



Republic of the Philippines  
Department of Health  
**OFFICE OF THE SECRETARY**

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**Administrative Order**

No. 2012 - 0030

**Subject: Guidelines on Foreign Surgical and Medical Mission Program in Support of Universal Health Care/ Kalusugan Pangkalahatan**

**I. RATIONALE**

Foreign Surgical and Medical Missions (FSMMs) in the Philippines are activities where medical interventions and/or surgical services are provided to selected underserved areas and communities by a foreign individual or an organization in partnership with a local partner, usually a local government unit, non-government organization, hospital or medical society. These missions also serve as a means of professional advancement and venue by which foreign medical practitioners can share their talents and expertise for the purpose of continuing medical education.

FSMMs play an important role in the delivery of health care services, especially in attaining the Universal Health Care (UHC) or Kalusugan Pangkalahatan (KP). UHC/KP is the Aquino administration's health agenda to ensure that all Filipinos, beginning with the poor, are 1) able to access a reasonable level of health services at minimal cost, by being enrolled in the National Health Insurance Program; 2) cared for in modern health care facilities; and 3) prevented from falling ill by using public health services to improve health outcomes and attain health-related Millennium Development Goals (MDGs). It is being vigorously pursued through three strategic thrusts 1) financial risk protection by expanding the National health Insurance Program, 2) improving access to quality health services, and 3) scaling up MDGs.

Record shows that for years there have been numbers of FSMMs conducted nationwide. These FSMMs are facilitated by the Department of Health through the Bureau of International Health Cooperation (BIHC) and the Commission on Filipinos Overseas (CFO), in collaboration with the Professional Regulation Commission and the Department of Interior and Local Government. FSMMs are undertaken in the form of medical, surgical and dental missions or a combination of both medical and surgical or medical and dental missions. There are also some specialized missions conducted like cataract/eye care and cleft palate missions. Most of these are implemented on a one-time mode of short duration.

In 2011 alone, 154 missions of varying nature were facilitated by the DOH and the CFO. Most of these were conducted in different parts of the country like the National Capital Region, Cebu, Bataan, Southern Leyte, Batangas, Nueva Ecija, Pangasinan, Abra, Quezon, and Sorsogon.

In the implementation of FSMMs, some challenges have been noted. One of the challenges is the proper identification of deserving areas where these missions' services are most wanted. There are also concerns on the targeting of beneficiaries, lack of structured programs for sustainability and continuity of care especially for the pre and post mission activities. More importantly, there is a need to enhance procedures and processes for faster and more efficient facilitation and coordination of the FSMMs.

It is in this view that the current FSMM implementation is being revisited.

## **II. OBJECTIVE**

The guidelines shall stipulate the key principles, policies, and processes to rationalize FSMMs in the country and ensure that all FSMMs shall contribute to betterment of health services among Filipinos.

Particularly, this set of guidelines shall:

1. Institutionalize a sustainable system for an effective facilitation and coordination of all the FSMMs.
2. Provide guidance to all partners and stakeholders to converge and complement efforts towards a more enhanced and more comprehensive local health system development.

## **III. GUIDING PRINCIPLES**

1. FSMMs shall be aligned with the existing health strategies / programs under the UHC/*Kalusugan Pangkalahatan*.
2. Underserved communities shall be prioritized and a system for identifying the target beneficiaries shall be put in place.
3. Linkages and networks with all the stakeholders involved in FSMM shall be established.
4. All medical and surgical services shall be provided at no cost to the beneficiaries, however reimbursements shall be maximized under the National Health Insurance Program for all other related medicines / medical supplies and services provided through the local facilities and health service providers.
5. Only qualified and competent medical and other allied health workers shall perform the appropriate medical and surgical procedures.

## **IV. THE FSMM PROGRAM**

FSMM shall be implemented as a means of attaining and ensuring a more accessible, quality and appropriate health services for the poor. It shall complement rather than duplicate the existing health programs of the government. The successful implementation of FSMM needs the cooperation and collaboration of different stakeholders.

The DOH, through the BIHC shall be the over-all in charge of coordinating the implementation of FSMMs. A FSMM Unit, under the BIHC shall be created which shall serve as the one stop shop for all FSMM concerns.

The FSMM program may involve the following:

#### **A. ONE-TIME CONDUCT OF MEDICAL MISSION**

FSMM is usually a one-time activity whereby foreign missionaries in partnership with a local partner usually a local government unit, non-government organization, a hospital, or medical society choose a specific area in the country to conduct their missions. The mission is usually composed of medical team of overseas based Filipinos and foreign nationals who shall practice their profession in the country for humanitarian reasons. They usually provide medical services and/or surgical procedures with specialized services like dental, cataract/eye care or cleft palate surgeries. There also instances wherein a foreign medical expert is invited to perform actual surgical procedures to indigent patients or conduct lectures, fora, symposia, seminars during their missions for the purpose of transferring technology or for continuing medical education. These are usually implemented in short durations or as temporary health care delivery.

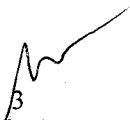
#### **B. "ADOPT A HOSPITAL" PROGRAM**

While one-time/short duration FSMMs are currently undertaken, a more structured program of FSMM implementation through the "Adopt a Hospital" program is now being encouraged.

The "Adopt a Hospital" program is envisioned to provide a more sustainable and longer-term approach of delivering health services to underserved communities as another form of implementing FSMM. It is undertaken through a collaborative partnership strategy between a local public hospital with a foreign - based organization/ non-profit medical mission group or foreign-based hospital.

Under this strategy, a foreign-based organization / a non-profit medical mission group / a foreign-based hospital, to be known as the **Partner**, shall identify and collaborate with a local public hospital, to be referred to as the **Recipient Hospital**. The selected Recipient Hospital shall be drawn from the list provided by the DOH. The collaboration shall be covered by a Memorandum of Agreement, which shall include commitments, as well as the roles and responsibilities of the concerned stakeholders in the conduct of these particular activities such as:

1. Provision of voluntary health services - direct medical/surgical services, community-based promotive and preventive care and services or clinical rounds and hands-on operative services
2. Enhancing capacity of host staff and technology transfer through:
  - a. conduct of teaching programs/ medical education lectures and mentoring activities
  - b. opportunities for observation visits at the foreign based hospital funded through grants

  
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3. Donation of required medicines, supplies, equipment and devices in due consideration of rules and regulations governing taxes and duties

#### IV. IMPLEMENTING MECHANISMS

##### A. ROLES AND RESPONSIBILITIES:

The following are the roles and responsibilities of the different agencies/ organizations:

##### 1. BIHC FSMM Unit :

- a. Act as the Central Coordinating body for the implementation of FSMM in the country. BIHC shall coordinate with concerned stakeholders for the smooth and successful implementation of FSMMs. It shall also facilitate the approval and signing of the Memorandum of Agreement under the Adopt a Hospital Program.
- b. Develop policies and guidelines for the implementation, monitoring and evaluation of FSMM.
- c. Facilitate the issuance of Food and Drug Administration (FDA) clearance on corresponding medicines, medical supplies and equipment brought by the partner mission groups/hospital including Bureau of Customs clearance for those donations consigned to the DOH. (please refer to DOH AO No. 54-A s. 2003 and DOH AO No. 2007-0017 s. 2007).
- d. Institutionalize an interactive FSMM website that shall facilitate application and program operations among all partners/ potential partners in coordination with the Information Management Service (IMS).
- e. Maintain a database/ information system for all FSMMs for easy reference, monitoring and evaluation.
- f. Prepare regular /timely reports for the Office of the Secretary.

##### 2. Centers for Health Development

- a. Oversee the conduct of FSMM at the identified areas/ hospital under their areas of responsibility.
- b. Provide the Local Partner/Host a list of indigents under the NHTS in coordination with the DSWD Regional Office.
- c. Facilitate linkages of the Partner Mission Group/Hospital with the local chief executives/ congressional representative as well as the Chief or Director of the Host Hospital and also the other medical professional groups such as the Philippine Medical Association.
- d. Assist in monitoring and evaluation of all FSMMs and ensure regular M/E reports are submitted to the BIHC FSMM unit.

##### 3. Philippine Health Insurance Corporation (Philhealth) under the National Health Insurance Program shall develop policies, programs and systems to maximize reimbursement for hospital services incurred during FSMMs.

##### 4. The Professional Regulation Commission (PRC), a government agency mandated to regulate the practice of profession in the country, shall facilitate the issuance of a Special Temporary Permits to foreign health professionals for the practice of

profession during the conduct of FSMM in the Philippines. The PRC shall also regulate the practice of profession of those Filipino citizens conducting FSMM in the country but are based abroad. The PRC International Affairs Division (IAD) will provide feedback to the BIHC FSMM Unit on the list of mission groups and missions issued Special Temporary Permits (STPs), those who applied for but did not retrieve their STPs, and those whose requests were denied or disapproved.

5. The Commission on Filipinos Overseas (CFO), a government agency mandated to promote and uphold the interests of overseas Filipinos and strengthen their ties with the Motherland, shall be in-charge of the following:
  - a. Assist the FSMMs group on the requirements of concerned agencies on matters pertaining the conduct of FSMM in the Philippines.
  - b. Coordinate with Filipinos Overseas (OFs) groups on the requirements of concerned government agencies on matters pertaining to the processing of overseas donations.
  - c. Assist FSMMs in the facilitation of the Registration with the DOH, and Special Temporary Permits (STP) with the PRC.
  - d. Provide inputs in the database of FSMM and the FSMM website; Liaise with the FSMMs, DOH, PRC, and the local partner/hospital/NGOs/LGUs on the post-mission report and other concerns.
  - e. Assist DOH (especially BIHC-FSMM Unit) in the development and enhancement of the FSMM website and FSMM databank.
6. The DILG through the provincial or municipal offices shall provide logistics for the conduct of FSMM in their respective localities.
7. Local Partner or Host (LGU, Local NGO/Local Hospital)
  - a. Submit a letter of intent together with an Annual Plan of Medical Mission to BIHC at least four months before the conduct of mission. The conduct of FSMM must also be confirmed with the BIHC at least one month before the conduct of mission.
  - b. In coordination with the foreign mission group, submit the documentary requirements for the issuance of Special Temporary Permits and government clearances for foreign donation.
  - c. Lead the community preparations and provide logistics and technical assistance for the FSMM.
  - d. Coordinate with CHD/DSWD for the identification and screening of targeted beneficiaries.
  - e. Prepare and submit the Post Mission report to the BIHC FSMM Unit. The Post Mission Report must be duly endorsed by the Chief of Hospital.
  - f. Responsible for the provision of long-term follow up patient care and referrals for post- operative complications.
8. Foreign Individual/ Mission Group
  - a. Designate a leader/head of mission who shall be responsible and accountable for the selection of members/volunteers including monitoring the performance of its team during FSMM

- b. Responsible for the authentication by the Philippine Embassy/Consulate of the documentary requirements for the issuance of Special Temporary Permit of the members of medical mission team and government clearances relative to the foreign donations.
- c. Provide list of the members of the FSMM mission group including the dates of their arrival to the Philippines and their flights details to the BIHC/CFO.
- d. Provide voluntary health services, hands on clinical/operative services, capacity enhancements and educational lectures and the necessary logistics such as medicines, medical supplies and/or equipment during the mission.
- e. Responsible for the overall actual conduct and implementation of the FSMM.

## B. PROCESSES AND STEPS

The following are the processes /steps in implementing FSMMs:

### a. One-time conduct of FSMM

1. The local host/partner submits letter of intent together with the Annual Plan of Mission to BIHC FSMM Unit at least four (4) months before the mission. The letter of intent should specify the type, date and exact venue of mission.
2. The local host/partner submits to Professional Regulation Commission the required documents (see Annex A) for the issuance of Special Temporary Permits (STP) for its health service providers pool. The processing and issuance of STP will take a lead time of 10 working days from its receipt of the complete documents.
3. The local host/partner confirms to DOH-BIHC the place, date, time and duration and the list of the members of the mission (one month before the mission).
4. The local partner/host submits to the hospital director/DOH Representative a post-mission report within 15 working days after the mission for onward transmittal to BIHC.

### b. “Adopt-A-Hospital” Program

1. The foreign missioner individual/group submits a letter of intent to participate in the program to BIHC.
2. BIHC coordinates with concerned parties.
3. Concerned parties perform their respective roles and responsibilities and implement their commitments as identified in the MOA.

## VI. MONITORING AND EVALUATION

The DOH – BIHC FSMM unit shall develop a monitoring and evaluation system to be able to keep track of FSMM implementation in the country. Under this M/E system activity reports must be submitted by the Local Partner /Host on a regular basis detailing out a


summary of the FSMM activities including health services conducted and patient diagnosis (per Annual Plan). In addition, the FSMM Completion Report after the end of the FSMM period with recommendations shall also be submitted. These post mission reports shall be the basis for assessing progress and improving FSMM program implementation



#### **VII. REPEALING CLAUSE**

The provisions of the previous Joint Administrative Order No 2009-0030 which are not contrary to the provisions of this Administrative Order shall remain in effect.

#### **VIII. EFFECTIVITY**

This Order takes effect immediately.

  
**ENRIQUE T. ONA, M.D.**  
Secretary of Health

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**1. DOCUMENTARY REQUIREMENTS FOR SPECIAL TEMPORARY PERMIT**

The Local partner/coordinator applies for the issuance of Special Temporary Permits (STPs) for its foreign medical members of the team by submitting the documentary requirements to the International Affairs Division of the PRC. Issuance of STPs is within 10 working days upon submission of complete documents.

- a. Letter of Request for the issuance of Special Temporary Permit (STPs) with the undertaking that no fees shall be charged. The letter must indicate the specific date, venue and type of humanitarian mission
- b. Authenticated Copy of applicant's valid passport as proof of citizenship
- c. Authenticated Copy of valid professional license issued from the country of origin with official English translation thereof where necessary
- d. Duly accomplished and notarized STP application form (can be downloaded at [www.prc.gov.ph](http://www.prc.gov.ph))

**2. DOCUMENTARY REQUIREMENTS FOR FOREIGN DONATIONS**

For foreign missionaries who will bring medicines, supplies and equipment for the mission or for donation, the following documents must be submitted to the Bureau of International Health Cooperation, Department of Health :

1. Letter of request for the issuance of government clearance
2. Authenticated Deed of Donation and Acceptance
3. Shipping documents such as Bill of Lading, Airwaybill, commercial invoice and packing List
4. Inventory of donations
5. Allocation List of intended beneficiaries



**Contact Persons**

**Department of Health**

**Health Policy Finance and Research Development Cluster (HPFRDC)**

**DR. MADELEINE DE ROSAS VALERA**

Assistant Secretary  
Health Policy Finance and Research Cluster  
Department of Health  
Building 3, 2<sup>nd</sup> Floor,  
San Lazaro Compound, Sta. Cruz,  
Manila, 1003 Philippines  
Telephone No. 632-6517800 local 1326  
Facsimile No. 632- 740-7329  
Email address: [mdrvalera@gmail.com](mailto:mdrvalera@gmail.com)

**Bureau of International Health Cooperation (BIHC)**

**MS. MAYLENE M. BELTRAN**

Director IV  
Bureau of International Health Cooperation  
Department of Health  
Building 3, Ground Floor,  
San Lazaro Compound, Sta. Cruz,  
Manila, 1003 Philippines  
Telephone No. 632-6517800 local 1302  
Facsimile No. 632-310-7560  
Email address: [mbeltran.bihc@gmail.com](mailto:mbeltran.bihc@gmail.com)

**DR. ALLAN EVANGELISTA**

Chief Health Program Officer  
Bureau of International Health Cooperation  
Department of Health  
Building 3, Ground Floor,  
San Lazaro Compound, Sta. Cruz,  
Manila, 1003 Philippines  
Telephone No. 632-6517800 local 1302  
Facsimile No. 632-310-7560  
Email address: [aevangelista.bihc@gmail.com](mailto:aevangelista.bihc@gmail.com)



**MS. HEIDI UMADAC**

Sr. Health Program Officer  
Bureau of International Health Cooperation  
Department of Health  
Building 3, Ground Floor,  
San Lazaro Compound, Sta. Cruz,  
Manila, 1003 Philippines  
Telephone No. 632-6517800 local 1352  
Facsmile No. 632-310-7560  
Email address: [humadac.bihc@gmail.com](mailto:humadac.bihc@gmail.com)

**Food and Drug Administration (FAD)**

**DR. KENNETH HARTIGAN-GO**

Director IV  
Food and Drug Administration  
Department of Health  
Alabang, Muntinlupa  
Telefax : 632-807-8511  
Email address: [khgo@doh.gov.ph](mailto:khgo@doh.gov.ph)

**MS. NAZARITA TACANDONG**

Director III  
Food and Drug Administration  
Department of Health  
Alabang, Muntinlupa  
Telefax : 632-807-8511  
Email address: [nazaritatacandong@yahoo.com.ph](mailto:nazaritatacandong@yahoo.com.ph)

**Philippine Medical Association (PMA)**

**DR. MODESTO O. LLAMAS**

President  
Philippine Medical Association  
PMA Building  
North Avenue, Quezon City 1105  
Telephone No.: 632 – 929-6366; 929-7361; 926-2447  
Fax No.: 632- 929-6951  
Email Address : [info@philippinemedicalassociation.org](mailto:info@philippinemedicalassociation.org)

**Professional Regulation Commission - International Affairs Division (PRC-IAD)**

**ATTY. TERESITA MANZALA**

Commissioner

Professional Regulation Commission

P.Paredes cor. Nicanor Reyes Sts. Sampaloc, Manila 1008 Philippines

Telefax: 63 2 3140019

**MS. SARAH DUCAT**

International Affairs Division

Professional Regulation Commission

P.Paredes cor. Nicanor Reyes Sts. Sampaloc, Manila 1008 Philippines

Telefax: 63 2 3140019

Email Address: [prc.iad@gmail.com](mailto:prc.iad@gmail.com)

**Philippine Nurses Association**

**MR. NOEL CADETE**

President

1663 FT Benitez Street, Malate, Manila

Telephone No.; 632 – 536-1888; 521-0937

Email Address : [philippinenursesassociation@yahoo.com.ph](mailto:philippinenursesassociation@yahoo.com.ph)

**Philippine Dental Association (PDA)**

**DR. BIENVENIDO ERAÑA**

President

Philippine Dental Association

Telephone No.: 632 – 899-6332; 890-4609; 897-8091

Email Address : [secretariat@rda.ph](mailto:secretariat@rda.ph)

**Commission on Filipino Overseas (CFO)**

**SEC. IMELDA NICOLAS**

Chairperson

Citi Gold Center

1345 Quirino Avenue corner Osmeña Highway, Manila 1007

Telephone No.: 632 552-4700

Email Address : [info@cfo.gov.ph](mailto:info@cfo.gov.ph)

