino workers (OFWs) in the Middle East.

"The DOH assures our people, especially our OFWs based in the Middle East and their families and communities, that the government will exert maximum efforts to keep you informed and aware of all vital developments. We shall also extend our fullest assistance through our various regional and district hospitals, regional offices, the Bureau of Quarantine and attached agencies such as PhilHealth," he said.

Upon President Aquino's instructions, the Department of Health (DOH) has mobilized Task Force MERS-CoV to create heightened awareness about the communicable disease and to prevent its spread.

For precautionary measures, Sec. Ona approved the issuance of a Bureau of Quarantine alert bulletin to those travelling from the Middle East through international airports.

"We are calling the attention of Filipinos who have returned recently from the Middle East to report to the nearest hospital if they experience symptoms of

the MED-Corona Virus which are similar to the indications of flu, including fever with cough, cold, or sneezing," advised Sec. Ona.

Meanwhile, the following measures should be observed to prevent the virus from spreading.

- Avoid any contacts with people infected with MERS-Cov.
- Comply with local health regulations and postpone any foreign trip if you had close contacts with a confirmed MERS-Cov patient until after test results prove to be negative.
- If symptoms like fever, sneezing, coughing and other indications of flu occur, immediately visit a health facility.
- Regularly wash hands and practice proper hand hygiene through the use of soap or rub them with alcohol before and after eating and handling or cooking food
- Avoid contacts with camels and other farm animals.
- For health workers, strictly follow infection control protocols at the workplace.

The DOH has established 24-hour hotlines that citizens and foreign nationals residing in the Philippines may call if they need assistance. The hotline numbers are: 711-1001; 711-1002; 0922-884-1564; 0920-949-8419; 0915-772-5621.

"On instructions of the President, the DOH is working closely with all concerned government agencies to ensure the health and safety of our people," said Sec. Ona.

"*Maging handa, maagap at mapagmasid po tayong lahat. Pairalin natin ang diwa ng Bayanihan para sa kalusugan at kaligtasan nating lahat* (Let us all be prepared, alert, observant. Let the Bayanihan spirit prevail for everyone's good health and safety)," advised the Health chief.



HFEP IN QUEZON PROVINCE Secretary Ona and party recently visited Quezon province to inaugurate the Gumaca District Hospital. Ona was impressed by the improvements done at the said hospital and acknowledged the efforts of hospital staff and local government to further upgrade the people's health in Quezon and nearby provinces. The health chief also reminded everyone of the other aspects of health, promotive and preventive. Secretary Ona also visited the Quezon Medical Center, Doña Marta Memorial District Hospital (Atimonan District Hospital), and the Pagbilao Rural Health Unit. Accompanying Sec. Ona during the visit were Chief of Staff and Assistant Secretary Jaime Lagahid, Assistant Secretaries Roland Cortez, Gerardo Bayugo, Nicolas Lutero, Director Jovencio Ordoña, CALABARZON Regional Director Nestor Santiago and Assistant Regional Director Corazon Flores



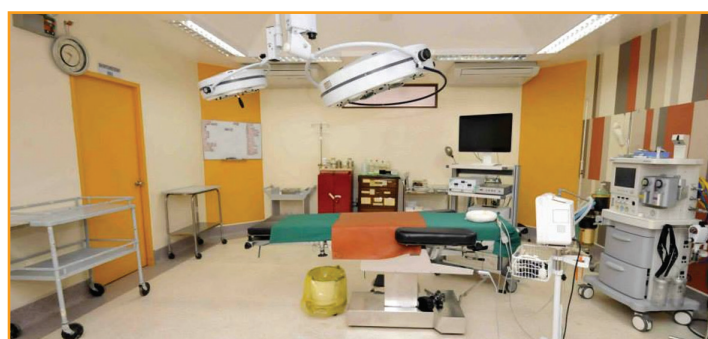
NATIONAL STAFF MEETING The Department of Health held its 8th National Staff Meeting at the province of Ormoc as a gesture of support to the local government's call for "Tindog Visayas." Highlights of the discussion were the health chief's plan to provide more information and increase the number of couples practicing and are aware of family planning methods, intensification of the national TB program's efforts to identify new cases leading to treatment and cure, the need to ensure that facilities have adequate structure and skilled personnel in order to perform lifesaving operations. Ona reminded every health worker not to waste an opportunity and work harder to achieve the goal of Kalusugan Pangkalahatan (Universal Health Care)



FLYING KISS The DOH has recently launched the Flying Kiss, a movie geared towards the campaign against pulmonary tuberculosis. It is a joint venture of the National TB Program of the DOH Disease Prevention and Control Bureau and the Health Promotion and Communication Service. Shown in the photo are (from left to right) Crisaldo Pablo, Flying Kiss director, Reno Carter Nalda, program manager, PBSP Global Fund, Dr. Enrique Tayag, health assistant secretary, and Carl Guevarra, lead actor



MAJOR HOSPITAL IN THE NORTH Secretary Ona and Dr. Jose N. Rodriguez Memorial Hospital (DJNRMH) Director Dr. Edgardo Javillonar recently spearheaded the blessing and inauguration of the hospital's new building last January 15. The said new building is equipped with a new medical ward, pediatric ward, delivery room and obstetric ward, surgical ward, laboratory and dietary section, including a sewage treatment plant. Sec. Ona envisions the refurbished DJNRMH to be a major medical center in the north that will further improve the health status of Filipinos residing in the region. He stressed that about PhP 46.7 billion was appropriated for the Department of Health's preventive programs like measles and other diseases, while about PhP 36 billion was earmarked for facility improvement



HEALTH SYSTEM ASSESSMENT To assess the current status of health facilities damaged by Typhoon Yolanda, Sec. Ona and his party visits the DOH-Region 8 office, Eastern Visayas Regional Medical Center, Basey District Hospital, Basey Rural Health Unit, and the Tacloban City Hospital. Accompanying Sec. Ona during his visit are Chief of Staff and Assistant Secretary Dr. Jaime Lagahid, Assistant Secretary Roland Cortez, Dr. Jovencio Ordoña, Architect Rebecca Peñaflor, Executive Assistants Dr. Cherryll Gavino and Dr. Edrie Alcanzare



STREAMLINING REHABILITATION EFFORTS Quality health services must be delivered at all times, stresses Sec. Ona as he meets with local officials of Eastern Visayas last February 18 in order to get reaction and gather inputs on the different rehabilitation efforts given to their city. Sec. Ona stresses the need to identify what assistance is being provided by different groups in order to prevent duplication of assistance and other health-related programs, especially the rehabilitation of damaged health facilities

Message FROM THE HEALTH SECRETARY

My fellow health workers:

It is not without reason that the Department of Health is holding its 8th National Staff Meeting here at Ormoc, Leyte. We are doing this as a symbolic gesture to show our support to the "Tindog Visayas" effort. I invite everyone to spend a few moments with me in dignified silence.

As we raise our bowed heads and open our eyes from that brief reflection, let us ponder even more: have we really done enough? More importantly, we need to properly plan, execute and monitor our rehabilitation efforts even if public interest on Yolanda would have eventually waned.

While the theme of this NSM is to report on what we have done in response to Yolanda, you and I will all be remiss if we forget that at the end of the day, the Department of Health exists not only to serve the Visayas, but also to ensure that the coordination, financing, and delivery of health services for all Filipinos from Aparri to Jolo (or maybe more accurately, Bantanes to Tawi-tawi) does not turn into a disaster; and hopefully that disaster does not visit us again.

Let me start off by describing where we are in terms of KP implementation. Recall that we have commissioned a third-party independent effort to validate performance through a carefully designed and executed quarterly survey known as "KP Operations Monitoring" or "KP OM." The quarterly validation has focused on select operational indicators that serve as instant barometers of how well KP implementation is ongoing.

Drawing from the baseline results of KP OM surveyed last September 2013, I have given instructions to everyone to use the information for planning, budgeting, and monitoring of performance.

The results of the survey round two done in December 2013 have just been released.

Regarding public health efforts to attain the MDGs: For example, on family planning, the province level average reported by RHUs and health centers was reported at 56 new acceptors in round one. In round two the province level average is at 44 new acceptors. This suggests that a wide variation in FP program performance still remains among our facilities. We should study the nature of these variations across provinces and regions and initiate measures to narrow the performance gap across areas. A cause for concern is that some of our public facilities do not provide family planning services in spite of the fact that, for those of you cognizant of the fact, that these services we do are legal. Commodity stock-outs are simply unacceptable, as we have procured sufficient amounts of FP commodities to serve all poor women with unmet need in this country. Our Materials Management Division and the Family Health Office should ensure that these remaining stocks are delivered directly to service delivery points, such as RHUs, starting with those

that have reported stock outs.

Let me mention about TB control, province level averages show that RHUs are only able to find nine new TB cases, and that only eight of these are able to complete treatment. We should be seeing around 17 cases to further bring down TB. The number of TB cases detected and cured has also remained the same across two survey rounds.

The National TB Program should intensify its prevention and control efforts by prioritizing high burden areas, and by introducing new technologies to detect TB.

Regarding efforts to improve the quality of care:

In the sample of RHUs, in both rounds, it was found that only half are providing normal delivery services. And yet we are pursuing that all RHUs should have birthing facilities. From the sample of district facilities in both rounds, only 20 percent are able to provide cesarean section services.

On the good news *naman*, for our Family Health Survey, from the reported 200-250 deaths per 100,000, we are now down to 67 deaths per 100,000. But we need to validate this so that we can officially report this to the President.

We really need to see these numbers go up if our investments in HFEP are to be considered as successful. We need to ensure that the facilities prioritized for upgrading have the adequate infrastructure, equipment, and skilled personnel to attain a desired functionality such as being able to do lifesaving surgeries. HFEP implementation should be accounted for all the way to a facility's ability to provide health services.

Regarding efforts to improve financial risk protection through PhilHealth:

Our latest figure is that 82 percent of our poorest families are covered, not just enrolled in PhilHealth. But we should continue to keep on increasing that number. And we should tap the LGUs to point out who the poorest of the poor really are, as well as the CHTs. On a positive note, I would like to point out that we have deployed by now almost 11,000 nurses in our country through RNHEALS plus.

The DSWD has repeatedly expressed willingness for us to make use of their Family Development Sessions as a venue to reach 4Ps households. The 4Ps is a captive market that already accounts for two thirds of the poorest households listed in the NHTS. CHTs report that families with IDs or MDRs or some form of acknowledgement of enrolment or coverage have gone up from 74 percent to 88 percent. Again, this number should be 100 percent. I understand that around a fourth of NHTS households could not be located by our CHTs. I want us to consolidate reports of these missing cases so that we can advise DSWD of the situation. More importantly, PhilHealth should step up efforts in providing IDs or MDRs to members. For the poor, this



Photo by Jose Martin Panalitan

Secretary ENRIQUE T. ONA

seemingly ordinary piece of paper could spell the difference between life and death.

A cause for concern is that 23 percent of the CHTs reported that poor families confined in supposedly no balance billing hospitals still had to make out-of-pocket payments. We have already issued orders for public hospitals to provide services with no balance billing. I would really like to know the details of these barriers to full NBB implementation so that we can institute the necessary measures.

Another cause for concern is that the proportion of patients in public hospitals who used PhilHealth to pay for medical charges remains slightly lower than 50 percent. This figure is too low compared to the reported PhilHealth coverage of 81 percent. Our MHOs and hospital chiefs should introduce measures that will facilitate the identification of members and provide assistance in filing claims at the point of care. In addition, there is PhP 35 billion worth of premium subsidy for 2014; PhilHealth should come up with a complete marketing plan informing members of benefits and how to use these entitlements.

With a 66 percent increase in our budget this 2014, we have no excuse as to why KP performance will not significantly improve in the next quarter. I'd like you to tell me in this NSM what you need me to do to remove policy and system barriers. I trust your expertise and recognize your better grasp of operational realities in the field.

We are now preparing our 2015 budget, and we are proposing a budget of PhP 104 billion. We need to back up this proposal with programs and interventions that will generate the most gain from our required investments.

The Sin Tax, for your information, was able to generate money of PhP 6 to 9 billion. So how do we use these funds properly?

We need to plan. We need to find the gaps. We need to find the opportunities for the next two years.

This Speech was delivered at the 8th National Staff Meeting in Ormoc, Leyte last March 17.