

what's
inside



A year after
typhoon Yolanda

p2



EDITORIAL:
Allaying the
Ebola scare

p4



Health Leadership
and Governance
Program

p6



Message:
Promoting and
Protecting the
Health of
Filipinos

p8

THE DOH files

VOL. 1 ISSUE 7
NOVEMBER 2014

TOWARDS QUALITY HEALTHCARE FOR ALL

'Building back better'

DOH hospitals continue to deliver needed healthcare services a year after supertyphoon Yolanda

By Gelyka Ruth R. Dumaraos



BEFORE AND AFTER The Tacloban City Hospital is now far from what it looked like a year ago when supertyphoon Yolanda devastated the area. This, as well as the other hospitals from typhoon-stricken areas, are now fully-operating and prepared with their promise to give better services to the public even when a similar catastrophe may occur again

WHEN TYPHOON Yolanda ravaged the country on November 8 last year, the whole world was appalled by the utter devastation with thousands of lives lost.

But this unfortunate event was turned into an inspiring story of how people, communities, and countries shared a helping hand to assist the typhoon victims rise up again from the catastrophe.

Part of the rehabilitation efforts is the immediate repair and reconstruction of hospitals and health facilities to render much-needed healthcare services to the survivors.

In line with the mandate of President Aquino, the Department

of Health (DOH) aimed not just to build back the damaged hospitals and facilities, but to build them back better.

Areas hit

The supertyphoon hit a large part of the Visayas area namely Guiuan, Eastern Samar; Tolosa, Leyte; Daanbantayan, Cebu; Bantayan Island, Cebu; Concepcion, Iloilo; and Busuanga, Palawan.

Considered as the strongest ever-recorded typhoon in recent Philippine history, supertyphoon Yolanda has left 3,424,593 families affected in Regions 4-A, 4-B, 5, 6, 7, 8, 10, 11 and CARAGA and has also displaced over

890,895 families in the process.

According to the National Disaster Risk Reduction and Management Council (NDRRMC), more than a million houses were destroyed with a sum of PhP 89 billion. This encompassed damages on infrastructure, productivity, social and cross-sectoral aspects of life in the affected regions.

As of 17 April 2014, the government has listed 6,300 dead, 28,689 injured and 1,061 people missing.

Healthcare impact

As for the public health sector, typhoon Yolanda damaged an estimated PhP 1.17 billion worth

continued to Page 3

KP(han) Forum

IN 2013, President Aquino awarded the prestigious ISO 9001:2008 certification to the Department of Health. This made the DOH as the first government agency under the executive branch to have a department-wide Quality Management System (QMS) under a single ISO 9001:2008 certification.

When Dr. Enrique T. Ona became the Secretary of Health, he wanted DOH to focus in achieving ISO certification, the same feat that the National

continued to Page 7



Assistant Secretary Gerardo V. Bayugo

A year after typhoon Yolanda

SUPERTYPHOON YOLANDA literally destroyed everything in her path. The destruction included hospitals, health centers and other facilities in areas where the strongest typhoon to ever hit in recent history landed.

Right after the typhoon, the Department of Health launched its rehabilitation program for the hospitals and health centers that were damaged. Today, a year after the supertyphoon, hospitals in the Visayas area are now continuing its mission to bring better healthcare to the public and promise a stronger infrastructure should a similar catastrophe hits again.

Here are just some of the hospitals and healthcare facilities that have been “rebuilt back better.”

Tacloban City Hospital



Felipe Abrigo Memorial Hospital, Guiuan, Samar



Leyte Provincial Hospital, Palo, Leyte



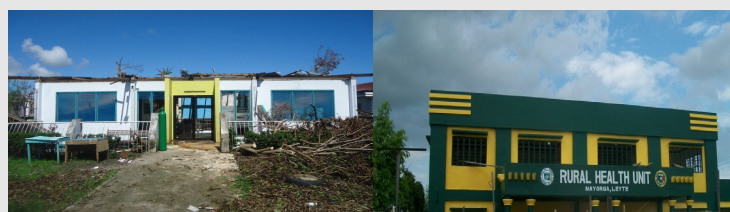
Tolosa RHU



Julita RHU, Julita, Leyte



Mayorga RHU



Guiuan RHU II



Giporlos RHU



Balangiga RHU



BHS Guinarona



BHS Bonifacio



BHS Amahit



from page 1 Building back...

of healthcare facilities. This consisted of PhP 863.7 million in infrastructure and PhP 307 million in equipment losses.

Meanwhile on the private sector, damage to the private health sector was pegged at PhP 1.96 billion.

At the wake of the typhoon, healthcare staff had to tend to the medical needs of survivors while also helping their own families who were affected.

While majority of the hospitals had to stop their operations because of the damage brought by the typhoon, there were still a lot of hospitals that attended to the sick, despite the severe damages to their facilities.

What served as the leading base for a wider relief for the wounded and sick was the Eastern Visayas Regional Medical Center (EVRMC).

Health Secretary Enrique Ona commended the story of EVRMC as the only hospital that remained functional during the typhoon.

"When all power lines and communication have shut down, the health sector still managed to maintain the essential services that the people needed," he said in his speech published at the Rising Anew photo book for hospital rehabilitation.

"The experience during Typhoon Yolanda highlights the important role of hospitals and brings to fore the importance of making sure that our health facilities can withstand disasters and continue to operate during and after a disaster to bring much needed relief to the victims," he said.

Health Facility Enhancement Program

He added that DOH has supported the building, strengthening and improvement of hospitals nationwide through the Health Facility Enhancement Program (HFEP).

"These efforts are aimed towards making hospitals as the last building standing in disasters. Hospitals should be sturdy and functional. Hospitals can also serve as focal points for power, communication, security, logistics and even evacuation in extreme emergencies," Sec. Ona said.

Aside from the hospitals itself, the capability and efficiency of human resources are also vital as well as the availability of medicines and equipments.

"The health sector must be built within a system where people are protected from financial risk. These require integrated information systems that link patients in all levels of care," he said.

All these, the health bureau said, are prerequisites as the country aims to achieve Universal Health Care (UHC) or *Kalusugan Pangkalahatan* by 2016.

Moreover, President Aquino stressed in his speech at the briefing of Philippine development partners on Reconstruction Assistance on Yolanda that the country should prevail over whatever natural challenges like typhoons which regularly wreak havoc and destruction on the country yearly.

"In confronting the escalating effects of climate change, the resources of countries like the Philippines will be strained to the limit. Let me assure you, we know that we cannot allow ourselves to be trapped in a vicious cycle of destruction and reconstruction," he said.

"We know that it is more efficient to prioritize resilience now, rather than to keep rebuilding. This is why we are going to BUILD BACK BETTER," the President added.

EDITORIAL

Allaying the Ebola scare

By God's grace and the vigilance everyone—the public and private sectors—are exerting, our country remains Ebola-free.

There is no indication that any of the close to 140 peacekeepers who are currently undergoing their 21-day quarantine at Caballo Island and at the AFP Medical Center could be a possible carrier of the deadly virus.

For a while, there was a bit of a scare when one of the returning peacekeepers developed high-grade fever and chills a few days after arrival from Liberia. He was immediately tested for ebola. Fortunately, the tests conducted were negative for Ebola infection and positive for malaria, which is also prevalent in Liberia. He was promptly treated and is considered fully recovered.

Like other deadly viruses that plagued the world like the Severe Acute Respiratory Syndrome (SAR) and Middle East respiratory symptom coronavirus (MERS-CoV), it is understandable for everyone to get scared should the Ebola virus reach our shores. Ebola virus disease (EVD) carries a high mortality rate in the vicinity of 60-70 percent. Acquiring it carries an ominous death sentence, and it could take a single patient to create an outbreak as what happened in West Africa.

As of November 28, 2014, the World Health Organization (WHO) reported that there are 15,901 total cases of widespread transmission in West Africa with 5,674 death tolls in three worst hit countries, namely Guinea, Sierra Leone, and Liberia.

Guinea suffered 1,260 total deaths out of 2,134 total cases and 1,805 laboratory-confirmed cases; Liberia had 3,016 death toll out of 7,168 total cases and 2,727 lab-confirmed cases, and Sierra Leone had 1,398 total deaths out of 6,599 total cases and 5,441 lab-confirmed cases.

Countries with initial cases or cases and/or localized transmission are the United States with one death out of four total cases and Mali with six deaths out of eight. Previously affected countries were Nigeria, Senegal, and Spain, but were all declared Ebola-free as of October 19.

According to the WHO, a national EVD outbreak is considered to be over when 42 days (double the 21-day incubation period of the Ebola virus) has elapsed since the last patient in isolation became laboratory negative for EVD.



While the WHO stresses that the epidemic is still far from being under control in the stricken West African countries, the good news is that more than 70 percent of the Ebola deaths that have been reported have been buried or cremated safely and that's one of the three keys to stopping an Ebola outbreak.

The two other crucial factors are the meticulous tracing of all people who have been in contact with patients so they can be watched and isolated if warranted, and the stringent isolation of patients before they can infect others.

The Philippine government is committed to exert all measures to keep our country Ebola-free. The Department of Health (DOH) is strictly following the guidelines to ensure that all returning peacekeepers and travelers from Liberia and the other Ebola-stricken countries undergo the required quarantine period.

But all the precautions being undertaken should also be science-based. It has been well established that EVD can only be transmitted if the person shows signs and symptoms of the disease. It is not transmissible during the incubation or asymptomatic phase of the disease.

EVD still remain a global threat. Our country is not spared from this threat. But the public must have an accurate grasp of the facts about the disease, so we will be in a better position to prevent it from breaching our borders; and should it do, we would be in a better position to promptly isolate it and prevent an outbreak.

The DOH appeals to the medical and other healthcare professionals, and also government officials to be cautious about their statements so they do not create more fear, confusion and misconceptions. All statements and recommendations must be based on facts and internationally accepted guidelines, which understandably may have to be revised from time to time depending on recent developments.

Correcting misunderstanding and misinformation is essential to allay any undue fear in the public. Unfounded fears are the least we need to ward off the Ebola threat.



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. Pahignalo

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

Account Executive
Arjay Yano

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

PNoy graces 65th WHO Regional Committee for the Western Pacific



RCM 65th SESSION President Benigno Aquino III graced the opening of the 65th Regional Committee for the Western Pacific as he welcomed delegates of various organizations at the Philippine International Convention Center (PICC)

HIS EXCELLENCY, President Benigno S. Aquino III, welcomed Representatives of Member States, United Nations Agencies, Non Government Organizations and other partners and observers engaged in health at the opening of the 65th Session of the WHO Regional Committee for the Western Pacific which was held at the Philippine international Convention Center [PICC] in Pasay City from 13 to 17 October 2014.

tackled very relevant health issues that included emergencies and disasters, the implementation of the International Health Regulations in the light of recent outbreaks of MERS-CoV and Ebola, the Millenium Development Goals, Universal Health Care, Tobacco, and Mental Health. Delegations of Member States were headed by Ministers of Health or their equivalents and were composed of senior health officials and experts.

Session were the endorsement of Regional Action Plans and Strategy documents on Antimicrobial Resistance, Mental Health, Tobacco, and Disaster Risk Management for Health , and the Regional Framework for the Implementation of the Global Vaccine Action Plan.

On a historical note, the 65th Session was doubly significant for the Philippines. Firstly, it has been a quarter of a century since the country last hosted the Regional Committee in September 1989 under the administration of Her Excellency, then President Corazon C. Aquino. Secondly, it was an opportune time for the Philippines to show our neighbors and the world how far the country has moved ahead over the last 25 years. Furthermore it was a perfect opportunity to express and show appreciation to health leaders of Member States and development partners for their valuable and continuing support to the country, especially in addressing health needs, strengthening the health system, and rebuilding the country's infrastructures during and in the aftermath of Typhoon Haiyan and other emergencies and disasters.

The 65th Session was a crucial meeting as it

Among the important output of the 65th

'Ready, TSeKap, Go!'

PhilHealth to mark 20th year with a nationwide running event

By Gelyka Ruth R. Dumaraos



A ROOTED COMMITMENT PhilHealth President and CEO Atty. Alexander Padilla led the tree planting and growing activity as a kick off ceremony of "Ready, TseKap, Go!," the health insurance company's 20th year celebration next year

THE PHILIPPINE Health Insurance Corporation (PhilHealth) officially launched its second Nationwide Simultaneous Run which will take place on February 15, 2015 in 13 regions nationwide.

The run also marks its 20th year with the theme "Ensuring Universal Coverage for All Filipinos!"

Dubbed as "PhilHealth: Ready, TSeKap, Go!," the event symbolizes PhilHealth's contribution to the universal health care or *Kalusugan Pangkalahatan* agenda of the current administration. It also aims to increase public awareness on the health care benefits and services that it provides to its members.

The launch kicked off with a tree planting and growing activity in all 13 regions. It served as a symbol of PhilHealth's commitment for the preservation of the environment.

It also marks the official countdown to 100 days to the February 15 Run.

The run will simultaneously take place in the cities of Quezon, Baguio, Dagupan,

continued to Page 7

Health Leadership and Governance Program

Coordinator shares experience on how program enhances local health systems and improve outcomes

BEING THE coordinator of the Health Leadership and Governance Program (HLGP) is a tough job, but Mrs. Herodina Preston of the Department of Health (DOH) cannot imagine herself doing anything else.

"Just seeing the dedication of local chief executives in committing themselves to solving the health problems in their respective provinces and municipalities inspires me to do my best in my field," said Preston, who is assigned as HLGP Coordinator of the DOH Regional Office XIII based in Butuan City, CARAGA.

The HLGP, a program originally initiated and successfully implemented by the Zuellig Family Foundation (ZFF) in its cohort municipalities, is a three-year program that aims to improve health outcomes through strengthened leadership and governance, enhanced local health systems, and increased community participation and health-seeking behavior.

The DOH, recognizing the need to intensify efforts to address health problems especially among the country's poor, is in the process of institutionalizing the HLGP nationwide, according to Preston.

Preston, who has worked in the DOH for more than three decades, said that she has seen how the HLGP's emphasis on the importance of leadership changed the way local chief executives (LCEs) and their health teams view health operations.

"It used to be so difficult to get the attention of LCEs, such as the governors and the mayors," recalled Preston, whose work as the head of the DOH RO XIII governance cluster led to her present assignment as HLGP coordinator.

She pointed out that other priorities in their respective municipalities and provinces explain the local leaders' initial lack of interest, which all changed when they participated in the HLGP.

Bigger picture

"Now they know how to look at the bigger picture in solving health problems, recognizing that using gunshot interventions is unsustainable," Preston said.

An example of this gunshot intervention is



HLGP FOR BETTER HEALTH OUTCOMES Health Leadership and Governance Program (HLGP) Coordinators posed after attending a leadership program to promote better health outcomes in provinces and municipalities under the Zuellig Family Foundation (ZFF)

how local leaders used to deal with maternal deaths. When a mother died from childbirth, a mayor's usual reaction would be to give the family money for the coffin and other funeral expenses.

"The issue of maternal mortality cannot be solved this way, and maternal deaths will only recur until you get to the root of the problem," Preston emphasized.

The HLGP identifies leadership as the key to changing health systems and innovating programs that lead to better health outcomes. By developing the leadership and governance capabilities of LCEs, as well as the leadership skills of local health officers and community health workers, the HLGP aims to create an immediate impact on achieving the health Millennium Development Goals (MDGs) through the improvement of local health systems in 609 priority municipalities all over the country.

LCEs who have undergone either the Provincial Leadership Governance Program or PLGP (for governors) or the Municipal Leadership Governance Program or MLGP (for mayors) now look at the problem of maternal mortality in a different way, Preston said.

Analyzing health problems

The LCEs now analyze the health problem using the frameworks and concepts they learned from the HLGP programs they attended.

"After identifying the possible reasons for the maternal death—be it the lack of available transportation to bring the pregnant mother to the hospital, the absence of a midwife who could help her, or inability to access medicines—the local leaders would then formulate the corresponding strategies in coordination with their stakeholders," Preston said.

She added: "Here we see the importance of the leaders' commitment and ownership of the health problems in their municipalities and provinces."

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

from page 1 KP(han)...

Kidney and Transplant (NKT) had when he was still its head in 2002. The task for overseeing DOH ISO Certification was then given to Assistant Secretary Gerardo V. Bayugo as the Overall Quality Management Representative.

In March 2012, the DOH started its journey through the 12 Steps of the ISO-QMS roadmap with the ultimate goal of ISO certification for the whole Department. This whole endeavor was pursued to further improve the quality of services provided by DOH for the public as well as to be at par with international community in preparation for the ASEAN integration and globalization.

1. What is ISO and why is it important to DOH?

ISO or International Organization for Standardization, is the world's largest developer and publisher of international standards. One of its standards is the ISO 9001:2008 which is the Quality Management System (QMS). We established QMS in DOH following the set of standards that are contained in the ISO 9001:2008.

ISO 9001:2008 is the standard that provides quality management system or QMS. QMS is deemed important in government as it promotes integrity, accountability, proper management of public affairs and public property, as well as, establishes effective practices aimed at the prevention of graft and corruption.

2. What is Quality Management System and how DOH adopted this?

QMS is a system of management that focuses not only on the output but on the quality of which will be reflected by efficiency and effectiveness.

QMS in government agencies and personnel creates conditions that transform them into professional, motivated, and energized bureaucracies with adequate means to perform public service.

Everything we do, produces products or services that should contribute to the

achievement of our quality plans and objectives that will ultimately redound to our clients' satisfaction.

3. How about its scope and coverage?

The scope of DOH QMS for health system administration includes health policies, programs, systems and standards development; health research management; capacity building; health regulation; and health program monitoring and evaluation. These core processes are interrelated to deliver the services as mandated in DOH mission.

With regards to coverage, in 2013, the Department of Health has expanded its certification to include the remaining 14 Regional Offices. This has increased the number of offices under a single certification from 19 to 33 offices/bureaus making the Department of Health officially as the first government agency under the Executive branch to have a department-wide Quality Management System certified to ISO 9001:2008.

Because of the success of the Department in achieving ISO certification, the DOH Hospitals were inspired to also pursue ISO certification for their respective hospitals. This is in line with the commitment of the Department to "ensure the highest standards of health care in compliance with statutory and regulatory requirements..." as stated in the DOH Quality Policy. As of date, 28 DOH hospitals have already been ISO certified, while the rest are in various stages of the certification process. It is hoped that by year 2016 all DOH hospitals are ISO certified.

4. What is the significance of ISO to DOH employees?

Being ISO certified makes the DOH employees proud. It means that an employee belongs to an organization that consciously standardizes its processes and systems and seeks to continually improve them.

Each employee feels a sense of accomplishment for he knows that he is contributing to the achievement of the overall goal of the organization. It brings

pride to all employees of the Department that the services provided by DOH is of international standard quality.

"ISO tayo... Serbisyon de Kalidad at SiguraDOH"

from page 5 Ready, TSeKap...



Tuguegarao, Olongapo, Lucena, Lipa, Naga, Iloilo, Cebu, Tacloban, Davao, and Koronadal.

"The PhilHealth Run 2015 shall also be a venue for PhilHealth to showcase its selflessness as an organization, instill generosity, and welcome opportunity to share resources for the improvement of the plight of others," said PhilHealth President and CEO, Alexander A. Padilla.

He added: "Since PhilHealth will celebrate its 20th anniversary in February, we want to have a declaration saying that universal health care (UHC) is no longer a dream, but is now a reality for all Filipinos."

The event is open to all Filipinos and even to non-Filipinos who are in good health condition. They can register in any of the categories, namely, 3K, 5K, 10K, or 20K.

Runners may download the registration forms from run2015.philhealth.gov.ph, submit the forms to and pay their registration fees at the PhilHealth regional and local health insurance offices corresponding to their preferred run site.

Those who wish to join the Quezon City and Iloilo City editions may register online through run2015.philhealth.gov.ph.

Promoting and Protecting the Health of Filipinos

This Speech was delivered by Acting Secretary of Health Janette L. Garin, MD., MBA-H, at the Health Promotion Conference held last November 26, 2014 at the Manila Grand Opera Hotel.

First, let me congratulate the Health Promotion and Communication Service, under the leadership of OIC Director Ivanhoe Escartin, for organizing this important event, especially, at a time when the Department of Health has the gigantic task of disseminating critical messages about EBOLA virus and other important health issues.

We are currently experiencing the double burden of disease, that is, we still have infectious or communicable diseases like dengue, malaria and tuberculosis. However, at the same time, non-communicable diseases are on the rise, not discounting the threat of emerging infections like H1N1, SARS and EBOLA. The requirements and the role of health promotion in the control of infectious diseases and halting the rising trend of non-communicable diseases are entirely different. But the ultimate goal for both is to PROMOTE AND PROTECT the health of the people.

The thrust of the Aquino Health Agenda or the *Kalusugan Pangkalahatan* (Universal Health Care) is that every family, regardless of its economic standing, shall be protected from risks that lead to illness. But when they get ill, they shall be able to get appropriate and quality health care services. Health promotion is the first step to disease prevention and shall start with people who are basically healthy, but very much at risk of getting diseases. While in the management

of disease, health promotion through patient education and promotion of health seeking behavior is also critical.

Health promotion is defined by the World Health Organization as the process of enabling people to take action to improve health. The traditional view of promoting health through the one-on-one communication between a doctor and a patient has already been found to be inadequate. A socio-ecological approach or what we call "population-based" approach to health promotion is now seen to be more appropriate. This takes into consideration the complex environment affecting a person's well-being, to include lifestyles, behavior patterns, as well as, present and emerging technologies.

There are also other factors that may influence health like globalization, which impact on food supply; transnational influences, which affect emerging infections, pollution and tobacco use, conflict, efficiency in governance, and lastly but more importantly, the devolution of health services to the LGUs.

Health promotion is critical for improving outcomes in the prevention and control of both non-communicable and communicable diseases. Health promotion has a crucial role to play in fostering healthy public policies and health-supportive environments, enhancing positive social conditions and personal skills, and promoting healthy lifestyles.

Local Government Units (LGUs) are and has always been an important partner of the Department of Health in initiating, shaping and undertaking health promotion.



JANETTE L. GARIN, MD, MBA-H
Acting Secretary of Health

They, however, need to have the capability, right resources and opportunities to enable their contributions in the promotion and protection of their communities' health to be amplified and sustained. Thus, this Health Promotion Conference is designed to partly address the capability-building needs of Health Education and Promotion Officers (HEPOs) and Information Officers (IOs) in enabling LGUs, communities and individuals to take action in the promotion and protection of their health. We know that conditions vary from LGU to LGU and community to community, hence, sharing of best practices on health promotion is an important component of this conference to provide source for a wealth of experiences, and to ponder upon and learn from.

I am pretty sure that your problems and difficulties with regard to health promotion in your respective areas will be similar, so I would like to enjoin you to be more open and to be more critical of what others are doing because through the process of technical updating and sharing, we can come up with innovative and more effective ways of implementing health promotion programs.

Tayo po ay magtulongan para isulong ang Kalusugan Pangkalahatan!

Mabuhay kayong lahat!