

what's
inside



EDITORIAL: Lung cancer and the air we breathe

p4



DOH rolls KP Roadshow

p5



The Yolanda Experience: DOH shining moment

p6



Message from the Health Secretary

p8

THE DOH Files

TOWARDS QUALITY HEALTHCARE FOR ALL

VOL. 1 ISSUE 4
AUGUST 2014

5 Health Laws, 1 Administration

With grit and determination, crucial laws passed that can enhance attainment of KP

By Ma. Cristina C. Arayata

Photo courtesy: New Vois Ass'n



SAVING LIVES WITH GRAPHIC HEALTH WARNINGS Tobacco control advocates from DOH, MMDA, New Vois Association of the Philippines (NVAP), and Health Justice (HJ) with champions from the Philippine Senate and Congress—Senators Franklin Drillon and Pia Cayetano and Ang NARS Party List Representative Leah Paquiz celebrating the passage of the Graphic Health Warnings Law

A BANNER administration in the healthcare front.

The four-year Aquino administration has already passed five landmark health laws addressing crucial health-related issues towards a healthier Filipino.

These legislative gems are the Universal Health Care (UHC), Sin Tax, Reproductive Health, National Health Insurance, and Graphic Health Warnings Acts or Laws.

Health Secretary Enrique T. Ona granted *The DOH Files* an exclusive interview wherein he discussed the Department's plans and his personal insights in the implementation of these laws towards the achievement of UHC or *Kalusugan Pangkalahatan* (KP).

Universal Health Care Law

The law mandates that most Filipinos—the entire population as much as possible especially the “poorest of the poor”—should be covered by health insurance. When asked if this has been achieved already, Sec. Ona confidently replied, “We’re there, almost there. Maybe we’re already there.”

Data as of June 2014 show that 82 percent of Filipinos are already covered with premium subsidy. Sec. Ona explained that the global standard for UHC is that about 85 percent of the population must be covered.

He noted that about 95 percent of the so-called “poorest of the poor” were already in the government’s list. The problem

continued to Page 2

KP(han) Forum

TO CONTINUE its quest of combating preventable deaths in the country, as it is also a part of attaining better health outcomes linked to *Kalusugan Pangkalahatan*, the Department of Health Red Orchid Awards was held on its fifth year to laud Local Government Units (LGUs) in promoting and implementing 100 percent Tobacco-Free Environment.

The DOH Files sits with Assistant Secretary Paulyn Jean Rosell-Ubial, the Chairperson of the Red Orchid Awards, who talks on its vision that is anchored in coming up with standard LGU role models for tobacco-free environment and further prevents deaths due to smoking.

The DOH Files: What is the Red Orchid Awards? Could you give us a brief background on its conceptualization?

Asec. Ubial: The Red Orchid Award was conceptualized in 2009 during the time of Health Secretary Francisco Duque. We wanted a more rigorous campaign on the 100 percent smoke-free environment. Meaning, it is the

continued to Page 3



Assistant Secretary Paulyn Jean Rosell-Ubial

from page 1 5 Health Laws

Photo courtesy AFP



SIN TAX LAW SIGNING President Simeon Aquino III signed the Republic Act 10531 or the Sin Tax Reform Law on December 20, 2012 in Malacañan with the Department of Health, health professionals, medical societies, patients' groups, academe, and other health advocates from civil society as witnesses

is, some people were not yet enlisted or were not yet identified as those belonging to the said category.

Responsible Parenthood and Reproductive Health Law of 2012

The DOH has formed the Center for Family, Maternal and Child Care that is headed by Undersecretary Janette Garin. It is a bureau or cluster encompassing all aspects of mother and child care. It is tasked to identify strategies, and implement budgeting for effective family planning. The Population Commission (POPCOM) will be working closely with this bureau. "We have significantly increased the budget for RH," remarked Sec. Ona. He said that from the previous budget of around PHP 800 million, the government has allotted PHP 3.5 billion for 2015.

Various groups have been pushing for the passage of the RH Law for more than a decade, but it was only during the Aquino administration when it successfully hurdled the obstacles in both Houses of Congress. There was really an unwavering determination by the current administration to have it passed "because the President sees its importance to eventually push our program on poverty reduction and inclusive growth," noted the health chief.

He explained that in this law, the government is just enforcing the inalienable human right to plan one's family. "The law does not tell the family or compel them as to the number of their children," he emphasized. Sec. Ona clarified that the government is just teaching and encouraging parents to ensure that their children live a healthy life, are provided with their essential needs and are better assured of a bright future.

Sin Tax Reform Law of 2012

Its full implementation started last year. The health chief

stated that the passage of the Sin Tax Law is very important to the country's healthcare pursuits. "Because of the income or budget increase that was made possible through sin taxes, we were able to enroll a total of 14.7 million families this year, from 5.2 million poorest Filipino families from 2011 to 2013," he said.

National Health Insurance Act of 2013

RA 10606 (An Act Amending Republic Act No. 7875, Otherwise Known as the National Health Insurance Act of 1995, As Amended, and for Other Purposes) is a law amending the PhilHealth Law to provide wider coverage to indigents. Sec. Ona said he hopes that the list of poor Filipinos of the Department of Social Welfare and Development (DSWD) will be completed at the latter part of this year.

To address the current problem, PhilHealth has the "Enrollment at Point of Care." When an indigent patient goes to a government hospital and he's not yet enrolled (or not sure if he's enrolled) in PhilHealth, but the hospital sees that the patient is really indigent, the hospital will shoulder his premium. Then the hospital will charge PhilHealth for the care of that patient. "No Balance Billing" will apply. Thus, the patient will be covered and will be enrolled right away.

Hospitals now have portal access to PhilHealth so they can check if a person is a member. At the same time, Sec. Ona said that hospitals should also have a list of PhilHealth members.

Admittedly, Sec. Ona lamented, there are still many government hospitals that are incapable of implementing this and still don't understand this kind of strategy.

"We want to expand this later on," he noted. "Now, what's next? Accessibility and affordability. Affordability will be made possible through the 'No Balance Billing,' and accessibility—the government has put in a lot of money to improve facilities and

equipment, as well as to augment the staff of both national and local government hospitals," explained the health chief.

Graphic Health Warnings Law

This law was passed recently this year requiring the cigarette manufacturers to put pictures to depict the ill effects of smoking in tobacco product packaging and labels. The government is currently finalizing its implementing rules and regulations. "We have a year to prepare for that but we are already in the process of implementing it," he said.

Challenges

Although the major obstacles have been hurdled already, Sec. Ona said the government is still dealing with the following challenges:

1. As far as UHC is concerned, the government is challenged to find and identify the real poor Filipinos. Second is effective dissemination of information so the poor who are already PhilHealth members are aware of their benefits. "This is one of the hardest parts. You must remember that poor Filipinos are the least educated and therefore, are not fully informed," he noted.

Most of them are in the fringes of the society, in GIDA (geographically isolated and disadvantaged areas). At least 2 percent of the population are indigenous. Also, many Muslims are not yet covered.
2. "Implementing anything that is nationwide and yet the authority is not up to the barangay level" poses another challenge. This is with regards to healthcare facilities. Citing an example, Sec. Ona said that the national government allocates money to build a rural health unit, but the planning and implementation would be dependent on the local government. He as the health chief does not have a direct authority on the project.

Managing healthcare challenges could be a complex issue with no problem being the same in every situation. Sec. Ona said he manages these challenges on a case-to-case basis. "Use your monitoring capacity and be a good referee," he said, and added that in some instances, he harnesses the public-private partnership strategy to achieve the desired healthcare goals. As an example, Zuellig Family Foundation is helping the government upgrade the governance capacity of local government unit (LGU) officials to improve the healthcare system.

"It's not something that me as the health secretary can do alone," he emphasized. According to him, it is a partnership with the local government and other partners in the national government like the DSWD, Department of Education (DepEd), Department of Interior and Local Government (DILG), Department of Labor and Employment (DOLE). These agencies, together with the Department of Budget and Management (DBM) and the Department of Finance (DOF), are major partners that are so important in the full realization of UHC, Sec. Ona said.

The next two years will be fully focused on monitoring to see the full implementation and identifying the gaps and do something to fill in these gaps.

What else does the DOH do?

Here are DOH's plans:

1. *Making sure that the healthcare workforce are prepared and enough.* According to Sec. Ona, we have more than 30 medical schools, and we graduate about 3,500 doctors of medicine (MDs) per year and most of them actually go to a specialization. Many also proceed to a more specific sub-specialization.

Sec. Ona said the DOH has a program to entice the MDs to go to Family Medicine—which is a specialty encouraging general practice. “When they go to residency, I have required that all DOH hospitals must offer Family Medicine residency.” This could hopefully address the imbalance between general family practitioners and medical specialists or even sub-specialists.

For dentists, the DOH will be hiring more than 300 dentists next year.

2. *Ensuring that healthcare facilities are adequate to address the needs of patients thru the Health Facilities Enhancement Program (HFEP).* The health chief said that all district hospitals and not just provincial hospitals must have an operating room (OR), OR personnel and anesthesiologists. Currently, however, this is not so, and the HFEP is addressing it in various areas of the country.

3. *Adequate training of rural health physicians and other personnel on maternal healthcare.* As part of this, rural health units must have the capacity to do basic laboratory tests. This is a necessary requirement of the primary care benefit of PhilHealth.

4. *Effective monitoring body that oversees health facilities status, PhilHealth, etc.*

5. *Tapping of foreign partners* like the United States Agency for International Development (USAID), Japan International Cooperation Agency (JICA), Australian Agency for International Development (AUSAID), United Nations Population Fund (UNFPA), European Union (EU), among others, to coordinate with and extend assistance to the DOH.

Meanwhile, Sec. Ona said that for sure, modification in the implementation of these laws may have to be done along the way. It is in this regard, all plans have to be flexible providing room for necessary adjustments as needed.

Inroads have indeed been established in the pursuits of *Kalusugan Pangkalahatan* during this administration. Effective laws make sure that any government undertaking is successfully done and sustained in succeeding administrations.

For Sec. Ona, the Sin Tax and RH Laws will be a major legacy of the Aquino administration, because these two landmark pieces of legislation may provide the necessary infrastructure that will establish and sustain UHC in the country.

from page 1 KP(han)

campaign for no smoking in public places and enclosed public places and to have an absolutely no smoking area such as school and healthcare facilities. It is also in line with the Framework Convention on Tobacco Control Alliance which also outlines measures to regulate tobacco industry interference as well as regulate the advertising sponsorship of tobacco industry.

The DOH Files: Why was it symbolized by the red orchid?

Asec Ubial: We came up with the criteria for an award and we call it the Red Orchid Award because the World Health Organization (WHO) already did a campaign on global mapping on using the red orchid.

The red orchid was being placed in the ashtray as a symbol of preventing or discouraging the smoker.

The DOH Files: How will you link the Red Orchid Awards to *Kalusugan Pangkalahatan*?

Asec Ubial: *Kalusugan Pangkalahatan* has three major thrust. One of which is better health outcomes so that involves attaining the MDG and also preventing preventable deaths. As we all know, the major cause of preventable deaths today is tobacco-related illnesses. Almost 50 percent of the non-communicable disease deaths in the country is tobacco related, so it's actually a hundred percent related to KP. It's not just the individual tobacco user but also the people around those tobacco users that we are protecting from premature deaths.

The DOH Files: Could you cite the criteria of the award?

Asec Ubial: After it was approved by the executive committee of the Department of Health, we used MPOWER criteria of WHO which stands for Monitor tobacco control policies; Protect people from tobacco smoke; Offer help to quit tobacco use; Warn against the dangers of tobacco; Enforce bans on tobacco advertising; and Raise taxes on tobacco.

MPOWER is a very comprehensive strategy to put in place standard guidelines and regulations to have a smoke free environment.

The DOH Files: What are the changes since its establishment in 2009?

Asec Ubial: We changed the guidelines almost every year when we started in 2009. It was a work in progress. We work with the guidelines, test it on the field and get feedback. We revise it according to the feedback we get from participants themselves and also we get inputs from experts.

The DOH Files: How do we encourage other LGUs to actively participate in Red Orchid Award?

Asec Ubial: Actually there are many LGUs now that participate in the ordinances but not all would like to join the Red Orchid Awards. One way or another, they feel that they are not adequately in place or prepared for entering the award.

But with the standards and guidelines that we have set and develop, these are now the tool that the DOH

uses to encourage the LGUs to actually implement hundred percent smoke free environment.

It has helped not only the DOH but also other sectors that are advocating for hundred percent smoke-free. We don't expect all the LGU to join. The goal is to develop a cadre of local development and facilities that we can present as the model—the hospital that has achieved a 100 percent smoke-free environment.

The DOH Files: Do you also check their consistency of those in the Hall of Fame?

Asec Ubial: We have not identified the guidelines on what should be next after achieving the Hall of Fame. But we agreed that all Hall of Fame awardees will be developed as our cadre of champions and advocates. We will assign them target municipalities surrounding their own municipalities to put on board in terms of Red Orchid Awards guidelines and principles. This is for them to be champion in their locality and eventually influence other neighbors.

The DOH Files: Can you share us your visions toward a smoke-free Philippines with regards to the Red Orchid Awards?

Asec Ubial: The goal of the Red Orchid Awards is to create an environment in the Philippines that is tobacco free and smoke free. When that would be in the near future is up to the people. It's really up to the commitment of the local government and the commitment of people. That's the end vision but along the way, we still cannot define the exact strategies. It's still a long way, hopefully with all the successes that we've had and more and more people adapting healthy lifestyle, we can attain our goal of a smoke free and a tobacco free Philippines sooner than later.

WHAT'S UP, DOH?

Follow/Like the DOH official pages and be in the know for the latest health updates



/OfficialDOHgov



@OfficialDOHgov



www.doh.gov.ph



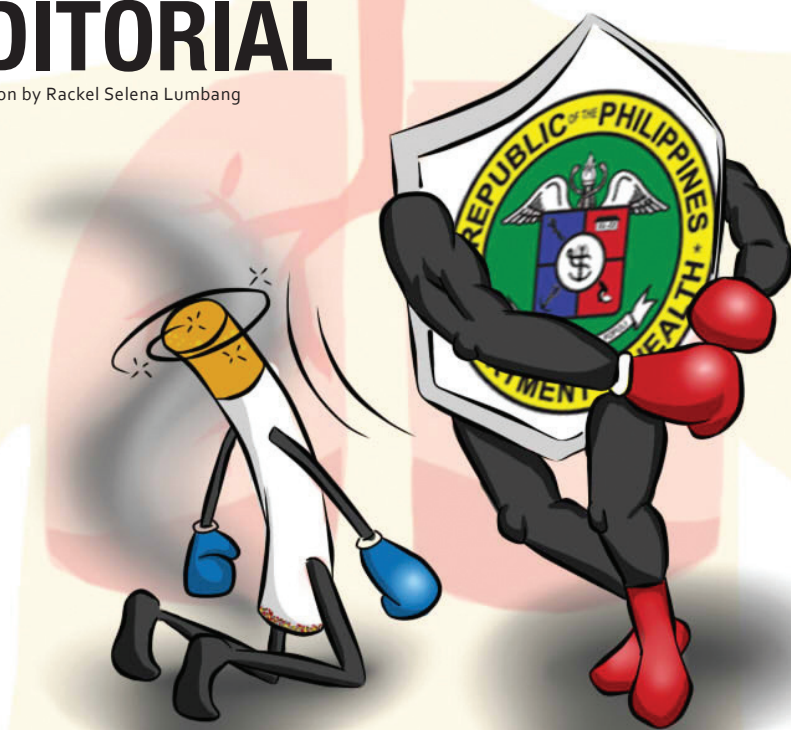
+63 2-651-7800



San Lazaro Compound,
Rizal Ave., Manila

EDITORIAL

Illustration by Rackel Selena Lumbang



Lung cancer and the air we breathe

EARLY LAST month, Senator Miriam Defensor-Santiago disclosed in a Senate press con that she has stage 4 lung cancer. Ever the gallant fighter that she is against any foe, she remains optimistic that she would be cured with an oral chemotherapy tablet that has the advantage of molecular targeting; so its effect is focused on the cancer cells, and it relatively spares the normal cells.

Smoking has been implicated as the leading risk factor for lung cancer. The World Health Organization (WHO) states that the majority of lung cancer deaths are attributable to tobacco smoking. But this data also means that a minority could have lung cancer even if they are nonsmokers. Such is the case of Senator Santiago.

Aside from genetic predisposition, other potential risk factors are exposure to carcinogenic substances like asbestos (for construction workers), radiation, and air pollution.

The International Agency for Research on Cancer (IARC), which is affiliated with the WHO, released their findings in October last year showing that outdoor air pollution increases the risk of cancer. The report classified diesel engine exhaust as well as some specific substances found in air pollution as carcinogenic.

The IARC reviewed more than a thousand published scientific papers analyzing the cancer risk posed by various air pollutants, notably particulate matter and transportation-related pollution. These robust epidemiologic data from five continents including Asia have shown that aside from transportation,

other sources of air pollutants are stationary power generation, industrial and agricultural emissions, and residential cooking.

Although the risk of developing lung cancer due to air pollution is relatively much lower compared to smoking, it is a risk factor that needs to be addressed. No matter how small it may be, considering that practically everyone living in Metro Manila and other big cities are exposed to it, it may be considered a significant risk factor of lung cancer across the whole population affecting a big number of our countrymen.

It has also been established that air pollution is linked to heart disease, asthma exacerbations, and other respiratory problems.

Air pollution is a public health problem that highlights the need for a concerted action to reduce it and this requires the cooperation of everyone.

"Classifying outdoor air pollution as carcinogenic to humans is an important step," said IARC Director Dr. Christopher Wild. He added, "There are effective ways to reduce air pollution and, given the scale of exposure affecting people worldwide, this report should send a strong signal to the international community to take action without further delay."

And this is one problem wherein all of us can be part of the solution. It calls for a stricter implementation of the Clean Air Act.

DR. ENRIQUE T. ONA
Secretary, Department of Health



Office of the Secretary

Dr. Jaime Y. Lagahid, Dr. Willie Ong
Dr. Liza Ong, Nicole Dominique R. Aquino
Floramel Joy C. Songsong,
May Elenor de Guzman,
Donato Dennis B. Magat

Health Promotion and Communication Service-Media External Relations Division (HPCS-MERD)

Dr. Ivanhoe C. Escartin,
Rosemarie G. Aguirre,
Luz B. Tagunicar
Evelyn B. Perez
Aurora D. Banda

FAME INC., TEAM

Editor
Mylene C. Orillo

Art Director
Donna I. Pagnano

Editorial Coordinator
Gelyka Ruth R. Dumaraos

Writers
Ma. Cristina Arayata
Jose Martin Punzalan

Graphic Artist
Ramir Cambiado
Dani Cisneros

Group Sales Manager
Maria Elna P. Jagape

Account Managers
Charlotte Punzalan, Noel Ongkingco

Circulation Head
Armando Sandajan

FOR EDUCATIONAL PURPOSES ONLY.

NOT FOR SALE

Opinions expressed in this publication do not necessarily represent those of the DOH. The mention of specific companies or of certain manufacturer's products does not imply that they are endorsed or recommended by the DOH in preference to others of similar nature. Articles may be reproduced in full or in part without prior permission, provided credit is given to the DOH for original pieces. A copy of the reprinted or adapted version will be appreciated. Articles, artworks, photographs, caricatures, letters and other contributions are most welcome. Materials will be edited for clarity and space. Unsolicited manuscripts will be returned. Contributors must indicate their names and addresses.

We would like to hear from you!

E-mail us your feedback at

DOHFiles@gmail.com



DOH-NCRO completes 115 health facilities in HFEP

Aims to enhance primary health care facilities for health needs of community, especially for the poor

THE DEPARTMENT of Health-National Capital Regional Office (DOH-NCRO) reported the completion of 115 health facilities amounting to a cost of PhP 77,527,808.19 under the Health Facility Enhancement Program (HFEP) of the Department of Health.

"We, in the DOH, are aiming for a healthier and safer Metro Manila by improving our equipment and upgrading our health facilities through HFEP," Undersecretary Teodoro J. Herbosa stated.

The DOH-NCRO also reported 11 ongoing projects. Under the DOH-HFEP, government-owned and operated hospitals and health facilities will be upgraded to expand capacity and provide quality services to improve the access to the delivery of basic, essential as well as specialized health services.

It aims to enhance primary health care facilities to be more responsive in the health needs of the community.

Completed health centers in Malabon City includes Acacia, Maysilo, Muzon, Panghulo, San Agustin, Catmon, Longos, Niugan, Santulan, Ibaba, Potrero-Durian, Tonsuya, Baritan, Bayan-bayanan, Concepcion, Hulong Duhat,

Tañong, Tinajeros, and Tugatog; Viente Reales health center in Valenzuela City; completed health centers in Marikina includes Jesus dela Peña, Sto. Niño, Tañong, Sta. Elena, Kalumpang, Concepcion Uno and Concepcion Dos, Industrial Valley Health Center, Marikina Heights, Bagong Lipunan Health Center and Navotas Emergency and Lying-in Clinic; Bagong Silang and Zaniga in Mandaluyong.

Moreover, the completed health centers in Caloocan includes Amparo, Baesa, Bagong Barrio Zone III, Bagong Silang Phase I, Barangay 118/120, Phase 10-A Bagong Silang, Phase 9 Lying-in Health Center (PHILRADS), Bo. San Jose, E. Rodriguez Jr., Francisco, Julian Felipe, Bagong Silang Phase II Main, Camarin 175, Ana, Sta. Quiteria, Bagong Silang Phase 7, Brgy 178A, Talipapa, Cielito, Urduja, Barangay 18, Parkland, Barangay 14, Bagong Silang Phase 8, Barangay 178B Health Center, Sampalukan Health Center, Tala Health Center and Malaria Health Center.

The list of completed health centers in Quezon City includes Bagong Silangan, Nagkaisang Nayon, San Francisco, Payatas, Project 4, Project 6 and Wenceslao de la Paz; health centers in Las Piñas include Zapote and

Gatchalian while Valenzuela, Guadalupe Nuevo, West Rembo and Pembo has been completed in Makati.

DOH NCRO reported the completion of twenty one health centers in Taguig namely; Calzada, Ibayo, Palingon, Sta. Ana, Napindan, Hagonoy, Maharlika, New Lower Bicutan, Palar Pinagsama, Sitio Imelda, South Signal, South Daang Hari, Bagumbayan, DPWH, Old Lower Bicutan, Tuktukan, Ususan, Wawa, Fort Bonifacio, Katuparan, Western Bicutan. Four health centers were completed in Parañaque City namely; Sto. Niño, San Martin de Porres, BF Homes and Merville. Three health centers were completed in Muntinlupa City namely; Alabang, Putatan and Southville. In addition, thirteen health centers were completed in City of Manila namely; V.L. Fugoso, Kahilum, Bacood, Palomar, Meisic, Aurora, J. Posadas, A. H. Lacson, Atang de la Rama, Bo. Fugoso, Ramon Magsaysay, Bo. Obrero and Smokey Mountain.

"We will continue to give accessible health services for the poor residents of Metro Manila and we are assuring the completion of all of our HFEP projects in due time," Dr. Herbosa concluded.

DOH rolls KP Roadshow



LCE DIALOGUE ON MDGs Local Chief Executives met to address matter on the attainment of the Millennium Development Goals (MDGs) 4, 5, and 6 of their respective localities last July 1

THE DEPARTMENT of Health (DOH) launched the DOH on Wheels: *Kalusugan Pangkalahatan* or KP Roadshow, on May 8, 2014. KP is the Aquino administration's universal health care agenda, which seeks to improve health outcomes like maternal and child health at the least possible cost.

During the launch, there were activities meant to showcase the wide range of health services available for women, children, and even men—essentially, all members of the family. Special service packages for adolescents and the elderly were likewise highlighted.

For maternal and child health, the holistic approach of addressing health needs along the life cycle was emphasized. The DOH presented its approaches to health education and services on family planning and responsible parenthood, PhilHealth enrollment, importance of oral health during pregnancy, and administration of micronutrients (iron and folic acid). Men's health and family health involvement, meanwhile, focused on education on healthy lifestyle programs like exercise, cigarette and alcohol cessation, and male involvement in responsible parenthood.

Health information for adolescents centered on issues about self-image, skills and reproductive health. On the other hand, the elderly were given information on oral health, rights under the Expanded Senior Citizen Act, PhilHealth, and oral health counseling. The senior citizens were also given free pneumococcal vaccination.

With only a few months before the 2015 Millennium Development Goal (MDG), Health Secretary Enrique T. Ona revealed that the country's health stakeholders are working double time in order to achieve MDGs 4 and 5 on the reduction of child mortality and improvement of maternal health, respectively. The health chief stressed the need to fast track all efforts in realizing our MDGs. Sec. Ona also underscored the increasing trend in teenage pregnancy, which may increase the possibility of complications during pregnancy and childbirth.

The United Nations Population Fund (UNFPA) validated that teen pregnancy is a growing concern in the Philippines today which, if not given focus, may derail and affect the country's program targets with respect to MDGs. At 53 births per 1,000 women aged between 15 and 19, the teenage pregnancy rate in the Philippines is the highest among ASEAN's six major economies, the UNFPA's 2011 annual report says.

The *Kalusugan Pangkalahatan* Roadshow was rolled out in Dinagat and Surigao in Caraga, Tacloban and Ormoc on June 22 to July 2. The roadshow will also cover Cebu, Iloilo, Antique and Caticlan before the year ends.

The Yolanda Experience: DOH shining moment

By Pauly Jean B. Rosell-Ubial, MD, MPH, CESO II
Assistant Secretary of Health Head, Visayas Operations Cluster

MANY events have transpired in Department of Health's (DOH) long history of 115 years, but the events that unfolded at early dawn of November 8, 2013 will surely go down in its history as a "shining moment" for the Philippines premiere health agency.

Headed by Secretary of Health Enrique T. Ona, days before the faithful day, the entire agency has been planning and prepositioning logistics, supply, cash and human resources to await the arrival and landfall of what is now known as the strongest tropical storm in recorded history with International name Typhoon "Haiyan" and its local version of Typhoon "Yolanda", it hit the first landfall in Guiuan Eastern Samar at 4am of November 8 packing winds of more than 375 km/hour. After that, it made landfall in five other areas of Visayas and MIMAROPA Region.

Three months after the faithful day, we look back and assess what went right and what went wrong. Each of the more than 5,000 health responders who came to the devastated areas hit by Supertyphoon Yolanda have their harrowing or heartwarming stories to tell. And having heard so many of these because of my role as cluster head of the Visayas, coming in and out of the affected areas, nearly going there every week since Yolanda hit. I am awed by human spirit, the resiliency of the people and generosity of the donors and the compassion and heart of the responders. It is a heartwarming story that should be told time and again.

In the end, the DOH shone through by sowing its commitment and drive to serve without thought of the risk, danger and discomfort of going to the devastated areas but just thinking that our mere presence with our vests with the big D-O-H letters at the back is reassurance enough to survivors and the local health workers that there is hope. We are there to help them get back on their feet, "TINDOG VISAYAS" – stand up VISAYAS or Rise up Visayas from the debris and devastation of Yolanda, we can see the indomitable spirit of Visayas & Filipinos as a race shine through!



Sec. Ona arrives on November 7 in Tacloban with Usec. Herbosa, Usec. Garin and Asec. Cortez for assessment of the situation and instructions for the people on the ground. Standing: Asec. Ubial, Dr. Llacuna, Dr. Alberto De Leon, Chief of EVRMC, and Dr. Bueno, Head of Augmentation team from NCR Hospitals



Helicopter shot taken by Asec. Ubial as she approach the Leyte Government Center in Palo for the first time. Showing a DOH Region 8 office with miraculously very little damage compared to other government buildings in the area. This structure became the home and refuge of more than 100 DOH responders at a time



Distribution of relief goods to 184 elementary school students at Barangay Paglaum from a 7-year-old PhilBritish, Alina Chung-Horpern, who on her birthday told guests not to bring her gifts but bring cash instead which she intends to send to the Philippines for children in Typhoon Yolanda affected areas

Community medical/surgical outreach

POGS Region X and Amai Pakpak Medical Center provide surgical care and women's reproductive health care services

THE PHILIPPINE Obstetrical and Gynecological Society (POGS), Region X, in cooperation with Amai Pakpak Medical Center (APMC), Marawi City and the Philippine Society of Anesthesiologists, Inc., Northern Mindanao Chapter, held its annual community medical and surgical outreach in APMC, Marawi City last June 20-21, 2014.

The activity provided surgical care and women's reproductive health care services. It was headed by Dr. Lea Louise V. Justiniano, FPOGS – POGS Region X Director, Dr. Dinah G. Abella, FPOGS – POGS Region X President, Dr. Sol E. Bagaipo, FPOGS – Chairperson, POGS Outreach Programs Region X, Dr. Rosendo R. Roque, FPOGS

– Past POGS National President, Dr. Sohaira L. Latiph, FPOGS, Department Head, Department of Obstetrics and Gynecology, APMC, and Dr. Achmad M. Disangcopan, FPBA – Department Head, Department of Anesthesiology, APMC.

Activities included were surgical operation of major gynecologic cases, bilateral tubal ligation, breast and cervical cancer screening, prenatal checkup for the high risk pregnancy, ultrasound services, and health-related lectures such as Adolescence Health Issues and Perspectives (AHIP) and Reproductive Tract Infection (RTI) for the youth and health providers respectively.



PMC OUTREACH PROGRAM There was a total of twenty (20) major gynecologic cases operated in the two-day surgical mission as part of the Amai Pakpak Medical Center and POGS Regional X Annual Community Outreach Program. The surgical mission team consisted of twenty-three (23) obstetricians-gynecologists surgeons, one (1) general surgeon, eight (8) anesthesiologists, and nineteen (19) operating room nurses. BTL surgical team was composed of five (5) surgeons, six (6) nurses, and two (2) nursing attendants

Statement on the Nation's Health

WE SHARE the concern of our stakeholders for our people's health. The Government recognized the needs. And this is why we are working to address the many issues strategically, in a comprehensive manner with the end in view of developing an effective, responsive and sustainable health system.

This is precisely the reason for the Aquino Health Agenda – that aims for the implementation of Universal Health Care that is directed towards ensuring the achievement of the health system goals for better health outcomes [public health MDGs achieved], sustained health financing [financial risk protection improved] and responsiveness by ensuring that all Filipinos, especially the disadvantaged have equitable access to affordable health care and a continuum of services [quality care delivery system accessible] with improved health governance.

The triple increase in health budget since the start of the Aquino administration validates that health is a priority of the President [from PhP 25 B in 2010 to PhP 83.7 B in 2014].

Our Roadmap towards Universal Health Care or *Kalusugan Pangkalahatan* begins with actions and interventions directed towards primary prevention and health promotion, secondary prevention and Primary Health Care, and Tertiary and Curative Health Care.

There are many challenges to our journey towards UHC or KP, one being human resources for health (HRH). And this is true of any organization, for that matter. Human resources are vital and have a key role to play for us to achieve our public health MDGs of reducing maternal and child mortality, controlling and eliminating infectious diseases, and promoting a healthy lifestyle and preventing non-communicable diseases; thus, we needed to address issues related to health human resources.

The physician, nurse and midwife collective ratio is 22.67/10,000 population, while 24.31 combined health and allied health professionals serve every 10,000 population. This meets the WHO recommendation of 24 workers per 10,000 populations. The Global Health Workforce Alliance listed 57 countries facing human resources for health crisis and Philippines is not one of them.

To address the mal-distribution of health workers and constraints of health devolution, among the first steps DOH did was to deploy HRH nationwide [For 2014, 215 Doctors to the Barrios, 11,202 nurses, 2,700 midwives and soon deployment of dentists], properly distributed with priority to poor vulnerable areas. We also trained and deployed 44,735 Community Health Teams to reach families with key messages and basic preventive care.

The DOH also helps the health workers acquire the necessary skills, competencies and incentives to provide an effective service. Intensifying the programs for continuing education through telemedicine; expanding the Residency Training Program (RTP) in Family Medicine (95 doctors ongoing) to include MHOs and RHPs; Specialty nursing in various medical fields (227 nurses ongoing); ultrasound training for Municipal Health Officers (MHOs) and maintaining linkages among regulatory bodies.

We have a good supply chain of health workers but we also need to create an environment to make the government practice attractive. The right health personnel should be in the right place at the right time. There is no shortage of health workers.

The PhilHealth Primary Care Benefits package offers not only outpatient benefit package to the sponsored members but also provides additional incentives to the health personnel. On average, in a municipality with 10,000 families, a single doctor may receive an additional PhP 44,000 per month, while complementary staff of nurses, midwives, and medical technologists may receive PhP 17,000 monthly, and Barangay Health Workers and Barangay Nutrition Scholars can earn up to PhP 4,000 every month from Philhealth reimbursements.

Alongside addressing human resource needs in making quality care delivery system accessible, we are upgrading and improving health facilities for a total of PhP 42.6 B [For 2014 we have upgraded and/or constructed, 2,685 BHS, 3,395 RHUs and 831 District, Provincial to Tertiary Referral hospitals].

On top of these all, the government has been creating a “conducive environment for health” – by progressively increasing financial support, aggressively pursuing policies like the RH and the Sin Tax, reform of the National Health Insurance Law, etc.

Yes, we looked at the numbers, the types, the quality, the distribution – identified problems and strategies to address gaps immediately, while looking at a long term solution to the problem. And there is more work to be done. We can achieve our shared goals faster when we all work together.

DOH IN ACTION



DENGUE AWARENESS CAMPAIGN A collaboration among Local Government Units (LGUs), the National Government through the Department of Health Regional Office VII (DOH – RO VIII), the World Health Organization, International Non-government Organizations (INGOs) and the public sector was launched on June 26 in Tacloban to call for vigilant action to protect vulnerable communities from dengue



NEW POC DIRECTOR Dr. Jose S. Pujalte, Jr., recently took his oath before Health Secretary Enrique Ona as the new medical director of the Philippine Orthopedic Center (POC). Dr. Pujalte graduated at the University of the Philippines and earned his Master in Hospital Administration degree at the Ateneo Graduate School of Business. He is also a fellow of the Philippine Orthopedic Association since 1997



HFEP IN SOUTH COTABATO Assistant Secretary of Health Dr. Roland Cortez inspects HFEP projects in South Cotabato

Message FROM THE HEALTH SECRETARY

Laying the Platform for Health Information Exchange, Connecting People and Information for Better Health Care

THANK you, Secretary Mario Montejo and the rest of the DOST family including PCHRD, for this partnership with the Department of Health to today's eHealth Forum. This is indeed an opportune time to meet the many pioneers and stakeholders of the healthcare industry – our partners in *Kalusugan Pangkalahatan*.

The Philippines has yet to have a comprehensive and integrated health information system, let alone a fully functional health information exchange. What the country has at the moment are independent information systems that may be subpar relative to international standards.

a. While the DOH is the most important source and user of health information, it also maintains several databases that may contain conflicting information, thereby contributing to confusion in the interpretation of health data.

b. With no single body mandated to manage health information, data collection activities tend to be uncoordinated, thereby accentuating contradictions in data presented by the different reporting agencies.

c. Furthermore, valuable health information – specifically, those generated by hospitals, professional medical associations, pharmaceutical companies, other government agencies, and academic institutions – have been overlooked, with no central body ensuring the completeness of archived health information.

The lack of a central health information system also limits the accessibility and availability of health data. This has obstructed the use of critical health information by health managers.

There have been initial attempts to coordinate the country's health information.

d. There is an Inter-agency Committee for Health and Nutrition Statistics (under NSCB), and the Philippine

Health Information Network. They however lack a legal mandate as well as political structure.

e. There are existing HIS fragments that are being recruited, such as DOH-run hospital information systems, and PhilHealth's own system, among others.

f. Meanwhile, there is also a large amount of health information being generated, processed, and used by private sector actors in the healthcare delivery system – all waiting to be invited and integrated.

It is imperative to fast-track the roll-out of a unified and comprehensive health data system for the Philippines as we implement *Kalusugan Pangkalahatan*, which we are establishing together with the Department of Science and Technology (DOST) and other partners into a health information exchange.

A unified and comprehensive health information exchange can lower the costs of data acquisition, management and utilization.

a. Lower health information management costs may translate to improved health service delivery. A common data exchange can increase the efficiency of health information systems. In turn, these can lead to improvements in the access to and utilization of health information by health managers.

b. Efficient access of health managers to health information systems then facilitates the development of programs for enhanced health service delivery. Micro-level health data, when properly aggregated and analyzed, can serve as the basis for both medical practice guidelines and public health programs.

c. Ultimately, a Philippine health information exchange should be firmly anchored on merging the service goals of public agencies handling health



Photo by Jose Martin Puzalan

Secretary ENRIQUE T. ONA

information with the corporate social responsibility initiatives of the private sector.

In closing, I would like everyone present today, especially the policy makers and managers, to think of the next steps in both policy and operational terms.

g. First, how will the health information exchange be institutionalized – is a law required? Let us take a look at, for example, how Massachusetts in the United States used the force of law to establish a statewide health information exchange, which they framed as “An Act to Promote Cost Containment, Transparency, and Efficiency in the Delivery of Quality Health Care”.

h. Next and as a matter of operations, what are the necessary incentives for both the public and private health sector actors, whether provider or patient, to come together under one information exchange?

Let us try to answer these questions through our words and actions in today's forum.

Thank you, and good morning.

This speech was delivered by the Health Secretary at the E-Health Forum with the Department of Science and Technology (DOST) on July 26.