



**DEPARTMENT OF HEALTH
DEPARTMENT OF BUDGET AND MANAGEMENT**

SEP 28 2022

JOINT MEMORANDUM CIRCULAR No. 2022-0002
Series of _____

TO : ALL UNDERSECRETARIES, ASSISTANT SECRETARIES, DIRECTORS OF BUREAUS, SERVICES, CENTERS FOR HEALTH DEVELOPMENT OF THE DEPARTMENT OF HEALTH INCLUDING ITS CHIEFS OF HOSPITALS, MEDICAL CENTERS, SPECIAL HOSPITALS, SANITARIA, TREATMENT AND REHABILITATION CENTERS, EXECUTIVE DIRECTORS OF SPECIALTY HOSPITALS; MINISTRY OF HEALTH OF THE BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO (MOH-BARMM); HEADS OF OTHER PUBLIC AND PRIVATE HEALTH FACILITIES; ALL CONCERNED OFFICIALS AND STAFF OF THE DEPARTMENT OF BUDGET AND MANAGEMENT; AND STAKEHOLDERS CONCERNED

SUBJECT : Implementing Guidelines for the Use of Cancer Assistance Fund (CAF)

I. BACKGROUND

Special Provisions (SP) No. 13 of the Department of Health (DOH) Budget under the Fiscal Year (FY) 2022 General Appropriations Act (GAA) allotted Php 529.2 million for the use of Cancer Assistance Fund (CAF) to fund the cost of cancer treatment and its care-related components, including the needed diagnostics and laboratories for the eight priority cancer types, namely: 1.) breast cancer, 2.) childhood cancers, 3.) gynecologic cancers, 4.) liver cancer, including colorectal and other digestive tract cancers, 5.) adult blood cancers, 6.) head and neck cancers, including thyroid, 7.) lung cancer, and 8.) prostate, renal and urinary bladder cancer. This is pursuant to the mandate of Republic Act No. 11215 or the National Integrated Cancer Control Act, which seeks to provide an integrated and holistic support to cancer treatment and management.

Currently, several public health mechanisms supporting cancer control services are being implemented, such as health promotion, early screening and detection interventions in the primary care setting, hospitalization benefits, and access to free cancer medicines. Despite these interventions, out-of-pocket expenditures in cancer care remain high. The

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CAF aims to complement and supplement existing financial support mechanisms for various cancer care and control services that are not yet covered by the Philippine Health Insurance Corporation (PhilHealth) and only partially covered by the Malasakit Program.

II. PURPOSE

This Joint Memorandum Circular is issued to prescribe the implementing guidelines on the use of the Cancer Assistance Fund (CAF) pursuant to SP No. 13 of the DOH Budget under the FY 2022

III. DEFINITION OF TERMS

- A. **Cancer Assistance Fund (CAF)** - refers to the fund to support the cancer medicine and treatment assistance program in accordance with Section 20 of Republic Act No. 11215.

IV. SCOPE AND COVERAGE

This guideline shall apply to the following: 1) selected Cancer and Supportive-Palliative Medicines Access Program (CSPMAP) DOH Hospital Access Sites; and 2) Other health facilities that are compliant to the minimum criteria set by the DOH to be access sites for the Cancer Assistance Fund.

V. GENERAL GUIDELINES

- A. The CAF, as envisioned by the National Integrated Cancer Control Act (RA 11215) and the GAA FY 2022 (RA 11639), shall be implemented to complement and supplement the existing financial support mechanisms exclusive for cancer patients, persons living with cancer, and cancer survivors.
- B. The CAF shall fund outpatient and inpatient cancer control services, including but not limited to diagnostics, therapeutic procedures, and other cancer medicines needed for the treatment and management of cancer and its care-related components.
- C. The Order of Charging for various medical assistance in the context of implementing the CAF shall comply with the Joint Administrative Order No. 2020-0001 entitled Operational Guidelines for the Implementation of the Medical and Financial Assistance to Indigent and Financially-Incapacitated Patients pursuant to Republic Act No. 11463 also known as "Malasakit Centers Act of 2019" dated December 15, 2022 and all its subsequent amendments. However, given the specific intent of CAF, it shall take precedence over the Medical Assistance to Indigent Patients (MAIP) Program for cancer-related cases only.
- D. The CAF shall be managed by the DOH and shall be provided through a sub-allotment mechanism to DOH hospitals and through fund-transfer for non-DOH hospitals that will comply with the minimum criteria set by the DOH to become access sites for

cancer control services. All sub-allotment and fund transfer processes shall follow the usual accounting and regulation rules.

- E. The fund allocation to different access sites shall be determined by the DOH based on the prioritization and technical directions of the Cancer Control Division (CCD) of the Disease Prevention and Control Bureau (DPCB) such as but not limited to, comprehensiveness of cancer services being provided and service utilization. The said prioritization criteria will be released in a future separate issuance.
- F. The CAF sourced from the FY 2022 DOH Budget, shall be available for release and obligation until December 31, 2023 in line with the adoption of the cash-based budgeting system and subject to applicable general and special provisions under the FY 2022 GAA and other existing budgetary guidelines issued by the Department of Budget and Management (DBM).
- G. The implementation and service provision of the CAF shall be monitored by the DOH DPCB to ensure alignment with the law.

VI. RESPONSIBILITIES OF AGENCIES AND HEALTH FACILITIES

A. Department of Health (DOH)

- 1. The DOH Central Office, through the **Office of the Undersecretary of the Public Health Services Team (PHST) – Disease Prevention and Control Bureau (DPCB)** shall:
 - a) Promulgate guidelines necessary for the implementation of the Cancer Assistance Fund (CAF);
 - b) Provide updates and consult with the National Integrated Cancer Control Council (NICCC) pertaining to the implementation of the CAF;
 - c) Conduct program implementation and fund utilization monitoring to improve the implementation of the CAF;
 - d) Prepare and release of sub-allotment or transfer of funds guidelines for CAF to identified access sites;
 - e) Submit an annual report to the Office of the Secretary of Health, Office of the President, and the Congress on the disbursement of the Fund, pursuant to Section 20 of RA no. 11215.
- 2. The **Financial Management Service (FMS)** of the DOH Central Office shall:
 - a) Process and control allotments and obligation of funds pertaining to the CAF;
 - b) Monitor, evaluate, and consolidate budget utilization reports received from the access sites.
 - c) Regularly provide the PHST pertinent CAF fund management data and analysis to help in the decision making and program development.

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3. **The Centers for Health Development (CHDs), Ministry of Health – Bangsamoro Autonomous Region in Muslim Mindanao (MOH-BARMM)** shall:
 - a) Support the DOH Central Office in providing the necessary technical assistance and monitoring of the CAF in different access sites;
4. **The Malasakit Program Office (MPO)** shall:
 - a) Provide pertinent technical support (i.e. referral mechanisms and networking for additional medical and financial assistance) to the DPCB and FMS in implementing the CAF.
5. **The Knowledge Management and Information Technology Service (KMITS)** shall:
 - a) Develop and maintain an information system for tracking and monitoring utilization of the Cancer Assistance Funds.

B. The Department of Budget and Management (DBM) shall:

1. Upon request, process and issue corresponding budget-related action documents to implement the provision of the Cancer Assistance Fund (CAF), pursuant to Special Provision No. 13 of RA No. 11639 or the FY 2022 GAA, in accordance with the existing government budgeting, accounting, and auditing rules and regulations.

C. The Access Sites shall:

1. Implement and adhere to the the relevant policies and guidelines issued by the DOH in implementing the CAF;
2. Provide necessary operational support in implementing the CAF through adopting human resource complement, responsive fiscal management, and other pertinent logistical and operational strategies in compliance with this JMC;
3. Endeavor to expand and improve cancer control services within the health facility so that a broad spectrum of quality cancer care can be provided to target patient beneficiaries;
4. Enter into a Memorandum of Agreement with nearby health facilities that comply with the minimum criteria set by the DOH, as deemed necessary, to establish a network of care for referral and provision of needed cancer care services;
5. Submit timely fund utilization reports and other pertinent service utilization reports to DOH - DPCB;
6. Provide prompt feedback to the DOH Central Office, particularly the office of the DPCB, and concerned CHD/MOH BARMM regarding operational issues to address program bottlenecks.

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VII. FUNDING SOURCE

The funds necessary for the implementation of this JMC shall be sourced from the authorized appropriations under Special Provision No. 13 of RA No. 11639 or the FY 2022 GAA of the DOH, subject to the existing budgeting, accounting, and auditing rules and regulations.

VIII. RESOLUTION OF ISSUES

Issues and concerns that may arise in the implementation of this JMC, shall be resolved by the DOH and/or the DBM, whichever is applicable.

IX. EFFECTIVITY

This JMC shall take effect fifteen (15) days after its publication in the Official Gazette or a newspaper of general circulation.

MARIA ROSARIO SINGH-VERGEIRE, MD, MPH, CESO II
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AMENAH F. PANGANDAMAN
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