



ISSN 0118-4253

The Official Publication of the Department of Health

Health *beat*

Nov-Dec
2016



THE FIRST 200 DAYS

JUL. 1, 2016 - JAN. 16, 2017

A Report of the Department of Health

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 not be returned. Contributors must indicate their names and addresses.

*** **

Editorial Board

Mar Wynn Bello, MD, MPA

Rosemarie Aguirre, MPH | Arlene Arbas, MPH

Chief Editors

May Elenor de Guzman | Edgar Hilario

Managing Editor

Ma. Dita Loren Aquino

Cover Design and Magazine Layout

Kalvin Gervacio

Graphic Artists

Jake Kho | Neil Orlie Maniti

Contributors

Usec. Lilibeth C. David, MD, MPH, MPM, CESO III, OPHS

Helen Paano

Ms. Ma. Corazon Lucia Teoxon, MD, MPH

Janine Sanciango MS, MBA

Dir. Kenneth G. Ronquillo, MD

Beverly Lorraine Ho, MD, MPH

Ma. Socorro Santos, MD

Marilette Falagne, MD

Charl Andrew Bautista, MD, MBA

Hannah Cayabyab

Pio Asuncion, RN, MPH

CONTENTS

5



A Report of the Department of Health

- 6 Philippine Health Agenda**
Framework
- 7 All for Health towards Health for All**
ACHIEVE
- 8 President Rodrigo Roa Duterte's**
Marching Orders
Drug Treatment and Rehabilitation
- 10 Inaguration of Drug Abuse**
Treatment and Rehabilitation Center
- 14 DOH Accredited Drug Abuse**
Treatment and Rehabilitation Centers
Luzon Area
- 19 DOH Accredited Drug Abuse**
Treatment and Rehabilitation Centers
Visayas Area
- 22 DOH Accredited Drug Abuse**
Treatment and Rehabilitation Centers
Mindanao Area

25



27



34



33



34



36 Freedom of Information
Manuals

37 DOH Guarantees
Service Delivery Networks and Healthcare Worker Development Program

38 All Life Stages and Triple Burden of Disease
Medicine Access Program and Diseases for Elimination



41

43 Injury Free Holidays with Community Fireworks Display

46 Lower Firework Related Injuries for 2016

51 DOH Executive Committee



Message from the Secretary of Health

It is with great honor and pleasure that I present to you the First 200 Days Accomplishment Report of this Administration.

Faithful to our mandate and guided by the directives of President Rodrigo Roa Duterte, we formulated the Philippine Health Agenda 2016-2022 to set our goals and outline the strategies to serve as the common battle plan in order for us to harmonize and maximize our efforts in the health sector. This publication showcases our achievements- how far we have gone, but also reminds us of how far we still need to go, to truly achieve our ultimate goal of Universal Health Care.

Therefore, I would like to extend my utmost gratitude and appreciation to all government health workers and non-government/development partners and stakeholders for the energies and hard work to effectively perform their duties, surpass challenges and uplift the lives of Filipinos being the dedicated and capable men and women who serve as backbone of the Universal Health Care. As we start another year of service, may these wins be our source of inspiration and strength to persevere in our work with excellence, integrity and compassion.

Let us continue to work together for our shared vision of "ALL for Health towards Health for ALL."

PAULYN JEAN B. ROSELL-UBIAL, MD, MPH, CESO II
Secretary of Health

THE FIRST 200 DAYS

A Report of the Department of Health

PHILIPPINE HEALTH AGENDA FRAMEWORK



A Advance Quality, Health Promotion and Primary Care

C Cover all Filipinos against Health-Related Financial Risk

H Harness the Power of Strategic Human Resources for Health Development

I Invest in eHealth and Data for Decision-Making

E Enforce Standards, Accountability, and Transparency

V Value Patients and Respect Clients, Especially the Poor, Marginalized, and Vulnerable

E Elicit Multisectoral and Multistakeholder Support for Health



ALL FOR HEALTH TOWARDS HEALTH FOR ALL



A Advance quality, health promotion and primary care

C Cover all Filipinos against health-related financial risk

H Harness the power of strategic Human resource for health development

I Invest in eHealth and data for decision-making

E Enforce standards, accountability and transparency

V Value patients and respect clients, especially the poor, marginalized, and vulnerable

E Elicit multi-sectoral and multi-stakeholder support for health



www.doh.gov.ph

PRESIDENT RODRIGO ROA DUTERTE'S MARCHING ORDERS

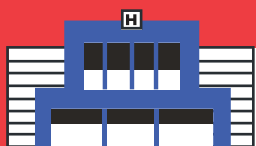
DRUG TREATMENT AND REHABILITATION

The unrelenting campaign of the government against illegal drugs led to an influx of drug users and abusers who surrendered seeking drug treatment and rehabilitation services. The government issued Executive Order No. 4, "Providing for the Establishment and Support of Drug Abuse Treatment and Rehabilitation Centers throughout the Philippines" to address the problem. The Department of Health (DOH) has worked with other agencies (such as the Department of Interior and Local Government, Philippine National Police, Dangerous Drugs Board, Department of Social Welfare and Development, Department of Budget and Management and Philippine Drug Enforcement Agency) to implement the provisions of EO no. 4 and address the burden of drug use and abuse in our country.

There are about 700,000 drug user surrenderees to date. It is estimated that only around 1-2% would need admission and treatment in facilities, while majority can be managed through community based services.

An assessment of resources to address the drug problem was done by DOH with a mapping of its facilities and Health Human Resources to determine the gaps for services:

HEALTH FACILITIES



DOH TRCs

13 in operation, 1 under construction



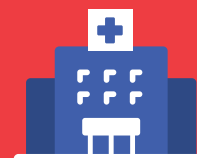
Bed Capacity

2,230 beds



DOH Outpatient Clinics

6 Mental Health Outpatient Clinics



LGU Run Psychiatric Hospital

1 Hospital

HEALTH HUMAN RESOURCES



Trained Workers on Community-Based Rehab Treatment

2,212 personnel as of September 29, 2016



DOH Accredited Physicians and Psychiatrists

262 Doctors as of May 2016



DOH Accredited Rehabilitation Practitioners

252 (Psychologists, Social Welfare Officers, Nurses, Recovering Drug Dependents) as of May 2016



Image 2. PRRD and Secretary Ubial at the inauguration of the Mega Drug Abuse Treatment and Rehabilitation Center Phase 1

Due to the identified gaps, both in health facilities and health human resources, the Department of Health (DOH) Central Office provided additional budget and technical assistance. A total of P130M Maintenance and Other Operating Expense was downloaded to 13 treatment and rehabilitation centers, 6 DOH regional offices and 8 DOH hospitals to augment budget for drug testing, Treatment Rehabilitation Center (TRC) residents and training for new community and TRC-based service providers.

Between the period of July 1 to November 30 2016, 8,351 clients have been evaluated in DOH TRCs with 1,198 admitted for inpatient services, 784 provided with outpatient/community based services, 276 referred to other facilities, and 1,048 patients discharged from treatment facilities. The DOH also funded the upgrading of existing TRCs. As of December 7, 2016, 14 TRCs have been funded with ongoing expansion/upgrading of facilities.

A PhilHealth benefit package was also developed in

September to allow private providers to participate in interventions thereby augmenting government services. Technical assistance to LGUs were provided for the conduct of random drug testing and how to access available services. LGUs in 16 regions were also trained in screening drug users for level of care needed and in community-based intervention. The following guidelines were harmonized and standardized as well by the DOH:

- Final algorithm on how to respond to surrenderers – approved by Dangerous Drugs Board
- Finalized Module for Barangay Health Workers (BHWs) on how to respond to surrenderers and deal with Substance Use Disorder (SUD)
- On-going: Module for Primary Care Physicians on how to respond to surrenderers and deal with SUD
- Preliminary paper for Standardization of Drug Abuse Treatment and Rehabilitation Halfway House

INAGURATION OF MEGA DRUG ABUSE TREATMENT AND REHABILITATION CENTERS



ALL FOR HEALTH
TOWARDS
HEALTH FOR ALL





To address the surge of surrenderers observed since June 2016, the DOH has also implemented Community Based Rehabilitation. The surrenderers are to be assessed using an interview tool, and those determined to be low risk are managed in the community setting. DOH Regional Offices are currently using the module for BHW and algorithm on client flow for wellness and recovery from Substance related issues. In addition, the DOH training module Community Mental Health for BHW – Substance Use Disorder was issued last November 2016. Training of BHWs will start on January 2017.

Mega-Drug Abuse Treatment and Rehabilitation Centers (DATRCs)

For the drug dependents needing Treatment and Rehabilitation Centers (TRC) services, construction and establishment of Mega DATRCs was considered. With a Technical Working Group (TWG) overseeing this activity, four Mega-DATRCs are proposed for construction: Northern Luzon (Nueva Ecija), Southern Luzon, Visayas (Capiz/Bohol) and Mindanao (Saranggani). The total cost of construction, staffing and operations of a Mega-DATRC is estimated to be 694 million each and allocation for this was included in the 2017 budget.

The Northern Luzon Mega - DATRC in Fort Magsaysay, Nueva Ecija is a two-level prefabricated building in a 10-hectare site has a 10,000 bed capacity and was inaugurated on November 29, 2016. Its program management staff

will initially be composed of core program managers from four existing TRCs. Its operations staff (psychologists, social workers, dormitory staff supervisors, nurses, etc.) will be trained on current and accepted drug treatment modalities. A TWG was created for its operationalization (DOH DPO 2016-3084: Technical Working Group for the Operationalization of "Mega" Drug Abuse Treatment and Rehabilitation Centers). The TWG has worked to accomplish the following:

- Development of staffing pattern and organizational structure
- Determination of personal services and maintenance and other operating expenses needed
- Submission of list of supplies, furniture and fixtures needed for interagency task force for fund sourcing
- Updated the chiefs of DATRCs involved in Fort Magsaysay on methamphetamine management through a lecture by the World Health Organization addiction specialist Dr. Peter Banyas
- Memorandum of Agreement signing with donor Mr. Hwang Ru Lun
- Conduct of meetings with various partners for payment of taxes for the pre-fabricated materials, instillation of power, water and other utilities for the Mega DATRC
- Development of final Manual of Operation with stakeholders
- Facilitated the issuance of provisional License to Operate
- Facilitated the conduct of orientation and sought support for Mega DATRC among local chief executives of local government units in Nueva Ecija
- Conduct of Inauguration Ceremony with Regional Office No. 3



The source of funding for the Mega TRC in Nueva Ecija is as follows:

Government:

<i>Department of Health</i>	Allotted 15M for the hiring of staff and another 43M for the Maintenance and Other Operating Expenses. Beds from Tagaytay DATRC
<i>Department of National Defense</i>	Allotted 100,000 sq m lot within Fort Magsaysay
<i>Department of Interior and Local Government</i>	Facilitated inter-agency collaboration meetings
<i>Office of the President</i>	Facilitated fund sourcing from donors

Other Sources:

<i>Mr. Huang Rulun, Chairman of the Board, Century Golden Resources Group in Beijing, China</i>	Donor of the 10,000 bed capacity Tagaytay DATRC
<i>Mr. Kenneth L. Tan (Megaworld)</i>	Support for the inauguration (tshirts, ballers, IEC fans)
<i>Isidro Consunji (D.M. Consunji)</i>	Donated furnitures, fixtures, supplies etc, worth about 23 M
<i>Mapua Institute of Technology</i>	Gave free service for the assessment of the structural stability of the project
<i>Local Water District</i>	Installed water supply
<i>Frey Fil Corporation- FFCruz</i>	
<i>Manila Broadcasting Company</i>	
<i>5 Star Bus Company</i>	

DOH ACCREDITED DRUG ABUSE TREATMENT AND REHABILITATION CENTERS IN LUZON



ALL FOR HEALTH
TOWARDS
HEALTH FOR ALL









DOH ACCREDITED DRUG ABUSE TREATMENT AND REHABILITATION CENTERS IN VISAYAS



ALL FOR HEALTH
TOWARDS
HEALTH FOR ALL



Bed Capacity: 50

Contact Numbers: 033 509 1247

0920 945 0211

Address: Brgy. Rumbang Pototan, Iloilo

Chief: Dr. Ma. Lourdes Hembra

Chief of Hospital II

DOH TRC POTOTAN, ILOILO



Bed Capacity: 100

Contact Numbers: 032 435 8841

0925 832 9335

Address: Brgy. Candabong, Binlod,

Argao, Cebu

Chief: Dr. David Baron

Chief of Hospital III

DOH TRC CEBU CITY



Bed Capacity: 50

Contact Numbers: 0925 554 8119

0915 671 7237

**Address: Brgy. Eversley Childs Sanitarium
Compound Mandaue City, Cebu**

**Chief: Dr. Juan Zaldaraga
Chief of Hospital II**

DOH TRC ARGAO, CEBU



Bed Capacity: 110

Contact Numbers: 0939 542 5055

0939 542 5055

Address: Brgy. Highway, Dulag, Leyte

**Chief: Dr. Teresita Cajano
Chief of Hospital II**

DOH TRC DULAG, LEYTE

DOH ACCREDITED DRUG ABUSE TREATMENT AND REHABILITATION CENTERS IN MINDANAO



ALL FOR HEALTH
TOWARDS
HEALTH FOR ALL





Bed Capacity: 50

**Contact Numbers: 0917 438 6992
0918 965 6110**

Address: Brgy. Anomar, Surigao City

**Chief: Dr. Ma. Flordella Lles
Chief of Hospital II**

DOH TRC CARAGA

DOH RESIDENTIAL DRUG ABUSE TREATMENT & REHABILITATION CENTER (DATRCs)



ALL FOR HEALTH
TOWARDS
HEALTH FOR ALL



No DATRC: CAR, MIMAROPA, NIR, ARMM, SOCCKSARGEN, ZAMBOANGA





HEALTH SERVICES FOR THE POOR: TSeKaP

TSeKaP Package includes:

1



TSeKaP Box

2



Dressing Kit

3



Stethoscope

4



Glucometer Set

5



Contactless Thermometer

6



Nebulizer Set

TOP 3 REGIONS PROVIDING BASIC SERVICES FOR THE POOR*



BICOL REGION

1,785,963

Served



WESTERN VISAYAS
REGION

496,673

Served



ILOCOS REGION

494,687

Served

**As of Dec. 12, 2016*



Senior Citizen provided with vaccination

SERVICES PROVIDED TO THE POOR VIA TSEKAP PROGRAM

Physical Examination

2,631,573	2,584,039	2,141,021
Eye Examinations	Ear Examinations	Oral Services

Basic Laboratories

410,050	362,940	532,832
Blood Typing	Complete Blood Count	Urinalysis

159,406	705,567
Stool Examination	Fasting Blood Sugar

Family Planning and Health Promotion

804,579	815,784	2,733,061
Family Planning Counseling	Family Planning Commodities	Health Education and Promotion Services



ZERO UNMET NEED FOR FAMILY PLANNING

In response to the directives of the President Rodrigo Roa Duterte to strengthen the implementation of the Responsible Parenthood and Reproductive Health (RPRH) law, all 18 regional implementation teams were gathered for a national orientation on the law provide the direction and thrust of its implementation. Four guidelines were finalized that would support the full implementation of the RPRH Law: (1) Revised Policy of Maternal, Newborn and Child Health and Nutrition Strategy, (2) Stand-Alone Family Planning Clinics, (3) Prevention and Management of Abortion Complications and (4) Prevention of Mother to Child Transfer of HIV by offering screening tests to all pregnant women along with screening for Hepatitis B and syphilis.

To further support of the RPRH law Implementation, Commisison on Population (POPCOM) operates the Family Planning logistics hotline. The hotline has reached 82% or 1,334 RHUs across the country. This has led to a timely response of 176 reported stock-out of commodities by the Rural Health Units. The hotline to date has collected 774 inventory and logistic reports. POPCOM has also hired a family planning logistics officer for all regions and has trained its officers on logistics management.

On the 4th of October 2016, the proposed Executive Order entitled **“ATTAINING AND SUSTAINING “ZERO UNMET NEED FOR MODERN FAMILY PLANNING” THROUGH INTENSIFIED IMPLEMENTATION OF RESPONSIBLE PARENTHOOD AND REPRODUCTIVE HEALTH LAW (RA 10354), PROVIDING FUNDS THEREFORE, AND FOR OTHER PURPOSES”** was submitted for approval. The Department of Health has also made appeals to the Supreme Court for the lifting of the Temporary Restraining Order on the purchase and distribution of contraceptive product Implanon.

Despite of the TRO, the POPCOM has continued to address the Unmet Need for Family Planning among Filipinos. It has continued implementing the You for You (U4U) Teen Trail which addresses the high rate of teenage pregnancy. The U4U teen trail initiative is a communication campaign that seeks to prevent early sex among teens by increasing the knowledge of the Filipino youth on delaying sexual debut, preventing teen pregnancy, and avoiding sexually transmitted infections. U4U has already reached 4.6 million young Filipinos nationwide. It is also expected to reach more youth with the help of Mr. Miguel Tanfelix ,the new U4U ambassador from the GMA Artist Center.



Miguel Tanfelix

U40 Ambassador



You for You (U4) Teen Trail Program Ambassador Miguel Tan Felix

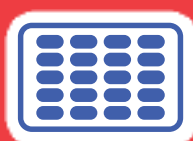
RH GOODS DISTRIBUTED BY DOH (2ND TRIMESTER)



6,625,152
Combined Oral
Contraceptive Pills



1,245,675
DMPA -
Depomedroxyprogesterone
Acetate



821,630
Progestin Only Pills



1,650,384
Male Condoms



Secretary Ubial at Bayani ng Kalusugan event

GOOD GOVERNANCE

In a World Bank report, a sum equivalent to more than 5% of the global Gross Domestic Product is lost to corruption. In developed countries, fraud and abuse in healthcare has been estimated to cost governments around \$12 to \$23 billion per year.

Task Force Against Corruption

In response to the directives of the President, the Department of Health created the "Task Force on Zero Corruption" last August 31, 2016 with Department Personnel Order No. 2016-3224. The objective of the task force was to:

- Review and identify gaps and overlaps on all anti-corruption programs and projects in the Department of Health
- Assess how to enhance and streamline the current anti-corruption initiatives and processes being implemented by the DOH
- Evaluate the conduct of anti-corruption activities and recommend improvements
- Develop a system of expeditious disposal of cases including periodic inventory and monitoring of progress of all DOH

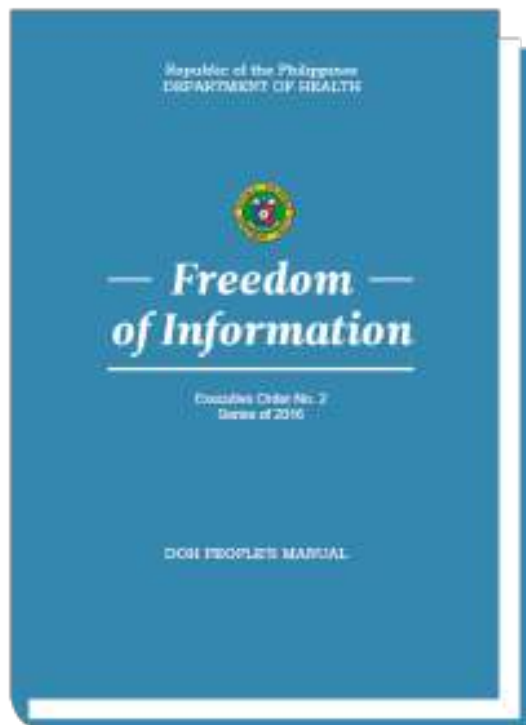
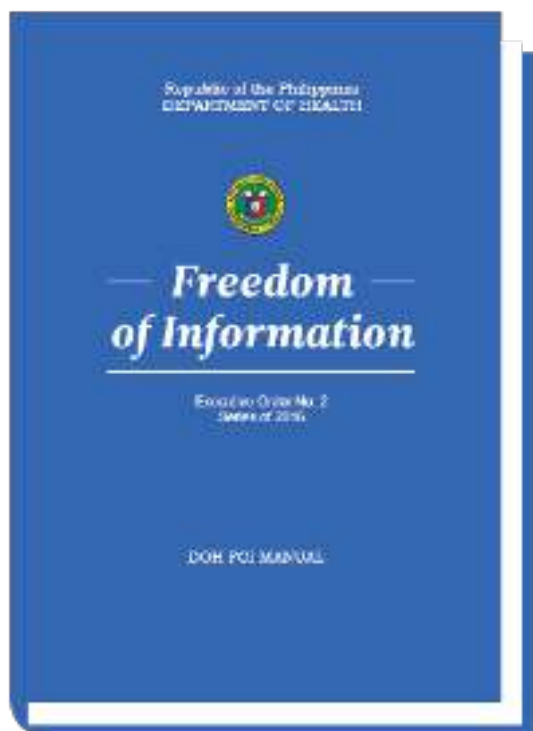
administrative cases pending in the hospitals, regional offices and central office.

The DOH also has reactivated the Integrity Management Committee that was created via Department Memorandum 2014-0127.

As of November 30, 2016, the DOH has received a total of 138 complaints where 59 (43%) are has already been addressed and closed. Among addressed complaints, 37 are related to management issues, 21 are due to unprofessional conduct, and 1 is due to negligence.

Improving Budget Utilization and Procurement Process

The DOH has also made efforts in improving its budget utilization and procurement processes. As of October 28, 2016, out of Php 16.19 Billion a total amount of the Annual Procurement Plan, 89.56% has already been awarded, 3.55% is for awarding, 4.89% is ongoing, and 2.01% is bid failure. Budget utilization rate of the DOH as of October is 67% (Current + Continuing Appropriation).



Freedom of Information

With continuous commitment to transparency and open governance, the DOH supported the implementation of Freedom of Information (FOI), by developing its FOI manual and people's manual to operationalize FOI in all DOH offices, bureaus, regional offices and selected attached agencies. DOH is also one of the selected agencies implementing the eFOI (electronic FOI) system in providing every Filipino access to government information.

NATURE OF CLOSED COMPLAINTS

37

Management Issues/
Institutional Practices

21

Unprofessional
Conduct

1

Negligence

SERVICE DELIVERY NETWORKS

1. Health Facilities Enhancement Program

The Health Facilities Enhancement Program or HFEP assists in enabling government healthcare facilities to provide quality health care through the allocation of capital outlay and procurement for infrastructure and equipment. The goals of the program are the following:

- 1) Improve primary health facilities (Rural Health Units, Barangay Health Units) for “gatekeeping” and delivery of preventive/primary health care services and PhilHealth accreditation
- 2) Improving quality of Local Government Unit hospitals to comply with DOH licensing and PhilHealth accreditation requirements as quality referral centers; and
- 3) Decongest DOH hospitals to be able to provide affordable quality tertiary care and specialized treatments

382
LGU hospitals

1623
RHUs/CHOs

956
BHS



Secretary Ubial at Groundbreaking Ceremony of Bataan General Hospital

2. Health Care Worker Deployment Program

The health human resources in the country are unevenly distributed. Some regions, such as NCR and CAR, have a high proportion of public health professionals per 100,000 population while other regions have low number of health professionals relative to the population. As more health workers favor the urban work settings, and LGUs are not able to hire adequate health personnel for their communities. Which leaves many rural and remote areas unserved or underserved.

To address this, the DOH implemented deployment programs and projects including Doctors to the Barrios, Medical Pool Placement and Utilization Program, Universal Health Care Implementers Deployment Project, Nurse Deployment Project, Rural Health Midwives Placement Program, Dentist Deployment Project, Medical Technologists Deployment Project, and Public Health Associates Deployment Project. Through these deployment programs, access to health care services has been improved, especially among geographically isolated and disadvantaged areas. The DOH in 2016 has been able to send out a total of 23,800 healthcare workers nationwide:

23,800 HEALTH CARE WORKERS DEPLOYED NATIONWIDE

503
Doctors

16,703
Nurses

267
Dentists

441
Med Techs

4,205
Midwives

1,681
Public Health Associates

ALL LIFE STAGES AND TRIPLE BURDEN OF DISEASE

1. Medicine Access Program

Statistics show that the primary source of Out-of-Pocket (OOP) expenditures are medicines and medical supplies. This suggests that in order for us to fully realize the No Balance Billing, FULL support must be provided in ensuring ample supply of drugs to meet the demand of clients.

2. Diseases for Elimination

The DOH through its continuous surveillance, prevention and early treatment activities has been able to eliminate some communicable diseases in various provinces in the country. As of 2016 the DOH has declared 41, 35, and 32 provinces as free from rabies, filariasis and malaria respectively. The strategies employed by each program are the following:

TOTAL NUMBER OF
TREATMENT PACKS
DISTRIBUTED IN 2016

4,908,095

Amlodipine
Treatment Packs

3,997,837

Losartan
Treatment Packs

3,030,224

Metoprolol
Treatment Packs

2,289,058

Metformin
Treatment Packs

Through this, , the DOH distributed a total of 14,225,214 treatment packs for Amlodipine, Losartan, Metoprolol and Metformin in 2,400 access sites around the city for the period of July to November 2016.

I. RABIES

- Provision of Post Exposure Prophylaxis, Pre-Exposure Prophylaxis
- Health Education
- Advocacy
- Training and Capacity Building
- Establishment of Animal Bite Treatment Centers
- Cooperation with the Department of Agriculture

II. Filariasis

- Endemic Mapping
- Capacity Building
- Mass Treatment (integrated with other existing parasitic programs)
- Selective treatment for diagnosed individuals
- Disability Prevention through home/community care
- Support control
- Monitoring, Support Control and Evaluation

III. Malaria

- Early diagnosis and prompt treatment
- Vector control
- Enhancement of LGU capacity to manage and implement community based activities



Senior Citizen reading a PhilHealth Manual

UNIVERSAL HEALTH INSURANCE

1. Philippine Health Insurance Corporation

By the third quarter of 2016, 9 out of every 10 Filipinos were covered by PhilHealth. This is marked by an increase in the coverage of senior citizens, from 7.1M in 2015 to 7.5M in 2016, employed sector members, from 28.2M in 2015 to 29M in 2016, informal economy members, from 6.38M in 2015 to 6.69M in 2016, and lifetime members, from 1.7M in 2015 to 2.1M in 2016. As of October, Philhealth claims has amounted to 78 billion pesos.

However, it must be noted, that there has been a notable decline in eligible overseas Filipino members. This is attributed to the Philippine Overseas Employment Administration's recent shift in procedure, effectively removing PhilHealth membership as a requirement for Overseas Filipino Workers (OFWs) prior to leaving the country. Further, notable shifts in eligibility can be observed among indigent members which is largely attributed to the *Listahanan* exit program as well as to shifts in membership categories. It is important to mention that PhilHealth has yet to secure a copy

of the new *Listahanan* from Department of Social Welfare and Development. Despite these challenges, PhilHealth has persevered in sustaining the coverage of almost the entire population.

With the advent of the No Balance Billing (NBB) Policy, PhilHealth aimed to empower the poorest sectors of our society to gain access to the health services they need. By the third Quarter of 2016, we have secured an NBB of 63% with Region IX and ARMM securing a NBB compliance rate of over 90%. This shows that from over 367,000 claims made by eligible members in the indigent sector, approximately 230,000 of these claims had zero OOP expenditures.

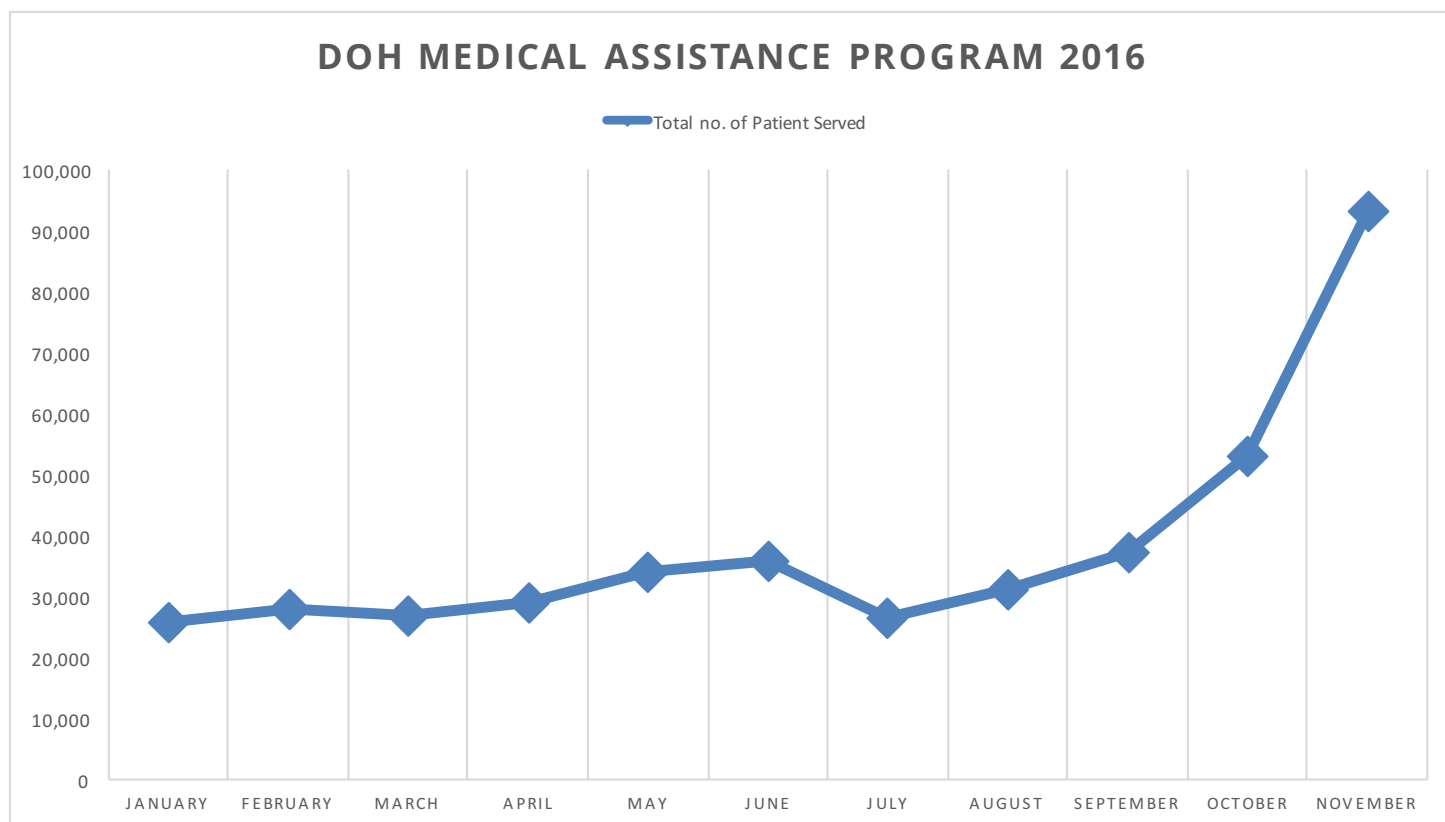
2. Medical Assistance Program

The DOH has been financially helping indigent and poor patients through the Medical Assistance Fund. From January to November of 2016, it was able to provide medical services to 421,988 patients just from the first quarter's (January-March) fund.

PhP278M or 18.22% was utilized during the second quarter (April-June) 18.54% or PhP283M was used while 19.18% of the fund or PhP292M was utilized during the 3rd quarter (July-September). From October to November 2016, the DOH has utilized 370.6 Million or 24% of the budget and aided 146,469 patients.

Quarter	1st	2nd	3rd	4th (Oct to Nov only)
Amount Utilized	278 Million	283 Million	292 Million	370.6 Million
Utilization	18.2%	18.5%	19.18%	24%
Patients Provided Assistance	81,148	99,165	95,206	146,469

*This does not include 27,708 beneficiaries in the 4 specialty hospitals



FIRECRACKERS INJURY PREVENTION MONTH



ALL FOR HEALTH
TOWARDS
HEALTH FOR ALL



OPLAN: FIREWORKS DISPLAY **IWAS PAPUTOK** **ANG PATOK!**

MAKIISA SA FIREWORKS DISPLAY
SA INYONG LUGAR!



DOH HOTLINE
711-1001
711-1002

INJURY-FREE HOLIDAYS WITH COMMUNITY FIREWORKS DISPLAY



Berong Bumbero, the official mascot of BFP encouraging the students of F. G. Calderon Integrated School to use torotot instead of firecrackers in welcoming the New Year.

The Department of Health (DOH) teamed up with the Department of the Interior & Local Government (DILG), Department of Trade and Industry (DTI), Department of Education (DepEd), Philippine National Police (PNP), Bureau of Fire Protection (BFP) and EcoWaste Coalition as it officially launched the 2016 anti-firecracker campaign on December 5, 2016 which carried the theme, *"IwasPaputok, Fireworks Display ang Patok! Makiisa sa Fireworks Display sa inyong lugar."*

In the past campaigns, DOH conveyed its messages either through scare tactics or positive approaches. However, this year the DOH shift the tour on encouraging the public to use alternative ways in celebrating Christmas and welcoming New Year and encouraging the merry makers to avoid the use of firecrackers.

An Executive Order that will ban fireworks use nationwide was put on hold for next year. This will allow government to discuss its impact on the fireworks industry and find practical ways to impose the ban. Davao city is injury-free after it totally banned fireworks in 2002.

"For this year, instead of firecrackers, the public is encouraged to use safe merry-making instruments and alternative noise-makers such as 'torotot', car horns, or by playing loud music. Also, the local government units (LGUs) are urged to foster community firework display," Health Secretary Paulyn Jean B. Rosell-Ubial said.



BFP Chief Bobby Baruelo, Health Assistant Secretary Eric Tayag, Health Undersecretary Gerardo Bayugo, with the mascot of PNP Chief Bato, Berong Bumbero and students of F. G. Calderon Integrated School holding the messages against firecrackers

Last year, the DOH reported a total of 932 cases injuries nationwide from December 21, 2015 to January 5, 2016. This was 72 cases (8%) higher compared to 2014 (860 injuries). Of the 932 reported injuries, 920 (98.7%) were due to fireworks, 10 (1.1%) from stray bullet, while 2 (0.2%) were cases of firecracker ingestion. There was one death due to massive injuries from an exploding good-bye Philippines.

Any type of fireworks, illegal or not, can cause injuries. Majority or 555 cases (59%) of the fireworks related injuries (FWRI) was caused by illegal fireworks and 277 (29%) were from legal fireworks.

Most injuries were caused by piccolo (385 or 42%), followed by unknown firecrackers (109 or 12%) because the victims were bystanders, while 103 (11%) cases of FWRI were recorded due to kwitis, followed by luces (sparklers) with 55 cases (6%).

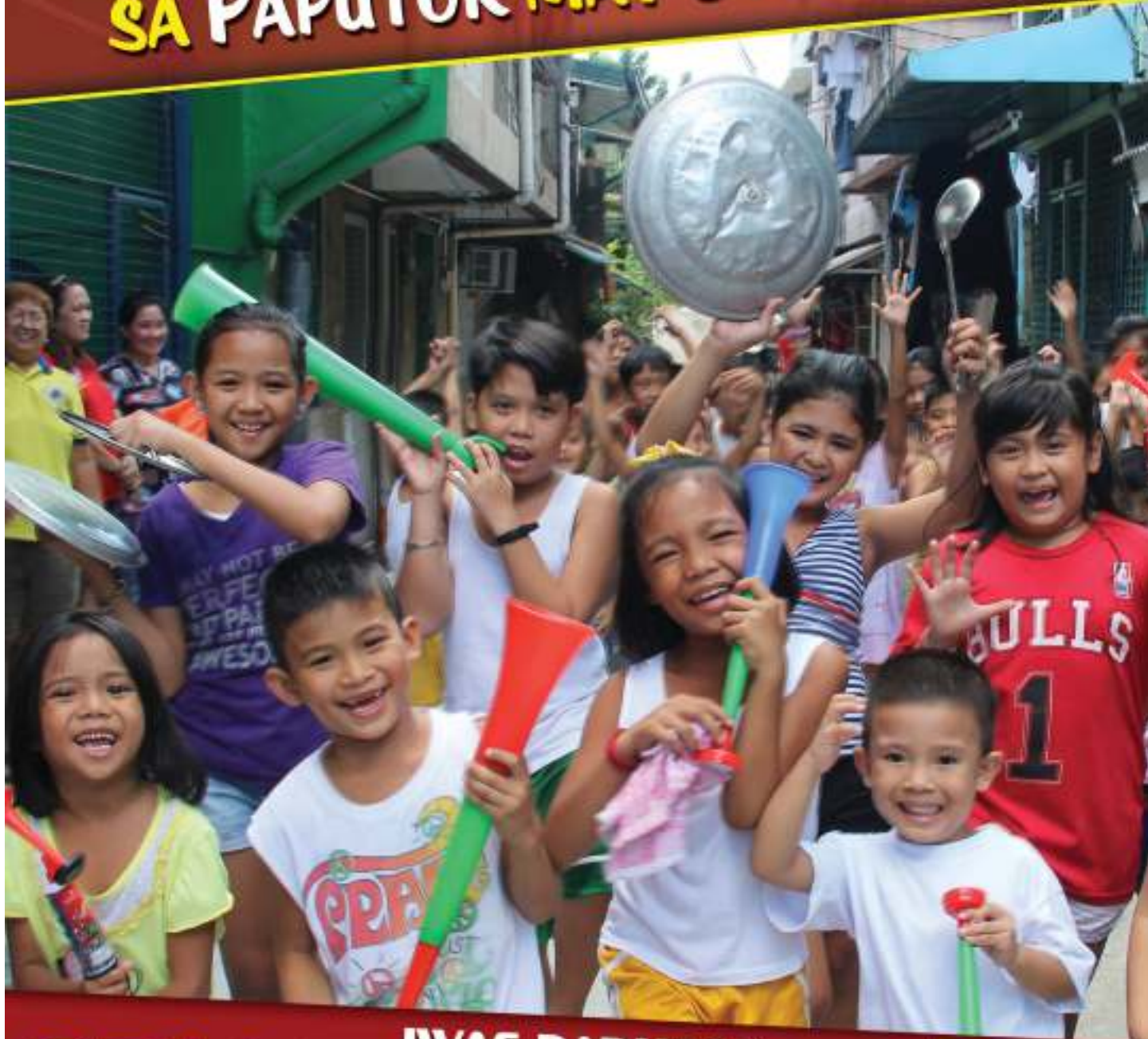
Children should never use any fireworks as 40% were children less than 15 years old.

Most fireworks-related injuries came from the National Capital Region with 523 (56%), followed by Western Visayas 82 cases (9%), and Ilocos Region 68(7%).

In case of an injury due to firecrackers, DOH reminded that the wounds must be immediately washed with clean running water until all visible dirt and gunpowder residue is removed. The patient must immediately be rushed to the nearest health facility for proper medical attention to prevent permanent injuries and disability and deaths due to Tetanus. The DOH assures that all DOH Hospitals are prepared to attend to injuries related to fireworks.

“Serious injuries and amputation caused by firecracker explosions have life-changing consequences. It is an extreme gamble on one’s future. Every time a firecracker is ignited, a person’s life is at risk, hence, let us do all our part. Iwas Paputok, Fireworks Display ang Patok! Makiisasa Fireworks Display sa inyong lugar,” Secretary Ubial concluded.

**SA PAG-IINGAY MAS MASAYA,
SA PAPUTOK MAY DISGRASYA**



**OPLAN: IWAS PAPUTOK
FIREWORKS DISPLAY
ANG PATOK!**

MAKIISA SA FIREWORKS DISPLAY SA INYONG LUGAR



HOTLINE

711-1001 to 02

LOWER FIREWORK-RELATED INJURIES FOR 2016

The Department of Health (DOH) revealed on January 1, 2017 the number of fireworks-related injuries (FWRI) during the New Year festivities. More Filipinos were spared of firework-related injuries as the country welcomed 2017.

"We would like to extend our gratitude for the support of other national agencies, the local government, non-government organizations, and the media during the anti-firecracker campaigns. Every year, we see the things that we need to strengthen in order to achieve our goal, and eventually, we do hope that we will attain zero casualties from fireworks/firecrackers during the holidays. The cooperation of local government units to organize public firework displays contributed to success of this campaign," Health Secretary Paulyn Jean Rosell-Ubial expressed.

As of 6:00 AM, January 1, 2017, a total of 350 fireworks-related injuries were recorded by DOH sentinel sites. This is 520 cases (60 %) lower than the five-year (2011-2015) average and 524 (60%) lower compared to the same time period last year. Of the total 350 cases, 348 were from fireworks/firecrackers injuries, and 2 cases of fireworks/firecrackers ingestion.



132 (38%) out of 348 injuries were caused by Piccolo, a prohibited firecracker in the country. Other fireworks causing injuries were from kwitis (44 cases or 13%), luces (19 cases or 5%), and fountain (19 cases or 5%).

Most fireworks-related injuries came from the National Capital Region (NCR) with 211 cases (60%), followed by Western Visayas with 34 cases (10%), and Central Luzon with 29 cases (8%). In NCR, most cases were from Manila with 81 out of 211 cases (38%), 48 cases (23%) were from Quezon City, and 23 cases (11%) from Marikina. Majority of cases, are children less than 15 years old (58%).



Health Secretary Paulyn Jean Rosell-Ubial sympathizing with the mother of the victim of FWRI.

The Firework/Firecracker related Injuries Surveillance of DOH started last December 21, 2016 and will end on January 5, 2017. Consolidated report of 50 hospitals reporting to DOH nationwide will be disclosed on January 6, 2017.

"Nais naming pakiusapan lalo na ang mga bata na huwag mamulot ng paputok na nagkalat sa kalsada. Siguraduhin din na pumunta sa ospital kung ikaw ay nagkasugat ng dahil sa paputok, maliit man o malaki ang sugat na iyong nakuha, dapat pa rin itong lapatan ng tamang gamot, Ang tetano ay nakamamatay, at ito ay nakukuha sa sugat na manggagaling mula sa paputok," Secretary Ubial added.

The health chief added that it is the responsibility of adults, especially parents or guardians to make sure that after the festivities, their surroundings must be cleaned up immediately so that children will not be tempted to pick-up firecrackers on the streets.

DOH clarified that the Iwas Paputok Campaign will not end in January 2017. It will strengthen its campaign by pushing the approval of the Executive Order to ban individual firecracker use and foster community fireworks instead in local government units, in order to achieve its goal of zero casualties due to firework/ firecracker related injuries.

"Ngayong 2017, bigyan natin ng magandang simula ang ating pamilya. Hangad ng DOH na magkaroon tayo ng isang malusog, ligtas at manigong Bagong Taon," Secretary Ubial concluded.



Health Secretary Paulyn Jean Rosell-Ubial, Health Undersecretary Gerardo Bayugo, and Dr. Lyndon Lee Suy together with the hospital's staff checking the victim of FWRI.

SA PAPUTOK MAY DISGRASYA, ITO ANG MGA EBIDENSYA



OPLAN: IWAS PAPUTOK
FIREWORKS DISPLAY
ANG PATOK!

MAKIIISA SA FIREWORKS DISPLAY SA INYONG LUGAR



HOTLINE

711-1001 to 02

Ang sugat na dulot ng paputok
ay maaaring magdulot ng

TETANO

NA NAKAMAMATAY

- Huwag balewalain ang paso at sugat na sanhi ng paputok kahit gaano man ito kaliit.
- Hugasan ang sugat ng sabon at malinis na tubig.
- Pumunta agad sa health center o ospital para sa bakuna kontra tetano.
- Huwag bigyan at pagamitin ng paputok ang mga bata.
- Siguraduhin na hindi mamumulot ng paputok ang mga bata.

**OPLAN: IWAS PAPUTOK
FIREWORKS DISPLAY
ANG PATOK!**

MAKIISA SA FIREWORKS DISPLAY SA INYONG LUGAR



HOTLINE

711-1001 to 02

DOH EXECUTIVE COMMITTEE



Dr. Paulyn Jean Rosell-Ubial,
MPH, CESO II
Secretary of Health



Dr. Lilibeth C. David,
MPH, MPM, CESO III
Undersecretary
Office for Policy and
Health Systems



Dr. Herminigildo Valle,
MPA
Undersecretary
Office for Field Implementation and
Management



Dr. Roger P. Tong-An,
DMPA, MAN, RN
Undersecretary
Office for Policy and Health
Systems II



Dr. Gerardo V. Bayugo,
MPH, CESO III
Undersecretary
Office for Technical Services



Mr. Achilles Gerard C. Bravo,
CESO III
Undersecretary
Office for Administration,
Finance and Procurement



Dr. Mario C. Villaverde,
MPH, MPM
Undersecretary
Office for Health Regulation



Ms. Agnette P. Peralta,
MSc, CESO III
Assistant Secretary
Office for Health Regulation



Dr. Abdullah B. Dumama, Jr.
CESO III
Assistant Secretary
Mindanao Cluster



Dr. Maria Francia M.
Laxamana,
MHSA, MHA, CHS
Assistant Secretary
Office for Technical Services



Ms. Maria Carolina V. Taino,
CPA, MGM, CESO IV
Assistant Secretary of Health
Office for Administration,
Finance and Procurement



Dr. Nestor F. Santiago, Jr.
MPHC, MHSA, CESO
Assistant Secretary
Office for Field Implementation
and Management



Dr. Elmer G. Punzalan,
FICS, MHA, MHSA
Assistant Secretary of Health
Office for Special Concerns



Ms. Maria Bernadita T. Flores,
CESO II
Assistant Secretary
National Nutrition Council

ALL FOR HEALTH TOWARDS HEALTH FOR ALL



DEPARTMENT OF HEALTH