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THE DOH Files

TOWARDS QUALITY HEALTHCARE FOR ALL

VOL. 1 ISSUE 2
JUNE 2014

Philippine Health Scenario: Then & Now

Gov't-sponsored members to reach 14.7 M families by yearend

By Sec. Enrique T. Ona



KP ROADSHOW The Department of Health (DOH) launched the DOH on Wheels: Kalusugan Pangkalahatan or KP Roadshow last May 15 led by Health Secretary Enrique T. Ona. The wide range of health services for all members of the family were showcased aside from special service packages for adolescents and the elderly. The Kalusugan Pangkalahatan Roadshow is also set to conquer Dinagat and Surigao in CARAGA this June; Tacloban, Ormoc, and Cebu in July; and then Iloilo, Antique and Caticlan in August

Historically, in developing countries like the Philippines, there has always been a connection between the ability to pay for health interventions, and their accessibility. Health interventions, are more difficult to access for the poor because they do not have enough financial means. This is the scenario that actually paved the way for the Department of Health to actively pursue Universal Health Care or *Kalusugan Pangkalahatan* (KP).

KP is the strategy of the current administration of the Philippine government to achieve inclusive growth, poverty reduction and bring better health to our populace, especially the poor, by addressing the infrastructure gaps.

KP, now on its third year, is anchored on three pillars; namely, financial risk protection, available and equipped health facilities, and attainment of our health Millennium Development Goals (MDGs).

The government aims to break the link between the ability to pay and accessibility to health service, through health financing

schemes. PhilHealth, which is the national health insurance program in the Philippines, acts as a third-party payer for health services. It ensures that services are available to the poor while protecting them from financial catastrophe, should a family member suffer from an infectious disease or other ailments.

Allow me to share with you that for 2013, the PhilHealth coverage rate was 82 percent or 77.86 million of the 2013 projected Philippine population, including 5.2 million families belonging to the first quintile of the population or the poorest of the poor. This year, the number of National Government-sponsored members shall reach 14.72 million families or an additional 9.52 million. These now include those who belong to the 2nd quintile, or the next poorest segment of the population. The total national subsidy amounting to PhP 35.3 billion was part of the tax collection through the passage of RA 10351 or the Sin Tax Law.

Challenges

Effective service delivery for disease prevention and cure

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KP(han) Forum

The achievement of *Kalusugan Pangkalahatan* (KP) is not going to be a walk in the park; and the road towards it is not lined with a bed of roses. But with a collective effort and determination, whatever challenges it may pose will always find a good solution to address them.

The DOH Files launches in this issue *KP(han)* Forum—a journalistic remake of the usual *kapihan* forum—to get insights from various health officials and stakeholders, as well as health advocates, on what else can be done to give KP the successful fruition it deserves.

For this maiden *KP(han)*, Undersecretary Teodoro J. Herbosa, MD gives us a good appraisal of the initial gains and challenges of KP, as well as his insights of what may be expected in the years to come.

The DOH Files: KP has been launched three years ago, where are we now in terms of the goals that the laid? Could you cite concrete facts?

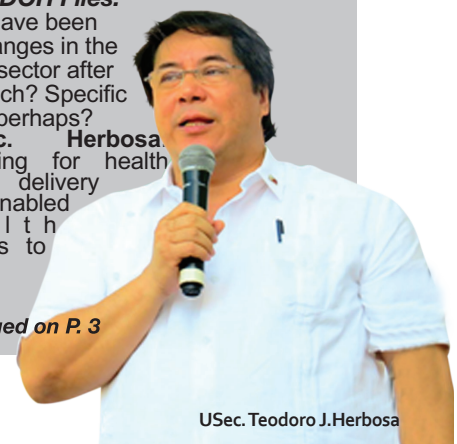
Usec. Herbosa: We have achieved Universal Health Care through the passage of sin tax and allocation of 35.7 billion for enrolment of millions of Filipinos for PhilHealth program effectively enrolling 40-50 million people belonging to the poorest sector of the society even if poverty level is 25 percent.

The DOH Files:

What have been the changes in the health sector after its launch? Specific points perhaps?

Usec. Herbosa: Financing for health service delivery has enabled health facilities to

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Usec. Teodoro J. Herbosa

from page 1

is impossible without being backed up by political support and commitment from our local chief executives. In decentralized health systems such as in the Philippines, it takes the support of city mayors to allocate adequate manpower and financial resources for health, amidst competing needs.

Political leaders also play a big role in social mobilization and advocacy for health. Our local government officials have a big influence over what people pay their attention to. Hence, our local leaders' outright and explicit support to health actions, like combating infectious diseases, and advocacies will encourage and motivate their constituents to do just the same.

Aside from the development of scientific measures, we need to strengthen our health service delivery systems, to attain *Kalusugan Pangkalahatan*.

Towards attaining MDGs (2013-2014)

With barely a year to the set MDG deadline, DOH tried to solve the lopsidedness in the health delivery system through the 2013 LGU Health Facilities Enhancement Program (HFEP). We would like to ensure that our health facilities are improving from the barangay health center to our rural health units or community health centers and up to the provincial hospital. We have allocated around PhP 40 billion for the Health Facilities Enhancement Program.

Furthermore, we would like to see that all our rural health centers have birthing facility. We have determined that if the rural health centers have birthing facility with a midwife, a nurse or a doctor, then we will be able to reduce maternal mortality. With the 2013 HFEP allocation, DOH was able to upgrade 1,567 Barangay Health Stations (10 percent of 16,036); 2,027 Rural Health Units/ City Health Centers (66 percent of 3,074) and 252 LGU hospitals (34 percent of 734).

In support of the MDG of maternal and child health, PhilHealth pays for Normal Spontaneous PhP 6,500, while its Maternity Care Package pays PhP 8,000 covering pre-natal to post-natal, actual delivery and family planning services. These services are provided in the primary care units.

Today, with the recent launch of *TSeKap* or Tamang Serbisyong Kalusugang Pampamilya, a member or his/her family need not be sick before they can experience PhilHealth. With its strengthened Primary Care Benefit package, every entitled family is assigned to a primary care doctor for annual consults, provided with diagnostic tests (as needed), as well as, preventive and promotive services in rural health units.

The delivery of quality health services lies greatly in the quantity, as well as, quality of HRH that we have.

In 2013, the DOH deployed 276 Doctors to the Barrios who served as Municipal Officers to priority doctor-less municipalities. To complement the work of the MHOs in public health, 21,930 nurses and 2,738 midwives were also deployed to 1634 LGUs. This year, 11,000 nurses were deployed to support public health in Conditional Cash Transfer (CCT) areas.

We really need to see the numbers go up if our investments in HFEP are to be considered as successful. To ensure that this would happen, we need to prioritize HFEP investments in priority areas and facilities. We need to ensure that the facilities prioritized for upgrading have the adequate infrastructure, equipment, and skilled personnel to attain a desired functionality such as being able to do lifesaving surgeries.

We have learned our lesson that spreading HFEP investments thinly across many facilities will just mean that we have more projects, not necessarily better access to quality care. We need to remind ourselves that it is not enough that we count the hollow blocks, crates, and boxes. HFEP implementation should be accounted for all the way to a facility's ability to provide health services.

For this year (2014), we shall continue to rehabilitate 1,365 Barangay Health Stations (BHS); 1,028 Regional Health Units (RHU); 389 LGU hospitals and DOH regional hospitals and medical centers. To complement the facility improvements in the pipeline, we will also continue to augment the existing human resources for health (HRH) with the deployment of 319 doctors, 11,000 nurses and 2,700 midwives in LGU facilities.

Public health efforts

Regarding public health efforts to attain the MDGs:

We shall be having our Expanded Program on Immunization (EPI) to fully immunize 2.2 million children and provide pneumococcal vaccine to 333,000 infants. Also, included in our 2014 activities on Family Health and Responsible Parenting is the provision of essential vitamins and minerals to 4.4 million poor children below 5 years old; family planning commodities and services to LGUs for 2.7 million women and the introduction of subdermal implant as a modern contraceptive method.

While on elimination of diseases, rabies control is highlighted in 2014 with the provision of post-exposure prophylaxis (PEP) to 500,000 animal bite victims of potentially rabid animals. The DOH also provided funds to the Department of Agriculture for vaccination of dogs. Related to this, a joint DOH-DA evaluation and declaration of rabies-free islands/ LGUs shall continue for the year 2014.

We have goals to meet. As we move toward the final leg in attaining the MDGs in 2015, we need to be keen to find the gaps. We need to find the opportunities for the next two years.

KP 2013 MAJOR ACCOMPLISHMENTS

FAMILY HEALTH PROGRAMS

- Infant mortality rate per 1,000 live births- 23 (2013) from 25 (2008)
- Under-five mortality rate per 1,000 live births- 31 (2013) from 34 (2008)
- Expanded Program of Immunization
- 2 M out of 2.3 M (87 percent) children fully immunized in EPI (BCG, DPT3, OPV3, Hepa B & Measles)
- Family Health
- 1.6 M out of 2.7 M mothers delivered in health facilities
- 55 percent contraceptive prevalence rate
- 5.09 million (100 percent) poor children provided with essential vitamins and minerals

PHILHEALTH (PHIC)

- Coverage of all Filipinos- 82 percent
- Coverage of the poor (Q1 + Q2)- 100 percent 2
- PhilHealth members aware of benefits- 92%
- Total beneficiaries: 45.117 million individuals

DEPLOYMENT OF HUMAN RESOURCES FOR HEALTH (HRH)

Health human resources	
Physician	276 *
Nurses	21,930*
Midwives	2,738*
Community Health Teams	46,000*

Nurses as of 2013 were hired as RNHEALS (training); starting 2014, 11,000 nurses are hired as contractual workers

*no. of deployed to augment LGUs

HEALTH FACILITIES ENHANCEMENT PROGRAM (HFEP)

- 1,567 Barangay Health Stations upgraded (10% of 16,038)
- 2,027 Rural Health Units/ City Health Centers upgraded (66% of 3,074)
- 252 LGU hospitals upgraded (34% of 734)

NON-COMMUNICABLE DISEASE PREVENTION AND CONTROL (NCD)

- 79% (1.1 million) of targeted senior citizens immunized against influenza in 2013
- 86% (1.2 million) of targeted senior citizens immunized against pneumonia since 2011
- 26% smoking prevalence, reduced from 29% in 2012

INFECTIOUS DISEASES

- TB cases provided treatment: 180,975
- HIV/AIDS cases diagnosed and given treatment: 5,355
- Malaria-free provinces: 27 (out of 53)
- Filaria-free provinces : 20 (out of 43)

'Tunog ni Nanay, Tunog ng Buhay'

Mindanao Operations Cluster pushes for health providers' competency to reduce maternal deaths

By Gelyka Ruth R. Dumaraos



MOTHER AND CHILD CARE The Mindanao Operations Cluster moves forward in training and educating healthcare providers on basic obstetric ultrasonography skills through their "Tunog ni Nanay, Tunog ng Buhay," program led by Asst. Secretary for health and Mindanao Operations Cluster Head Dr. Romulo A. Busuego

One of the Philippines' concrete targets to attain the Millennium Development Goals (MDGs) is to lessen the mortality rate of mothers giving birth by 52 per 100,000 live births. But recent reports state that our maternal mortality rate has increased to 221 per 100,000 live births in 2011 from 162 per 100,000 live births in 2009. This unfortunate problem could be traced to lack of equipment and facilities and health providers' information on basic pregnancy care.

To keep up with the challenge of reducing the Maternal Mortality Ratio (MMR) to achieve the MDG in time, the Mindanao Operations Cluster launched the "Tunog ni Nanay, Tunog ng Buhay," a program focused on training health providers on basic obstetric ultrasonography skills to evaluate pregnant women. This aims to aid them in diagnosing complications during pregnancy.

The targeted trans-abdominal obstetrics ultrasound program, spearheaded by Assistant Secretary for Health and Mindanao Operations Cluster Head, Dr. Romulo A. Busuego, is training and educating Municipal Health Officers (MHO), general practitioners

and allied health professionals through three phases.

The first phase is a 10-day theory and skills development conducted at the Davao Regional Hospital (DRH), followed by skills application and patient data acquisition with a minimum of 50 acceptable cases in three months after the training. The last phase is the final assessment.

Each program participant is required to submit at least fifty scan procedures within three months post-training and to participate in the evaluation process to eventually obtain a Certificate of Completion. This is to ensure the application of the skills acquired during the program.

Since its launch last July 2010, the program has already trained 36 doctors from rural health units and district hospitals encompassing Regions IX, X, XII, ARMM, and CARAGA. Alongside the upgrading of personnel competencies, the availability of low-cost ultrasound equipment will also be ensured. The impact of this diagnostic tool on maternal and neonatal outcomes should be dramatically improved.

KP(han) Forum from page 1

modernize, improve their service and become more accessible to the poor. Specific points for this are the No Balance Billing, catastrophe illness package and Health Facilities Enhancement for DOH and LGU Hospitals.

The DOH Files: What are the challenges that the administration continues to face in achieving KP?

Usec. Herbosa: The main challenges are efficiency in the access and delivery of health services and efficient payment scheme to be implemented by the National Health Insurance Program and the redistribution of health human resource where they are needed.

The DOH Files: The deadline of our own MDGs will be by next year, are we there yet or are we still far from attaining them?

Usec. Herbosa: We have achieved great strides in achieving the goals for reducing infant and child mortality, increasing facility-based deliveries and control of communicable and non-communicable diseases."

The DOH Files: In the next years of the Aquino administration, what should the public expect and how will the administration execute this?

Usec. Herbosa: The increasing support from sin tax revenue will help put to eradication public health problems from non-communicable diseases to infectious diseases like rabies, TB, dengue, malaria, leptospirosis, filariasis and others. We also plan to address through health promotion the malnutrition, childhood obesity and immunization of children to achieve 95-100 percent coverage.

Nurse Deployment Project

900 nurses now in underserved areas in Bicol

About 900 registered nurses in Bicol are now serving as employed nurses as part of the Nurse Deployment Project (NDP) this year.

This project replaced the Registered Nurses for Health Enhancement and Local Service (RN Heals)—a program implemented to tackle the lack of skilled and experienced nurses in the rural and underserved areas of the country.

The new program aims to improve local health systems and support the country's attainment of the Universal Healthcare or *Kalusugan Pangkahalatan* (KP). It also aims to give opportunities to the growing number of unemployed nurses in the country.

A series of written and oral examinations were conducted as part of the screening process for nurses who are assigned in areas covered by the Conditional Cash Transfer (CCT) or Pantawid Pamilyang Pilipino Program (4Ps).

They are on a Contract of Service arrangement renewable every six months for a maximum of two years based on a "very satisfactory" performance rating. Higher salaries are also given to them equivalent to a Nurse 1 position.

The higher salary is provided because the budget for employing nurses has doubled as sin taxes increased, said DOH Center for Health Development (CHD) Bicol Director Gloria J. Balboa.

This makes them hired-employed rather than deployed after they are awarded with Certificates of Employment.

Before, RN Heals nurses received a monthly allowance of PhP 8,000 from DOH and PhP 2,000 from the rural health unit/community/hospital where they were assigned. The NDP is open to all nurses with official and validated license from the PRC. All applicants shall undergo the recruitment and selection process, according to DOH Department Circular signed by Secretary Enrique T. Ona.

Preference is also given to residents of the municipalities covered by the Health Facilities Enhancement Program (HFEP) of the DOH, Balboa added.

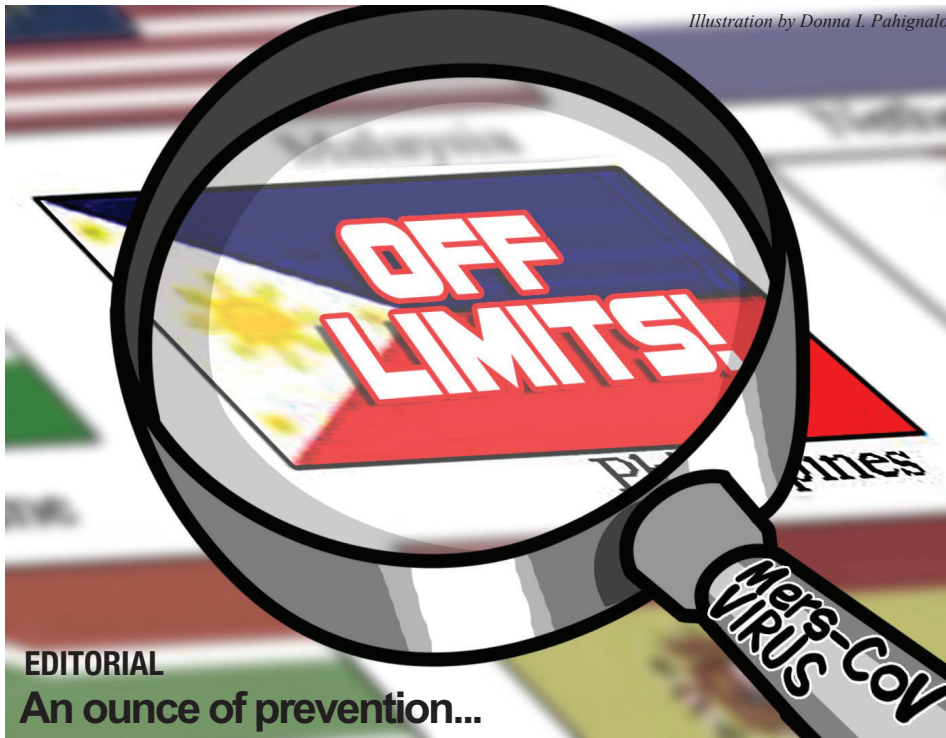


Illustration by Donna I. Pahignalo

EDITORIAL

An ounce of prevention...

In April of this year, a male Filipino nurse working in the United Arab Emirates (UAE), who was exposed to a patient who died from the Middle East Respiratory Syndrome-Corona Virus (MERS-CoV), returned to the Philippines after undergoing testing for the virus. He immediately took a flight home before the results of the test was out.

Upon knowing the positive test, UAE health officials contacted the DOH and upon arrival here, the patient was immediately quarantined, together with family members who welcomed him at the airport. Subsequent retesting done here turned out to be negative and the patient has remained symptom-free.

Through inter-agency collaboration, 404 of the 414 passengers of Etihad Airlines flight EY 0424, which the suspected MERS-CoV carrier took, were also tracked down and tested. Everyone showed no trace of the deadly virus.

Confidently, we can say that the Philippines has remained MERS-CoV free up to this time.

MERS-CoV has afflicted 396 so far, and has claimed the lives of 106. With such a high mortality rate, it definitely deserves its moniker of being a “killer virus.” We have to remain vigilant to prevent this deadly virus from entering our country; and if ever it does, to prevent it from spreading.

No doubt, this is a challenge which we have to address. We have to maintain a heightened alertness since dai-

ly, hundreds of our overseas Filipino workers are arriving from the Middle East. As a precautionary measure, the DOH has issued a quarantine alert bulletin to those travelling from the Middle East through our various international airports.

Our thermal scanner at the Ninoy Aquino International Airport now operates 24/7. We also have doctors and nurses on hand to assist passengers especially those who have fever, cough, and other flu-like symptoms.

Upon President Aquino’s instructions, we have mobilized Task Force MERS-CoV which has been tasked to ensure heightened awareness about this dreaded disease and to prevent its spread. The public is also constantly advised of precautionary measures such as proper hand hygiene that can go a long way in preventing the spread of all infections such as the MERS-CoV.

We pray that with all the precautions being taken, the MERS-CoV and other deadly viruses do not reach our shore; but if ever it does, the DOH will make sure we are all ready to handle it and put it under control.

But for the public, especially our dear countrymen working in the Middle East, the old adage will always ring a sound advice—“An ounce of prevention is worth a pound of cure.”

DR. ENRIQUE T. ONA
Secretary, Department of Health



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We would like to hear from you!

E-mail us your feedback at

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'We are not letting mothers die'

By HLGP Team



HLGP LEARNING FORUM Regional Director Dumama of Region XI presenting the regional data and plans on how to decrease maternal mortality in his region to Sec. Ona and guests during the gallery walk of the HLGP Learning Forum last May 26-27, in Antipolo City

In the Philippines, the latest maternal mortality ratio (MMR) reported is 211 as of 2011 which is nowhere near the Millennium Development Goal (MDG) target of 52 by 2015. However, the Department of Health (DOH) is not about to let the country miss the target even if it is just a year away. "We are not letting mothers die" is the battle cry of the DOH when it intensified its campaign to make sure the Philippines meets its maternal health target under the Millennium Development Goal No. 5. Thus, the DOH has begun implementing interventions to strengthen leadership and service delivery in the local level which is expected to create immediate impact on the national health outcomes.

In this regard, the DOH partnered with the Zuellig Family Foundation (ZFF) in May 2013 through a Memorandum of Understanding to implement the Health Leadership and Governance Program (HLGP). HLGP is a three-year program from 2013 to 2015 covering 15 regions, 54 provinces, 549 municipalities and 60 cities based on the list from National Anti-Poverty Commission to help them overcome challenges that lead to poor maternal and child health. In particular, it is aimed at improving health outcomes by strengthening leadership and governance, enhancing local health systems, increasing community participation and improving health-seeking behaviour.

Under its component on leadership and governance capability building are 1) Municipal Leadership and Governance Program (MLGP) for mayors and municipal health officers (with coaching and mentoring sessions from the DOH Representatives); 2) City Leadership and Governance Program (CLGP) for mayors and city health officers integrating the Short Course for Urban Health Equity (SCUHE); 3) Provincial Health Leadership and Governance Program (PLGP) for governors and provincial health officers; and 4) Health Leadership and Management for the Poor (HLMP) for the DOH personnel.

HLGP uses the Health Change Model which has helped lower maternal deaths

in areas where ZFF has worked before. In this model, leadership has been shown to be a key instrument to improve health outcomes hence, the focus on Local Chief Executives (LCEs) and health leaders. In the Philippines, LCEs are responsible for the public primary healthcare system, which means, their administration has the authority to allocate budget, implement programs and procure medicines. Unless they provide enough support for health, their poor constituents will continue to suffer from curable diseases and preventable deaths. But improving health system requires strong leadership, better understanding and accountability, which are characteristics that the training program works to build among LCEs and their health officers. The DOH – Regional Offices (ROs) are on hand to give LCEs a clear path to decrease maternal and infant death cases, resources in carrying out programs and the technical know-how.

In relation, an HLGP Learning Forum was held last May 26-27, 2014 at First Pacific Learning Academy in Antipolo City to serve as venue for the DOH Regional Directors, HLGP Coordinators, ZFF's Regional Account Officers and other stakeholders to share experiences and operational challenges in the implementation of HLGP in 2013, and be updated in current and future HLGP activities. In addition, DOH Regional Directors presented before Secretary Ona their respective region's MMR and Infant Mortality Rate (IMR) as well as their specific strategies to help provinces, cities and municipalities reduce their mortality rates and meet the MDGs.

In a speech of Honorable Secretary Ona delivered by DOH Bureau of Local Health Systems Development Director Nestor Santiago Jr. during the HLGP Learning Forum, he emphasized that "HLGP has so far resulted in having mayors who now realize that they must not only acknowledge existing health problems but must also take the extra step of being part of the solution".

DOH celebrates its 116th founding anniversary



The Department of Health turns 116 on June 23, the department's founding anniversary.

The DOH has gone a long way since 1898, when the Americans established a military Board of Health with Dr. Frank S. Bourns as its head. When the Commonwealth of the Philippines was inaugurated in 1936, Dr. Jose Fabella was named chief of the Bureau of Health.

In 1941, Pres. Manuel Roxas made it part of the Department of Public Instruction, Health, and Public Welfare; and this became the Department of Health and Public Welfare in 1945 under the term of Pres. Sergio Osmeña.

In 1947, President Manuel Roxas signed Executive Order (E.O.) No. 94 into law, calling for the creation of the Department of Health, and appointed Dr. Antonio C. Villarama as the first secretary.

Many illustrious men and women were appointed to be at the helm of this vital executive department of the government. Through the decades, the DOH has played a vital role as the custodian of public health in the country. It has three major roles in the health sector—a leader in health, enabler and capacity builder, and administrator of specific services.

DOH is responsible for ensuring access to basic public health services by all Filipinos through the provision of quality health care and the regulation of all health services and products. When it comes to health matters, it is the government's over-all technical authority.

With Dr. Enrique T. Ona currently at the helm of the DOH, it gratefully looks back to the decades of dedicated hard work and sacrifice government health employees and other health stakeholders have offered to improve healthcare delivery to the nation. It looks forward to the near future when the Aquino Health Agenda's drive for the attainment of Universal Health Care or *Kalusugan Pangkalahatan* will finally become a reality—providing essential health services, and quality health care for all Filipinos, especially those belonging to the marginalized sectors of society.

Happy birthday, DOH! Godspeed in its lofty pursuits.

7 RH duties of health workers

Goals are—adequate information dissemination, effective delivery of RH products and services, and maintenance of RH facilities

By Michaela Sarah de Leon

With the legal obstacles for the implementation of the Reproductive Health (RH) Law now out of the way, it is imperative that all healthcare workers—whether they are DOH employees or local government unit (LGU) health workers—should be well aware of their duties and responsibilities as mandated by the new law. These can be summarized in seven duties:

1. RH info dissemination and education

The RH Law protects the public from misinformation and ignorance of the reproductive health services that they can avail. It is the duty of the healthcare worker to inform, explain, and provide these services if a patient asks for it.

However, based on the ruling of the Supreme Court, healthcare workers who work for religious health facilities are not required to inform patients of these RH services, or refer them for such.

Health workers will openly advocate for good reproductive health practices using multimedia campaigns such as television, radio, and print and the internet among other means of social and behavioral change communication. This necessarily includes reaching out to the poor and the vulnerable Filipino who are disadvantaged because of lack of access to RH information.

The RH Law also requires age- and development-appropriate reproductive health education to be added in the school curriculums of adolescents. The relevant subjects could include—but are not limited to—values formation, knowledge and skills in self-protection against discrimination, sexual abuse and violence against women and children and other forms of gender-based violence, teen pregnancy, physical, social, and emotional changes in adolescents, women and children's rights, responsible teenage behavior, gender and development, and responsible parenthood.



2. Procurement and distribution of supplies

The DOH is required to provide the LGUs with medical supplies and equipment needed by the community and hospital workers to carry out their functions effectively in the delivery of RH services.

The DOH should likewise procure, distribute, and monitor the use of family planning supplies for the whole country. The LGUs in turn should coordinate with the DOH in planning and implementing this program. The supply distribution should be based on the number of women of reproductive age and couples who want to space or limit their children, contraceptive prevalence rate by the type of method used, and cost of family planning supplies.

The LGUs are also encouraged to implement its own procurement, distribution, and monitoring program in adherence to the provisions provided in the law.

Non-government organizations (NGOs) and private entities who wish to be involved in RH programs must also be supervised by the DOH in the delivery of quality reproductive health and family planning supplies and commodities to make them accessible and affordable to ordinary citizens.

3. Empower community health workers

The Department of Health is responsible for empowering the community health workers by disseminating information and providing training programs to the LGUs.

The LGUs will be responsible for the training of the barangay health workers and other volunteers in the promotion of reproductive health.

4. Provide, establish, and maintain reproductive health facilities

The law requires all public health facilities to provide a full range of modern family planning methods, which may include medical consultations and supplies. Consultations, as well as necessary and reasonable procedures for poor and

marginalized couples with infertility issues, who desire to have children, must also be provided. Private health facilities have the option to provide these family planning services to paying patients and also indigent patients for free except for hospitals owned and operated by a religious group.

The National Drug Formulary shall likewise include hormonal contraceptive, intrauterine devices, injectables, and other safe, legal, non-abortifacient, and effective family planning products and supplies.

The national and local government may also provide each provincial, city, municipal, and district hospital with a Mobile Health Care Service like vans or other means of transportation appropriate to its terrain and the needs of each LGU. These mobile health care services will be operated by skilled health providers and will be equipped with a wide range of healthcare materials and information dissemination devices and equipment like a television or audio-visual presentations.

5. Conduct maternal health reviews/reports

All LGUs, national and local government hospitals, and other public health units are required to conduct annual maternal death review and fetal and infant death review according to the guidelines set by the DOH.

The review is expected to result in an evidence-based programming and budgeting process that would contribute to the development of more responsive reproductive health services to promote women's health and safe motherhood.

6. Give free RH care and programs for the poor and PWDs

Private and nongovernment reproductive healthcare service providers including, but not limited to, gynecologists and obstetricians, are encouraged to provide at least 48 hours annually of reproductive health services. This may include providing information and education to rendering medical services, free of charge to indigent and low-income patients as identified through the NHTS-PR and other government measures of identifying marginalizations—most especially to pregnant adolescents.

In addition, the forty-eight hours annual pro bono services shall be included as a prerequisite in the accreditation under the PhilHealth.

7. PhilHealth provision of benefits for serious and life-threatening RH conditions

The law requires that all serious and life-threatening reproductive health conditions such as HIV and AIDS, breast and reproductive tract cancers, and obstetric complications, and menopausal and post-menopausal related conditions shall be given the maximum benefits as well as anti-retroviral medicines, in adherence to the Philippine Health Insurance Corporation.

DOH IN ACTION



FIGHTING Mers -Cov An inter-agency meeting was conducted to discuss concerns on the issue of Middle East Respiratory Syndrome Corona Virus (MERS-CoV) in the country. Sec. Ona reported that only few remaining passengers of Etihad Airlines flight EY-0424 remains uncontacted, and that all those tested were negative of the virus. DOH MERS-CoV Spokesperson Dr. Lyndon Lee Suy meanwhile said that the virus has 3-14 days incubation period, which means that beyond 14 days without any signs and symptoms of the disease, a suspected carrier did not acquire the disease or is already non-infective



PH SIN TAX REFORM The Southeast Asia Tobacco Control Alliance (SEATCA) gave an award to the Philippine Government for its sin tax reform during the World Health Organization (WHO) Regional (ASEAN) Workshop on Tobacco Taxation and Illicit Trade on May 22-23, in Manila.



LBK BUS Health Sec. Enrique Ona admires the Lakbay Buhay Kalusugan Bus at the Kalusugan Pangkalahatan Roadshow launch last May 15.



A PROMISE RENEWED Officer-in-charge of Child Health Division of DOH-Family Health Office Dr. Anthony Calibo reads the Declaration of Commitment to End Preventable Maternal in a stakeholders forum on enhancing capacities to save mother and child entitled A Promise Renewed for Kalusugan Pangkalahatan last April 23-24



NEW DISTRICT HOSPITAL Senator Bam Aquino and Sec. Ona lead the launching and groundbreaking ceremony of the Concepcion District Hospital last May 3 in Concepcion, Tarlac



ROMBLON PROVINCIAL HOSPITAL The Health Secretary, with Romblon Governor Eduardo C. Firmalo, Vice Governor Jose R. Riano and Congressman Eleandro Jesus F. Madrona, and regional and provincial officials, unveil the new buildings at the Romblon Provincial Hospital, constructed under DOH Health Facilities Enhancement Program (HFEP). Aside from HFEP's aim to advance health facilities and provide training to health professionals, and improve access of people to quality health care services, it also aims to enhance the delivery of basic, essential, and specialized health services in the community

Message FROM THE HEALTH SECRETARY



Secretary ENRIQUE T. ONA

A PROMISE RENEWED: Protecting the Lives of Mothers and Children Through Responsible Parenthood and Reproductive Health

The Department of Health would like to thank our ever-dependable health and development partners for organizing this stakeholders' forum on enhancing capacities to save mothers and children.

I understand that today's gathering is related to a 2012 international mobilization led by the governments of Ethiopia, India, and the United States together with UNICEF. Back then, there was "A Call to Action" for an ambitious yet achievable goal: to end preventable child deaths.

"Ending preventable child deaths" has been defined to mean :

a. Giving children a healthy start by providing pregnant mothers with quality antenatal care and nutrition during pregnancy;

b. Giving newborns a safe delivery, the ability to breathe in the first crucial moments of life, and proper nourishment to avoid stunting;

c. Ensuring that newborns are sheltered, breastfed, kept warm and shielded from diseases like HIV; and

d. Protecting children from infectious diseases like malaria and pneumonia with vaccines, bednets, and antibiotics.

"A Call to Action" was then followed recently by "A Promise Renewed" or APR, where a broader set of partners in health and development reunited around the same goal of ending preventable child deaths.

APR identified five critical areas by which dramatic reductions in preventable child deaths can be achieved through concerted action.

a. Attention was given to the area of which refers to scaling up efforts in priority areas that account for 80 percent of all under-five deaths.

b. Then, stakeholders were urged to look at high-burden populations, in particular to strengthen health systems to increase coverage among underserved populations, including rural and low-income groups.

c. High-impact solutions were also called for in order to better address the five conditions responsible for almost 60 percent of child deaths – pneumonia, diarrhea, malaria, pre-term birth complications, and intrapartum-related complications.

d. Gender equality was cited as a paramount concern, in that investments in education for girls and women were seen as necessary to empower them to make informed decisions that impact their lives.

e. Finally, it was understood that mutual accountability should prevail by building broad-

based political support for maternal, newborn and child survival; monitoring progress against a set of common metrics; and encouraging public dialogue on the triumphs and challenges of efforts to accelerate declines in preventable maternal, newborn and child deaths.

Here in the Philippines, protecting the lives of both children and their mothers is a mandate enshrined in the 1987 Constitution which is currently in effect. No less than our supreme law or social contract between the government and its people requires that we end preventable child and maternal deaths.

R. A. No. 10354 or the Responsible Parenthood and Reproductive Health Act of 2012 (RPRH Law) is the Philippine government's latest renewal of its promise to save the lives not only of women in general and mothers in particular, but also of children.

a. The honorable Supreme Court of the Philippines (SC) has already declared the RPRH Law to be "not unconstitutional", with the exception of a few items. Furthermore, the SC has likewise lifted its Status Quo Ante Order on the RPRH Law, which means that the provisions in the republic act and its implementing rules and regulations not touched by the SC can now be fully implemented.

b. "Reproductive health care" as defined in the RPRH Law allows for the introduction and use of high-impact solutions in maternal, infant, and child health and nutrition.

• Drugs and devices identified by the UN Commission on Life-Saving Commodities, which include commodities spanning the full continuum of reproductive, maternal, newborn, and child health (RMNCH) care can now be procured by the DOH and distributed directly to all government health facilities, subject to the requirements of the RPRH Law .

• Midwives and nurses are now allowed to administer lifesaving drugs such as, but not limited to, oxytocin and magnesium sulfate.

• Mothers will now be able to practice healthy timing and spacing of pregnancy (HTSP), which is an intervention to help women and families delay or space their pregnancies to achieve the healthiest outcomes for women, newborns, infants, and children, within the context of free and informed choice, and taking into account fertility intentions and desired family size.

c. The RPRH Law, through its Declaration of Policy, also prioritizes the provision of services to high-burden populations and vulnerable groups in identified geographical areas, by giving preferential access to those identified through the National Household Targeting System for Poverty Reduction (NHTS-PR) and other government measures of identifying mar-

ginalization.

d. Also complementary to the RPRH Law is the Universal Health Care (UHC) or *Kalusugan Pangkalahatan* (KP) program of the DOH which strengthens both the supply and demand side of health systems where mothers and their children shall have access to quality care.

e. The RPRH Law also promotes gender equality.

• It establishes "reproductive health rights" to be the "rights of individuals and couples, to decide freely and responsibly whether or not to have children; the number, spacing and timing of their children; to make other decisions concerning reproduction, free of discrimination, coercion and violence; to have the information and means to do so; and to attain the highest standard of sexual health and reproductive health".

• The State is also now required to provide age- and development-appropriate reproductive health education to adolescents (including young girls), concerning "values formation; knowledge and skills in self-protection against discrimination; sexual abuse and violence against women and children and other forms of gender based violence and teen pregnancy; physical, social and emotional changes in adolescents; women's rights and children's rights; responsible teenage behavior; gender and development; and responsible parenthood".

f. Finally, the RPRH Law ensures mutual accountability. Broad-based political support and dialogue is ensured by recognition of the active participation of Civil Service Organizations (CSOs) which is comprehensively defined to include not only non-government organizations (NGOs) and people's organizations (POs), but also faith-based organizations and other citizen's groups. The CSOs are being invited by government to help plan and monitor programs and projects, engage in policy discussions, and actively participate in collaborative activities.

I am quite confident that the portions of the RPRH Law and its implementing rules not found to be unconstitutional by the SC do provide the necessary health policies and directives that will readily synergize with the five critical areas named by the APR effort. Your DOH is now in the process of revising the implementing rules of the RPRH Law to make them consistent with the specific rulings of the SC.

We invite all concerned stakeholders present here and with us in spirit and intent to support and join the DOH as it prepares for and proceeds with full-scale implementation of the sustained provisions of the RPRH Law and its implementing rules, if only at least to manifest that yes, we are all renewing our promise to end preventable child and maternal deaths.

This Keynote Speech was delivered last April 22 at the A Promise Renewed, a stakeholders' forum on enhancing capacities to save mother and children