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(CMAAO)

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# “Path to Universal Health Care”

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# Universal Health Care

- Defined as ensuring that all people have access to needed health services (including prevention, promotion, treatment, rehabilitation and palliation) of sufficient quality to be effective while also ensuring that the use of these services does not expose the user the financial hardship.



- WHO

- Provides for virtually complete health services as a public benefit for all citizens regardless of their economic status.
- The State regard Health as a right of every citizen.
- The State guarantees health care to every individual at the cost of public funds.



# Government Mandate

- Provide Adequate Resources
  - ✓ Health human resources
  - ✓ Health facilities
  - ✓ Health financing





# Philippine Health Care Delivery System

**PRIMARY CARE**

**SECONDARY**

**TERTIARY**

1<sup>st</sup>

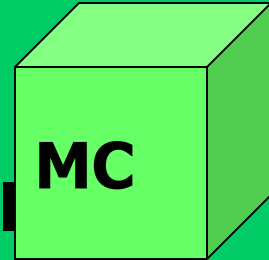
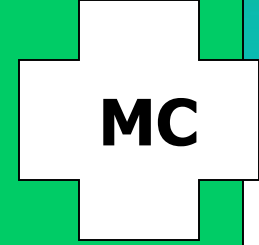
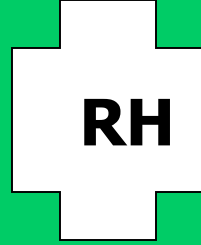
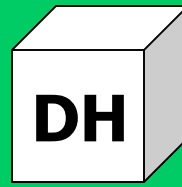
2<sup>nd</sup>

3<sup>rd</sup>

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5<sup>th</sup>



**10-15% referral**

**REFERRAL SYSTEM**

NATIONAL

REGIONAL

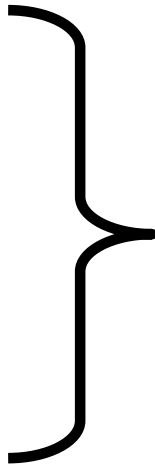


**DEPARTMENT OF HEALTH**

PROVINCIAL

MUNICIPAL

BARANGAY



**LOCAL GOVERNMENT UNITS**



**DEVOLUTION: Local Government Code 1992**

# PHL-UHC Historical Background

- In 2010, concept of UHC was realized, developed, planned and implemented by the Aquino Administration
- Known as “Kalusugan Pangkalahatan”
- Goals:
  - Ensuring the achievements of health system goals of better health outcomes
    - Sustained health financing
    - Responsive health system





# Historical Background

- Goals:
  - By ensuring that all Filipinos, especially the disadvantaged have equitable access to affordable health care



# Historical Background

- 3 Strategic Thrusts

- Financial risk protection through expansion of NHIP enrollment and benefit delivery
- Improved access to quality hospitals and health care facilities
- Attainment of health-related MDGs
  - Reduction of maternal and child mortality, morbidity and mortality from TB and Malaria and the prevalence of HIV-AIDS

- Preparation for emerging disease trends
- Prevention and control of non-communicable diseases



# Historical Background

- 6 Strategies

- Health financing

- Increases resources for health effectively allocated and utilized

- Service delivery

- Ensure health delivery structures

- Policy standards and regulation

- Equitable access to health services, essential medicine and health technologies

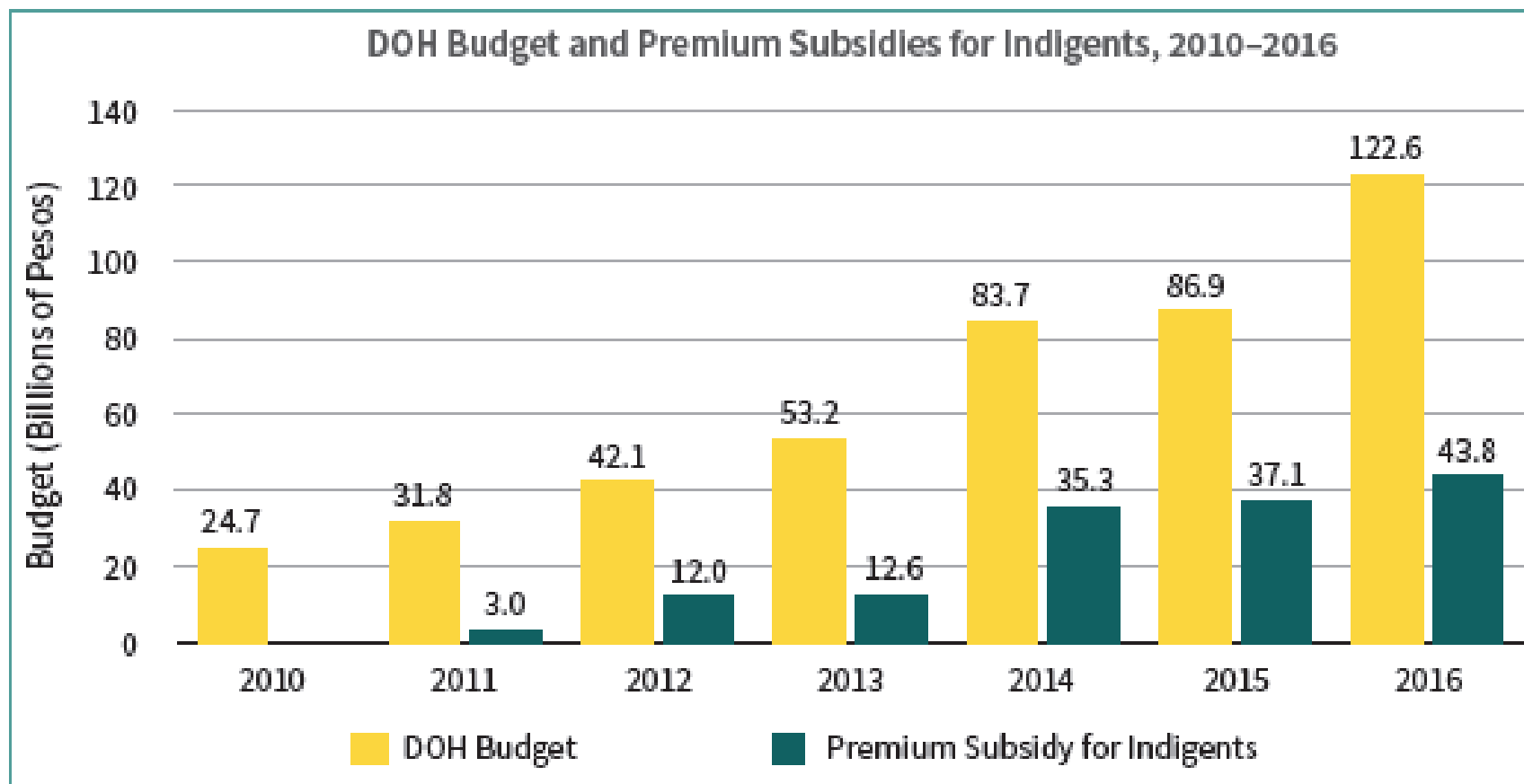


# Historical Background

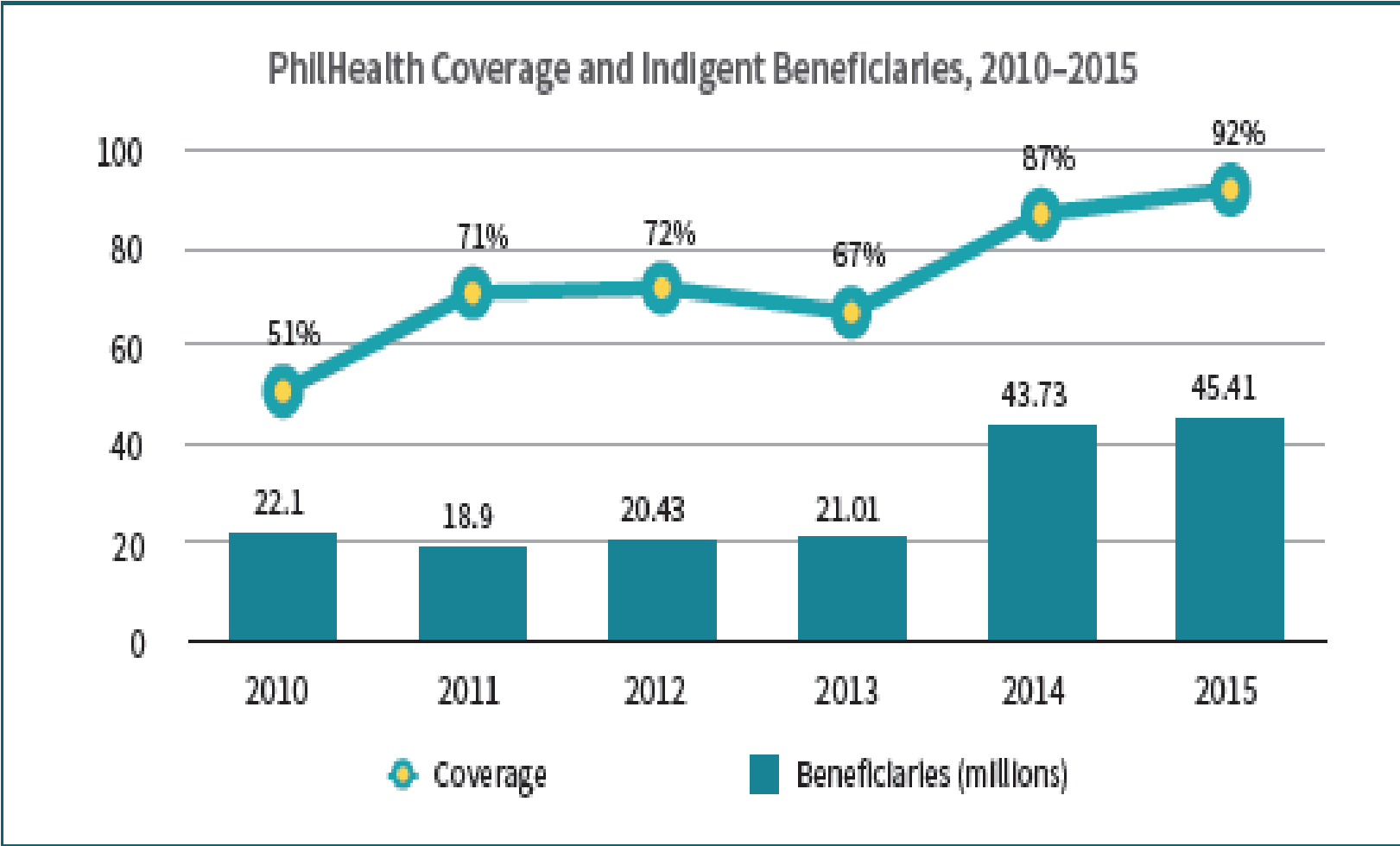
- 6 Strategies
  - Governance for health
    - Efficiency, transparency, accountability and prevention of fraud
  - Human resource for health
    - Access to professional health care providers
  - Health information
    - Provide evidence for policy and program development



# Within the six years of Kalusugan Pangkalahatan, the health budget has increased by more than fivefold, largely contributed by the Sin Tax Law



**Figure 1.** DOH Budget and Premium Subsidies for Indigents Based on GAA, 2010-2016. There is an increasing trend for the DOH budget and premium subsidies. In 2010, there is no line item for premium subsidies for indigents.



**Figure 2.** Coverage of the General Population and Number of Beneficiaries of the Indigent Program of PhilHealth, 2010-2015. There is an increasing trend for coverage and number of beneficiaries. \*2010 beneficiaries include LGU and NHTS-PR Sponsored Members. 2011-2015 Beneficiaries are NHTS-PR only.

**Table 3.** Number of Deployed Health Professionals in the Different DOH Deployment Programs

Program	2010	2011	2012	2013	2014	2015	2016,Q2	Total
Doctors to the Barrios Program (DTTB)	67	139	235	276	320	348	282	n/a
Registered Nurses for Health Enhancement and Local Service (RN Heals)	n/a	20,801	10,000	21,929	n/a	n/a	n/a	52,730
Nurse Deployment Project (NDP)	n/a	n/a	n/a	n/a	11,292	13,371	15,854	40,517
Rural Health Midwives Placement Program (RHMP)	191	1,127	2,391	2,738	2,700	3,020	3,330	15,497
Medical Technologist Deployment Program (MTDP)	n/a	n/a	n/a	n/a	n/a	165	321	486
Dentist Deployment Project (DDP)	n/a	n/a	n/a	n/a	n/a	218	265	483
Public Health Associates Deployment Project (PHADP)	n/a	n/a	n/a	n/a	n/a	834	895	n/a
Universal Health Care (UHC) Implementers Project (UHCIP)	n/a	n/a	n/a	n/a	n/a	n/a	75	75

## Child Mortality

The percentage of fully immunized children (FIC) is fluctuating since 2010 (Table 4). However, child mortality (Infant and Under-5) has not significantly changed since 2011, and the MDG targets are not yet achieved (Table 5).

**Table 4.** FIC Based on DOH Program Data

	2010	2011	2012	2013	2014
Fully immunized child (%)	84	82	80	89	87

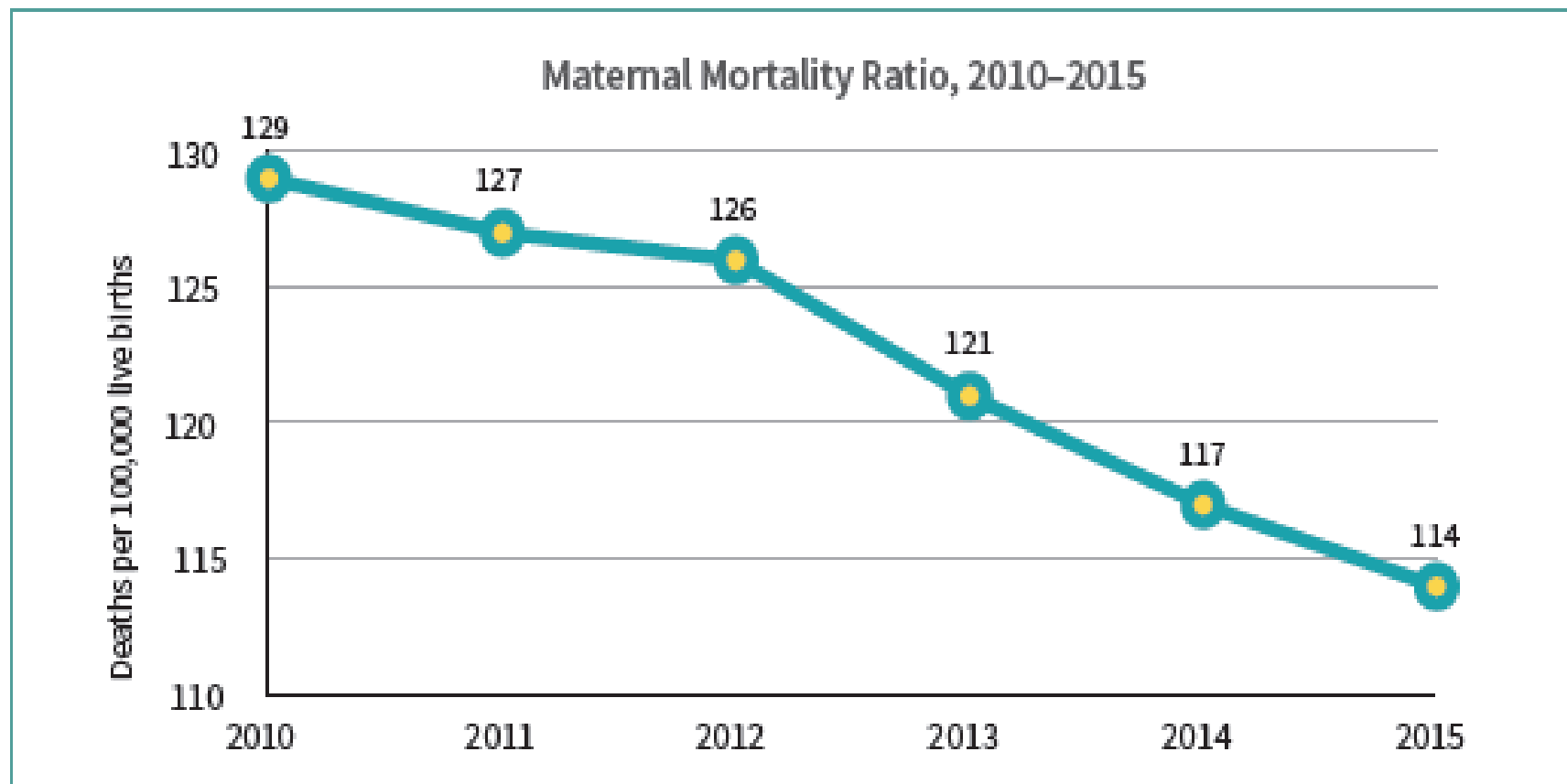
**Table 5.** IMR and U5MR Based on National Surveys

	2008 NDHS	2013 NDHS
Infant mortality rate (per 1,000 live births)	25	23
Under five mortality rate (per 1,000 live births)	34	31

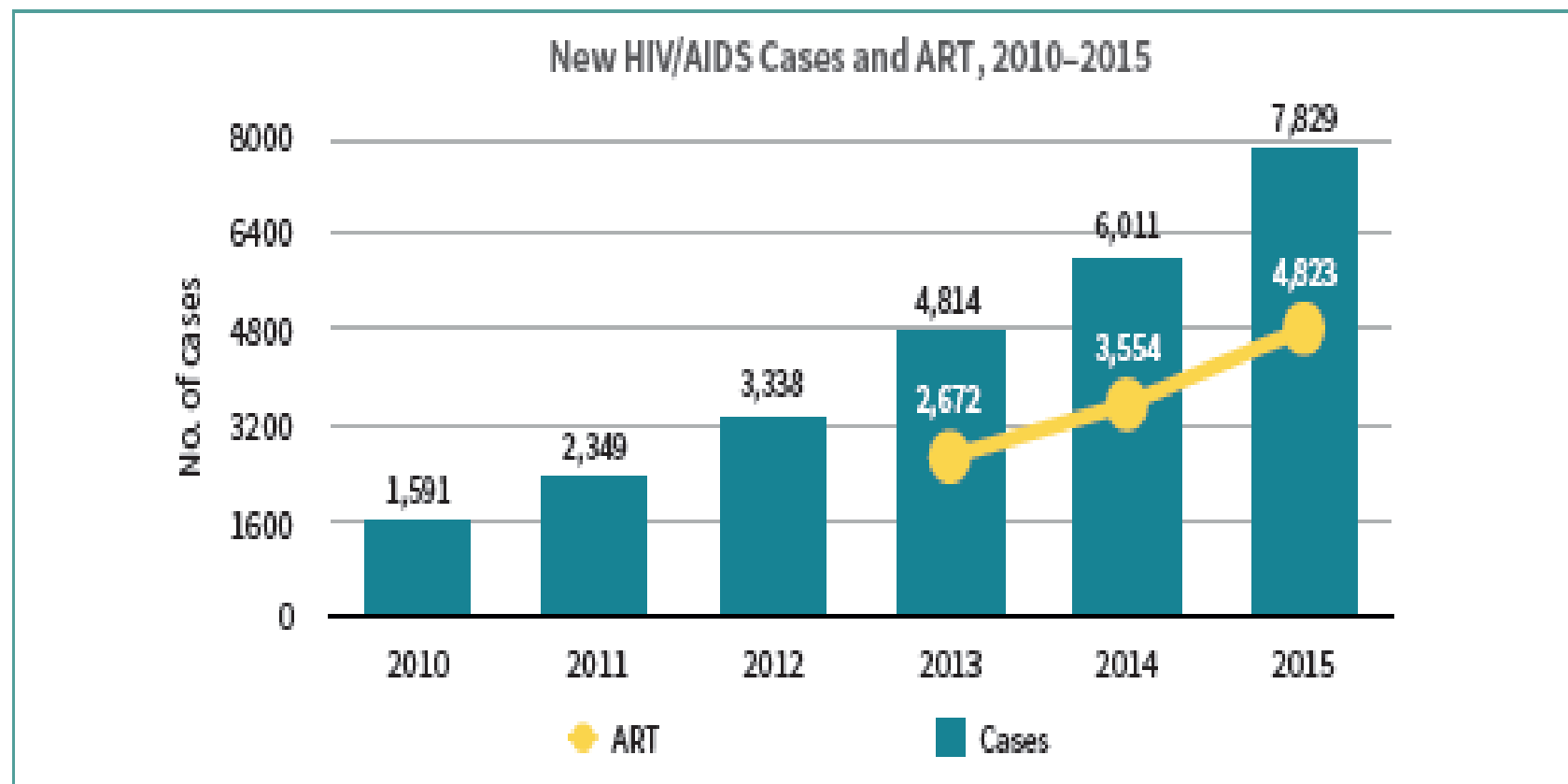


**Table 6.** Maternal Care and Family Planning Indicators Based on National Surveys

	2008 NDHS	2013 NDHS
Skilled birth attendance (%)	62.2	72.8
Facility-based deliveries (%)	44.2	61.1
Contraceptive prevalence rate (any, modern*) (%)	50.6 (33.9) <sup>†</sup>	55.1 (37.6) <sup>†</sup>
1 antenatal visit (%)	91.1	95.4
At least 4 antenatal visits (%)	77.8	84.3
Unmet need for family planning (%)	22.3	17.5



**Figure 4.** Maternal Mortality Ratio, 2010-2015. Based on WHO, UNICEF, UNFPA, The World Bank, and the United Nations Population Division. Trends in Maternal Mortality: 1990 to 2015. Geneva, World Health Organization, 2015



**Figure 5.** New HIV/AIDS Cases and Number of Persons Living with HIV Newly Initiated on Antiretroviral Treatment (ART). Source: HIV/AIDS and ART Registry of the Philippines

**Table 7.** TB and Malaria Indicators Based on WHO Global TB Report, DOH TB and Malaria Program Data

	2010	2011	2012	2013	2014	2015
Case Detection Rate (%)	73	74	82	87	87	94
Treatment success (%)	90	91	91	88	90	92
TB mortality rate (per 100,000 population)	33	29	24	27	10	-
TB Prevalence rate (per 100,000 population)	502	484	461	438	417	-
TB incidence rate (per 100,000 population)	275	270	265	292	288	-
Malaria Free provinces	23	24	27	27	28	32

# Universal Health Care Bill



AN ACT  
INSTITUTING UNIVERSAL HEALTH  
CARE FOR ALL FILIPINOS,  
PRESCRIBING REFORMS  
IN THE HEALTH CARE SYSTEM,  
APPROPRIATING FUNDS THEREFOR,  
AND FOR OTHER PURPOSES

(S.B. No. 1896)

# General Provisions

- Known as the “Universal Health Care for All Filipinos Act.”
- An integrated and comprehensive approach to ensure that every Filipino is health literate, provided healthy living conditions, and protected from hazards and risks that could affect their health;



# General Provisions

- A health care model that provides every Filipino access to a comprehensive set of cost effective, and quality promotive, preventive, curative, rehabilitative and palliative health services without causing financial hardship, prioritizing the needs of the population who cannot afford such services;



# General Provisions

- A framework that fosters a whole-of-system, whole-of-government, and whole-of-society approach in the development, implementation, and monitoring of health policies, programs and plans;
- A people oriented approach for health services that is centered on people's needs and well-being, and respectful of the differences in culture, values and beliefs.





# Objectives

- Realize universal health care through a systemic approach and clear delineation of roles of key agencies and stakeholders towards better performance in the health system;
- Ensure that all Filipinos are guaranteed equitable access to quality and affordable health goods and services, and protected against financial risks.



# Salient Provisions

- Health care provider
  - Health facility
  - Health care professional
  - HMO
  - Community-based health care organization
  - Pharmacies or drug outlets, laboratory and diagnostic clinics, and manufacturers, distributors and suppliers of pharmaceuticals, medical equipment and supplies.



# Salient Provisions

- Population Coverage
  - Every Filipino citizen shall be entitled to healthy living, working and schooling conditions and access to comprehensive set of health services through **automatic inclusion** into the National Health Insurance Program (NHIP).



# Salient Provisions

- Service Coverage

- Every Filipino shall be provided access to preventive, promotive, curative, rehabilitative and palliative health services, delivered as population-based or individual-based services...
- Every Filipino shall have a primary care provider that would act as the initial point of contact in the health care delivery system...except in emergency cases...



# Salient Provisions

- Financial Coverage
  - transition from unpredictable and potentially catastrophic health spending to predictable payments
    - Government budget
    - Social health insurance
    - Other supplementary insurance premium
    - Regulated co-payments



# Salient Provisions

- Financial Coverage
  - Services covered shall be financed through a mix of general and earmarked taxes, pooled funds from other national government agencies and NHIP premium contributions, with clear delineation of payers...
    - Population-based services – DOH & LGUs
    - Individual-based services – NHIP (PHIC)



# Salient Provisions

- Financial Coverage
  - NHIP Membership
    - Direct Contributors
    - Indirect Contributors
  - No minimum period or lag time shall be required to activate entitlement to NHIP benefits.



# Salient Provisions

- Service Delivery Networks (SDN)
  - Contracted networks consisting of purely public, private or mix of public and private entities..(a group of primary to tertiary care providers with the primary care provider acting as gatekeeper and coordinator of care)
  - Primary care as the first contact and continuing point of contact.
    - All Filipinos shall have a designated primary health care provider within a service delivery network, which shall act as gatekeeper facilitating care within the network and providing the necessary two-way referral system.





# Salient Provisions

- Human Resources for Health
  - Competitive compensation package
  - National Health Workforce Support System
  - Health Professional Education
    - DOH to develop Public Health Systems Management & Health Financing programs
    - Expansion of local health-related degree programs by the DOH & CHED
    - Expand scholarship grants
    - DOH, PMA & allied health professional societies, shall set-up a registry of health and allied health professionals and their location of practice



# References

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- [www.phic.gov.ph](http://www.phic.gov.ph)
- [http://www.who.int/healthsystems/universal\\_health\\_coverage/en/](http://www.who.int/healthsystems/universal_health_coverage/en/)
- [http://www.senate.gov.ph/lis/bill\\_res.aspx?congress=17&q=SBN-1896](http://www.senate.gov.ph/lis/bill_res.aspx?congress=17&q=SBN-1896)



**THANK YOU**