



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

SEP 18 2023

JOINT MEMORANDUM CIRCULAR No. 2023-0001
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) Fiscal Year 2023 and Years Thereafter

I. BACKGROUND

Republic Act (RA) No. 11215 or the National Integrated Cancer Control Act (NICCA) seeks to provide an integrated and holistic support to cancer treatment and management. Relative thereto, the Cancer Assistance Fund (CAF) can be utilized to fund the cost of cancer treatment and its care-related components, including the needed diagnostics and laboratories for the eight (8) 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.

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, one study found that out-of-pocket expenditures in cancer care remain high where at least PhP 181,000 expenses were

J d

incurred by many cancer patients in the country after a 12-month period.¹ The 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. OBJECTIVE

This Joint Memorandum Circular (JMC) is issued to prescribe the implementing guidelines on the use of the CAF for FY 2023 and the years thereafter, pursuant to Section 20 of RA No. 11215, in relation to Special Provision (SP) No. 13 of the DOH Budget under the Fiscal Year (FY) 2023 General Appropriations Act (GAA)

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 RA No. 11215.
- B. **Access Sites** - refer to accredited licensed DOH Cancer Treatment and other government hospitals with cancer control services that comply with the requirements stipulated in the DOH Administrative Order No. 2022-0013 entitled *Guidelines for the Implementation of Cancer and Supportive-Palliative Medicines Access Program (CSPMAP)*.
- C. **National Integrated Cancer Control Act (NICCA)** - refers to the law institutionalizing the National Integrated Cancer Control Program.
- D. **Cancer and Supportive-Palliative Medicines Access Program (CSPMAP)** - refers to the mechanism in providing access to free medicines that are not yet covered by Philhealth to minimize or eliminate out-of-pocket expenditures among the target population. The CSPMAP is a sub-program component of the National Integrated Cancer Control Program (NICCP) under the Disease Prevention and Control Bureau-Cancer Control Division (DPCB-CCD).
- E. **Cancer** - refers to a generic term for a large group of diseases that can affect any part of the body. Other terms used are malignant tumors and neoplasms. One defining feature of cancer is the rapid creation of abnormal cells that grow beyond their usual boundaries, and which can then invade adjoining parts of the body and spread to other organs. Each type of cancer has its own distinct clinical behavior and requires type-specific treatment. Moreover, within each cancer type the prognosis also varies, depending on the stage and molecular characteristics, requiring individualized or personalized treatment. Cancer shall be categorized by age groups, in accordance with local and global standards.
- F. **Cancer Control** - refers to the strategies to reduce the incidence, morbidity and mortality, and improve the quality of life of cancer patients in a defined population,

¹ Please see Annex A. Reference

through the systematic implementation of evidence-based interventions for prevention, early detection, diagnosis, treatment and palliative care.

- G. **Cancer Patients** - refer to those who have received the diagnosis of cancer, those symptomatic and/or under definitive or palliative treatment.
- H. **Persons Living with Cancer** - refers to those with microscopic or residual disease, asymptomatic or with subclinical symptoms on maintenance or supportive treatment.
- I. **Cancer Survivors** - refer to those who have completed all of their anti-cancer therapy and presently show no signs of the disease - that is, in remission, and now must go on to face survival with both fear of recurrence or relapse and perhaps encumbered by the side effects and consequences of their therapies.

IV. SCOPE AND COVERAGE

This guideline shall apply to the following: 1) Identified Cancer and Supportive-Palliative Medicines Access Program (CSPMAP) DOH Hospital Access Sites; 2) DOH hospitals designated as Cancer Specialty Centers (based on DO 2021-0001), and 3) Other health facilities providing cancer services that are compliant to the minimum criteria set by the DOH to be access sites for the CAF.

V. GENERAL GUIDELINES

- A. The CAF, as envisioned by the NICCA and the FY 2023 GAA, 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 be used to fund the cost of cancer prevention, screening, early detection and diagnosis, treatment and its care-related components, for the eight priority cancer types for persons with cancer, cancer survivors and high-risk individuals, subject to the existing guidelines to be issued by DOH.
- C. The Order of Charging for various medical assistance in the context of implementing the CAF shall comply with the order of charging as stated in PhilHealth Circular No. 2021-0012², DOH-PCSO-DSWD-PHIC Joint Administrative Order No. 2018-0001³, and to the DOH-DSWD-PCSO-Philhealth Joint Administrative Order No. 2020-0001⁴. However, given the specific intent of

² Modification on the Payment Rules of Benefit Packages under All Case Rates (ACR) Policy including COVID-19 Benefit Packages

³ Streamlining Access to Medical Assistance Funds of the Government

⁴ 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"

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 budgeting, accounting, and auditing rules and regulations.
- E. The fund allocation to different access sites shall be determined by the DOH based on the prioritization and technical directions 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 and other operational guidelines will be released in future separate issuance/s.
- F. The CAF or the funding requirement covered by this JMC shall be sourced from the DOH budget. It shall be available for release and obligation in line with the adoption of the cash-based budgeting system and subject to applicable general and special provisions under the 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 **Disease Prevention and Control Bureau (DPCB)** shall:
 - a) Promulgate guidelines necessary for the implementation of the 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; and
 - e) Manage the overall implementation of the CAF Information System as its data owner.
- 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; and
 - c) Regularly provide the DPCB pertinent CAF fund management data and analysis to help in the decision making and program development.

- d) Submit a quarterly report to the Office of the President, the Congress, and the Office of the Secretary of Health, on the disbursement of the CAF, pursuant to Section 20 of RA No. 11215.
3. **The Centers for Health Development (CHDs), Ministry of Health – Bangsamoro Autonomous Region in Muslim Mindanao (MOH-BARMM)** shall support the DOH Central Office in providing the necessary technical assistance in the implementation and monitoring of the utilization of CAF in different access sites within their respective administrative region.
 4. The **Malasakit Program Office (MPO)** shall 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 maintain the existing CAF Information System for tracking and monitoring utilization of the Cancer Assistance Funds.
 6. The **National Integrated Cancer Control Council (NICCC)** shall formulate a cost implementation plan in coordination with other stakeholders as the basis for the NICCP.
- B. The **Department of Budget and Management (DBM)** shall process and issue corresponding budget-related action documents to implement the provision of the CAF, pursuant to pertinent Special Provision of the FY 2023 GAA and years thereafter, in accordance with the existing government budgeting, accounting, and auditing rules and regulations. The release shall be subject to availability of funds and submission of complete and compliant supporting documentary requirements.
- 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. Designate focal person and other needed personnel to support the overall management of CAF; and shall provide other necessary operational support such as 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 may 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 and submit monthly fund utilization reports and other pertinent service utilization reports to DOH - DPCB and FMS based on accounting, and auditing rules and regulations; and

5. Provide prompt feedback to the DOH Central Office, particularly to the DPCB, and concerned CHD/MOH BARMM regarding operational issues to address program bottlenecks.

VII. FUNDING SOURCE


The funds necessary for the implementation of this JMC shall be sourced from the authorized appropriations under the FY 2023 GAA of the DOH and years thereafter, subject to the existing budgeting, accounting, and auditing rules and regulations.

VIII. EFFECTIVITY

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



AMENAH F. PANGANDAMAN
Secretary
Department of Budget and Management



TEODORO J. HERBOSA, MD
Secretary
Department of Health



Annex A. Reference

1. Ngelangel, C.A., Lam, H., Rivera, A.S., Kimman, M.L., Real, I.O., Balete, S.L., and Philippines ACTION Study Group, *Philippine Costs in Oncology (PESO): Describing the Economic Impact of Cancer on Filipino Cancer Patients using ASEAN Costs in Oncology Study Dataset*, VOL. 52 NO. 2 2018
2. PhilHealth Circular No. 2021-0012 entitled “*Modification on the Payment Rules of Benefit Packages under All Case Rates (ACR) Policy including COVID-19 Benefit Packages*”
3. DOH-PCSO-DSWD-PHIC Joint Administrative Order No. 2018-0001 entitled “*Streamlining Access to Government Medical Assistance Funds*”
4. DOH-PCSO-DSWD-PHIC 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.