



Republic of the Philippines

DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT

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LOCAL GOVERNMENT UNITS' ROLES AND RESPONSIBILITIES IN THE IMPLEMENTATION OF THE INTER-AGENCY MEDICAL REPATRIATION ASSISTANCE PROGRAM FOR OVERSEAS FILIPINOS

Memorandum Circular No. 2018-62
May 4, 2018

1.0 Background

The Department of Foreign Affairs (DFA), Department of Health (DOH), Department of Labor and Employment (DOLE), Department of Social Welfare and Development (DSWD), Department of the Interior and Local Government (DILG), Manila International Airport Authority (MIAA), Overseas Workers' Welfare Administration (OWWA), Philippine Overseas Employment Administration (POEA) and the Philippine Charity Sweepstakes Office (PCSO) issued Joint Memorandum Circular No. 2017-0001 dated June 16, 2017 entitled, "Integrated Policy Guidelines and Procedures in the Implementation of the Inter-Agency Medical Repatriation Program (IMRAP) for Overseas Filipinos". Said JMC primarily aims to establish an integrated system and process flow on medical repatriation among appropriate government agencies and stakeholders.

2.0 Purpose

The purpose of this Memorandum Circular is to ensure that all concerned local government officials and personnel will fully observe and comply with the LGU roles and responsibilities as defined under Part IX, Item No. 6 of the above-said JMC.

3.0 Scope/Coverage

All Provincial Governors, City Mayors and Municipal Mayors, Punong Barangays, Provincial, City and Municipal Health Officers, DILG Regional Directors, ARMM Regional Governor, and all others concerned

4.0 Policy Content and Guidelines

4.1 All Local Chief Executives are hereby reminded to:

- Comply with the standard requirements set by the Department of Health for LGU-owned and managed hospitals to ensure readiness and adequacy to provide special needs of the Repatriated Overseas Filipino;
- Provide adequate availability of government/LGU-owned ambulance services to transport medical Repatriated Overseas Filipino free of charge; and

- Ensure the realization of LGU commitments under the Philippine Migrant Health Program on the conduct of health promotion and education activities on migrant health, among others.

4.2 All concerned DILG Regional Directors and the ARMM Regional Governor are hereby directed to immediately cause the widest dissemination of this Memorandum Circular to local government units within their respective areas of jurisdiction.

5.0 Sanction

Failure of the LGUs to perform their roles and responsibilities is tantamount to dereliction of duty and shall be dealt with in accordance with applicable Civil Service Rules and Regulations, and other pertinent laws, rules and regulations.

6.0 References

- 6.1 DFA-DOH-DOLE-DSWD-DILG-MIAA-OWWA-POEA-PCSO Joint Memorandum Circular No. 2017-0001.
- 6.2 Article II Section IV of the 1887 Philippine Constitution.
- 6.3 Philippine Foreign Service Act of 1991 (R.A. No. 7157).
- 6.4 Sections 24 and 25 of the Local Government Code of 1991 (R.A. No. 7160).
- 6.5 Migrant Workers and Overseas Filipinos Act of 1995 (R.A. No. 8042, as amended by R.A. No. 10022).
- 6.6 DOH Administrative Order No. 2016-0007 or the National Policy on the Health of Migrants and Overseas Filipinos.

7.0 Repealing Clause

All DILG Memorandum Circulars, directives, orders or other related issuances inconsistent herewith in part or in full, are hereby modified, revoked, or repealed accordingly.

8.0 Effectivity

This Memorandum Circular shall take effect immediately.

9.0 Approving Authority


USEC EDUARDO M. AÑO
Officer-In-Charge, DILG



10.0 Feedback

For related queries, kindly contact the Bureau of Local Government Supervision at Telephone Nos. (02) 9289181 or (02) 8763454 local 4211, or email at blgspcmd@gmail.com or the Bureau of International Health Cooperation, Migrant Health Unit, Department of Health at Tel No. 6517800 local 1352.



JOINT MEMORANDUM CIRCULAR No. 2017- 0001

FOR : Heads of Department of the Department of Foreign Affairs (DFA), Department of Health (DOH), Department of Labor and Employment (DOLE), Department of Social Welfare and Development (DSWD), Department of Interior and Local Government (DILG), Manila International Airport Authority (MIAA) and the Administrators of the Overseas Workers' Welfare Administration (OWWA) and the Philippine Overseas Employment Administration (POEA), and the Philippine Charity Sweepstakes Office (PCSO)

SUBJECT : Integrated Policy Guidelines and Procedures in the Implementation of the Inter-Agency Medical Repatriation Assistance Program (IMRAP) for Overseas Filipinos

DATE : June 16, 2017

I. Background

In the Philippines, there are 9,006,016 (Report to Congress: January to June 2016) Filipinos currently living and/or working overseas. Article II Section IV of the 1987 Philippine Constitution, states that the prime duty of the government to serve and protect its people. This is further reiterated in the Philippine Foreign Service Act, or Republic Act (RA) No. 7157, which stipulates the protection of the rights and promotion of the welfare and interests of all Overseas Filipinos (OFs), which is one of the three pillars of the Philippine foreign policy.

One pressing concern of the country relative to the welfare of OFs is the large demand and request for medical repatriation being facilitated by the Philippine government. For the year 2015, the Overseas Workers' Welfare Administration (OWWA) reports 464 repatriations that were facilitated due to medical reasons. This is about 7 percent of the total 6,755 repatriations for that year. In 2016 based on the data on medical repatriations DOH has facilitated, the most frequent medical reasons for repatriation include cerebrovascular accident or stroke, cardiovascular disease, mental disorder, renal failure and cancer.

These aforementioned information, however, do not reflect the complete picture of the medical repatriation problem of the country. There is no centralized database and reporting system that would capture all the medical repatriation cases per year. Recent concerns over emerging and re-emerging diseases of pandemic potential such as Severe Acute Respiratory Syndrome (SARS), H5N1 Influenza, Middle East Respiratory Syndrome-Corona Virus (MERS-CoV), Avian Influenza, Ebola Virus Disease, etc., have also caused increased vulnerability and exposure of our OFs. This poses a possible need for an inter-agency preparation in case of *en masse* medical repatriation.

To ensure efficient and effective delivery of services to OFs, RA No. 8042 as amended by RA No. 10022, mandates the adoption of a One Country Team Approach (OCTA) whereby all officers, representatives and personnel of the Philippine Government posted abroad, regardless of their mother agencies shall, on a per country basis, act as one country team with a mission under the leadership of the Head of Post. Pursuant to this, the Joint Manual of Operations in Providing Assistance to Migrant Workers and Other Filipinos Overseas was issued in August 2015, wherein it provided an overall framework for various government agencies in assisting OFs and migrant workers.

While OCTA is being observed at the Philippine Foreign Service Posts, concerned government agencies in the Philippines address medical repatriation cases based on their individual capacities. Currently, medical repatriation of OFs is being facilitated by the Department of Foreign Affairs (DFA), DOH, Department of Social Welfare and Development (DSWD), Department of Labor and Employment (DOLE) and its attached agencies, OWWA and Philippine Overseas Employment Administration (POEA), Manila International Airport Authority (MIAA) and some local government units (LGUs). Each agency has its own system, policies and procedures on medical repatriation including its reporting, with occasional and ad hoc inter-agency coordination.

Due to the urgent nature and lifesaving implications associated with medical repatriations, it is imperative that proper, timely and well-coordinated assistance be provided to our OFs. Government policies and systems should be aligned and delineation of tasks and responsibilities should be established to improve coordination, streamline processes and avoid duplication of functions. Hence, this Joint Memorandum Circular (JMC) on the implementation of the Inter-Agency Medical Repatriation Assistance Program (IMRAP) is being issued to harmonize existing processes and procedures involving medical repatriation and formalize inter-agency coordination and cooperation among government agencies in the Philippines.

II. Purpose

A. General Objective:

To establish an integrated system and process flow on medical repatriation among relevant government agencies and other stakeholders.

B. Specific Objectives:

1. To harmonize policies, processes and procedures of the various government agencies;
2. To define roles and responsibilities in the implementation of IMRAP of each agency; and
3. To institute a standard reporting and monitoring system. **Scope and Coverage**

This JMC is applicable to all national and local government agencies involved in medical repatriation of OFs. Only OFs for medical repatriation shall be covered by this issuance. Medical repatriations facilitated through the insurer, employer, agency, sponsor, or any third party and those without proper coordination with relevant government agencies shall also be covered under this issuance.

III. Legal Bases

1. Article II Section IV of the 1987 Philippine Constitution;
2. Philippine Foreign Service Act of 1991 (RA No. 7157);
3. Section 24 and 25 of the Local Government Code of 1991 (RA No. 7160)
4. Executive Order No. 74, series of 1993, Directing the Adoption of the Country-Team Approach in the Conduct of Development Diplomacy;
5. Migrant Workers and Overseas Filipinos Act of 1995 (RA No. 8042), as amended by RA No.10022 of 2010;
6. Omnibus Rules and Regulations Implementing RA No. 8042, as amended by RA No. 10022;
7. Insurance Guidelines on Rule XVI of the OIRR of RA No. 8042, as amended by RA No. 10022 relative to the Compulsory Insurance Coverage for Agency-Hired Overseas Filipino Workers;
8. National Health Insurance Act of 1995 as amended by RA 9041 and RA 10606;
9. Quarantine Law of the Philippines of 2004 (RA No. 9271);
10. Joint Manual of Operations in Providing Assistance to Migrant Workers and Other Filipinos Overseas of August 2015; and
11. DOH Administrative Order No. 2016-0007 or the "National Policy on the Health of Migrants and Overseas Filipinos";

IV. Definition of Terms

1. **Balik-Manggagawa** - refers to an Overseas Filipino Worker who has served or serving his/her employment contract and is:
 - a. returning to the same employer and the same job site; or
 - b. returning to the same employer in a new job site.It shall also include an Overseas Filipino Worker who has started employment with a new employer and is returning to the said employer.
2. **Documented Filipino Migrant Workers** - refers to the following:
 - (i) those who possess valid passports and appropriate visas or permits to stay and work in the receiving country; and
 - (ii) those whose contracts of employment have been processed by the POEA or subsequently verified and registered on-site by the POLO, if required by law or regulation.
3. **Government-hired workers** - are those workers hired and deployed through POEA's Government Placement Branch under to government to government arrangement.
4. **Individual Medical Assistance Program** - the program of PCSO that attends to the financial needs of all individuals with health-related problems through the provision of financial assistance. A guarantee letter is issued to the hospital or partner health facility which assumes the obligation of a specific amount due from the client for the services rendered.
5. **Medical Repatriation**- the assistance provided by the Philippine Government to transport back to the country, an OF with a medical condition who meets all of the following:

- (i) needs to be repatriated to the Philippines for further medical care or attention;
 - (ii) depending on the nature and gravity of the medical condition may require him/her to be accompanied by a medical professional depending on the circumstances;
 - (iii) has been cleared to travel by the attending physician from the country of origin; and
 - (iv) has accompanying proper documents from the host country.
6. **Name-Hires** - shall refer to a worker who is able to secure an overseas employment opportunity with an employer without the assistance or participation of any agency.
7. **One Country Team Approach (OCTA)** – the government approach whereby the representatives of the various departments and agencies abroad act together under the leadership of the Head of Post.
8. **Overseas Filipinos (OFs)** – refers to migrant workers, other Filipino nationals and their dependents abroad
9. **Public Health Emergency of International Concern (PHEIC)** –an extraordinary event which is determined, as provided in the International Health Regulation of 2005:
- (i) to constitute a public health risk to other States through the international spread of disease; and
 - (ii) to potentially require a coordinated international response.
10. **Undocumented Overseas Filipinos** – those who are under any of the following circumstances:
- (i) acquired their passports through fraud or misrepresentation;
 - (ii) possess expired visa or permits to stay;
 - (iii) have no travel document whatsoever;
 - (iv) have valid but inappropriate visa; or
 - (v) employment contract was not processed by the POEA or subsequently verified and registered on-site by the POLO, if required by law or regulation.

V. Guiding Principles

In the medical repatriation of OFs, the Philippine Government shall be guided by the following principles:

1. **There can be no universal health care, if the health of migrants and OFs are left behind.** In its pursuit to achieve universal health care, the Philippine Government, under the leadership of the DOH, shall strive to ensure access to quality health care by all Filipinos, whether in-country or abroad. Migrants and OFs, just like any other Filipino citizen, should enjoy the fundamental human right to the highest attainable standards of health.

2. **Timely and well-coordinated medical repatriation saves lives.** Medical repatriation is best done through coordination and cooperation among concerned government agencies. It is not the sole responsibility of any government agency to handle the medical repatriation of an OF. By working together, however, the concerned government agencies are able to maximize their resources in order to ensure the smooth and safe medical repatriation of migrants and OFs.
3. **Medical repatriation shall be pursued only when the life of the OF will not be further placed in any clear or present danger.** Not all cases are ideal for medical repatriation. Even with strong request from the family members of the OF, the medical repatriation can only be done upon clearance of the attending physician from the country of origin or where the life of the OF is not further placed in unnecessary danger. In instances where the attending physician gives consent for travel of the OF, the Philippine government shall undertake earnest efforts to obtain appropriate clearances for medical repatriation.
4. **Government resources are limited and shall be used prudently.** Priority in the allocation of resources for medical repatriation shall be made in accordance with government guidelines adopted for this purpose. Government resources for medical repatriation shall be utilized after all available resources have been exhausted.

VII. General Guidelines

1. The DOH, through its Migrant Health Unit (MHU), shall act as the central coordinating body for all medical repatriation cases from different referring agencies and shall maintain the official database for medical repatriations. It shall prepare a quarterly and annual report for distribution to all relevant agencies, for their reference.
2. For Overseas Filipino Workers (OFWs), it is the primary responsibility of the private employer/principal or licensed recruitment agency who deployed the Filipino to work abroad to repatriate its employee when the latter faces a medical emergency overseas. As a policy of the State to provide adequate protection for Overseas Filipino Workers, licensed recruitment agencies are required to provide compulsory insurance to its deployed workers.
3. For purposes of inter-agency facilitation and coordination, cases of medical repatriation, whether documented or undocumented, are categorized into two groups, namely:
 - (i) **Coordinated**— medical repatriation cases coordinated with the Post and endorsed to relevant government agencies, prior to arrival in the Philippines
 - (ii) **Uncoordinated** – medical repatriation cases without prior coordination with the Post and/or relevant government agencies and are identified only upon arrival in the Philippines

4. Based on the category of medical repatriation cases, the following are the corresponding procedures in each of the three phases of medical repatriation management, namely:
 - (i) **Pre-Arrival**—the phase from the time of identification of OFs for medical repatriation in the destination country until the OFs' departure and travel back in the Philippines
 - (ii) **Travel and Arrival**—the phase during the flight and upon arrival in the port of entry in the Philippines.
 - (iii) **Post-Arrival**—the phase after arrival in the Philippines until referral to: (1) a medical facility; (2) temporary shelter; or (3) place of residence, with proper endorsement to the NOK and/or referral to DSWD and/or relevant agencies for provision of social welfare programs and other support services.
5. All relevant government agencies shall use the Unified Medical Repatriation Assistance Form (UMRAF) (See Annex A) for proper referral, documentation, monitoring and reporting of medical repatriation cases.

VIII. Specific Guidelines

The following are the detailed guidelines of medical repatriation based on the various phases of management:

A. Pre-Arrival

For Coordinated Medical Repatriations

1. Upon verification of the need for medical repatriation based on existing protocols and upon ensuring completeness of all the travel requirements (i.e. flight booking, issuance of travel documents and/or exit visa), the Post shall refer the case to the DFA-OUMWA and/or DOLE-OWWA for proper endorsement and facilitation of necessary assistance.
2. The referring local agencies (e.g. DFA-OUMWA, OWWA, DSWD, etc.) shall accomplish the UMRAF and submit pertinent supporting documents (such as medical/clinical abstract, laboratory results, confirmed flight itinerary, etc.) to the DOH-MHU, preferably at least two (2) working days before the arrival of the OF in the country, subject to reasonable delays beyond the control of the Post.
3. The referring agencies, in consultation with the Post, shall also identify the needed assistance/services enumerated as follows:
 - (i) **Airport Assistance and Initial Medical Assessment/Evaluation** - the service being provided by the DOH Bureau of Quarantine (BOQ) and/or the MIAA to the OF upon arrival.
 - (ii) **Ambulance Conduction**- the service primarily being provided by the relevant agencies including, but not limited to OWWA, MIAA, DOH, referral hospital, local government units (LGU), etc. to transport the patient from the port of entry to the designated health facility and/or place of residence.
 - (iii) **Referral to and/or Confinement in DOH Hospital**- the service being facilitated by the DOH-MHU and Health Emergency

Management Bureau Operations Center (HEMB-OPCEN), which recommends appropriate health facilities nationwide under the DOH, that will deliver corresponding medical care to the medically repatriated OF.

- (iv) **Endorsement to non-DOH Health Facilities-** the support being provided by the DOH-MHU for proper referral and advanced coordination with non-DOH health facilities, such as the Philippine General Hospital, LGU managed hospitals and private healthcare facilities, among others.
 - (v) **Financial Assistance -** the support needed for payment of hospital bills, procurement of medicines, and other related medical services, which is usually provided through, but not limited to, the following: a) DOH Medical Assistance Program; b) DSWD's Assistance to Individuals/Families in Crisis Situation; c) Philippine Charity Sweepstakes Office (PCSO) fund; and other funding agencies.
 - (vi) **PhilHealth Membership Coverage-** the mandatory health insurance coverage for all Filipinos. Active membership coverage entitles the member and its qualified dependents to the PhilHealth benefit packages. Inactive members shall update its premium payment before they can avail the packages.
 - (vii) **Medical Escort Services -** the special assistance provided that necessitates the services of an in-flight medical doctor and/or allied health professional, usually for psychiatric and other complicated cases.
 - (viii) **Psychosocial Counseling-** the services provided by the DSWD, which aims to undertake Psycho-Social Processing (PSP) to include debriefing of stressful experience/s leading to enhanced psychosocial functioning, which maybe characterized by change, or modification of behavior, personality development and improved well-being.
4. Based on the identified type of services needed, the DOH-MHU shall coordinate the appropriate assistance with the relevant DOH offices and facilities accordingly. It shall notify the BOQ regarding the flight details and arrival of OFs, and inform the referring agencies on the identified DOH health facility in case of confinement.

B. Travel and Arrival

For Coordinated Medical Repatriations

1. Upon arrival at the airport, the BOQ shall initially assess and evaluate the OF and provide clearance for any signs and symptoms of infectious disease. If found to be manifesting signs of a PHEIC, the BOQ shall follow relevant protocols in managing the case. Once cleared, the BOQ shall endorse the case to the Medical Division of the MIAA, for further evaluation.
2. The BOQ and/or MIAA shall also provide assistance in transporting the OF from the aircraft to the ambulance, as necessary.
3. The MIAA shall then examine and evaluate the OF and manage the case until the formal turn over to OWWA for ambulance transfer.
4. In cases wherein the OF has a connecting flight to a local destination, the MIAA shall provide temporary accommodation maximum six (6) hours

prior to the departure of the connecting flight. Beyond six hours, OWWA shall provide temporary shelter until the connecting flight.

For Uncoordinated Medical Repatriations

1. For cases of medical repatriation without prior coordination and are identified only upon arrival at the port of entry, the OF shall initially be assessed, evaluated and cleared by the BOQ for PHEIC. If found to have signs of a PHEIC, the BOQ shall follow relevant protocols for managing the case.
2. Once cleared by the BOQ, the case shall be endorsed to MIAA. The latter would assess and decide if confinement to a health facility is needed.
3. If confinement is needed, the MIAA shall fill out the UMRAF and submit it to the DOH-MHU. Coordination regarding the identification of a referral health facility shall be done by the DOH-MHU; MIAA shall transfer the OF from the airport to the identified health facility.
4. If confinement is not needed, the MIAA shall still fill out the referral form and submit to the DOH-MHU for recording purposes. MIAA continues to manage the case until formal endorsement to OWWA.

C. Post-Arrival

1. After the endorsement of MIAA to OWWA, all cases of medical repatriations shall be categorized based on the location where they will be transported or referred to, either: (i) to a designated health facility; (ii) to temporary shelter; or (iii) to the place of residence.
2. For transport from the airport to destinations within Metro Manila, the OWWA and the MIAA shall primarily be responsible for all cases of coordinated and uncoordinated medical repatriations, respectively. In cases where the OWWA and MIAA ambulance is not sufficient, the DOH and its hospitals, as well as other relevant agencies, shall provide contingent support.
3. For destinations outside Metro Manila, transport shall be coordinated accordingly by the referring agencies with the LGU through the Public Safety Answering Points of Emergency Hotline 911.
4. In cases wherein the medically repatriated OF needs referral and confinement to a health facility, the DOH-MHU shall ensure availability of an appropriate government health facility with suitable health care services and capabilities. The DOH-MHU shall also be responsible in endorsing cases for confinement in non-DOH public hospitals, as well as to private health care facilities.
5. The OF or the NOK has the right to choose their preferred hospital, except in cases of Public Health Emergency of International Concern (PHEIC). The Philippine government shall offer medical referral to and assistance in government hospitals under the direct management of the DOH and shall mobilize its resources within its control. Should the family decide to avail services in private/ non-government medical facilities, these shall be under their personal responsibilities.
6. Upon discharge from the hospital, the referral health facility shall accomplish the last portion of the UMRAF which indicates the management

- done to the OF. DOH-MHU shall follow up on the accomplished referral form and provide updates to the referring agencies regarding status and action taken.
7. For those who will be transferred to a temporary shelter, OWWA shall facilitate and coordinate with the NOK regarding accommodation to the temporary shelter and other pertinent individual arrangements.
 8. All cases for transport to their place of residence shall be facilitated accordingly as mentioned in item 2 and 3 above, upon coordination with the NOK. The DSWD and/or LGU may provide transportation assistance and other social welfare programs to the medically repatriated OFs once found eligible and are ready to go home to their place of residence.

The subsequent diagram summarizes the process flow of coordination of medical repatriation in the Philippines, depending on the category and phase of medical repatriation management, along with the responsible agencies in each transition of care (see **Annex B**).

IX. Roles and Responsibilities of Member Agencies

In the conduct of medical repatriation, the following government agencies shall take the following roles and responsibilities:

1. Department of Health (DOH)

A. Migrant Health Unit (MHU)

- A.1. Shall be the central coordinating unit for all cases of medical repatriation, within and outside the DOH and its attached agencies;
- A.2. Shall receive the completed UMRAF from the referring agencies for proper endorsement to and coordination with other relevant DOH offices and partner government agencies;
- A.3. Shall coordinate with HEMB for the use of an ambulance or other medically-equipped vehicle to transport the OF to a designated DOH Hospital, in instances where OWWA and MIAA cannot provide transport;
- A.4. Shall request the BOQ for provision of airport assistance to OF;
- A.5. Shall refer the OF to a DOH hospital for further treatment and/or evaluation, when appropriate;
- A.6. Shall refer the OF to PAU for financial assistance;
- A.7. Shall inform the referring agencies of actions taken by DOH after assessment of the physician to the OF or upon discharge from the DOH hospital;

A.8. Shall maintain a central database of all medical repatriations in the Philippines;

A.9. Shall prepare a quarterly and annual report for distribution to all relevant agencies.

B. Bureau of Quarantine (BOQ)

B.1. Shall provide airport assistance to all medical repatriation cases referred by the DOH-MHU;

B.2. Shall assess medical repatriated case on arrival for appropriate management and provide clearance as may be necessary;

B.3. Shall follow established existing protocols for medical repatriation cases that manifest signs and symptoms of PHEIC;

B.4. Shall coordinate with the DOH-MHU actions taken subsequent to the arrival of the patient, for onward transmittal and feedback to relevant agencies.

C. Health Emergency Management Bureau (HEMB)

C.1. Shall refer OF referred by the DOH-MHU, to a DOH hospital for further treatment;

C.2. Shall, upon request of DOH-MHU, dispatch a medical doctor or nurse to accompany the OF during the repatriation;

C.3. Shall coordinate provision of ambulance in cases where OWWA and MIAA transport services are not sufficient;

C.4. Shall provide the DOH-MHU a regular report of facilitated medical repatriation cases for records and monitoring purposes.

D. Public Assistance Unit (PAU)

D.1. Shall facilitate financial assistance through the Medical Assistance Program (MAP) to OFs managed in DOH facilities, as needed;

D.2. Shall provide regular report of facilitated medical repatriation cases for records and monitoring purposes.

E. DOH Hospitals

E.1. Shall be considered as referral hospitals for medical repatriation cases;

E.2. Shall accept the medical repatriation cases referred to them and designate a medical doctor to handle the medical repatriation case;

E.3. Shall provide quality health services based on the case and refer as appropriate;

E.4. Shall ensure submission of accomplished UMRAF on case management to the DOH-MHU.

F. Philippine Health Insurance Corporation (PhilHealth)

F.1. Shall validate PhilHealth coverage in the medical repatriation process.

2. Department of Foreign Affairs - Office of the Undersecretary for Migrant Workers' Affairs (DFA-OUMWA)

2.1. Shall obtain from the Post the Medical Abstract/Medical Report/Psychological Report of repatriate to ensure the specific needs of the OF shall be sufficiently addressed;

2.2. Shall, through the Post, complete the Medical Information Form for Air Travel (MEDIF), which indicates if the OF is fit to travel or requires special assistance; to be submitted in advance to the airline transporting the OF;

2.3. Shall, through the Post, arrange flight booking for medical repatriation of the OF using the most direct, safe, and convenient route with the safety and welfare of the OF primarily being considered;

2.4. Shall, through the Post, determine, in consultation with the attending physician, if a competent medical person should accompany the OF on board. If in critical condition, authorize the disbursement of funds to cover the travel expense of a medical doctor or nurse designated by the attending physician; or request the DOH-MHU to send a medical doctor or nurse to accompany the OF. The travel cost of the DOH medical doctor or nurse shall be under the account of DOH. In appropriate instances, DFA-OUMWA shall authorize the DFA physician or nurse to accompany the OF during the repatriation, at DFA expense;

2.5. Shall obtain the necessary medical clearance for diseases which require special treatment or control by the Bureau of Quarantine (BOQ) such as Ebola and the Middle East Respiratory Syndrome-Corona Virus (MERS-CoV) and other PHEIC;

2.6. Shall inform the NOK of the flight details of the OF and exert best efforts to have at least 1 representative from the family to receive the OF upon his/her arrival;

2.7. Shall coordinate with DOH-MHU to designate at least 1 representative to receive and to check the condition of the OF upon his/her arrival, especially

in stretcher cases, and, if necessary, arrange for the use of ambulance to transport the OF to the designated health facility;

- 2.8. Shall coordinate with the OWWA for the onward transportation requirement of the OF including his/her temporary shelter, while awaiting such onward travel;
- 2.9. Shall coordinate with the DSWD for provision of psychosocial counseling, transportation assistance and other social welfare and support services to the OF and his/her family;

3. Department of Social Welfare and Development (DSWD)

- 3.1. Shall, upon receipt of referred case, conduct tracing/coordination to locate the family and/or NOK of the OF for assessment of their family situation and determination of their needs;
- 3.2. Shall provide financial assistance through its Assistance to Individuals/Families in Crisis Situation;
- 3.3. Shall refer the case to the Medical Social Worker of the hospital for free or discounted medicine and/or discounted hospital bills; or to the concerned Civil Society Organizations (CSOs) and the Philippine Charity Sweepstakes to avail of medical assistance to defray the OF's expenses for medication and hospitalization and for the needed further medical treatment as the case may be;
- 3.4. Shall, upon request of DFA-OUMWA/DOLE-OWWA/DOH-MHU, provide psychosocial counseling to the OFs and their families in an appropriate venue or setting;
- 3.5. Shall, upon discharge from the hospital and/or other health facility, provide transportation assistance to the OF and family member (as the case may be) in going home to his/her place of residence;
- 3.6. Shall refer the case of the OF to the concerned DSWD Field Office and in coordination with their respective Local Social Welfare and Development Offices (LSWDOs) for further case management including provision of social welfare programs and other support services;
- 3.7. Shall on a case to case basis, provide financial assistance for income generating activities for OFs and families to create/augment means of living;
- 3.8. Shall refer the case of medically repatriated OFs to the Department of Justice (DOJ) once they are assessed/determined to be victims of trafficking;

- 3.9. Shall provide feedback report to the referring party of the actions taken particularly in the provision of appropriate social welfare programs to the OFs and their families.

4. Department of Labor and Employment (DOLE)

For medical repatriation involving OFWs

- 4.1 Shall immediately coordinate with the concerned employer, foreign placement/staffing agency, and/or Philippine Recruitment Agency (PRA) the request for repatriation and/or inform the Head of Post.
- 4.2 Shall, through the POLO, whenever possible and permissible, visit the OFW and meet with attending physician/concerned medical authority to check on OF's medical condition, and report this to DOLE/OWWA, which shall, in turn, relay the same to the family or NOK of the OFW in the Philippines. In coordination with the employer and/or foreign placement/staffing agency, and the attending physician/concerned medical authority, shall plan for the medical repatriation of the OFW.
- 4.3 Shall inform PRA to immediately coordinate with the insurance provider of the request for medical repatriation. In the event that the employer or Foreign Placement Agency (FPA) refuses/fails to shoulder the repatriation cost, the DOLE shall coordinate with the OF's insurance provider, to effect the medical repatriation of the OFW.

For government-hired workers, Balik-Manggagawa, or Name-Hires:

- 4.4 Shall, through the POLO, coordinate with the OWWA to advance the repatriation cost in the event that the FRA fails to shoulder the repatriation cost, the employer or the recruitment agency could not be identified, located, or has ceased operations, and the worker is without means but needs immediate medical repatriation.
- 4.5 Shall, through the POLO, undertake the following procedures in arranging the travel of the OFW:
 - 4.5.1 Secure the Certificate of Fitness to Travel from the attending physician/concerned medical authority specifying the requirements to ensure OFW's safety during the course of repatriation such as the need for escort if OFW cannot travel alone (e.g. doctor, nurse, paramedic, or any able-bodied individual).

Coordinate with the airline and submit the MEDIF, Certificate of Fitness to Travel including requirements for escort, medical equipment and seating arrangement, if any, to ensure that OFW will be accepted in the intended flight.

- 4.5.2 Secure Medical Report of the OF to include diagnosis and recommended patient management during travel. Such medical report shall be provided to the OF's NOK upon arrival in the Philippines.
- 4.5.3 Arrange for transportation of the OF from his/her location to the airport for onward travel to the Philippines.
- 4.6 Shall, through the POLO, coordinate with OWWA-Repatriation Assistance Division and concerned OWWA-Regional Welfare Office the schedule of the arrival of the OF for the purpose of (i) requesting airport and other required assistance upon arrival such as ambulance, wheelchair/stretchers, direct transfer to hospital/medical institution for continued treatment/rehabilitation; and (ii) informing the NOK of the scheduled arrival.
- 4.7 Shall, through the POLO, inform OWWA to coordinate with the DOH-MHU prior to travel to the Philippines in case the OF is positive or afflicted with communicable diseases/ PHEIC (i.e. SARS, H1N1, Avian Flu).
- 4.8 Shall, through the OWWA, provide airport assistance and vehicle to transport to DOH designated hospital or local place of residence whenever necessary and available.
- 4.9 Shall, through the OWWA, inform DOH-MHU of actions taken subsequent to the arrival of the OF for onward transmittal to the Post which initiated the medical repatriation.

For medical repatriation involving other OFs

- 4.10 Shall, through the POLO, endorse the request for medical repatriation of the OF to the ATNU of the Philippine Embassy/Consulate General.
- 4.11 Shall, through the POLO, notify OWWA to provide airport assistance in case there is a request from ATNU.

5. Manila International Airport Authority (MIAA)

- 5.1. Shall assess medically repatriated OF who has been cleared by the BOQ and endorse them to OWWA or NOK for transport to a health facility or temporary shelter;
- 5.2. Shall, for uncoordinated cases, refer to DOH-MHU medically repatriated OFs who need confinement and transport them to appropriate health facility identified by the DOH-MHU;

- 5.3. Shall assist OWWA by providing temporary waiting area for medically repatriated OF with connecting flight within six (6) hours from time of arrival at the NAIA;
- 5.4. Shall provide transport to the nearest hospital in cases where OWWA has no available ambulance.

6. Department of Interior and Local Government

- 6.1 Shall issue a Department Circular to LGUs reminding them of their roles and responsibilities on the following:
 - 6.1.1. Compliance with the standard requirements set by the Department of Health for LGU-owned and managed hospitals to ensure readiness and adequacy to provide special needs of the Repatriated Overseas Filipino;
 - 6.1.2. Provision on the adequate availability of government/LGU-owned ambulance services to transport medical repatriated Overseas Filipinos free of charge; and;
 - 6.1.3. LGU commitments under the Philippine Migrant Health Program on the conduct of health Promotion and education activities on migrant health.
- 6.2. Shall have a coordination mechanism platform through all Public Safety Answering Points (PSAPs) of Emergency Hotline 911 in communicating immediate emergency coordination assistance from DOH to concerned LGUs.

7. Philippine Charity Sweepstakes Office

- 7.1. Shall facilitate requests for financial assistance of the OF through the Individual Medical Assistance Program

IX. Funding

The amount required to cover the services/assistance for medical repatriation of the OFs shall be sourced from the regular budgets of the concerned national government agencies in accordance with the law.

X. Separability Clause

In the event that any provision or part of this Joint Memorandum Circular is declared unauthorized or rendered invalid by any court of law or competent authority, those provisions not affected by such declaration shall remain valid and in effect.

XI. Repealing Clause

Unless otherwise stated, provisions from previous issuances and other related orders that are inconsistent or contrary to this joint memorandum circular are amended and repealed accordingly.

XII. Implementation

In order to implement these Guidelines, the participating departments/agencies shall circulate the same through their appropriate administrative issuances/ memoranda within 30 days upon signing of the JMC. Copies of such administrative issuances/ memoranda shall be furnished to the heads of the participating departments/agencies immediately after their release.

XIII. Effectivity

The Joint Memorandum Circular shall take effect immediately upon the signing of all parties.

Adopted this day of **JUN 16 2017** at the *Manila* Philippines.




ALAN PETER S. CAYETANO
Secretary of Foreign Affairs

S. / / - /

for **SILVESTRE H. BELLO III**
Secretary of Labor and Employment



PAULYNN JEAN B. ROSELL-UBIAL
Secretary of Health

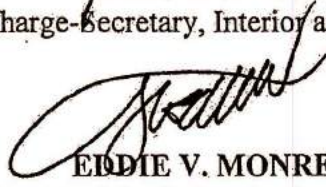


JUDY M. TAGUIWALO
Secretary of Social Welfare and Development



CATALINO S. CUY

Officer-in-Charge-Secretary, Interior and Local Government



EDDIE V. MONREAL

General Manager, Manila International Airport Authority



ALEXANDER F. BALUTAN

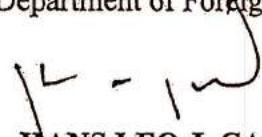
General Manager, Philippine Charity Sweepstakes Office

ATTESTED BY:



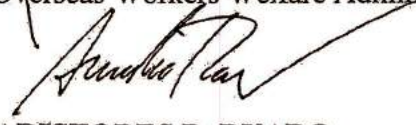
JESUS I. YABES

Undersecretary, Office of Undersecretary for Migrant Workers' Affairs
Department of Foreign Affairs



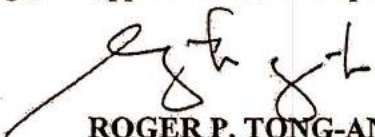
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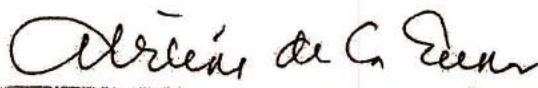
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OIC-Interim President and Chief Executive Officer
Philippine Health Insurance Corporation



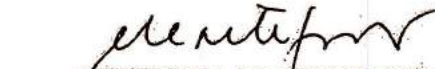
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