

Collaboration in the Health
Care Delivery System under
the UHC/KP initiatives

KALUSUGAN
PANGKALAHATAN



Universal Health Care

Deliberate attention to the needs of millions of poor Filipino families which comprise the majority of our population





Filipino Income Quintiles

| | Monthly income | Families per quintile |
|-----------|----------------|-----------------------|
| Q1 | 3,460 | 5,218,267 |
| Q2 | 6,073 | 4,094,164 |
| Q3 | 9,309 | 3,912,443 |
| Q4 | 15,064 | 3,707,494 |
| Q5 | 38,065 | 3,485,067 |

Source: National Health and Demographic Survey, 2008

- ***“Health is a right of every Filipino citizen and the State is duty-bound to ensure that all Filipinos have equitable access to effective health care services” (Philippine 1987 Constitution)***



Office of Secretary of Health

Attached Agencies

Regional hospital
Medical Centers
Sanitaria

Regional Offices

City Health Offices
(Chartered Cities)

Provincial Health Offices

Provincial
Hospitals

City
Hospitals

Health
Centers

Inter-local Health Zones

City Health Offices
(Component Cities)

Municipal health
offices/ Rural
Health Unit

District
hospitals

Barangay
Health
Stations

City
Hospitals

Health
Centers

Barangay Health
Stations

Barangay
Health
Stations

Demographic Characteristics

- 2010 Projected Population: 94M (NSO)
- Population growth rate remains high at 2.04% (2000-2007 data, PSY 2009)
- Half of the population is below 21 years old
- Proportion of older persons is growing from 3.83% in year 2000 to 4.19% in 2007 (NSO)

Overall health status of the Filipinos have improved

- Filipinos are living longer, with females having longer life expectancy at 73.1 years than males at 67.8 years in 2008 (NSO, 2008)
- Infant Mortality Rate (IMR) and Under-five Mortality Rate (U5MR) have declined steadily over the past 15 years. (NDHS, 2008)
- MMR improved from 209 per 100,000 live births between 1987 and 1993 to 162 per 100,000 live births in 2006 (FPS, 2006)

Aggregate improvements hide broad disparities in health outcomes

- Life expectancy
 - Females in the Ilocos Region could expect to live 14 years longer than females in the ARMM (NSO, 2008)
- TFR, IMR, U5MR and NMR were significantly higher in rural areas; among women who had no education; and among the poorest income quintile (NDHS, 2008).



Top Ten Cause of Mortality

| Cause | Total | Rate |
|--|--------|------|
| 1. Diseases of the heart | 70,861 | 84.8 |
| 2. Diseases of the vascular system | 51,680 | 61.8 |
| 3. Malignant Neoplasms | 40,524 | 48.9 |
| 4. Accidents | 34,483 | 41.3 |
| 5. Pneumonia | 32,098 | 38.4 |
| 6. Tuberculosis | 26,770 | 31.0 |
| 7. Unclassified | 21,278 | 25.5 |
| 8. Chronic lower respiratory diseases | 18,975 | 22.7 |
| 9. Diabetes mellitus | 16,552 | 19.8 |
| 10. Conditions originating from the perinatal period | 13,180 | 15.8 |



UN Millennium Development Goals

Progress by Goal

Current status in accordance with national Government reporting:



Eradicate extreme poverty and hunger



Achieve universal primary education



Promote gender equality and empower women



Reduce child mortality



Improve maternal health



Combat HIV/AIDS, malaria and other diseases



Ensure environmental sustainability



Develop a global partnership for development

ICON LEGEND



Achieved



Very likely to be achieved, on track



Possible to achieve if some changes are made



Off track






Insufficient information

Source: [MDG Monitor: Quick Facts](#)
(accessed 10/11/2010)



Towards the attainment of MDGs

| Indicators | 2015 Target | Accomplishment |
|--|--------------------|-------------------|
| MDG 4:  | | |
| Under 5 mortality rate (per 1,000 live births) | 26.7 | 34 (2008 NDHS) |
| Infant mortality rate (per 1,000 live births) | 19.0 | 25 (2008 NDHS) |
| MDG 5:  | | |
| Maternal mortality ratio (per 100,000 live births) | 52 | 162 (2006 FPS) |
| Proportion of births attended by skilled health professional | 70.0 (2010 NOH) | 62 (2008 NDHS) |

| INDICATORS | 2015 Target | ACCOMPLISHMENT |
|---|---|--|
| MDG 6  | | |
| Prevalence of HIV/AIDS among high risk groups | <1% 5,364 cases (1984-2010) | <1% |
| Malaria morbidity rate | 62/100,000 pop 38,135 cases (based from 1990 baseline) | 21.6/100,000 pop 19,555 cases (2009) |
| Malaria mortality rate | 0.75 456 deaths (based from 1990 baseline) | 0.026 24 deaths (2009) |
| TB morbidity rate | 137/100,000 128,798 cases (2010 NOH) | 129 (2008) 121,277 cases |
| TB mortality rate | <44/100,000 41,366 deaths (PhilPACT) | 41.0 (2007) |
| TB case detection rate | 70 % | 75 % (NTP, 2007) |
| TB cure rate | 85 % | 83 % (NTP, 2007) ₁₂ |

Utilization of Health Facilities

| HEALTH FACILITY TYPE | % |
|----------------------|------|
| Government | 50 % |
| Private | 42 % |
| Traditional healer | 7 % |

Common reasons for seeking health care:

| | |
|---------------------------|------|
| illness or injury ----- | 68 % |
| medical check-up ----- | 28 % |
| dental care ----- | 2 % |
| medical requirement ----- | 1 % |

Source: NDHS, 2008

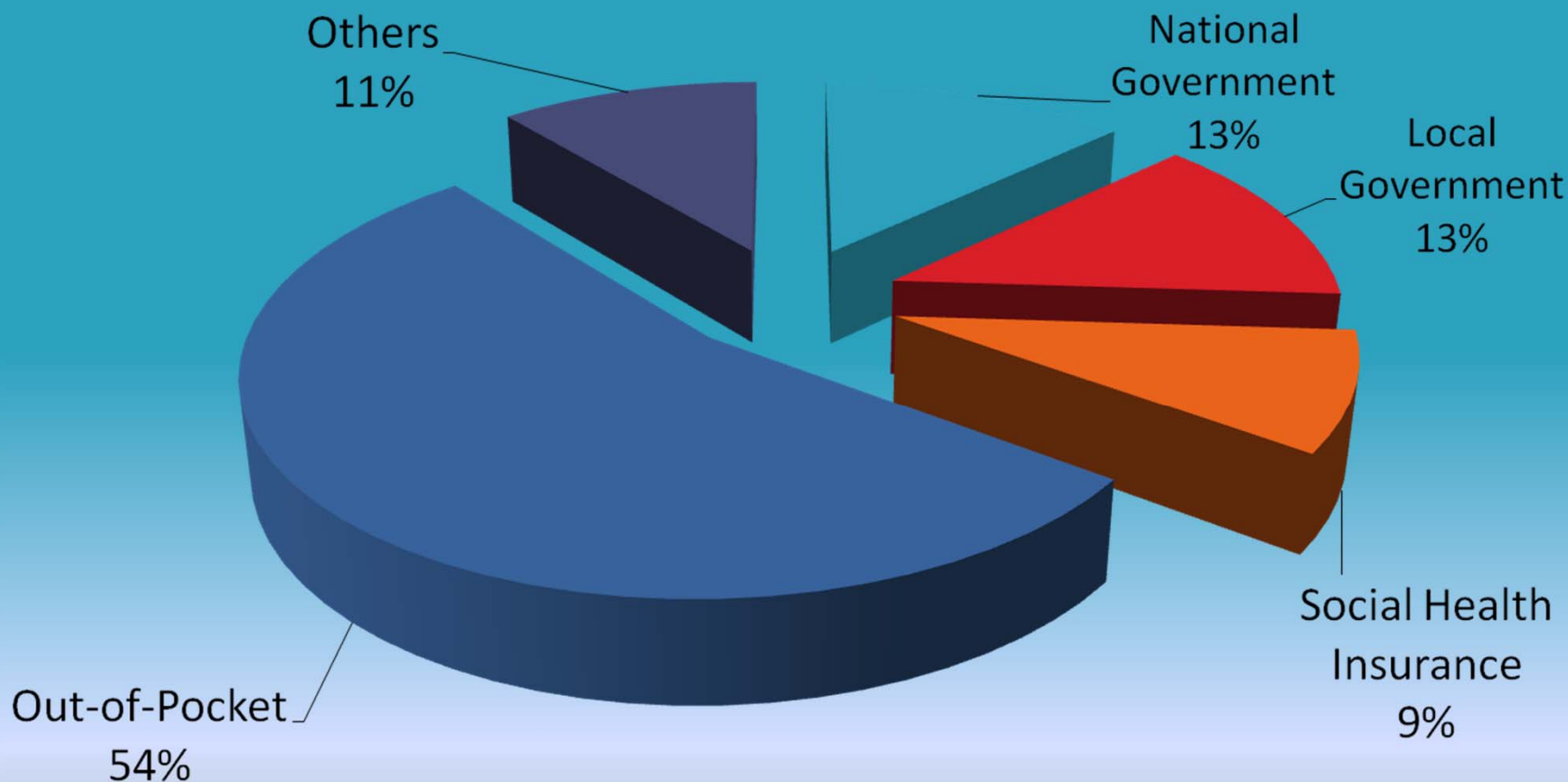
Health Care Facilities

- Local health facilities are poorly-equipped and poorly-staffed.
- Regional and national hospitals are congested.
- Health facilities in the public and private sectors are unevenly distributed.
- National-local and public-private networking and patient referral systems are inadequate.

- “Serbisyon pangkalusugan, tulad ng PhilHealth para sa lahat sa loob ng tatlong taon” (*Improved public health services such as PhilHealth for all within three years*)
 - President Aquino’s Inaugural Speech
- “...para mabigyan ng PhilHealth ang limang milyong pinakamaralitang pamilyang Pilipino”.
 - President Aquino’s State of the Nation Address



Distribution of Health Expenditure by Source of Funds



Total health expenditure is P234.3 B (3.2 percent of GDP)

Source: Philippine National Health Account, 2007

PhilHealth

Aquino was dismayed at the miserable “benefit delivery rate of the National Health Insurance Program in the country which stands at only 8 percent.” (PDI, Oct 3, 2010)

| Coverage rate | Availment rate | Support value | Benefit delivery rate |
|---------------|----------------|---------------|-----------------------|
| 53% | 42% | 34% | 8% |

Health Human Resources

- The Philippines is producing more and better human resources for health, compared to most Asian countries
 - Total RN as of 2010 = 21,045 ; Total MD as of 2010 = 13,182
- The Philippines is a major source of health professionals to other countries.
 - Leading exporter of nurses to the world (12,618 nurses were deployed in 2008)
 - Second major exporter of physicians
- Large exodus of nurses and physicians (as nurses) in the last five years has been unparalleled in the migration history of the country.
- There is a need to ensure the production of health professionals to meet local needs and to contribute to the global demand.



Comprehensive Reforms in Health

Universal Health Care
(2010 -2016)

Fourmula One for Health
(2005 – 2010)

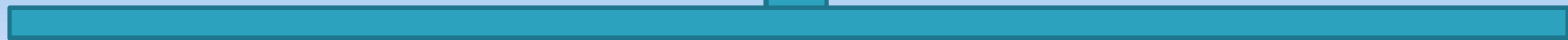
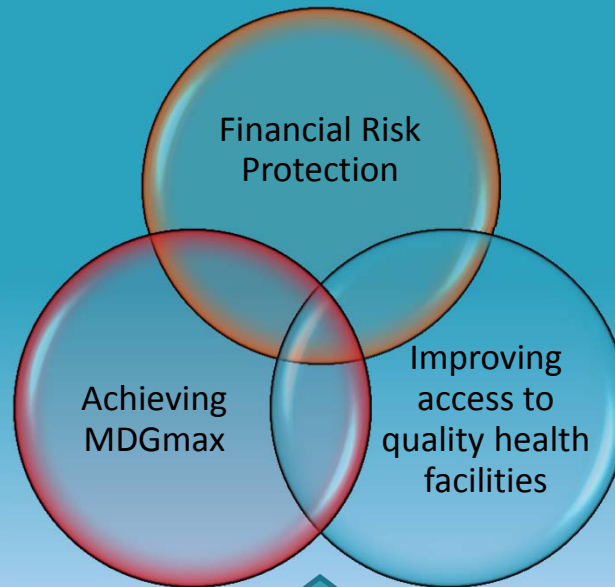
Health Sector Reform Agenda
(1999- 2004)

Universal Health Care

Better health
outcomes

Responsive health
system

Equitable health
financing



Health
Financing

Service
Delivery

Policy, standards
and regulation

Health
Human
Resource

Health
Information

Governance
for Health



Health Policy Directions of the Aquino Administration

- Attain efficiency by using information technology (IT) in all aspects of health care
- Increased attention to trauma, the 4th leading cause of death
- More aggressive promotion of healthy lifestyle to prevent non communicable diseases: heart disease, stroke, diabetes, obesity
- Attention to emerging diseases (Superbug, nosocomial diseases, A(H1N1), diseases brought about by climate change)



Health Policy Directions of the Aquino Administration

- Improve the access to quality affordable medicines
- Continue efforts in improving governance and regulation to eliminate graft and corruption in all areas of health care
- **Improve the plight of health workers through interventions in health education, placement, compensation, among others**

Universal Health Care

Three Strategic Thrusts



Improve financial risk protection through improvements in NHIP benefit delivery



Achieve health-related Millennium Development Goal -Max (MDGmax) targets



Improve access to quality health care facilities

Universal Health Care Financial Risk Protection Strategies

1. Redirecting PhilHealth operations towards the improvement of the national and regional benefit delivery ratios
2. Expanding enrollment of the poor in the NHIP

Universal Health Care Financial Risk Protection Strategies

3. Promoting the availment of quality outpatient and inpatient services through reformed capitation and no balance billing arrangements for sponsored members
4. Increasing the support value of health insurance for the poor

Universal Health Care

Health Facilities Enhancement Strategies

1. A targeted health facility enhancement program to improve facility preparedness for trauma and the most common causes of mortality and morbidity;
2. Provision of grant mechanisms to support the immediate repair and rehabilitation of selected priority facilities utilizing Public-Private Partnership approach;

Universal Health Care

Health Facilities Enhancement Strategies

3. Fiscal autonomy and income retention schemes for government hospitals and health facilities;
4. Unified and streamlined DOH licensure and PhilHealth accreditation for hospitals and facilities; and
5. Regional clustering of referral networks to address the fragmentation of services.

Universal Health Care

Achieving MDGmax

- Deploying Community Health Teams;
- Utilizing the life course approach in providing needed services
 - family planning
 - ante-natal care
 - delivery in health facilities
 - essential newborn and immediate postpartum care; and
 - Garantisadong Pambata package for children 0-14 years of age;

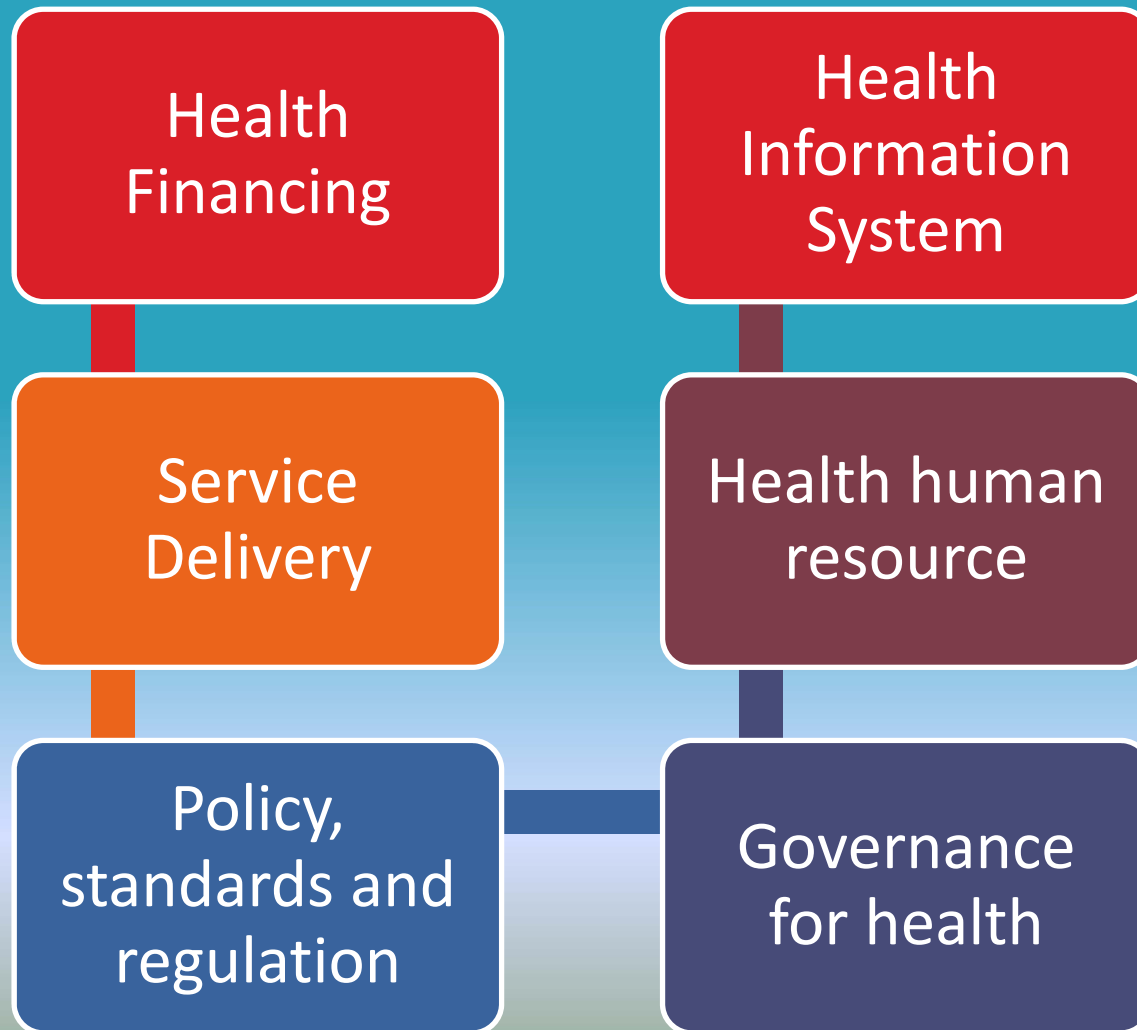
Universal Health Care

Achieving MDGmax

- Aggressively promoting healthy lifestyle changes to prevent non-communicable diseases;
- Ensuring adequate surveillance and preparedness for emerging diseases; and
- Harnessing the strengths of inter-agency and inter-sectoral approaches to health.

Universal Health Care

Six (6) Instruments



Universal Health Care

Health Financing

- Instrument to increase resources for health that will be effectively allocated and utilized to improve the financial protection of the poor and the vulnerable sectors

Universal Health Care Service Delivery

- Instrument to transform the health service delivery structure to address variations in health service utilization and health outcomes across socio-economic variables

Universal Health Care Governance for Health

- Instrument to establish the mechanisms for efficiency, transparency and accountability and prevent opportunities for fraud

Universal Health Care

Health Information

- Instrument to establish a modern information system that shall:
 - provide evidence for policy and program development
 - support for immediate and efficient provision of health care and management of province-wide health systems

Universal Health Care

Policy, Standards Development and Regulation

- Instrument to ensure equitable access to health services, essential medicines and technologies of assured quality, availability and safety

Universal Health Care

Human Resources for Health

- Instrument to ensure that all Filipinos have access to professional health care providers capable of meeting their health needs at the appropriate level of care



Human Health Resources

- With reasonable compensation, adequate facilities and opportunities for career growth most of our human health resources will opt to remain in the Philippines
- **Deployment and capacitating of nurses to areas with high MMR, in coordination with the Department of Labor and Employment and the local government units**



Human Health Resources

- Complementmentation of DOH and LGU human health resources with medical and allied professions in other government agencies:
 - Doctors, nurses and dentists of the Department of Education for public school children
 - AFP medical personnel for geographically isolated areas

STRATEGY # 1

Ensure that each family has an assigned competent primary health care provider

- Primary care provider shall be linked with the Service Delivery Network taking into account the health team skill mix approach and engagement of both public and private providers
- Provide incentives to health professionals to facilitate deployment and retention, especially in GIDAs

STRATEGY # 2

Produce health professionals that are responsive to the current needs of the health sector

- Revise curriculum in medical and allied health courses to include academic units on health regulation and financing
- **Develop competency-based courses upon entry to specific position or office**
- Link the medical and other allied health professional scholarships to HRH deployment program

STRATEGY # 3

Manage the exit or re-entry

- Institutionalize the Human Resource for Health Network
- Establish a Health Worker Migrants' Fund (HWMF) from mandatory fees in the issuance of working visas for health professionals to fund HRH development such as training, Magna Carta benefits, Rural Health Team Placement Program (RHTPP) and rationalized scholarships
- Advocate for the Philippine HRH Reintegration Program

PROPOSED LEGISLATIVE AGENDA FOR HEALTH for HHR

- A comprehensive national policy on managing the country's human resources for health including the following:
 1. Rationalization of the HRH (by population, geography, etc) for universal access
 2. Career development opportunities for HRH
 3. Amendment to RA 7305 or the Magna Carta of Public Health Workers to fulfill salaries and benefits due to public health workers (to remove "subject to availability of funds" clause)

Daghang Salamat