



# ANNUAL REPORT 2018

DEPARTMENT OF HEALTH



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**REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF HEALTH**

# **ANNUAL REPORT 2018**

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# MESSAGE OF THE SECRETARY

We are pleased to share with you the Department of Health's 2018 Annual Report.

This report chronicles DOH's continuing efforts to ensure effective service delivery and strengthen systems towards the attainment of Universal Health Care (UHC). UHC aims to provide every Filipino access to timely and quality health care without suffering from financial hardship.

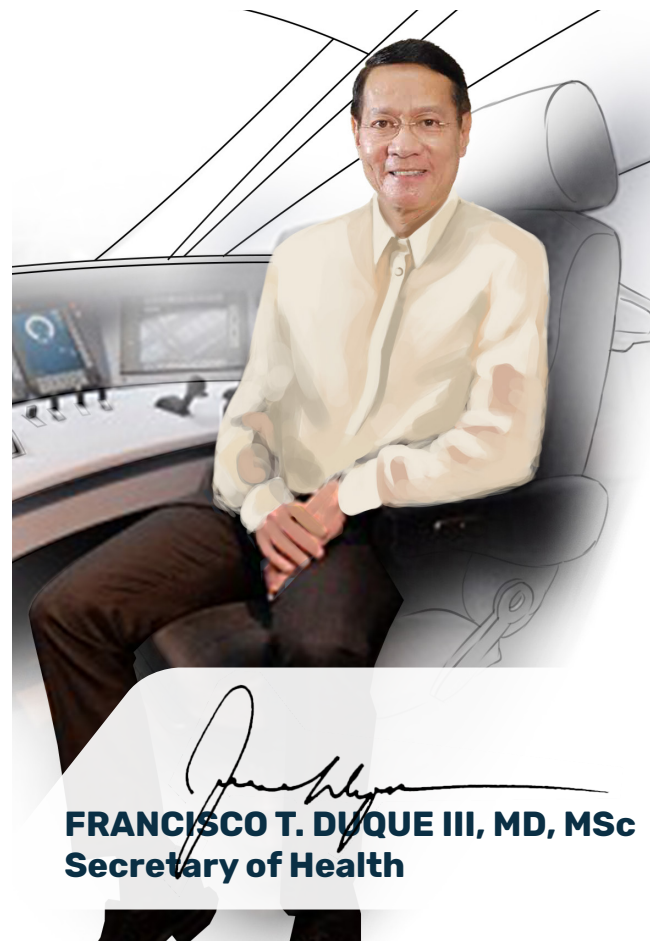
2018 saw the health sector's successful efforts to pass the UHC Law. Other landmark health laws that were passed this year were the Kalusugan at Nutrisyon ng Mag-Nanay Act, the Mental Health Act, and the Philippine HIV and AIDS Policy Act. These milestones accelerate our efforts to reform the healthcare system.

In the same year, the DOH launched FOURmula One Plus (F1 Plus) for Health, as the strategic framework for achieving UHC. It strives to lead the country in the development of a productive, resilient, equitable, and people-centered health system. F1 Plus for Health also places heavy emphasis on primary care as a key element of responsive health care provider networks.

The Performance Governance System was also revitalized to ensure performance accountability among different stakeholders in the health sector. The Department instituted mechanisms focused on better tracking of the health sector's progress towards targeted health outcomes.

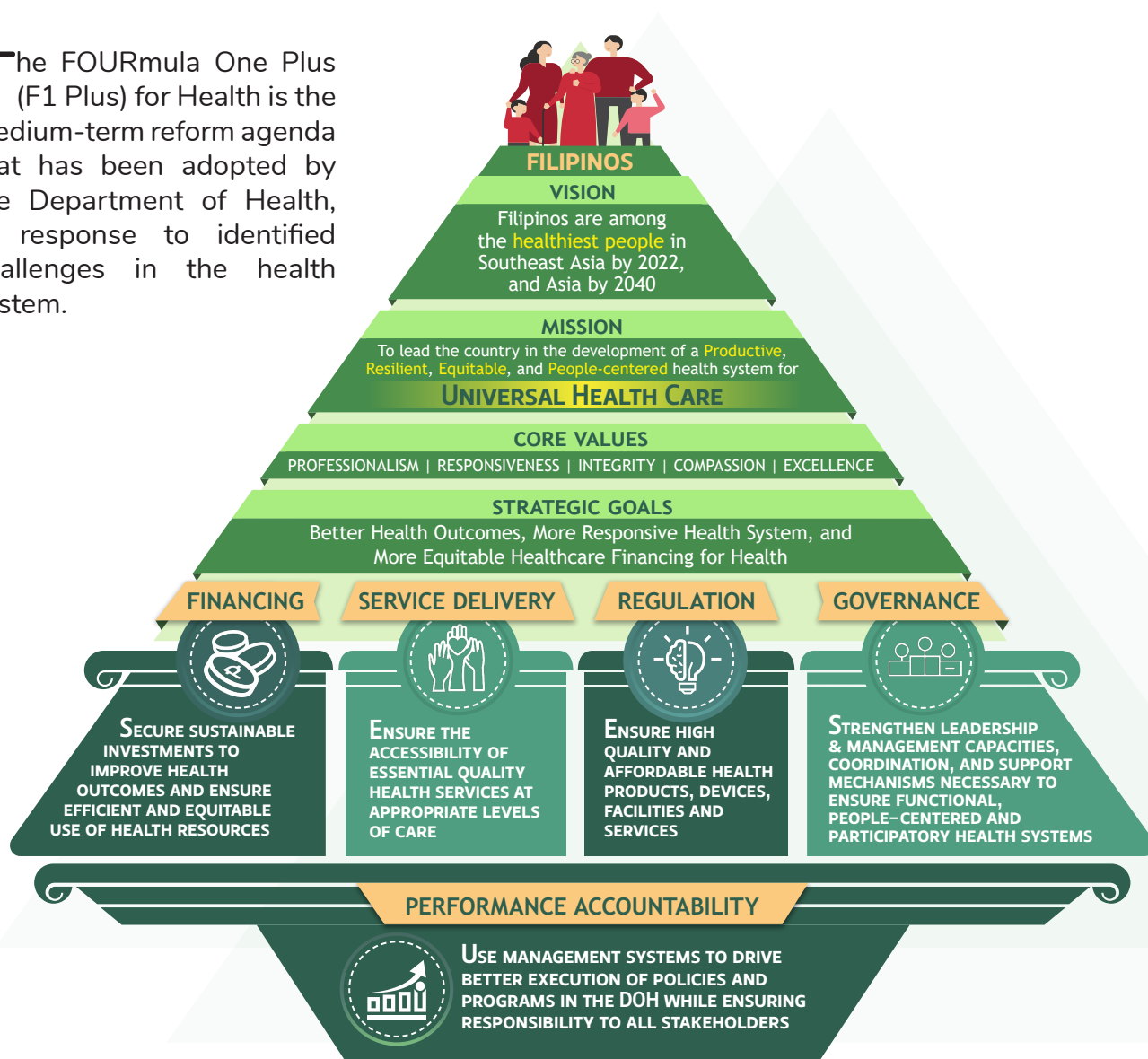
As the lead agency for the health sector, the DOH shall continue the mobilization and management of health resources, laying the groundwork for achieving equitable health financing, a more responsive health system, and better health outcomes.

On behalf of the DOH, we look forward to the full speed implementation of UHC.



# F1 PLUS FOR HEALTH

The FOURmula One Plus (F1 Plus) for Health is the medium-term reform agenda that has been adopted by the Department of Health, in response to identified challenges in the health system.



SOURCE: National Objectives for Health 2017-2022

As shown in this Strategy Map, the DOH envisions Filipinos to be among the healthiest people in Southeast Asia by 2022, and in Asia by 2040. It aims to lead the country in the development of a productive, resilient, equitable and people-centered health system towards the attainment of UHC, guided by the values of professionalism, responsiveness, integrity, compassion and excellence.

Aligned closely with the thrust of Universal Health Care (UHC), the F1 Plus for Health is a comprehensive strategy for achieving the DOH's three strategic goals, namely: better health outcomes, more responsive health system, and more equitable healthcare financing.

## **STRATEGIC GOALS**

### **BETTER HEALTH OUTCOMES**

Sustain gains and address new challenges in maternal, newborn, child health, nutrition, communicable disease elimination, and NCD prevention and treatment

1

### **MORE RESPONSIVE HEALTH SYSTEM**

Improve the quality of health goods and services, as well as the manner in which they are delivered to the population, ensuring people-centered healthcare provision

2

### **MORE EQUITABLE HEALTHCARE FINANCING**

Expand access of Filipinos, especially the poor and underserved, to affordable and quality health goods and services, through mechanisms that provide adequate financial risk protection from the high and unpredictable cost of healthcare.

3

## STRATEGIC PILLARS

Through F1 Plus, the DOH is currently pursuing reforms and interventions toward Universal Health Care as espoused in five pillars, namely: financing, service delivery, regulation, governance, and performance accountability.



### FINANCING

The Financing pillar aims to secure sustainable investments to improve health outcomes, and ensuring efficient and equitable use of health resources. This entails rationalizing health spending, and focusing of financial resources on high-impact interventions.



### SERVICE DELIVERY

The Service Delivery pillar ensures the availability and accessibility of essential quality health services at appropriate levels of care, especially for the poor. This involves strengthening of health care provider networks and provision of comprehensive service delivery packages to meet the needs of the population.



### REGULATION

The Regulation pillar focuses on guaranteeing high quality and affordable health products, devices, facilities and services. Under this pillar, regulatory systems and processes will be streamlined, harmonized, and innovated.



### GOVERNANCE

The Governance pillar, on the other hand, is about strengthening of sectoral leadership and management, and strengthening of evidence generation from research to guide policy development and program implementation.



### PERFORMANCE ACCOUNTABILITY

The Performance Accountability pillar, incorporates the performance governance system across the first four pillars, to enable better public accountability and transparency in all health programs, projects, and activities.



# DOH-OFFICE OF THE SECRETARY (OSEC) BUDGET\*



The budget for DOH-OSEC\* increased by around 11 percent, from PhP 95 billion in 2017 to PhP 106 billion in 2018. The highest increase was noted in the personnel services which covered the third tranche increase in salary due to the Salary Standardization Law of 2015. This was followed by increases in both capital outlay and maintenance and other operating expenses, driven by the increase in the budget for deployment of human resources for health, health facilities enhancement and medical assistance to indigents.

\*The DOH-OSEC budget comprises of all budgetary requirements of Central Office bureaus, Centers for Health Development, DOH hospitals and Treatment and Rehabilitation Centers.

## BUDGET DISTRIBUTION IN TERMS OF ORGANIZATIONAL OUTCOME (OO)

Table 1: DOH - OSEC 2018 Budget Distribution

Particular	Budget Allocation (PhP, in Thousand)	% to Total
General Administration and Support Services	8,784,426	8%
Support to Operations	2,165,982	2%
Operations	95,131,688 (total of OO)	90%
OO1: Access to Promotive and Preventive Health care Services Improved	37,143,506*	35%
OO2: Access to Curative and Rehabilitative Health Care Services Improved	52,363,851*	49%
OO3: Access to Safe and Quality Health Commodities, Devices and Facilities Ensured	754,160	1%
OO4: Access to Social Health Protection Assured	4,870,171	5%
<b>TOTAL</b>	<b>106,082,096</b> (total of GASS, STO and Operations)	<b>100%</b>

\*Under the Health Facilities Enhancement Program, PhP 5.48 billion is allotted for primary care facilities which supports the attainment of OO1, while the remaining PhP 24.78 billion is for tertiary and rehabilitative health care facilities which supports OO2. This explains the variance from the GAA budget summary tables.

SOURCE: DOH - HPDPB

Operations comprised PhP 95 billion of the DOH-OSEC budget or 90 percent of the total. The biggest portion of this is allotted to curative and rehabilitative healthcare services (OO2) worth PhP 52 billion. This includes the subsidy for the operations of DOH hospitals and other health facilities, and financial support for capital outlay projects of LGU hospitals.

This is followed by promotive and preventive healthcare services (OO1) worth PhP 37 billion which takes 35 percent of the total budget. Preventive and promotive healthcare services include the budget for the provision of public health commodities, conduct of learning and development activities, health awareness

campaign, salaries for the deployed human resources for health (HRH), and also financial support for capital outlay projects of LGU owned primary care facilities (i.e. barangay health stations, rural health units, health centers and polyclinics).

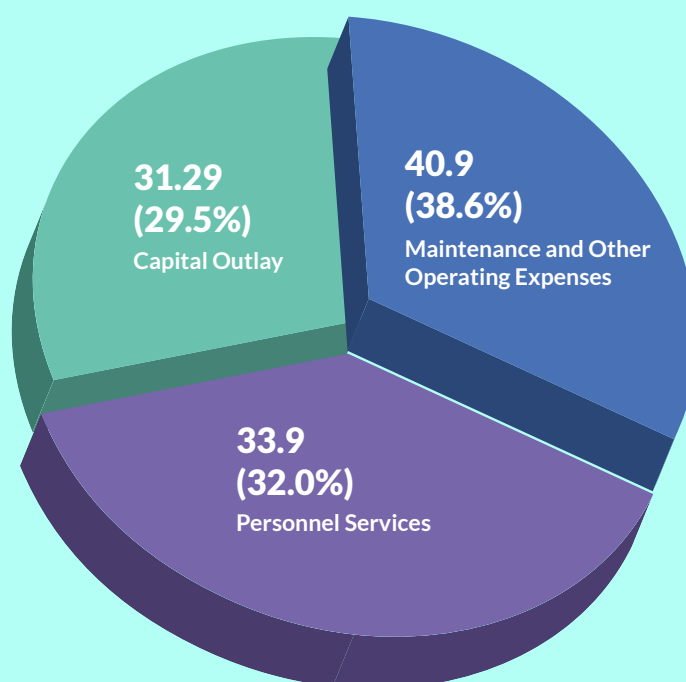
The remaining budget is allotted to health regulation services (OO3) to ensure that the public has access to safe, quality and affordable healthcare, and social health protection (OO4) to ensure that indigent patients are free of financial risks when accessing health services in government owned hospitals, through the medical assistance for indigents program.

## BUDGET DISTRIBUTION BY EXPENSE CLASS

For 2018, allotment for maintenance and other operating expenses (MOOE) comprised the biggest share of the budget at Php 40.9 billion. The capital outlay is 31.29 Billion or 29.5 percent of the DOH budget.

With a budget allocation of Php 33.9 billion for Personnel Services in 2018, Php 5.9 billion higher than the previous year, the DOH is able to cover the third tranche increase in salary of the Salary Standardization Law of 2015.

Figure 2: DOH Budget by Expense Class in billion pesos (2018)



SOURCE: DOH - FMS

## BUDGET UTILIZATION RATE

**94%**

**Obligation  
Rate**

**60%**

**Disbursement  
Rate over total  
allotment**

SOURCE: DOH - FMS

In 2018, the obligation rate of the DOH was at 94 percent, however disbursement over total allotment was only 60 percent. This is driven by low disbursement in MOOE and CO.

## ***SIN TAX INCREMENTAL REVENUE***

2018 marks the fifth year that the Department of Health (DOH) received revenues resulting from the excise taxes on alcohol and tobacco products in accordance with Republic Act No. 10351 (Sin Tax Reform Act of 2012).

In accordance to specified programs in its IRR, the Sin tax incremental revenue for health amounting to PhP 71.2 billion (67 percent of the DOH's total budget in 2018) was allocated as follows:

- PhP 48.00 billion for the Enrollment and Coverage of Indigent Families and Members in the Informal Economy;
- PhP 8.72 billion for Strengthening of Preventive Health Programs towards Attainment of Millennium Development Goals (MDGs);
- PhP 0.16 billion for Health Awareness Programs; PhP 0.11 billion for the Implementation Research to Support UHC;
- PhP 4.87 billion for Medical Assistance;
- PhP 9.00 billion for Financial Assistance for HEFP; and
- PhP 0.38 billion for Service Delivery Networks.

# DOH 2018 PERFORMANCE

## *F1 PLUS PILLARS*



*HEALTH FINANCING  
SERVICE DELIVERY  
REGULATION  
GOVERNANCE  
PERFORMANCE  
ACCOUNTABILITY*

# HEALTH FINANCING PILLAR

## KEY ACCOMPLISHMENTS

- Increased Philhealth Coverage at 98 percent.
- 82 percent of eligible members have no balance billing.
- 1,360,885 patients served thru MAIP.
- Streamlined access to medical assistance fund.

## PHILHEALTH COVERAGE

Table 2: PhilHealth Coverage from 2016 to 2018

	2016	2017	2018
Number of Filipinos covered by PhilHealth	93.4 M	97 M	104.49M
Population coverage in percent	91%	93%	98%

The number of Filipinos covered by PhilHealth increased from 93.4 million in 2016 to 104.49 million Filipinos in 2018, translating to a population coverage of 98 percent.

Out of this, 34.5 million were indigents enrolled from the DSWD's list of beneficiaries under the National Household Targeting System for Poverty Reduction (NHTS-PR). In addition, 9.4 million senior citizens were provided with mandatory coverage, as provided for in Republic

Act No. 10645 (Expanded Senior Citizens Act of 2010). Sin tax revenues continue to shoulder the premium of members under these categories.

While these programs helped increase population coverage, the enactment of the UHC Law would enable every Filipino to be automatically enrolled to PhilHealth, therefore giving them the ability to access a comprehensive range of quality health services.

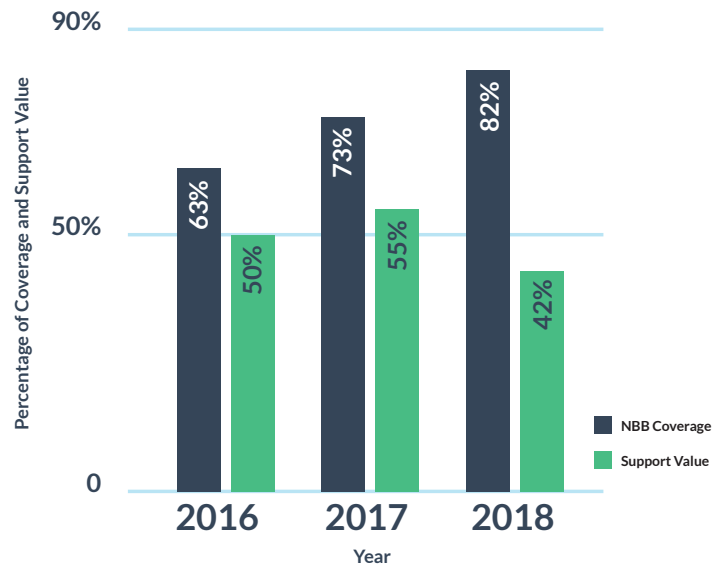


## NO-BALANCE BILLING

The No Balance Billing (NBB) policy allows PhilHealth members under the Indigent and Senior Citizen categories to pay nothing more in excess of PhilHealth case rates when confined at government health facilities.

In 2018, around 82 percent of NBB-eligible members had zero out-of-pocket payments for their hospitalization. On the other hand, support value, which may be described as the proportion of the total cost incurred during a hospital stay that is covered by PhilHealth, decreased to 42 per cent in 2018, from 55 per cent in 2017.

Figure 3: No Balance Billing Compliance and Support Value



SOURCE: PhilHealth

## MEDICAL ASSISTANCE TO INDIGENT PATIENTS PROGRAM

The DOH Medical Assistance to Indigent Patients (MAIP) program provides financial assistance to qualified patients whose hospital expenses could not be entirely covered by PhilHealth.

In 2018, the MAIP program served a total of 1,360,885 patients in partnership with DOH-retained hospitals and DOH Centers for Health Development (CHDs).

## STREAMLINING ACCESS TO MEDICAL ASSISTANCE FUNDS OF THE GOVERNMENT

In order to cover Filipinos against financial health risk, an important strategy is to mobilize, streamline, and harmonize access to various, discrete fund pools to avoid inefficient overlaps in health financing.

As an interim measure, a Joint Administrative Order No. 2018- 0001 entitled “Streamlining Access to Medical Assistance Funds of the Government” was issued by the DOH, Philippine Charity Sweepstakes Office, Department of Social Welfare and Development, and PhilHealth. This policy aimed to define the roles of DOH, PCSO, and DSWD in augmenting the financing provision of the NBB Policy for Case Rates and Z Benefits; and outline a streamlined process for accessing these funds by the members and dependents.

# *SERVICE DELIVERY PILLAR*

## KEY ACCOMPLISHMENTS

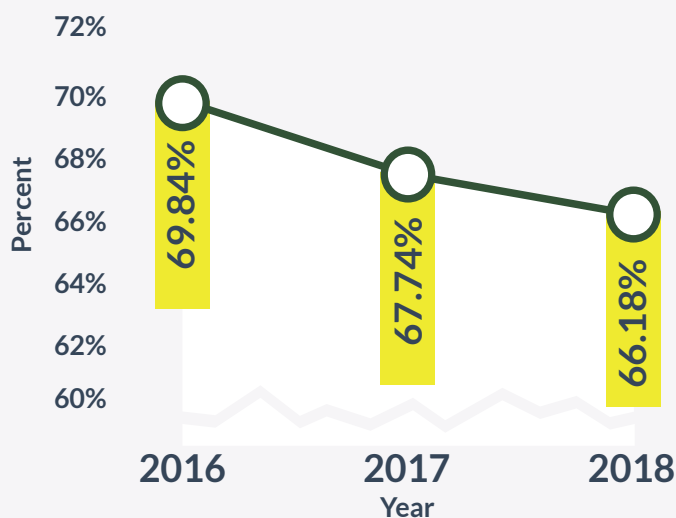
- 96.39 percent of infants(6 to 11 mos) provided with Vitamin A supplementation.
- 66.14 percent of low birth weight infants provided with iron supplementation.
- 92.5 percent of pregnant women delivered in health facilities.
- 33,593 HIV cases are on antiretroviral therapy (ART).
- 8 additional provinces declared malaria-free.
- Additional 2 provinces and 2 cities declared filariasis-free.
- 13 additional areas declared rabies-free.
- 31,157 health professionals deployed to augment the health workforce in LGUs.
- 1,759 health facility projects initiated and 709 projects completed in 2018.



# WOMEN AND CHILDREN'S HEALTH

## NATIONAL IMMUNIZATION PROGRAM

Figure 4: Proportion of Fully Immunized Children from 2016-2018



The proportion of Fully Immunized Children (FIC) under one year old, was 66.18 percent in 2018. This has not improved in the past five years, and lags far behind the national target of 95 percent.

SOURCE: DOH Field Health Services Information System (FHSIS)

## MASS DEWORMING

The Oplan GoodBye Bulate campaign aims to eradicate intestinal parasitism in children, while raising awareness on the transmission and prevention of soil-transmitted helminths. Coinciding with the National Deworming Months in January and July, this campaign was made possible through the collaboration of the DOH, Department of Education, Department of the Interior and Local Government, and Local Government Units.

For 2018, around 52 percent of pre-school children and 45 percent of school-age children from public schools were provided free deworming medicines.



## VITAMIN A SUPPLEMENTATION

The Field Health Services Information System (FHSIS) shows the proportion of infants 6 to 11 months old given routine Vitamin A supplementation was 96.39 percent in 2018. Meanwhile, the proportion of children age 12 to 59 months old given routine Vitamin A supplementation was 49.70 percent. This is 10.3 percentage points short from the program target of 60 percent.



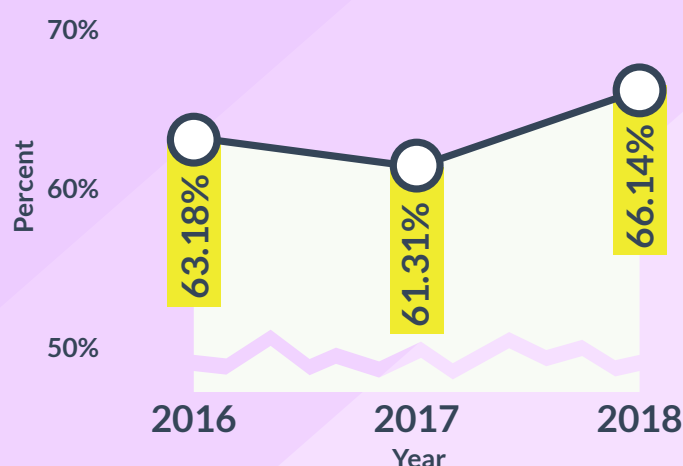
## FAMILY PLANNING

According to the latest available data from the National Demographic Health Survey (2017), 40 percent of currently married women and 17 percent of sexually active unmarried women were using a modern method of contraception.

On the other hand, FHSIS reported an increase in modern contraception (mCPR) rate among currently married women from 53 percent in 2017, to 57 percent in 2018.

## IRON SUPPLEMENTATION FOR LOW BIRTH WEIGHT INFANTS

Figure 5: Proportion of Infants 2-5 months old with low birth weight given iron supplements



SOURCE: DOH Field Health Services Information System (FHSIS)

The FHSIS reported a 66.14 percentage iron supplementation coverage for low birthweight infants 2 to 5 months of age in 2018 - 6.83 percentage points higher than the previous year.

## MATERNAL CARE

The FHSIS in 2018 reported the proportion of pregnant women who had at least four or more antenatal care (ANC) visits at 52.6 percent, while 54.7 percent had at least two postpartum visits to a public health primary care facility. Among pregnant women who delivered, 94.1 percent were attended by skilled birth attendants, and 92.5 percent delivered in a health facility.



# COMMUNICABLE DISEASES

## TUBERCULOSIS

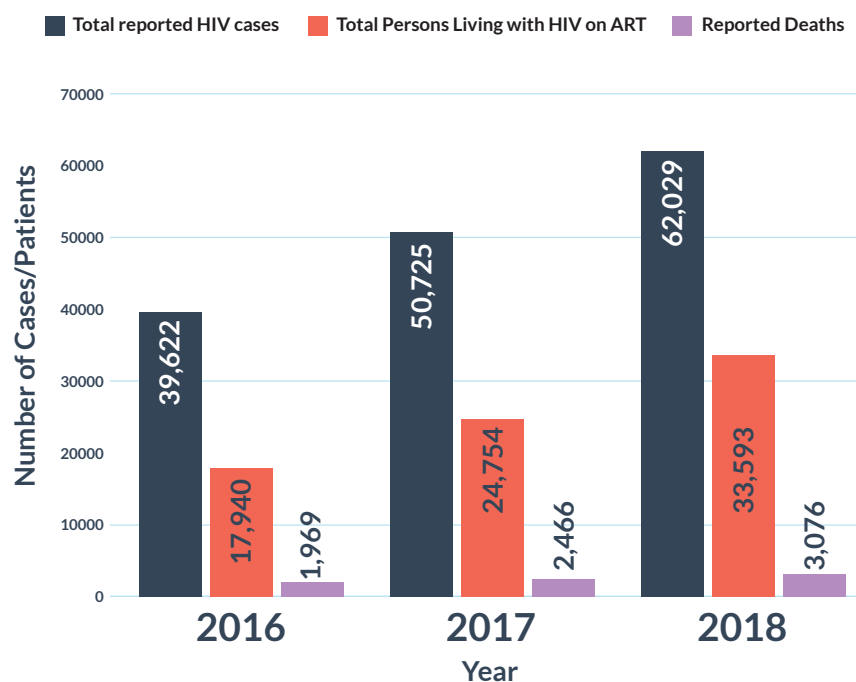
TB incidence (new cases per 100,000 population) in the Philippines has increased from 434 in 2016 to 554 in 2018. On the other hand, the case notification rate has also increased from 317 in 2016 to 350 in 2018.

Treatment coverage has increased from 60 percent in 2016 to 63 percent in 2018. Furthermore, TB treatment success rate was sustained at 91 percent from 2016 to 2018.



## HIV/AIDS

Figure 6: Total reported HIV Cases, Persons Living with HIV (PLHIV) on Antiretroviral Therapy (ART), and Reported Deaths (cumulative number since January 1984)



By 2018, the total number of reported HIV cases (since January 1984) has risen to 62,029, which was 22.3 percent higher than the total reported cases that had been recorded by 2017.

The cumulative number of persons living with HIV (PLHIV) on antiretroviral therapy (ART) was at 33,593 in 2018, which was 35.7 percent higher than the recorded in 2017.

Total deaths due to HIV/AIDS that have been reported since January 1984 until 2018 was at 3,076, which was 24.7 percent higher than the reported deaths by 2017.

SOURCE: HIV/AIDS and ART Registry of the Philippines, DOH - Epidemiology Bureau

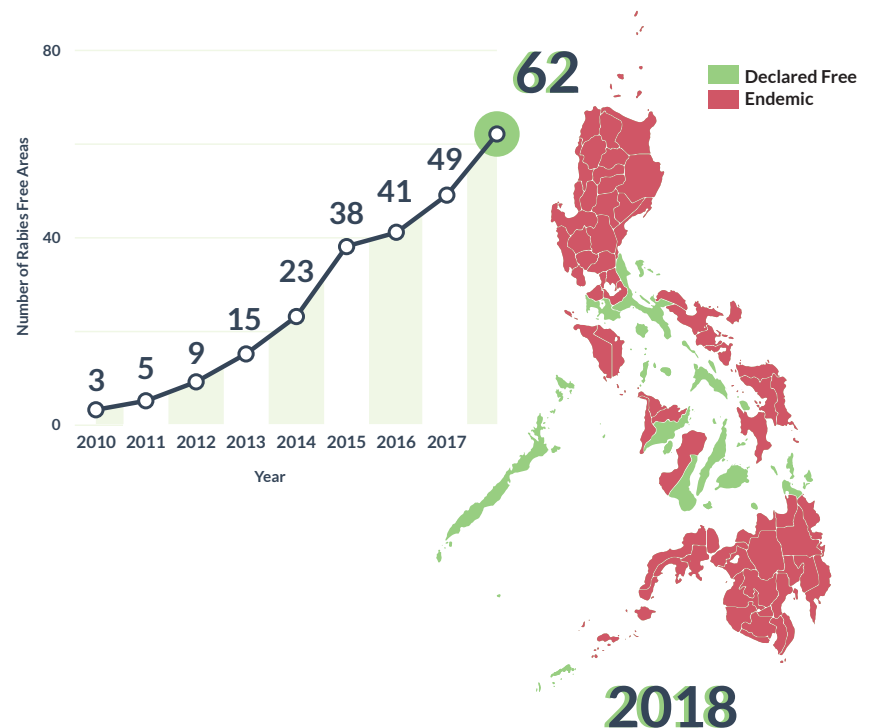
## RABIES

The Rabies Prevention and Control Program aims to make the Philippines rabies-free through two main strategies: reducing risks of rabies exposure, and appropriate management of animal bites. The DOH implements rabies prevention and control interventions in cooperation with the Department of Agriculture, Department of Education, Department of Interior and Local Government, World Health Organization, Animal Welfare Cooperation, LGUs, and other development partners.

For 2018, the number of rabies-free areas increased to 62, from 41 areas in 2016.

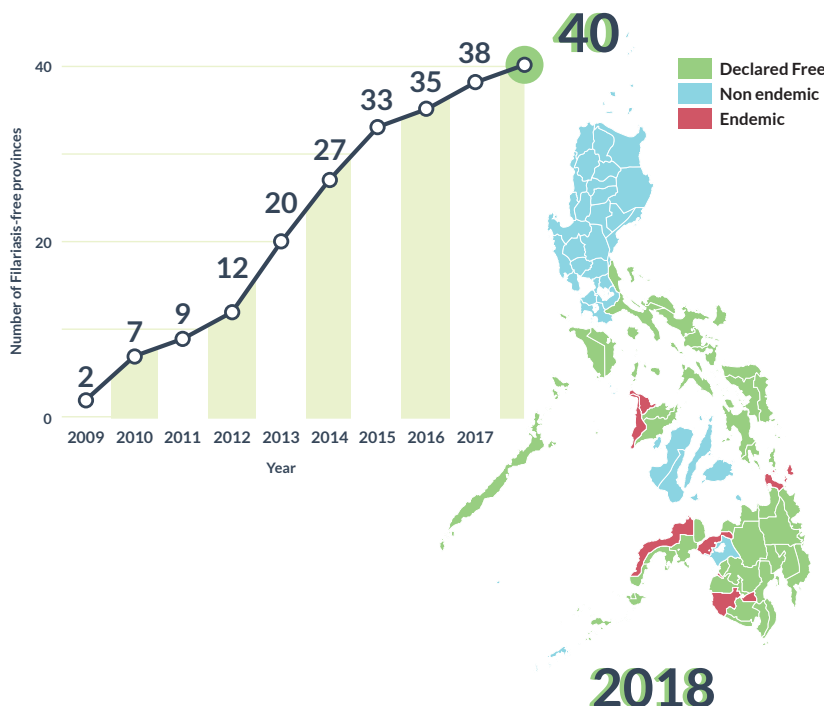
A total of 1,156,377 persons were given post-exposure rabies vaccines in 2018.

Figure 7: Cumulative Number of Rabies-free Areas



SOURCE: Disease Prevention and Control Bureau - DPCB

Figure 8: Cumulative Number of filariasis-free provinces



SOURCE: Disease Prevention and Control Bureau - DPCB

## FILARIASIS

The National Filariasis Elimination Program further intensified its efforts to eradicate filariasis by 2020. As of 2018, 40 (out of the 46 endemic provinces) have been declared filariasis-free. The latest areas to have been cleared of filariasis in 2018 were the provinces of Basilan and Davao del Sur, and the cities of Isabela and Davao.

## MALARIA

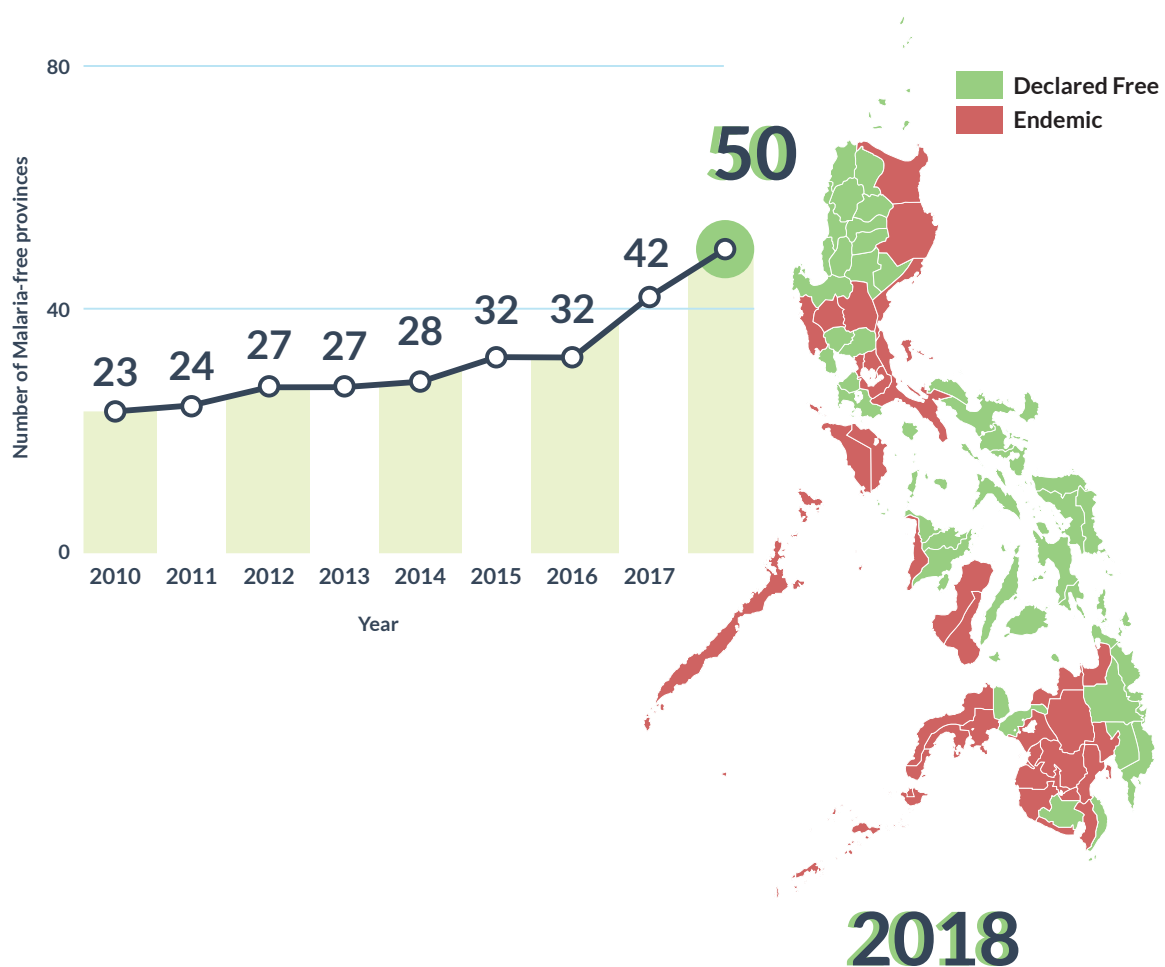
The DOH aims to increase the proportion of malaria-free provinces to 91 percent (74 out of 81) by 2022. In 2018, eight additional provinces were declared malaria-free, namely: Agusan del Sur, Bukidnon, Bulacan, Davao Occidental, Ifugao, Ilocos Sur, Kalinga, and Pampanga. The proportion of malaria-free provinces in the country increased to 61.7 percent (50 out of 81), from 51.8 percent in 2017.

Twenty-seven provinces, on the other hand, are now under elimination phase, and only four

remain to have local transmission, namely: Palawan, Sulu, Occidental Mindoro, and Sultan Kudarat. Out of the 4,936 cases reported in 2018, around 95 percent came from six municipalities in Southern Palawan, and 5 percent from the rest of the country.

The DOH continues to work towards eliminating malaria by 2030, by instituting effective measures to reduce transmission, and collaborating closely with LGUs, agencies, representatives from key affected populations, and other development partners.

Figure 9: Cumulative Number of Malaria-free Provinces



SOURCE: Disease Prevention and Control Bureau - DPCB



# LIFESTYLE RELATED DISEASES

## JOINT MISSION OF THE UNITED NATIONS INTERAGENCY TASK FORCE ON THE PREVENTION AND CONTROL OF NON COMMUNICABLE DISEASES

A Joint Mission of the United Nations Interagency Task Force (UNIATF) on the Prevention and Control of Non Communicable Diseases in the Philippines was held on 7-11 May 2018 at the invitation of the Philippine Government. Ten United Nations system agencies participated including World Bank and United Nations Development Programme (UNDP) among others.



The DOH Secretary Francisco T. Duque III together with Execom Members, the UNIATF Task Force, WHO – WPRO Officials, Dr. Gundo Weiler of WHO Country Office, Philippines during the post – activity meeting in the Office of the Secretary.

The Mission witnessed the achievements of the Philippine Government in developing whole-of-government and whole-of-society responses to NCDs, including the recently updated Multisectoral NCD Action Plan 2015-2025, the FOURmula One Plus framework for health, the recently updated national tobacco control strategy, Philippine Package of Essential NCD Interventions for the management of hypertension and diabetes (PhilPEN), and tobacco and sugar sweetened beverage taxation. The mission has also identified examples of good policies on NCDs in the Manila Metro area, such as in Valenzuela City.



## PHONE-BASED COUNSELLING SERVICES

Quitline is a phone/mobile-centered support service made available to all Filipinos who would like to quit smoking. In 2018, 11 percent of callers who availed of this service were able to quit with the help Quitline.

Other phone-based counselling services offered by the DOH are Hope Line, which aims to talk people out of suicide, depression, and crises; and Help Line, which helps persons or families seeking confidential advice, referral, and support to address substance abuse.



DOH Secretary Duque during the NDRRMC meeting for Boracay Rehabilitation on April 23, 2018

## BORACAY REHABILITATION AND SUSTAINABILITY

The Department of Health (DOH) was involved in the Boracay Rehabilitation and Sustainability in line with the Presidential No. 475 (April 26, 2018).

The DOH came up with a Boracay Action Plan (2018-2022) which was part of the overall Boracay Action Plan under Responsive Social Services along Health, Education and Housing chaired by the National Economic and Development Authority (NEDA). The plan consisted of the programs and activities with an annual cost breakdown as a guide of implementation of activities from 2018 to 2022.

The DOH turned over Php 5,345,000.00 to the local government of Malay as logistical support to sanitation facilities, and for the upgrading of dug wells in households of Boracay Island, Malay, Aklan. It also turned over a list of hospital equipment (under the Health Facility Enhancement Program) for 2018 amounting to Php 9,800,000.00 to Ciriaco Tirol Hospital.

Funds were also suballotted to CHD Western Visayas for the construction of the Ciriaco S. Tirol Hospital Sewage Treatment Facility. This amounted to Php 5 million, while the purchase of Medical Waste Decomposer to treat and dispose medical wastes amounted to Php 15 million.



First Coordination Meeting of DOH (represented by Usec Myrna C. Cabotaje), DENR (Secretary Cimatú) and Aklan Provincial Government (Governor Miraflores) in Boracay on May 24, 2018



Second Coordination Meeting of DOH (represented by Assistant Secretary Vergeire), DENR (Secretary Cimatú) and Aklan Provincial Government (Governor Miraflores) in Boracay on August 8, 2018



### WORLD ENVIRONMENTAL HEALTH DAY

The Philippine Government formally declared the 26th day of September of every year as a national celebration of World Environmental Health Day (WEHD) as President Rodrigo Roa Duterte signed Proclamation 595 on 01 October 2018.

The Presidential Proclamation mandates the Inter-Agency Committee on Environmental Health, through its lead agencies, the Department of Health (DOH) and Department of Environment and Natural Resources (DENR) to promote the observance of WEHD across the

country, including determining annual themes and identifying programs and activities.

The DOH is expected to issue a department circular enjoining the annual observance of WEHD across DOH national and regional units and facilities starting 2019.

During the Sept. 26, 2018 celebration of World Environmental Health Day, the DOH launched the updated version of the National Environmental Health Action Plan (NEHAP) 2017-2022.



The 2018 version of the NEHAP was formally turned-over by Dr. Gundo Weiler (WHO Representative in the Philippines) to DOH Undersecretary Dr. Myrna C. Cabotaje (representing the DOH as IACEH Chair) and DENR Undersecretary Atty. Jonas Leones (representing the DENR as IACEH Vice Chair)

### DRUG ABUSE TREATMENT AND MANAGEMENT

In 2018, 83 percent of the Treatment and Rehabilitation Program enrollees were able to graduate from the Primary Treatment Program provided in the Treatment Rehabilitation Centers nationwide.





# HUMAN RESOURCES FOR HEALTH

## HRH DEPLOYMENT

The Human Resource for Health (HRH) Deployment Program deployed a total of 31,157 health professionals in 2018, to augment the health workforce in LGUs.

Deployed HRH include physicians, nurses, midwives, public health associates, and other allied health professionals. Aside from improving accessibility of health services in underserved areas, the program provides health professionals with an opportunity to strengthen competencies in clinical and health systems management.

Priority areas for deployment include high poverty, geographically isolated and disadvantaged areas (GIDAs), and municipalities with indigenous people.



**456**  
Doctors



**16243**  
Nurses



**5022**  
Midwives



**2640**  
Public Health  
Associates



**6796**  
Other Allied Health  
Professionals

HRH Deployment in 2018

## DOH SCHOLARSHIPS

### Pre-service Scholarships

**881**  
Medical  
Students

**871**  
Midwifery  
Students



### In-service Scholarships

**194**  
Doctors to  
the Barrios

**78**  
LGU-hired  
staff

The DOH granted full scholarships to a total of 881 medical and 871 midwifery students under the Pre-service Scholarship Program.

As for the In-service Scholarships Program, a total of 194 Doctors to the Barrio (DTTB) and 78 LGU-hired staff were granted scholarships for the Master in Public Management Major in Health Systems and Development (MPM-HSD).

# HEALTH FACILITIES ENHANCEMENT

In 2018, the Health Facilities Enhancement Program (HFEP) initiated 1,759 projects. These include provision and/or repair of equipment and infrastructure of Barangay Health Stations (BHS), Rural Health Units (RHU), and LGU Hospitals. A total of 709 projects were completed in 2018, including projects initiated in the previous years.

## FOURMULA ONE PLUS BOTIKA NG BAYAN PROGRAM

The DOH revived the Botika ng Bayan (BNB) program to improve access to medicines and health services. The revitalized BNB, known as the FOURmula One Plus Botika ng Bayan aims to activate existing RHUs to operate government pharmacies serving free medicines to Filipino patients.

The program is expected to formalize the dispensing activities of RHUs, as they become officially licensed pharmacies managing medicines from DOH programs and the LGU. The DOH aims to achieve at least 85 percent coverage of RHUs with FDA-licensed pharmacies by 2022.

In July 2018, three pilot sites were activated to serve as F1 Plus BNB pilot sites, namely the RHU of San Mariano in Isabela, the RHU of San Remigio in Cebu, and the Lingap Center in Davao City. As of December 2018, a total of fourteen RHU dispensaries were converted into legitimate F1 Plus BNB outlets nationwide.



**Left and Top Right:** Usec. Rolando Enrique Domingo leads the ceremonial MOA signing during the BNB launch in San Mariano, Isabela. **Lower Right:** Mayor Sara Duterte during Ceremonial Dispensing with the Licensed Pharmacists of BNB Pagkalinga sa Bayan in Davao City.

# PREPAREDNESS AND RESPONSE TO EMERGENCIES AND DISASTERS

The DOH Health Emergency Management Bureau (HEMB) is primarily tasked to develop, formulate and implement comprehensive national and local disaster risk reduction and management policies, plans and systems; provide technical expertise and learning and development interventions to capacitate Centers for Health Development, retained hospitals and local government units in responding to emergencies and disasters; and coordinate with partner offices and agencies.

In 2018, Administrative Order 2018-0018 or the National Policy on Team Mobilization and the DRRM-H Planning Guide were issued.

A total of 782 requests for technical assistance were granted and completed, while 235 LGUs were assisted with the institutionalization of their Disaster Risk Reduction Management in Health (DRRM-H). Aside from these, HEMB spearheaded nationwide earthquake drills, mass hands-only cardiopulmonary resuscitation (CPR) during the National Disaster Resiliency Month, and

conducted the 3rd Regional Collaboration Drill under the ASEAN Regional Capacity on Disaster Health Management or ARCH Project.

HEMB responded to incidents such as the Mayon Volcano Eruption, Tropical Storm “Basyang”, Typhoon “Gardo”, Tropical Depression “Josie”, Typhoon Ompong, and Typhoon Rosita. It was also part of the continuing efforts for the Marawi Siege Recovery and Rehabilitation.

Around Php 58.86 million worth of logistics/commodities have been prepositioned nationwide and in response to emergencies, disasters and special events.

The Operations Center (HEMB-OpCen) which operates 24/7, continued to play a vital role in the monitoring, reporting, and coordination of response to emergencies and disasters. It continuously monitored events nationwide, through linkages and technologies that enhance the communication capabilities of facilities.

## IWAS PAPUTOK

DOH registered a 34 percent reduction in fireworks-related injuries (FWRI) from December 21, 2018 to January 25, 2019, compared to the same reporting period in the previous year. This is 60 percent lower (513 cases) than the five-year average. Furthermore, no stray bullet injuries, nor deaths due to FWRI were noted.

The Department will continue the Iwas Paputok Campaign to achieve zero FWRI in the coming years.

Public can join **community fireworks display** as substitute in using harmful and prohibited firecrackers



**OPLAN: IWAS PAPUTOK**  
FIREWORKS DISPLAY  
ANG PATOK!  
MAGKISA SA FIREWORKS DISPLAY SA INYONG LUGAR

**HOTLINE**  
711-1001 to 02



# REGULATION PILLAR

## KEY ACCOMPLISHMENTS

- IRR for Anti-Hospital Deposit Law issued.
- Regulatory processes harmonized and streamlined through one-stop shop licensing system.
- Implementing guidelines on the VAT exemption on the sale of specific drugs issued.

## IRR FOR ANTI-HOSPITAL DEPOSIT LAW

On April 4, 2018, the DOH issued the Implementing Rules and Regulations for Republic Act No. 10932, or the Anti-Hospital Deposit Law. The law, which was enacted last August 2017, increases penalties for the refusal of hospitals and medical clinics to administer appropriate initial medical treatment in emergency or serious cases.

Such penalties include imprisonment of not less than six months and one day but not more than two years and four months, or a fine of not less than P100,000.00 but not more than P300,000.00 or both. Higher penalties of imprisonment of four to six years, or a fine of not less than P500,000.00 but not more than one million pesos, or both, are imposed upon directors or officers of hospitals or clinics responsible for formulating and implementing policies or instructions that violate this law. Three repeated violations shall result in the revocation of the health facility's license to operate by the DOH.



Republic of the Philippines  
Department of Health  
OFFICE OF THE SECRETARY

APR 3 4 2018

### ADMINISTRATIVE ORDER

No. ~~2017~~ 2018-0012

**SUBJECT:** Implementing Rules and Regulation of Republic Act 10932 "An Act Strengthening the Anti-Hospital Deposit Law by Increasing the Penalties for the Refusal of Hospitals and Medical Clinics to Administer Appropriate Initial Medical Treatment and Support in Emergency or Serious Cases, Amending for the Purpose Batas Pambansa Bilang 702, Otherwise Known as "An Act Prohibiting the Demand of Deposits or Advance Payments for the Confinement or Treatment of Patients in Hospitals and Medical Clinics in Certain Cases" As Amended By Republic Act No. 8344, And For Other Purposes"

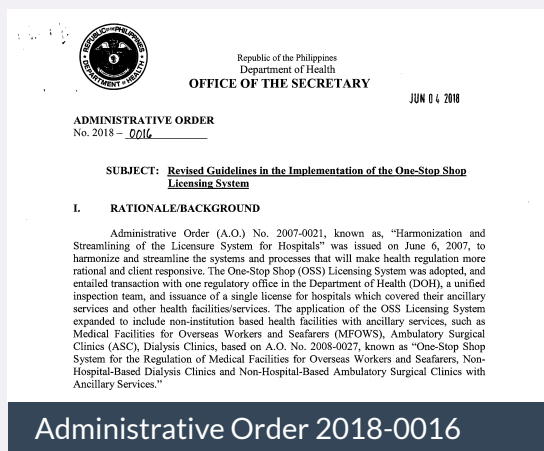
Pursuant to the provisions of R.A. 10932 under Section 9, the Department of Health (DOH), in coordination with PhilHealth and the Bureau of Internal Revenue (BIR), and in consultation with Non-Government Offices (NGOs) advocating for patients' rights and public health, is mandated to promulgate the necessary rules and regulations to carry out the provisions of the aforementioned law to promulgate the necessary rules and regulations of the said Act, the following are hereby issued:

1. Section 1 of the said Act provides: "In emergency or serious cases, it shall be unlawful for any proprietor, president, director, manager or any other officer, and/or medical practitioner or employee of a hospital or medical clinic to request, solicit, demand or accept any deposit or any other form of advance payment as a prerequisite for administering basic emergency care to any patient, confinement or medical treatment of a patient in such hospital or medical clinic or to refuse to administer medical treatment and support as dictated by good practice of medicine to prevent death, or permanent disability, or in the case of a pregnant woman, permanent injury or loss of her unborn child, or non-institutional delivery: Provided, That by reason of inadequacy of the medical capabilities of the hospital or medical clinic, the attending physician may transfer the patient to a facility where the appropriate care can be given, after the patient or his next of kin consents to said transfer and after the receiving hospital or medical clinic agrees to the transfer:

### Republic Act No. 10932

Alleged violations of the law should be reported to the Health Facilities Oversight Board, which is lodged under the DOH's Health Facilities and Services Regulatory Bureau.





## ONE-STOP SHOP LICENSING SYSTEM

The DOH issued Administrative Order 2018-0016, which sets the revised guidelines in the implementation of the One-Stop Shop Licensing System for the licensure of hospitals and licensure and accreditation of other health facilities with ancillary services. This was part of the Department's efforts to streamline and automate regulatory processes through the Online Licensing and Regulatory System (OLRS).

## MONITORING OF VAT-EXEMPT DRUGS

The Implementing Guidelines on the Value Added Tax (VAT) Exemption on the Sale of Drugs Prescribed for Diabetes, High Cholesterol and Hypertension under Republic Act No. 8424, otherwise known as the National Internal Revenue Code of 1997, as amended by Republic Act No. 10963 (TRAIN Law) was signed and approved by the Secretary of Finance, Secretary of Health, the Commissioner of the Bureau of Internal Revenue, and the Director General of the Food and Drug Administration.

Beginning January 1, 2019, the sale of drugs for the treatment and prevention of diabetes, hypertension and high cholesterol will be exempted from the Value Added Tax (VAT). With this exemption, these drugs are expected to become more affordable.

The Department of Health through the Pharmaceutical Division will monitor and study the impact of VAT exemption of drugs for diabetes, hypertension, and high cholesterol on their affordability using the Electronic Drug Price Monitoring System (EDPMS) database. The Pharmaceutical Division will also provide access to medicines for patients and give consumer comparison of prices through its Drug Price Watch website.



### IMPLEMENTING GUIDELINES ON THE VALUE-ADDED TAX (VAT) EXEMPTION OF THE SALE OF DRUGS PRESCRIBED FOR DIABETES, HIGH CHOLESTEROL AND HYPERTENSION UNDER REPUBLIC ACT NO. 8424 OTHERWISE KNOWN AS THE NATIONAL INTERNAL REVENUE CODE OF 1997, AS AMENDED BY REPUBLIC ACT NO. 10963

Pursuant to Section 109 (AA) of Republic Act No. 8424, otherwise known as the "National Internal Revenue Code of 1997", as amended by Republic Act No. 10963, otherwise known as "Tax Reform for Acceleration and Inclusion (TRAIN) Law", the sale of drugs prescribed for diabetes, high cholesterol and hypertension shall be exempt from VAT beginning January 1, 2019.

In relation to this, the Department of Health (DOH), under Republic Act No. 9502 otherwise known as the "Universally Accessible Cheaper and Quality Medicines Act of 2008", is mandated to ensure the affordability and accessibility of medicines to promote the health and well-being of Filipinos. Specifically, the DOH is tasked to institute a drug price monitoring and regulation system under Chapter V, Rule 26 of the Implementing Rules and Regulation of the said Act.

To implement the above provisions, the Secretaries of the Department of Finance (DOF) and the DOH, in coordination with the Commissioner of the Bureau of Internal Revenue (BIR) and the Director-General of the Food and Drug Administration (FDA), hereby promulgate the following guidelines:

#### I. OBJECTIVES

These implementing guidelines are being issued to achieve the following objectives:

1. To establish the general guidelines in the implementation of the VAT exemption of the sale of drugs prescribed for diabetes, high cholesterol and hypertension; and
2. To delineate the roles of the DOF, DOH, BIR and FDA for the proper implementation of the above.

#### II. COVERAGE AND SCOPE

These implementing guidelines shall apply to the sale by manufacturers, distributors, wholesalers and retailers of drugs prescribed for diabetes, high-cholesterol and hypertension in its final form.

Implementing guidelines on the VAT exemption of the sale of drugs prescribed for diabetes, high-cholesterol and hypertension under RA 8424, as amended by RA 10963  
Page 1 of 5

Joint Administrative Order 2-2018

## ENSURING HIGH-QUALITY PRODUCTS AND DEVICES

For 2018, the FDA successfully sustained the campaign against unregistered and violative products in the market. At the same time, it collaborated with other government agencies to ensure that health products which have issues in other countries do not enter the Philippine market.

The FDA issued a total of 330 public health advisories for 1,420 health products. Most of these FDA Advisories were discussed in traditional and social media. Some were published as newspaper and tabloid articles or broadcasted in radio and television. The FDA also posted these advisories on its website and social media account for the followers to read or share.

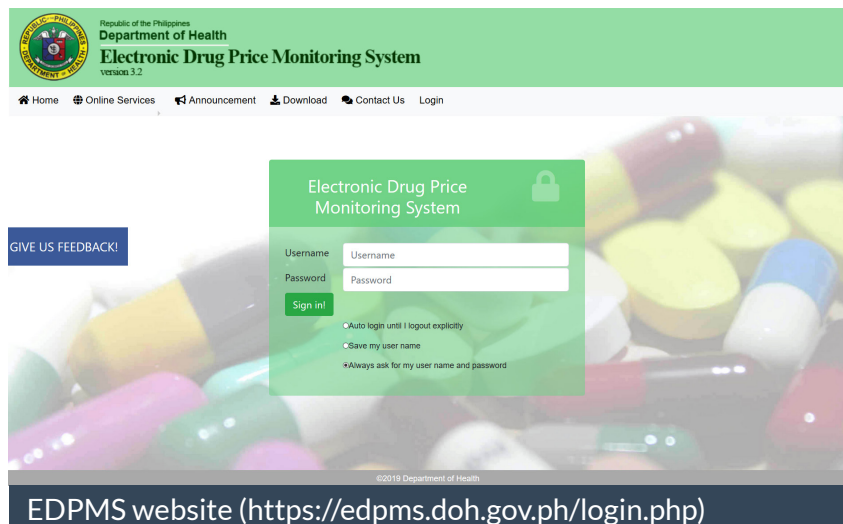
These FDA Advisories serve as a warning to the public, and provide an opportunity for consumers to be educated and to protect themselves from buying unsafe and toxic health products.



## ELECTRONIC DRUG PRICE MONITORING SYSTEM

The Electronic Drug Price Monitoring System (EDPMS) aims to provide information on medicine prices to empower patients and consumers to exercise informed choices when purchasing medicines. It is also used as a vital reference of the DOH in formulating pricing policies for essential medicines to ensure their affordability and availability in the market.

Since the EDPMS was piloted in 2008 and revised in 2011, issues and concerns had been raised on the difficulty of uploading data into the system, which resulted in a low turn-out of data collection.



EDPMS website (<https://edpms.doh.gov.ph/login.php>)

On July, 2018, Administrative Order 0020-2018 entitled "Amendment to the Revised Implementing Guidelines of the EDPMS version 3.0" was released to address such issues, and to clearly define the roles and responsibilities of the Department of Health-Pharmaceutical Division, Centers for Health Development and the Food and Drug Administration.

## HEALTH TECHNOLOGY ASSESSMENT (HTA) ACCELERATOR FORUM

The 2018 Health Technology Assessment (HTA) Accelerator Forum (HAF) was held on November 16, 2018. Entitled, 'HTA: An Integral STEP to UHC', the forum launched the new DOH policy on HTA, and formally introduced the DOH's HTA body, "Sentro ng Pagsusuri ng Teknolohiyang Pangkalusugan" or STEP. The forum also gathered the commitment and support of key stakeholders to institutionalize and sustainably implement HTA in the Philippines.

The event was attended by high-level officials from the Department of Health, PhilHealth, development partners, representatives from international HTA agencies, the academe, industry, and patient groups. Presentations highlighted the role of HTA in ensuring the efficient and effective adoption of healthcare technologies, based on high-quality evidence and transparent and accountable processes.

The forum also featured a discussion of HTA experiences in other countries, key steps forward, and recommendations on how the HTA unit, partners, and stakeholders can work towards strengthening HTA in the country.



# GOVERNANCE PILLAR

## KEY ACCOMPLISHMENTS

- Stepping up sectoral leadership role through the conduct of National Health Sector Meetings and F1 Plus Cascading Workshops.
- 78 percent of primary care facilities with functional electronic records.

## NATIONAL HEALTH SECTOR MEETINGS

National Health Sector Meetings (NHSMs) held in 2018 were conducted among DOH and its health sector partners from the academe, private sector, civil society and international health partners. It enabled system-wide, multi-sectoral and management-level discussions that led to the adoption of FOURmula One Plus for Health as a strategic framework for UHC.

These meetings harmonized health sector efforts to lobby for the passage of the UHC Act, and laid down specifics for tracking health sector performance through the National Objectives for Health.

The NHSM also provided a platform for exploring different models of service delivery networks that could be adopted to accelerate UHC on the ground.



## F1 PLUS CASCADING WORKSHOPS

In 2018, the Health Policy Development and Planning Bureau (HPDPB) conducted a series of workshops to accelerate the implementation of the DOH's medium-term strategy, FOURmula One (F1) Plus for Health.

The "F1 Plus for Health Leaders' Bootcamp" held last July 2018 in Antipolo, Rizal prepared the members of the Executive Committee to lead their respective Teams through active leadership and strategic management. During this workshop, the Performance Governance System (PGS) was re-introduced as a performance management tool that would drive the implementation of F1 Plus for Health in the Department.

A series of workshops further defined the F1 Plus Strategy, through the finalization of the National Objectives for Health and the F1 Plus

Strategy Map. The strategy was then cascaded to different DOH units through six batches of workshops in November 2018. The workshops oriented the different units on the health sector scorecards, and facilitated the identification of team level strategic foci, performance measures, and office deliverables that would be reflected in the DOH scorecard or the Office Performance and Commitment Review (OPCR).

The finalization of the F1 Plus Accountability Framework, together with the different scorecards kickstarted the implementation of integrated management and performance accountability systems such as Performance Governance System (PGS), Strategic Performance Management System (SPMS), and the Quality Management System (QMS) in the Department.



## ELECTRONIC MEDICAL RECORDS

As of 2018, 78 percent of primary healthcare facilities have functional electronic medical records (EMRs), while 148 government hospitals already use the Integrated Hospital Operations and Management Information System (iHOMIS).

Furthermore, the implementation of the Phillippine Health Information Exchange is geared towards full integration of electronic health systems across geographical areas. This aims to improve efficiency



Electronic Medical Record (EMR) logo

and validity of information exchange among healthcare providers, and generate more accurate health statistical

reports for public health and clinical management, while ensuring the individual's right to privacy.

# PERFORMANCE ACCOUNTABILITY PILLAR

## KEY ACCOMPLISHMENTS

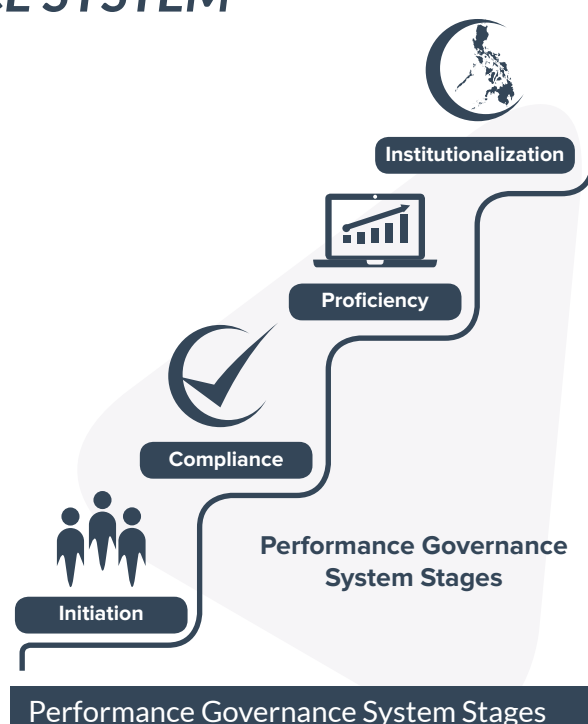
- DOH institutionalized PGS as the governance framework. Sixteen DOH hospitals are already PGS certified.
- DOH is already ISO 9001:2015 certified. Sixty four out of 70 DOH hospitals are ISO 9001:2015 certified.

## PERFORMANCE GOVERNANCE SYSTEM

The DOH is working towards achieving the Proficiency Stage of the Performance Governance System (PGS).

The PGS is a holistic and collaborative governance framework adopted by the DOH to execute F1 Plus for Health. It served as basis for the development of strategic commitments and scorecards for the DOH, as well as DOH hospitals, attached agencies, LGUs and international health partners.

These scorecards aim to help the DOH monitor and evaluate its programs, projects and activities, in order to continuously adjust and align with the health sector vision, guided by the Philippine Development Plan 2017-2022, Ambisyon Natin 2040, the F1 Plus for Health strategy map as embodied in the National Objectives for Health 2017-2022, and the Sustainable Development Goals (SDGs).



### DOH Hospitals in Different Stages of the PGS Pathway

Hospital	Status
Philippine Heart Center	Institutionalized
Philippine Children's Medical Center	Proficient
Rizal Medical Center	Compliant
Tondo Medical Center	Compliant
Mariano Marcos Memorial Regional Hospital	Compliant
Bataan General Hospital	Compliant
Davao Regional Medical Center	Compliant
Southern Philippines Medical Center	Compliant
Ilocos Training and Regional Medical Center	Initiated
Region 1 Medical Center	Initiated
National Kidney and Transplant Institute	Initiated
Jose B. Lingad Memorial Regional Hospital	Initiated
Talavera General Hospital	New
Eastern Visayas Regional Medical Center	New
Northern Mindanao Medical Center	New
Caraga Regional Hospital	New

## DOH ISO CERTIFICATION

The DOH was granted the International Organization for Standardization (ISO) certification 9001:2015 in 2018. The ISO 9001:2015 is the newest version of the ISO 9001 series, which features process improvements designed to ensure that ISO 9001 continues to adapt to the organization's changing environment. This includes the use of a risk-based approach for managing risks and opportunities.

The adoption of ISO 9001:2015 in the F1 Plus for Health further reinforces the streamlining and strategic alignment of processes and management systems in the DOH, towards performance accountability.



## ISO CERTIFICATION IN HOSPITALS

As of December 2018, a total of 64 out of 70 DOH hospitals are ISO 9001:2015 certified. Among these, 24 were newly certified in 2018.

Vicente Sotto Memorial Medical Center

Western Visayas Sanitarium

San Lorenzo Ruiz Women's Hospital

Southern Isabela General Hospital

Talavera Extension Hospital

Baguio General Hospital and Medical Center

Veterans Regional Hospital

Talisay District Hospital

Tondo Medical Center

Luis Hora Memorial Hospital

Batanes General Hospital

Dr. Jose N. Rodriguez Memorial Hospital

Far North Luzon General Hospital and Training Center

Northern Mindanao Medical Center

Philippine Orthopedic Center

Davao Regional Medical Center

Gov. Celestino Gallares Memorial Hospital

Mayor Hilarion A. Ramiro, Sr. Regional and Medical Teaching Hospital

Jose R. Reyes Memorial Medical Center

Dr. Jose Rizal Memorial Hospital

Las Piñas General & Satellite Trauma Center

National Kidney and Transplant Institute

Ospital ng Palawan

Caraga Regional Hospital

# LEGISLATIVE ACTS



# LEGISLATION

## MENTAL HEALTH ACT

In June 2018, Congress enacted Republic Act No. 11036, or the Mental Health Act. The law aims to establish a national mental health policy which underscores the basic right of all Filipinos to mental health.

Specifically, it aims to provide mental health services at the barangay level, and integrate mental health and wellness programs at the level of the communities.

The law provides for the establishment of a national mental health program, which will include mechanisms for suicide intervention, prevention, and response strategies, with special attention to the concerns of the youth.

The law also includes provisions for improving mental health facilities, and promoting mental health education in schools and workplaces.

The landmark passing of the law is a big step towards ensuring the welfare and rights of those with mental, neurological, and substance use disorders—and for uplifting the mental health of the general population.

## HIV AND AIDS POLICY ACT

Republic Act No. 11166, also known as the Philippine HIV and AIDS Policy Act of 2018 repeals RA 8504. The new HIV law aims to strengthen education and prevention programs for HIV, and foster policies that will fight discrimination towards persons living with HIV (PLHIV) and AIDS. Furthermore, this law now allows minors 15 years of age to get tested for HIV, without needing parental consent.

The passing of the law provides an updated legal framework that would address previously identified barriers for the effective prevention and control of HIV and AIDS. This presents a wider opportunity for the health sector to strengthen its response to the growing HIV epidemic in the Philippines.



## KALUSUGAN AT NUTRISYON NG MAG-NANAY ACT

Republic Act No. 11148, also known as the First 1000 Days Act or the The Kalusugan at Nutrisyon ng Mag-Nanay Act, was signed into law last November 29, 2018. The law aims to scale up the national and local health and nutrition programs through intensification of an integrated strategy for maternal, neonatal, child health and nutrition in the first 1000 days of life, which starts from conception up to when a child is two years old.

The DOH, together with the National Nutrition Council, and with support from UNICEF and other key partners, have been advocating for the importance of child nutrition for the first 1000 days. As a result, various LGUs have prioritized interventions and investments in line with this.

With malnutrition remaining to be a significant public health concern in the Philippines, the enactment of the law is a significant step towards achieving the targets of the Philippine Plan of Action on Nutrition 2017-2022, and the attainment of each Filipino child's potential for growth and development.

# ADMINISTRATIVE ORDERS 2018





ISSUANCE  
NUMBER

## SUBJECT

<b>2018-0001</b>	Revised Rules and Regulation Governing the Licensure of Land Ambulances and Ambulance Service Providers
<b>2018-0002</b>	Guidelines Governing the Issuance of an Authorization for a Medical Device based on the ASEAN Harmonized Technical Requirements
<b>2018-0003</b>	National policy on the prevention of illegal and unsafe abortion and management of post-abortion complications
<b>2018-0004</b>	Interim Guidelines on the Surveillance of Adverse Events among Dengvaxia Vaccines (AEDV Surveillance)
<b>2018-0005</b>	Interim Guidelines on Dengue Diagnosis, Referral and Management for Dengvaxia Vaccinated Individuals
<b>2018-0006</b>	Interim guidelines for Specimen Collection, Initial Testing, Storage, Packaging and Transport for Confirmatory Testing of Cases from Surveillance of Adverse Events among Dengvaxia Vaccines (AEDV), and Designation of Sub-National Laboratories...
<b>2018-0007</b>	Interim Guidelines on Investigating Deaths related to Dengvaxia Immunization
<b>2018-0008</b>	Interim Guidelines on Risk Communication for Dengue/Dengvaxia Immunization Concerns
<b>2018-0009</b>	Guidelines for Accessing and Processing of Project Proposals for Health Facility Enhancement Program (HFEP) FY 2019
<b>2018-0010</b>	Interim Guidelines on Health Financing for Medical Needs of Dengvaxia Vaccines
<b>2018-0011</b>	Interim Guidelines on the Release of Documents Related to Dengue Immunization
<b>2018-0012</b>	Implementing Rules and Regulation of Republic Act 10932 "An Act Strengthening the Anti-Hospital Deposit Law by Increasing the Penalties for the Refusal of Hospitals and Medical Clinics to Administer Appropriate Initial Medical Treatment and Support in...
<b>2018-0013</b>	Revised Guidelines on the Management of Rabies Exposures
<b>2018-0014</b>	Strategic Framework and Implementing Guidelines for FOURmula One Plus for Health (F1+)
<b>2018-0015</b>	Repeal of A.O. 2013-0020 dated July 5, 2013, entitled, "Participation of DOH officials and employees in International Developmental Interventions and Country Commitments"
<b>2018-0016</b>	Revised Guidelines in the Implementation of the One-Stop Shop Licensing System

## ADMINISTRATIVE ORDERS 2018

### ISSUANCE NUMBER

### SUBJECT

<b>2010-0019-A</b>	Amendment to DOH Administrative Order No. 2010-0019 on the Establishment of a National Program for Sharing of Organs from Deceased Donors Pertinent to Section VII.5
<b>2018-0017</b>	Revised Implementing Rules and Regulation (RIRR) of Chapter VII- Industrial Hygiene of the Code on Sanitation of the Philippines, P.D. 856
<b>2018-0018</b>	National Policy on the Mobilization of Health Emergency Response Teams
<b>2018-0007-A</b>	Amendment to Administrative Order (AO) No. 2018-0007 entitled Interim Guidelines on Investigating Deaths related to Dengvaxia Immunization
<b>2018-0019</b>	Guidelines on the Institutionalization and Implementation of the National Clinical Practice Guidelines Program
<b>2018-0020</b>	Amendment to Administrative Order (AO) No. 2016-0009 Revised Implementing Guidelines on Electronic Drug Price Monitoring System (EDPMS)
<b>2018-0021</b>	Guidelines for the Nationwide Implementation of the Enhanced 4S-Strategy against Dengue, Chikungunya and Zika
<b>2018-0022</b>	Guidelines on the Implementation of the Department of Health's Pre-Service Scholarship Program (PSSP) for Priority Allied Health Courses
<b>2018-0023</b>	Guidelines in Strengthening the Capacity of Public Health Units of DOH Hospitals and All Level Three Hospitals (Government and Private) on Sentinel Surveillance System for Notifiable Diseases of Epidemic Potential
<b>2018-0024</b>	Revised Policies and Guidelines on the Use of Antiretroviral Therapy (ART) among People Living with Human Immunodeficiency Virus (HIV) and HIV-Exposed Infants
<b>2018-0025</b>	National Policy and Strategic Framework on Expanded Newborn Screening for 2017-2030
<b>2018-0026</b>	Framework for the Use of Health Technology Assessment to Guide Coverage Decisions in Support of Universal Health Care
<b>2018-0027</b>	Guidelines on the Allocation and Utilization of Mobile Dental Vehicle (MDV)
<b>2018-0021-A</b>	Amendment to Administrative Order No. 2018-0021 entitled "Guidelines for the Nationwide Implementation of the Enhanced 4S-Strategy against Dengue, Chikungunya and Zika" dated July 25, 2018
<b>2018-0028</b>	Guidelines for the Inclusion and Delisting of Diseases, Syndromes and Health Events in the List of Notifiable Diseases, Syndromes and Health Events of Public Health Concern (NDEPH)



