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TOWARDS QUALITY HEALTHCARE FOR ALL

VOL. 1 ISSUE 5
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PNoy leads nationwide vaccination campaign

"We are here to walk the talk" —Sec. Ona

By Ma. Cristina C. Arayata

LAST SEPTEMBER 1, President Benigno Simeon Aquino III led the start of the month-long campaign of the Department of Health (DOH) to give free measles-rubella and polio vaccine to 13 million children below five years of age.

The campaign is a nationwide immunization activity to prevent vaccine-preventable diseases, and is part of the government's international commitment to reduce child mortality.

Pres. Aquino said he is happy that instead of waiting and treating the disease, the government tries to prevent it. "The DOH does everything to ensure everyone gets vaccinated," he uttered, and also asked the public to support this program.

In a press conference, Health Secretary Enrique Ona cited that in the past two years, the country has had (measles) outbreaks. "When we had Yolanda, we had outbreaks, too," he added. The health chief cited the environmental effects and transfer of children as some reasons behind this.

"We are gathered here to walk the talk," said Sec. Ona during the launch. He noted that the President's presence at the launch shows a strong commitment (of the government). Vaccination is among the strongest strategy according to him, and the government has a deliberate focus on the poor.



Photo courtesy of WHO/J. Zepeda

BAKUNA BAND Officials of the Department of Health, World Health Organization, UNICEF and partners pose with Bakuna Band children during the launch of the nationwide vaccination campaign on September 1 at the DOH Convention Hall in Manila

Undersecretary Janette Garin said that each child who has measles can infect at least 17 children more. "We have seen the rapid rise of measles in the country," she said, and highlighted that the fight against it is not just a battle of one region but of the whole country.

There will be a countdown per province. All provinces should give an update of the status of the vaccination activity. The update shall include the number or the percentage of the coverage accomplished.

Meanwhile, the Philippines is declared polio-free since 2000.

However, Sec. Ona said there were outbreaks in Afghanistan, Israel, Pakistan and Nigeria. "The fact that we have a very effective vaccine (against polio), we have included it in the program," he explained.

Sec. Ona said the agency has allotted PhP 500,000 to cover the expenses on vaccines, health workers, information drive, special needles and staff.

He added that the cost of measles vaccine is PhP 3 per child and PhP 8 per child for the polio vaccine. The government's spending PhP 15,000 – PhP 30,000 for each child who gets infected by measles.

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KP(han) Forum

With Assistant Secretary Enrique Tayag
Asec Tayag is also the Director of the National Epidemiology Center.

1. One of the Kalusugan Pangkalahatan (KP) thrusts is the attainment of health-related Millennium Development Goals (MDGs). How can we connect this thrust to disease surveillance and prevention that you are handling?

Disease surveillance is the first line of defense in disease prevention and control because it quantifies and characterizes the problem and identifies the areas and population groups affected. Disease or public health surveillance reports provides the key health information that is needed to be able to pursue the KP goals and targets. Health information include, among others the following: census, civil registration and statistics, population surveys, health services statistics, public health surveillance and national health accounts. The disease surveillance's main purpose is to detect outbreak so that we can manage them effectively and immediately.

2. How could surveillance serve as our first line of defense?

If you do not know what's happening, how can you act? If there is no disease surveillance, you will not be able to know the number of people affected by what particular disease and therefore you cannot assess the extent of the problem. For example, how will you know what and how much of a particular medicine should be procured if you do not have information on what are the leading diseases affecting the populace and what causes them. It gives vital information to base our plan. Then the second line of defense is prevention and the third one is treatment.

3. Can we cite the emerging and re-emerging diseases in our country today and how the Department of Health (DOH) act on prevention?

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Assistant Secretary
Enrique A. Tayag



from page 1
Vaccination campaign

'Reaching every purok'

To ensure coverage, the DOH's main strategy is 'reaching every purok,' according to Dulce Elfa, National Nurse Coordinator for Expanded Program on Immunization.

Also, to ensure that no one is missed, Elfa said that kids will be marked with an indelible ink on their index finger.

With the help of the World Health Organization (WHO) and other partners, health workers would go to houses for random survey, and ideally, this would be a same-day validation.

"We would not accept getting below 95 percent coverage, because we've achieved this before," Usec. Garin noted. She also pointed out that every member of the community is important (to achieve this goal), as every delay is a hindrance to its accomplishment.

Meanwhile, DOH said there are parts of Region 6 where people don't believe in vaccination. Usec. Garin said they've already talked to them and explained that measles may spread in their community. The people have accepted the advice, according to the undersecretary.

"Why would we allow children to get sick when we have the money to purchase vaccines?" stressed Usec. Garin, adding that children 0 to five years old are the most at risk.

DOH, IOM hold first national conference on migrant health

THE DEPARTMENT of Health (DOH), in collaboration with the International Organization for Migration (IOM), organized the First National Conference on Migrant Health on September 11 at The Bayleaf Hotel, Intramuros, Manila.

The conference gathered representatives from various DOH bureaus and attached agencies, other government agencies, civil society organizations, academic institutions, private sector partners, international organizations, and migrant associations in order to launch a dialogue about critical health issues faced by today's Filipino migrants.

"The health of migrants and all Filipinos has always been an intrinsic part of the Aquino Health Agenda to achieve Universal Health Care or *Kalusugan Pangkalahatan* by 2016," exhorted Health Secretary Enrique Ona in his welcome address. "We cannot claim to have achieved *Kalusugan Pangkalahatan* if migrants are left behind."

The conference also served as the culmination of the DOH-IOM Joint Project on Migration Health, which assessed the state of migrants' health as well as migrant health policy and services in the Philippines. This project is an offshoot of a Memorandum of Agreement signed by DOH and IOM in April 2013 in order to collaborate in policy development, capacity building, research, and advocacy for improving the health of migrants.

A wide range of migrant health issues was raised during the conference including: access to health care and PhilHealth coverage among migrants; health education and promotion throughout the migration cycle; regulation of medical clinics conducting pre-departure health assessments; HIV-AIDS and

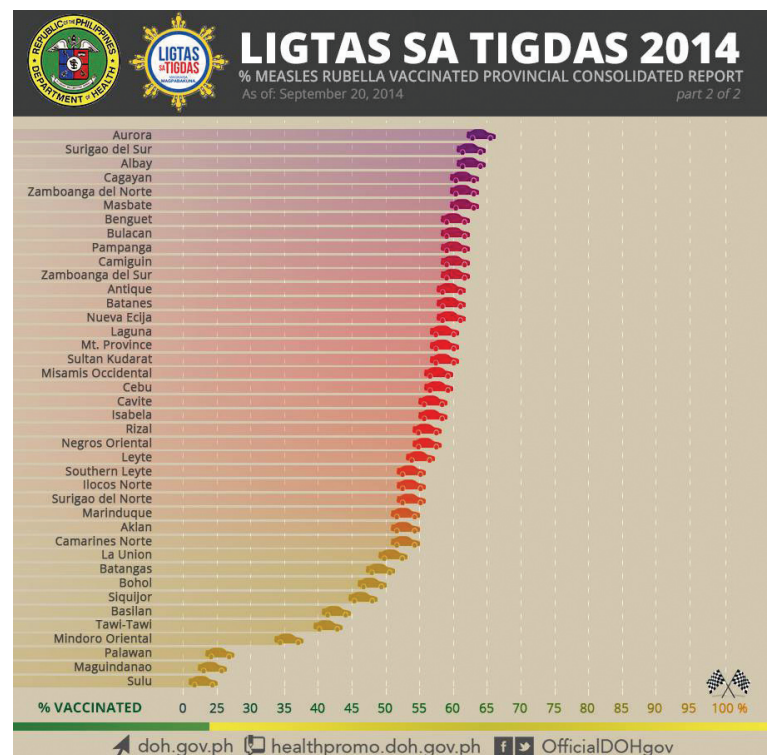
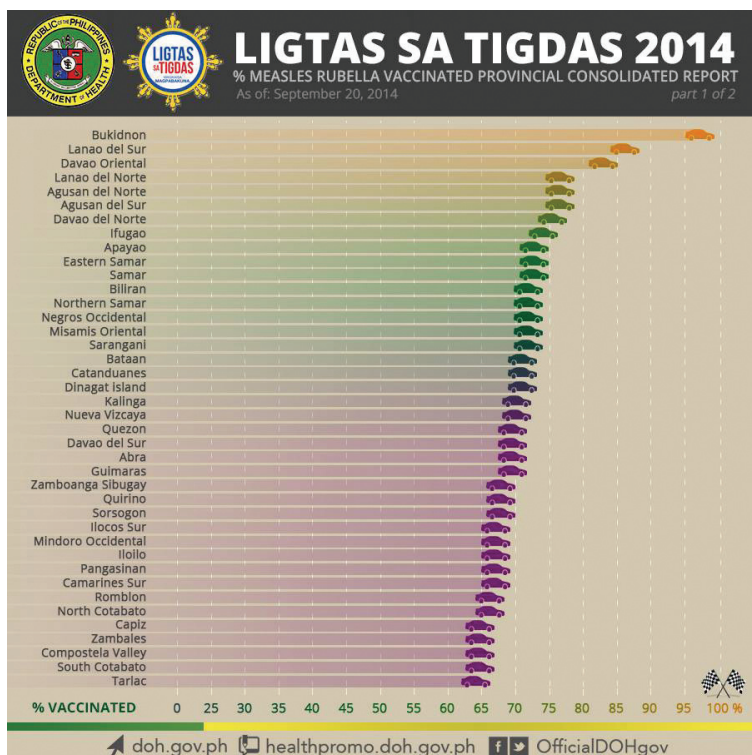


Health Secretary Enrique T. Ona (4th from left) together with (from left) Philippine Overseas Employment Administration Deputy Administrator Liberty Casco; Commission on Filipinos Overseas Undersecretary Mary Grace Tirona; IOM Philippines Chief Medical Officer Dr. Predrag Bajcevic; and UN Population Fund Country Representative Klaus Beck.

tuberculosis prevention and management; and emerging infectious diseases including the recent Ebola Viral Disease outbreak in West Africa.

Moreover, the conference also launched the Migration and Health Network Philippines, which will provide a multi-stakeholder platform for dialogue and collaboration for the advancement of migrants' health among the health, labor, and migration sectors.

The Bureau of International Health Cooperation, which acted as the DOH focal point for the joint project, then presented its plan for mainstreaming migrant health within DOH and for enhancing coordination and harmonization across various bureaus and agencies. Migrant health was also selected as the theme for the celebration of the Month of Overseas Filipinos in December.



Foreign-Assisted Projects for KP

HEALTH INVESTMENTS must be aligned with three major strategic thrusts.

The Department of Health adopted in 2007 the Sector Development Approach for Health (SDAH)7 - an approach that prescribes the principles for managing health investments at the national and local levels with emphasis on the harmonization of systems and processes deemed as crucial for the implementation of health reforms.

The Aquino Health Agenda: Achieving Universal Health Care for All Filipinos or *Kalusugan Pangkalahatan* (KP)" further emphasized the urgent need to align health investments to three strategic thrusts, namely, (1) Rapid expansion in National Health Insurance Program (NHIP) enrollment and benefit delivery using national subsidies for the poorest families; (2) Improved access to quality hospitals and health care facilities through accelerated upgrading of public health facilities; and (3) Attainment of the health-related MDGs by applying additional efforts and resources in localities with high concentration of families who are unable to receive critical public health services.

The DOH overall Official Development Assistance (ODA) through Foreign Assisted Projects for 2014-2019 amounts to PhP 22.8 billion wherein majority of the project cost are from grants. The grant amount of PhP 22.051 billion came from several development partner agencies that have consistently provided assistance to DOH even during the time of its early health reform initiatives. On the other hand, a loan amounting to PhP 749 million came from Germany through Kreditanstalt fuer Wiederaufbau (KfW).

FAPs may be classified into three based on its fund management.

DOH-managed projects – funds directly flow to the DOH and are subject to the government's auditing rules and regulations

Partner-managed projects – funds are directly managed by the development partners

Jointly managed projects – funds are directly managed by DOH and some funds directly managed by the development partners. Funds directly handled by the DOH include Technical Assistance (TA),

DOH Managed	Jointly Managed
-Health Sector Policy Support Program (HSPSP) Phases 3 & 4	The Philippines: The HIV Prevention in Big Cities
-Re-investment "Boosting the Implementation of the Philippines National Tobacco Control Strategies in Selected Action Areas"	Health Sector Reform Agenda Support Program
-Effective Legislation in the Philippines: Localization of Tobacco Regulation Act of 2003 in Selected Formula One (F1) for Health Pilot Sites	Iloilo Geographically Isolated and Disadvantaged (GIDA) Health Systems Strengthening Project
-Health Sector Policy Support Program (HSPSP) Phase 2	Demonstrating and Promoting Best Technique and Practices for Reducing Health Care Waste
-Philippine Health Sector Reform Contract	7th Country Program-Reproductive Health and Rights component
Sustaining the Gains of Essential Program Services of the Round 6 HIV Grant in the Philippines	7th Country Program for Children
	WHO 2014-2015 Biennium Work Plan

Partner Managed
Emergency Assistance and Early Recovery for Poor Municipalities Affected by Typhoon Yolanda
Addressing Maternal, Neonatal, and Nutrition Needs of the Indigenous Cultural Communities/ Indigenous People (ICC/IP) and other Disadvantaged Communities in Mindanao
-RCC Consolidated Malaria Grant: Advancing Malaria Control Towards Elimination by 2020 (Movement Against Malaria)
-Intensifying and Mainstreaming Integrated DOTS in the Philippines
-Strengthening Maternal and Child Health Services in Eastern Visayas
-Comprehensive Etiological and Epidemiology Study on Acute Respiratory Infections in Children: Providing Evidences for the Prevention and Control of Childhood Pneumonia in the Philippines
- Prevention and Control of Lestospiriosis in the Philippines
Cordillera-wide Strengthening of the Local Health System for Effective and Efficient Delivery of Maternal and Child Health
Grant-Aid Program for Rehabilitation and Recovery from Typhoon Yolanda
-Strengthening TB Services Package
-Strengthening TB Services Package Phase 2
KfW's Assistance to Yolanda
-Strengthening TB Services Package Phase 2
Interoperable Health Information System for CHD 4A- CALABARZON
Joint UN Programme on HIV Prevention for Jey Populations at Higher Risk in the Philippines
Development Objective Agreement (DOAg) "Family Health Improved"
Philippine Public Health Project

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trainings and/or Monitoring and Evaluation (M & E), while directly managed by development partners include civil works and procurement of equipment

FAPs support various cross cutting programs and initiatives such as infectious diseases (notably HIV/AIDS, TB and malaria), enhancement of health facilities, maternal, neonatal and child health and nutrition and other programs such as financial risk protection, health care waste management, and tobacco control.

EDITORIAL



Illustration by Rackel Selena Lumbang

Free vaccines to save our children

It can be an agonizing experience to see small children suffering from the complications of measles. It is equally distressing to see them grow up with a disability due to a previous polio infection.

In this day and age when these diseases could be preventable by the administration of effective vaccines, and with our government having allocated a sufficient budget to procure these vaccines, there should be no reason for our children to get sick or even die from measles, rubella and similar infections, or be disabled by polio.

Last January 1 to July 5, 2014, the Department of Health's National Epidemiology Center reported a total of 44,666 suspected measles cases nationwide. Of these, 16,214 (36 percent) were confirmed and 91 of the confirmed measles cases died.

Most of the confirmed cases came from the National Capital Region (13,265 cases or 34 percent), Region IVA or CaLaBaRZON (8,661 or 28 percent) and Region III or Central Luzon (5,985 or 16 percent).

Ages of the measles cases ranged from one month to 77 years old. Twenty-eight percent (28 percent) of the cases belonged to the 1-4 year age group which is considered a high-risk and vulnerable group.

Polio likewise affects mainly children under five years of age. It is a highly infectious disease that attacks the nervous system and can cause total paralysis. For those who survive the acute infection, permanent residual disability is expected. Like measles, polio can be prevented through vaccination.

Last month, the DOH launched a massive immunization campaign against measles and polio targeting 13 million children aged 0 to five with free lifesaving measles-rubella and oral polio vaccines.

The campaign, dubbed as "Ligtas sa Tigdas at Polio

Mass Immunization Campaign" aims to reduce and eventually eliminate cases of measles and rubella in the country.

The elimination of measles is part of the country's commitment to achieve Millennium Development Goal (MDG) No. 4 to reduce child mortality. Hopefully, our nationwide vaccination campaign could lead us a step or two towards our goal.

In 2011, the government also launched Measles Rubella Supplemental Immunization targeting nine to 58 months. It aimed to identify high-risk communities for routine immunization through the "Reaching Every Sub-Village" Strategy, and maintain the country's polio-free status.

Since 2000 after the last recorded case in 1993, the Philippines has been declared polio-free, but we should not let our guards down for a possible resurgence of the infection.

Measles and rubella continue to be a threat to Filipino children, with a significant number of recorded measles cases and deaths in 2013 and 2014. We remain confident that with our free-vaccination campaigns targeting all children aged nine months to five years, we will also declare our country as measles- and rubella-free in the near future.

We urge all mothers and caregivers to bring children regardless of their vaccination status, from newborns to below five years old, to the nearest health center to have them vaccinated against measles, rubella, and polio.

Let's not allow our children to get sick or die.

Magkaisa! Magpabakuna!

DR. ENRIQUE T. ONA
Secretary, Department of Health



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ARMM issues Fatwa on TB

Partnership with Islamic scholars addresses the myths, misconceptions and religious fallacies on TB

By Tato M. Usman, MD, MPAIM Department of Health-ARMM



IMPLEMENTATION OF TB (Tuberculosis) Control in the ARMM has a lot of challenges in achieving the desired TB target indicators.

Undeniably, ARMM is confronted with myths and misconceptions, as well as religious fallacies, such as the following (among others)—seeking medications is not mandatory; TB is hereditary instead of air droplets transmission; Relapse of TB is secondary to exposure to rain; TB bacilli is transmitted through kitchen utensils; TB is curable through herbal medicines; Non-compliance to DOTS; Prioritizing chest X-ray than direct sputum smear microscopy

Evidently, partnership with Islamic scholars is very important as it addresses the myths and misconceptions and religious fallacies that hinder the opportunity to accelerate improvement and implementation of TB Control.

During the TB Engagement Meeting with the Darul Ifta (House of Islamic Rulings), held on March 14, 2013 at Al-Nor Complex in Cotabato City, there was a need to orient them on the basic facts on TB. After the orientation with them was done, there was a consensus

that a Fatwa on TB should be issued considering that Darul Ifta has the sole authority in giving edict on TB issues.

As a result, the Fatwa on TB was drafted in consultation with other stakeholders.

After the fatwa has been finalized and signed, there is a need to launch it in order to take off at the community levels ARMM-wide in partnership with the implementers of TB.

In consonance to the National Tuberculosis Awareness Month celebration, DOH-ARMM launched the fatwa on TB on August 6, 2014 at the Waterfront Insular Hotel in Davao City.

Aside from unveiling the Fatwa, the launching aimed to generate support from different stakeholders, strengthen partnerships of health implementers, Islamic Scholars and local government units (LGUs), and augment human resources for health for TB Program.

Among those who attended the Fatwa were groups of Islamic scholars, different LGU Committees on Health, line agencies and other branches of ARMM government, Bangsamoro agencies (i.e. the Bangsamoro Development Agency, Sajjahatra Bangsamoro and the

Bangsamoro Leadership and Management Institute), and other nongovernmental organizations in the private sector.

Consequently, DOH-ARMM generated support, to wit:

The representative of the ORG (Office of the Regional Governor) gave support by facilitating the drafted Executive Order (EO) on TB among others;

The representative of the RLA or Regional Legislative Assembly (through the Committee on Health) stated that the RLA is in the process of drafting the Bill on TB. In this Bill, we are glad to know the Fatwa on TB so that we can include it in the drafting of RLA Bill on TB including the proposed EO on TB;

The Committee on Health representing the LGU-Lamitan City said that they passed a resolution already in support of the TB program. The hiring of one medical technologist with PhP 30,000 monthly salary and PhP 100,000 allocation to the City Health Office of Lamitan City;

The Committee on Health representing the LGU-Lanao del Sur that they are already supporting the TB program through the so called ALAMAT. We are scheduled to launch the TB Ordinance in Lanao del Sur. In terms of the fatwa, we supporting it 101 percent;

The Committee on Health representing the LGU-Marawi City said that they are supporting the TB program since the time of TBlink and we will fully support the Fatwa on TB;

The representative of DOLE also gave support by integrating the TB program in their agency or institution; and

The PBSP reiterated their continuous financial and technical support to the ATMM TB Control Program up to the end of project.

from page 1 KP(han}

Emerging diseases are considered as new threat in our health. This can either be due to new pathogens like Middle East Respiratory Syndrome-Corona Virus (MERS-COV) and EBOLA virus. Whereas, re-emerging diseases are those that have been controlled in the past, but due to health systems failure or inadequacy of health infrastructure, they re-emerge. The most common re-emerging diseases now are dengue, rabies, leptospirosis, measles and HIV.

We conduct health promotion campaigns to increase people's awareness on these diseases and for them to adopt healthy behaviors. We also advocate to the local government executives to implement health programs following our policies and guidelines to prevent and control diseases.

4. Can we totally eradicate diseases?

There are diseases that can be eradicated and most of them are vaccine preventable. Measles is one of these diseases, that is why we have "Ligtas sa Tigdas" campaign this month of September. We encourage mothers to bring their children 5 years and below to the nearest health center or vaccination post for free measles-rubella and polio vaccines. We have been polio-free since 2000 and aiming for the elimination of measles in the coming years.

5. What are we doing to prevent the looming number of HIV cases in the country?

We are alarmed with the increasing number of HIV positive individuals and we do not want people to die of HIV/AIDS. We want people to have the correct information about the disease and how they can protect themselves from getting it.

We disseminate HIV information and we employ the principle that birds of the same feather, flock together. Thus, if we identify certain groups of people that are vulnerable to HIV, we concentrate on that group since their characteristics, behaviors and exposure to risks are more or less similar. And since they understand each other, we used peer counseling and outreach in areas where they usually flock together.

HIV positive should not fear because DOH will provide free medicines for them. What is more fearful is if they know they are HIV positive yet they do not consult our doctors and avail of free medicines to address their condition. But of course, we want people to prevent acquiring the disease rather than rest on the idea that there is free medicine for them.

6. For the globally emerging diseases that are still not in the country, what are our actions for prevention?

We have established screening procedures in our ports of entry. All incoming passengers from Middle East and Africa are suspects for MERS-COV and Ebola, respectively. Those that have travelled and lived in these countries and came back to the Philippines are potential carriers of the said viruses. So, those people coming from the said countries showing the signs and symptoms of MERS-COV and Ebola should be quarantined and tested. If found positive, they will be in isolation until they recover and will no longer be capable of spreading the disease, but if they tested negative they will no longer be placed in isolation.

Since the Philippines is still free of the said diseases, people are advised to do regular and proper handwashing to protect themselves from any infection. They are also advised NOT to touch their eyes, mouth and nose with unclean hands because these areas are the potential entry points of virus.

7. For the "Ligtas sa Tigdas" campaign, what is your message to our health workers who are one with DOH's aim to achieve a hundred percent immunization among children below 5 years old?

We encourage our health workers all over the Philippines to never stop looking for every child that needs to be immunized. Let us remember that our target is not 90 or 95, but every child. There should need be NO missed child!

DOH IN ACTION

2014 National Hospital Week Celebration “Pagamutang Dekalidad Para sa Mamamayan”



Senator Pia Cayetano graced the Vicente Sotto Memorial Medical Center's celebration of the National Hospital Week that coincided with the Breastfeeding Month. Sen. Pia discussed to mothers the importance of breastfeeding and family planning and inspected the human milk pasteurizer and breast pumps donated to VSMCC. Together with the senator is the Medical Center Chief, Dr. Gerardo Aquino (in blue)
Photo by: Dr. Lilibeth Espinosa



The Bicol Regional Hospital Week Celebration was held on August 25-29 at the Bicol Sanitarium, Cabusao, Camarines Sur. It was participated by different public and private hospitals (agencies). Various games and activities, such as Festival showdown, BINGO socials, DOH Got Talent Competition and cultural presentation were conducted. The Bicol Regional Training and Teaching Hospital (BRTTH) was hailed as the overall champion



AmaiPakpak Medical Center (APMC) celebrated National Hospital Week pursuant to Proclamation No. 181, s. 1993 which recognizes that hospitals have an important role in promoting, safeguarding and preserving the health of the people



Various activities such as “Hataw,” which was led by the Medical Center Chief Dr. Amer A. Saber, Cheer Dance Competition, Well Baby Contest outdoor games and sports were conducted. Free tooth extraction, free clinic, and free cataract screening were offered at the Out-patient Department



Western Visayas Sanitarium (WVS) started the celebration of the Hospital Week Celebration with an Inspirational Message from the Medical Center Chief Dr. Annabelle P. De Guzman. WVS conducted different activities like giving lectures on Breastfeeding, Healthy Lifestyle, Ebola Virus Disease, ISO Logo Making Contests and the Frozen Delight Contest – wherein contestants presented healthy, delicious but inexpensive cold drinks or coolers



Drs. Emmanuel Montaña and Emmanuel Bueno, Chair and Vice Chair of the National Hospital Week Celebration in NCR, respectively spearheaded the opening of the NHW Hospital Olympics Challenge 2014 in Ynares Complex



DOH IN ACTION

Ligtas Tigdas Nationwide Campaign



Asst. Secretary Romulo A. Busuego together with DOH Region 12 Director Dr. Teogenes Baluma and Gen. Santos City Health Officer Dr. Edgardo Sandig during the "Ligtas Tigdas" nationwide campaign. They visited the vaccination post at Purok Saeg, Barangay Calumpang, General Santos City. Purok Saeg has a population of 5,122 with 589 eligible children for MR vaccination and 691 for OPV



Assistant Secretary Gerardo V. Bayugo (Luzon Operation Cluster Head) discusses with DOH Regional Office V Director Gloria J. Balboa and Asst. Regional Director Napoleon L. Arevalo the data of the MROPV status during his regional monitoring visit on September 11



Undersecretary Dr. Nemesio T. Gako (Head, Administration Technical Cluster-DOH) visited Mandaue City on September 12 for rapid coverage assessment of MR-OPV Immunization. The official visit was well attended by barangay officials, city health officers and DOH Personnel convened at Looc, Underbridge Mandaue City wherein important matters have been discussed regarding the said campaign



Asst. Sec. Enrique A. Tayag "warms up" the crowd his dance moves during the "Ligtas sa Tigdas" campaign in Tebeng Elementary School in Dagupan City



Cute babies of Tacloban City and Palo, Leyte are up for their measles-rubella-polio vaccination with Asst. Secretary Paulyn Jean B. Rosell- Ubial (Visayas Operations Cluster Head) and Mayor Matin Petilla of Palo Leyte cheerfully marked this campaign. Kids, *Walang iyakan ha!*



DOH Health Secretary Dr. Enrique T. Ona with Usec. Ted Herbosa in Brgy. Catmon Malabon last September 12, during MR-OPV Monitoring Visit. Together with them are: City Councilor for Health Merlin Mañalac, Liga ng Barangay President Councilor Paulo Oreta, Brgy. Capt. Angelica de la Cruz of Brgy. Longos, Asst. Regional Director Ruben S. Siapno and Dr. Isauro Garcia, OIC-City Health Officer, Malabon City

Message FROM THE HEALTH SECRETARY



Secretary ENRIQUE T. ONA

The Philippine Journey Towards Universal Health Care

This Keynote Speech was delivered by Health Secretary Enrique T. Ona, MD at the APEC High Level Meeting on Health and the Economy last August 15 at Beijing Hotel

Your Excellency, Honorable Minister of Health Li Bin,
National Commission of Health and Family Planning,
People's Republic of China

Fellow Ministers of Health from APEC-member
countries,

APEC Country Delegates,
Distinguished guests,
Ladies and Gentlemen,

Good morning!

With the changing landscape of international health such as the graying of populations, the silent epidemic of non-communicable diseases, the emergence and reemergence of infectious diseases, the increasing intensity of natural disasters due to climate change, it is imperative that our region should have a clearer direction in pursuit of our shared goal of a healthy Asia Pacific. Thus, the theme, "A New Vision for a Healthy Asia-Pacific in 2020" is very appropriate.

The first three (3) High Level Meetings focused on specific challenges to health, namely non-communicable diseases in 2011, women's and children's health in 2012 and last year, the role of health and universal health coverage in driving economic growth and development. This resulted in the 2013 APEC Ministerial Statement on "Sustainable Healthcare in the Asia-Pacific." This year's theme for the High Level Meeting is a logical follow-up to the discussions from the previous High Level Meetings.

The Philippines has joined other countries in responding to the global call of universal coverage. For the past four (4) years in the pursuit of achieving Universal Health Care or *Kalusugan Pangkalahatan* (KP), the Philippines is witnessing a considerable reform and progress in spite of the challenges we still face. Certainly, the Philippine health system is changing for good.

Universal Health Care is the health agenda of His Excellency Benigno S. Aquino III to ensure that all Filipinos, particularly the poor, are 1) Able to access a reasonable level of health services at affordable cost, by being

enrolled in the National Health Insurance Program; 2) Cared for in modern health care facilities; and 3) Prevented from falling ill by using public health services to improve health outcomes and attain health-related Millennium Development Goals (MDGs).

The Philippine government recognizes that improved access to care not only promotes good health but also contributes to increased labor force productivity, employment and, eventually, economic growth. Hence, investing in UHC is critical for reducing poverty and promoting inclusive growth, which is the centerpiece of the social contract our President has committed with our people.

Given limited resources and institutional capacities, UHC implementation in the country prioritizes poorest Filipino families and progressively includes expansion of the health benefits of all sectors especially the formal sector and the non-poor informal sector.

The cornerstone of Universal Health Care is a strong social health insurance system that will ensure steady financing for the health sector. We have improved financial risk protection by being more inclusive of the poor as reflected in the increased national health insurance coverage, from just 47 million Filipinos in 2010 to 79.8 million Filipinos (82 percent) as of April 2014.

This includes coverage of 14.7 million poor Filipino families through the national government subsidy amounting to PhP 35 billion or USD 797.8 million for this year alone. And this was made possible through the passage of two important laws, namely; An Act Restructuring the Excise Tax on Alcohol and Tobacco of 2012 (RA 10351) and the National Health Insurance Act of 2013.

While we are subsidizing the premiums for all poor Filipino families, we are also expanding the health benefits of the national health insurance program such as an all case rates system to maximize patient's benefits and reducing out-of-pocket expenses; benefit packages that include catastrophic illnesses and more importantly outpatient care benefit for non-communicable diseases. Also to ensure that no additional expenses are required from the poor members and dependents confined in government health facilities, the No Balance Billing Policy for the sponsored program was adopted since 2011.

Improving the insurance coverage and utilization are being undertaken simultaneously with efforts to upgrade health facilities and hospitals. For the past four years, a total of PhP 46.4 billion or USD 1.06 billion was invested

to upgrade, rehabilitate and construct health facilities through the Health Facilities Enhancement Program (HFEP) to improve availability and access to quality health care services.

We also recognize the resources, expertise and new services that the private sector can offer. We can take advantage of the efficiency and the economy of the private sector. In fact, Public Private Partnership is one of our strategies for modernizing our hospitals.

UHC interventions encompass also fully funded public health programs like immunization, maternal and child health, communicable, infectious and non-communicable diseases to ensure attainment of health-related Millennium Development Goals by 2015.

Reducing maternal and neonatal mortality in the Philippines remains a key development challenge. Thus, the passage of the Responsible Parenthood and Reproductive Health Act (RPRH) in 2012 broadens and strengthens our current reproductive health programs to improve maternal, adolescent and child health in the country.

In addition to all these, the Philippine government recognizes the consequences of pandemic extent not only to health but more importantly to social, political and economic milieu. Thus, we are also focusing our efforts in pandemic preparedness and emergency response as exemplified in our coronavirus response earlier this year. As a matter of fact, the President created an Inter-agency Taskforce for the Management of Emerging Infectious Diseases in the Philippines.

These are some of the significant accomplishments for the past four years. Achieving UHC in the Philippines will require more than increasing financial resources to the sector. Some challenges include that enrolment needs to be translated into effective enrolment where all members are aware of the breadth of their benefits and use them; mechanisms will need to be put in place to enforce the no balance billing policy; upscaling the benefits for the formal sector and even for the informal sector; increases in premiums and the benefit package will require careful actuarial analysis. We acknowledge that there are existing gaps that will need to be addressed.

On the other hand, the Philippine membership in APEC puts us in a good position to be part of the advances and innovations that the global community offers. The challenges of the health sector and financial risk protection can be managed better in a community of nations.

We hope to be able to reap meaningful results that an APEC platform creates for liberalization, facilitation and economic and technical cooperation for both human and economic development in our region.

Thank you and *Mabuhay!*