THE DOH Files
TOWARDS QUALITY HEALTHCARE FOR ALL
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what's inside

PhilHealth—a strong ally to achieve KP

4 out of 5 Filipinos now covered

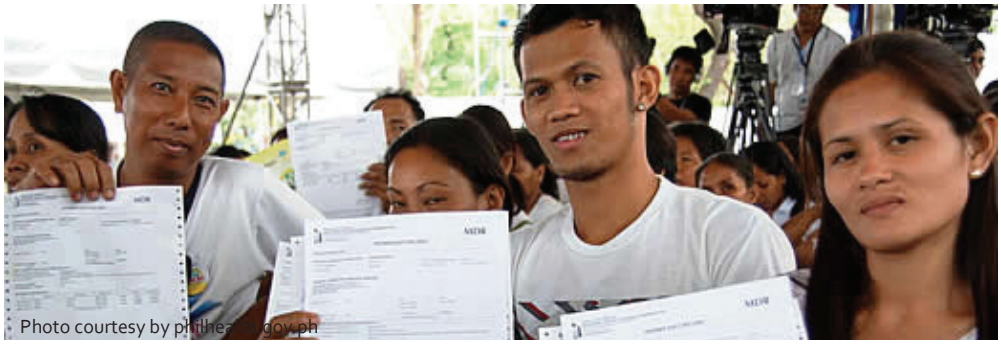
Photo courtesy by philhealth.gov.ph

PROUD PHILHEALTH MEMBERS PhilHealth members show off their updated Member Data Records at the ALAGA Ka Launch held at the Quezon City Memorial Circle

PHILHEALTH IS strongly supporting the government in its efforts towards achieving Universal Health Care (UHC) or Kalusugan Pangkalahatan (KP).

As a key driver of healthcare reforms in line with the Aquino Administration's health agenda, PhilHealth President and CEO Atty. Alexander D. Padilla says that health financing is one of the pillars in addressing health inequity and is the main contribution of PhilHealth in the achievement of UHC or KP.

He explains that PhilHealth performs this by ensuring that there is adequate revenue collection from its members. With sufficient funds, PhilHealth is able to strategically purchase the necessary health care services of its members, and "sustain the program through the principle of social solidarity," which is being measured in terms of its effective coverage of the population in the National Health Insurance Program (NHIP).

The desired bottom line of UHC or KP is that every Filipino, especially the poor, must have access to quality healthcare. Atty. Padilla stresses that UHC is a focused approach to health reform implementation with a deliberate focus on the poor ensuring that they are given financial risk protection and able to access affordable and quality health services. "Towards this end, PhilHealth ensures that the poor are provided the opportunity to be covered in the Program," he says.

Atty. Padilla adds that the National Government has been resolute in its goal of fully subsidizing the premium contribution of the poor in the NHIP. PhilHealth has complemented this with the following strategic initiatives:

•**Enrollment at Point of Care.** Patients who are not included in the Department of Social Welfare and Development (DSWD) list, but are otherwise found to be poor, can now become members of PhilHealth thru the Point-of-Care Program which targets the non-members belonging to Class C-3 and D confined in government hospitals. This initiative is now being implemented in 45 DOH-retained hospitals, 56 LGU-managed hospitals and 32 other hospitals.

•**Alaga Ka Program.** To increase awareness and utilization of the government's primary care services by all Filipinos, especially the 14.7 million National Government-sponsored families, the ALAGA KA Program, which stands for ALAmin at GAmitin, was launched in March 2014. ALAGA KA Roadshows

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KP(*han*) *Forum*

THE DEPARTMENT of Health is on its way to achieving our Millennium Development Goals (MDGs) just to be in time for next year's deadline. Though challenges are inevitable, DOH leads the path towards the attainment of the goals for the health sector.

The DOH Files talks to Undersecretary Janette L. Garin as she updates us to where we are now in terms of achieving health-related MDGs.

1. KP has been launched three years ago. Where are we now in terms of the goals that the administration has laid? Could you cite concrete facts?

Prior to the introduction of KP as a sector-wide strategy for health, the Philippines was in the midst of the following major health challenges: (*from DOH 2010 Annual Report*)

- Widening inequity in health
- Food security and safety risk
- Dual burden of disease
- Disasters and conflicts in Mindanao
- Slow progress in maternal and child health and nutrition
- High population growth
- Disparity in health service delivery and utilization
- Poor quality of data and information
- Misdistribution of skilled health workers
- High out-of-pocket payments and drug prices
- Low expenditure on health by national government

Thus, the main goal of KP was—and remains to be—the attainment of BETTER HEALTH OUTCOMES through SUSTAINED FINANCING and a RESPONSIVE HEALTH SYSTEM.

With this as basis to estimate our position today, we can clearly state that we are moving

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Usec. Janette L. Garin

Photo by: Paquito Repellente

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are currently being held in various parts of the country that will run for the next two years, bringing to the indigent families services, such as DOH-subsidized health programs, PhilHealth outpatient benefits, and membership services.

Primary Care Package. The 14.7 million members under PhilHealth's Indigent Program enrolled by the National Government are currently being enlisted with their respective primary care providers. After enlistment, they will be seen by their primary care doctor, even if they are not sick, to establish their individual health profile. "With the *Tamang Serbisyo para sa Kalusugan ng Pamilya* or *TSeKaP* (also known as Primary Care Benefit 1), the health and well-being of the poor families enrolled in PhilHealth are ensured," says Atty. Padilla. They are screened for cancers and risks for diseases like hypertension and diabetes, taught to practice healthy lifestyle, and treated for the most common disorders like diarrhea, cough, urinary tract infection (UTI), and asthma.

No Balance Billing. PhilHealth has introduced the no-balance billing policy in an effort to reduce out-of-pocket expense of its members particularly the poor. This means that they are no longer required to shell additional cash outs over and above the fixed rates for indigent and sponsored members confined in government facilities under ward-type accommodation.

However, the road to KP is lined with many challenges. "Structural deficits in the health sector needs to be effectively addressed in order for UHC to move forward," says Atty. Padilla.

He adds that health financing remains fragmented. "There are still large gaps in service delivery capacity in some rural and underserved regions many of which do not have functional health care facilities," he explains.

Another supply side constraint is the lack of adequate supply of medicines in public facilities that hamper the effective implementation of the no-balance billing. "Awareness and social mobilization is also a concern especially that a huge number of poor needs to be informed of their benefits as PhilHealth members," he says.

According to the Atty. Padilla, as of April 2014, PhilHealth already covers 79.81 million Filipinos or 82 percent of the estimated 97.7 million population. "This means that at least four out of five Filipinos are enrolled in the program and are able to avail of the benefits anytime," he says.

The target this year is to cover the remaining 18 percent of the unenrolled population through various initiatives that will make it easy for them to enroll in the program. This includes the removal of documentary requirements upon membership, expanding access points through PhilHealth Express in malls and high traffic areas and through innovative enrollment mechanisms such as group enrollment schemes and developing mobile and online registration platforms.

PhilHealth expects its total benefit payments to reach PhP 36.85 billion for first semester of 2014, representing a 41 percent increase compared to the PhP 26.19 billion it paid for the same period last year.

With all the gains the national government, DOH and PhilHealth have achieved in the last four years, *Kalusugan Pangkalahatan* is already within reach.

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at a more securely measured pace towards achieving positive results in ensuring quality health care for all Filipinos.

Current data indicate an increased awareness of the merits of full PhilHealth coverage. There is also an increase in medical assistance provided for patients with cancer, dengue, pneumonia, etc., as well as stricter guidelines for colleges, universities and teaching hospitals to produce well-learned and properly trained medical practitioners.

Also, DOH and its affiliates are coming up with more "people-centered" projects (such as KP Roadshow, Medical Assistance Program (MAP), Health Awareness Campaigns) aimed towards meeting most, if not all, of the health-related MDGs. There is also increased visibility of DOH representatives worldwide. We have delegated responsibilities appropriately so that we can disseminate information more effectively.

Many health centers are being set up locally, rendering access to medicines, treatments, and rehabilitation simpler and easier. Four years since drafting the AHA roadmap, many health improvements and developments have been instituted. UHC or KP, while progressing slowly, is also moving steadily. It is now a reality for all.

2. What have been the changes in the health sector after its launch? Specific points perhaps?

Main users of government health facilities are the poorest of the population, which means these efforts from all sectors had to be geared towards the upgrading of facilities in order to provide quality health care especially for the poor who need the services the most. Hence, all the organization and planning introduced by KP deliberately focus on addressing the needs of the poor to ensure that no one is left behind.

3. What are the challenges that the administration continue to face in achieving KP?

While we continue to take small steps towards the achievement of MDGs, it is a fact that there are still many challenges ahead, including weaknesses in management and compensation of human resources for health and the inadequacies in the 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 MDGs, it is lagging behind in reducing maternal and infant mortality. However, with the passing of the RH Bill into law, we believe this will soon change.

4. The deadline of our MDGs will be by next year. Are we there yet, or are we still far from attaining them?

MDGs, considered the most successful global-anti-poverty push in history, are anchored globally on the collective commitment of governments, civil society organizations and other key stakeholders. Though the deadline had been set for 2015, there are still many things to accomplish before we can give a definite response to the question. We can only point out the following contributions that strongly indicate the attainment of health-related MDGs: *(Source: 2013 DOH Annual Report draft)*

MDG 4: Reduce Child Mortality

Expanded Program on Immunization. In 2013, the number of fully immunized children reached 1,999,249, or 80% of the eligible population. Each fully immunized child (FIC) received routinely scheduled vaccines against tuberculosis infections, diphtheria, pertussis, tetanus, polio, hepatitis, and measles. Additionally, 336,255 infants received the rotavirus vaccine–initiated in 2012—to combat potentially fatal intestinal infections.

Micronutrient supplementation. To address the deteriorating nutritional status of children under five years of age, the Department, through the Family Health Office, provided essential vitamins and minerals to 10.6 million children--representing 100% coverage.

MDG5: Improve Maternal Health

Women using modern FP methods. One strategy to achieve MDG 5 is making family planning methods accessible. Through the Department's efforts, 2.1 million women (30% of target) benefitted from the use of family planning methods in 2013.

Facility-based births. Another MDG 5 strategy is to increase the number of facility-based births. The 2013 NDHS reported six out of ten births (60%) were delivered in a health facility—an increase from the 40% in 2008 (NDHS) and the 57.79% in 2011 (Family Health Survey). This figure, however, remains below the 2013 target of 70%.

RPRH IRR. President Aquino signed the Responsible Parenthood and Reproductive Health (RPRH) Act on December 21, 2012. After a series of public consultations, Secretary One signed the RPRH Act implementing rules and regulation on March 15, 2013 at the Corazon Aquino Health Center and Lying-in Clinic in Baseco, Tondo, Manila.

MDG 6: Reverse the Spread of HIV/AIDS, Malaria, and Other Diseases

Disease-free Zones Initiative. An endemic area is declared "disease-free" after a thorough evaluation to determine if the disease in question has been eliminated as a public health problem. The objective is to reduce the number of endemic areas through preventive chemotherapy, case management, and transmission control.

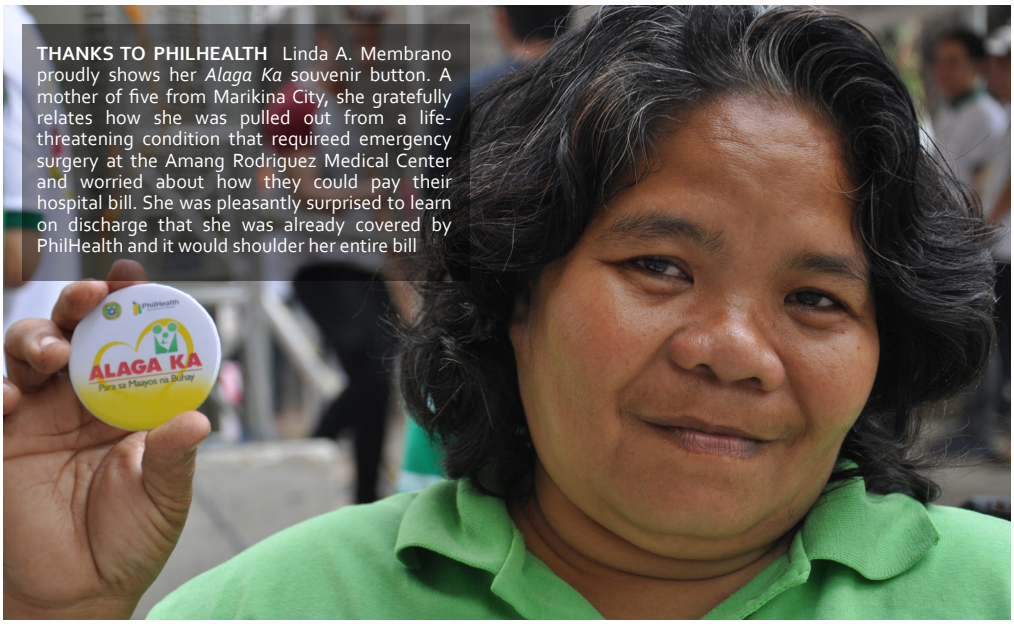
5. In the next years of the Aquino Administration, what should the public expect and how will the administration execute this?

For the successful attainment of the AHA, the following essential components of the Philippines 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 marginalize sector, competent workforce, accessible and effective medical products and technologies, and appropriately delivered essential services. *(Adapted from The DOH Files, Vol.1 Issue 1, May 2014 p,1)*

Salamat, PhilHealth

A Marikina mother of five undergoes life-saving surgery and was pleasantly surprised on discharge that she didn't have to pay a single centavo because of her PhilHealth benefits

By Rey T. Baleña



THANKS TO PHILHEALTH Linda A. Membrano proudly shows her *Alaga Ka* souvenir button. A mother of five from Marikina City, she gratefully relates how she was pulled out from a life-threatening condition that requireed emergency surgery at the Amang Rodriguez Medical Center and worried about how they could pay their hospital bill. She was pleasantly surprised to learn on discharge that she was already covered by PhilHealth and it would shoulder her entire bill

NOT EXPECTED.

This was how Linda A. Membrano of Nangka, Marikina City summed up her experience when she learned just before her discharge from Amang Rodriguez Medical Center (ARMC) that PhilHealth is paying her hospital bill of more than PhP 10,000 in full.

That was in early February in 2013. That was after she ignored the advice of her attending doctor earlier during a medical mission that she needed to seek medical attention immediately.

Linda was experiencing shortness of breath and palpitations then, and complained of what appeared to be prolonged menstruation. Her blood pressure was also abnormally low. *"Lagi nga akong ninenerbyos at kinakabahan; iyun pala ay mababa na raw ang presyon ko"* (I was frequently nervous and anxious; I was told my blood pressure was low already), Linda explained.

She reported to ARMC's outpatient department and there she was told to undergo tests that included an X-ray, urinalysis, and ECG. Linda resolved to just submit the results to the hospital for reading, hoping that everything will turn out to be fine and perhaps remedied by just following some prescriptions.

Getting admitted for possible treatment was the last thing on her mind.

"Natatakot kasi ako dahil walang-wala kami. May apat akong anak na nag-aaral pa" (I was afraid because we had no money. We have four children who are still studying), Linda said in an interview while waiting for the launching of *Alaga Ka (para sa Maayos na Buhay)* Program at the Quezon Memorial Circle in Quezon City.

"Kaya lang ay pinilit ako ng mga kapit-bahay ko na magpatingin, baka delikado daw ang kondisyon ko" (But my neighbors persuaded me to see a doctor to check on my condition which might be serious already), she added.

Linda is among the delegates sent by the City of Marikina to the launching of *Alaga Ka*, a multi-agency advocacy campaign that aims to deepen their knowledge about their PhilHealth benefits and to encourage them to maximize these in times of medical exigencies in the family.

Then came what she has been dreading to hear. After seeing her laboratory results, Linda was no longer allowed to go home by the doctors at the emergency room. *"Sabi ng mga taga-ospital ay* emergency *na ang lagay ko, kaunti na lang ay tigok na ako"* (The hospital staff said my case was an emergency case. I might die from it soon)." She was immediately admitted and prepped for an operation.

"May dipirensiya daw ang laylayan ng matris ko at kailangang linisin iyung namumuong dugo. Limang bag ng dugo ang kinailangan ko dahil sabi ng doktor mauubusan na raw ako ng dugo at mahina raw ang puso ko." (I was told my uterus had blood clots and they had to clean it. I needed five bags of blood; and according to my doctor, I've lost so much blood already and my heart was weak.)

Linda underwent dilatation and curettage and stayed for one week in the hospital with one lingering thought in mind: *"Paano ko babayaran ang bill ko eh walang-wala nga kami!"* (How can I pay my hospital bill when we had no money at all!)

She recalled that she only had PhP 200 when she went to the hospital as she was just expecting her laboratory results interpreted and get some advice on how to improve her condition.

Then came the unexpected.

It was very remote in her mind that she will receive some kind of help until she saw a copy of that familiar yellow Member Data Record (MDR) among her discharge papers. It was her husband Aurilio's, who turned out to be listed in the National Household Targeting System for Poverty Reduction or simply the Listahanan of the Department of Social Welfare and Development.

Those in the *Listahanan* are automatically provided with PhilHealth coverage as indigent members.

"May nag-interbyu kasi sa akin na taga-center noon. Hindi ko akalain sa PhilHealth pala iyon. Nung inasikaso ng pinsan ko na si Guillerma iyung paglabas ko, sabi niya 'may PhilHealth ka pala eh.'" (Someone from the center interviewed me then. I didn't know it was for our PhilHealth membership. When my cousin Guillerma was settling our hospital bill, she said, "You have PhilHealth.")

Linda then showed this writer a copy of the MDR handed earlier by a PhilHealth staff member that cloudy morning of March 24 at the Quezon Memorial Circle. Coverage has been extended up to December 2014 by virtue of the National Government's continuing financial support to the Indigent Program.

This year, some 14.7 million indigent and even near-poor families, including Linda's family, stand to benefit from the PhP 35.3 billion fresh infusion from the national government through the sin taxes.

"Ibabalik ko pa ito mamaya sa booth kasi may mga maling spelling sa pangalan ng mga anak ko" (I'll return this to the booth because my children's names are misspelled), she explained. Also listed in the MDR are their five children: Antonio, 18; Aurio Jr., 16; Anthony, 13; Leslie, 11; and Vincent, 9.

"Iyung panganay ko ay nagpupulis (Our eldest is studying to be a policeman)," noted the proud mother who hails from San Isidro, Bohol.

When asked what she would have done to bail her way out of the hospital, Linda paused for a while, then said, *"mangungutang kami sigurado para makalabas."* (We will borrow money to be discharged from the hospital.) It was a definite answer.

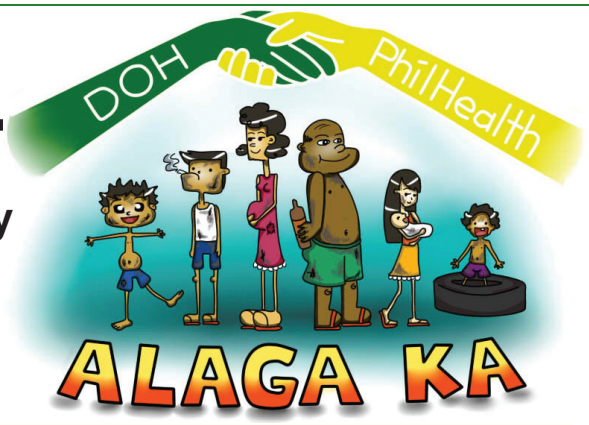
Knowing that her entire family is insured with PhilHealth gives a certain level of peace and deep feeling of thankfulness.

"Ang PhilHealth po ay para sa kalinga ng buong pamilya, kaya sana bawat pamilya meron nito. Wala akong ibang masabi kundi salamat sa lahat ng bumubuo sa PhilHealth." (PhilHealth takes care of the whole family, so I hope every family has it. Thank you to all who compose the PhilHealth.) Linda ended with a cheerful face, her eyes gleaming.

As expected.

EDITORIAL

PhilHealth's journey towards Kalusugan Pangkalahatan



THE PHILIPPINE Health Insurance Corporation (PhilHealth) takes its roots from the utopian dream to give Universal Healthcare or *Kalusugan Pangkalahatan* (KP) to all Filipinos especially those belonging to the marginalized sectors of society.

No matter what it would take, the marching order we agreed to achieve at the start of President Aquino's term was that everyone simply has to be covered, with access to quality medical care coming with everyone's PhilHealth coverage. Sharing the KP dream of President Aquino, we accepted the challenge with no 'ifs' and 'buts'.

Indeed, the road towards KP has been a long and tortuous one, with so many obstacles that needed to be hurdled. It's always good to remember and express our gratitude to all those who have blazed the trail in the attainment of a lofty pursuit like KP.

The journey towards the KP dream actually goes back to the 60's when the Philippine Medical Association first started the MARIA project, which gave medical attention to rural indigents. This project later gave birth to the first Medicare program in the country managed by the Philippine Medical Care Commission for the next 25 years.

In 1995 when PhilHealth was first founded, the goal was to achieve universal healthcare in 15 years' time. We may not have achieved that dream on PhilHealth's 15th year in 2010, but we certainly learned valuable lessons and insights that guided us in the last several years in our quest to achieve our KP dream. And with the firm resolve and determination shown by the current administration, the KP dream is no longer a blurry mirage but a clear vision that is within reach.

When PhilHealth coverage hit the 80 percent mark, including our countrymen in the lower two quintiles of the population, it was an encouraging milestone; but it only made us realize that much more work needs to be accomplished to completely realize the KP dream. And the homestretch part of any pursuit can be the most challenging.

Thru PhilHealth, we aim to give everyone a meaningful health insurance coverage. The No Balance Billing (NBB) and the Case Rate Method (CRM) of PhilHealth are important benefits that members can now avail of, and are intended for the financial risk protection of everyone.

The CRM pays for common medical conditions like dengue, pneumonia, stroke and newborn care packages in hospitals and lying-in clinics. It also pays for surgical cases like Cesarian section, appendectomy, cholecystectomy, mastectomy and cataract surgery; as well as essential procedures like hemodialysis and radiotherapy.

The CRM benefit can be enjoyed by all types of members, including those who are employed in the private and government sectors, the lifetime members, the overseas workers, the individually paying members and the sponsored program members. This benefit can be availed of in all PhilHealth-accredited health care facilities nationwide.

Sponsored-program members, or those whose enrolment in PhilHealth is paid for by the national government, by the local government units or by private individual and corporate sponsors, may avail of the "No Balance Billing" (NBB) policy together with any of the case rate packages in accredited government hospitals.

Thru the NBB policy, a 'sponsored member' will not be asked to pay any other fees or expenses above and beyond the packaged rates included in the CRM. The NBB policy also applies to outpatient surgeries, hemodialysis and radiotherapy in accredited non-hospital facilities including free-standing dialysis centers (FSDCs) and ambulatory surgical clinics (ASCs). This benefit also applies to existing outpatient packages for TB-DOTS, Malaria, and HIV/AIDS.

All other member-types can also avail of the NBB policy for the Maternity Care Packages (MCP) and the Newborn Care Package (NCP) in accredited MCP (non-hospital) providers.

The CRM and NBB benefits will certainly not be the last. PhilHealth is committed to develop other programs and packages that will redound to better and more meaningful benefits for all members to provide optimal financial risk protection for every Filipino, especially the most vulnerable groups in our society—the poorest of the poor.

DR. ENRIQUE T. ONA
Secretary, Department of Health

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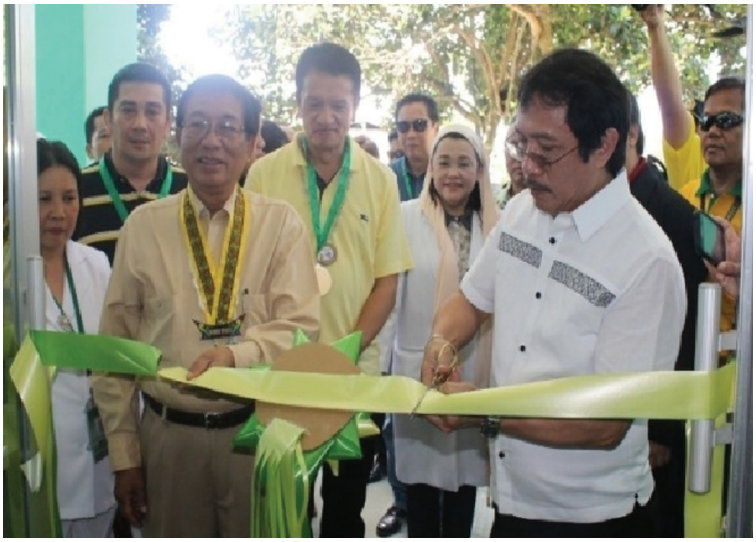
APMC in Marawi City upgraded

PhP 102 M worth of infrastructure projects inaugurated

By Jose Martin Punzalan



NEW INFRA PROJECTS Sec. Ona leads the inauguration of the 12 new infrastructure projects in Amai Pakpak Medical Center (APMC) with Medical Center Chief I Dr. Amer A. Saber (right) and PhilHealth CEO and President Atty. Alexander A. Padilla (center) held last April 30.

THE AMAI Pakpak Medical Center (APMC) in Marawi City, Lanao del Sur got some significant upgrades with the inauguration of its 12 new infrastructure projects that further raises its status as a modern medical facility.

These infrastructure projects as initiated by APMC's Medical Center Chief Dr. Amer A. Saber are: an Admin-ER building, a multi-disciplinary department and imaging center, a four-storey with lower level ward building, a ramp and stairs building, a mechanical and fire alarm system and reservoir tank for all buildings, elevators, a doctor's dormitory, a building with laundry and linen facility on the first floor and a nurses dormitory on its second floor, a second level and a third level connecting bridge between four-storey buildings, and a circumferential road.

With these completed, Dr. Saber gladly declares that despite being in a remote province, their patients can now experience services similar to those in major city hospitals.

In his speech, Dr. Saber said that the APMC and what it has become is a concrete landmark that symbolizes the government's sincerity in breathing life to the Sajahatra Bangsamoro Program which is directed to attain lasting peace in the Mindanao Region. He is optimistic about how these upgrades will bring them a step closer towards achieving success in the government's Universal Healthcare Program and also thanked DOH Secretary Enrique Ona for the PhP 102 million capital outlay appropriated for these projects.

The inauguration ceremony was held last April 30, 2014 at the APMC Amphitheater. Aside from Sec. Ona, who was the guest speaker for the occasion, present in the ceremony were PhilHealth President and CEO Atty. Alexander Padilla, Philippine Medical Association (PMA) past President Dr. Primitivo Chua, and several other local government and public health officials.

For his part, Sec. Ona said that APMC now sets its ultimate goal of becoming Level 3—a teaching and/or training hospital which can provide accessible, affordable, quality and equitable health care services to the people of Lanao Del Sur, its nearby provinces and the general populace.

Further improvements to the APMC facilities needs the strong administrative support of the DOH Central office, in terms of equipment, infrastructures and Maintenance and Other Operating Expenses to complete the APMC set-up for Level 3 health facility. They still have a pending proposal to link up the APMC and the Mindanao State University (MSU) College of Medicine for their medical clerkship exposure that is now awaiting approval from the MSU Board of Regents.

To improve its services, there is also a House bill seeking to further upgrade APMC into a 350 bed capacity hospital. House Bill No. 1838 has already been passed in the House of Representatives and they are hopeful that it will also pass in the Senate, and finally get signed into law.

Sec. Ona highlights climate change in Geneva meet

Shares PH's Haiyan experience, stressing link between climate & health

By Ma. Cristina C. Arayata

HEALTH SECRETARY Enrique Ona highlighted climate change and the Philippines' typhoon Haiyan experience in his speech at the 67th World Health Assembly (WHA) in Geneva, Switzerland.

In his speech delivered in front of a 194 member-delegation of international health leaders and policy members, he noted that the link between climate and health is highly relevant, especially to the Philippines.

Sec. Ona shared the country's experience in Typhoon Haiyan – the strongest typhoon landfall in recorded history. It may be recalled that Haiyan brought wide scale destruction which prompted the World Health Organization (WHO) to categorize the needed response as Grade 3, the highest internal emergency category.

'Building back better'

As he shared that there were lessons learned and experiences were carefully studied while the Philippines reviews existing policies and programs, he emphasized the need for the "building back better" principle in the reconstruction of health structures. This, according to him, will make the health system more resilient, more responsive, more adaptable, and more effective in responding to the effects of climate change.

His speech also highlighted that climate change has resulted to observable effects to weather and environment, which has a direct impact on health. Many prevalent human infections such as malaria, dengue, and cholera are climate sensitive and may increase in their incidences should temperature rise.

Moreover, the spread of waterborne-infections which often cause diarrheal illness grow during heavy rainfalls due to contamination. Also, many pathogens causing diarrheal disease reproduce quickly in warmer weather.

Meanwhile, Sec. Ona recognized that in this modern age, climate change is an important determinant for health.

Disease surveillance, monitoring

With this, the country has initiated the development and implementation of the national policy for health action on adaption to climate change, strengthened public health systems including disease surveillance and monitoring, enhanced disaster preparedness and health action in emergencies, enhanced public awareness on climate change.

The health chief called on the assembly for a "united front against the health impacts of climate change to achieve universal healthcare for people."

Held from May 19 to 24, the annual WHA was attended by more than 3,000 delegates consisting of health ministers, non-government organizations, health professionals, and policy makers todiscuss and decide on key global issues.

CL cluster steps up fight vs infectious diseases

MDG convention, health caravan highlight battle against malaria, TB, HIV/AIDS, rabies, other infections

THE CENTRAL Luzon cluster is one with the Department of Health (DOH) in its quest to improve the Kalusugan Pangkalahatan (KP) implementation and scale up efforts against infectious disease in the area.

As proof to this, Central Luzon headed by Asst. Sec. Gerardo V. Bayugo, Cluster Head-Luzon Operations Cluster, conducted the Millennium Development (MDG) 6 Convention last May 21-23, 2014 to continue strengthen the battle against malaria, tuberculosis, HIV/AIDS, and other infectious diseases.

The activity also aimed to strengthen the partnership and enjoin the local government health workers for advocacy in the attainment of MDG 6 targets by 2015.

Signed in September 2000, the United Nations MDGs are goals that UN Member States have agreed to try to achieve by the year 2015. It commits world leaders to combat hunger, illiteracy, poverty, disease, environmental degradation, and discrimination against women.

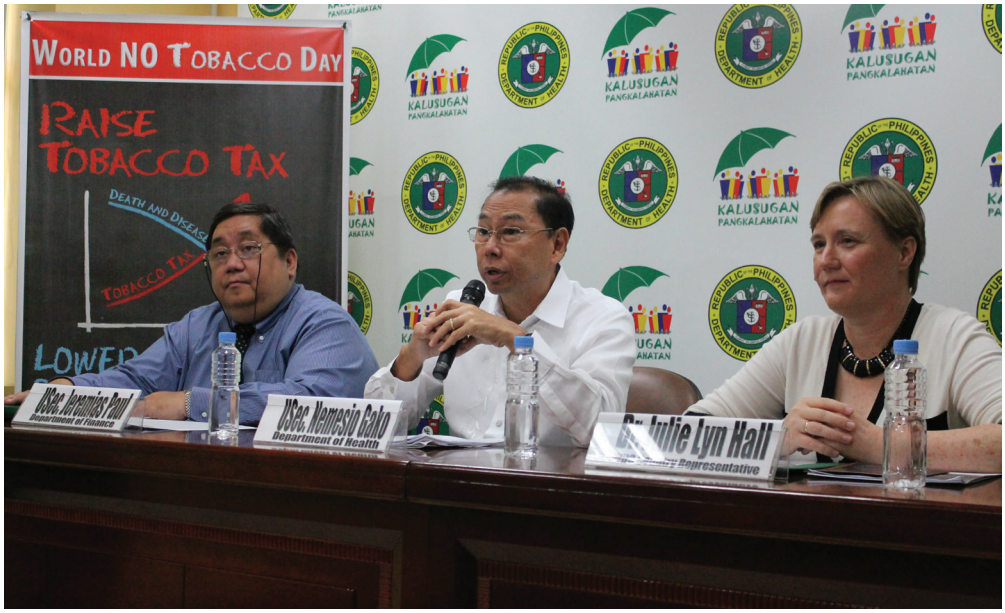
After MDG 6, Central Luzon conducted the MDG Health Caravan from August 6 to 29 in Zambales, Bulacan, Nueva Ecija, Tarlac, and Aurora, respectively, to create awareness on the prevention and control of tuberculosis, malaria, HIV/AIDS, dengue, rabies, and other infectious diseases.

The health caravan also aimed to build partnership and alliances in maintaining a healthy community and extend the scope of possibilities and options for the health of the people.

Lastly, Central Luzon conducted two CLExAH, (Central Luzon Excellence Award for Health Recognition Day in 2012 and 2013 to recognize outstanding performances and to highlight the significant contributions of health and health-related sectors' stakeholders and champions towards the attainment of KP.

Call for strengthened tobacco taxation

By Ma. Cristina C. Arayata



CURBING TOBACCO RISKS DOH Undersecretary Nemesio T. Gako, Dr. Julie Lynn Hall of the World Health Organization and Department of Finance Undersecretary Jeremias Paul, Jr. during the press conference for the 2014 World No Tobacco Day with the theme "Raise Tobacco Taxes, Lower Death and Disease"

IN LINE with the observance of World No Tobacco Day last May 31, the World Health Organization (WHO) called for strengthened tobacco taxation, noting that two people die each minute from tobacco-related diseases in the Western Pacific Region (WPR), which is home to one-third of the world's smokers.

Research shows that higher taxes are effective in reducing tobacco use among lower-income groups and also in discouraging young people to smoke.

In an SWS survey recently shared by the Department of Health (DOH), it concluded that among the socio economic class E, smoking prevalence was reduced to 25 percent in March 2014 from 38 percent in December 2012.

Among socio-economic class ABC, smoking prevalence dropped by 5 percent (from 25 percent in December 2012 to 20 percent in March 2014).

For younger people (aged 18-24), the rate was also reduced to 18 percent in March 2014 from 35 percent in December 2012.

The drop was attributed to the passage of the Sin Tax Law in December of 2012. The survey involved 1,200 respondents, and was done more than a year after the law's implementation.

Dr. Susan Mercado, WHO-WPR Director, Building Healthy Communities and Populations, noted that tobacco price increase through taxation is a win-win situation. She added that this promotes health as it discourages people to take the deadly habit, and also increases revenues which can be channelled to initiatives for health or social welfare.

In a press statement, SEATCA (Southeast Asia Tobacco Control Alliance) said that economies also suffer from increased healthcare cost and decreased productivity.

"Higher taxes and comprehensive bans on tobacco marketing and smoking in public places are among the most cost-effective means to reduce tobacco use and its consequent harms to health and economic development," the group added.

While price increase was found to be effective, the survey revealed that 45 percent of smokers just switched to cheaper brands of cigarettes, which one can buy for as low as PhP 3 per stick. The survey added that 67 percent of Filipino smokers buy cigarettes per stick, as this is more affordable for them.

WHO projection

Meanwhile, as the WHO stated that tobacco kills almost six million people a year, it projected that deaths will rise to more than eight million annually by 2030. It added that more than 80 percent of those deaths will come from low- and middle-income countries, and if the trends will continue, tobacco may bring one billion deaths in this century.

The WHO also noted that of the 6 million annual deaths, more than five million were from direct tobacco use while more than 600,000 were from non-smokers exposed to second-hand smoke.

Moreover, one in every six persons dies every six seconds because of tobacco, and this also accounts for one in 10 adult deaths. "Up to half of current users will eventually die of tobacco-related disease," the WHO added.

DOH, DILG, DTC
band together to reduce road injuries, deaths

DOH to spearhead multi-sectoral collaboration on post-road crash care and rehabilitation

ROAD INJURIES in the country have been consistently among the leading causes of premature death among Filipinos from 15-44 years of age. Drivers under the influence of alcohol and those taking dangerous drugs are considered as impaired drivers—a major contributing factor to road mishaps.

The Republic Act No. 10586 or The Anti-Drunk and Drugged Driving Act of 2013 is a consolidation of Senate Bill No. 3365 and House Bill No. 4251, and was approved and signed into law by President Benigno Simeon Aquino III on 27 May 2013. It was authored by former President and now Pampanga Representative Gloria Macapagal-Arroyo.

Implementation of the law involves the collaboration of the Department of Health, Department of Transportation and Communications, and the Department of Interior and Local Government. The Land Transportation Office (LTO) meanwhile, is in the process of acquiring the alcohol breath analyzers, drug test kits and other paraphernalia needed to detect drunk and drugged drivers.

Called the "Driving Under the Influence of Alcohol" (DUIA), the act penalizes operating a motor vehicle while the driver's blood alcohol concentration (BAC) level has, after being subjected to an alcohol breath analyzer (ABA) test, reached the level of intoxication.

On the other hand, "Driving Under the Influence of Dangerous Drugs and other similar substances" (DUID) refers to the act of operating a motor vehicle while the driver, after being subjected to a confirmatory test is found to be positive for use of any dangerous drug.

Only alcohol breath analyzers (ABAs) and drug testing kits that comply with the standards prescribed by the Department of Health (DOH) shall be used by deputized law enforcement officers (LEOs) nationwide.

The LEO will flag down the motor vehicle only after establishing the probable cause that the driver is under the influence of alcohol, dangerous drugs and/or other similar substances. Probable causes include traffic offenses like lane straddling, making sudden stops, over speeding, swerving, or weaving.

In the course of apprehension for another traffic offense, the evident smell of alcohol in a driver's breath, generally slurred speech in response to questioning, bloodshot or reddish eyes, flushed face, poor coordination, difficulty in understanding and responding intelligently to questions will also be considered as probable causes. The LEO will then direct the driver to step out of his vehicle and will inform him of his assessment. After which, he will proceed to perform all of the following field sobriety tests (FSTs)—Eye Test (horizontal gaze nystagmus), the Walk-and-Turn and the One-Leg Stand.

If the driver passes all of the three FSTs, the driver shall be apprehended for the other traffic offense only. If the driver fails any of the FSTs, the LEO will proceed to determine the driver's BAC level through the use of the ABA on site.

While the LTO is now ready for their standard operating procedure, DOH meanwhile, is gearing up for its vital role to help in the implementation of this law.

The DOH is tasked to:

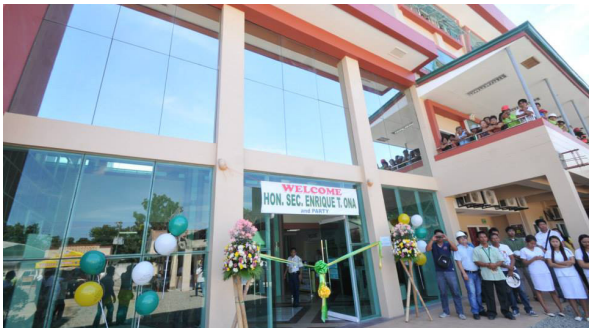
- Advocate for road safety among the motorists through a safety-first mindset among the drivers is important—whether they are teenagers, newly-licensed drivers and the public utility vehicle drivers.
- Campaign not only against drunk and drugged driving but also to distracted driving such as use of mobile phones, sleep-deprivation and drowsiness.
- Establish or to institutionalize pre-hospital emergency medical service system at the local level.

The DOH's Violence and Injury Prevention Program (VIPP) under the Essential Non-Communicable Disease Division (ENCDD) of Disease Prevention and Control Bureau (DPCB) is already on their way to implement the Administrative Order 2014-0007 National Policy on the Establishment of Pre-hospital Emergency Medical Service System.

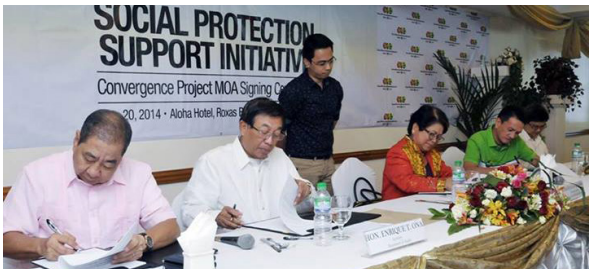
Furthermore, DOH is also spearheading the multi-sectoral collaboration on post-road crash care to improve trauma care and rehabilitation. This is line with the Philippine Road Safety Action Plan 2011 – 2020.

Lastly, through its Online National Electronic Injury Surveillance System (ONEISS) and the Philippine Network for Injury Data Management System (PNIDMS), DOH will lead in the recording, consolidating, analyzing and reporting road injury-related data. ***Gelyka Ruth R. Dumaraos***

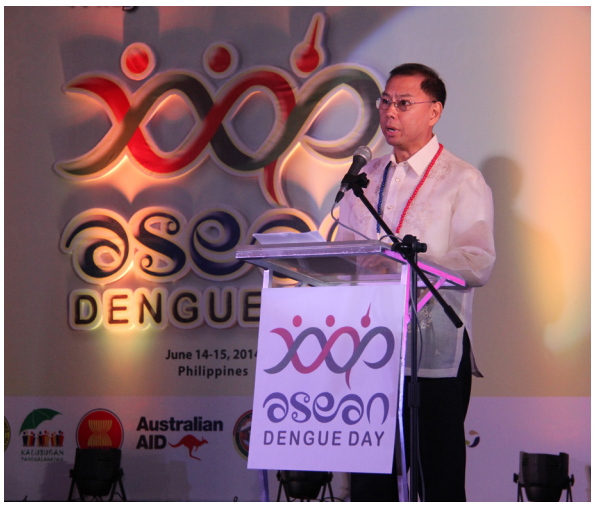
DOH IN ACTION



NEW HOSPITAL IN ISABELA Secretary Enrique T. Ona lead the groundbreaking ceremony and inauguration of the new six-storey complex building of Southern Isabela General Hospital in May 12



SPSI MOA SIGNING Health Secretary Enrique Ona, Social Welfare Secretary Corazon Juliano-Soliman, PhilHealth President and Chief Operating Officer Alexander Padilla, and Oriental Mindoro Governor Alfonso Umali, Jr. signed on June 20 a Memorandum of Agreement which aims to improve the quality of life of Pantawid Pamilyang Pilipino Program beneficiaries that will expand the coverage of the Social Protection Support Initiatives (SPSI) convergence project in Oriental Mindoro



ASEAN DENGUE DAY Undersecretary Nemesio T. Gako delivers the Inspirational Message during the celebration of ASEAN Dengue Day 2014 with the theme "Unity and Harmony - The Key in the Fight Against Dengue." He reiterates that there is a need prioritize health and safety of people and that joining forces is the best way to defeat dengue

Message FROM THE HEALTH SECRETARY

Secretary ENRIQUE T. ONA

The link between climate and health

THE LINK between climate and health couldn't be as relevant, especially to the Philippines, as today. Considered one of the most vulnerable countries in the world due to its archipelagic make-up and location, the Philippines experiences an average of 20 typhoons annually, and faces increasing disaster risks with geologic and seismic dangers interacting with meteorological hazards. On the 8th of November 2013, Typhoon Yolanda, or known internationally as Haiyan, a category 5 super typhoon and considered to be the strongest to make landfall in recorded world history, quickly came, and left the Philippines just as quickly, leaving behind unimaginable devastation. About four million Filipinos or almost a million Filipino families lost their homes, around 6,315 people died and there are still 1,785 people missing. Further, a total of 608 health facilities (42 hospitals, 105 rural health units and 461 barangay health stations) were damaged.

The world watched; the world mobilized and responded; and soon it was just one massive spontaneous action to assist our government in relief, recovery, and rehabilitation, and in bringing back smiles especially to those who were directly hit. Yolanda or Haiyan, the 24th typhoon that visited the country last year, struck at the time the country was barely up from armed conflict and floods in the South, and a 7.2 magnitude earthquake also in the same region. Haiyan brought together the international community to one massive humanitarian effort to help the Philippines in all stages of responding to the emergency and into the rehabilitation phase. For example, 191 foreign medical teams composed of 3,145 medical staff of doctors, nurses and paramedics arrived immediately few days after the typhoon to assist the Department of Health of the Philippines (DOH) to respond to the medical needs of our people. I wish to express our sincere thanks, our heartfelt appreciation for the outpouring of support from the international community. To the Director General Dr. Margaret Chan, thank you most sincerely. You mobilized the whole organization, and through the leadership of Regional Director Dr. Shin Young-Soo, WHO supported us in coordinating health sector response to the emergency. It was so heartwarming, and it meant a lot to see and feel that we were not alone. Thank you.

There were lessons learned and experiences are carefully studied as the country reviews its existing policies and programs. Could we have prepared better? Maybe not at that time, but definitely, yes, in the future. As the government began the difficult road to reconstruction and rebuilding, not only of physical structures but of lives and relationships, the goal of "building back better" becomes the guiding principle for our work. It is good, and it helps to reflect on and understand why such tragic events occur. It brings home the value of preparedness, organized response, concern for each other, the universality of human frailty and the indomitable spirit to rise from whatever adversity and of course, the oft-repeated respect for our environment. In this modern age, climate is recognized as an important determinant for health. We read about significant increases in deaths as ambient temperature increases; of the relation between the incidence of diarrheal diseases to variations in temperature and precipitation, over space and time; of increases in dengue and dengue hemorrhagic fever as the proportion of the global population exposed to dengue increases. Health hazards have increased due to the insidious effects of increasing temperatures and increased production of certain air pollutants and aero allergens.

In the Philippines, for example, a comparison of malaria cases and temperature trends over a 10-year period [1995-2005] showed a significant relationship between increasing prevalence of malaria with increasing temperature. Increases in rainfall, temperature and relative humidity over a 17-year period [1992-2009] also showed increasing trends in cholera cases. What then is the link between climate and health? Experts present to us elaborate diagrams and complex figures. But these complex figures only show how health is affected through both direct and indirect exposures in various pathways – through environmental conditions; social and economic conditions or what we consider the upstream determinants of health, and health system conditions. Understanding this helps us to determine what actions the health sector can take as adaptations to climate change and thus appropriately prepare and mitigate the health impacts. In line with this and as a commitment to climate change adaptation, the DOH Philippines initiated the development and implementation of the national policy for health action on adaptation to climate change, strengthened public health systems including disease surveillance and monitoring, enhanced disaster preparedness and health action in emergencies, and enhanced awareness of the population on climate change.

For example, the Philippine Integrated Disease Surveillance and Response was redesigned to incorporate climate change indicators: rainfall, temperature, relative humidity, and solar radiation extremities. The Strategic Plan for Climate Change and Health Adaptation [2014-2016] aims to protect the health of Filipinos by improving the adaptive capacity of the health care delivery system, and prioritizes action on the country's 20 most vulnerable provinces and 45 million poor and near poor Filipinos that are already covered by our national health insurance. There had been regional agreements and resolutions calling for decisive action to address the health impacts of climate change. But individually, and collegially, more still remain to be done. Clearly, health is one of the most visible "human dimensions" of climate change. The health impacts of climate change are diverse; though some may be uncertain and poorly understood. But these are real, irreversible, potentially very large, and these come on top of many other strains on the health system. However, as what we, as well as many other countries have embarked on, there are multiple opportunities for improving health as we meet the challenges of adaptation and mitigation. The call is for us to do what we should have done yesterday. A united front against the health impacts of climate change is needed to achieve universal health care for our people. Thank you for your attention.

This speech was delivered by Secretary Enrique T. Ona in the 67th World Health Assembly in Geneva, Switzerland last May 20.