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# Health beat

Sept-Oct  
2016



## NATIONAL HEALTH SUMMIT 2016

Strengthening Partnerships to Achieve  
"ALL FOR HEALTH TOWARDS HEALTH FOR ALL"







**September - October  
2016**

**DEPARTMENT OF HEALTH**

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## Message of the Secretary



*Princess Ubial*



Philippine International Convention Center



# OPENING PROGRAM





Invocation from  
the DOH Chorale

Welcome remarks from  
Usec. Gerardo Bayugo

Masters of ceremonies, OIC-  
Asec. Enrique Tayag and San  
Lorenzo Ruiz Women's Hospital  
Chief, Dr. Ma. Isabelita Estrella  
acknowledging guests and  
participants

# UNDIVIDED

I

We may worship diff'rent ways  
We may praise Him  
And yet spend all of our days  
Living life divided

II

But when we seek Him with open hearts  
He removes the walls we've built  
That keep us apart  
We trust Him to unite us

Chorus

In our hearts, we're undivided  
Worshiping one Savior, one Lord  
In our hearts, we're undivided  
Bound by His spirit forevermore  
Undivided

III

It doesn't matter if we agree  
All He asks is that we serve Him faithfully

Bridge

And love as He first loved us  
He made us in His image  
And in His eyes, we are all the same  
And though our methods  
they may be diff'rent  
Jesus is the bond that will remain

Chorus

In our hearts, we're undivided  
Worshiping one Savior, one Lord  
In our hearts, we're undivided  
Bound by His spirit forevermore

Repeat Chorus

In our hearts, we're undivided  
Worshiping one Savior, one Lord  
In our hearts, we're undivided  
Bound by His spirit forevermore  
Undivided, undivided, undivided

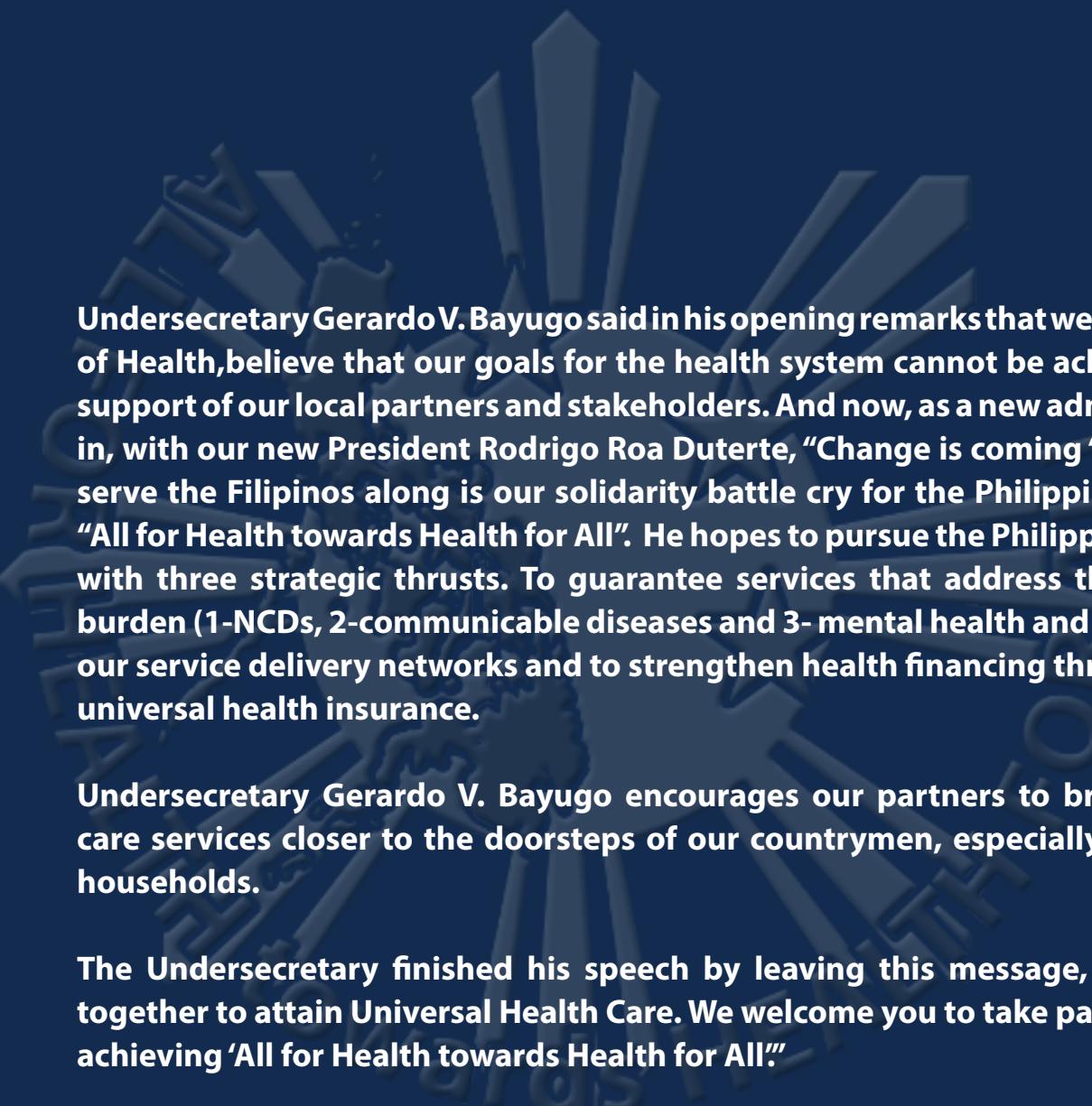


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# Invocation

The DOH Chorale





**Undersecretary Gerardo V. Bayugo said in his opening remarks that we, in the Department of Health, believe that our goals for the health system cannot be achieved without the support of our local partners and stakeholders. And now, as a new administration ushers in, with our new President Rodrigo Roa Duterte, “Change is coming” as we continue to serve the Filipinos along is our solidarity battle cry for the Philippine Health Agenda, “All for Health towards Health for All”. He hopes to pursue the Philippine Health Agenda with three strategic thrusts. To guarantee services that address the triple diseases burden (1-NCDs, 2-communicable diseases and 3- mental health and injury); to improve our service delivery networks and to strengthen health financing through an improved universal health insurance.**

**Undersecretary Gerardo V. Bayugo encourages our partners to bring quality health care services closer to the doorsteps of our countrymen, especially to the poorest of households.**

**The Undersecretary finished his speech by leaving this message, “We have worked together to attain Universal Health Care. We welcome you to take part in our journey in achieving ‘All for Health towards Health for All’”**



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# Opening Remarks

Undersecretary Gerardo V. Bayugo



# Keynote Address

## Vice President Maria Leonor S. Robredo



**Vice President Leni Robredo believes that health is not solely the responsibility of the Department of Health and social determinants should also be considered in attaining better health outcomes. Thus the need for an inter-sectoral approach and convergence of roles in attaining Universal Health Care.**

**The Vice President's anti-poverty agenda is anchored on maternal and child health, universal healthcare, food security, nutrition for early childhood, quality education, rural health and women empowerment.**

**Vice President Leni Robredo supports the health initiatives; First 1,000 days programs and strengthening of health information system for better policy making.**

**The Health promotion initiatives of the Vice President is to strengthen primary health care practice (1 Physician per Family), increase healthcare access of the marginalized group and, strengthen role of public health to fulfill standard of medical care.**



# Message

## Senator Ana Theresa Hontiveros-Baraquel



**Senator Risa Hontiveros, Chairperson for Senate Committee on Health and Demography commits to:**

- **Strengthen health preventive measures by modernizing local health facilities through infrastructure and equipment, support needs for Human Resources for Health and Promote establishment of Super Health Center.**
- **Focus on the drug and substance abuse problem of the Philippines.**
- **Support needs for human treatment and rehabilitation center, strengthen harm reduction strategy and reduce demand and supply of illicit drugs.**

**Health bills filed and sponsored by Sen. Risa Hontiveros**

- o **SBN-1145, Healthy Bulilit Act**
- o **SBN-378, Health Promotion Act of 2016**
- o **SBN-216, Refusal of Hospital and Medical Clinics to Administer Medical Treatment in Emergency Cases**
- o **SBN-215: Expanded Maternity Leave Law of 2016**
- o **SBN-214: Bibong BHW Act of 2016**
- o **SBN-377: Mandatory Philhealth Coverage for All PWDs**
- o **SBN-376: Philippine HIV and AIDS Policy Act**
- o **SBN-1143: DOH Hospital Bed Capacity Rationalization Act of 2016**

# Message

## Congresswoman Angelina Tan



**As the chairperson of the House Committee on Health, Congresswoman Angelina Tan, commits to support the “All Person Life Cycle Approach” legislative bills that will increase access to healthcare services.**

**Also in her agenda are the review of mandatory provision of 10% charity rooms for all indigent patients to all private healthcare facilities and expand coverage of Universal Health Insurance.**



## Undersecretary Lilibeth C. David



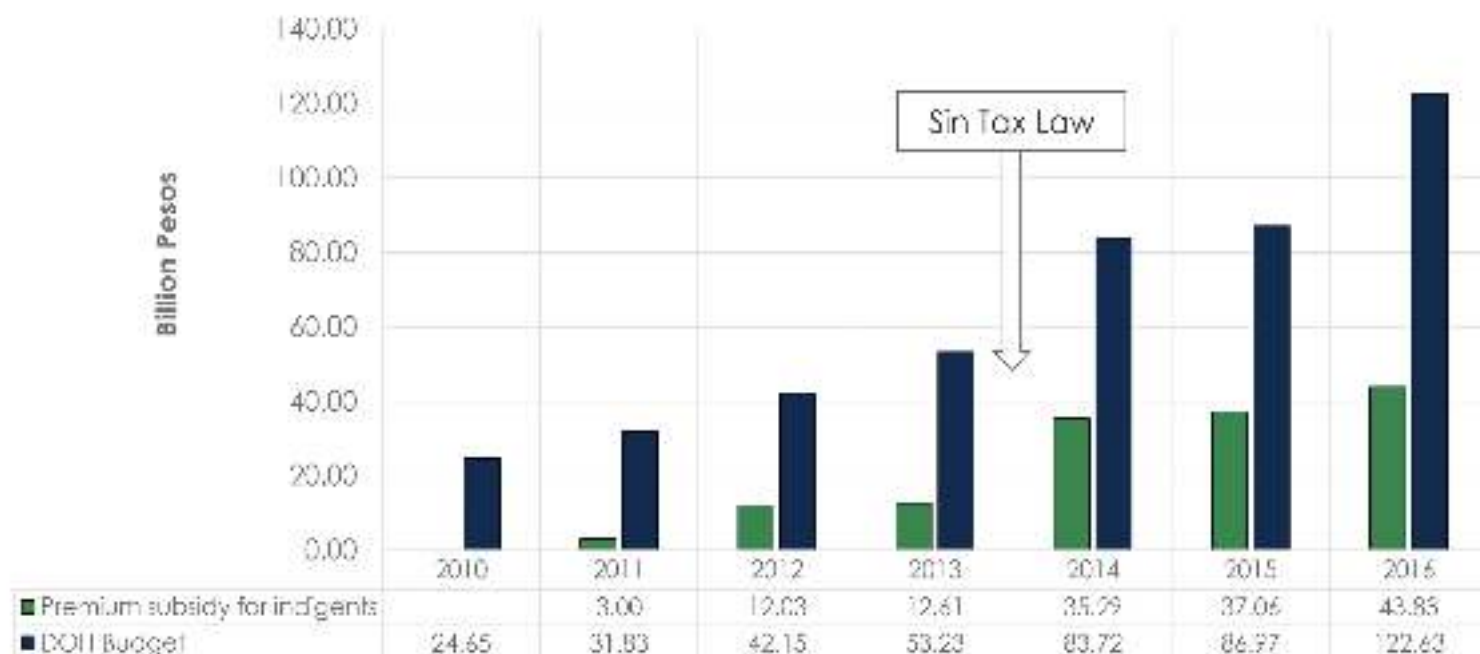
Undersecretary Lilibeth David, presented the Department of Health (DOH) Accomplishment Report & Sustainable Development Goals for health. The highlights of her presentation includes the increase on DOH budget and PhilHealth premium subsidy for indigents especially on the introduction of the Sin Tax Law in 2013; the 92% coverage of general population for Philhealth; Reduction of under-5 Mortality Rate (U5MR) from 34% (2008) to 27% (2015) and Infant Mortality Rate (IMR) from 25% (2008) to 21% (2015).

On the public health concerns, Regions I and CAR were able to attain the 2015 target of <52 Maternal Mortality Rate (MMR) per 100,000 livebirths; <1% HIV prevalence; 32 Local Government Units were declared as malaria-free areas; 34 Filaria-free areas; 92% tuberculosis treatment success rate. For the Diabetes Mellitus/ Hypertension (DM/HPN) Club, there were 410,766 patients recorded in the registry as of September 2016; and 92,162 health workers were deployed (2010-2015).

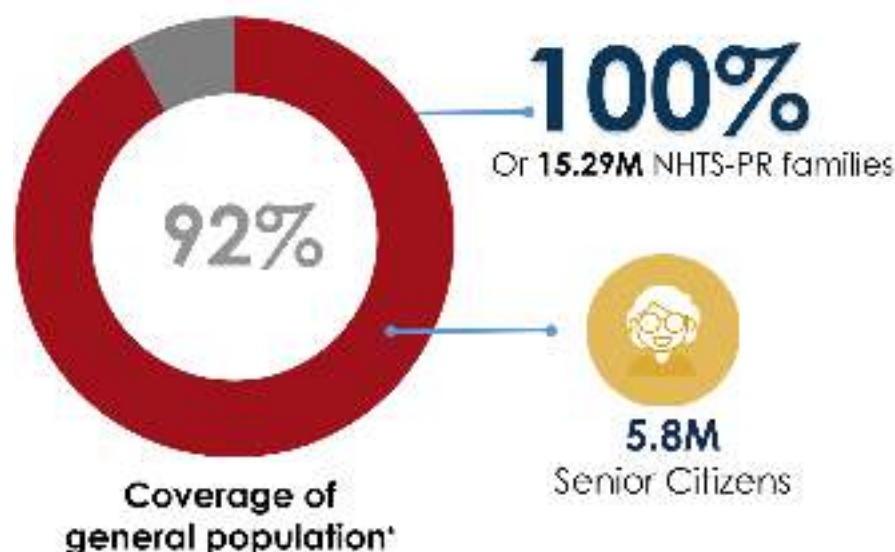
# DOH Accomplishment Reports & SDGs for Health

## Highlights

Premium subsidy for indigents DOH Budget



## FINANCIAL RISK PROTECTION



\*93.43 million PhilHealth Members and Dependents out of the 101.49,921 projected population for 2015.

**8.3M**  
CLAIMS

**₱97B**  
BENEFIT PAYMENTS

**56%**  
SUPPORT VALUE

Source: 2015 PhilHealth Report

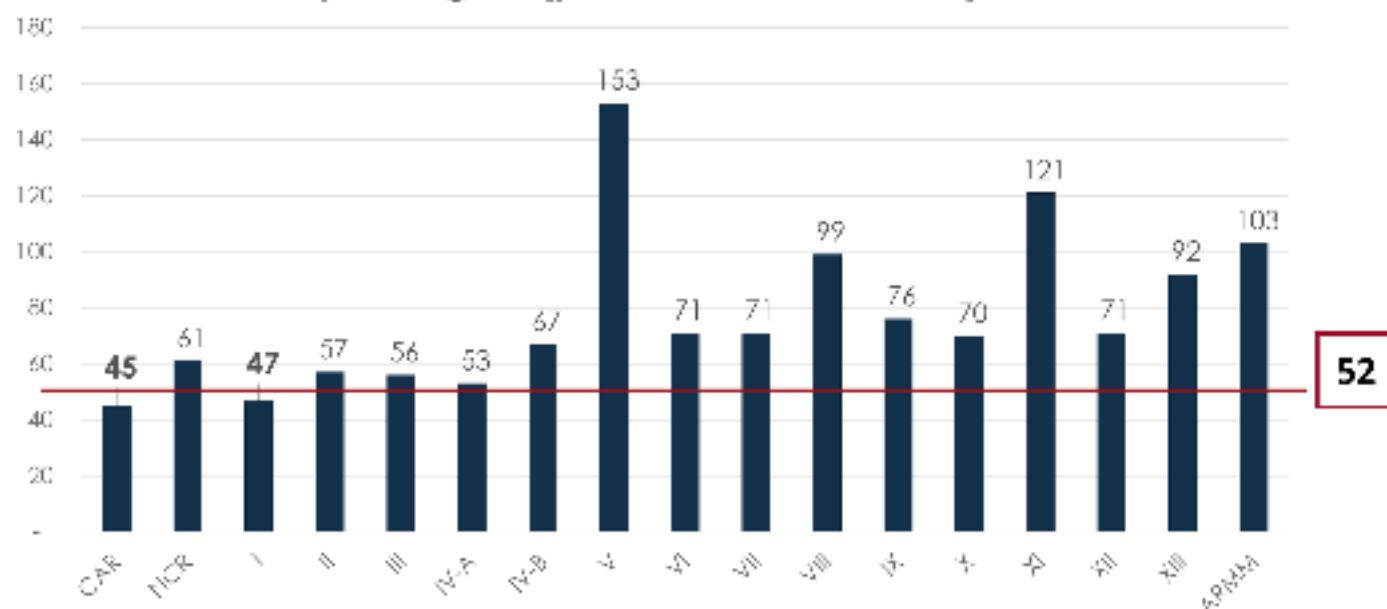






Regions I and CAR were able to attain the 2015 target of  $\leq 52$  MMR per 100,000 live births

MMR per Region (per 100,000 live births), 2015



Source: 2015 Program Data

## Infectious Diseases



<1%

HIV prevalence\*



92%

TB treatment success rate



32

Malaria-free areas



34

Filaria-free areas

Source:  
2015 Program Data  
\*2015 Sub-Saharan National HIV prevalence

## Non-communicable Diseases



**DM/HPN club:**  
410,766 patients in registry

as of September 2015

## Maintenance Medicine Access Program

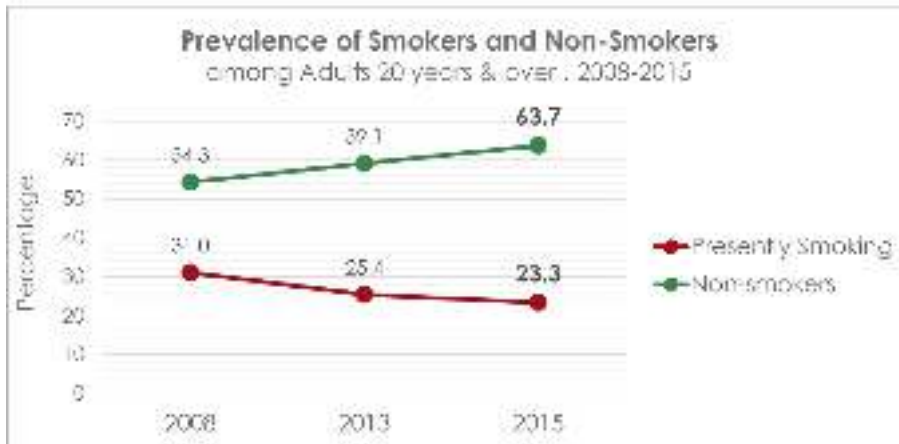


- ✓ Metoprolol
- ✓ Amlodipine
- ✓ Losartan
- ✓ Metformin

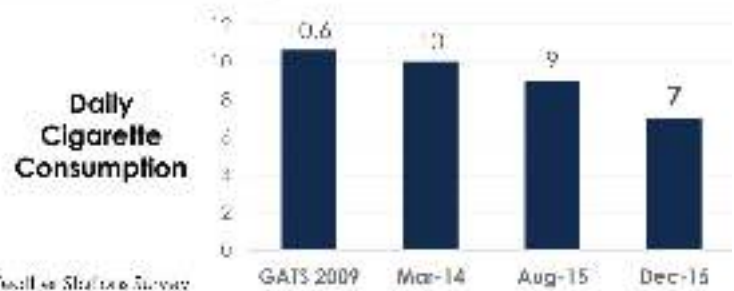
Source: 2015 Program Data



## Tobacco Control



Source: National Nutrition and Health Survey



Source: Social Weather Stations Survey



## ACCESS TO HEALTH SERVICES

### Health Facilities Enhancement

2010-2014



2015

**348**  
Mobile Dental Clinics  
(186 DOH and 162 LGU funded)



**3,200**  
School-based BHS  
Targeting construction



Source: DOH/DOH-LEADS Data

# ACCESS TO HEALTH SERVICES



## Deployment of Health Workers

2010-2015



**92,162**  
health workers were  
deployed

2016



**373\***

Doctors

\*263 DFTs and  
90 UHC Implementers



**291**

Dentists



**1,513**

Public Health  
Associates



**16,200**

Nurses



**386**

Medical  
Technologist



**4,111**

Midwives

## LESSONS LEARNED



- Improving health and reducing health inequity requires social determinants of health to be addressed
  - Multi-sectoral approach for health



- Improve quality of care in clinical and non-clinical dimensions



- Mechanisms to systematically track performance, link this to incentives, and enforce accountability





# ACCESS TO HEALTH SERVICES

## FROM MDGs to SDGs



## Leaving no one behind



- Equity targets
- Multi-sectoral action
- Sharpen accountability
- Data for decisions

## 17 Goals & 169 Targets





## SDG 3: GOOD HEALTH AND WELL-BEING

**By 2030:**



- Maternal mortality to less than 70 per 100,000 live births



- Neonatal mortality as low as 12 per 1,000 live births
- Under-5 mortality to as low as 25 per 1,000 live births



- End the epidemics of AIDS, TB, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases



- Reduce by one third premature mortality from non-communicable diseases



- Ensure universal access to sexual and reproductive health-care services



## SDG 3: GOOD HEALTH AND WELL-BEING



- By 2030, Substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination



- By 2020, Halve the number of global deaths and injuries from road traffic accidents



- Strengthen the prevention and treatment of substance abuse



- Achieve universal health coverage

# Philippine Health Agenda

**Secretary Paulyn Jean B. Rosell-Ubial**



**The following were the highlights of the presentation of Secretary Ubial:**

**Guarantee 1: Services for both the well & the sick addressing triple burden of disease to be provided in all life stages**

**Guarantee 2: Functional Network of Health Facilities**

**Guarantee 3: Universal Health Insurance**

**Strategies:**

**A - Advance health promotion primary care and improve quality of specialty care**

**C - Cover all Filipinos against financial health risk**

**H - Harness the Power of Strategic Human Resource for Health**

**I - Invest in eHealth and data for decision-making**

**E - Enforce accountability and transparency**

**V - Value clients and patients, especially the poor and vulnerable**

**E - Elicit multi-sector multi-stakeholder support for health**

**Directives from President Duterte on e-health:**

- **Universal Health Insurance Coverage**
- **Strengthen implementation of Responsible Parenting and Reproductive Health Law**
- **War Against Drugs**



# PHILIPPINE HEALTH AGENDA

## Highlights



Investing in People



Protection Against Instability

- UNIVERSAL HEALTH COVERAGE
- STRENGTHEN IMPLEMENTATION OF RPRH LAW
- WAR AGAINST DRUGS
- ADDITIONAL FUNDS FROM PAGCOR



## PHILIPPINE HEALTH AGENDA FRAMEWORK

Goals: Attain Health Related SDG Targets

Financial Risk Protection, Better Health Outcomes, Responsiveness

Values: Equity, Efficiency, Quality, Transparency

3 Guarantees



A

C

H

I

E

V

E

## GUARANTEE #1

# ALL LIFE STAGES & TRIPLE BURDEN OF DISEASE

Services for Both the Well & the Sick

## All Life Stages & Triple Burden of Disease



First 1000 days | Reproductive and sexual health | maternal, newborn, and child health | exclusive breastfeeding | food & micronutrient supplementation | Immunization | Adolescent health | Health screening, promotion & information



### COMMUNICABLE

- HIV/AIDS, TB, Malaria
- Diseases for Elimination
- Dengue, Lepto, Ebola, Zika



### NON-COMMUNICABLE, INCLUDING MALNUTRITION

- Cancer, Diabetes, Heart Disease and their Risk Factors – obesity, smoking, diet, sedentary lifestyle
- Malnutrition



### DISEASES OF RAPID URBANIZATION & INDUSTRIALIZATION\*

- Injuries
- Substance abuse
- Mental Illness
- Pandemics, Travel Medicine
- Health consequences of climate change / disaster

## GUARANTEE #2

# SERVICE DELIVERY NETWORK

Functional Network of Health Facilities

Services are delivered by networks that are



**FULLY FUNCTIONAL**  
(Complete Equipment, Medicines,  
Health Professional)



**PRACTICING GATEKEEPING**



**COMPLIANT WITH CLINICAL  
PRACTICE GUIDELINES**



**LOCATED CLOSE  
TO THE PEOPLE**  
(Mobile Clinic or Subsidize  
Transportation Cost)

**911**

**AVAILABLE 24/7 & EVEN  
DURING DISASTERS**



**ENHANCED BY  
TELEMEDICINE**



## GUARANTEE #3

# UNIVERSAL HEALTH INSURANCE

Financial Freedom when Accessing Services

## Services are financed predominantly by PhilHealth



### SIMPLIFY PHILHEALTH RULES

- **No balance billing** for the poor in basic accommodation
- **Fixed co-payment** for non-basic accommodation



### PHILHEALTH AS THE MAIN REVENUE SOURCE FOR ALL HEALTHCARE FACILITIES

- **Expand benefits** to cover **comprehensive** range of services with **high support value**
- Contracting networks of providers within **Service Delivery Networks**



### PHILHEALTH AS THE GATEWAY TO FREE OR AFFORDABLE CARE

- **All Filipinos** as members
- **Formal sector** premium paid through **payroll** and **non-formal sector** premium paid through **tax subsidy**

# DOH Program to Support Anti-Drug Campaign

## Assistant Secretary Elmer G. Punzalan



**Assistant Secretary Elmer Punzalan presented the updates of the Department of Health Program to support the Duterte Anti-Drug Campaign.**

**First is the Community-Based Rehabilitation Programs in Local Government Units (LGUs) in the barangay level have started to conduct activities such as standard training for Barangay Health Workers & Primary Care Medical Doctors, production of Information, Education, and Communication materials, reporting forms, information system and algorithms.**

**Second, scale-up training of healthcare providers, like training the providers/frontliners in the conduct of World Health Organization (ASSIST) Alcohol, Smoking & Substance Involvement Screening Test and Community Based Intervention and Physicians in the management of substance use, abuse, and dependence disorders.**

**Third, construction & operationalization of Mega Treatment and Rehabilitation Center (temporary) while permanent facilities are established per region. He informed the audience that the Department of Budget and Management approved the construction of new Mega TRC. He also mentioned that 1 District Hospital per Province without a TRC will be converted to a TRC and establishment of half way houses in LGUs is encouraged. Encourage establishment of half way houses in LGUs. He also mentioned that PhilHealth approved P10,000.00 detoxification package. DOH partnership with various Non-Governmental Partners and religious organizations is actively being done.**

### DANGEROUS DRUGS ABUSE PREVENTION & TREATMENT PROGRAM

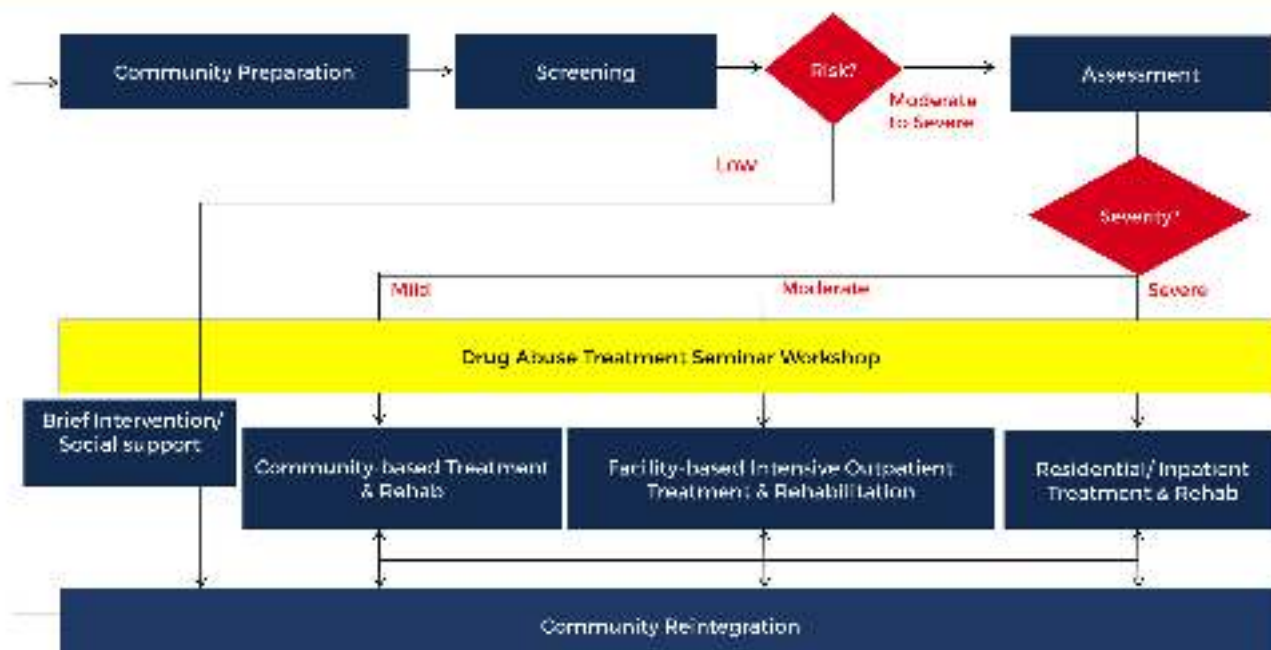
#### Goal:

*Prevalence of drug abuse and its health-related effects are further reduced.*

#### Mission:

*Lead in the implementation of a unified and rational health response in the fight against drug abuse, through a more effective drug abuse prevention, treatment and rehabilitation.*

### Client Flow for the Wellness and Recovery from Substance/ Drug Use OR Abuse





# Local Investment Plan for Health

## OIC-Assistant Secretary Myrna C. Cabotaje



OIC-Assistant Secretary Myrna C. Cabotaje, presented the Local Investment Plan for Health (LIPH).

She highlighted two points in her presentation: The process of doing the LIPH and the roles and responsibilities of Local Government Unit on LIPH.

The following are the stages in the process of doing LIPH:

1. Identify needs, propose interventions;
2. Pool/mobilize required resources,
3. Strengthen coordination among stakeholders

The Province/Highly Urbanized City/Independent Component City stewardship role is to supervise and oversee the integrated health system; plan, implement and provide funding; set-up Local Planning Team, M&E Team, Local Implementation and Coordination Team; monitor implementation and fund utilization; and ensure participation of Chief Security Officers, private sector, other stakeholders.

# Local Investment Plan for Health

## Highlights

### ELEMENTS OF LIPH

| Strategic Thrusts                        | Resource Requirements  | Major Funding Sources  |
|--|--|--|
| Life stage and Triple Burden of Diseases | <ul style="list-style-type: none"> <li>Commodities, goods and supplies from technical programs (vaccines, medicines, supplies, IEC, others)</li> </ul>                       | <ul style="list-style-type: none"> <li>LGUs</li> <li>DOH &amp; Its Attached Agencies</li> <li>Sin Tax</li> <li>Development Partners</li> </ul> |
| Service Delivery Network                 | <ul style="list-style-type: none"> <li>Infrastructure and Equipment under HFEP</li> <li>Health Human Resource Deployment (DTTB, NDP, RHMPP, Dentists, MT, others)</li> </ul> | <ul style="list-style-type: none"> <li>DOH</li> <li>LGU</li> <li>Development Partners</li> </ul>   |
| Universal Health Insurance               | <ul style="list-style-type: none"> <li>Premium payment</li> </ul>  | <ul style="list-style-type: none"> <li>DOH</li> <li>PhilHealth</li> <li>LGUs</li> </ul>  |

**Other funding sources:** Other National Agencies, PAGCOR, Private Sector, Other Stakeholders, NGOs, CSOs

### LIPH 2017-2019 and 2017 AOP PLANNING TIMELINES

#### APR-JUN

- Orientation: DOH, LGU, Stakeholders

#### JULY

- Assumption of new LCEs
- Orientation of new LCEs, Local Health Officers
- ELA
- 2017 Local Budget Call

#### AUG-SEPT

- Planning & Consultation Workshops
- Incorporation of new thrusts, directions
- Finalization

#### OCT-NOV

- LGU Approval
- LGU Endorsement to DOH Regional Office
- Review & Appraisal

#### DEC – JAN 2017

- Final revision of LIPH and AOP
- LGU & DOH Signing of Terms of Partnership (TOP)

# Message of Support

## EUD Operations Head Achim Tillessen



**Mr. Achim Tillessen pledges support on the Philippine Health Agenda in attainment of the Universal Health Care, first 1,000 days program for infants and malaria & filariasis-free province project.**

**EU will support and collaborate with the Philippine government in strengthening the Philippine health system, promoting health equality and strategize public and private health service provision.**

**He highlighted the areas which development partners may make significant contributions such as equity in health, scale-up and save lives, health promotion, health governance, health architecture and responsiveness in health.**



# Message of Support

**Dr. Renato R. Menrige Jr.**



**Dr. Renato R. Menrige Jr., president of Association of Municipal Health Officers of the Philippines (AMHOP), pledges to promote the wellness of the people.**

**AMHOP together with the Rural Health Units will help in the universal healthcare coverage, ensure quality healthcare provision and promote the welfare of public health workers.**

# Message of Support

Governor Ryan Luis V. Singson



**Governor Ryan Luis Singson pledges support to the Department of Health (DOH) in the promotion of primary health care of Local Government Units, DOH plans in attainment Sustainable Development Goals, Universal Health Care Coverage, health governance mechanism, preventive campaign, promote sufficient funds for health and increase coverage of PhilHealth most especially the Geographically Isolated Disadvantaged Areas.**

**He also raised issues for DOH actions, to assure access of all quintile 1 to healthcare services, policy and programs aligned with the priority and strategy of national government, to robust especially health program implementation and capacitate health workforce. And lastly, to strengthen treatment and prevention of illicit drug dependent and the partnership with civil society.**

# The LGU Scorecard for Health

OIC-Assistant Secretary Leonita P. Gorgolon



OIC-Assistant Secretary Leonita P. Gorgolon, Central Luzon and Visayas Cluster Head presented the Local Government Unit (LGU) scorecard for health. She discussed the main objectives which are to reflect performance of the health system represented by 30 priority public health indicators, value to clients/stakeholders and easy to understand.

She highlighted the Role of the LGUs which are to ensure complete and timely submission of validated data, use of LGU Scorecard for Health in the planning, budgeting and decision making activities and lastly, to use it as a roadmap to assess, monitor and attain health sector reform goals.

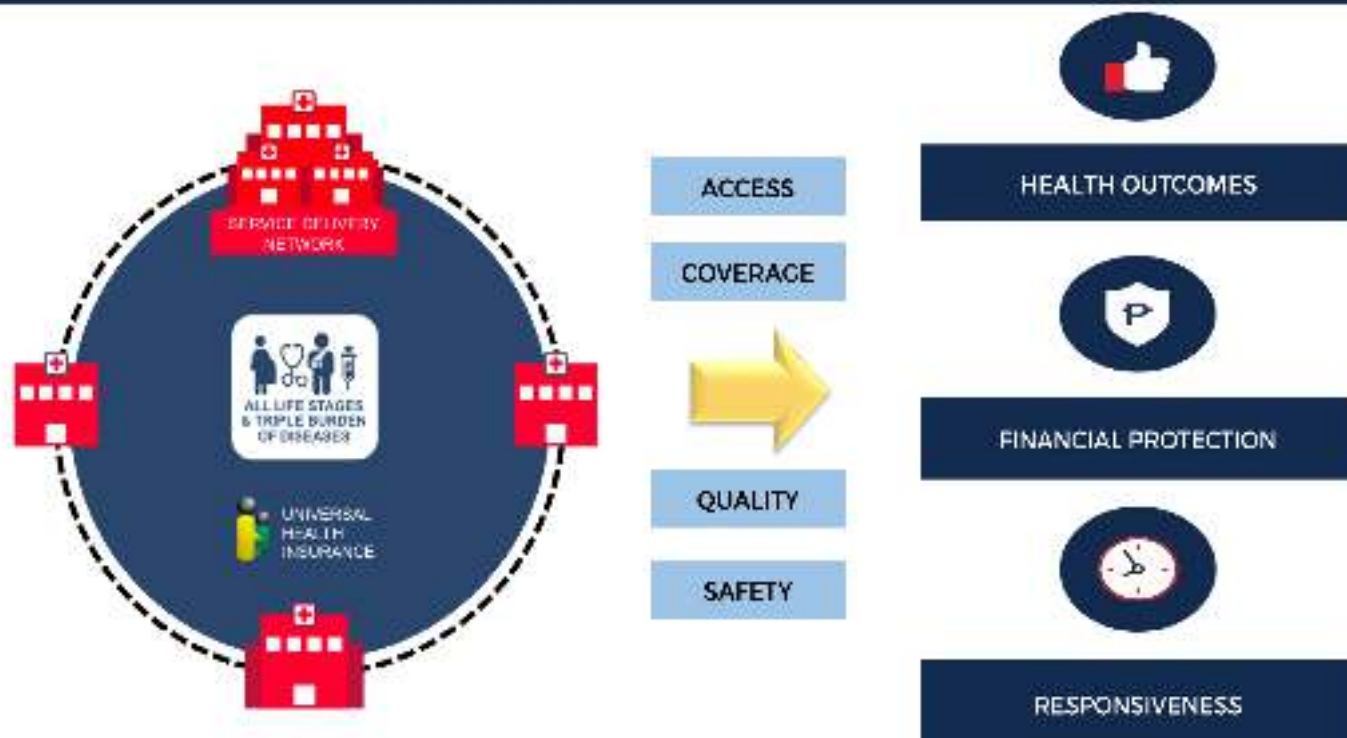
She also mentioned ways for us to move forward: the harmonization of LGU Scorecard for Health in the Field Health Services Information System and I-clinicSys, strengthening of validation system to ensure and preserve integrity of results and systems-based approach in recognizing efforts of the LGUs for good performance in the scorecard.



# The LGU Scorecard for Health

## Highlights

### LGU SCORECARD AND THE PHILIPPINE HEALTH AGENDA



### METHOD OF ANALYSIS

| PPA/<br>Indicators | External Benchmark |    |    |    |    |    | Internal Benchmark |    |    |    |    |    |
|--------------------|--------------------|----|----|----|----|----|--------------------|----|----|----|----|----|
|                    | P1                 | P2 | P3 | P4 | P5 | P6 | P1                 | P2 | P3 | P4 | P5 | P6 |
| TB CDR             | ●                  | ●  | ●  | ●  | ●  | ●  | 👇                  | 👆  | 👆  | 👇  | 👇  | 👆  |
| TB TSR*            | ●                  | ●  | ●  | ●  | ●  | ●  | 📧                  | 👆  | 👆  | 👇  | 👆  | 👆  |
| FIC                | ●                  | ●  | ●  | ●  | ●  | ●  | 👇                  | 👇  | 👇  | 👇  | 👇  | 👇  |
| BOR                | ●                  | ●  | ●  | ●  | ●  | ●  | 👇                  | 👆  | 👇  | 👇  | 👆  | 👇  |

# Message of Support

## Assistant Secretary Abdullah B. Dumama Jr.



**Assistant Secretary Abdullah B. Dumama Jr., Mindanao Cluster Head presented the awards for exemplary practices on health:**

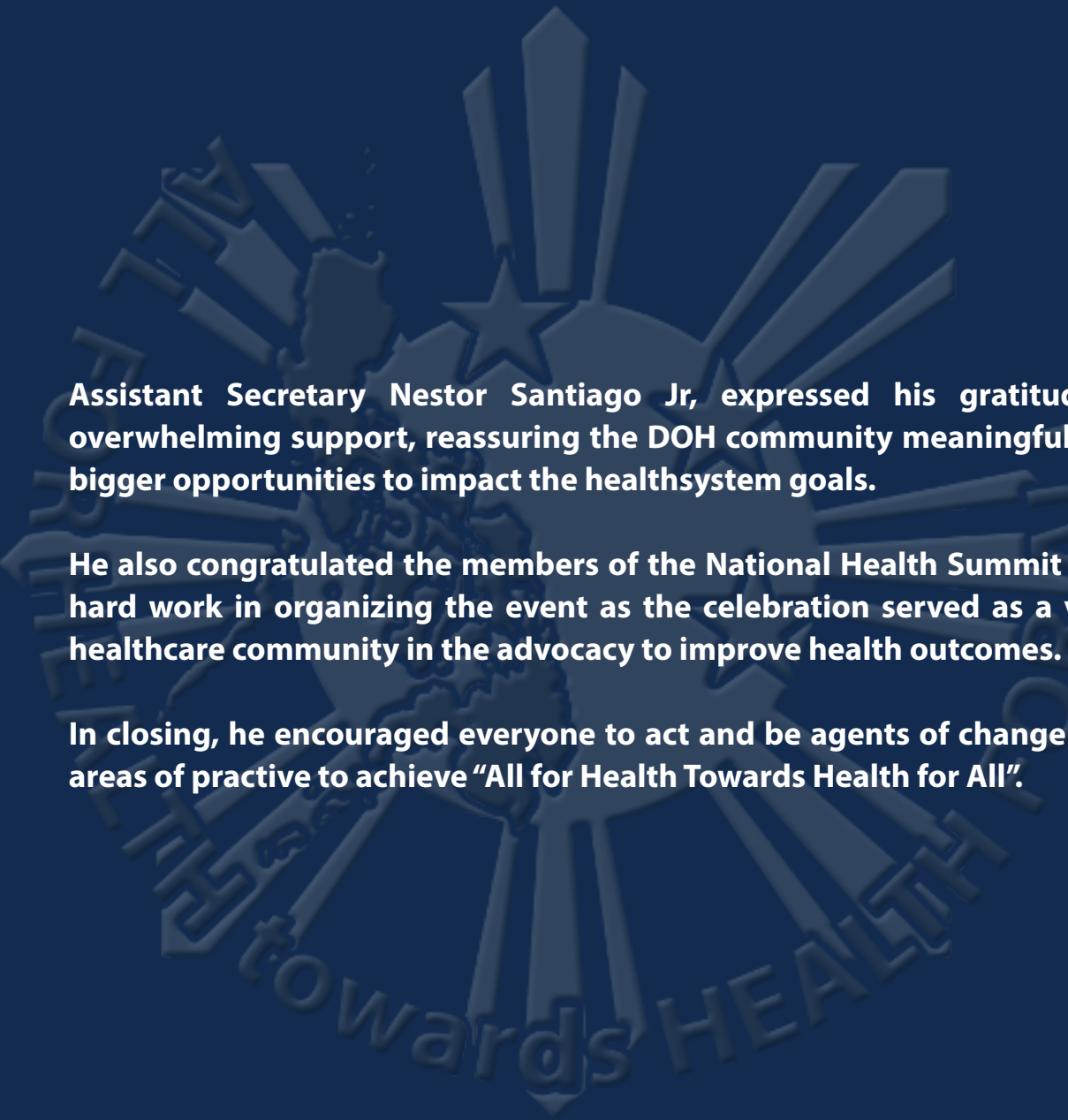
- 1. Bayani Ng Kalusugan Award - a platform to honor and celebrate, excellence in work, commitment and innovation and leadership**
- 2. Red Orchid Award - An annual search that recognize places and environments that are 100% Smoke-Free: LGUs, Government Offices, Government Hospitals, DOH Regional Offices**
- 3. Outstanding Healthy Lifestyle Advocacy Award - recognizes efforts of organizations which have demonstrated exemplary contribution in the formulation of policies and programs that promote healthy lifestyle and caused its effective implementation**
- 4. Disease-Free Award - Award given to recognize efforts of health workers and LGUs in achieving disease-free status**
- 5. National Sandugo Award - For Local Chief Executives who showed outstanding support, commitment & active involvement in the implementation of National Voluntary Blood Services Program.**

# Closing Remarks

**Assistant Secretary Nestor F. Santiago Jr.**







**Assistant Secretary Nestor Santiago Jr, expressed his gratitude for everyone's overwhelming support, reassuring the DOH community meaningful collaboration and bigger opportunities to impact the healthsystem goals.**

**He also congratulated the members of the National Health Summit Committee for the hard work in organizing the event as the celebration served as a venue to align the healthcare community in the advocacy to improve health outcomes.**

**In closing, he encouraged everyone to act and be agents of change in each respective areas of practice to achieve "All for Health Towards Health for All".**

# PHILIPPINE HEALTH AGENDA

## Photo Gallery









## 3 GOALS



### FINANCIAL PROTECTION

Filipinos, especially the poor, are protected from high cost of health care



### BETTER HEALTH OUTCOMES

Filipinos attain the best possible health outcomes with no disparity



### RESPONSIVENESS

Filipinos feels respected, valued, and empowered in all of their interaction with the health system

# STRATEGIES

**A**

Advance health promotion,  
primary care and quality

**C**

Cover all Filipinos against  
financial health risk

**H**

Harness the power of strategic  
Human Resources for Health

**I**

Invest in eHealth and data  
for decision-making

**E**

Enforce standards, accountability  
and transparency

**V**

Value clients and patients

**E**

Elicit multi-stakeholder  
support for health

# A

## Advance Quality, Health Promotion and Primary Care



1. Conduct annual health visits for all poor families, marginalized, vulnerable and special populations (DSWD Listahan-identified poor, Indigenous People, PWDs, Senior Citizens)



2. Develop an explicit list of primary care entitlements, along with clinical practice guidelines, that will become the basis for licensing/accreditation standards and contracting arrangements for PCNs



3. Transform select DOH hospitals in Luzon, Visayas and Mindanao into mega-hospitals, with multi-specialty training capabilities and reference laboratory



4. Support LGUs in advancing local health policies (resolutions or ordinances) that improve access to lifesaving interventions and reduce exposure to risk factors for premature deaths and disability (e.g. city-wide smoke-free or speed limit ordinances)



5. Establish expert bodies for health promotion and surveillance and response





# Cover all Filipinos against Health-Related Financial Risk



1. Advance revenue generating measures such as but not limited to further increasing excise taxes for tobacco and alcohol, imposing taxes on sugar-sweetened beverage, and supporting other health-promoting taxes, increasing NHIP premium rates, improving collection efficiency from the public and private formal sector



2. Align all health financial programs (GSIS, MAP, PCSO, PAGCOR) to support Universal Health Insurance



3. Expand PhilHealth benefits to cover outpatient diagnostics, medicines, blood and blood products as guided by health technology assessment



4. Review and update costing of current PhilHealth case rates to ensure that it covers full cost of care and link payment to quality of service rendered



5. Enhanced and enforce PhilHealth contracting policies (e.g. setting up of primary care trust funds, network based contracting, income retention for LGUs health providers with retained budget support incentives)



# Harness the Power of Strategic Human Resources for Health



1. Review and revise health professions curriculum to make it more primary care-oriented and responsive to local and global needs



2. Review and streamline HRH compensation packages, to include financial and non-financial incentives for those serving in high-risk of GIDA areas and support the full implementation of Magna Carta for Health Care Workers



3. Update frontline staffing complement standards from profession-based to competency-based



4. Make available fully-funded scholarships for HRH hailing from GIDA areas or IP group



5. Formulate mechanisms for mandatory return of service schemes for all health graduates



# Invest in eHealth and Data for Decision Making



1. Mandate the use of electronic medical records in all health facilities

2. Make online submission of clinical, drug dispensing, administrative and financial records as prerequisite for registration, licensing and contracting



3. Commission nationwide surveys, streamline information systems, and support efforts to improve local civil registration and vital statistics



4. Automate major business processes and invest in warehousing and business intelligence tools



5. Facilitate ease of access of researchers to available data



# E

## Enforce Standards, Accountability, and Transparency



1. Initiate publication of health information that can trigger better performance and accountability, (e.g. prices of common drugs and services, non-compliant/erring providers, national objectives for health targets, and various health scorecards)



2. Set up a dedicated performance monitoring unit that will employ appropriate mechanisms to track performance of progress of reforms, including but not limited to medical audits and third-party monitoring



## Value All Clients and Patients, especially the Poor, Marginalized, and Vulnerable



1. Ensure that the poorest 20 million Filipinos are prioritized in all health programs and supported in non-direct health expenditures, e.g. transportation subsidy



2. Make all health entitlements simple, explicit and widely published to facilitate understanding



3. Set up participation and redress mechanisms



4. Reduce turnaround time and improve transparency of processes at all DOH health facilities



5. Eliminate queuing, guarantee decent accommodations and clean restrooms in all government hospitals

# E

## Elicit Multisectoral and Multistakeholder support for Health



1. Harness and align the private sector in planning supply side investments, forming SDNs, and expanding PhilHealth contracting to immediately include the private sector, (e.g. Z benefits, primary care benefit)



2. Develop a health policy agenda with other NGAs (DILG, DENR, DSWD, DepEd, HUC and others) in addressing social determinants through Health in All Policies & other multisectoral approaches



3. Make health impact assessment and public health management plan a prerequisite for initiating large-scale, high-risk development projects such as mining, power plants, oil rigs, etc



4. Foster collaboration and partnerships with CSOs and other stakeholders on budget development, monitoring and evaluation



# 12 Legacies for Health by 2022

## Highlights

### 12 Legacies for Health by 2022



### On the Ground in 2017



**Universal Health Insurance**  
Coverage for All Filipinos



**Zero Unmet Need** for Family



**HIV/AIDS Reversed**



One **Health Worker per Barangay**  
by 2018



**Zero Open Defecation**, Universal Basic  
**Drinking Water**, Universal **Hand**  
**Washing** and MHM



**Government Investment for Health**  
Increased



**Out of Pocket Expenditures Less than 50%** and Reduction of OOP  
for medicines for the Poor



Established Quality Management  
System(QMS) in all **Government**  
**Hospital**



**Electronic Medical Records** across all  
Government Hospitals, RHUs in this  
administration



**Malnutrition and Stunting** Reduced



**Blood Adequacy**



**Community Based Drug Rehabilitation**  
**Program** in all Communities and TRCs  
in all regions



DEPARTMENT OF HEALTH