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TOWARDS QUALITY HEALTHCARE FOR ALL

Aligning healthcare facilities with KP

For 2014, HFEP allocates PhP 13.5 B for construction, upgrading of 448 hospitals, 1,028 RHU's and 1,365 BHSs nation-wide

By Gelyka Ruth R. Dumaraos

THE ACHIEVEMENT of *Kalusugan Pangkalahatan* (KP) requires one important pillar, and that is, the availability of quality primary healthcare facilities for preventive and basic emergency services and hospitals for curative and rehabilitative care services.

The Health Facilities Enhancement-Program (HFEP) of the Department of Health (DOH) ensures that the construction, upgrading, enhancing, equipping of all necessary healthcare facilities are promptly undertaken and are on track.

Health Secretary Enrique T. Ona highlighted the importance of HFEP as one of the key programs of the Aquino administration, noting that a total of PhP 46.27 billion has been allocated for about 8,453 HFEP-funded projects in the country. These HFEP-funded projects are currently being implemented in 6,911 health facilities.



QUALITY HEALTHCARE FACILITIES FOR FILIPINOS The development of quality healthcare facilities, through the Health Facilities Enhancement Program (HFEP), is a vital step in achieving *Kalusugan Pangkalahatan*. With Health Secretary Enrique Ona at the helm, a more improved quality of life especially in healthcare, is on its way for every Filipinos

Moreover, these facilities are under 761 LGU hospitals and other health facilities and 70 DOH hospitals, 3,395 rural health units (RHUs), and 2,685 barangay health stations (BHSs).

HFEP for this year funded an amount of PhP 13.5 billion for the upgrading, rehabilitation, expansion, equipping, and construction of 448 hospitals, 1,028 RHUs and 1,365 BHSs.

Next year, the DOH proposed to Congress an amount of PhP 13 billion for the upgrading of 1,660 BHSs, 475 RHUs, 162 LGU Hospitals, 51 DOH Retained Hospitals, 9 DOH Specialized Hospitals and 13 DOH Treatment and Rehabilitation Centers.

Sec. Ona stressed the importance of achieving the KP thrusts and key performance goals in terms of access to quality care services and financial risk protection as exemplified by the implementation of the No Balance Billing (NBB) policy by PhilHealth. In NBB, an indigent patient does not have to pay the healthcare facility any additional amount in case of hospitalization or surgery.

"With the increasing demands brought by the

PhilHealth enrolment, there are needs to have health facilities that can respond to their health care needs at all levels of care," Sec. Ona said. "Through modernization of DOH specialized hospitals in Metro Manila will be reduced," he added.

He noted for instance a patient who needs open heart surgery from Mindanao can go directly to the Southern Philippines Medical Center in Davao City for the needed operation.

A minimum of PhP 100,000 for transportation and other living expenses could be saved if the patient is operated in an accredited medical center near their place of origin than if he or she is brought to Manila to be operated at the Philippine Heart Center. The saved amount could be used by the patient for drugs and other treatments he or she may need.

In the perspective of family and community, Sec. Ona said that accessible quality health facilities would lessen economic burden by reducing transportation expenses.

Statement of Acting Health Secretary Janette Loreto Garin in the Passing of Secretary Juan Martin Flavier



"We are no longer the once super-provider of health services. We are now a servicer of servicers."

-Sec. Juan M. Flavier

Dr. Juan Martin Flavier was among the best pioneering Filipino public health experts and public health communication "specialists" the Department of Health ever had.

The charismatic and charming Dr. Flavier towered among his colleagues at the Department of Health and the larger Philippine health community with his effective harnessing of wit, humor, folksy disposition, and humble ways in decisively advancing his health advocacies and programs.

As a senator, Dr. Flavier used these powerful tools in crafting legislation which focused on public health issues and concerns that enormously benefit

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SO LONG, SECRETARY DOH Officials paid their last respects to former Health Secretary Juan Flavio last November 4 at the DOH Convention Center where a Necrological Mass was also held

millions of Filipinos today, and will continue to contribute to the welfare of Filipinos of tomorrow.

Dr. Flavio is a giant in the history and development of Philippine public health. He will be remembered fondly for his "OplanAlis Disease," the nationwide mass immunization campaign against polio, "YosiKadiri," the anti-tobacco campaign, and the "Doctors to the Barrio," which encouraged graduates of medical schools to work and serve in the far-flung under-served, poor communities and barangays.

Dr. Flavio's "Let's DOH It" battlecry was an instant hit, becoming a household phrase while he served honestly and with integrity the Filipino people as Secretary of Health. His legacy serves as an inspiration for us in the Department of Health to continue his pioneering public health programs.

Dr. Flavio will be eternally honored and remembered as a Secretary of Health who made the Department of Health an institution and an instrument of the government in genuinely serving the Filipino people through his innovative, powerful, and effective health campaigns and advocacies. He is the Filipino people's public health champion, both in the executive and legislative branches of the government.

The Philippine flag will be at half-mast in all offices and agencies of the Department of Health nationwide starting today until November 5, 2014 as a sign of mourning and respect.

'Juan Mission for a Well-Nourished Nation'

8th expanded nutrition survey generates encompassing health data

THE FOOD and Nutrition Research Institute of the Department of Science and Technology (FNRI-DOST) presented the initial results of the 8th National Nutrition Survey (NNS) at the 2nd National Nutrition Summit.

The expanded survey, which also aimed to generate data on other local health and medical aspects, was conducted from June 2013 to April 2014—covering all 17 regions of the country, 79 provinces, 45, 047 households and 172, 323 individuals.

NNS—which has evolved to become the key source of the data for the national government—aims to determine and evaluate the food intakes, nutrition and health status of Filipino.

With this, provision of official statistic on food, nutrition and healthy situation of the country shall be addressed.

Under the 2013 NNS, encompassing components are anthropometry, biochemical, clinical, dietary intake of households and individual, demographic and socio-economic profiles of participants, food security, government program participation, selected health risk factors pertinent to nutrition, infant and young child feeling, maternal and child health and the salt survey.

Survey findings

The 2013 NNS results in tandem with time trends from previous NNS, may have reflected the impact of policies and program that have been implemented.

Results showed that there are dramatic results

in the reduction in smoking 31.0 percent in 2008 to 25.4 percent from and stunting prevalence from 33.6 percent to 30.3 percent.

Meanwhile, a reduction on anemia prevalence was also highlighted, noting its attribution to the intensive efforts on micronutrients fortification and supplementation as well as on the treatment of anemia-causing diseases as malaria and parasitism. This was noted from a decrease of 39.4 percent from 55.7 percent in 2008.

The survey also revealed that the goals of reaching MDG 1's 50 percent reduction of underweight prevalence from 1990 baseline levels in children under 5 years of age is unlikely to be achieved by 2015. Thus, evaluation of child under nutrition programs needs to be conducted.

It was also noted that the positive changes documented should encourage more focused interventions to address persistent nutrition problems such as childhood underweight, stunting (which though declining is still relatively high) and wasting.

The growing problem on adult overweight and obesity should also be considered.

Likewise, programs and policies need to be strengthened to prevent emerging conditions such as diabetes from increasing even further.

The addition, reports on hypertension and elevated blood glucose among pregnant and lactating women was done to draw interest in doing further research along these lines as these become risk factors for hypertension and diabetes for women later in life.

Polio endgame

IPV included in expanded immunization for kids

By Gelyka Ruth R. Dumaraos

AN INACTIVATED polio vaccine or IPV, which is injected intramuscularly, was added to the expanded children immunization program in a launching ceremony led by the Department of Health (DOH) in Parañaque City last October 6.

This is also as an additional part of the country's action for the Polio Eradication and Endgame

Strategic Plan 2013-2018 which was drafted during the May 2012 World Health Assembly.

Health Secretary Enrique T. Ona said that the introduction of inactivated polio vaccines will allow a stronger protection of Filipino children against polio. It shall also maintain the country's polio-free status.

"The DOH recognizes immunization as a key element in reducing the burden of childhood mortality and morbidity and the inclusion of the IPV boosts our children's health and immunization programs," he said.

The IPV protects against polio type 1 and 3 and outbreaks of wild or vaccine-derived poliovirus type 2 while the OPV is effective only against the wild poliovirus.

It will be given in health centers in addition to the Oral Polio Vaccine (OPV) drop when a child is fourteen (14) weeks old.



POLIO FREE PH DOH officials, headed by Sec. Ona introduced the Inactivated Polio Vaccine (IPV) in a launching ceremony held at Parañaque City last October 6

Though the Philippines has long been declared as a polio-free country by the World Health Organization (WHO), it is still considered as one of the high-risk.

This is because of the country's mobile

population, the presence of numerous airports, seaports, and other ports of entry, the presence of areas with low immunization coverage, and inadequate reporting of cases.

Conference of the Parties 6 addresses 'globalization of tobacco epidemic'

COP6 addresses 'globalization of tobacco epidemic'

By Dr. Ivanhoe C. Escartin
OIC Director IV, National Center for Health Promotion



COP VS TOBACCO EPIDEMIC A welcome reception and dinner for the Philippine Delegation to the Conference of Parties 6 (COP 6) was hosted by H. E. Melchor Lalunio Jr., the First Secretary and Consul, was held on October 12 at the Philippine Embassy, Moscow, Russia. COP6 was conducted at the World Trade Center, Moscow, Russia on October 13 to 18, with PhilHealth President and CEO Atty. Alexander A. Padilla, as the head of the delegation

THE WHO Framework Convention on Tobacco Control (WHO-FCTC) is the first international treaty negotiated under the auspices of the World Health Organization. The WHO FCTC was developed in response to the globalization of the tobacco epidemic. The spread of the tobacco epidemic is facilitated through a variety of complex factors with cross-border effects, including trade liberalization and direct foreign investment.

The WHO FCTC has 179 signatories which makes it one of the most widely embraced treaties in UN history and the Philippines is one of the signatories.

The Conference of the Parties (COP) is a governing body of the WHO FCTC, comprised of all Parties to the Convention. It promotes and keeps under regular review the implementation of the Convention. The COP history is as follows:

- COP 1 – 2006 in Geneva, Switzerland
- COP 2 – 2007 in Bangkok, Thailand
- COP 3 – 2008 in South Africa
- COP 4 – 2010 in Uruguay
- COP 5 – 2012 in Seoul, Korea

The session was opened by the President of the COP, Professor Chang-jin Moon of the Republic of Korea. Ms Veronika Skvortsova, Minister of Health of the Russian Federation, welcomed participants and conveyed a message from the President Vladimir Putin of the Russian

Federation. Minister Skvortsova briefly reviewed the situation of tobacco control in the Russian Federation, including the adoption of the national anti-tobacco policy concept and the federal law to protect citizens from the effects of secondhand smoke. Dr. Margaret Chan, Director-General of WHO, addressed the COP, emphasizing the need to resist the attempts of the tobacco industry to undermine tobacco control by means, for example, of litigation and interference in the process of government policy-making.

The COP 6 came up with 20 major decisions. Among these are the following:

- Guidelines for implementation of Article 6 of the WHO FCTC (Price and tax measures to reduce the demand for tobacco)

- Smokeless tobacco products; Electronic nicotine delivery systems, including electronic cigarettes; Control and prevention of waterpipe tobacco products

- Economically sustainable alternatives to tobacco growing (in relation to Articles 17 and 18 of the WHO FCTC)

- Further development of the partial guidelines for implementation of Articles 9 and 10 of the WHO FCTC

- Impact assessment of the WHO FCTC

- Implementation of Article 5.3 of the WHO FCTC: evolving issues related to interference by the tobacco industry

- Sustainable measures to strengthen implementation of the WHO FCTC

- Issues related to implementation of the WHO FCTC and settlement of disputes concerning the implementation or application of the Convention and Trade and investment issues, including international agreements, and legal challenges in relation to implementation of the WHO FCTC

The Philippines had 16 delegates coming from the Department of Health, Department of Trade and Industry, Department of Agriculture, Department of Environmental and Natural Resources, Department of Finance, Permanent Mission from Geneva and Russia as well as the Civil Society Organizations (New Vois Association of the Philippines, South East Asia Tobacco Control Alliance and Health Justice). The delegation was headed by Atty. Alexander Padilla, CEO and President of PhilHealth.

The Philippine delegation was active in the many deliberations. Together with the Malaysian delegation, the Philippines was awarded the orchid award by the Framework Convention Alliance for their efforts concerning the implementation or application of the Convention and Trade and investments issues and legal challenges in the implementation of the WHO FCTC.

COP6 was officially concluded on October 18, 2014 with the official announcement that the host for COP7 will be New Delhi, India on 2016.

EDITORIAL



Illustration by Rackel Selena Lumbang

We're almost there

NEXT TO WORK-LIFE balance and job security, health is among the top concerns of many Filipinos. Maintaining good health is everyone's concern, whether one is rich or poor. The older one gets, the more the effort and resources needed to keep one in the pink of health.

Maintaining good health either by preventing diseases or promptly treating whatever medical problems one may have entails some cost. This is not a problem with the rich who can easily afford to pay for their health needs and whatever health services they require. But the marginalized sector of society, especially the poorest of the poor, need great attention and assistance.

For several decades now, our national government has been aiming to provide the poor adequate access to affordable, quality healthcare. It has been a most challenging, or what some people would call a Utopian dream; and many of our fellow Filipinos have died, without the benefit of medical treatment for their ailments.

The government has tried decentralizing the responsibility and the Local Government Code shifted part of the shared responsibility of managing healthcare delivery from the national government to the local government units. But along with it arose problems in managing issues on health workers and infrastructures, procurement of drugs and other medical supplies, and many other related logistical and administrative problems.

With the expansion of the health insurance coverage—with more members now being covered by PhilHealth—upgrading substandard government health facilities particularly in the rural areas is imperative. This is one critical area being addressed by our Universal Health Care (UHC) program, also referred to as *Kalusugan Pangkalahatan* (KP), which is the main health agenda of President Benigno S. Aquino III.

Upgrading facilities, along with skills development of healthcare workers, is a major component of the KP program. Thus, the Department of Health (DOH) implemented the Health Facilities Enhancement Program (HFEP) with the main goal of improving the delivery of basic, essential, as well as specialized health services.

KP, through the HFEP, is currently undertaking the revitalization of primary health care facilities and the rationalization of the various levels of hospitals to decongested-referral hospitals. Facilities are being upgraded to make them more responsive to the "needs" of the catchment area.

The HFEP was initially available to local government units (LGUs) in F1 sites only but has now been expanded to cover all provinces in the country. However, in the course of the program's implementation, the Department of Budget and Management (DBM) has received feedback regarding difficulties encountered in implementing this program. Thus, a study was conducted on the Improvement of the Implementation Procedures and Management Systems for Health Facilities Enhancement Grant of the DOH in 2012.

The said study assessed the indicators used in choosing which facilities should be targeted for upgrading to ensure equity in the allocation of funds. It evaluated the rationale for the choice of facilities that will be upgraded through HFEP, and presented some policy options that can be considered to improve equity and efficiency in allocation of funds.

The study recommended a clearer policy on allocation of HFEP funds, a need for securing a sustained funding source for HFEP, and a need for establishing a monitoring and evaluation plan for HFEP.

We know that there are still gaps that need to be filled for this program to fully succeed, but rest assured we're doing everything we can to address these concerns. We believe there should be more to the program than just providing systems upgrade, medicines, and state-of-the-art equipments.

To successfully implement the Aquino Health Agenda or KP, enlightened leadership and good governance practices are required. Aside from effective medical products and technologies, these entail accurate and timely information and feedback on performance, financing that lessens the impact of expenditures especially among the poorest and the marginalized sector, competent workforce, and appropriately delivered essential services.

Despite the gaps and some loopholes that need to be plugged, we have indeed gone a long way already in achieving *Kalusugan Pangkalahatan*. More work need to be done though, and the government cannot do this alone. It needs the support of the entire citizenry who believe that "health for all" is possible and achievable. We're almost there.

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

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We would like to hear from you!

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DOHFiles@gmail.com



Davao Regional Hospital provides hostel for cancer patients



GETTING THE BEST care for cancer patients oftentimes requires them to travel away from home. This brings another emotional and financial burden on patients and their significant others during an already challenging time.

As a response to this challenge, the Davao Regional Hospital (DRH) spearheaded by the Mindanao Operations Cluster Head, Assistant Secretary Dr. Romulo A. Busuego together with the generous contributions from the Department of Health (DOH), pave way for the establishment of a Hostel.

The Davao Regional Hospital's Hostel is the first and only hostel in the country that intends to temporarily host cancer patients from different parts of Mindanao that undergoes cancer treatment. This Hostel is expected to help in patients' optimal recovery from side effects of the treatment and minimize frequent travel from and to the Cancer Center. Added with the fact that the place is purposely designed where they can find helping hands, a ray of hope and most especially a place that they can call – home away from home.

The DRH Hostel is located in the Special Services Complex, a one-stop-shop facility, housing the Oncology and Nephrology Center and Ambulatory Care Center.

The entire hostel facility is comprised of forty (40) rooms, with a total floor area of 1,056 sq.m. Each room has an average floor area of 16 sq.m. with toilet and bath. In order to maximize the comfort offered for our cancer patient, from their treatment to resting phase, the DRH Hostel is built with a gazebo at the center ground and landscaped beautifully, to provide area for their support and recreational activities.

The Davao Regional Hospital's progress and development is indeed a success, which intends to improve the service delivery for the people of Davao Del Norte, for the neighboring provinces, for the entire region and for the people all over Mindanao.

The DRH Cancer facility does not only offer cancer care at its best, it continues to provide excellent care and service with compassion that our patients truly deserve.



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San Lazaro Compound, Rizal Ave., Manila

DOH IN ACTION



INFECTIOUS THREAT Health Secretary Enrique Ona said that country is now ready to battle with the global public emergency on Ebola virus in a DOH Press Conference held on October 21, 2014, at the Filinvest Corporate City, Alabang, Muntinlupa City. Through the Research Institute for Tropical Medicine (RITM), which is equipped with rapid detection technology, laboratory, hospital facilities, and trained personnel, better response on the threat of new infectious disease agents can be promptly addressed



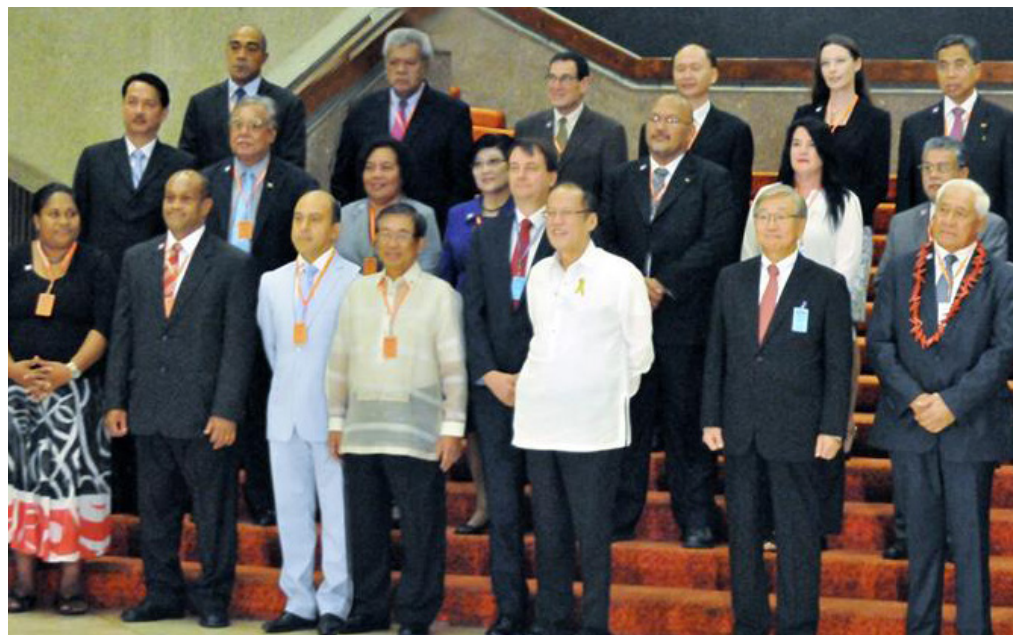
Sec. Enrique T. Ona gave the Welcome Remarks during the National Summit on Ebola Virus Disease with the theme "One Nation, One Direction Against Ebola Virus Disease." He stated that the best remedy against panic and hysteria is to ensure that the public is well-informed not only of the disease, its prevention and supportive treatment, but also of the actions of the government to ensure that the Philippines remains Ebola-free



CHILDREN'S HOSPITAL Health Secretary Enrique T. Ona and National Children's Hospital Director Dr. Epifania Simbul lead the inauguration of the hospital's new Medical Arts Building, Operating Room Complex and Philhealth / Private Rooms last October 1. Also present during the event were Health Assistant Secretaries Jaime Lagahid and Elmer Punzalan and other DOH hospital directors



MEASLES MASS IMMUNIZATION Health Secretary Enrique T. Ona led the "Ligtas sa Tigdas" mass immunization campaign at Pulung Catcutud, Angeles, Pampanga last month



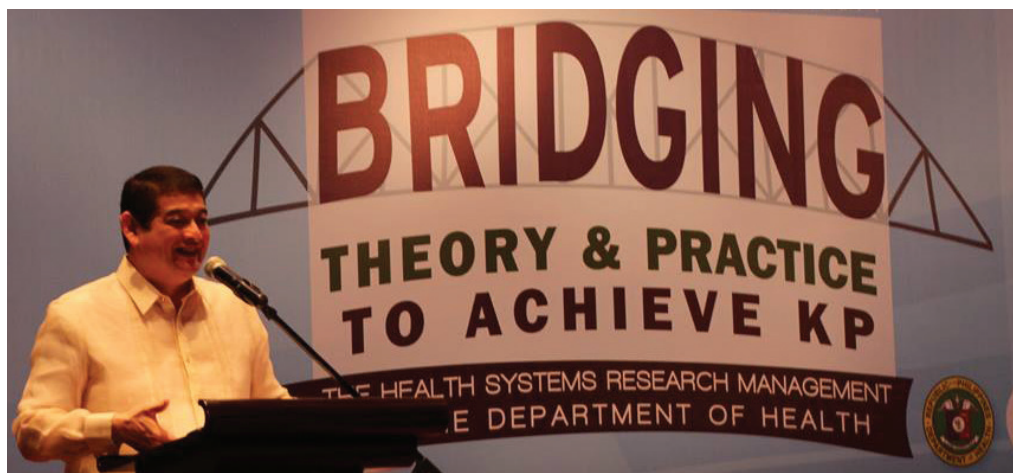
WHO REGIONAL MEETING President Benigno Aquino III welcomed the delegates to the 65th Session of the World Health Organization (WHO) Regional Committee for the Western Pacific region last October 13 held at the Philippine International Convention Center (PICC). After 25 years, the Philippines takes the role of being the host to the annual meeting of the WHO's Governing Body in the Western Pacific Region, which is composed of 37 countries and areas



DOH IN ACTION



KP ROADSHOW IN ILOILO Acting Secretary of Health Dr. Janette Loreto Garin giving a message during the *Kalusugan Pangkahalatan* or KP Roadshow in the Municipality of San Joaquin, Province of Iloilo. KP on Wheels promotes health awareness and offers various health care services to the people.



ACHIEVE EXCELLENCE FOR KP Senator Teofisto 'TG' D. Guingona III gave the Keynote Message during the 15th National Health Research Forum for Action in Marriott Hotel on October 21, 2014. He stated that we must ensure that all Filipinos are well and healthy in order for them achieve excellence in life. And we must strive to achieve excellence in what we do in order to provide excellent care to all Filipinos so that they may be excellent too just like us



VISAYAS CLUSTER CONFERENCE Assistant Secretary Dr. Paulyn Jean Rosell-Ubial delivering her message during the Kalusugan Pangkahalatan Monitoring and Evaluation for Equity & Effectiveness (KP ME3) Visayas Cluster Conference held on October 23, 2014 at Citystate Tower Hotel, Ermita, Manila. This one-day conference was attended by various DOH Officials of Visayas Regional Offices, Retained Hospitals, Attached Agencies, selected Local & National Government Agencies, Local Chief Executives and various Development Partners and Stakeholders.

This ME3 conference is conducted not only to gauge each province or city's health reforms have improved through outcomes for all, especially the poor but also to determine how these reforms have led closer in achieving the public health goals



MOST OUTSTANDING ALUMNI Undersecretary Nemesio T. Gako awarded as the UP-College of Public Health Most Outstanding Alumni during the 2014 UPCPHAS Annual Convention. With him are ASec. Paulyn Ubial, UPCPHAS President, Dir. Vera, Dr. Fandiño and Dr. Faraon



READY FOR EBOLA Officials from the Department of Foreign Affairs underwent a one-day orientation at RITM on Ebola Virus Disease & Basic Infection Prevention and Control, as part of the government's efforts for multi-sectoral preparedness and response to Ebola Virus Disease. The DFA team will be involved in the repatriation of overseas Filipino workers from Western Africa

Message FROM THE HEALTH SECRETARY



Secretary ENRIQUE T. ONA

65th Session of the WHO Regional Committee for the Western Pacific

THIS SPEECH was delivered at the Philippine International Convention Center (PICC) for the 65th Session of the WHO Regional Committee for the Western Pacific last October 13.

Honourable Ministers
Distinguished Representatives
Dr. Shin Young-soo, Regional Director, WHO Western Pacific Region
Representatives of agencies of the United Nations, Intergovernmental Organizations and Non-governmental organizations
Ladies and gentlemen.

Good morning.
I welcome you again to the Philippines. After 25 years, our country again plays host to the Regional Committee. Many of you know the Philippines very well—so we had to think of ways to make this stay special. I trust that the Opening Ceremony gave you a glimpse of the richness of our culture. I invite you to view the exhibits and learn more about our country's progress towards universal health care.

Distinguished representatives.
I thank you for the distinct honour you have given me as chair of what to us is the historic sixty-fifth session of the WHO Regional Committee for the Western Pacific.

I would like to extend my thanks and congratulations to the outgoing chair, the Honourable Dr Leao Talalelei Tuitama, Minister of Health, Samoa, and the other office-bearers of the last RCM for a job well done. I have a tough act to follow.

Ladies and gentlemen.
A year ago, our country was hit by the strongest and fastest moving typhoon to make landfall in modern history. Typhoon Haiyan—called “Yolanda” in the Philippines—swept away homes and lives at the speed of 276 kilometres per hour. Our President had made reference to this yesterday but I would like to add some of my insights.

The first time I saw the extent of the devastation from a helicopter—I was at a loss for words. As far as the eye could see, there were vast tracts of land with uprooted trees, cars piled on top of each other, boats swept ashore and pinned to devastated buildings, endless rubble—and scores of people walking aimlessly through the debris and dead bodies.

Weather conditions made it difficult to reach these islands by sea, by air or by land—it was close to impossible to undertake rescue and relief operations.

The Department of Health was completely cut off from communication with our regional hubs in the Visayas. That region had barely recovered from a 7.3 magnitude earthquake that struck two weeks earlier.

When the weather cleared and we slowly gained access to these areas, we learned that the strength and speed of the wind brought with it a storm surge which had the effect of a tsunami, with watermarks as high as 46 feet. In comparison, the watermark for Hurricane Katrina in the United States was 23 feet. Videos posted on social media showed how the water rose in a matter of seconds and literally swallowed up two-story structures.

All told, 16 million people were affected, thousands were injured, and around 6000 people died. Four million people were displaced—

without water, food, shelter or power. Our health facilities and personnel were not spared. They too were victims.

Those were the conditions and the challenges that we had to address.

In hindsight, I realized—how the world as we know it—can change in a wink of an eye. I realized how we are all vulnerable—and indeed how death and destruction can seize us unexpectedly.

Colleagues.
As I look back on those days, three distinct images flash in my mind. The first is the massiveness of the destruction and damage. The second is the resilience of our people. The third is the spontaneous outpouring of support from the international community.

From every corner of the world—the Filipino people felt the help that came in a multitude of forms.

This brought us hope. And it was hope that helped us muster the strength to overcome this catastrophe. It was hope that enabled millions of people in the Visayas to get back up on their feet—and start again.

We were humbled by the generosity of the whole world—and all those who remembered us in that dark hour—with prayers and words of comfort. We are deeply grateful, and we will never forget this.

If I attempt to name the governments and organizations that provided assistance, the list would be endless. For up to this very moment, support still continues to come in. At the height of the emergency and response thereafter, a total of 150 foreign medical teams and over 100 Filipino surgical-medical teams responded. WHO provided over 150 million tonnes of life-saving medical supplies and drugs and supported the coordination of international assistance.

Dr. Shin, thank you for your full support. You have generously put at our disposal the services and facilities of both the WHO Country Office and the WHO Regional Office in the Western Pacific.

Excellencies,
I come out of that experience convinced that, in turbulent times, we cannot afford to curse the darkness. We simply need to light a candle. And with one candle at a time, darkness can turn to light.

My fellow Ministers,
We have a full agenda ahead of us.
We have heard the excellent report of the Regional Director.

Dr Shin, we congratulate you on your well-deserved re-election last year. We look forward to more years of productive collaboration. There is no doubt that we face many uncertainties including the global threat of Ebola. I am certain that under your leadership, we can depend on the efficient mechanism for international collaboration through the World Health Organization.

Distinguished representatives.
We have six major agenda items that we hope to cover in the next couple of days and a number of progress reports. So I ask for your cooperation to enable us to finish our work—ahead of time, I hope.

This morning we will discuss the draft Proposed Programme Budget 2016-2017. This budget builds on the approved Programme Budget 2014-2015.

It is said that “There is no health without mental health”—and it has been some time since mental health was on the agenda of the Regional Committee. We are asked to consider a draft Regional

Agenda for Implementing the Mental Health Action Plan (2013-2020).

We shall discuss progress in the implementation of the Framework Convention on Tobacco Control and consider the draft Regional Action Plan, to guide our work for the next five years. I am looking forward to sharing the story on our battle to raise tobacco and alcohol taxes. This has raised a billion dollars in revenues which will cover the health insurance premiums of over 10 million families, among others.

I am glad that we would have the opportunity to discuss antimicrobial resistance. Being a transplant surgeon myself, I only know too well how antimicrobial resistance can compromise the success of modern medicine such as organ transplantation, cardiac surgery and so on. The draft Action Agenda for Antimicrobial Resistance in the Western Pacific Region will be up for our consideration, to guide our national responses.

The Western Pacific is a high performer in the control of vaccine-preventable diseases. We have maintained our polio-free status, and made good progress toward elimination of measles and maternal and neonatal tetanus. The draft Regional Framework for Implementation of the Global Vaccine Action Plan in the Western Pacific has been developed to support countries in further strengthening immunization programmes.

Finally, our Region is described as the world's disaster epicentre. According to the World Risk Report of 2013, 10 of the top 20 countries most exposed to natural hazards—such as earthquakes, floods, tsunamis and typhoons—are in our Region. A draft Western Pacific Regional Framework for Action for Disaster Risk Management for Health is presented for the Committee's consideration.

Colleagues,
Having gone over our agenda for this meeting, allow me to share some final thoughts on themes that underpin our work through the World Health Organization.

A few weeks back, at the United Nations Climate Change Summit in New York, through the Compact of Mayors—representing 200 cities with a combined population of 400 million—cities pledged new commitments to reduce annual greenhouse gas emissions. This highlights the critical importance of working with cities, local governments and the private sector, on health and the environment.

The Ebola outbreak is instructive—we are only as strong as our weakest link—we need to invest in improving the overall capacity of our health systems.

We cannot allow lapses in the containment of communicable diseases.

The heavy burden of non-communicable diseases requires refocusing of our existing infrastructure toward the new public health challenges: hypertension, diabetes, cancer and strokes. Safety promotion, injury prevention and management of trauma need to be strengthened at all levels of the health care system as well.

Distinguished representatives.
Over the next few days, I look forward to your active participation in the discussions on very important health issues that require our urgent attention and action.

I thank you all for coming to the Philippines. As Chairperson, I, together with my co-office-bearers and with the help of the WHO Secretariat, will do everything to see to it that we manage our time well and achieve what we set out to do, leaving enough space for you to enjoy and have more fun in the Philippines as we have prepared a special programme for you.

Again, I welcome you to our country and I wish us all a productive and meaningful meeting.

Mabuhay!!!