



World Health
Organization

Western Pacific Region



REPORT OF THE WHO REPRESENTATIVE

The Work of the World Health Organization in the Philippines
January – December 2011



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Foreword

The Office of the WHO Representative in the Philippines — also known as the WHO Country Office — serves as the World Health Organization's primary adviser to the Government on public health issues. Established more than 30 years ago, the WHO Country Office has intensified its support to the Philippines over the past decade.

WHO has contributed to the development, implementation, monitoring and assessment of the country's national health plan by providing technical support and capacity-building for the Department of Health (DOH) and local government units, engaging in partnerships, helping establish norms and standards, and lending leadership support during emergencies.

This annual *Report of the WHO Representative in the Philippines* is another milestone for the Country Office — the first of its kind in the WHO Western Pacific Region. It is intended to provide key stakeholders — the Government of the Philippines at the national and local levels, our development partners, partners in the private sector and the people of the Philippines — with an overview of WHO's contributions to the health sector during 2011.

2011 marked a renewal of WHO's commitment to the Philippines through the launch of the *WHO Country Cooperation Strategy for the Philippines (2011–2016)*. It serves as the medium-term vision of WHO technical cooperation with the country. The *Country Cooperation Strategy* recognizes that WHO is part of a larger group of partners working to achieve the country's health goals.

Jointly developed by WHO and DOH in consultation with a variety of stakeholders, the *Country Cooperation Strategy* identified three primary strategic priorities for 2011–2016:

- strengthening the health-care system to provide equitable access to quality health care, with a special

focus on the health-related United Nations Millennium Development Goals (MDGs) and priority noncommunicable diseases (NCDs),

- enabling individuals, families and communities to better manage their health and its determinants, and
- improving the resiliency of national and local institutions against health security risks and threats.

This Annual Report reflects the first year of implementation of the *Country Cooperation Strategy* and provides the foundation for the Organization's support to the Government of the Philippines in its pursuit of the *Aquino Health Agenda: Achieving Universal Health Care for All Filipinos*, as well as the country's progress on a variety of issues ranging from the battle against emerging infectious diseases and improved health for women and children to the response to health emergencies and the reduction in the risk factors that contribute to the rising tide of NCDs.

Acknowledging the role of various key players in the health sector, WHO has been an active player in the health partners' arena. Through the DOH-led Sector Development Approach for Health, WHO and other development partners have fully engaged the Government of the Philippines in its effort to address its Universal Health Care Agenda.

The year also saw WHO brokering important partnerships, such as those between DOH and other government agencies on road safety and infectious diseases, between local governments and nongovernmental organizations in attempts to better serve the urban poor, and between academia and professional societies for patient safety and Essential Intrapartum and Newborn Care.

To strengthen our collaboration with other United Nations colleagues, WHO is committed to the *United Nations Development*



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Assistance Framework (2012–2018) and its four outcomes: universal access to quality social services, with a focus on the MDGs; decent and productive employment for sustained, greener growth; democratic governance; and resilience towards disasters and climate change.

This annual *Report of the WHO Representative in the Philippines* provides our health partners and the people of the Philippines with a snapshot of health sector performance in 2011 and the contributions of WHO. It acknowledges

the shared vision and efforts made towards achieving better health for all Filipinos.

Dr Soe Nyunt-U
WHO Representative in
the Philippines

**Dr Soe Nyunt-U,
WHO Representative
in the Philippines,
makes regular field
visits throughout
the Philippines.**

Executive Summary

This annual *Report of the WHO Representative in the Philippines* provides key stakeholders — the Government, our partners in development and in the private sector, and the people of the Philippines — with an overview of WHO’s contributions to the health sector. Among the major achievements in 2011 was the launch of the *WHO Country Cooperation Strategy for the Philippines (2011–2016)*, developed jointly with the Department of Health (DOH).

Universal Health Care. Over the past year, the WHO Country Office worked closely with DOH in support of the Government’s Universal Health Care Agenda. WHO provided technical assistance and support

that helped pave the way for a shift in provider payment schemes with the aim of reducing out-of-pocket expenses.

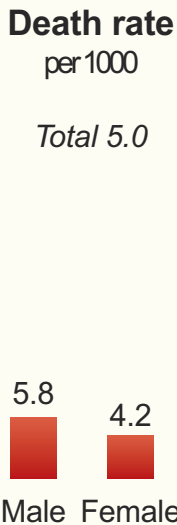
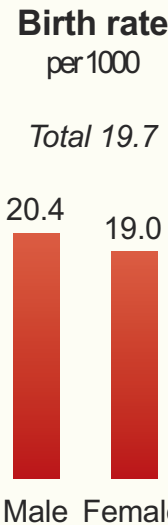
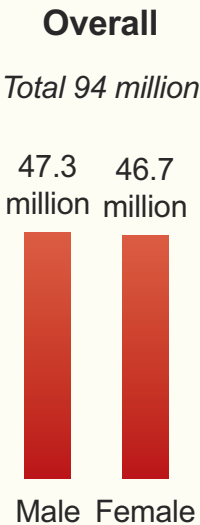
WHO also assisted with the development of *Essential Health Care Packages*, the *Philippine Health Care Financing Strategy* and the *Local Health Accounts Manual*.

Women’s and Children’s Health.

The WHO Country Office supported the Government in its commitment to reduce child mortality (MDG 4) and improve maternal health (MDG 5), as well as on other priorities in women’s and children’s health.

WHO was a key partner for DOH in mounting immunization campaigns and helped facilitate the development of an

Population



urgently needed package of interventions for Essential Intrapartum and Newborn Care.

HIV, TB and Malaria. The Philippines is one of only seven countries globally where new HIV cases increased by more than 25% from 2001 to 2009. The WHO Country Office worked closely with DOH and various stakeholders to address this alarming increase. WHO joined other partners in supporting the CATCH TB initiative. Significant progress has been achieved in the fight against malaria, with 80% reductions in cases and deaths in 2011 compared to 2005.

Water and Sanitation. WHO, with donor support from the Australian Agency for International Development (AusAID), is supporting the development of water safety plans and taking other steps to help improve water and sanitation and ensure safe drinking-water.

Noncommunicable Diseases. The WHO Country Office has supported a series of initiatives to address the rising tide of NCDs and their risk factors — unhealthy diets, the harmful use of alcohol, tobacco and physical inactivity.

Climate Change and Emergencies. The WHO Country Office has supported efforts to develop tools — including an event-based surveillance system, health vulnerability and capacity assessments, and advocacy and training materials — to help local governments prepare for and respond to climate change, emergencies and natural disasters.

IHR and APSED. The WHO Country Office supported the Philippines in building capacity to meet its obligations under the International Health Regulations



(IHR 2005) and the *Asia Pacific Strategy for Emerging Diseases* (APSED).

Partnership and Cooperation. WHO recognizes that it is one of many partners in the health sector working jointly to support the Philippines in the achievement of its public health goals. Key to that effort is DOH's Sector Development Approach for Health, in which the Government and WHO work effectively with a variety of partners including AusAID, the Canadian International Development Agency, the European Union, Korea Overseas Volunteers, the MDG Achievement Fund, the United States Agency for International Development, the World Bank and many others.

WHO also worked closely with the full range of fellow United Nations agencies and has aligned its work in the Philippines with the *United Nations Development Assistance Framework* (2012–2018). ■



Priority Health Issues

Universal Health Care

In early 2011, President Benigno S. Aquino III presented the *Philippine Development Plan* for 2011–2016, which called for the “pursuit of inclusive growth” with an overarching theme of “good governance and anti-corruption”. The plan included the president’s *Universal Health Care Agenda*, or *Kalusugan Pangkalahatan*, “directed towards ensuring the achievement of the health system goals of better health outcomes, fair health financing and a responsive health system by ensuring that all Filipinos, especially the disadvantaged groups, have equitable access to quality care”.

The plan reorganized senior management in the Department of Health (DOH), with geographic clusters headed by senior DOH officials. Specific initiatives included effective health insurance coverage through full national government subsidies to the poorest Filipino households, matched with appropriate investments such as upgrading of local health facilities and public-private partnerships for DOH hospitals.

Reform of the Provider Payment System

On 1 September 2011, the Philippine Health Insurance Corporation (PhilHealth) launched a “case payment” policy that assigns fixed rates that PhilHealth will reimburse for 23 specific medical cases, with the list of qualifying cases to be expanded in 2012. The list includes 1750 Philippine pesos (PhP) for a newborn care package and 8000 PhP for a maternity care package. The poorest of the poor — some 5.2 million households nationally — also qualify for “no-balance billing” that ensures they don’t shoulder out-of-pocket payments for hospitalizations.

The WHO Country Office in the

Philippines worked very closely with the DOH and PhilHealth in supporting these initiatives and other elements of the *Universal Health Care Agenda*. WHO supported the pilot study and development of the Philippine case-mix “grouper” system, conducted capacity-building workshops on case mix, helped establish working groups in hospitals and supported other activities to assist with the transition to the new system.

WHO also supported development of the *Health Care Financing Strategy of the Philippines (2010–2020)*, which built upon elements of the *WHO Health Financing Strategy for the Asia Pacific Region (2010–2015)*.

Local Health Accounts

In a devolved system like the Philippines, local health accounts are necessary and effective tools to assess health expenditures at the provincial level. Local health accounts provide information on the various sources and the amounts of funds allocated for health — specifically how much is being spent on what and by whom. The WHO Country Office supported DOH with the development of a *Local Health Accounts Manual*, the formation and training of local health accounts teams composed of provincial accountants, auditors, planning officers and health officials — working in tandem with a DOH representative — and the training of trainers at various regional levels. The experiences of Capiz and Bukidnon provinces with local health accounts were presented at the National Health Accounts Forum in Paris, France, in October 2011 and at the National Health Research Forum in November 2011.

Medicines

The WHO Country Office collaborated with the National Center for Pharmaceutical

Access to develop streamlined processes with clear protocols and guidelines for listing and delisting drugs.

WHO supported PhilHealth in designing operational mechanisms to provide coverage for medicines in an outpatient setting, which accounts for 47% of out-of-pocket payments by patients, and is collaborating with the Medicines Transparency Alliance.

Public Health Laboratories

The WHO Country Office continued to provide technical and funding support to strengthen national reference laboratories in the Philippines for polio, measles and Japanese encephalitis. WHO continues to advocate with the Government to sustain laboratory-supported disease surveillance through the Philippine Integrated Disease Surveillance and Response system. ■

Women's and Children's Health

Difficulties in pregnancy and childbirth are among the leading causes of death, disease and disability in women of reproductive age in developing countries, including the Philippines. Infant and child mortality have declined steadily over the last 15 years in the Philippines, but the number of deaths continues to be too high.

In an effort to combat these problems, the Government of the Philippines is committed to the Millenium Development Goals (MDGs), which call for a reduction in child mortality (MDG 4) and an improvement in maternal health (MDG 5). Specifically, DOH is working to achieve a two-thirds reduction in under-5 mortality and a three-quarters decline in maternal mortality by 2015.

Measles and Immunizations

The country embarked on a nationwide door-to-door measles and rubella immunization campaign — *Iligtas sa Tigdas ang Pinas* (Save the Philippines from Measles) — from 4 April to 3 June 2011. The campaign, conducted with WHO and donor support, brought about a drop in the number of confirmed cases from 5729 in January to May 2011 to 993 from June to December 2011.

WHO and UNICEF jointly supported the implementation of tetanus toxoid and oral polio vaccines in a supplemental immunization activity conducted in 10 high-risk areas for both neonatal tetanus and wild poliovirus importation. An important milestone was reached in the Philippines on 21 June 2011 when the *Mandatory Infants and Children Health Immunization Act of 2011* was signed into law, ensuring a sustainable immunization programme for



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First Embrace

The first few hours of life are extremely important for any newborn child, and a programme developed in the Philippines with WHO support — *Unang Yakap* or First Embrace — is making a critical difference.

The programme is based on a four-step protocol recommended by WHO's *Essential Intrapartum and Newborn Care* guidelines. It calls for the baby to be thoroughly dried and then immediately given to the mother for skin-to-skin contact — with washing delayed for at least six hours. The umbilical cord should be properly clamped and cut, and continued mother-to-child contact should continue to ensure early breastfeeding.

The Philippines was the first country to adapt the protocol into a simple, user-friendly guideline for health-care workers.

More than 40 000 Filipino newborns die every year, with the majority of deaths occurring in the first two days after birth. That puts the Philippines among a group of 42 countries that account for 90% of global deaths of children under 5. But the adoption of *Unang Yakap* is expected to bring down the number of infant deaths by 50% and boost exclusive breastfeeding — the most important factor in the health of newborn children — by 90%.



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The programme has been so successful that Dr Mariella Castillo, a technical officer in the WHO Country Office in the Philippines, was invited to share the story of First Embrace at a global conference in Sri Lanka.

"The process we went through in building the programme was scientifically rigorous, and the results in the first 11 hospitals it was introduced have been very encouraging," Castillo told the conference. "We feel confident in recommending it as a template for others to consider."

vaccine-preventable diseases in the Philippines

Essential Intrapartum and Newborn Care

In the area of maternal and newborn health, the WHO Country Office over the past several years has helped facilitate the development of an urgently needed *Essential*

Intrapartum and Newborn Care (EINC) package.

The Country Office also supported a very successful social marketing programme that branded EINC as *Unang Yakap*, or "the First Embrace" — a reference to immediate and uninterrupted skin-to-skin contact that is necessary for a successful start to breastfeeding.

Since 2010, WHO and DOH have



WHO

been involved in a Joint Programme on Reducing Maternal and Neonatal Mortality, with support from the Australian Agency for International Development (AusAID) and the United Nations. The four-pronged approach includes hospital reform initiatives, model centres of excellence, education reforms and social marketing.

In just over a year, capacity-building initiatives on EINC extended beyond the targeted DOH training hospitals to more than 16 000 doctors, nurses, midwives and other health workers in some 50 centres around the country. At the facility level, initial results showed healthier newborn children, increased satisfaction from mothers and greater facility cost savings.

Child Nutrition

Breastfeeding promotes better health in infants and young children. WHO supported DOH in a joint effort with other United Nations agencies in food security and child nutrition by helping develop a communications plan for the social marketing of exclusive breastfeeding. The DOH-WHO partnership led to a communication package — Breastfeeding TSEK! (*Tama, Sapat, EKsklusibo*) — that incorporates key infant-and-young-child-feeding nutrition messages to address specific hurdles that inhibit breastfeeding. Early results have been encouraging. ■

HIV, TB and Malaria

The Government of the Philippines is committed to combating HIV/AIDS and tuberculosis, as well as malaria and dengue — all diseases targeted by MDG 6.

HIV

Although the national HIV prevalence rate is below 1%, key populations at higher risk in some areas have prevalence rates as high as 4%. In the 2010 *UNAIDS Report on the Global AIDS Epidemic*, the Philippines is one of seven countries where new cases increased by more than 25% from 2001 to 2009. The key populations at higher risk for HIV are men having sex with men, people who inject drugs and freelance sex workers. The WHO Country Office helped facilitate extensive consultations to address barriers to access comprehensive HIV services. These were delivered through policy advocacy, building local models, utilization of strategic information, and the engagement of key populations at higher risk for HIV and people living with HIV.

Tuberculosis

The MDG target of halving the TB prevalence rate by 2015 is likely to be met in the Philippines if current trends continue. The current TB mortality rate is close to the target.

Additional TB cases were found in big public hospitals and notification was made to the National TB Control Program under the CATCH TB project supported by WHO and the Canadian International Development Agency.

Progress also has been seen in the fight against multidrug-resistant tuberculosis (MDR-TB), with a rapid expansion of the number of notified cases treated. To strengthen MDR-TB management, the *National Guidelines on Infection Control for Tuberculosis and Other Airborne Infectious Diseases* were

field tested with WHO support at health centres, MDR-TB treatment centres and hospitals, and are now used to build capacity of the regional TB and lab coordinators.

The adoption by DOH of WHO-recommended standardized retreatment regimens for drug-resistant cases has contributed to early detection, registration and treatment of MDR-TB. WHO also developed algorithms to expedite the implementation of new molecular diagnostic techniques such as LPA and Xpert MTB/RIF that led to the detection of 2544 cases of drug-resistant TB in 2011, roughly five times the number of cases registered for treatment in 2010.



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CATCH TB

The Philippines is among the 22 countries globally with the highest burden of tuberculosis (TB). In the Western Pacific Region, the Philippines is one of four countries — along with Cambodia, China and Viet Nam — that account for 93% of the regional case-load.

But an innovative programme called CATCH TB, developed with technical support from WHO and funding from the Canadian International Development Agency, is helping the Philippines meet the significant challenges it faces in TB control.

CATCH TB, known locally as Collaboration for Additional TB Cases through Contacts and Hospitals Against TB, has been a key element of an effort by the Department of Health to find and treat additional TB cases.

The programme has three elements. First, it focuses on improving the quality of TB care delivery in big public hospitals by enhancing the internal and external TB referral systems. Secondly, it emphasizes intensified investigation of the household contacts of registered TB patients. Finally, it aims to screen high-risk groups, such as the urban poor and diabetics.

A year after the programme began, evidence shows that the collaboration with hospitals and intensified contact investigations have led to improved case detection.

For example, from June 2010 to December 2011, 14 hospitals detected a total of 8876 active TB cases among outpatients and patients on wards. Of that number, 1613 (18%) underwent six-month treatment regimes at hospital TB clinics, while another 4316 (63%) were successfully referred to other facilities, such as health centres, for DOTS (directly observed treatment, short-course). This rate is a



Public health officials have intensified investigation of the household contacts of TB patients.

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significant improvement from a 2008 baseline of only 5% successfully referred.

Although household contact investigations are an element of the National TB Control Program, the strategy has not been systematically and regularly implemented and reported. Hence, there is no information in terms of secondary TB cases detected through contact investigation.

Under the CATCH TB initiative, 82 health centres in six cities found 396 TB cases among the 17 900 household contacts of 5286 registered TB cases that were investigated. More than half of these were children. The strategy demonstrates that targeted active TB case-finding among household contacts is feasible and effective in finding the “missing TB cases”.

Currently, the Philippines has surpassed its target of a 70% case detection rate and has maintained a treatment success rate of 87%.

Malaria

Significant progress has been achieved, with 80% reductions in malaria cases and deaths in 2011 compared to 2005. Twenty-three provinces have maintained their malaria-free status in 2011 and four other provinces are waiting to be declared malaria-free in 2012.

The *Roll Back Malaria in Mindanao—Expansion and Consolidation Phase* (RBM-ECP), with funding from the AusAID and support from WHO, made major strides in reducing malaria transmission, morbidity and mortality in Rizal province, the Visayas and Mindanao.

The WHO Country Office also collaborated closely with the National Malaria Control Program and other partners in the development of the *National Medium-term Malaria Strategic Plan* and the *National Monitoring and Evaluation Plan*, which will pave the way for fully integrated workplans at the national and regional levels.

Other Communicable Diseases

WHO provided technical support to combat other communicable diseases. With dengue cases in the Philippines doubling to 118 868 between 2007 and 2011, the Department of Health has developed *Dengue Guidelines for Diagnosis and Treatment*, referencing the new *WHO Guidelines for the Treatment of Dengue Fever*. Support from WHO and the Bill & Melinda Gates Foundation aims to assist rabies elimination efforts in the three Visayas Regions and contributes to reaching the national rabies elimination target by 2020. Progress also has been made in the control and elimination of lymphatic filariasis, with nine of the 44 endemic provinces declared free of lymphatic filariasis in 2011. ■



Household chlorination of drinking water with Hyposol

Water and Sanitation

Like many other developing countries, the Philippines understands the need to ensure safe drinking-water for its people.

MDG 7 calls on Member States to halve the proportion of people without sustainable access to safe drinking-water and basic sanitation. The Philippines is close to reaching the target for drinking-water, but redoubled efforts are needed to reach the sanitation goal.

As early as 2006, WHO, with donor support from AusAID, introduced the concept of water safety plans to its Philippine partners. The plans call for assessments of all potential risks in various components of a water supply system — from source to consumers. The plans serve as the basis for installing control measures that are necessary to ensure safe drinking-water.

The WHO Country Office continues to focus its support on capacity-building for water safety plans and the formulation of a national sanitation road map along with key stakeholders in Government, civil society and the private sector, as well as other international organizations. As of 2011, 190 of 831 water districts received training, nine water safety plans were completed serving a population of at least 15 million people, and 15 draft water safety plans were completed with WHO technical and financial assistance. ■

Safe Drinking-water

Manila is one of the most densely populated and fastest-growing cities in the world, with the wider metropolitan area home to over 20 million people. But the city's drinking-water supply and distribution system was not designed to cope with such growth. As a result, officials are scrambling to modernize, repair and replace pipes, connect new customers, and increase the volume of treated water.

Water safety plans (WSPs), advocated by WHO since 2004, provide a systematic approach to the problem by identifying risks in water supply systems — from catchment to the point of consumption — and control measures to manage those risks.

Manila Water Company manages the water supply in the eastern half of the city, while Maynilad Water Services handles the west. WSPs, developed with technical support from WHO and funding from AusAID, have helped both companies identify key risks and prioritize investments.

Maynilad, which adopted its plan in 2007, now has over 800 monitoring points across a distribution network that supplies over 9.5 million people. In 1997, nearly 70% of the company's treated water was being lost through leaks and illegal connections. Improvements identified in its WSP are expected to cut losses to just 20%. Leaks mean safe water entering the distribution system can become contaminated and consequently only 80%–90% of Maynilad customers currently receive potable water.

"The plans have helped cut losses and improve water quality and public perception," said Francisco Arellano, head of environmental management and development for the company.



Manila Water Company, which completed its WSP in 2011, also is seeing encouraging results. "The plan has helped us take a holistic approach," said Regina Tribaco, the company's environmental compliance manager. "It has allowed us to look at the bigger picture in terms of what improves water safety."

Ninia Lumauan, general manager of the Metro Tuguegarao Water District in Cagayan province, said her district's WSP proved invaluable during Typhoon Juan in November 2011. "Using our WSP as a guide, pumping stations were shut down during flooding and the water supply was disinfected with chlorine after the flood receded," she said. "It ensured safe water supplies for more than 28 000 households."

Water utilities in the cities of Angeles, Cebu, Davao and San Pablo and utilities in many provinces also have developed WSPs with encouraging results. As new districts and water suppliers adopt WSPs, millions more people can rely on safer water supplies.

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Noncommunicable Diseases

Mortality and morbidity rates for noncommunicable diseases (NCDs) have been increasing steadily in the Philippines since the 1970s. And NCDs — principally cancer, cardiovascular diseases, chronic respiratory diseases and diabetes — continue to cause the majority of deaths among Filipinos. The four main risk factors for NCDs are the harmful use of alcohol, tobacco, unhealthy diets and physical inactivity.

DOH launched *MDGmax* in 2009 to accelerate progress towards the health-related MDGs. It directs cost-effective investments and interventions towards the country's poorest and most needy groups.

NCD Care

In 2011, Government health-finance reforms included hypertension and cerebrovascular conditions among the 23 medical cases covered under the new PhilHealth "case-payment" scheme. The WHO Country Office supported the development of the Integrated Chronic Noncommunicable Disease Registry System, with 70 DOH hospitals trained in the use of the Internet-based system.

Road Safety

The WHO Country Office supported the implementation of a road traffic injury prevention project in Guimaras province in the western Visayas region of the central Philippines. The project studied risk factors, including the non-use of helmets and seatbelts, as well as drinking and driving, and helped develop and implement local interventions and engage partners beyond the health sector.

Tobacco Free Initiative

The Philippines is a signatory to the *WHO Framework Convention on Tobacco Control* (FCTC), a legally binding international treaty. While progress has been achieved on indoor smoking bans and smoking cessation programmes, Government actions to meet other FCTC commitments have encountered serious challenges.

Recognizing the decentralized nature of the country's health care system, the WHO Country Office extended its technical advice in crafting anti-tobacco ordinances to local government units that have expressed the political will to implement FCTC provisions in their own jurisdictions. Based on their strong support for the FCTC as reflected in the ordinances, these local government units were recognized with Red Orchid Awards for 100% Tobacco Free Environments. ■

Red Orchid Hall of Famers for 100% Tobacco Free Environment include Calauag, Quezon, Maasin City, Legazpi City, Davao City and Talisayan, Misamis Oriental



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Climate Change, Emergencies and Natural Disasters

Climate change can impact health and amplify the burden of disease in small island states and developing countries like the Philippines, which already have vulnerable health systems. In addition, changes in long-term climate patterns can also make island states and countries with extensive coastlines even more susceptible to damage during typhoons and other natural disasters.

The WHO Country Office has supported efforts in the Philippines to develop tools, including an event-based surveillance system, health vulnerability and capacity assessments, and advocacy and training materials, to help local governments prepare and respond to climate change, emergencies and natural disasters. Most significant has been *Surveillance in Post-Extreme Emergencies and Disasters (SPEED)*, an early warning disease-surveillance system for use in times of emergencies and disasters, which was developed in close collaboration between WHO and DOH with funding from the MDG Achievement Fund (MDG-F).

It was launched in January 2010 and piloted in three regions most affected in 2009 by typhoons Ketsana, Mirinae and Parma. In 2011,

with support from AusAID and MDG-F, the system was expanded to additional provinces, with eventual nationwide coverage expected.

Coordinated Response

In 2005, the Inter-Agency Standing Committee, an international forum for the coordination of humanitarian action, adopted the “cluster approach” to improve the efficiency and effectiveness of humanitarian responses to crises. At the global level, WHO is the designated lead of the health cluster. The Philippines is among the few countries that has institutionalized the cluster approach into its disaster management system, serving as the main coordination platform, designating national government agencies to lead the different clusters with counterparts in other United Nations agencies.

In December 2011, during the emergency in Central Mindanao brought on by renewed fighting between the Moro Islamic Liberation Front and the Philippine military, WHO engaged the services of local nongovernmental organizations in the health cluster to ensure affected populations in Maguindanao and North Cotabato had access to essential health services. When tropical storm Washi devastated northern Mindanao in December 2011, the SPEED system proved to be extremely effective in the early detection of outbreaks and the monitoring of leptospirosis cases. ■



SPEED in Action

Non-stop rain, overflowing rivers and heavy flooding swamped coastal towns on the island of Mindanao in the southern Philippines in June 2011. The massive Mindanao River, clogged by water hyacinths, spilled over its banks, raising water levels to chest-high depths.

Within days, 26 people had drowned and nearly 200 000 had fled to evacuation centres. Public health nurse Rayda Manyay was among the many health workers who responded.

Rushing to an evacuation centre in her town of Pigcawayan in North Cotabato, Nurse Rayda immediately activated SPEED, or *Surveillance in Post Extreme Emergencies and Disasters*, a nationwide system developed by the Department of Health and WHO, with support from the Australian Agency for International Development (AusAID), the Government of Finland and the United States Agency for International Development (USAID).

The system allowed Nurse Rayda and other health workers to use text messaging via cell phones to quickly report data on health conditions — everything from fever and conjunctivitis to diarrhoea and acute respiratory infections — to provincial, regional and municipal offices to guide immediate assistance and interventions.

"I found SPEED so easy to use," Nurse Rayda said. "It helped a lot in the early detection of diseases at the evacuation sites."

Six months later, just before Christmas, Tropical Storm Sendong swept through northern Mindanao, with even more devastating results. More than 1000 people



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died, many simply swept away as heavy rains triggered flash floods and mudslides. More than 400 000 people fled their homes.

Once again, SPEED was activated. One of the first SPEED reports came from Tibasak, a covered basketball court that served as an evacuation centre for 2250 people. When a SPEED Daily Report showed 60 people suffering with open wounds and bruising, tetanus toxoid vaccine was rushed to the scene.

Saw Yu Shen, a relief operations officer with Mercy Malaysia, helped with the response in nearby Cagayan de Oro City.

"The use of SPEED was a great new experience for me, and it made our response much easier and more focused," he said. "I'm indeed impressed with the way everything was coordinated and have learned a lot."



International Health Regulations (2005) Asia Pacific Strategy for Emerging Diseases

The International Health Regulations (IHR 2005) greatly expanded the requirements for WHO Member States in addressing disease outbreaks and emergencies that can pose threats to public health on an international scale. The *Asia Pacific Strategy for Emerging Diseases* (APSED 2010) was developed to strengthen core capacities for emerging infectious disease surveillance and response and to comply with IHR requirements.

Capacity-building

The Philippines used APSED as guide in developing its response to emerging diseases and to comply with IHR (2005). The WHO Country Office supported a series of consultations with a variety of stakeholders to develop the first draft of the *Philippine APSED 2010 Strategic Plan*, as well as the draft DOH administrative order for the implementation of APSED 2010.

WHO provided technical recommendations and input for the draft updated *Manual of Operational Procedures for Event-based Surveillance*, expanding it beyond infectious and emerging diseases, and the draft administrative order for event-based surveillance implementation. The WHO Country Office helped convene stakeholders in the development of the *National Risk Communications Plan* and its dissemination and advocacy to regional and local officials for the development of their own communications plans.

Related work

WHO also provided technical and financial support for public health emergency preparedness at points of entry, assisting the Bureau of Quarantine of the Department of Health to develop and finalize the *Ninoy Aquino International Airport Public*

Health Contingency Plan. WHO supported the updating of the *National Pandemic Preparedness and Response Plan* and *Dengue Clinical Management Guidelines*, based on new WHO guidelines that will be officially circulated as a DOH administrative order.

WHO also provided support for draft national guidelines on adult immunization and four priority infectious diseases: anthrax, Japanese encephalitis, leptospirosis and meningococemia. In addition, WHO provided technical assistance through a consultant who reviewed the national laboratory policy framework and related documents and supported the organization of the Philippine Inter-agency Committee on Zoonoses.

Polio

The maintenance of polio-free certification remains one of the top priorities in the Philippines and in the Western Pacific Region. As wild polioviruses persist in some endemic countries — particularly in Afghanistan, Nigeria and Pakistan — the Philippines remains at risk.

In light of this threat, WHO provided technical support to the Government in developing system tools, policies and guidelines to reduce the risk and plan for emergency management in the event of the importation of a wild poliovirus. The WHO Country Office assisted the Government in reactivating its National Certification Committee for Polio Eradication in September 2011.

WHO also provided technical and financial support to surveillance officers for vaccine-preventable diseases with oversight responsibility for the nationwide case-based surveillance of measles, acute flaccid paralysis, neonatal tetanus and adverse events following immunizations. ■

Partnership and Coordination

The Philippines is considered a lower-middle-income country, implying less reliance on aid and a better capacity to shape its own development. The blueprint for the Government's economic and social development policy is set by the *Philippine Development Plan*. The plan served as a key reference document in the development of the *WHO Country Cooperation Strategy for the Philippines (2011–2016)*.

The *Country Cooperation Strategy*, in turn, serves as the medium-term vision of the WHO's technical cooperation with the Government and the Department of Health (DOH). It identifies a strategic agenda focused on strengthening the health-care system to provide equitable access to quality health care; enabling individuals, families and communities to better manage their health and its determinants; and improving the resiliency of national and local institutions against health security risks and threats.

The *Country Cooperation Strategy* acknowledges that WHO is one of many stakeholders in the health sector and seeks to further partnerships to complement support already being provided by the WHO Country Office. These partnerships include a Sector Development Approach to Health, working jointly to achieve the MDGs, collaboration with other UN agencies, and engaging with other stakeholders in the health sector.

Sector Development Approach for Health

The DOH — in an effort to harmonize the resources of various stakeholders in health and improve the quality and efficiency in mobilizing and utilizing Official Development Assistance and other investments for health — adopted the Sector Development Approach for Health. Through this mechanism, WHO has worked along

with the European Union (EU), the United States Agency for International Development (USAID) and the World Bank to support the Government's health agenda. WHO also collaborated with the EU on its health sector policy support initiative for the Philippines.

Working together towards the MDGs

With full support of the Australian Agency for International Development (AusAID), the WHO component of the AusAID-DOH-UN Joint Programme on the Rapid Reduction of Maternal and Neonatal Mortality has led to DOH's successful policy on *Essential Intrapartum and Newborn Care (EINC)*.

First under way in training hospitals, EINC has spontaneously branched out to primary facilities and has led to discussions with development partners to expand the programme nationwide. Meanwhile, with USAID financial support, WHO has been able to provide ongoing technical support to the Government for the prevention and treatment of tuberculosis. Further support was provided by partnering with Korea International Cooperation Agency to strengthen the TB laboratory network in the Philippines, with the assistance of the Korea Overseas Volunteer programme.

AusAID, in addition to its efforts on behalf of maternal and child health, has strongly supported WHO work in malaria and in emergency humanitarian action.

The Canadian International Development Agency and WHO are supporting the National TB Control Program with the CATCH TB initiative, which aims to increase case detection through hospital engagement, contact investigation and the screening of high-risk groups.

Collaboration with other UN agencies

WHO worked with other UN agencies — through joint programmes funded by the MDG-F Achievement Fund — to support the Government's priority development issues, such as the MDG-F 2030 Joint Programme on Ensuring Child Food Security and Nutrition

(with UNICEF, the Food and Agriculture Organization of the United Nations [FAO], the International Labour Organization [ILO] and the World Food Programme); the MDG-F 1656 Joint Programme on Strengthening the Philippines' Institutional Capacity to Adapt to Climate Change (ILO, FAO, the United Nations Development Programme, the United Nations Environment Programme

Senior WHO officials met with DOH leaders in the Southern Philippines.



[UNDP] and UN Habitat); and the initial implementation of a joint programme funded by the UNAIDS Programme Acceleration Fund (with ILO, UNDP and WHO) on Healthy Lifestyles in the Workplace.

2012–2018 United Nations Development Assistance Framework

2011 marked the launch of both the *WHO Country Cooperation Strategy for the Philippines (2011–2016)* and the *United Nations Development Assistance Framework (2012–2018)* (UNDAF). These two strategic documents were developed in parallel, allowing alignment of *Country Cooperation Strategy* priorities and UNDAF-identified outcomes, thus providing a health dimension for all basic UNDAF social service outcomes and the majority of sub-outcomes.

WHO now serves as the co-convenor of UNDAF Outcome Area 1 and as the sub-outcome lead for Universal Health Care.

With UNDAF, new partnerships have been established by WHO within the United Nations country team for joint programmes on nutrition, maternal and neonatal health, and climate change.

Engaging with other Stakeholders for Health

WHO has established partnerships and regularly consults with other Government agencies beyond DOH, such as those dealing with environment, social welfare, public highways, local governments units, leagues of local chief executives, academia, the private sector and professional societies. ■

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