A Briefer on the Health Programs of the Department of Health
VISION
Filipinos are among the healthiest people in Southeast Asia by 2022, and Asia by 2040

MISSION
To lead the country in the development of a productive, resilient, equitable and people centered health system.

CORE COMPETENCIES
• Integrity
• Excellence
• Compassion and respect for human dignity
• Commitment
• Professionalism
• Teamwork
• Stewardship of the health of the people
One’s health is one’s wealth, and one’s present health is the key to a bright and healthy future. The Department of Health envisions the Philippines to be among the healthiest country in the world. Together with this vision, everyone is entitled to be healthy and health-literate through the programs of the department since it strives to help everyone achieve this ambitious goal.

This briefer aims to provide a better understanding of the programs that the Department of Health-Center for Health Development-CAR offers. Each program’s background, objectives, accomplishment and future plans are found inside this material which may this strengthen one’s knowledge and understanding of the department’s programs.

The amount of gratitude we have for all stakeholders in health, especially for the continuous support you have given all these years shall help to improve our systems and provide better services that will help everyone move forward into a healthier Cordillera in support to a healthier nation.

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OIC-Director IV
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LOCAL HEALTH SUPPORT DIVISION

DISEASE PREVENTION AND CONTROL CLUSTER

- National Aedes-Borne Viral Diseases Prevention and Control Program
- National Malaria Control and Elimination Program
- Integrated Helminth Control Program
- National Tuberculosis Control Program
- Food and Water borne Diseases Program
- Emerging and Re-Emerging Infectious Diseases Program
- Environment and Occupational Health Program
- Rabies Prevention and Control Program
- National Leprosy Control Program
- National AIDS-HIV/STI Prevention and Control Program
- Mental Health Program
- Health and Wellness Program for Persons with Disabilities
- Prevention of Blindness Program
- Medicine Access Program
- Tobacco Control Program
- Renal Disease Control Program (REDCOP)/Philippine Organ Donation and Transplantation Program (PODTP)
- Dangerous Drug Abuse Prevention and Treatment Program
A. Background

National Aedes-Borne Viral Diseases Prevention and Control Program (NAVDPCP) is the primary arm of the Department of Health (DOH) responsible for guiding the prevention and control of three Aedes mosquito-borne diseases in the Philippines: Dengue, Zika and Chikungunya. The NAVDPCP was established in 2018 integrating and streamlining all efforts to prevent and control dengue, zika and chikungunya, considering that they share the same vector and (to a huge extent) the same set of interventions, especially for vector control.

B. New Program Thrusts

- Containment and prevention of Zika and Chikungunya

C. Objectives

- Reduce dengue morbidity rate by 25% by 2022 from 2016 data
- Reduce dengue mortality rate by 50% 2022 from 2016 data
- Dengue case fatality rate at <1% and reduced annually by 0.1%
- Reduce chikungunya and zika outbreaks by 50% annually

D. Program Strategies

- Enhance social mobilization and promote positive health-seeking behavior
- Strengthen capacity for management and implementation of Aedes-borne Viral disease prevention and control program at all levels
- Upgrade information and surveillance system and research for informed decision-making and evidence-based planning and operations
- Expand access to quality diagnostic, treatment and prevention and control services
- Strengthen early detection and prompt and complete containment of outbreaks
- Scale up implementation of Integrated Vector Management (IVM) approach.

E. 2019 Activities

- Mosquito-borne diseases awareness campaign
- Observation of the ASEAN Dengue Day
- Program Implementation Review
- Augmentation of logistics for the prevention and control of the Aedes-borne diseases

F. 2018 Accomplishments

- Morbidity rate: 369/100,000 population (10% reduction from 2017)
- Mortality rate: 0.44/100,000 population (39% reduction from 2016)
- Case fatality rate: 0.12%

H. Program Campaign/Logo
A. Background

Malaria is a disease caused by one or more species of the protozoan parasite called Plasmodium which is usually transmitted through the infective bite of a female Anopheles mosquito and rarely through blood transfusion or the sharing of contaminated needles and syringes. As a disease, it may result in death if not promptly detected and properly treated. In areas with high malaria transmission, most severe malaria cases and deaths occur in young children. Pregnant women are also considered at increased risk of malaria. In those areas, malaria related anemia in the mother and the presence of parasites in the placenta result in low birth weight infants, contributing substantially to deaths among children.

Malaria had been a public health problem in the country but significant reduction in malaria morbidity and mortality has been attained in the past decades. Philippines have now accelerated the transition from control to elimination of malaria as a public health threat. Twenty-eight provinces have already been declared as malaria-free including Benguet and Abra in the Cordillera. In 2015, a total of 7,501 malaria cases were reported with 20 deaths. Seventy-five percent of the cases came from Palawan. CAR had 8 indigenous cases in 2014 from Apayao, the rest of the provinces had no cases.

At present, there are still three (3) provinces in elimination status in CAR, namely, Ifugao, Kalinga and Apayao. In 2008, CAR has already achieved the MDG Target to halt and reverse cases of malaria. In addition to 8 malaria cases reported in Apayao in 2014, 5 imported cases were seen in Benguet, Ifugao and Kalinga. Malaria cases had been reduced by 99.8% from 2002 and the Annual Parasite Incidence was down by 98% in 2014 based on 2006 data. In 2015, there were no more indigenous cases in the region; the 2 reported cases were imported. In 2016, three imported cases from international origin were detected in Baguio City. Mt. Province was also declared as malaria-free by Technical Working Group of the DOH Central Office.

Ifugao and Kalinga were assessed, validated in 2017-2018 and both were officially declared as malaria-free in November, 2018 for not having indigenous malaria cases for 5 years. Apayao had not reported any indigenous cases since 2015 until present and will be the last province in CAR for assessment and validation. The probability that CAR will be declared as malaria-free within the next 5 years is high if the zero malaria case status will be sustained until 2020.

B. Program Thrust

C. Program Objectives:

• Vision: Malaria-free Philippines by 2030
• Mission: Further accelerate malaria control and transition towards elimination
• Goal: By 2022, to reduce malaria incidence in the Philippines by 90% relative to a 2016 baseline and to increase the number of malaria free provinces from 32 to 74

1. Objective 1(Universal Access) – To ensure universal access to reliable diagnosis, highly effective and appropriate treatment and preventive measures.
2. Objective 2(Governance and Human Resources)- To strengthen governance and human resources capacity at all levels to manage and implement malaria interventions
3. Objective 3(Health Financing) – To secure government and non-government financing to sustain malaria control and elimination efforts at all levels
4. Objective 4(Health Information and Regulation) – To ensure quality malaria services, timely detection of infection and immediate response, and information and evidence to guide malaria elimination

D. Program Strategies:

Strategy 1.1. Maintain focal interventions in municipalities and barangays with active foci.
Strategy 1.2. Ensure continuous access to malaria diagnosis, treatment and preventive measures in zero-indigenous malaria and malaria-free provinces
Strategy 1.3. Implement responsive malaria interventions among identified vulnerable population groups
Strategy 1.4. Increase demand for and support to effective anti-malaria interventions and services
Strategy 2.1. Establish functional organizational structures and malaria work force at all Levels
Strategy 2.2. Strengthen the policy environment, management systems and coordination mechanism in support of malaria elimination
Strategy 3.1. Secure adequate government and non-government financial resources in support of malaria control and elimination
Strategy 4.1. Ensure high quality malaria diagnosis and treatment through effective quality assurance systems
Strategy 4.2. Maintain high quality and effective vector control measures
Strategy 4.3. Strengthen malaria case surveillance and response systems in support to malaria elimination according to the Malaria Surveillance and Response
Strategy 4.4. Maintain effective malaria program monitoring and evaluation systems

E. 2019 Activities
1. Regional Assessment of Apayao as malaria-free
2. Conduct of Malaria microscopy Refresher Course
3. Conduct of Orientation on New Malaria Manual of Procedures
4. Conduct of Roll-out training on Online Malaria Information System to all provinces of CAR
5. Procurement of Laboratory commodities
6. Hiring of malaria spraymen
7. Funding for malaria awareness activities in March and November

F. 2018 Accomplishments
1. Budget support to Pre-deployment Orientation meetings of Malaria Spraymen( March and September), (60% of total budget of NMCEP)
2. Support to World Malaria Celebration, March(tarpaulins, parades). Support to Malaria Awareness Month(November, 2017. (0.40% of NMCEP budget)
3. Fund support for Ifugao, Kalinga and Mt. Province for the conduct of Quality Assurance in Malaria Microscopy.
4. Procurement of insecticides (72.4%), laboratory supplies as RDTs, Giemsa reagents, glass slides, Oil Immersion objectives, slide boxes(18.2%) and PPEs for spraymen (3%)
5. Hiring of Malaria Spraymen (1st and 2nd cycle) for the 4 provinces. (1.9% of NMCEP)
6. Hiring of MALARIA SURVEILLANCE officer (Job Order). (1.2%)
7. Monitoring and supervision

G. Future Plans/Strategies
1. Continue provision of logistics support to LGUs
2. Hiring of JC at DOH CAR for vector surveillance
3. Monitoring and evaluation through field visits and program implementation reviews
4. Quality assurance system orientation in malaria microscopy for Kalinga and Mt. Province
5. Strengthening partnership and advocacy through malaria awareness campaigns, inter-provincial and inter-regional malaria elimination meetings.
6. Provision of technical assistance in the preparation for malaria-free assessments
7. Provision of support to sustain the malaria elimination hub in Abra. Benguet and Mt. Province
8. Strengthen disease surveillance and investigation of reported cases.

H. Program Campaign/Logo
A. Background

In all the provinces of the Philippines, intestinal parasitism, especially soil transmitted helminthiasis (STH) remains to be a public health concern that affects mainly pre- and school-aged children. In 2015, RITM conducted a National Survey on the Prevalence of Soil-Transmitted Helminths (STH), Schistosomiasis and other Intestinal Parasitic Infections among Public School Children (Daycare, Elementary, and High School) in the Philippines and the country has an STH cumulative prevalence of 28.4%.

The IHCP interventions consist primarily of chemotherapy following the WHO recommendation of conducting mass drug administration (MDA) in areas with STH prevalence of 20% and above. It also incorporates WASH (water, sanitation, hygiene) as a cornerstone in the prevention of worm infections since deworming+hygiene+safe water+basic sanitation yields more health impact than any of the factor alone.

B. New Program Thrusts

- Development of Soil-Transmitted Helminthiasis Prevention and Control Program Monitoring and Evaluation Tool
- Expansion of MDA activities in other at-risk populations such as pregnant women, indigenous peoples, and the military and para-military.

C. Objectives

- Goal: To reduce the STH prevalence of moderate and heavy intensity infection
- Objectives:
  1. To guarantee universal access to quality STH prevention and control services at all life stages
  2. To guarantee a functional and responsive health delivery system for STH prevention and control services
  3. To guarantee affordable STH prevention and control services

D. Program Strategies

On Objective #1:
- Strategy 1.1. Expand and strengthen provision of quality STH preventive management and treatment services
- Strategy 1.2. Increase the demand for appropriate STH prevention and control services
- Strategy 1.3. Design and implement STH package interventions and services focused on the poor, marginalized and vulnerable groups

On Objective #2:
- Strategy 2.1. Establish a supportive organizational and policy environment for the implementation of STHPCP at all levels of administration
- Strategy 2.2. Streamline the supply chain for quality anti-helminthic drugs and medicines and other supplies
- Strategy 2.3. Strengthen the monitoring and evaluation of STHPCP implementation status
- Strategy 2.4. Harness the contribution and involvement of various groups of stakeholders from the different sectors

On Objective #3:
- Strategy 2.1. Secure increased DOH budget allocation for STHPCP
- Strategy 2.2. Intensify advocacy for funding support from LGUs and other sources

E. 2019 Activities

- E.1. Logistics Allocation:
  - Allocation of deworming drugs for Harmonized Schedule and Combined Mass Drug Administration (HSCMDA)- Community and School-based Deworming
  - Provision of IEC materials
  - Procurement of Fecalysis laboratory supply (Kato Thick Smear Kit)
  - Procurement and provision of communication allowance and deworming vest

- E.2. Health Promotion and Advocacy
  - Regional DepEd Advocacy Forum and Program Implementation Review
  - Joint DepEd and LGU Provincial DepEd Advocacy Meetings on School-based Health Programs
  - Provincial/City Radio Plugging for the National Deworming Month Campaign on July

- E.3. Integrated On-site Program Monitoring and Mentoring
  - Monitoring of targeted priority areas

- E. 4. Procurement of enough buffer stock of deworming tablet at the Regional Office
F. 2018 Accomplishments

F.1. Capability Building
- Conduct of 1 batches Integrated Microscopy Training
- Conduct of 2 batches of Medical Parasitology Training
- Orientation of new RSIs on food safety and hygiene during WASH trainings

F.2. Logistics Allocation
- Allocation of deworming logistics to DepEd and LGUs
- Procurement and allocation of supportive drugs for the deworming activity
- Reproduction and Provision of localized IEC materials
- Procurement and provision of communication allowance

F.3. Health promotion and Advocacy
- Regional DepEd Advocacy Forum and PIR
- Joint DepEd and LGU Provincial Advocacy Meetings on school-based health program
- Provincial level Radio plugging for the National Deworming Month Campaign on January and July

F.4. Program Monitoring and mentoring of priority areas
- Monitoring of targeted priority areas

G. Future Plans/Strategies

G.1. Health Promotion and Advocacy
- Strengthen health literacy/information at municipal and barangay levels

G.2. Monitoring and Evaluation
- Funding the conduct of Provincial Program Implementation Reviews
- Continue Joint stakeholders PIRs
- Strengthen monitoring and evaluation through integrated monitoring approach

G.3. Strengthen WASH integration to the program
- Reinforce measures for safe water, sanitation and education
- Augment capability building for WASH trainings/orientations
- Strengthen collaboration with other programs implementing WASH

H. Program Campaign/Logo
NATIONAL TB CONTROL PROGRAM
Mr. Clint Gil S. Ildefonso, RMT, MSPH,
SHPO - Program Coordinator

A. Background

The NTP is one of the public health programs being managed and coordinated by the Infectious Diseases for prevention and Control Division of the Disease Prevention and Control Bureau of the DOH. The NTP has a mandate to develop TB control policies, standards and guidelines, formulate the national strategic plan, manage program logistics, provide leadership and technical assistance to the lower health offices/units, manage data, and monitor and evaluate the program.

The DOH-CHD-CAR through their Regional NTP Coordinator, manage TB at the regional level while the provincial health and city health offices, through their provincial/city teams are responsible for TB control efforts in provinces and cities.

TB diagnostic and treatment services that are in accordance with NTP protocol are provided by DOTS facilities which could either be the public health facilities such as RHUs, health centers, hospitals; other public private facilities such as private clinics, private hospitals, private laboratories, drug stores and others. Community groups such as the community health teams and barangay health workers participate in community-level activities.

- The Philippines is 7th among the 27 high burden countries in terms of MDRTB estimates (WHO Report, 2014)
- Ranks 8th worldwide among the 22 high TB burden countries
- Every untreated sputum positive TB patient will infect 10-15 individuals

B. New Program Thrusts

- The program’s TB diagnostic and treatment protocols and strategies are in accordance with the global end TB strategy and the policies of WHO and International Standards for TB Care.

C. Objectives: (General and Specific)

- To improve access and utilization of quality health care services, at least 66% Case Detection Rate and maintain 90% and above Treatment Success Rate towards the attainment of 90% CDR and 90% TSR by 2035.

D. Program Strategies

- The overarching strategy of the NTP is the DOTS or directly observed treatment short course that was started in the country in 1996. It has five basic elements, (a) availability of quality assured sputum microscopy, (b) uninterrupted supply of anti-TB drugs, (c) supervised treatment, (d) patient and program monitoring, and (e) political will.
- PhilSTEP Strategies
  - Empower TB patients and communities to promptly access quality TB services.
  - Network with other agencies to reduce out-of-pocket expenses and expand social protection programs.
  - Galvanize national and local efforts to mobilize adequate and capable human resources for TB elimination.
  - Advance the generation of TB information and utilization for decision making.
  - Guarantee compliance to standards of TB Care and prevention and availability of quality TB products and services.
  - Expand the provision of Integrated patient centered TB services. Drum up support from the national and regional agencies, legislative branch and local government units on multi-sectoral implementation of TB elimination plan.

E. 2019 Activities

- Sustained provision of free diagnostic services and treatment at the Baguio General Hospital and Medical Center PMDT, in the newly established Satellite Treatment Centers of Kalinga Provincial Hospital and Abra Provincial Hospital and the GeneXpert sites at Amma Jadsac District Hospital, Panopdopan District Hospital, Bontoc General Hospital, Benguet PHO, Northern Benguet District Hospital and Luis Hora Memorial Regional Hospital.
- Good partnership advocacy/ IEC to the LGUs and other stakeholders.
- Capability building for health workers (Integrated DOTS Training)
- Monitoring and evaluation through field visits to the facilities with very low Case detection rate and integrated program implementation reviews with the Integrated Data Quality Check.
- Engage both public and private TB care providers to adopt DOTS. Conduct of 2 rounds of Caravan Health Plus per province/city.
- Rehiring of TB Case finders/TB Notification Officers to help increase CDR for DS-TB and the CNR for DR-TB.
- Address MDR-TB infection and co-infection and needs of vulnerable populations.
- Certify and accredit TB care providers.
F. 2018 Accomplishments

- The Case Detection Rate of CAR for All Forms of TB started to increase from 38% in 2010, 64% in 2014, 70% in 2015, 73% in 2016 (using the 288/100,000 population) and 32% in 2018 (using the 554/100,000 population). It is still below the National target which is 90%.
- The Treatment Success Rate of CAR for New Smear Positive Cases of TB started to increase from 83% in 2010, 92% in 2014, 90% in 2015 and 92% in 2017. The 90% National target was achieved.

G. Future Plans/Strategies (2020-2022)

- Sustained provision of logistic support (Anti TB drugs for adult and children, PPD solution, Tuberculin syringes, Vitamin B Complex) to LGUs
- Monitoring and evaluation through field visits and program implementation reviews
- Issuance of program policies and guidelines from DOH-CO
- Good partnership advocacy to the LGUs and other stakeholders
- Engage both public and private TB care providers to adopt DOTS.
- Hiring of TB AIDERS/TB Casefinders to help increase CDR.
- Address MDR-TB infection and co-infection and needs of vulnerable populations.
- Certify and accredit TB care providers

H. Program Campaign/Logo
A. Background

The burden of Food and Water-Borne Diseases to public health and welfare and to economy has often been underestimated due to underreporting and difficulty to establish causal relationships between food contamination and resulting illness or death.

The 2015 WHO report on the estimates of the global burden of foodborne diseases presented the first-ever estimates of disease burden caused by 31 foodborne agents (bacteria, viruses, parasites, toxins and chemicals) at global and regional level (WHO).

B. New Program Thrusts

• Creation of the National Food and Waterborne Disease Prevention and Control Program Manual of Procedures (MOP)
• Creation of the National Food and Waterborne Disease Prevention and Control Program 2019-2023 Strategic Plan
• Creation of the National Food and Waterborne Disease Prevention and Control Program Clinical Practice Guidelines on Acute Infectious Diarrhea Reference Manual

C. Objectives

• General objective: To reduce morbidity and mortality due to FWBDs
• Specific objectives:
  1. To guarantee universal access to quality FWBD-PCP intervention and services at all stages of the life
  2. To guarantee financial risk protection of clients availing diagnosis, management and treatment for FWBDs
  3. To guarantee a responsive service delivery network for the prevention and control of FWBDs

D. Program Strategies

• Strategy 1. Regulate and monitor food and water sanitation practices at the local level through enforcement of national and local legislations, application of appropriate technical standards and participation of non-government agencies.
• Strategy 2. Sustain inter-agency collaboration to fast-track sanitation infrastructure development in poor urban areas and in rural areas with low access to safe water and sanitation facilities.
• Strategy 3. Promote personal hygiene, food and water sanitation practices and the principles of environmental health.
• Strategy 4. Promote the use of ORS in the management of diarrhea to prevent dehydration, especially among infants and children.
• Strategy 5. Promote breastfeeding and other good feeding practices for infants and children.
• Strategy 6. Continue training of health personnel in the early diagnosis and treatment of food-borne and waterborne diseases.
• Strategy 7. Continue nationwide information campaign for the prevention and control of food-borne and waterborne diseases.

E. 2019 Activities

E.1. Logistics Allocation:
• Typhoid test kit
• Augmentation drugs and medicines to hospitals and RHUs
• IEC materials
• Water disinfectants

E.2. Health Promotion and Advocacy
• Global Handwashing Day Advocacy
• Integration of FWBDPCP advocacies in other related programs

E.3. Integrated On-site Program Monitoring and Mentoring
• Monitoring of targeted priority areas

F. 2018 Accomplishments

F.1. Capability Building
• Orientation of new RSIs on food safety and hygiene during WASH trainings
• Ride-on orientation on FWBD during orientation of RSIs on PD 856

F.2. Logistics Allocation
• Typhoid and cholera test kit
• Augmentation drugs and medicines to hospitals and RHUs
• IEC materials
• Water disinfectants
F.3. Health promotion and Advocacy
• Radio plugging at provincial level of food and water-borne diseases prevention and control measures
• Integrated PIR on EOH, FWBD and Soil Transmitted Helminths
F.4. Program Monitoring and mentoring of priority areas
• Monitoring of targeted priority areas (19 municipalities)

G. Future Plans/Strategies
G.1. Capability building and Advocacy Activity
• Orientation on new FWBD policies
• Orientation on Cholera RDT Kit
• Orientation of RSI on Food safety and sanitation during WASH trainings
G.2. Allocation of Resources
• Typhoid test kit
• Drugs and Medicines
• Water disinfectants
• IEC materials
G.3. Strengthen health literacy/information at municipal and barangay levels
G.4. Monitoring and onsite mentoring
G.5. Strengthen and Integrated Health Promotion Advocacy of Sanitation and Hygiene
A. Background

Emerging and re-emerging infections (e.g., SARS, meningococcemia, Avian Influenza or bird flu, A (H1N1) virus infection) threaten countries all over the world. Emerging infections is defined as newly diagnosed or previously unknown infections. This may include new or drug-resistant infections whose incidence in humans has increased within the past two decades or whose incidence threatens to increase in the near future. Re-emerging infections are defined as secondary to the reappearance of a previously eliminated infection or an unexpected increase in the number of a previously known infectious disease.

In 2003, SARS affected at least 30 countries with most of the countries from Asia. In response to its sudden and unexpected emergence, quarantine and isolation measures and rapid contract tracing were carried out. The Philippines was able to minimize the impact of SARS through effective information dissemination, risk communication, and efficient conduct of measures.

The unexpected and unusual increase in cases of meningococcal disease (meningococcemia as the predominant form) in the Cordillera Autonomous Region resulted to at least 50% of cases in the early stage of occurrence.

In 2009, the influenza A (H1N1) virus infection led to global epidemic, or most popularly known as pandemic. On June 11, 2009, a full pandemic alert was declared by the World Health Organization (WHO).

However, some local health offices from many provinces were not able to respond effectively and rapidly. With the lack of strong linkages and coordinating mechanisms, the Department of Health (DOH) hopes to further improve the functionality and effectiveness of local response systems.

Efforts to prepare for emerging infections with potential for causing high morbidity and mortality are being done by the program. Applicable prevention and control measures are being integrated while the existing systems and organizational structures are further strengthened.

The community is the source of outbreaks and is determined only when they are admitted in the hospitals. Policies have been disseminated to the rural and urban health units for its preparedness for upcoming outbreaks. It is a fact that emergence or re-emergence of an outbreak is inevitable.

The National Objectives for Health (NOH) 2011-2016 contains the strategic plan that the health sector plans to achieve. Activities are integrated with those of the Epidemiology Surveillance Unit and Health Promotions Unit.

B. Program Thrusts:

Vision: A health system that is resilient, capable to prevent, detect and respond to the public health threats caused by emerging and re-emerging infectious diseases.

Mission: Provide and strengthen an integrated, responsive, and collaborative health system on emerging and re-emerging infectious diseases towards a healthy and bio-secure country.

Overall Goal: Prevention and control of emerging and re-emerging infectious disease from becoming public health problems, as indicated by EREID case fatality rate of less than one percent.

C. Objective

General objective:
- To strengthen the existing surveillance and response structures in both the hospital and community health unit to prepare, detect and manage EREID in the community.

Specific objective:
1. To enhance capacities of health facilities to enhance case detection and response;
2. To conduct visits by monitoring, coaching and mentoring prioritized health facilities
3. To enhance capacities of health facilities and local health units to prepare for emerging and re-emerging infectious diseases (EREID);
4. To inform the community to take action for health, through tri media campaigns and issuances of health advisories.
D. Program Strategies:
1. **Policy Development:** Development of systems, policies, standards, and guidelines for preparedness and response to emerging diseases.
   - Establish updated, relevant, and implementable policies on EREID providing the overall direction in implementing the different Program components for all the network of health providers and facilities.

2. **Resource Management and Mobilization:** Effectively manage and mobilize available resources from the DOH and partners needed in EREID detection, preparedness, and response.

3. **Coordinated Networks of Facilities:** Organize adequate and efficient system of coordination among network of facilities needed in EREID detection, preparedness, and response within the context of integrated health service delivery system at national and sub-national levels.

4. **Building Health Human Resource Capacity:** Health care professionals skilled and competent in detection and management of EREID cases, and providing psychosocial support supervision and risk communication at the national and sub-national levels.

5. **Establishment of Logistics Management System:** Manage the procurement and distribution of logistics for EREID detection, preparedness and response under each mode of disease transmission.

6. **Managing Information to Enhance Disease Surveillance:** Improve case detection and surveillance of EREID to prevent and or minimize its entry and spread and to mitigate the possible effects of widespread community transmission.

7. **Improving Risk Communication and Advocacy:** Institute a risk communication and advocacy system that is factual, timely and localized is established at the national and sub-national level.

E. 2019 Activities:
1. Capacity building Activities:
   a. Surveillance and HEMS trainings

2. Inventory and Augmentation of Resources (EREID Program and HEMS Unit)
   2.1. Allocation of buffer stocks of commodities for EREID Cases
   a. Test kits (Hepatitis B)
   b. Drugs and Medicines
   c. Vaccines (Hepa B vaccine)
   d. PPEs
   2. 2. Regular updating of inventory of EREID related supplies

3. Advocacy Campaigns
   a. Distribution of various developed IEC materials c/o HEPO
   b. Development of Risk Communication Plans

4. Monitoring and onsite mentoring/ coaching

5. Continue surveillance activities c/o RESU

F. 2018 Accomplishments:
1. Inventory of Quick Response teams trained for Ebola and MERS CoV updated

2. Evaluated the hospital Preparedness Status of DOH-Retained Hospitals and Main Hospitals in Populated Provinces (Baguio and Benguet)

3. Updated inventory of facilities with trained personnel on Basic Epidemiology and Outbreak investigation.

4. Inventory of facilities with trained personnel on the establishment of a Rapid Response Team (RRT)

5. Allocation of Resources:
   - Personal Protective Equipment (PPE), Laboratory reagents and test kits, Drugs, Medicines and vaccines (Meningococcemia,

6. Advocacy Activities:
   - Conduct of Interagency Taskforce Meeting
   - Provision of various IEC materials and radio plugs or newsprint advisories
   - Provision of Philippine Manual

7. Other Health Promotion Campaigns:
   - Development of Flyers and Posters on the following:
     - Ebola
     - Anthrax
     - Hepatitis B
     - Some Vaccine Preventable Diseases (VPDs) such as Diphtheria, Pertussis and Measles

G. Future Plans/ Strategies:
   Development of a One Health Approach in managing EREID cases. This involves the joint participation of the HEMS, HEPO, RESU and EREID Programs/ Units as response.
ENVIRONMENTAL & OCCUPATIONAL HEALTH PROGRAM
Engr. Nelson G. Cara, Engineer III - Program Coordinator

A. Background
Water and sanitation has always been universally known as indicators for health. The burden of environmental health related diseases in most cases are due to lack of safe and potable drinking water aggravated by the lack of sanitary toilets or poor sanitation facilities. Sustainable Development Goal (SDG) # 6 ensure availability and sustainable management of water and sanitation for all. Achieve universal and equitable access to safe and affordable drinking water for all by 2030 and achieving the 12 legacies.

B. New Program Thrust: None

C. Objectives
- To promote and protect the health of the people by initiating sustainable water supply and sanitation programs/projects.
  Mission/Goal:
  • To improve environmental health conditions in the region
  • To reduce morbidity and mortality from exposure to environmental health hazards.

Overall Program Objectives:
- All LGUs have their own local sustainable sanitation plan
- 38.10% of households in all cities/municipalities are with safely managed drinking water services by 2019
- 16% of households in all cities/municipalities have safely managed sanitation services by 2019
- All LGUs have Local Drinking Water Quality Monitoring Committees
- All water service providers have Water Safety Plan
- All food establishment/public places are complying to the sanitary permit requirements

D. Program Strategies
Strategies done to improve Environmental Sanitation in the Cordillera:
1. Meetings and Trainings Provided:
   • Regional Inter-Agency Committee on Environmental in Health (RIACEH) - CAR
   • Water & Sanitation Hygiene (WASH)
2. Provision of Logistics:
   • Toilet Bowls
   • Chlorine Granules
   • Troclesene Sodium (Aquatab)
   • Water Reagents (Chemical and Bacteriological)
3. PIR (Regionwide)
4. Construction of Public Toilet Facilities
5. Health Promotion and Advocacy
   • Global Handwashing Day
6. Regulation of Water Refilling Stations, Water Supply, Environmental and Sanitation, Private/Public Burial Grounds, and Disinterment or Exhumation of remains

E. Regional Target 2019:
- 38.10% of Households with safely managed drinking water services and;
- 6% of Households with safely managed sanitation services
A. Background

Rabies remains to be a public health problem in the Philippines. It is the most acutely fatal infectious disease responsible for the death of 200-250 Filipinos every year. At least one-third of human rabies deaths are among children less than 15 years of age. Two thirds or human rabies cases are males. Dogs are the sources of the vast majority of human rabies deaths. The high cost of anti-rabies vaccine and immunoglobulin, expenditure for medical consultations and the loss of income are an additional burden to a regular Filipino family confronted with a potential rabies exposure.

B. Program Thrust

**Diagnosis and Treatment**

In 2018, out of 29,105 animal bite patients who consulted, 28,513(97.9%) were categories II and III and 26,278(92%) availed of anti-rabies vaccine. For CAT II, out of 15,197 who were registered cases, 12,061(79%) completed the days, 0, 3 and 7 post exposure prophylaxis and 144(0.9%) were not able to avail any anti-rabies vaccination. For CAT III, 8,062 were registered cases and 5,149(63.8%) received Rabies Immunoglobulin (RIG). 7,059(87.5%) completed days 0,3 and 7 visits, while 52(.64%) did not avail of anti-rabies vaccination.

**Washing of Wounds with soap and water**

Wound care is part of rabies exposure management wherein the bite wound should be washed immediately with soap and water preferably for 10 -15 minutes.

In 2018, 5,149(63.8%) out of 8,062 were given ERIG.

**Animal rabies situation**

In 2018, only Kalinga and Tabuk reached the 80% target dog vaccination coverage. The overall coverage of all the provinces were higher at 60% as compared to 2017.

Biting animals are still the dogs (91-92%) followed by cats (6.8 & 8.3%) and others like pigs, horse, cattle and goats (1.3-1%) respectively.

C. Program Objectives/ Targets:

- Vision: Rabies Free Philippines by 2022
- Vision for CAR: Rabies –free Cordillera by 2022
- Goal: The goal of the program is to eliminate rabies in the Philippines and declare a Rabies-free Philippines by year 2022.
- Goal for Region CAR: To declare Baguio City and Benguet as Rabies-free in 2022

The National Rabies Prevention and Control Program has the following objectives:

1. Reducing the Mortality Rate to <1.5 per million population
2. 90% Post-Exposure Prophylaxis (PEP) Completion Rate
3. 40% Rabies Immunoglobulin (RIG) Coverage
4. 90% of bite victims washed with soap and water

D. Program Strategies:

1. Support to dog mass vaccination program of DA
2. Advocacy campaign on Rabies (Rabies Awareness Month in March and World Rabies Day in September)
3. Provision of pre-exposure prophylaxis treatment to high risk personnel and post exposure prophylaxis to animal bite victims thru Animal Bite Treatment Centers
4. Capacity building and technical support in the establishment of ABTCs
5. Establishment of a central base system for registered and vaccinated dogs

E. 2019 Activities:

1. Provision of Pre-exposure and post-exposure prophylaxis through Animal Bite Treatment Centers
2. Assessment of ABTCs for renewal of Certificates
3. Training of staff on Animal Bite Treatment Centers (1 batch)
4. Conduct of Rabies meetings (February and August)
5. Fund support for Rabies Awareness Month (March) and World Rabies Day Activities (September) to Apayao, Abra, Kalinga, Mt. Province, Benguet and Ifugao
6. Attendance to Rabies Task Force meetings of Department of Agriculture
7. Participation and news add to Rabies Awareness month (March), World Rabies Day (September)
8. Monitoring and supervision of ABTCs
9. Reactivation meeting for Rabies Task Force of Benguet and Baguio City.

F. 2018 Accomplishments
1. Provision of Pre-exposure and post-exposure prophylaxis through Animal Bite Treatment Centers
2. Assessment of ABTCs for renewal of Certificates
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7. Participation and news add to Rabies Awareness month (March), World Rabies Day (September)
8. Monitoring and supervision of ABTCs
9. Participation in the “Gawad Kalusugan Award” in recognition for Rabies-Free Municipality

G. Program Campaign/Logo
NATIONAL LEPROSY CONTROL PROGRAM
Clint Gil S. Ildefonso, RMT, MSPH
SHPO - Program Coordinator

A. Background

The National Leprosy Control Program (NLCP) is a multi-agency effort to control Leprosy in the country with private and public partnership in achieving its goals to lessen the burden of the disease and its mission to have a leprosy-free country.

The status of leprosy in the Philippines, has been considered to be not a public threat anymore at the National level prompting the public health sector to successfully declare leprosy not a burden in the majority of our communities, but still an area of concern at the sub-national level. The NLCP envisions the prevention of disabilities among newly diagnosed cases and practical models on attaining program targets in a devolved set-up, among others, by working around the principles of the FOURmula One Plus for Health Framework or F1plus which focuses on service delivery by ensuring the accessibility of essential quality health services at all levels, thereby, preventing the spread of leprosy through the treatment of existing cases.

The National Leprosy Control Program in coordination with the Research Institute for Tropical Medicine (RITM) has started the National Leprosy Baseline Survey this year (2018) and expected to be completed in 2019. This will help the program in prioritizing augmentation in areas with high prevalence rate. This will also give a real picture of the country’s status in maintaining the elimination level of leprosy cases.

Continuous support has been given to all new MB and PB cases through provision of supportive drugs from the NLCP and Multidrug Therapy (MDT) from World Health Organization (WHO).

B. New Program Thrusts

- To scale up participation in the WHO’s call for working towards common goal of reducing the disease burden due to leprosy and its detrimental physical, social and economic consequences in order to move closer to achieving the common dream of ‘world without leprosy’.

C. Objectives: (General and Specific)

- To improve access and utilization of quality health care services and maintain the Prevalence Rate to at least less than 1/10,000 population until 2022.
- To further reduce the disease burden and sustain provision of high-quality leprosy services for all affected communities ensuring that the principle of equity and social justice are followed.
- To decrease by 50% the identified hyper endemic cities and municipalities.

D. Program Strategies

- Strengthen local government ownership, coordination and partnership
  - Ensuring political commitment and adequate resources for leprosy programs at all levels
  - Contributing to UHC with a special focus on children, women and underserved populations including migrants and displaced people.
  - Promoting partnerships with state and non-state actors and promote inter-sectoral collaboration and partnerships at the international, national and sub-national level
  - Facilitating and conducting basic and operational research in all aspects of leprosy and maximize the evidence base to inform policies, strategies and activities.
  - Strengthening surveillance and health information systems for program monitoring and evaluation (including geographical information systems)
- Stop leprosy and its complications
  - Strengthening patient education and community awareness on leprosy.
  - Promoting early case detection through active case-finding (e.g. campaigns) in areas of higher endemicity and contact management.
  - Ensuring prompt start and adherence to treatment, including working towards improved treatment regimens
  - Improving and management of disabilities.
  - Strengthening surveillance for antimicrobial resistance including laboratory network.
  - Promoting innovative approaches for training, referrals and sustaining expertise in leprosy such e-Health (LEARNS)
  - Promoting interventions for the prevention of infection and disease. -Chemoprophylaxis
- Stop discrimination and promote inclusion
  - Promoting societal inclusion through addressing all forms of discrimination and stigma
  - Empowering persons affected by leprosy and strengthen their capacity to participate actively in leprosy services. -CLAP
Involving communities in actions for improvement of leprosy services.
Promoting coalition-building among persons affected by leprosy and encourage the integration of these coalitions and or their members with other CBOs.
Promoting access to social and financial support services, e.g. to facilitate income generation, for persons affected by leprosy and their families.
Supporting community-based rehabilitation for people with leprosy related disabilities
Monitoring
  Monitoring of data is needed.
Capability Building
  The Department of Health provides trainings to health personnel involved in the implementation of the program.

E. 2019 Activities
  Sustained provision of logistic support (Anti Leprosy drugs, Ointments, Herbal Soaps) for Kilatis Kutis/ Leprosy elimination campaigns activities in the different LGUs with focus on male Cordilleran’s in the 7 provinces/city.
  Improve case detection.
  Strengthen collaboration and Good partnership with LGUs and other stakeholders especially in endemic areas.
  Sustained IEC/Advocacy activities with focus on male Cordilleran’s in the 7 provinces/city.
  Capability building for health workers (continue to send them at RITM)
  Monitoring and evaluation through field visits and program implementation reviews.
  Functionalize a post-elimination surveillance system.
  Recognition of Municipalities with Leprosy Free Initiatives

F. 2018 Accomplishments
  For the past six years, 2008 – 2013, CAR has achieved the Program goal of eliminating Leprosy as a public health problem both at the regional and provincial levels by sustaining a Prevalence Rate of less than 1 case per 10,000 population.
  One or two municipalities have a PR of more than 1/10,000 population.
  An average of 19 cases is being discovered yearly.
  Abra have five cases, four for Apayao, two case for Benguet, one for Kalinga, and six for Baguio City, totaling to nineteen for 2018 totaling to 18 new leprosy cases for the entire region in 2018.
  The 2018 regional leprosy prevalence rate is .08/10,000 population, 0.84 case detection rate and 90% treatment completion rate.

G. Future Plans/Strategies (2020-2022)
  Sustained provision of logistic support (Anti Leprosy drugs, Ointments, Herbal Soaps) for 2 rounds of Kilatis Kutis/ Modified Leprosy elimination campaigns activities in the different LGUs
  Issuance of program policies and guidelines from DOH-CO
  Improve case detection and post-elimination surveillance system.
  Strengthen collaboration and Good partnership advocacy/IEC to the LGUs and other stakeholders especially in endemic areas.
  Capability building for health workers
  Monitoring and evaluation through field visits and integrated program implementation reviews
A. Overview and Objectives of the Program:

According to the World Health Organization (WHO), nearly a million people currently acquire STIs which includes the Human Immunodeficiency Virus (HIV) globally. The presence in a person of other STIs greatly increases the risk of acquiring or transmitting HIV. It is initially seen among what we call key populations which include Males who have Sex with Males (MSM), Transgender (TG), People Who Inject Drugs (PWID) and Freelance Sex Workers (FSW).

The Philippines is one of the countries with rapidly increasing HIV/ AIDS cases. Here in the Cordillera, a total of 490 cases has been diagnosed from 1984 to December 2018. CAR is the 15th out of 16 regions with the least HIV incidence in the country. In 2018, it is among the top three with the highest number of key population particularly those Men Having Sex with Men (MSM) who have been screened for HIV.

As per national target, CAR is in the bottom two regions with the lowest number of HIV prevalence (22 per 100,000) compared to the national target as it has maintained a prevalence lower than 66 per 100,000. Most of the diagnosed HIV cases are from Baguio City (65.51%), Abra (11.43%) and Benguet (12.04%). These areas are considered to be highly urbanized or densely populated. Also, the issuance promoting Community-based HIV screening has been approved in the 4th quarter of 2017. With various orientations at the provinces, its implementation was evident in 2018. This could have contributed to the increase in case detection seen in the present year. Nonetheless, it cannot be discounted that continued practice of risky sexual behaviors has continually contributed to the spread of the disease even before HIV case detection has been boosted by policies by the health sector.

Furthermore, the most affected age groups belong to the 25-34 y/o with 47% (232/490), 15-24 y/o with 26.32% (129/490) and 35-49 y/o with 22.65% (111/490) respectively. Moreover, HIV is mostly transmitted by Males having Sex with Males (MSM) with 78.16% (383/490) of HIV diagnosed cases.

B. New Program Thrusts:

Goal: By 2020, the country will have maintained a prevalence of less than 66 HIV cases per 100,000 population by preventing the further spread of HIV infection and providing treatment care and support to reduce the impact of the disease on individuals, families, sectors and communities.

C. Objectives:

Purpose (Outcome): To contain and prevent the further spread of HIV among key populations with four (4) strategies that enabled strengthened delivery of essential services (prevention, treatment and care interventions).

D. Program Strategies

1. Continuum of HIV/ STI prevention, diagnosis, treatment and care services to key populations.
2. Health promotion and Communication on HIV and STI Prevention and Care Services.
3. Enhanced strategic information systems.
4. Strengthened health system platform for broader health outcomes.

E. 2019 Notable Activities:

2. Establishment of a DOH-CAR HIV Screening Clinic (RTC, DOH-CAR Office) starting 2019
   Operating Hours: 9AM-4PM, Monday-Friday
3. Expanding Treatment Hubs:
   • Current: 1 (BGHMC)
   • Currently provided with Technical Assistance (still for final assessment and endorsement by Sem 2):
     • Notre dame de Chartres
     • Baguio HSO
   • Future Expansion Plans: Benguet General Hospital, Luis Hora Memorial Regional Hospital
4. Launching of “Safe Places Project” in Priority sites (BC and Benguet)
   • Goal: Increase accessibility and utilization of condoms among Most-At-Risk Populations especially MSMs
   • Concept: Partnership with private establishments in distributing key prevention logistics (condom) for STI and HIV prevention
• Initiated in May, 2019
• Services Provided: Free condom distribution, referral of HIV testing to facilities or DOH-CAR clinic
• Key Locations: A. BAGUIO CITY (9)
  1. Sab-atan Inn
  2. Diamond Inn
  3. Theas Salon
  4. Dap-ay Massage and Bar
  5. TP Extension
  6. Bitter Snack Bar
  7. Chill Restobar
  8. Yanganots Bar
  9. Twinkle Star Salon

B. BENGUET (4)
  1. Glitz and Gab Salon
  2. Khaira Unwind and Wind Bar
  3. Tons Tavern Bar
  4. Old West Acoustic Music Bar

5. Development of an Interactive Radio Show since 2018 for BC and Benguet audience
   • 2018: Monthly (January-Dec)
   • 2019: May (AIDS Candlelight Commemoration) and November (in Celebration of the World AIDS Day in Dec)

6. Strengthening Community HIV Prevention Mobilization

<table>
<thead>
<tr>
<th>Year</th>
<th>Accomplishment</th>
</tr>
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<tbody>
<tr>
<td>2017 (baseline)</td>
<td>14,259</td>
</tr>
<tr>
<td>2018</td>
<td>24,384</td>
</tr>
</tbody>
</table>

F. 2018 Activities:
• Procurement and distribution of condoms and logistics (condoms, lubricants etc) to key populations
• Promotion and conduct of HIV Screening
• Capability Building Activities:
  • Conduct of HIV Counselling to Testing Training
  • Funding for renewal orientation of most HIV Proficient medical Technologists in government hospitals in CAR
  • Orientation of priority LGUs (Baguio, Benguet) on the new guideline in conducting HIV screening in the community among Most-At-Risk Populations.

Integration of HIV awareness and testing in various program activities such as TB, MCH and NCD Province/ City

**HIV Cases**

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<tbody>
<tr>
<td>Abra</td>
<td>56</td>
<td>60% (16/27)</td>
<td>1,168</td>
<td>2 Facilities capacitated with HIV Counsellors: 36 (2016) improved to 60 (2018)</td>
<td>2017-2018: Implemented Community-based Screening (high screening mostly in Baguio City, Benguet due to Community-based Organizations (CBO) like Metropolitan Church of Christ (MCC) and DOH-CAR Community Mobilizers - Increased access to information and HIV Counselling through the establishment of the DOH-CAR mobile hotline and social media account</td>
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<tr>
<td>Agusan</td>
<td>13</td>
<td>43% (3/7)</td>
<td>7,190</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Benguet</td>
<td>59</td>
<td>75% (9/13)</td>
<td>6,475</td>
<td>11 F</td>
<td></td>
</tr>
<tr>
<td>Bukidnon</td>
<td>241</td>
<td>No breakdown of districts affected</td>
<td>6,325</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>Ifugao</td>
<td>16</td>
<td>54% (6/11)</td>
<td>3,992</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Kalinga</td>
<td>14</td>
<td>26% (3/12)</td>
<td>7,673</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Sip</td>
<td>11</td>
<td>60% (6/15)</td>
<td>5,337</td>
<td>4</td>
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<tr>
<td>HIV Program</td>
<td>N/A</td>
<td>N/A</td>
<td>1,668</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>TB Program</td>
<td>40</td>
<td>N/A</td>
<td>606</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>CAR</td>
<td>490</td>
<td>53% (265/4278)</td>
<td>31,741</td>
<td>46</td>
<td></td>
</tr>
</tbody>
</table>

- Increased access to information and HIV Counselling through the establishment of the DOH-CAR mobile hotline and social media account

- Health Promotion:
  • Expansion of radio plugging regionwide (emphasis on testing sites per province/city)
  • Interactive HIV/ AIDS Radio Program- inviting other resource speakers as well to add variety to topics covered
  • Conduct of HIV Testing Advocacy during festivals, local events, etc such as the Baguio Flower Festival every February.
  • Conduct/ support to the commemoration of the AIDS Candlelight every May and the World AIDS Day every December in all provinces/ city in CAR. Support to HIV Summit provincial initiatives.
  • Sustain HIV/ AIDS Mobile Hotline
  • Expand number of community mobilizers to conduct HIV awareness and HIV screening.
  • Maintain social media account on HIV/ AIDS Support Group
  • Development of culturally sensitive localized HIV Counselling and Testing brochure emphasizing on STI HIV/ AIDS prevention, testing sites and treatment hub in CAR.
  • Promotion of STI HIV/ AIDS testing facilities through the reproduction and distribution of the following:
    a. HIV testing signages
    b. HIV/ AIDS Testing Site and mobile hotline advertisement via stickers for public areas or PUJs
  • Distribution of newly developed AVP materials and informercials to provinces/ city.
  • Enhanced strategic information systems:
    • Mapping out facilities (manpower, ST HIV/ AIDS services provided) capable of providing related services
    • Conduct of monitoring visits, coaching and mentoring
  • Conduct of Local Dissemination Forum to Local Chief Executives with the goal of establishing HIV/ AIDS Councils in
municipalities with increasing HIV cases
• Conduct of orientation of SK Youth Leaders in Baguio City and areas in Benguet
• Conduct of STI HIV/ AIDS Consultative Meeting cum Program Implementation Review
• Strengthened health system platform for broader health outcomes
  - Promotion of Services Delivery Network (SDN)
  - Conduct of Regional AIDS Assistance Team (RAAT) quarterly meetings
  - Sustain timely submission of monthly logistics requisition report from treatment hub.
  - Promotion of the establishment/ sustenance of functionality of Local AIDS Councils in coordination with DILG promoted during the Local Dissemination Forum for LCEs
  - Lobby to LGU the implementation of HIV Screening in health facilities.

G. FUTURE PLANS/ STRATEGIES (2020-2022)
1. Continuum of HIV/ STI prevention, diagnostic, treatment and care services to key populations: (Training- e.g HIV counseling and testing, Reagents and Medicines)
   • This was among the identified needs as part of STI health services to prevent the sudden increasing number of STI cases in their catchment areas. This also involves STI health service delivery from prevention to treatment, not only in the municipalities but in the hospitals as well. Examples are a) the Prevention of Maternal to Child Transmission (PMTCT) of syphilis and HIV and the use of the Syndromic Approach. This also involves supporting the Treatment hub.
2. Expand the platform for publicizing STI services
   • The health services in our trained facilities has to be promoted to increase consultations, enrollment to support and care services, thereby decreasing the further spread of STIs and HIV; the key population will be informed through their peers, hence the training for Peer educators. Other avenues for information dissemination must also be explored such as local celebrations, strategically setting-up mobile service ports, hospital or school events, mobile testing at establishments (call centers, bars, jails, caravans etc).
3. Enhance strategic information
   For the LGU to continuously conduct the following:
   a. Monitor and prevent the spread of STI case in their areas, and to conduct mapping of key affected population in coordination with HIV Surveillance
   b. Organize, analyze and use their own data to intensify and customize strategies
   c. Launch mobile application of testing and referral sites
4. Strengthen health system platform for broader health outcomes
   • This is to institutionalize and sustain local responses not only in the LGUs but also at the regional level. This includes the establishment, monitoring and maintenance of an RTI/ STI database for the program to be part of the system. Examples are the sustenance of the Regional AIDS Assistance Team (RAAT), celebration of calendar activities (AIDS Candle light Memorial Celebration and the World AIDS Day) and initiation of the local AIDS councils at the LGU level.
5. Expansion of STI HIV/ AIDS service delivery spots through the following:
   a. Support operations of the STI HIV/ AIDS hotline and online HIV counselling
   b. Support to provincial/ city mobile testing initiatives
   c. Increase collaboration with LGUs and NGOs in the conduct of community HIV screening (community or facility based) with emphasis to proper counseling and referral to prevent loss to care.
   d. Promotion of the creation of sundown clinics.
   e. Establishment of Rapid HIV Diagnostic (rHIVda sites) with prioritization per year as per guideline of the DOH-Central Office
6. Ensuring continuous supply of logistics to health facilities providing STI and HIV services. A logistics supply management system or mechanism will be placed in these facilities to ensure good flow of supply and demand.
7. Expand tri-media advocacy campaigns on STI HIV/ AIDS prevention and management (radio shows, newsprint, social media, videos, awarding of best practices)
8. Expand “Safe Places” Project to increase condom availability and utilization in key populations.

H. Program Campaign/Logo
MENTAL HEALTH PROGRAM
Ms. Emily Quines, Nurse V - Program Coordinator

A. Background
Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. (WHO, 1999).

Mental, neurological and substance use (MNS) disorders account for 10.4% of the global disability-adjusted life years (DALYs) and 2.3% of global years like lost (YLL). Based on the 2015 Global Burden of Disease Study, they are the leading cause of years lived with disability (YLD) with 28.5% of YLDs. The World Health Organization (WHO) estimates that 154 million people suffer from depression and 25 million from schizophrenia. Around 877,000 people die from suicide every year. The global burden of disease attributable to alcohol and illicit drug use amounts to 5.4% of the total burden of disease with at least 15.3 million persons with drug use disorders.

In a 2004 WHO study, up to 60% of people attending primary care clinics daily in the Philippines are estimated to have one or more MNS disorders. Results of the 2000 census of population and housing showed that mental illness rank 3rd among the types of disabilities in the country.

Mental health and well-being is a concern of all. The attainment of a better quality of life through the promotion of mental health has now become an imperative and essential goal for all countries including our country. The Philippines has long been confronted with a volatile socio-economic condition compounded by natural and man-made disasters, garbage crisis and drug menace.

However, the provision of mental health services in the country has remained illness-oriented, institution based, fragmented, inadequate, inequitable, inaccessible, prohibitive, and neglected. The country’s investments in Mental Health is a priority under the present administration. The direction is to upgrade the facilities and to have a concept of community based Mental Health program.

In June 20, 2018, President Rodrigo Roa Duterte signed RA 11036 otherwise known as the Mental Health Act, an Act establishing a National Health Policy for the purpose of enhancing the delivery of integrated Mental Health services, promoting and protecting the Neurologic and psychosocial health services. This affirms the basic right of all Filipinos to mental health as well as the fundamental rights of people who require mental health services.

B. Objectives
• To promote participatory governance and leadership in mental health
• To strengthen coverage of mental health services through multi-sectoral partnership to provide high quality services aiming at best patient experience in a responsive service delivery network
• To leverage quality data for mental health

C. Program Strategies
• Capacity building of all health stakeholders and partners
• Provision of drugs and medicines to augment the needs of the LGUs
• Monitoring and evaluation
• Strengthen mental health awareness and campaigns through advocacy and IEC
• Coordination with partnership with partner agencies/institutions

D. 2019 Activities
• Monitoring of facilities
• Provision of drugs and Medicines to augment needs of facilities
• Advocacy in the community and schools in coordination with other programs and BGHMC, Psychiatry Department
• Attendance to National trainings/seminars/workshops

E. 2018 Accomplishments:
Table 1. Cases seen at the Rural
(See Next Page)
Figure above shows the new cases seen at the different Rural Healths Units as an offshoot of their training on Mental Health gap (MHgap). This shows that Schizophrenia is affecting male than female, followed by Depression that also affects the male than female ages 20 and above.

F. Future Plans/Strategies (2020-2022)
- Monitoring of facilities
- Continuously advocating the program to the stakeholders
- Training / family education of family members in the care of a person with mental health disorder

H. Program Logo
A. Background
- Persons with Disabilities (PWDs) according to the UN Convention on the Rights of Persons with Disabilities (UNCRPD), include those who have long term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.
- Globally, over 1 billion people, or approximately 15% of the world’s population have some form of disability.
- 80% of the world’s PWDs live in low-income countries, wherein majority of are poor and cannot access basic services.
- In the Philippines, the 2010 Census of Population and Housing show that of the household population of 92.1M, 1.443 million Filipinos or 1.57% has a disability.
- CAR had the lowest number of 26,000 PWDs.

**Vision:** A country where all persons with disabilities, including their children and their families have full access to inclusive health and rehabilitation services

**Mission:** A program designed to promote the highest attainable standards of health and wellness for PWDs by fostering a multi-sectoral approach towards a disability inclusive health agenda.

B. Objectives:
- To address barriers and improve access and reasonable accommodation of PWDs to health care services and programs.
- To ensure the accessibility, availability, appropriateness and affordability of habilitation and rehabilitation services for PWDS including children with disabilities.
- To ensure development and implementation of policies and guidelines, health service packages, including financing and provider payment schemes for health services of PWDS
- To strengthen collaboration and synergy with and among stakeholders and sectors of society to improve response to a disability inclusive health agenda through regular dialogues and interactions
- To provide the mechanism in facilitating the collection, analysis and dissemination of reliable, timely and complete data and researches on health related

C. Program Strategies
- Intensify advocacy
- Strengthening PRPWD system

D. 2019 Activities
- Celebration of the 41st NDPR Week
- Quarterly On-site visits/monitoring to health facilities for assessment of the implementation of the program
- Semi-annual Consultative Meeting with the PWD Federation
- Orientation on PRPWD for MSWDO

E. 2018 Accomplishments
- Conduct of the Training on Basic Life Support and Standard First Aid Training for PWDs
- Funding Support to the conduct of the Early Detection, Prevention and Intervention of Disabilities in Children
- Celebration of the 40th NDPR Week
- Support to the Paralympics in celebration of the White Cane Activity
- Quarterly On-site visits/monitoring to health facilities for assessment of the implementation of the program
- Semi-annual Consultative Meeting with the PWD Federation
- Provision of supplies for early detection of metabolic disorders (NBS Kits) in coordination with the NBS program
- Provision of PWD Hygiene and Health Kits for the celebration of NDPR week

F. Future Plans/Strategies: (2020-2022)
- Operationalization of the Philippine Registry for PWDs (municipal level)
- Orientation on PRPWD (MSWDO)
- On-site monitoring and visit to health facilities
- Capability building
PREVENTION OF BLINDNESS PROGRAM (PBP)
Ms. Aiden D. Bermisa, Pharmacist III - Program Coordinator

A. Background
   Blindness as a health problem leads to enormous human suffering, due to the loss of functional ability and self-esteem, and contributes to significant reduction of quality of life and shortened life span. It has considerable economic implications manifesting in loss of productivity and income, and can lead to social dependency.
   The 3rd Philippine National Survey of Blindness conducted in 2002 showed that about 3,500,000 (4.62%) Filipinos are visually impaired in one or both eyes.
   In the Philippines the top three main causes of bilateral blindness are cataract (62.1%), error of refraction (10.3%) and glaucoma (8.0%). The main causes of low vision are refractive errors (53%), cataract (40.8%) and maculopathy (2.2%).
   A comprehensive eye and visual health program is envisioned through effective disease control for avoidable blindness, capacity enhancement of government health facilities, provision of capable public health oriented eye care professionals and strategic partnerships.

Vision: All Filipinos enjoy the right to sight by 2020
Mission: The DOH, Local Health Units, partners and stakeholders commit to:
1. Provide access to quality eye care services for all
2. Strengthen partnerships among and with stakeholders to eliminate avoidable blindness in the Philippines
3. Empower communities to take proactive roles in the promotion of eye health and prevention of blindness
4. Work towards the preservation, restoration and rehabilitation of sight of indigent Filipinos as a strategy in poverty alleviation.
Goal: Reduce the prevalence of avoidable blindness in the Philippines through the provision of quality eye care.

B. Objectives:
   General objective:
   • To reduce current prevalence of bilateral blindness due to all causes to less than 0.5%
   Specific Objectives:
   • To reduce the prevalence of cataract blindness by 50% (by year 2016)
   • To reduce blindness and visual impairment due to refractive errors by 10% per year (by 2016)
   • To reduce the prevalence of blindness and visual impairment by 50% (by year 2016)

C. Program Strategies
   • Scale up of the Community Eye Health Project in the other provinces in each region to establish community eye health teams
   • Empower communities to take proactive roles in the promotion of eye health and prevention of blindness

D. 2019 Activities
   • Conduct of the Quarterly meeting of the Baguio Eye Health Team
   • Celebration of the Sight Saving Month (August)
   • On-site Visit and monitoring of Health Facilities on the implementation of the PBP
   • Conduct of Orientation on Primary Eye Care for the Prevention of Blindness for MHOs and PHNs (6 provinces and 1 city)

E. 2018 Accomplishments
   • Quarterly meeting of the Baguio Eye Health Team
   • Celebration of the Sight Saving Month (August)
   • On-site Visit and monitoring of Health Facilities on the implementation of the PBP
   • Orientation on Primary Eye Care for the Prevention of Blindness for BHWs (2 Batches)

F. Future Plans (2020-2022)
   • Strengthen partnerships among and with stakeholders to eliminate avoidable blindness in the Philippines.
   • Provide access to quality eye care services for all

G. Program Campaign/Logo

[Image of Program Logo]
A. Background

The Pharmaceutical Division has been created pursuant to RA 9502 otherwise known as the “Cheaper Medicines Act of 2008” with the goal to contribute to improving access to quality essential medicines.

To implement the goals, the Center has been assigned a line item in the DOH General Appropriations Act (GAA) “National Pharmaceutical Policy Development including Provision of Drugs and Medicines, Medical and Dental Supplies to make affordable quality drugs available”. The above line item is designed to support the implementation of the Cheaper Medicines Act of 2008. The said Policy Framework to Improve Medicines Access includes:

1. Safety, Efficacy and Quality
2. Availability and Affordability
3. Rational Use of Medicines
4. Accountability, Transparency & Good Governance
5. Health System Support

According to the World Health Organization in 2009, Philippines is experiencing an epidemiological shift wherein both communicable and non-communicable diseases (NCDs), with a predominance of NCDs, were the top leading causes of morbidity and mortality in the country, moreover based on the health facility survey conducted by the DOH and WHO, there was poor availability of affordable maintenance medicines for diseases like hypertension, diabetes, asthma, and COPD in the public sector.

Several issues contribute to this emerging problem such as lack of national and local financing for medicines, inefficient pharmaceutical procurement practices, poor management and lack of human resources to prescribe and dispense medicines at the point of service delivery. So as to reach the poorest segments of the population, the medicines are given for free to all patients in the access sites (RHUs/Health Centers and selected government hospitals)

- Medicines Access Programs:
  - DOH Maintenance Medicines for hypertension and Diabetes
  - Stroke Medicine Access Program
  - Childhood Cancer Medicine Access Program
  - Insulin Medicine Access Program
  - Stroke Medicine Access Program
  - Breast Cancer Medicine Access Program
  - Mental Health MAP
  - Botika ng Bayan

Others:
- Philippine National Formulary (PNF)
- Electronic Drug Price Monitoring System (EDPMS)
- Pharmaceutical Supply Chain Management (PSCM)
- Pharmacovigilance Information Management System (PVIMS)

B. New Program Thrusts

C. Objectives:

General objective:
- To achieve universal access to quality essential medicines by addressing the needs of the population especially the poorest of the poor for essential; medicines as a part of primary and secondary prevention especially for non-communicable disease

Specific Objectives:
- To improve supply side access to quality essential medicines
- To ensure rational use of medicines by prescribers, dispensers and patients
- To institutionalize transparency and good governance in the pricing and procurement of medicines

D. Program Strategies

- Conduct widespread public awareness and education campaigns in coordination with partners/stakeholders emphasizing the following:
  - safety, efficacy and quality of medicines
  - Rational use of medicine (RUM) including antimicrobial resistance (AMR)
• access to and appropriate prices of medicines
• cascade health and medicine information to the general public (DOH updates, regulations and standards)
• Strengthen implementation of generic policy
  • Conduct public education activities to promote knowledge of generic medicine
• Strengthen the implementation of cheaper medicine act of 2008
  • monitor compliance of stakeholders to electronic drug price monitoring system (edpms) and drug price reference index (dpri)
• Develop an efficient pharmaceutical supply chain management (PSCM)
  • capacitate personnel involved in pscm (selection of medicines, procurement process, good storage practices, inventory, distribution and use)
  • monitor consumption of medicines (public health programs) to be used as basis for selection and quantification through existing human resource for health.
• Regular monitoring and inventory of public health pharmacists to ensure availability of medicines
• Intensify local government support
  • provide technical support for improving efficiency and instituting good practices in the medicine supply chain management

E. 2019 Activities
• Conduct of Advocacy on Generic medicines (Celebration of Generics Awareness Month on September)
• Celebration of Philippine Antibiotic Awareness Week
• Conduct of Advocacy on Rational Use of Medicines
• Conduct of the Quarterly meeting
• Provision of IEC materials
• On-site Monitoring and Technical assistance to LGUs
• Quarterly meetings

F. 2018 Accomplishments
• Monitoring and Technical Assistance to LGUs and drug establishments
• Advocacy on Generics medicines and Rational Use of medicines in 6 provinces and Baguio City.
• Orientation on Pharmaceutical Supply Chain Management to RHU staff
• Orientation of Pharmacy Assistants
• Provision of posters and booklets to primary health care facilities and drug establishments
• Quarterly Meetings

G. Future Plans (2020-2022)
• Establish Botika ng Bayan in LGUs with Pharmacist, Pharmacy and storage area.
• Strengthen the implementation of Pharmacy law and Pharmaceutical Supply Chain Management in LGUs.
A. Background

The use of tobacco continues to be a major cause of health problems worldwide. The Philippine Global Adult Tobacco Survey conducted in 2009 (DOH, Philippines GATS Country Report, March 16, 2010) revealed that 28.3% (17.3 million) of the population aged 15 years old and over currently smoke tobacco. Eighty percent of these current smokers are daily smokers with men and women smoking an average of 11.3 and 7 sticks of cigarettes per day respectively. The survey also revealed that among daily smokers, 21.5% have quit smoking. Among those who smoked in the last 12 months, 47.8% made a quit attempt, 12.3% stated they used counseling and or advise as their cessation method, but only 4.5% successfully quit.

Among current cigarette smokers, 60.6% stated they are interested in quitting, translating to around 10 million Filipinos needing help to quit smoking as of the moment. The above scenario dictates the great need to build the capacity of health workers to help smokers quit smoking, thus the need for the Department of Health to set up a national infrastructure to help smokers quit smoking.

The national smoking infrastructure is mandated by the Tobacco Regulations Act which orders the Department of Health to set up withdrawal clinics. As such DOH Administrative Order No. 122 s. 2003 titled The Smoking Cessation Program to support the National Tobacco Control and Healthy Lifestyle Program allowed the setting up of the National Smoking Cessation Program.

B. New Program Thrusts: None

C. Objectives:

• To intensify knowledge, attitude and practices (KAP) of the public on healthy lifestyle
• To promote and advocate smoking cessation
• To provide smoking cessation services to current smokers interested in quitting the habit.

D. Program Strategies: In bullet form

• Intensify health education on healthy lifestyle
• Strengthen health promotion on smoking cessation
• Ensure collaboration and partnership among stakeholders in the prevention and control of tobacco smoking
• Provision of training on Smoking Cessation and Brief Tobacco Intervention to health care providers

E. 2019 Activities (In bullet form)

• Conduct of MPOWER with Brief Tobacco Intervention Skills
• Health education on healthy lifestyle
• Advocacy for a smoke-free environment

F. 2018 Accomplishments: In bullet form

• Conduct of training on MPOWER and Smoking Cessation
• Advocacy for a smoke-free environment
• Health education on healthy lifestyle (Pilipinas Go4Health- “go smoke-free,” “go sustansya,” “go sigla” and “go slow sa tagay”)

G. Future Plans/Strategies (2020-2022)

• Creation of a Regional Tobacco Control Network
• Increase establishment of smoking cessation clinics in the region
• Establishment of a referral network among local and neighboring health facilities on smoking cessation

H. Program Campaign/Logo
A. Background

The Renal Disease Control Program (REDCOP) is in-charge of implementing the National Kidney and Transplant Institute’s (NKTI) public health projects on the prevention and control of kidney and other related diseases. It also administers and manages the Philippine Renal Disease Registry (PRDR).

Its vision is to be a globally recognized premier center of advancements in transplantation, renal and other end-organ diseases providing cost-effective and multidisciplinary care for all.

B. New Program Thrusts: None

C. Objectives:

- To assist health workers on the proper and timely diagnosis, management, and referral of cases.
- To participate in research studies related to kidney diseases
- To recommend to lawmakers and policy makers on Renal Health matters.
- To establish an efficient and effective networking system with other programs and agencies, societies, organizations and offices.

D. Program Strategies: In bullet form

- Integrate program on prevention of End-Stage Renal Disease (ESRD) with the healthy lifestyle program of DOH
- Promote healthy lifestyle (promote physical activity and maintenance of normal body weight, prevent excesses in food, drinks and alcohol intake, and avoid smoking and substance abuse, etc.)
- Strengthen health promotion on renal disease
- Ensure collaboration and partnership among stakeholders in the prevention and control of kidney and urinary tract disease
- Improve data collection on renal disease registry
- Intensify knowledge, attitude and practices (KAP) of the public regarding renal diseases

E. 2019 Activities

- Conduct of Orientation on Renal Disease Control Program: Early Detection and Prevention of Kidney Diseases (3 batches)
- Provision of Urine test strips and Urine sample containers for use during the region-wide Kidney Disease Screening Through Urinalysis Activity to Grade 6 pupils
- Gathering of Philippine Renal Disease Registry from the Hemodialysis Units
- Health education on healthy lifestyle

F. 2018 Accomplishments

- Provision of supplies to LGUs for Kidney disease screening through urinalysis (Urine test strips and urine sample containers)
- Participation in research through gathering of Philippine Renal Disease Registry from Hemodialysis Units
- Advocacy - Meeting with the Congressman on Renal Health Matters
- Health education on healthy lifestyle (Pilipinas Go4Health- “go smoke-free,” “go sustansya,” “go sigla” and “go slow sa tagay”)

G. Future Plans/Strategies (2020-2022)

- Collaboration and partnership among stakeholders in the prevention and control of kidney and urinary tract disease
- Establishment of a referral network among local and neighboring renal health facilities/ nephrologists

H. Program Campaign/Logo
DANGEROUS DRUG ABUSE PREVENTION AND TREATMENT PROGRAM (DDAPTP)  
Ms. Emily Quines, Nurse V - Program Coordinator

A. Background
The drug problem is worldwide and it goes beyond borders. The Philippines is not spared of this problem. Recently, reports of drug related crime are commonly seen in the media. Illegal drug use now appears to be on the rise. Statistical reports from the Dangerous Drugs Board (DDB) show that in 2015, there were five thousand four hundred-two (5,402) admissions in the thirty one (31) residential facilities nationwide. Four thousand three hundred twenty-five (4,325) or 80% of these are new admissions; one thousand seventy-seven (1,077) or 20% are relapsed or re-admitted cases from either the same or different facilities.

The drug abuse problem has numerous implication as it concerns the family and this prompt several ill effects to the society in general. Evidently, the burden of drug abuse is immense as it contributes to various criminal acts. More ever, it posts an economic burden as the drug users become less productive as they are unable to work effectively.

Drug trafficking and drug abuse has been a major social problem in the Philippines. It is a national concern that is not only related to security but also to health and the social and economic well-being of the country. In 2012, the United Nations World Drug Report stated that Philippines has the highest abuse rate for shabu in East Asia and that 2.1% of Filipinos aged 16 to 64 were using shabu.

Today, the government continues to wage an ongoing war against illegal drugs consistent with the campaign promise of President Rodrigo Roa Duterte. Police went house-to-house to persuade alleged illegal drug users, pushers and cultivators to surrender. Over a million drug personalities have already surrendered to police stations nationwide.

A contributory factor to the problem is the increasing number of plantation sites for shabu and marijuana. Identified marijuana plantation sites in Luzon include Benguet, Mountain Province, Kalinga, Ifugao. Coupled with issues on corruption and poor law enforcement in the country, illegal drug use is truly a cause of concern in the country.

With the administration’s clear direction on the war against drugs, volumes of surrenderers are now being reported in every locality. This posts a problem especially with the limited financial, manpower and physical structures set to manage drug dependents.

The identified hotspots pertaining to marijuana plantation sites in the Region are:
1. Benguet
   - Municipality of Kibungan: Barangays Badeo and Tacadang
   - Municipality of Bakun: Barangay Kayapa
2. Kalinga
   - Municipality of Tinglayan: barangays Luccong, Tulgao, Buscalan & Butbut
3. Mountain Province remains a critical area of concern due to the possible resurgence of marijuana plantation sites

B. Objectives:
- To strengthen networking, information system
- To ensure a more effective leadership and governance for drug abuse prevention, treatment and rehabilitation
- To strengthen advocacy, health promotion and drug abuse prevention

C. Program Strategies
- Provision of technical assistance in the establishment of Community Based Drug Rehabilitation Program (CBDRP) in the community/municipality
- Intensify Monitoring and Evaluation
- Continuous advocacy and information campaign on drug abuse

D. 2019 Activities
   d.1. Capacity Building: Training of all MHOs on Screening, Brief Intervention, Referral to Treatment and Assessment (SBIRTA) 
      Two Batches - September and October
   d.2. Monitoring of target facilities
   d.3. Information campaign in coordination with other programs

E. 2018 Accomplishments:
Table 1: Number of Drug Surrenderers, CAR, July, 2016-June, 2019 (Data source Pro-Cor)

<table>
<thead>
<tr>
<th>Province/City</th>
<th>No. of Surrenders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abra</td>
<td>2,056</td>
</tr>
<tr>
<td>Apayao</td>
<td>1,173</td>
</tr>
<tr>
<td>Baguio City</td>
<td>2,522</td>
</tr>
<tr>
<td>Benguet</td>
<td>2,608</td>
</tr>
<tr>
<td>Ifugao</td>
<td>605</td>
</tr>
<tr>
<td>Kalinga</td>
<td>1,801</td>
</tr>
<tr>
<td>Mt Province</td>
<td>519</td>
</tr>
</tbody>
</table>
Overall, there are 11,286 surrenderers from July, 2016 to June, 2019 in the region. The region follows the flowchart for surrenderer as laid to the LGU. It shows that Benguet has the highest number of surrenderers followed by Baguio City while Mt. Province has the lowest number of surrenderer despite being the possible resurgence of marijuana plantation site.

Table 2. Number of drug surrenderer graduated from the program (data source Pro-Cor)

As to the number of drug surrenderer who graduated from the Community Based-Drug Rehabilitation program (CBRP) initiated by the PNP and LGU, it shows that Benguet has the highest number graduates followed by Apayao and Ifugao while Baguio City has still to reach out to drug surrenderer in the City.

The Dangerous Drug Board (DDB) through Board Regulation No.4s.2016 called “Oplan Sagip” established clear guidelines and specific procedures that are being followed by national government agencies, anti drug abuse councils (ADACs) of local government and non-government organizations in assessing, handling and monitoring drug personalities who voluntary surrendered to authorities.

Under this guidelines, prescribed intervention are made for surrenderers who need treatment so in 2017, a training on Community based-drug rehabilitation program was conducted to address the needs of recovering drug dependents for them to go back to the community and become productive individuals. Trained LGU partners are MHOs-69, PHNs/NDPs-55, PNP-84, MSWO-43 and from Religious sector-11.

A training course on Drug Dependency Examination (DDE) for physicians on the evaluation of drug dependents conducted by the University of the Philippines was able to train physicians from CAR: Baguio City-4, Benguet-2, Kalinga-2 and Ifugao -1 and Apayao -1. While in Abra and Mt. Province this is being catered by Dr. Clarette DY and Dr. Karen Balanza of Baguio General Hospital, Psychiatric Department while there are no trained physician in the area.

F. Future Plans/Strategies (2020-2022)
• Continuous information campaign
• Monitoring and evaluation
• Continuous coordination and partnership with partner agencies
• Attendance to national trainings/meetings/workshops

G. Program Logo
LOCAL HEALTH SUPPORT DIVISION
FAMILY HEALTH CLUSTER

Adolescent Health Development Program
National Immunization Program
National Safe Motherhood Program
Child Development and Disability Prevention Program
Oral Health Program
Men’s Involvement in Reproductive Health
Nutrition Program
National Voluntary Blood Services Program
Health and Wellness Program for Senior Citizen
Family Planning Program
Women and Child Protection Program
A. BACKGROUND

Republic Act (RA) 10354, the Responsible Parenthood and Reproductive Health (RPRH) Act of 2012 uses the term adolescents for people aged 10-19 years. This distinguishes the term from youth for those aged 15–24 years and young people for that aged 10-24 years. In the Philippines, adolescents comprise 21.5% of the country’s population.

In respond to the global and national call to address the concerns of adolescents and the youth, the Department of Health responded by ensuring that these people can access to quality health care and services in an adolescent-friendly environment through directives such as the Responsible Parenthood and Reproductive Health Act of 2012, the DOH Administrative Order 2013-0013 on the National Policy and Strategic Framework on Adolescent Health and Development, and other policies. Also, the Department of Health developed the Manual of Operations (MOP) for Adolescent Health and Development Program (AHDP) in 2017 with the assistance from the World Health Organizations - Philippines.

The Adolescent Health and Development Program of the Department of Health – Center for Health Development - Cordillera Administrative Region (DOH-CHD-CAR) is solidly anchored on policies meant to address adolescent’s health concerns. It is operating within the different facets of adolescents and youth health that includes mental and environmental health, immunization, reproductive and sexuality, violence and injury prevention, substance abuse, alcohol use and among others.

B. OBJECTIVE

Vision: A region with well informed, empowered, responsible and healthy adolescents who contribute meaningfully to their communities

Mission: To ensure that adolescents have equitable access to quality comprehensive health care and culturally-responsive services in an adolescent-friendly environment

Goal: To empower adolescents for informed decision-making to improve their health and wellbeing

Program Target (NOH 2017-2022): To decrease adolescent birth rate by 37 per 1,000 females aged 15-19 years old.

C. PROGRAM STRATEGIES

- Provision of Capability Building Activities to frontline health workers and other health partners
  - Training on Adolescent Health Care for Primary Health Service Providers (foundation course)
  - Training on use of Adolescent Job Aid
  - Training on Healthy Young Ones
  - Adolescent Health Education and Practical Training (ADEPT)
  - Workshop on the localization of the AHDP
  - Bridging Leadership Program for Adolescent Health and Development (BLP4AHD)
- Demand Generation Activities
- Regional and Provincial Adolescent Health Forum
- Provision of Information and Education Campaign Materials
- Certification for Level 1, Level II, and Level III Adolescent-Friendly Health Facility (AFHF) Standards
- Coaching and Mentoring
- Research and Development
- Monitoring and Evaluation

D. 2019 ACTIVITIES

- Conduct of Workshop to Develop a Local Adolescent Health and Development Program of Benguet
- Conduct of Training on Adolescent Job Aid Manual for Adolescent Health Service Providers to improve access to quality adolescent friendly services
- Conduct of Training of Trainers on the Healthy Young Ones for Frontline Service Providers
- Conduct of Workshop on Strategy Development and localization of the Adolescent Health and Development Program for
RIT and AHDP TWG
- Conduct of “Usapang Pangkalusugan ng mga Kabataan”
- Quarterly conduct of RIT and AHDP TWG meeting for better partnership in program implementation.
- Conduct of Monitoring of Adolescent Friendly Health Facilities
- Reproduction/distribution of IEC materials on the prevention of teen pregnancy

E. 2018 ACCOMPLISHMENTS
- Training on the use of Adolescent Job Aid Manual
- Training of Trainors on Healthy Young Ones
- Certification of Health Facilities for Adolescent-Friendly Health Facility Level 3 (9 Health Centers ongoing deliberation for certification)
- Quarterly AHDP TWG Meeting and merging to Regional Implementation Team (RIT)
- School- based Immunization was implemented in collaboration with DepEd and LGUS
- Health Promotion and Advocacy
  - Provincial Teen Mom’s Congress in Abra, Baguio City and Kalinga
  - Provincial Adolescent Health Forum in Ifugao and Mountain Province
  - Rollout training on AHDP Manual of Operations
  - Regional Adolescent Health Forum

F. FUTURE PLANS/STRATEGICS (2020-2022)

H. Program Campaign/Logo

![Program Campaign/Logo](image_url)
NATIONAL IMMUNIZATION PROGRAM (NIP)
Ms. Joycelyn Rillorta, Nurse V - Program Coordinator

A. BACKGROUND
The Expanded Program on Immunization (EPI) was established in 1976 to ensure that infants/children and mothers have access to routinely recommended infant/childhood vaccines. Six vaccine-preventable diseases were initially included in the EPI: tuberculosis, poliomyelitis, diphtheria, tetanus, pertussis and measles. Vaccines under the EPI are BCG birth dose, Hepatitis B birth dose, Oral Poliovirus Vaccine, Pentavalent Vaccine, Measles Containing Vaccines (Antimeasles Vaccine, Measles, Mumps, Rubella) and Tetanus Toxoid. Moreover, Republic Act no. 10152 “Mandatory Infants and Children Health Immunization Act of 2011" signed by President Benigno Aquino III in July 26, 2010, the mandatory includes basic immunization for children under five (5) including other types that will be determined by the Secretary of Health. In 2014, Pneumococcal Conjugate Vaccine 13 was included in the routine immunization of EPI.

The Expanded Program on Immunization, School –based Immunization and Senior Citizen Immunization comprise the National Immunization Program. It includes the immunizations of infants, senior citizens, school-age and adolescents.

B. OBJECTIVE
Over-all Goal: To reduce the morbidity and mortality among children, adolescents & senior citizens against the most common vaccine-preventable diseases.
Specific Goal:
1. To immunize all infants/children/adolescents/ against the most common vaccine-preventable diseases.
2. To sustain polio-free status of the Philippines.
3. To eliminate measles infection.
4. To eliminate maternal and neonatal tetanus.
5. To control diphtheria, pertussis, hepatitis b and German Measles.
6. To prevent extra pulmonary tuberculosis among children.
7. To prevent influenza and pneumonia among NHTS-senior citizens.

Program Target:
A. Children
  • To increase Fully Immunized Child coverage from 61.27% to 65% by end of 2019 to sustain Infant and under five health status in the Region .
B. School Based Immunization
  • To increase immunization coverage of Measles Rubella (MR) and Tetanus Diphtheria (Td) among Grade 1 public school entrants from 72% to 75%
  • To increase immunization coverage of Measles Rubella (MR) and Tetanus Diphtheria (Td) among Grade 7 public school entrants from 63% to 70% by the end of 2019
C. Senior citizens
  • To increase immunization coverage for Pnuemonia of Indigent Senior Citizens from 50.5% to 55% by the end of 2019

C. PROGRAM STRATEGIES
   • The Reaching Every Purok Strategy is an innovation of the Reaching every Barangay.
2. Supplemental immunization Activities (SIA)
   a. Supplemental immunization activities are conducted to reach children who have not been vaccinated or have not developed enough immunity after previous vaccinations.
   b. School-Based Immunization activities are conducted where the combination Measles Rubella (MR), Tetanus-diphtheria (Td) and the Human Papillomavirus (HPV) vaccines were introduced as integral immunization strategy toward the elimination of measles and tetanus and the control of mumps, rubella and diphtheria, while HPV was introduced as one component in the comprehensive strategy in the prevention of cervical cancer.
3. Senior Citizen Immunization
   • Pneumococcal and influenza vaccines to be administered for free to indigent senior citizens in communities who are recipients of the Department of Social Welfare and Development’s National Household Targeting System for Poverty Reduction (DSWD - NHTS-PR)
4. Vaccine-Preventable Disease Surveillance
   • Surveillance is conducted for all vaccine-preventable diseases most especially for measles cases and indigenous wild poliovirus.

D. 2019 ACTIVITIES
• Conduct of Capacity building of health workers on National Immunization Program ,Cold Chain Management Training and Web-based Vaccination Supplies Stock Management version 6.21 in the region
• Massive Health Promotion activities (Tri Media campaigns & Fora)
  a. Development of IEC materials on Immunization
  b. Audio Visual Production for immunization campaigns
  c. Video infomercials to be aired in local TV stations, to be previewed in health facilities with TV displays, LED Billboard and
social media sites

- Dissemination of Risk communication on immunization through community health fora
- Enhanced capacity and coordination of Service Delivery Networks as channels of child survival interventions:
  a. Conduct of meetings with Provincial NIP Coordinators and other stakeholders (Philippine Pediatric Society, Local branches of the Philippine Medical Society, Traditional/religious/indigenous/community leaders, volunteers, Provincial NIP Coordinators, SDN partners)
- Conduct of Regional/Provincial/City Orientation on Japanese Encephalitis Vaccine Introduction
- Strengthen the Public & Private Partnership on NIP Implementation
- Intensify REP Strategy to prevent outbreak.
- Procurement of adequate and potent vaccines and needles and syringes to all health facilities
- Intensify monitoring and evaluation through field visits and Provincial PIRs in low performing areas to assess status of the program and come up with appropriate measures to address the bottlenecks in implementation.
- Awarding of high performing areas on EPI & School-Based Immunization Program to motivate and encourage LGUs in the meeting target of the programs respectively.

E. 2018 Accomplishments

1. Training Support
   The following trainings were conducted to enhance the capabilities of health service providers:
   > Immunization in Practice: Training on the basic principles of immunization.
   > Cold Chain and Logistics Management: Training for logistics management and proper storing of vaccines.
   > Vaccine Wastage & Management Tool.
   > Reaching Every Barangay Strategy: Training on the use of data & prioritization of areas to improve immunization coverage.
   > Adverse Events Following Immunization: Training under the Epidemiology & Surveillance Unit for proper recording, reporting and management of AEFIs.

2. Provision Of Logistics
   Vaccines and vaccination supplies such as auto-disable syringes, safety boxes, mixing syringes, cotton, alcohol, needle removers, vaccine carriers, transport boxes, and AEFI kits were provided to the different provinces and city.

3. Orientation On Human Papillomavirus Vaccine For The Province Of Kalinga
   Orientation able to understand the importance of Human Papillomavirus Vaccine (HPV) as part of School based immunization activity of the country.

4. Pneumococcal Vaccine 13 Orientation
   A regional EPI Summit on the inclusion of pneumococcal 13 vaccine in the list of antigens to be given to a less than one year old child was conducted by Pfizer in collaboration with the Department of Health – Cordillera Administrative Office and LGUs. Series of lectures on immunology and basic cold chain management were provided during the activity.

5. School Based Immunization Program Awarding Ceremony
   School Based Immunization Program awarding to recognize LGUs and key stakeholders for their outstanding and excellent performance on health and encourage more local government units and partner agencies to prioritize health in their local development agenda. And share their best practices or innovations in attaining their desired health outcomes as well as contributions in the attainment of the health-related Sustainable Development Goals and toward the Philippine Health Agenda. There were 40 LGUs awarded.

6. Provincial/City Orientations on School Based Immunization and Ligtas Tigdas (Supplemental Activity)

7. Monitoring & Evaluation
   Thirty (30) health facilities were visited to assess and address challenges in program implementation.

8. AHDP-TWG Meeting
   Inclusion of SBI as one of the topics to get the support of concerned agencies and development partners.

9. Reproduction & Distribution of NIP advocacy materials to LGUs and during caravans.

H. Program Campaign/Logo
SAFE MOTHERHOOD PROGRAM
Ms. Mary Lee L. Piluden, Midwife VI - Program Coordinator

A. Background

In 2018, DOH Administrative Order 2008-0029 was issued to implement Health Reforms for rapid reduction of Maternal and Neonatal Mortality as a commitment of the Philippines to contribute to the attainment of the Millennium Development Goals 1, 4 and 5. As the Millennium Development Goals (MDGs) era has ended, the Safe Motherhood program continues to confront the multi-faceted challenges of high mortality ratio in the country and the unmet need for family planning and other reproductive health services.

As the MDG shifts to Sustainable Development Goals (SDGs), the Safe Motherhood Program shall continue to aim its focus on the health and welfare of women throughout their pregnancy in order to contribute to achieving the SDG three (3) on Good Health and well-being for all Filipinos. The objective shall be towards translating good maternal health outcomes into maternal mortality reduction.

B. Objectives

1. Collaborating with Local Government Units in establishing sustainable, cost-effective approach of delivering health services that ensure access of disadvantaged women to acceptable and high quality maternal and newborn health services and enable them to safely give birth in health facilities near their homes; and
2. Establishing core knowledge base and support systems that facilitate the delivery of quality maternal and newborn health services in the region.

C. Program Strategies

National Safe Motherhood Program Strategic Plan for 2015-2019

1. Strategic change in the design of Safe Motherhood Services
   • A shift in emphasis from the risk approach that identified high risk pregnancies during the prenatal period to an approach that prepares all pregnant for the complications at childbirth – this change brought about the establishment of the BEmONC – CEmONC network which is now part of the service delivery network;
   • Improved quality of FP counselling and expanded service availability of post-partum family planning in hospitals and primary birthing centers; and
   • The integration of cervical cancer, syphilis, hepatitis B and HIV screening among others unto antenatal care protocols.

2. An integrated package of women’s health and safe motherhood services
   The above changes in service delivery also involved a shift from centrally controlled national programs operating separately and governed independently at various levels of health systems to an LGU governed system that delivers an integrated women’s health and safe motherhood service package. This service delivery strategy is focused on maximizing synergies among key services that influence maternal and newborn health and on ensuring a continuum of care across levels of the referral system. At the ground level, this implies that a woman, whatever her age and especially if she is disadvantaged, who seeks care from the public health provider for reproductive health concerns, should be given a comprehensive array of services that addresses her most critical reproductive health needs.

3. Reliable sustainable support system
   Support systems for maternal-newborn service delivery are anchored on PHILHEALTH accreditation of birthing centers and individual membership or enrolment into the sponsored program. This mechanism ensures sustainable financing of quality maternal-newborn services efficiently eliminating out of pocket expenditures for antenatal, facility delivery and post-natal care. The system likewise includes systems for safe blood supply and stakeholder behavior change, through a combination of advocacy and interpersonal communication during clinic visits.

4. Stronger stewardship and guidance through (1) evidence based guidelines and protocols on maternal-newborn services; (2) a system recognizing providers of emergency obstetrics and newborn care (BEmONC) training program; and (3) monitoring, evaluation and research on the new maternal-newborn strategies.

D. 2019 activities

1. Harmonized BEmONC training for midwives
2. BEmONC Team Training
3. Midwives’ Forum
4. Safe Motherhood Policies cascaded to municipalities
5. Conduct Post Training Evaluation to midwives trained on Harmonized BEmONC in 2018
6. Conduct of Monitoring of Safe Motherhood Program Implementation in the provinces
E. 2018 Accomplishments
1. Training Support
   • Basic Emergency Obstetric and Newborn Care (BEmONC) Teams Training
   • Basic Emergency Obstetric and Newborn (BEmONC) Harmonized Training
2. Provision of Logistics
   • Provision of Ferrous Sulphate for Pregnant Women
   • Provision of Vitamin A for Postpartum Women
   • Provision of Basic Emergency Obstetric and Newborn Care (BEmONC) Drugs
   • Provision of Family Health Diary and Mother and Child Book
3. Monitoring and Evaluation
   • On site monitoring conducted
   • Regional Maternal Death Surveillance and Response

F. Future Plans/Strategies
1. Conduct of Refresher course to midwives trained on Harmonize BEmONC from year 2010 and below.
2. Strengthened implementation of pregnancy tracking;
3. Ensure availability of logistics;
4. Sustain functional birthing centers and provide technical assistance to birthing facilities with non – renewal of license
5. Continue capability building for health workers through BEmONC training initiatives;
6. Intensify the provision of quality antenatal care services through the implementation of Administrative Order 2016-0035;
8. Training of health workers on Culture sensitive Maternal and Child Care

G. Program Campaign/Logo:
I. Newborn Screening Program

A. Background

Newborn Screening Program started in the Philippines in 1996 and piloted in twenty four (24) health facilities in Metro Manila. Newborn screening is a simple procedure for the early detection of congenital metabolic disorders that may lead to mental retardation or even death. In 2004, the country implemented the Newborn Screening Act (Republic Act No. 9288). This strengthened its implementation and countless newborns have been saved from these disorders in the country. In the Cordillera Administrative Region, the most common congenital disorder is Glucose – 6 Phosphate Dehydrogenase Deficiency followed by Hemoglobin H, Congenital Hypothyroidism, Congenital Adrenal Hyperplasia, Fatty Acid Disorder & Organic Acid Disorders.

For two decades, the Newborn Screening (NBS) program has successfully laid its foundation by integrating the program to the existing health system and infrastructure as outlined in the NBS strategic framework. Workshops for strategic planning on NBS were conducted in 2001 and 2009, respectively. Initially, the focus was on building the foundation for the NBS program and how it will be implemented in major facilities. Later on, the program aimed to increase the national coverage by continuous implementation of NBS to the rest of the facilities nationwide and integration to the service delivery network through policies and advocacies.

Today, the National Comprehensive Newborn Screening System (NCNBSS) thrust in the next thirteen years is to ensure the sustainability of NCNBSS, including the full shift to expanded newborn screening and the provision of continuing care for confirmed patients for any of the screened disorders. Several policies were released in 2014 in pursuit of these thrusts such as Administrative Order No. 2014-0045, which set the guidelines on the implementation of the Expanded Newborn Screening (ENBS) program and provided the option for parents to avail between the 6-test and ENBS test; and the DOH Administrative Order 2014—0035 that facilitated the initial establishment of the NBS Continuity Clinics in 14 regions to facilitate continuity of care of confirmed patients in their area of coverage.

The Department of Health (DOH) in coordination with its program partners reconfigured the NCNBSS framework for 2017-2030 to provide direction and to intensify the implementation, especially the ENBS. The plan shall concretize the long-term goals of the NCNBSS.

B. New Program Trust (If Any) no new issuance

C. Objectives

• **Vision:** Born healthy and well, with an inherent right to life, endowed with human dignity; and reaching her/his full potential with the right opportunities and accessible resources.

• **Mission:** To ensure that all Filipino children will have access to and will avail total quality care for the optimal growth and development of their full potential.

• **Program Goals:** By year 2025, all Filipino newborns are screened for the more common and life-threatening congenital metabolic disorders.

• **Program Target:** To screen 89% of all Filipino Newborns for the more common and life-threatening congenital metabolic disorders by the end of 2018.

D. Program Strategies:

E. 2019 Activities:

• Conduct of Newborn Screening (NBS) Training for Health Services Providers
• Conduct of Program Monitoring at the LGU
• Regional Newborn Screening Program Implementation Review (NBS PIR)
• Provision of NBS Kits as augmentation
• NBS Advocacy During Children’s Month (November)

Support Function

• Procurement of Office and other supplies

F. 2018 Accomplishments:

1. **Policy Standards & Regulations:**
   - Dissemination of an advisory to all NSFs on the Schedule on the Submission of List of Confirmed/Positive Screened and G6PD Community Support Group reports and DOH-CAR Office Circular #2018-005: NSCCL Memo 2018-006 Re: Clarification on the
Protocol of Preterm, Low Birth Weight and Sick Infants for Newborn Screening.

2. Capability Building:
   - Conduction of Newborn Screening Training for Health Workers in partnership with NSC-CL to enhance the capabilities of frontline health service providers managing birthing facilities for effective & efficient delivery of newborn screening services in their respective areas.
   - Conduction of Training on the Collection of Samples for Confirmatory Testing for medical technologists on the collection, packing and shipment of samples for confirmatory testing of screened positive babies to make health services accessible and affordable to majority of cases especially babies of Conditional Cash Transfer (CTT)/NHTS PR families.
   - Conduction of G6PD Deficiency Forum for Health Workers to developed a better understanding on the basic facts of G6PD deficiency & various precautionary measures that will prevent occurrence of hemolytic crisis among patients in the community.
   - Conduction of Regional Volunteer Youth Leader for Health (VYLH) Summit in CAR to raise awareness of the youth with the right information on the different measures to prevent birth defects, mental retardation and death among newborns/infants.
   - Conduction of Orientation of Senior Citizens on Expanded Newborn Screening to enhance their level of awareness on the significance of ENBS/NBS.
   - Conduction of Orientation on the Management of Common Metabolic Disorders such as: Congenital Hypothyroidism, Congenital Adrenal Hyperplasia, G6PD Deficiency and Thalassemias for better case management of cases.
   - Conduction of Orientation of Teen Moms on Newborn Screening to promote ENBS among teen pregnant mothers in the school and community.

3. Advocacy
   a. Integration of NBS/ENBS in the Regional AHDP TWG Members of the TWG were oriented on Expanded Newborn Screening/ENBS Guidelines.
   b. Meeting/Dialogue
   c. Advocacy meetings with local officials, health workers and other stakeholders to get support for the passage of local ordinance, purchase of NBS/ENBS kits and establishment of Mobile NBS teams to screen unscreened babies delivered in other facilities outside the municipality and home delivered babies referred by the members of CHTs in hard to reach areas.
   d. Regional Newborn Screening Awarding in 2018 for facilities for having 100% coverage (50% Traditional Newborn Screening & 50% Expanded Newborn Screening) in 2017, for the timely submission of complete quarterly reports to DOH-CAR Office and with NBS Policy/Ordinance developed and implemented.

4. Monitoring & Evaluation
   a. Conduct of Program Implementation Review to address Issues and concerns in Newborn Screening program implementation in the Health Facilities
   b. Conduct of Monitoring Visits:

5. IEC/Health Promotion
   a. Distribution of IEC materials provided by Newborn Screening Center – Central Luzon, to raise awareness of parents/general public on NBS/ENBS:

6. Logistic Assistance:
   a. Purchased/allocated/distributed 966 ENBS Kits for babies of indigent high risk mothers and teen moms to the different provinces and Baguio City in CAR.
   b. Followed up/recalled screened positive cases: Amino Acid Disorder – 2; Biotinidase Deficiency – 2; CAH - 4; Fatty Acid Oxidation Disorder (MCADD) – 1; Galactosemia – 1; Cystic Fibrosis - 1
   c. Provided financial assistance for confirmatory testing of 8 screened CH and 1 GA babies.

II. Child Injury Prevention and Control Program

A. Background

   In the South-East Asia (SEA) Region, road traffic injuries, drowning, burn and self-inflicted injuries are the leading causes of death among children. In 2004, the region had the 2nd highest rate of unintentional child injuries globally.

   In the Philippines, accidents and injuries are the 5th leading causes of morbidity in the Philippines with a rate of 308 per 100,000 populations. Moreover, it is 6th leading cause of mortality with a rate of 22 per 100,000 populations (DOH, 2000). According to the Philippine National Injury Survey (Lim et all, 2003), vehicular accidents, falls, poisoning, violence and assaults, drowning and animal bites accounts for injuries among children below 18 years of age. The impact of this injury in the society is appalling; families are deprived of their children and children who survived had to learn to cope with the consequence of their injury, which, in some cases can be both long lasting and profound. This situation is further compounded by the economic burden imposed on the affected families.

   Several initiatives were undertaken by the non-government and other government organizations, business sectors, professional societies and the academe to address the prevailing situation. However there is a need to strengthen collaboration
efforts to impact on child injury prevention, the Department of health with the support from the United Nations Children’s Fund (UNICEF) convened all injury prevention stakeholders to a consultative forum held in January 2006. Consensus was reached, endorsing the recommendation contained in the National Strategic Framework and Injury Prevention and Safety Promotion among Children in the Philippines, a paper prepared by the Technical Working Group on Child Injury Prevention. The paper called for establishing an infrastructure to support an integrated strategy, evidence based programming, research and surveillance, safety promotion, and capability building

In the Cordillera Administrative Region, the DOH CHD CAR needs to set the Strategic Directions to decrease the incidence, severity, morbidity and mortality, associated with child and adolescent injuries as the principal objective of Child Injury Prevention Strategy. One of the strategic direction is to focus in the strategic response to empower parents families and communities through health promotion approaches that are based on an assessment of community needs that most likely to achieve sustainable long term outcomes. Another strategic direction is to enhance capacity for data collection as best evidence for policy, decision making and tracking progress.

To be able to contribute to the Vision to have the Philippines with the lowest child injury rate in Asia, and to also address the issue identified in the situation and gap analysis of the CIPP Program, various activities has been scheduled as strategies, such as capability building to train health workers on the different facilitation techniques and basic information on the prevention of child injury and assessment of safety in various settings like home, school and community

B. New Program Trust (If Any) no new issuance

C. Objectives
-To decrease the incidence, severity, morbidity and mortality associated with child injuries at home, in the community, schools, roadways and acute care settings.

SPECIFIC OBJECTIVES:
1. To address the health gaps and needs pertaining to injury prevention;
2. To empower families and communities in ensuring safety mechanisms for children by heightening and deepening their awareness on Child Injury Prevention;
3. To develop a database on child injury;
4. To inform, communicate and train the health service providers on child injuries prevention and control;
5. To mobilize multidiscipline and multi-sectoral stakeholders in Child Injury Prevention.

VISION: For the Philippines to have the lowest child injury rate in Asia.

MISSION: To guarantee cost-effective injury prevention interventions to every Filipino child and ensure sustainable and equitable multi-sectoral support

GOALS:
1. To reduce health disparities that increase the risk of child injury among children.
2. To reduce social burden of child injury and improve the health of the Filipino child.

D. Program Strategies:
The strategy will initially focus on areas where interventions are possible, effective and able to be implemented with a clear and actionable role for the health sector. Five priority areas for immediate action by the health sector will be undertaken. These are the prevention of falls, burns, poisoning, road injuries and drowning.
In line with DOH’s mission to guarantee equitable, accessible and quality health for all Filipinos, especially the disadvantaged and vulnerable sectors, the Child Injury Prevention Strategy will be based on a population health approach that addresses the range of factors such as social, economic, cultural and political that determines the health and well-being of the overall population.

The following strategic responses shall be adopted:
1. Enhanced capacity for data collection (Data Base)
2. Legislations and enforcement.
3. Transformation of health systems- in areas where it is not possible to provide tertiary health care and rehabilitation services, a referral system should be established.
4. Resource generation and mobilization through partnerships. This entails multi sectoral collaboration to generate and mobilize resources.
5. Health workforce development.
6. Empowerment of parents, families and community.

E. 2019 Activities:
INTENSIFIED HEALTH PROMOTION/ACTIVITY
• Conduct of Child Injury Prevention and Control Training of Trainers
• Conduct of Program Monitoring at the LGU

STRENGTHENED MONITORING AND EVALUATION
• On-site Monitoring Visits

F. 2018 Accomplishments:
• Child Injury Prevention and Control Training for 38 pax
• Reproduction of Child Safety Tips flyers – Playground
• Reproduction of Child Safety Tips flyers - Fire & Burns
• Reproduction of Child Injury monitoring tool - Safe School
• Reproduction of Child Injury Consolidated Tally Sheet - Safe School
• Reproduction of Child Injury Tally Sheet - Home Safety
• Monitoring of LGU’s

G. Future Plans/Strategies: (2020-2022)
• Conduct of Advocacy strategies on Child Injury Prevention and Control Program
• Strengthen the capacity of partners on Child Injury Prevention and Control
• Technical Assistance (onsite Monitoring)

H. Program Campaign/Logo

![Program Campaign Logo](image)
ORAL HEALTH PROGRAM (OHP)
Dr. Anabelle Anod-Bawang, Dentist III - Program Coordinator

A. Background:

“Oral Health is fundamental to overall health, well-being and quality of life. A healthy mouth enables people to eat, speak and socialize without discomfort or embarrassment.” (WHO)

The health of the teeth, the mouth, and the surrounding craniofacial (skull and face) structure is central to overall health and well-being. Good oral health improves a person’s ability to speak, smile, smell, touch, chew, swallow and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause significant pain and disability for many. Oral and craniofacial diseases and conditions include dental caries (tooth decay) periodontal diseases (gum diseases) cleft lip and palate, oral and facial pain, oral and pharyngeal (mouth and throat) cancers, and xerostomia (dry mouth).

Based on data from the World Health Organization (WHO), 60-90% children and almost 100% adults have dental cavities and 15-20% of middle aged adults worldwide have severe periodontal disease which may result to tooth loss. Based on the 2011 National Monitoring and Evaluation Dental Survey, Dental caries (tooth decay) and Periodontal diseases (gum diseases) are the two most common oral health diseases affecting the Filipinos. 87.4% Filipinos are suffering from dental caries while 48.3% has gum diseases. Oral disease in children and adult is higher among the poor and disadvantaged population groups. The risk factors of oral diseases include an unhealthy diet, tobacco use, chewing of momma, harmful consumption of alcohol, poor oral hygiene and social determinants.

Oral disease continues to be a serious public health problem in the Philippines yet not given too much attention. Pain from untreated dental diseases can lead to eating, sleeping, speaking and learning problems in children and adolescents, which affects social interactions, school achievement, general health, and quality of life. Rampant dental caries in children adversely affect the overall nutrition necessary for the growth of the body specifically body weight and height. Periodontal infection increases the risk of premature labor and premature low birth weight delivery. Although preventable, these diseases affect almost every Filipino at one point or another in his or her lifetime and the impact can be tremendous.

The Oral Health Program cuts across all-life cycle programs: child, maternal, adolescent, pregnant women, older persons and others of the Department of Health. Primarily tasked to develop policies and guidelines for the Local Government Units to ensure quality, affordable, accessible, and available oral health care delivery, in 2007, the Department of Health formulated the Guidelines in the implementation of Oral Health Program for Public Health Services (AO 2007- 0007).

B. New Program Thrusts:
- Oral Health Program promotion anchored to the UHC Law Section 30.

C. Objectives: (General and Specific)
- Vision: Empowered and responsible Filipino citizens taking care of their own personal oral health for an enhanced quality of life
- Mission: The state shall ensure quality, affordable, accessible and available oral health care delivery
- Goal: Attainment of improved quality of life through promotion of oral health and quality oral health care

Objectives:
General: Contribute to the reduction on the prevalence of dental caries and periodontal diseases from 92% in 1998 to 85% and from 78% in 1998 to 60%.

Specific:
1. To contribute to the increase of the proportion of Orally Fit Children (OFC) under (20% OFC in 2020) six years old through introduction of Orally Fit Child Center/ facilities.
2. To help control oral health risks among the young people through the inclusion of education and counselling on good oral hygiene, diet and adverse effects of tobacco/ momma or betel but chewing/ smoking, alcohol and sweetened beverage and food including unhealthy behavior in the Basic Oral Health Care Package and during health promotional activities
3. To motivate pregnant women and senior citizens to improve their Oral Health conditions through health promotion e.g. Information Education Campaigns/ Advocacy Activities.
D. Program Strategies:
- Formulate policy and regulations to ensure the full implementation of OHP
  - Establishment of effective networking system through signing of Memorandum of Agreement (MOA) between DOH and P/LGU/Academe/ Philippine Dental Association/Other Oral Health Advocates
  - Development of guidelines/ clinical protocols i.e. proper tooth brushing, fluoride varnish application
  - Dissemination of the Guideline on the Use of the Mobile Dental Vehicle (MDV)
- Ensure financial access to essential public and personal oral health services
  - Restoration of oral health budget line item in the GAA of the DOH Central Office.
- Provide relevant, timely, and accurate information management system for oral health
  - Integrate Oral Health in family health information tools, update OHP records
- Ensure access and delivery of quality oral health care services
  - Establishment of all-life stage package of Basic Oral Health Services.
  - Build up highly motivated health professionals and trained auxiliaries to manage and provide quality oral health care.
  - Provision of Technical Assistance e.g. Capability Training

E. 2019 Activities:
- ENHANCED CAPABILITY BUILDING/ WORKSHOPS /ORIENTATIONS
  - Training on Simplified and Modified Atraumatic Restorative Treatment (SMART) for Public Health Dentists and Ride-on Program Implementation Review
- ENHANCED LOGISTIC SUPPORT/AUGMENTATION
  - Kiddie Dental Kits
  - Adult Dental Kits
  - Glass Ionomer Cement for Pediatrics and Persons with Disability
- STRENGTHENED MONITORING AND EVALUATION
  - On-site Monitoring Visits
  - Non-Onsite (PIR)
- INTENSIFIED HEALTH PROMOTION/ACTIVITY
  - Kapihan in coordination with HEPO
  - Provision of e-copy/ printed OHP Flipchart “Happy Smile, Happy Child”/ Lecture/ Orientation on OHP Flipchart “Happy Smile, Happy Child” (based on request)
  - Oral Health Month Celebration
  - Advocacy Activity on Oral Health during the Oral Health Month Celebration “Happy Teeth, Happy Feet Eco Walk” in La Trinidad, Benguet
  - Reproduction of OHM Tarpaulin (in coordination with HEPO)
  - Advocacy Activity on Oral Health and Momma Cessation Campaign in selected municipalities/ city
  - OH IEC Video Ad Contest following 2019 OHMP Theme “Ngipin na Malusog at ProtektaDOH, Masaya at Maningning na Ngiti ang Hatid sa Mundo.”
  - Advocacy Campaign on Orally Fit Child Center
  - Orientation of HRH Dentists/ DTTBs/ other partners (based on request)

F. 2018 Accomplishments:
- ENHANCED CAPABILITY BUILDING/ WORKSHOPS /ORIENTATIONS
  - Provincial/ City Consultative Workshop for Public Health Dentists in Apayao
  - Ride-on Orientation of Child Development Workers on Basic Oral Health Care in municipalities during on-site program monitoring
  - Selected Child Development Workers Training of Trainers on Basic Oral Health Care
  - Barangay Health Workers and Selected RHU Staff Training on Basic Oral Health Care in Abra
  - Barangay Health Workers and Selected RHU Staff Training on Basic Oral Health Care in Kalinga
- ENHANCED LOGISTICS PROVISION/ AUGMENTATION
  - Allocation of logistics: Kiddie Dental kits, adult dental kits, Glass Ionomer Cement, Pit and Fissure Sealants, Sodium Fluoride Varnishes, Restorative Fillings, Essential Health Care Package 1, Essential Health Care Package 2
- STRENGTHENED MONITORING AND EVALUATION
  - Conduct of On-site program monitoring
- INTENSIFIED HEALTH PROMOTION/ACTIVITY
  - Oral Health Month Celebration
  - Launching Activities for Simultaneous Mass Toothbrushing Alongside Fluoride Varnish Applications
  - Search for the Orally Fit Child/ Regional Search for the Orally Fit Child
- Regional Advocacy Meeting on the Establishment on the Development of Selection Criteria for a Functional Child and Adolescent Orally Fit Center
- Regional Advocacy Meeting on Oral Health/ Public Private Partnership Advocacy Meeting with Philippine Dental Association/ Chapter Affiliates
- Anti-cavity Campaigns/ Mobile Dental Clinics/ Caravans
- PPP linkages/ Inter-office or Inter-agency Collaborative Activities on Oral Health e.g. RSCWC collaborative activities during monitoring of LCPC functionality in municipalities, CFLGA

G. Future Plans/Strategies: (2020-2022)
- Formulate policy and regulations including reorganization of the program to ensure the full implementation of OHP
- Ensure financial access to essential public and personal oral health services
- Provide relevant, timely, and accurate information management system for oral health
- Ensure access and delivery of quality oral health care services
- Build up highly motivated health professionals and trained auxiliaries to manage and provide quality oral health care

H. Program Campaign/Logo
MEN’S INVOLVEMENT IN REPRODUCTIVE HEALTH

Mr. Clark P. Dizon, Nurse V - Program Coordinator

A. Background

Filipino males play a dominant role in decision making in relationships and family matters. Many sectors recognize that involving males in women’s reproductive health significantly increases the chances of improved reproductive health and wellbeing of women and children.

The state of health of both Filipino Women and children continues to hang on a balance. Although fertility rates have been decreasing in the past years, it has been a gradual decline. According to the National Demographic Survey (NHDS) of 2018, the decline in total fertility rate from 1996 to 2006 was insignificant with only a 10% difference across the decade. There also remains a gap between wanted fertility rate and actual fertility. According to the 2003 NHDS, one fourth of pregnancies are mistimed and one fifth are not wanted. If unwanted birth can be prevented, the total fertility rate in the Philippines would be 2.5 birth per woman instead of the actual level of 3.5 in that year. Abortion rate is high with 26 induced abortions for every 1,000 women of reproductive age. Majority of those who had an abortion reported that the pregnancy was unwanted or unplanned.

Although child mortality continues to decline, 54 percent (54%) of birth in the Philippines have an elevated mortality risk that is avoidable. This included birth in which the mother is too young (under age 18) or too old (age 35 or older), the birth interval is too short (less than two years), or the mother has had too many prior birth.

The prevalence of HIV and sexually transmitted infections (STI) is also increasing with more increasing proportion of women affected.

It has been repeatedly pointed out that among the major weaknesses of family planning program in the country is the focus on women and corresponding lack of Male contraceptive responsibility. For the broader RH Program, there is a need for Men’s responsibility and involvement in: Maternal and Child Health and Nutrition, Prevention and management of Abortion and its complication, Violence against Women and Children, Education and Counselling on Sexuality and Sexuality Transmitted Diseases, and Adolescent Reproductive Health.

There have been initiatives to involve men in more proactive way and to provide information to improve their awareness on their responsibilities and roles in reproductive health concerns. However, the geographic focus is spread out in various parts of the country and scope is limited. Efforts need to be more coordinated to ensure that the essential facets of MIRRH is included and that institutional arrangements will facilitate responsibility.

There is a need to orient men to have a gender fair perspective on the dynamics influencing reproductive health and general health of both women and men. A program that will inform men and lead them to understand their own reproductive health needs will help them appreciate their roles and responsibilities in meeting reproductive health needs of women.

Administrative Order No. 2006-0035 the “National Policy and Strategic framework of male involvement in Reproductive Health (MIRRH)” has laid down the direction for the program development in this area. There is a need for guidelines that would focus on men and how they can respond to the following RH Challenges: 1) How they can communicate effectively with their partners and children, and other men, and service providers; 2) the need of men shall be addressed, and 3) how an MIRH program facilitate the improvement in reproductive health and decline in maternal and neonatal death.

B. New Program Trust (If Any): no new issuance

C. Objectives

1. Provide guidance on how men can actively participate in all aspects of reproductive health as way to attain women’s empowerment and gender equality.
2. Identify capacity building needs to equip national agencies, local government units, private sector and none government Organizations (NGO’s) to implement the program
3. Emphasize the need to actively and purposively involve the male in all aspects of reproductive health as way to attain women’s empowerment and gender equality
4. Provide guidance to partners in the health sector identifying priority areas for support in the context of multi sectoral collaboration/partnership to generate and mobilize resources
5. Provide guidance to DOH concerned offices and other relevant agencies in facilitating implementation of Male Involvement in Reproductive Health Services in the DOH and Local government Services
6. Provide a strategic framework in for male involvement in reproductive health
7. That is anchored in health sector reforms.

• **Vision:** Involved, well-informed, gender-sensitive Filipino male actively participating and promoting reproductive health towards responsible parenthood.
• **Mission:** To ensure availability of and access to comprehensive, quality, appropriate, gender-responsive and rights-based reproductive health care information and services in an enabling environment through enhanced capacities of and partnership with key stakeholders.
- **Goal:** Enhanced active involvement of the Filipino male in reproductive health, contributing to the achievement of the national objectives for health and gender equality.
- **Program Objectives:** To establish and/or strengthen structures, mechanisms and systems for active male involvement in RH.

**D. Program Strategies:**
- Train health workers and partners in the issue of services of sexual and reproductive health of men throughout the different stages of the life cycle. Assess the providers’ (females and males) biases against male methods of family planning and male involvement, train them to understand the importance of constructively involving men in reproductive health, and of addressing the meaning of gender within their activities with women and men. Train them to understand men's needs and the benefits of shared responsibilities in reproductive health. This may entail training male educators to provide training for young boys. Female educators should be also aware of special needs of young boys and men
- Development of Advocacy strategies on Male Involvement on Reproductive Health (MIRH)
- Strengthen the capacity of partners, local government units, private sector and none government Organizations (NGO’s) to implement the program on Male Involvement on Reproductive Health (MIRH)

**E. 2019 Activities:**
- **INTENSIFIED HEALTH PROMOTION/ACTIVITY**
  - Conduct of Kalalakihang Tapat sa Responsibilidad at Obligasyon sa Pamilya (KATROPA) and MENTAKO Activity for DOH-CHD-CAR Male employees and other attached agencies as champions of Male Involvement in Reproductive Health in the workplace in Baguio City, 2 batches
  - Conduct of Kalalakihang Tapat sa Responsibilidad at Obligasyon sa Pamilya (KATROPA) and MENTAKO Activity for keypoint persons from other agencies as lead advocates of Male Involvement in Reproductive Health in their respective workplace in Baguio City
  - Conduct of Go Daddy Olympics during the DOH Programs Day
- **STRENGTHENED MONITORING AND EVALUATION**
  - On-site Monitoring Visits

**F. 2018 Accomplishments:**
- **ENHANCED CAPABILITY BUILDING/ WORKSHOPS /ORIENTATIONS**
  - Conduct of Advocacy activity on Men's Involvement in Reproductive Health in the Provinces of CAR

**G. Future Plans/Strategies: (2020-2022)**
- Train health workers in the issue of services of sexual and reproductive health of men throughout the different stages of the life cycle. Assess the providers’ (females and males) biases against male methods of family planning and male involvement, train them to understand the importance of constructively involving men in reproductive health, and of addressing the meaning of gender within their activities with women and men. Train them to understand men's needs and the benefits of shared responsibilities in reproductive health. This may entail training male educators to provide training for young boys. Female educators should be also aware of special needs of young boys and men
- Development of Advocacy strategies on Male involvement on Reproductive Health
- Strengthen the capacity of partners on Male involvement on Reproductive Health
- Technical Assistance (onsite Monitoring)
NUTRITION PROGRAM (NP)
Ms. Candice C. Salingbay, Nutritionist-Dietitian IV - Program Coordinator

A. Background:


This program cuts across all life stages, both sexes, from pregnancy, infancy to older adults.

B. Objectives

1. To reduce under nutrition prevalence among under-five children from 2016 to 2022 as follows:
   a. Underweight prevalence from 3.63% to 2.58%
   b. Stunting prevalence from 13.82% to 10.36%
   c. Wasting prevalence from 2.60% to 2.30%
   d. Wasting prevalence among elementary pupils from 4.34% in 2016 to 1.58% in 2022 and among high school students from 3.37% in 2016 to 0.97% in 2022.

2. To reduce the rate of increase of overweight and obesity prevalence among under five children, elementary pupils and high school students.

C. Program Strategies:

- Focus on the first 1000 days of life
- Complementation of nutrition-specific and nutrition-sensitive programs
- Intensified mobilization of local government units
- Reaching geographically isolated and disadvantaged areas and communities of indigenous people
- Complementation of actions of national, sub-national and local governments

D. 2019 Activities

- Conduct Service Provider’s Course Training for the Integrated Management of Acute Malnutrition for the province of Kalinga and Mountain Province.
- Provision of micronutrient supplements for children, pregnant women, women of reproductive age, post partum women.
- Orientation and consultation with stakeholders for the implementation of Dietary Supplementation Program in Paracelis, Mt. Province.
- Provision of food commodities for the implementation of dietary supplementation program for pregnant and 6-23 months in Paracelis, Mt. Province.
- Augmentation of growth monitoring logistics (height/length boards, WHO-CGS table of reference standards) to GIDA areas.
- Augmentation of salt testing solutions for the implementation of salt monitoring in compliance with ASIN Law.
- Organize and conduct nutrition and healthy lifestyle promotion for school learners for behavior modification in areas with increasing prevalence of overweight and obesity in Tabuk, Kalinga and Bontoc, Mt. Province.
- Celebration of nutrition month
- Funding for the mass calibration of weighing scales in local government hospitals and rural health units.
- Provision of technical assistance to LGUs during MELLPI, regular program monitoring
- Conduct annual Meeting for HRH-Nutritionists deployed in the provinces/municipality.

E. 2018 Accomplishments

1. Organized and conducted training for Integrated Management of Acute Malnutrition in the Province of Apayao and in Baguio City (hospitals).
2. Organized training for provincial nutritionist dietitians and sanitary inspectors for the verification of weighing scales.
3. Provided food commodities for the implementation of Dietary Supplementation Program in five nutritionally-depressed municipalities of Abra.
4. Augmented 120 height/length boards to GIDA areas in CAR
5. Distributed iodized salt during advocacy campaigns
6. Conducted two batches of orientation on nutrition services and interventions for Baguio City and province of Ifugao.
7. Organized and facilitated BNS Congress in Abra and Apayao
8. Monitored and evaluated LGUs for nutrition program implementation
9. Organized regional nutrition month celebration through cooking contest attended by male employees, jingle making contest by C/PDOHO employees and nutri-quiz bee by barangay nutrition scholars
10. Assessed health facilities for MBFHI certification and accreditation
11. Conducted Garantisadong Pambata Program Implementation Review

F. Future Plans/Strategies (2020-2022)
   • Scale Up quality nutrition coverage and services
   • Knowledge and skills management
   • Intensified and coordinated advocacy for behavior change

H. Program Campaign/Logo
A. Background

The National policy is embodied in the RA 7719, National Blood Services Act of 1994, which promotes and encourages a voluntary blood donation by the citizenry and instills public consciousness of the principle that blood donation is a humanitarian act. The law also states that in order to promote public health, there should be provision for an adequate supply of safe blood and regulating blood banks.

Further, RA 7719 states that all sectors shall be mobilized to participate in the mechanisms for voluntary, non-profit collection of blood. In support of the National Blood Services Act of 1994 the following are some policies and guidelines to carry out provisions of the said Act:

a. AO 2005-0002: Rules and Regulations for the Establishment of the Philippine Blood Services which defined the new functions and/or service capabilities of the different blood service facilities including hospital blood banks and blood centers as well as those of the end-user hospitals and other health facilities.

b. AO 2008-0008: Rules and Regulations Governing the Regulation of Blood Services Facilities. This policy ensures access to quality and affordable health products, devices, facilities and services especially those common to the poor.

c. AO 2010-0002: Policies and Guidelines to the Establishment and Operation of Local Blood Councils to Support the Implementation of the NVBSP for Blood Safety and Adequacy, Quality Care and Patient Safety


e. AO 2018-0406: Provision of Blood and Blood Products to Patients of Health facilities

B. New Program Thrusts if Any: none

C. Objectives (general and Specific)

VISION: Safe Blood for All

Program Objectives:

Goal 1: Attainment of 100% Voluntary Non-remunerated Blood Donation (VNRBD) nationwide by 2022.

a. Objective 1- To increase VNRBD by increments of 7% annually.

b. Objective 2- To sustain donor retention rate of at least 30% annually.

c. Objective 3- To decrease number of deferral.

d. Objective 4- To convert family/replacement donors to VNRBD

Goal 2: Institutionalized Blood Center Model

Goal 3: An adequate and sustainable financing for National Voluntary Blood Services Program and Operation of Blood Service Facilities (BSF)

Goal 4: A quality management system for the NVBSP and BSF

Goal 5: robust, operational and universally accessible information management system

Goal 6: Rational Use of blood/blood products in all transfusing healthcare facilities

D. Program Strategies

a. Institutionalize a donor recruitment program, strengthen community based voluntary blood donations, phase-out family/replacement and paid donors

b. Strengthening of Blood Service Network at all levels to increase efficiency through high volume testing and processing of blood; implement an effective and efficient blood distribution scheme.

c. Implement a monitoring and evaluation system

d. Implement an integrated blood bank information system in all BSFs.

E. 2019 Activities

1. Capability Building/Training

   • Orientation of Barangay Captains in the Institutionalization of the NVBSP.
   • Donor Recruitment, Retention and Care Training for selected Health Workers
   • Orientation and Workshop for Trained Donor Recruitment Officers

2. Health Promotion/Advocacy
• Conduct of the World Blood Donor Day Celebration
  • Youth Blood Olympics
• Conduct of the National Blood Donor’s Month in all provinces
• Year-round mobile blood donation activities in partner agencies, barangays, Academe
• Reproduction of IEC materials

3. Monitoring and Evaluation
• Semi-annual Regional Blood Service Facilities Network Meetings
• Quarterly conduct of on-site visits/monitoring to blood service facilities

4. Provision of Logistics
• Augmentation of logistics to blood service facilities (blood bags, typing sera, glass slides, gloves, lancets, hemoglobinometer)

F. 2018 Accomplishments
1. Capability Building/Training
• Donor Recruitment, Retention and Care Training

2. Health Promotion/Advocacy
• Conduct of World Blood Donor Day
• Celebration of the National Blood Donor’s Month
• Recognition of LGUs with outstanding support to the NVBSP (Dugong Bayani Award)
• Human Resource for Health (HRH) Blood Olympics
• DOH-CHD-CAR blood donation activity
• Reproduction of IEC materials

3. Monitoring and Evaluation
• Quarterly conduct of on-site visits/monitoring of BSFs and Health Facilities
• Conduct of the Semi-annual Regional Blood Service Facilities Network Meeting

4. Provision of Logistics
• Augmentation of logistics (blood bags, typing sera, glass slides, test tubes, lancets)

G. Future Plans/strategies (2020-2022)
1. Establishment of a Regional Blood Center
2. Develop Philhealth accreditation standards for participation of non-hospital based BSFs

H. Program Campaign/Logo
A. Background

Populations around the world are aging rapidly. Older people are living longer. From 2000 to 2050, the proportion of the world’s population aged 60 years and above will double from about 11% to 22%. The absolute number of people aged 60 years or over is projected to increase from 900 million in 2015 to 1400 million by 2030 and 2100 million by 2050 (WHO, 2015 World Report on Aging and Health)

In the Philippines, the population of senior citizens will increase from 5.7% in 2010 to 10% by 2030. Over the next 20 years, life expectancy at birth will increase by 4.0 years for women and 4.7 years for men. The life expectancy gap between sexes will decrease from 6.6 years in 2010 to 5.9 years in 2030.

Cordillera Administrative Region (CAR) is one of the eight regions with proportion of senior citizens higher than the national figure at 6.9%. The other seven regions are Region I (9.0%), Region VI (8.7%), Region VIII (8.2%), Region VII (7.8 %), Region II (7.3%), Region III (7.0%) and CARAGA (6.9%). (Philippine Statistics Authority)

Also CAR has a higher ageing index than the national ageing index at 21.7%. Region I has the highest ageing index at 28.5 followed by Region VI (27.0%), Region VII (23.7%), Region II (22.9%), Region VIII (22.5%) and Region III (21.7). The lowest ageing index was computed at 6.7 for ARMM. (Philippine Statistics Authority)

The Population Institute of the University of the Philippines (UP) conducted a local study looking at the Active Life Expectancy and Functional Health Transitions among Filipino Older Persons which showed that as we anticipate future expansions in the size of older population, a corresponding increase in the number in disability is expected, more for females than males. The expected declines in functional health (specifically the ability to perform normal everyday activities of daily living) due to the presence of chronic degenerative diseases/ailments, modification in recreational and leisure activities, social isolation, poor nutrition, depression and overall decrease quality of life.

Policies should thus be able to respond to such eventualities with appropriate mechanisms for prevention of severe declines in functional health, with wellness programs as well as health services particularly long term care services for the increased number of inactive older people needing support.

It is on this that the following Administrative Orders were developed:


Both administrative orders were formulated in response to the Philippine Plan of Action for Senior Citizens 2012-2016 and 2017- 2022 and to the RA 9994, The Expanded Senior Citizen’s Act of 2010. These shall guide national and local actions towards the implementation of the Health and Wellness Program for Senior Citizen and institutionalization of the health program throughout the country to provide integrated health services for senior citizens.

B. New Program Thrusts if Any

One of the strategic goal of the Formula 1 Plus for Health is Better Health Outcomes. Improvement in health outcomes will be measured through sentinel indicator such as the life expectancy. Under the National Objectives for Health 2017-2022, Indicator 1 under better health outcome is a target of 72 years by 2022 from a baseline data of 70 years (2010-2015). Data source will be from the Philippine Statistics Authority.

C. Objectives (general and Specific)

Goal:

a. Quality of Life Among older persons is promoted and contributes to the nation building.

- The goal of healthy aging is to help Filipinos develop and maintain the functional ability that enables well-being. The goal is relevant for every Filipino at all life stages, especially older persons.

Program Objectives:

a. To ensure better health for senior citizen through the provision of focused service delivery packages and integrated continuum of quality health care in various settings.
b. To develop patient-centered and environment standards to ensure safety and accessibility of all health facilities for the senior citizen
c. To achieve equitable health financing to develop, implement, sustain, monitor and continuously improve quality health programs accessible to senior citizens
d. To enhance capacity of health providers and other stakeholders including senior citizens group in the implementation of health programs for senior citizens
e. To establish and maintain a database management system and conduct researches in the development of evidence-based policies for senior citizens
f. To strengthen coordination and collaboration among government agencies, non-government organizations, partner agencies and other stakeholders involved in the implementation of programs for senior citizens.

D. Program Strategies
Five priority areas for strategic actions are identified for the program namely:
1. Commit to action for healthy aging
2. Align Health Systems to the needs of older populations
3. Develop Age friendly environments
4. Strengthen long term care
5. Improve measurement, monitoring and understanding of and for healthy aging

E. 2019 Activities
1. Capability Building/Training
   • Orientation on Active Ageing (2 Batches to be conducted in Kalinga)
2. Health Promotion/Advocacy
   • Conduct of the Walk for Life in Celebration of the Elderly Filipino Week
   • Reproduction of IEC Materials on Healthy Lifestyle for Senior Citizens
   • Endorsement of the Elderly Handbook to the RICT and RSDC for adoption and provisions of fund by LGUs
   • Launching of the Elderly Health Handbook
   • Participation to the Senior Citizen for a Day (SCOFAD) in all DOH Provincial offices
3. Monitoring and Evaluation
   • Quarterly conduct of on-site visits/monitoring to priority health facilities
4. Provision of Logistics
   • Provision of Influenza and pneumococcal vaccines
   • Provision of Medicines for Senior Citizens

F. 2018 Accomplishments
1. Capability Building/Training
   • Orientation on Active Ageing for Senior Citizens
   • Elderly Home Care Training for Caregivers of Senior Citizens
2. Health Promotion/Advocacy
   • Conduct of the Walk for Life in Celebration of the Elderly Filipino Week
   • Reproduction of IEC Materials on Healthy Lifestyle for Senior Citizens
   • Development, Pretesting of the Elderly Health Handbook
3. Monitoring and Evaluation
   • Quarterly conduct of on-site visits/monitoring
4. Provision of Logistics
   • Provision of Influenza and pneumococcal vaccines
   • Provision of Medicines for Senior Citizens

G. Future Plans/strategies (2020-2022 National Program for Healthy Aging Strategic Plan)
1. Commit to Action for healthy aging: Multisectoral action for promotion of healthy aging through good governance and collaboration between government and non-government actors, service providers, academics and other stakeholders
2. Align Health Systems on intrinsic capacity and functional ability: Health systems must be designed to ensure affordable access to care from properly trained workforce and access to integrated services that are centered on the rights and needs of older people.
3. Develop Age Friendly Environment: Healthy communities which promote healthy aging through support and maintenance of intrinsic human capacity all through the life course and by enabling greater functional ability in varying types of people.
FAMILY PLANNING PROGRAM (FPP)
Ms. Moida-Jade B. Binwag, Nurse V - Program Coordinator

A. Background
The family planning program is based on the mandates of EO 119 s. 1987 section 6(b) and section 11(c) and EO 102 s. 1999. It aims to enable couples and individuals to decide freely and responsibly on the number and spacing of their children and to have the information and means to carry out their decisions, and to have informed choice and access to a broad range of medically safe, legal and effective family planning methods, techniques and devices.

Based on the declaration of policy of the IRR of RA 10354 or otherwise known as the “The Responsible Parenthood and Reproductive Health Act 2012”, the state recognizes and guarantees the human rights of all persons including their right to equality and nondiscrimination of these rights, the rights to sustainable human development, the right to health which includes reproductive health, the right to education and information, and the right to choose and make decisions for themselves in accordance with their religious convictions, ethics, cultural beliefs, and the demands of responsible parenthood. The state likewise guarantees universal access to medically-safe, non-abortifacient, effective, legal, affordable, and quality reproductive health care services, methods, devices, supplies which do not prevent the implantation of a fertilized ovum as determined by the Food and Drug Administration (FDA) and relevant information and education thereon according to the priority needs of women, children and other underprivileged sectors, giving preferential access to those identified through the NHTS-PR and other government measures of identifying marginalization, who shall be voluntary beneficiaries of reproductive health care, services and supplies for free.

Executive Order No. 12 entitled, Attaining and Sustaining “Zero Unmet Need for Modern Family Planning”, signed by President Rodrigo Roa Duterte on January 9, 2017 recognizes the need to address the unmet needs for any modern method of contraception among six million women of reproductive age of which two million women are poor. Pursuant to this, the Department of Health as the lead agency in the implementation of the RPRH Law shall ensure that a significant impact in addressing the unmet needs for modern family planning to help the poor and marginalized families achieve their desired family size.

B. New Program Thrusts
- In 2017, President Rodrigo Roa – Duterte issued Executive Order 12 which aims to intensify and accelerate the critical actions necessary to attain and sustain “zero unmet needs for modern family planning” within the context of the RPRH law.
- Implementation of accelerating strategies towards the attainment of this goal as supported by DOH Administrative Order 2017-0005.
- The monitoring of zero unmet need for modern family planning methods was supported thru DOH DM 2017-0273, FHSIS version 2018 and the deployment of Family Health Associates to profile WRA with UNMFP and provide the relevant Family Planning services deemed necessary.

C. Objectives
- Goal: Attain Zero Unmet Need for Modern Family Planning, thru the provision of full range of family planning information and services, whenever and wherever these are needed.
- Vision: To empower women and men to live healthy, productive, and fulfilling lives with the right to achieve their desired family size through quality, medically sound, and legally permissible FP methods.

D. Program Strategies
a. Sustain existing Family Planning strategies such as capability building, strengthened and coordinated advocacy and demand generation strategies.
b. Intensified Demand Generation activities utilizing platforms like the regionwide celebration of the Family Planning Month, Family Development Sessions, community - based Usapan series and school sessions for adolescents.
c. Conducting FP outreach mission thru the Itinerant Teams
d. Provision of Post-partum FP counseling and services thru the strengthening of FP services in hospitals.
e. Conduct of the Purple Ribbon Awards to recognize LGUs who provide extra time and effort in effectively implementing the family planning program and the RPRH law.
f. Monitoring of FP implementation during the conduct of meetings
g. Sustain partnerships with CSOs.
h. Sustained monitoring and provision of appropriate technical assistance during the integrated onsite monitoring.
E. 2019 Activities

- Capability Building
  - Family Planning Competency Based Training Level I – 2 batches
  - Progestin Subdermal Implant Training for Health Service Providers – 3 batches
- Health Promotion and Advocacy
  - Regional Celebration of Family Planning Month
- Monitoring
  - Conduct of regular Regional Implementing Team (RIT) Meeting
  - Support for creation/strengthening of Provincial Implementing Teams (PIT)
  - Integrated program monitoring
  - Provision of relevant technical assistance
- CSO Engagement
  - Assist in Capability Building activities
  - Conduct of post training evaluation
  - Intensified and integrated FP advocacy activities
  - FP service provision
  - WRA profiling

F. 2018 Accomplishments

- Increase in Contraceptive Prevalence Rate from 53 in 2017 to 58.65 in 2018
- Intensified the advocacy on the use of Progestin Subdermal Implant as a family planning method and emphasize that the Temporary Restraining Order against its use has already been lifted.
- Intensified demand generation activities thru the regional rollout of Usapan Sessions and Inreach Strategy in hospitals.
- Strengthened functionality of the Regional Implementation Team and the Provincial Implementation Team.
- Successful engagement with Civil Society Organizations as a means to expand the reach of family planning services.
- Sustained FP logistics augmentation to all health facilities (CSOs, hospitals and RHUs)
- Sustained monitoring and evaluation of program implementation in the region.
- Conduct of the Purple Ribbon Awards to recognize the efforts of the LGUs towards the effective and efficient implementation of the family planning program.

G. Future Plans/Strategies

- Sustained FP services towards increasing Modern Contraceptive Prevalence Rate
- Sustained monitoring and evaluation and provision of technical assistance.
- Strengthened institutionalization and improvement of FP services in hospitals including recording and reporting
- Intensified FP Outreach Missions
- Integrated FP-ANC/EPI Strategy
- 100% accurate profiling, recording and reporting of WRA with UNMFP in the entire cordillera region
- Established and sustained FP Service Delivery Network.
- Strengthened partnerships with Civil Society Organizations.

H. Program Campaign/Logo
WOMEN AND CHILDREN PROTECTION PROGRAM (WCPP)
Ms. Moida-Jade B. Binwag, Nurse V - Program Coordinator

A. Background

In 1997, Administrative Order 1-B or the “Establishment of a Women and Children Protection Unit (WCPU) in All Department of Health (DOH) Hospitals” was promulgated in response to the increasing number of women and children who consult due to violence, rape, incest, and other related cases. From 2004 to 2010, more than 59% were cases of sexual abuse; more than 37% were cases of physical abuse and the rest, neglect, combined sexual and physical abuse, and minor perpetrators. Figures show there is a need to continue to raise awareness on domestic violence in order to properly address the issues relating thereto.

For the past years, there have been attempts to increase the number of WCPUs especially in DOH-retained hospitals but they have been unsuccessful for many reasons. Hence the issuance of Administrative Order no. 2013 – 0011 or the “Revised policy on the establishment of Women and Their Children Protection Units in All Government Hospitals” which aims to expand the scope of establishing WCPUs to the entire health sector, including DOH health care facilities, LGU – supported health facilities, private health care facilities, other DOH attached agencies, development partners and other relevant stakeholders involved.


The DOH shall thereby contribute to the realization of the country’s goal of eliminating all forms of gender-based violence and promoting social justice.

B. New Program Thrusts
-None

C. Objectives

• Goal: Institutionalize and standardize the quality of health service delivery in all Women and Children Protection Units in support of the strategic thrust to achieve Universal Health Care as described in the Kalusugan Pangkalahatan Execution Plan.
• Target: To establish at least one Women and Children Protection Unit in every province or chartered city.

D. Program Strategies

• To strengthen and streamline the existing practices of established WCPUs in CAR and enhance their human and material resources in order to scale up the Level of services they can offer.
• Provide the minimum requirements needed by health facilities in order to establish a Women and Children Protection Unit/Desk
• Strengthen the referral system between relevant agencies, composed of the multi-disciplinary team, concerned with addressing the various needs of victim survivors of gender-based violence.

E. 2019 Activities

• Capability building – Conduct of the Basic 4Rs Training for Hospital Medical and Non-Medical Personnel
• Strengthened Advocacy Activities thru the hospital-led celebration of the 18-day Campaign to end VAW.
• Sustained monitoring and evaluation thru the WCPP PIR and integrated on-site monitoring

F. 2018 Accomplishments

• All the six provinces and one city have at least 1 functional WCPU.
• Expand the establishment of Women and Children Protection Desk in the community thru the conduct of the Multi-Disciplinary Team (MDT) Training
• Improve data gathering of gender-based violence cases thru the conduct of the VAWC Registry System Training
• Intensified advocacy on the awareness eliminating VAW thru the conduct of the 18-Day Campaign to end VAW.
• Sustained monitoring, evaluation and provision of technical assistance to existing Women and Children Protection Units thru the conduct of the annual program implementation review and integrated on-site monitoring.
• Facilitated the training of the BGHMC WCPU team towards establishing it as a training hospital for Child Protection Specialists.

G. Future Plans/Strategies

• Institutionalize the conduct of peer review of cases and case conferences in the WCPUs.
• Improve on the provision of logistics support for WCPUs based on deficiencies observed during on-site monitoring.
• Include the services of the WCPUs in the Health Care Provider Network by providing coordinated quality service to clients by establishing a one-stop shop system in managing VAWC cases.
• Venture into partnerships with NGOs for support in management of cases.
OTHER PROGRAMS

HPRESSC
- Health Promotion Section
- Research Section
- Epidemiology and Surveillance Unit
- Statistics Section

HEM
- Health Emergency Management

RLED
- Regulations, Licensing and Enforcement Division

LHS-HFDC
- Local Health Systems and Health Facility Development Cluster
- Health Leadership and Governance Program (HLGP)
- Health Care Provider Network Strategy (formerly the Service Delivery Network Strategy)
HEALTH PROMOTION SECTION (HPS)
Mr. Patrick P. Pineda, HEPO III

A. Background:

In 2015, The Health Promotion Section (HPS) started conducting Information Education Communication (IEC) monitoring and Client Satisfaction Survey (CSS) to determine needs of health facilities in terms of IEC materials, its availability, presence of IEC rack and IEC corner, preferred channel of IEC and to determine what are the health promotion and communication activities in their respective areas, know their issues and concerns and recommendations. HPS also determined client’s satisfaction in terms of IEC materials issued to them.

Generally, health facilities rated the IEC materials issued as satisfactory and results show health facilities still need IEC materials and collaterals. The health facilities requested IEC racks, AVPs, infomercials, LED TVs and funding of local health promotion and advocacy activities. Based on LIPH, issuance of IEC materials and support to health programs needs to be addressed.

Capacitating health workers in IEC development, Communication and Risk Communication Planning, Inter Personal Communication and Counseling (IPCC) are needed to equipped health workers in terms of health promotion and communication strategies.

Timely and effective health communication through policy/program dissemination is an important strategy of DOH-CHD-CAR Office to: Increase public awareness on key health policies and programs, influence the attitudes and practices of our citizens in ways that will enhance health and achieve good public health outcomes and clarify misconceptions on health.

B. New Program Thrusts:

- The frontline office of Department of Health that performs the core function in cascading policies, standards and guidelines on health promotion and protection that leads local government units, non-government organizations, other private organizations and individual members of society on their health promotion programs and strategies with ultimate goal of preventing or protecting people from getting sick.
- Promotes and protects health and wellbeing through policy advocacy, social mobilization, partnerships and public information in various settings such as schools, workplaces, communities and health facilities.
- Creates health messages that are health promoting, health protecting and even lifesaving in a simple and understandable language. This role becomes more critical in times of disasters, emergencies and disease outbreaks.

C. Objectives: (General and Specific)

- To provide support to the Regional Director and Program Coordinators on matters pertaining to media relations, health promotion and communication.
- To communicate the work and performance of the DOH in order to gain public support of its programs and policies.
- To advocate for the inclusion of health in all aspects of government and provide the platform for multi-stakeholder partnerships and engagement.

D. Program Strategies:

- Policy development (adoption of national policies on Health Promotion, communication and advocacy into regional context and dissemination of the national policies and programs)
- Development of Regional Health Promotion and Communication Plan and Regional Risk Communication Plan
- Development and production/reproduction of IP/Gender sensitive IEC materials and collaterals and other communication materials
- Dissemination / distribution of IEC materials and collaterals, media placement – including social media card posting
- Support to the conduct of program events and activities
- Conduct of Press conference
- Issuance of Press Releases
- Translation of IEC materials into vernacular
- Provides technical assistance and capability building opportunities
- Conduct of monitoring and evaluation

E. 2019 Activities:

STRATEGIC FUNCTIONS
- Training on Risk Communication in the context of HCPN for DOH staff, PHO Programs coordinators and Health Education and Promotion Officers (HEPOs) of Benguet and Mt. Province
- Conduct of Am-among for Health

CORE FUNCTIONS
Quad Media (Promotion of Health Programs)
- Airing of monthly radio advertisement of National health events and programs
- Publication of Health Advisories in local newspaper
- TV airing of Health Infomercials based on National Health Events, programs and activities
- LED billboard display of infomercial on National Health Events, programs and activities
• Posting of health updates through Social Media Card
  Kapihan Forum
• Conduct of Press Conference (Kapihan forum) regular and during emergencies/quick response
• Production and Reproduction of IEC materials and other medium
• Publication / printing of Cordillera Health Voice Magazine
• Production and Reproduction of IP friendly and gender sensitive IEC materials on various programs (leaflet, flyer, brochure, sticker)
• Booklet on DOH - CHD CAR program briefer
• Development of IP friendly and gender sensitive IEC material
• Video production of AVPs and infomercials
• Printing of Tarpaulin - for National Health Events and other programs/events/activities
• Provision of SMART LED TV to health facilities for HCPN health information dissemination

Capability building and Health Promotion activities:
• Training on Health Communication Planning and materials development for Men and Women DOH-CHD-CAR Program Coordinators and other staff
• Training on the Development of IP and Gender Sensitive IEC materials for Men and Women Health Care Providers
• 1st and 4th quarter Meetings and update on National health events for Provincial/City/Retained Hospital HEPOs and DMOs
• Conduct of Health Education Week Celebration
• Orientation / workshop in feature and news writing for CHVM Editorial Board committee members
• Conduct of pre-testing of IEC materials in Bangued, Abra and La Trinidad, Benguet

F. 2018 Accomplishments:
• Quad Media (Promotion of Health Programs) through:
  • Radio
  • TV
  • Print
  • LED billboard display
  • Social Media card posting

• Information dissemination campaigns through:
  • Kapihan Forum
  • Production and distribution of IEC materials and Newsletter

• Technical Assistance
  • Conduct of trainings
  • IEC monitoring
  • Red Orchid Award
  • Provision of multi-media, equipment (LED TV, Computer tablets)
  • Health Emergency Response through intensified Health Advisories

G. Future Plans/Strategies: (2020-2022)
• Sustain quad media placements and Kapihan Forum
• Development of Communication Plan for all Health Programs
• Development of Gender sensitive IEC materials
• Promotion of Universal Health Care Act and IRR to LCEs and the Community
• Partner with DEPED in Promoting Healthy habits among students
• Conduct of Health Promotion, Red Orchid and Media awards
• Institutionalized Health Promotion from the Regional to the Provincial and Municipal Health Offices
• Health Emergency Response through Risk Communication

H. Program Campaign/Logo
A. Background

The Regional Epidemiology and Surveillance Unit is a section of the DOH Regional Offices in the country that provides services in public health surveillance and epidemiology providing rapid, timely, and accurate health information on potential health problems to health decision makers and other data users.

Philippine Integrated Disease Surveillance and Response

The World Health Organization under the Revised Health Regulations (IHR) of 2005 requires all member states to strengthen core surveillance activities. Being a member state of the Asia Pacific Region, guided by the Asia Pacific Strategy for Emerging Diseases, the National Epidemiology Center of the Department of Health, which is the focal point of the IHR in the country created the Philippine Integrated Disease Surveillance and Response (PIDS) to strengthen the surveillance system in the country; this begun with the issuance of the Administrative Order no. 2007-0036, “Guidelines in the Philippine Integrated Disease Surveillance and Response Framework”. The goal of the PIDSR is to strengthen the capacity of local government units (LGUs) for early detection and response to epidemics in a struggle to decrease the morbidity and mortality rates in the country. Through PIDSR, there are fifteen epidemic-prone diseases, three diseases targeted for eradication or elimination and five other diseases or conditions of public health importance are prioritized for surveillance.

Event-based Surveillance and Response

To complement the indicator-based surveillance of the Philippine Integrated Disease Surveillance and Response (PIDS), the Event-based Surveillance and Response was established. This aimed to contribute in the prevention and control of communicable diseases through early detection, reporting and response for emerging and re-emerging diseases. In line with the IHR and Asia Pacific Strategy for Emerging Diseases (APSED), the EB shall be primarily responsible for immediately communicating with the World Health Organization those events that may be strongly considered public health emergency of international concern (PHEIC). This requires early detection, assessment, notification and reporting of such events on a 24/7 basis.

Event-based Surveillance and Response (ESR) shall complement the existing indicator-based disease surveillance in detecting IHR events with the added advantage of rapid reporting because it does not support data aggregation by morbidity week, with a wider scope (since PIDSR is limited to a set number of reportable diseases and syndromes), greater geographic spread (as reports will not be coming from predetermined sentinel sites although PIDSR was envisioned to have a universal coverage) and most importantly, initially at a relatively low cost.

The ESR has unique characteristics that will define its purpose. ESR is the organized, unstructured capture of information on new events that are not included in indicator-based surveillance, events that occur in populations which do not access health care through formal channels, rare, unusual or unexpected events to distinguish it from indicator-based surveillance, which employs a systematic collection of variables to characterize specific illnesses.

STI-HIV Laboratory and Blood bank surveillance

One of the existing disease surveillance of Epidemiology Bureau is the STI/HIV Denominator Surveillance System (SDSS). It used for determining and monitoring the magnitude and progression of HIV infection and Sexually Transmitted infections in the Philippines. Its objectives are:

a. To determine the denominators or the number of tested population for HIV and STI
b. To provide current and available data on positivity rate, sex distribution, and frequency of infections from public and private HIV and STI testing facilities in the country
c. To monitor HIV and STI trends and projections
d. To utilize data for program designing and implementation that will aid in developing HIV and STI management

Pursuant to Administrative Order No. 55-A, “Each HIV testing laboratory (Private or Government) shall report and submit monthly the number of tests performed, results and referrals of sero-reactive samples and confirmed sero-active samples as required by RA 3573 (Law on Reporting Communicable Diseases). Further, as provided in DOH Administrative Order 2005-0027, reporting should include Syphilis, Hepatitis B, Hepatitis C, and Gonorrhea.

B. Objectives:

Overall objective: To contribute to the reduction Morbidity and Mortality due to Public Health Events Infectious Diseases and outbreaks through an institutionalized and functional disease surveillance by 2019. To assess data utilization rate program managers and other stakeholders by 2019. To conduct outbreaks/ epidemiologic investigations.
C. Program Strategies

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Priority Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provision of technical Assistance</td>
<td>Provincial/ City Health Offices: Epidemiology and Surveillance Units (ESUs), DOH retained Hospitals, Provincial Hospitals and RHUs (Bangued, La Trinidad, Itogon, Mankayan, Lagawe and Bontoc, Luna, Tabuk)</td>
</tr>
<tr>
<td>a. Capability building</td>
<td></td>
</tr>
<tr>
<td>b. Logistic augmentation</td>
<td></td>
</tr>
<tr>
<td>c. Conduct of meetings and updates</td>
<td>Provincial/ City Health Offices through the Epidemiology and Surveillance Units (ESUs)</td>
</tr>
<tr>
<td>Monitoring, coaching and mentoring</td>
<td>Regional level, including Baguio City</td>
</tr>
<tr>
<td>Inter-sectoral collaborations</td>
<td></td>
</tr>
</tbody>
</table>

D. Accomplishments

**Table 1. Disease Reporting Unit reaching RESU database**

As of July 2019 (N=128)

<table>
<thead>
<tr>
<th>Province/ City</th>
<th>Hospitals and Infirmaries</th>
<th>RHUs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Government</td>
<td>Private</td>
</tr>
<tr>
<td>Abra</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>Apayao</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Baguio City</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Benguet</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>Ifugao</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>Kalinga</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Mountain Province</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>44</td>
<td>18</td>
</tr>
</tbody>
</table>

**Table 2. Summary of PIDS Resident DRUs conducted as of July 2019 (Since 2009)**

<table>
<thead>
<tr>
<th>Province/ City</th>
<th>No. of DRUs trained in PIDSR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PESU/ CESU</td>
</tr>
<tr>
<td>Abra</td>
<td>1</td>
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<tr>
<td>Apayao</td>
<td>1</td>
</tr>
<tr>
<td>Baguio City</td>
<td>1</td>
</tr>
<tr>
<td>Benguet</td>
<td>1</td>
</tr>
<tr>
<td>Ifugao</td>
<td>1</td>
</tr>
<tr>
<td>Kalinga</td>
<td>1</td>
</tr>
<tr>
<td>Mountain Province</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>7</td>
</tr>
</tbody>
</table>

**Table 3. Summary of Basic Epidemiology Trained DRUs conducted as of July 2019**

<table>
<thead>
<tr>
<th>Province</th>
<th>2010</th>
<th>2011</th>
<th>2014</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abra</td>
<td></td>
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<tr>
<td>Apayao</td>
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<tr>
<td>Baguio City</td>
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<td>Benguet</td>
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<td>Ifugao</td>
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<tr>
<td>Kalinga</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Mt. Province</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**E. 2019 Activities:**

1. Capability building and Advocacy Activity
   a. Basic Epidemiology training
   b. PIDS and ESR Training (Full course)
   c. Data Management Training and PIDS refresher course
   d. LaBBS consultative Meeting
   e. Regional AEFI committee meetings
2. Allocation of Resources
   a. Test kits, Reagents and disinfectants
   b. Personal Protective Equipment
3. Monitoring and onsite mentoring
4. Conduct of Surveillance activities
   a. Hiring of RESU disease surveillance officers
   b. Weekly morbidity report preparation and dissemination
   c. Monthly morbidity report preparation for media partners
   d. Active and passive surveillance
   e. Outbreak and field case investigations
HEALTH FACILITIES ENHANCEMENT PROGRAM (HFEP)

Infrastructure: Engr. Arianne Joy Paneda
Equipment: Engr. Benelyne Balag-ey

A. Background
The Health Facilities Enhancement Program, serves as the national government’s major strategy to provide assistance to
government-owned healthcare facilities for construction and improvement of infrastructure, equipment upgrades, and medical transport
such as mobile dental vans and ambulances.

B. New Program Thrust
-None

C. Objectives:
Improve primary health care facilities (RHUs, BHS) to gatekeep and deliver preventive health services
Improve quality of LGU hospitals to comply with DOH licensing and PhilHealth accreditation requirements as referral centers
Decongesting DOH hospitals to be able to provide affordable quality tertiary care and specialized treatment.

D. Program Strategies:
- Receipt of Proposed HFEP Projects thru the LIPH
- Initial Screening of Submitted Project Proposals
- Project Site Inspection, Assessment, and Validation
- Finalization & Submission of Regional List of Proposed HFEP Projects
- Receipt of Approved List of HFEP Projects
- Preparation of DAED / POW
- Approval of DAED / POW
- Procurement of HFEP Projects
- Awarding of Project
- Start of Implementation of Project
- Project Implementation
- Progress monitoring and inspection
- Final Inspection and Turn-Over to End Users

E. 2019 Activities
- A total of Php 91,500,000.00 under GAA 2019 allotted for:
  1. HFEP Infrastructure = Php 50,500,000.00
  2. HFEP Equipment = Php 21,000,000.00
  3. Motor Vehicle = Php 20,000,000.00

F. 2018 Accomplishments
- Physical Status:
  Total projects = 160
  Completed = 54
  On-going = 77
  Suspended = 16
  On-going procurement = 14
  On-going settlement of issues = 5

- Financial Status:
  Total Budget = Php 349,330,000.00
  Obligated = Php 238,801,613.59
  Unobligated
    • on-going procurement = Php 84,551,955.02
    • savings = Php 15,005,431.39
    • problematic/with issues = Php 10,971,000.00

G. Future Plans/Strategies: (2020-2022)
- Prioritize HFEP Projects that were started during the previous years but were not completed due to inadequate funding.
- Ensure functionality of the completed and delivered HFEP projects and equipment
- Sustainability of HFEP Projects through the years
A. Background

With the growing number of health challenges and health inequities in the Philippines, The Department of Health (DOH) and Zuellig Family Foundation (ZFF) entered into a partnership in order to implement the HLGP to strengthen the leadership and governance capabilities of local chief executives (LCEs) and public health professionals to address health system challenges.

The main problem of the Philippine health care system is and has been the INEQUITIES among its population. The system is biased against the poor in terms of physical and financial access to appropriate health care, even to basic health care. Therefore, the poor becomes vulnerable to sickness and death. Targeting health improvements for the poor and the community, therefore, will improve significantly health outcomes not only of the local community but of the whole country as well. Health services for all especially for the poor will likely improve if the key health stakeholders are motivated and trained to do so. The activity will booster the capacities and commitment of regional and local health and other agencies, including the academe, to support local health systems.

To get better health outcomes, there must be a good supply of health services and demand from the community. A good local health system must be able to provide effective health services to the needs of the people. The people should also have a voice or must be provided the opportunity to participate in the development of the health system. Behind good local health systems are LEADERS who are RESPONSIVE to the needs of the people.

B. New Program Thrusts

C. Objectives

- Support and promote the leadership and governance capacity of key officials of the DOH central and regional offices to institutionalize and sustain the implementation of the HLGP, and to complement their technical expertise in supporting provincial, city and municipal health leadership teams (composed of the governor, mayor, and provincial, municipal and city health officers, Chief of Hospitals and other non-health staff);
- Support the development and strengthening of Academic Partners that are capable of providing leadership and governance training programs to local chief executives and health officials using the Health Change Model and Bridging Leadership frameworks;
- Support the development and strengthening of the health leadership and governance capabilities of local chief executives, health officials and their team through the DOH-ROs and the Academic Partners; and
- Support and promote the institutionalization of national and regional policies and programs to strengthen leadership and governance at all levels.

D. Program Strategies

Program Components:

1. Health Leadership and Management Program (HLMP)
   a. Bridging Leadership Fellowship program (BLFP) for RDs and OFIM
   b. HLMP Modules 1
   c. HLMP Module 2
   d. Training of Coaches Module 1
   e. Training of Coaches Module 2
   f. Barangay Health Leadership and Governance Program (BHLMP) Training of Trainers (TOT)
   g. Training for HLGP Coordinators, DMOs and Provincial Health Team Leaders (PHTLs)

2. Provincial Leadership and Governance Program (PLGP)

3. Municipal Leadership and Governance Program (MLGP)

4. City Leadership and Governance Program (CLGP)

5. Quality Assurance (QA) Program (Regional Offices and Central Office)

6. Academic Partners Program (APP)

E. 2019 Activities

1. Training on Barangay Health Leadership and Management Program (BHLMP) for the following municipalities:
   a. Bontoc, Mountain Province
   b. Bauko, Mountain Province
   c. Bokod, Benguet
   d. Bakun, Benguet
   e. Buguias, Benguet
Atok, Benguet
Kapangan, Benguet
Mankayan, Benguet

2. Development Management Officer (DMO) Convention
3. Monitoring/mentoring and coaching on HLGP

F. Accomplishments
   F.1 Provincial/City Leadership and Governance Program (P/CLGP)
   - 33.33% (2/6) of the Provinces in CAR completed the PLGP Training
   
   F.2 Municipal Leadership and Governance Program (MLGP)
   - Overall, 52.63 % (40/76) of municipalities in the Cordillera Administrative Region (CAR) were enrolled for MLGP and 75 % (30/40) of the municipalities enrolled were able to complete/graduate and are considered as alumni municipalities. The province with the highest percentage of enrollment is Ifugao (10/11) and the provinces with the highest percentage of alumni for MLGP are Benguet and Mountain Province at 100 % each.
   
   F.3 Health Leadership and Governance Program (HLMP) and Training of Coaches (TOC) Training
   - The Division with the most no of HLMP enrolment is RLED at 92.30 % (12/13) and the PDOHO with the highest percentage of completion at 100 %. The MSD has the lowest percentage of enrolment at 61.76 % (21/34) and completion at 23.81 % (5/21)
   - Overall, the PDOHO has the highest percentage of enrolment and completion for the Training of Coaches at 100 % (26/26) and 96.15 % (25/26%) respectively. The Division of RLED has a 50 % (6/12) enrolment but has the lowest percentage of completion at 20 % (1/6)

The following Programs, Plans and Activities were done for CY 2018:
   a. Conduct of MLGP Module II Cycle 1 for Batch 5 municipalities.
   b. Conduct of MLGP Retreat and Colloquium for Batch 5 municipalities
   c. On-site monitoring for the MLGP practicum of Batch 5 Municipalities
   d. Funding support as augmentation for the implementation of the Municipal Health Action Plan of Batch 5 Municipalities
   e. Conduct of HLMP I and II, TOC I and II to the DOH-CHD CAR personnel
   f. Conduct of BHLMP TOT to the RHM and MHOs for Benguet and Mountain Province
   g. Provision of Technical Assistant as Resource Person for the conduct of BHLMP in Tadian, Mountain Province

G. Future Plans/Strategies (2020-2022)
   1. Provincial Leadership and Governance Program (PLGP) integration to UHC in Implementation Site
   2. Leadership and Development Program for UHC for PHOs
   3. Learning Organization and Systems Thinking

H. Program Campaign/Logo

HLGP Logo Meaning

A. The five (5) rays of the sun represents the 5 main program components of the Health Leadership and Governance (HLGP) Cycle 2, which are: Health Leadership and Management Program (HLMP) Modules 1&2; Provincial Leadership and Governance Program (PLGP); Municipal Leadership and Governance Program (MLGP) Modules 1&2; City Health Leadership and Governance Program (CLGP); Academic Partners Program (APP).

B. The five (5) rays of the sun and the “lingling-o” (letter G) represents the six (6) building blocks of the health system as its core components. The RAYS are 1. Service Delivery, 2. Human Resource, 3. Information Systems, 4. Access to essential medicines, 5. Financing, and 6th is represented by “lingling-o” symbol which is like G Shape stand for GOVERNANCE.

The 5 rays are attached to the G or “lingling-o” which believed that health Governance serves as the backbone/driving force of the health system. Good leadership and governance also provides an enabling mechanism for the other blocks of the health system to function properly. Also "LINGLING-O - is a symbol of fertility or a good luck charm from the Cordillera Region. Color: Blue symbolizes TRUST (believe as the engine of coaching), loyalty, wisdom, confidence, intelligence, faith, truth, heaven, comfort, sky, water, sleep, the mind, stability and safety (values a Leaders should possess). Blue promotes interaction, convey a sense of innovation and creativity, and considered beneficial to the mind and body Blue is the color of the sky and sea. It is often associated with depth and stability. In heraldry, blue is used to symbolize piety and sincerity. Since we are in millennial time, we uses Blue since it dominates the Facebook website and other social media mobile apps.
HEALTH CARE PROVIDER NETWORK STRATEGY (Formerly the Service Delivery Network Strategy)
Ms. Angeline Milo, DMO III - Program Coordinator

A. Background

The Philippine health care system has become complex because of the segmentation of the public and private health providers, the devolution of public health facilities to different administrative entities, multiplicity of payers and payment mechanisms, separation of public health from personal care and multiple programs working in siloes, makes it difficult for clients, particularly the poor to access health care.

AmBisyon Natin 2040, envisions the life of all Filipinos to have “Matatag, Maginhawa at Panatag na Buhay”. This represents the collective long-term vision and aspirations of the Filipino people for themselves and for the country in the next 25 years, it is an anchor for development planning across at least four administration.

The Sustainable Development Goals (SDGs) are the blueprint to achieve a better and more sustainable future for all. They address the global challenges we face, including those related to poverty, inequality, climate change, environmental degradation, prosperity, and peace and justice. The goals interconnect and in order to leave no one behind, it is important that we achieve each goal and target by 2030. The SDG Goal 3: “Ensure healthy lives and promote well-being for all at all ages” is aligned to AmBisyon Natin 2040.

The signing into law of R.A. No. 11223, “The Universal Health Care Act” ensures that all the health needs of the population and individuals will be provided through a network of health facilities and health care providers. The Department of Health (DOH) thru its Formula One Plus (F1 Plus) for Health strategy is to institutionalize people - centered Health Care Provider Networks (HCPNs).

B. New Program Thrusts

**Strategic Goal: Responsive Health System**

The quality of health goods and services as well as the manner in which they are delivered to the population will be improved to ensure people-centered healthcare provision. This may be done through instruments that routinely monitor and evaluate client feedback on health goods used and services received.

**General Objective:**

Access to essential quality health products and services ensured at appropriate level of care.

**Specific Objective:**

- Health Care Provider Network (HCPN) organized and engaged
  1. Organization of public and private providers in the HCPN
  2. Assignment of families to primary care providers
  3. Strengthened gatekeeping at the primary level of the HCPN
  4. Two-way referral mechanisms at all levels of the HCPN

C. Program Strategies

Organization and Institutionalization of the Province-wide Health Systems (PWHS) and City-wide Health Systems (CWHS) with a functional HCPN

**Ten Key Features Of An Organized Pwhs/Cwhs**

1. With Provincial / City Management Group (Mg) And Technical Unit (Tu)
2. With Two-Way Referral System
3. With Formal Participation Amongst Primary To Tertiary Providers
4. With Mechanism For Sharing Of Resources Or Special Health Fund
5. With Local Investment Plan For Health (Liph)
6. All Primary Care Facilities Accredited For Pcb
7. All Health Facilities With Functional Electronic Medical Record (Emr) System
8. All Families Profiled And Matched To A Primary Care Provider (Pcp)
9. All Lgus With Operational Drrm-H And Functional Disease Surveillance System
10. With Established Customer Feedback Mechanism
D. 2019 Activities
1. Orientation on the Universal Health Care Act and its relevant provisions
2. Orientation on the Ten criteria for an organized PWHS and CWHS
3. Technical Assistance to Implementation Sites (IS) and other provinces in the organization and institutionalization of the PWHS and CWHS with a functional HCPN
4. Coordination/Consultation activities with LGUs, PHIC and other partners for health in the organization of the PWHS and CWHS with a functional HCPN

E. Accomplishments
The following Programs, Plans and Activities (PPAs) were done for CY 2018:

a. Orientation on the Ten Key Features to all DMOs on Service Delivery Network (SDN)
b. Orientation on the Ten Key features to Inter Local Health Zones and Regional Inter-agency Coordination Team.
c. Monitoring of status of SDN for the following Sub-SDN (formerly Inter Local Health Zones): DOLASAN, BLIISTT, BKD, 3K, BuDaBuSa, SABATABATU Og-ogbo for Health, Mountain Trail, Chico River.
d. Awarding of Most Functional SDN during the Gawad Kalusugan Awarding 2018
e. Consultative meeting, orientations and workshops for the development and finalization of the reference manual (May-June 2018)
f. Launching of the Reference Manual for the Operationalization of the Health Service Delivery Network in the Cordillera Administrative Region (July 2018)

F. Future Plans (2020-2022)
Technical Assistance to the LGUs and Other Health Partners in the organization and institutionalizing their Province-wide Health System and City-wide Health System
A. Background

Disaster Risk Reduction and Management in Health (DRRM-H) – is an integrated, systems-based, multisectoral process that utilizes policies, plans, programs, and strategies to reduce health risks due to disasters and emergencies, improve preparedness for adverse effects and lessen adverse impacts of hazards to address needs of affected population with emphasis on the vulnerable groups. (HEM MOP)

The Philippine Health Agenda ensures that health services delivered through Service Delivery Networks (SDNs) are available 24/7 even during disasters. This warrants uninterrupted health services to avert preventable morbidities and mortalities as well as ensure that no outbreaks occur secondary to disasters. In the delivery of these services, gender-sensitive, culturally-appropriate, inclusive approaches are considered. These goals will be achieved by institutionalizing DRRM-H in the health system through the 5K approach or the Kaligtasang pangKalusugan sa Kalamidad sa Kamay ng Komunidad (Health Disaster Safety in the Hands of the Community). This will guide planners at all levels of governance to formulate disaster risk reduction measures for each of the four thematic areas: Prevention and Mitigation, Preparedness, Response, and Recovery & Rehabilitation. The four thematic areas in relation to priorities:

- **Prevention and Mitigation** provides key strategic actions that give importance to activities revolving around hazards evaluation and mitigation, vulnerability analyses, identification of hazard-prone areas, and mainstreaming DRRM into development plans. It is based on sound and scientific analysis of the different underlying factors which contribute to the vulnerability of the people and eventually, their risks and exposure to hazards and disasters.

- **Preparedness** are the key strategic actions that give importance to activities revolving around community awareness and understanding, contingency planning, conduct of local drills, and the development of a national disaster response plan. Risk-related information coming from the prevention and mitigation aspect is necessary for the preparedness activities to be responsive to the needs of the people and to the situation on the ground. Also, the policies, budget, and institutional mechanisms established under the prevention and mitigation priority area will be further enhanced through capacity-building activities and development of coordination mechanisms. Through these, coordination, complementation, and interoperability of work in DRRM operations and essential services will be ensured. Behavioral change created by the preparedness aspect was eventually measured by how well people responded to the disasters. At the frontlines of preparedness are the local government units, local chief executives, and communities.

- **Response** refers to activities during the actual response operations: from needs assessment and search and rescue to relief operations and early recovery. The success and realization of this priority rely heavily on the completion of the activities under both prevention and mitigation and preparedness aspects including, among others, the coordination and communication mechanisms. On-the-ground partnerships and vertical and horizontal coordination work among key stakeholders will contribute to successful disaster response operations and its smooth transition towards early and long-term recovery work.

- **Rehabilitation and Recovery** cover areas like employment and livelihoods, infrastructure and lifeline facilities, and housing and resettlement, among others. These are recovery efforts done when people are already outside of the evacuation centers. It also covers post disaster analysis and assessment of damages and needs.

These goals will be achieved through proper DRRM-H planning and implementation. DRRM-H institutionalization entails the adoption of a policy through the creation of local issuance/s to ensure that all systems are in place; creation of a dedicated unit with a permanent employee as lead; Operations Center (OPCEN) with Concept of Operations (CONOPS) and Manual of Operations.
(MOPs); organized and trained health emergency response team; minimum health emergency commodities and a DRRM-H Plan. The 5K approach is in line with the National Disaster Risk Reduction and Management Framework’s (NDRRMF) vision of the country to have safer, adaptive and disaster-resilient Filipino communities toward sustainable development.

B. New Program Thrusts:
- Institutionalization of the Disaster Risk Reduction and Management in Health (DRRMH) System.

C. Objectives:
General:
Establish DOH’s role in emergency and disaster response management and present a comprehensive perspective of the components of a well-organized and effective response in health and health-related emergency or disaster.

Specific:
- Appreciate the overall mandate of DOH and its instrumentalities in managing response to any emergency or disaster.
- Identify the basic principles of an effective and efficient response.
- Describe the key components constituting a well-organized response and the elements required for each response component.

Source: Manual of Operations on Health Emergency and Disaster Response Management

D. Program Strategies:
- Strengthened institutionalization of the DRRM-H Program in target LGUs
- Increase awareness on the DRRM-H Program through conduct of various activities (simulations and drills).
- Ensure effective and efficient logistics management and augmentation needed for preparedness and response to decrease morbidity and mortality in emergencies and disasters
- Capability Building for Health Emergency Response Teams
- Conduct of Monitoring and evaluation (onsite and non-onsite) and provision of Technical assistance to LGUs and Hospitals for DRRMH System institutionalization
- Deployment of Response Teams for the provision of quad cluster services (Public Health, WASH, MHPSS, Nutrition in Emergencies)

E. 2019 Activities
- 24/7 Functional Operation Center and proactive monitoring of health events
- Prepositioning of logistics to Provincial DOH Offices for emergencies and disasters
- Continuous Provision of Technical Assistance to LGUs and partner agencies for the development of DRRMH plan and DRRMH System institutionalization
- Aksyon Paputok Injury Reduction (APIR) Monitoring
- Creation of DOH-CHD CAR Health Emergency Response Team composed of the quad cluster teams (Public Health, WASH, MHPSS, Nutrition in emergencies)
- Manpower Deployment and Logistics Augmentation for the 2019 National and Local Elections and other national activities.
- Observance of the National Disaster Resilience Month
- Conduct of Basic Life Support Training for DOH-CHD-CAR Employees
- Conduct of Basic Life Support for Ambulance Drivers/ Hospital Staff
- Conduct of Emergency Responder’s Course
- Conduct of Incident Command System Training
- Conduct of Training of Trainers in Mental Health and Psychosocial Support
- Conduct of Water, Sanitation and Hygiene (WASH) Training
- Conduct of Workshop on the Development of IEC Materials for disaster and emergencies
- Conduct of Review and Workshop on Disaster Risk Reduction and Management in Health Institutionalization

F. 2018 Accomplishments
- DRRMH Planning Writeshop conducted for the six (6) Provinces in CAR
- HEMS included in the 2019-2022 Local Investment Plan for Health
- 24/7 Functional Operation Center
- Logistics augmentation for Provincial DOH Office Operation Centers through allocation of emergency drugs and supplies; Procurement and allocation of Canopy Tents, Go Bags, Tactical Flashlight, sleeping bags, raincoats and power banks
- Accomplished projects on emergency and disaster training advocacy (Conducted Training of Trainers on Basic Life Support and Emergency Responder’s Course)
- Manpower Deployment and Logistics Augmentation in response to the aftermath of Typhoon Ompong and Typhoon Rosita
LICENSING AND REGULATION
Regulations, Licensing and Enforcement Division

A. Background:
The Regulations, Licensing and Enforcement Division (RLED) of the Department of Health (DOH) Cordillera Administrative Regional Office is the regulatory body that aims for safe health facilities and provision of quality service in the Cordillera Region. Regulation takes into account services capabilities and compliance with standards for manpower, equipment, construction and physical facilities. This is accomplished by the four core processes which are licensing, monitoring, surveillance and handling of complaints. The division is composed of the Division Chief, one Medical Officer IV, five Licensing Officer III, four Licensing Officer II, two Licensing Officer (JC), one Administrative Assistant III, one Administrative Aide IV (JC) and one Nurse I.

The Citizen’s Charter also indicates the functions of the division as follows: (a) disseminates regulatory policies and standards for information and compliance, (b) issues permits, licenses and authorizations, (c) ensures sustainability of health facility’s compliance with regulatory standards and (d) provides consultation and advisory services to stakeholders regarding health facility regulation.

B. Objectives:
- To ensure access to safe and quality health facilities and services
- To ensure authorizations are issued within the Citizen Charter timeline
- To ensure continuous compliance of health facility with regulatory policies
- To ensure that recorded complaints are acted upon
- To ensure that unlicensed health facility comply to regulatory policies

C. Program Strategies:
- Processing of application for issuance of Certificate of Need, Permito Construct, License to Operate, Authority to Operate and Certificate of Accreditation to health facilities
- Ocular inspection of health facilities
- Monitoring of licensed health facilities for continuous compliance to standards and licensing requirements
- Surveillance of health facilities operating without valid LTO/COA/ATO
- Handling of specific complaints
- Assessment of health facilities for program certification/recertification (MBFHI, TB-DOTS, ABTC)

D. 2019 Activities:
- Surveillance / tracking for full compliance on licensing standards and requirements
- Assessment of health facilities for accreditation on MBFHI, TB-DOTS and ABTC
- Licensing/Accreditation:
  - Issuance of LTO/Accreditation/Authorization/PTC within citizen charter timeline
  - Issuance of LTO/Accreditation/Authorization/PTC for backlog applications within citizen charter timeline
- Monitoring and Evaluation / Enforcement
  - Monitoring of gender-sensitive regulated health facilities
  - Monitored health facilities tracked for compliance to licensing standards and requirements
  - Issuance of Notice of Violation to monitored health facilities with violations
  - Assessment and evaluation of health facilities for MBFHI, TB-DOTS, and ABTC certification
  - Feedback of licensing findings LGU/LCEs
  - Assessment and recommendation for issuance of Program Certification
- Surveillance/Enforcement
  - Surveillance of health facilities
  - Issuance of Notice of Violation to health facilities operating without LTO
- Handling of Complaints
  - Received complaints are acted upon
- Policy Dissemination
  - Conduct Stakeholders’ Dialogue
  - Conduct Hospital Managers’ Consultative Forums
  - Conduct/facilitate Bi-Monthly RLED Chiefs’ Meetings
- Support Functions
  - Attendance/Resource Speaker/Facilitator to conventions/meetings/trainings
  - Vehicle rental for monitoring, inspection, assessment and surveillance of health facilities
  - Hiring of LO II (2 Engr and Med Tech) and 1 Administrative Aide
E. 2018 Accomplishments:
- 100% (288/288) of targeted health facilities and services are compliant to regulatory policies
- 100% (301/301) of authorizations issued within the citizen charter timeline
- 326% health facilities and services monitored and evaluated for continuous compliance to regulatory policies
- 100% of targeted regulated health facilities and services monitored and evaluated for continuous compliance to regulatory policies
- 100% of identified unlicensed health facilities surveilled
- 280 processed complete applications for renewal of LTO/COA/CON within citizen charter timeline
- 14 processed complete applications for PTC within citizen charter timeline
- 17/11 health facilities assessed for issuance of program certificates

F. Future Plans/Strategies (2020-2022):
- Processing of application for issuance of Certificate of Need, Permito Construct, License to Operate, Authority to Operate and Certificate of Accreditation to health facilities especially to HCPN sites
- Ocular inspection of health facilities
- Monitoring of licensed health facilities for continuous compliance to standards and licensing requirements to HCPN sites
- Surveillance of health facilities operating without valid LTO/COA/ATO
- Handling of specific complaints
- Assessment of health facilities for program certification/recertification (MBFHI, TB-DOTS, ABTC)

H. Program Campaign/Logo:

“Pag Lisensyado...ProtektaDOH”