Field Trip Report 2017
The Philippines

presented by MPH course students of TMGH

NAGASAKI UNIVERSITY
Table of contents

Foreword 2
Introduction 3
Photo Album 4
Abbreviation and Terminology 8
Map 10
1. Overview 11
2. Field report 19
   2.1 National level 20
   2.2 Tertiary level 28
   2.3 Secondary level 33
   2.4 Primary (Community) level 35
   2.5 Sub-regional level actors, External partners 43
3. Lessons learned 48
   3.1 Equity 48
   3.2 Efficiency 49
   3.3 Access and coverage 49
   3.4 Quality of services 50
   3.5 Sustainability 51
4. Conclusion 52
5. Final presentation 53
References 59
The editors’ note 60
Foreword

The 2014-2016 Ebola outbreak that occurred in West Africa has shown that health issues should no longer be considered as isolated realities faced by a given community somewhere in the world. As part of globalization and modernization of transportation systems, people are nowadays able to move easily and rapidly from a point of the globe to another and therefore can spread diseases but also be influenced or influence others to adopt lifestyles which have impact on health.

Rich of this experience, all Global Health actors have agreed on the fact that it is important and even imperative to invest in building more resilient and responsive health systems, especially in developing countries which are already facing other issues related to development and poverty. One of the main pillars necessary to achieve this global commitment is the development of competent and talented health human resources to be deployed everywhere they are needed, having in mind the aspect of globalization of human phenomenon so that they can be able to develop appropriate responses to health issues that face communities.

Through the Graduate School in International Health Development (Master of Public Health course) since 2008 which was restructured into a new graduate school in 2015, the School of Tropical Medicine and Global Health (TMGH), Nagasaki University continues contributing to the global health response by fostering global health professionals. They are capable of conducting field studies, proposing workable solutions, formulating health development policies that meet global standards, and coordinating project operations in the fields of Tropical Medicine, International Health Development and Health Innovation (which make up three master courses of TMGH).

The two-year curriculum of International Health Development Course is particularly unique. It is characterized by the opportunity of field exposures for the students through a two-week field training in a developing country during the first year and long-term practicum conducted in the second year (5 month internship plus 3 month research). Such opportunities enable students to confront the knowledge acquired at TMGH with the realities experienced in the field. The present report is summary of the shot-term field training which has been compiled using the contents of the lectures held by the visited organizations, the students’ daily records, the summary presentation, and other materials gathered in the Philippines during March 2017.

This year, the students were accompanied by assistant professor Miho Sato who was in charge of coordinating the entire trip, as well as associate professor Hisakazu Hiraoka and Course Director Kazuhiko Moji (International Health Development Course) together with TMGH administrative staff. They visited Manila and Tacloban (Leyte province), observing and learning from various activities and organizations. Also I would like to extend my profound thanks to all who provided valuable training opportunities to our students, namely WHO/ WPRO, JICA Philippines, San Lazaro Hospital, the Philippine Department of Health, various Rural Health Units and Barangay Health Stations, Eastern Visayas Regional Medical Center, Management Sciences for Health, University of the Philippines Manila, School of Health Sciences, Volunteer for Visayans and more.

As a final note, please understand that the contents and data in this report were collected and described as a part of the students’ training and learning process. I would like to ask for your kind consideration if any of the information contained is inadequate or incomplete, and to please refrain from citing this report in any situation.

Kiyoshi Kita
Dean, School of Tropical Medicine and Global Health, Nagasaki University
The short-term overseas field training trip is a one-credit, requisite coursework for students who are enrolled in the International Health Development Course (MPH) at the School of Tropical Medicine and Global Health (TMGH), Nagasaki University.

As in the previous year, the destination for this year’s program was the Philippines where Nagasaki University has standing Memorandums of Understanding with San Lazaro Hospital (SLH, with the existence of Nagasaki University-SLH collaboration office within the hospital) and the University of the Philippines-Manila (especially School of Health Sciences in Palo, Leyte). We believe our visit strengthened the ties between Nagasaki University and these institutions in the Philippines.

The trip took place from 12 to 25 March 2017. Sixteen MPH students from the Democratic Republic of Congo, Ghana, Japan, Myanmar, and Uganda participated in the trip, accompanied by six faculty and staff, including the course director, Prof. Kazuhiko Moji.

The objectives of the field trip were for students to deepen their insights of public healthcare, to enhance their understanding on the importance of the application and utilization of various topics of global health that the students had learned through previous coursework in Nagasaki, and to motivate students to global health practice through exposure to model health improvement projects in the field.

While it was the responsibility of TMGH to design and make arrangements for the various site visits, it was the students who took charge of managing daily activities. For this year’s trip, students formed four working groups to facilitate preparations as well as implementation of planned activities. In addition, as a daily routine, each student was assigned to perform certain tasks according to the daily schedule, such as team leader/sub-leader of the day, note taker, transportation arrangement, etc. Through performing these tasks students were expected to strengthen their skills in facilitation, time management, stress management, leadership, and followership as part of a group.

The field trip was assisted by a number of individuals in Japan and the Philippines. In particular, we would like to express our sincere gratitude to the individuals mentioned in this report for offering their time and effort to aid our students and allow them this invaluable opportunity.

This year, each student was financially supported by one of the following organizations: Japan Student Services Organization (JASSO), Japan International Cooperation Agency (JICA)/Japan International Cooperation Center (JICE), and the Liaison Center for International Education, Nagasaki University. We are very grateful to these organizations in providing stipends to the students so that they were able to maximize their learning in the field without financial burdens.

Lastly, we welcome you to enjoy a glimpse of the trip by visiting our Facebook page for daily reports and photos: https://www.facebook.com/pg/tmghinfo/notes/.

Miho Sato
Assistant professor, in charge of the field trip
School of Tropical Medicine and Global Health
Nagasaki University
Lecture about infectious disease control program at WPRO (March 13, Manila)

San Lazaro Hospital tour (March 14, Manila)

Lecture at Department of Health (March 14, Manila)

Explanation about TB patients at San Lazaro Hospital tour (March 14, Manila)

Lecture at Old Balara Barangay Hall (March 15, Quezon city)

Cultural Program at Fort Santiago (March 15, Manila)
Teeth check by an dental hygienist qualified student during the smokey mountain barangay visit activity (March 16, Manila)

Tour of Fugoso neighborhood with barangay health workers (March 16, Manila)

Daily meeting at the hotel (March 16, Manila)

Lecture about JICA’s activities at JICA Philippines office (March 17, Manila)

Meeting place of the hotel (March 17, Tacloban)

Cultural Program in Tacloban (March 18, Tacloban)
Photo Album (3/4)

Self-study of preparation for the final presentation (March 19, Tacloban)

Lecture at Department of Health, Regional office 8 (March 20, Palo)

Wrap up session in PHO (March 20, Palo)

Lecture session of RHU (March 20, Jaro)

Lecture session of RHU (March 20, Tabontabon)

PhilHealth department in EVRMC (March 21, Tacloban)
After lecture in UPM-SHS (March 21, Palo)

Feeding preparation in feeding center (March 22, Palo)

Question session at final presentation in SLH (March 24, Manila)

Lecture about VFV activities at VFV office (March 22, Tacloban)

Hand hygiene teaching session in feeding center (March 22, Tacloban)

Group photo at final presentation (March 24, Manila)
# Abbreviation list

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
</tr>
<tr>
<td>ANC</td>
<td>Antenatal Care</td>
</tr>
<tr>
<td>BHMC</td>
<td>Barangay Health Management Council</td>
</tr>
<tr>
<td>BHS</td>
<td>Barangay Health Station</td>
</tr>
<tr>
<td>BHW</td>
<td>Barangay Health Worker</td>
</tr>
<tr>
<td>DOH</td>
<td>Department of Health</td>
</tr>
<tr>
<td>DOTS</td>
<td>Directly Observed Treatment, Short-course</td>
</tr>
<tr>
<td>EPI</td>
<td>Expanded Program on Immunization</td>
</tr>
<tr>
<td>EVRMC</td>
<td>Eastern Visayas Regional Medical Center</td>
</tr>
<tr>
<td>GDP</td>
<td>Gross Domestic Product</td>
</tr>
<tr>
<td>GIDA</td>
<td>Geographic Isolated and Disadvantaged Area</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>HPV</td>
<td>Human Papilloma Virus</td>
</tr>
<tr>
<td>HRH</td>
<td>Human Resource for Health</td>
</tr>
<tr>
<td>ICD</td>
<td>International Classification of Diseases</td>
</tr>
<tr>
<td>ICU</td>
<td>Intensive Care Unit</td>
</tr>
<tr>
<td>IUD</td>
<td>Intrauterine Device</td>
</tr>
<tr>
<td>IMR</td>
<td>Infant Mortality Rate</td>
</tr>
<tr>
<td>JICA</td>
<td>Japan International Cooperation Agency</td>
</tr>
<tr>
<td>JOCV</td>
<td>Japan Overseas Cooperation Volunteers</td>
</tr>
<tr>
<td>KMC</td>
<td>Kangaroo Mother Care</td>
</tr>
<tr>
<td>LAMP</td>
<td>Loop-mediated isothermal amplification</td>
</tr>
<tr>
<td>LGU</td>
<td>Local Government Unit</td>
</tr>
<tr>
<td>MCIP</td>
<td>Maternal and Child Incentive Program</td>
</tr>
<tr>
<td>MDG</td>
<td>Millennium Development Goal</td>
</tr>
<tr>
<td>MDR/XDR-TB</td>
<td>Multidrug-Resistant/Extensively Drug Resistant Tuberculosis</td>
</tr>
<tr>
<td>MMR</td>
<td>Maternal Mortality Ratio</td>
</tr>
<tr>
<td>MPH</td>
<td>Master of Public Health</td>
</tr>
<tr>
<td>NCD</td>
<td>Non-Communicable Disease</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-Governmental Organization</td>
</tr>
<tr>
<td>ODA</td>
<td>Official Development Assistance</td>
</tr>
<tr>
<td>OOP</td>
<td>Out-of-Pocket expenses</td>
</tr>
<tr>
<td>PHEIC</td>
<td>Public Health Emergency for International Concern</td>
</tr>
<tr>
<td>PHO</td>
<td>Provincial Health Office</td>
</tr>
<tr>
<td>PHP</td>
<td>Philippines Peso</td>
</tr>
<tr>
<td>PNC</td>
<td>Postnatal Care</td>
</tr>
<tr>
<td>PPP</td>
<td>Public Private Partnership</td>
</tr>
<tr>
<td>PTB</td>
<td>Pulmonary Tuberculosis</td>
</tr>
<tr>
<td>QOL</td>
<td>Quality of Life</td>
</tr>
<tr>
<td>RHU</td>
<td>Rural Health Unit</td>
</tr>
<tr>
<td>SARS</td>
<td>Severe Acute Respiratory Syndrome</td>
</tr>
<tr>
<td>SDG</td>
<td>Sustainable Development Goal</td>
</tr>
<tr>
<td>SDN</td>
<td>Service Delivery Network</td>
</tr>
<tr>
<td>SLH</td>
<td>San Lazaro Hospital</td>
</tr>
</tbody>
</table>
Terminology

<table>
<thead>
<tr>
<th>Barangay</th>
<th>In the Philippines: a village, suburb, or other demarcated neighborhood; a small territorial and administrative district forming the most local level of government.</th>
</tr>
</thead>
<tbody>
<tr>
<td>GeneXpert</td>
<td>The test for short time examination to diagnose TB, as well as for resistance to an antibiotic Rifampicin.</td>
</tr>
<tr>
<td>iSPEED</td>
<td>It is the code name of the software for the Surveillance Post Extreme Emergencies and Disasters (SPEED) of which system was initially developed by WHO and the Philippine government. The system was improved by Japan into J-SPEED which is the base for iSPEED featuring an electronic format of medical information.</td>
</tr>
<tr>
<td>LAMP</td>
<td>It is a manual assay to quickly detect TB cases within 1 hour and can be read with the naked eye under ultra violet light.</td>
</tr>
<tr>
<td>Lechon</td>
<td>A whole roasted piglet which is a speciality in the Philippines.</td>
</tr>
<tr>
<td>Merienda</td>
<td>A light meal in the Philippines, usually taken in the afternoon or for brunch. It fills in the meal gap between the noontime meal and the evening meal, being the equivalent of afternoon tea; or between breakfast and lunch.</td>
</tr>
<tr>
<td>PhilHealth</td>
<td>Universal health insurance in the Philippines.</td>
</tr>
<tr>
<td>Typhoon Yolanda</td>
<td>On 8 November 2013, it made landfall in the central Philippine islands region and caused about 6,000 deaths, 28,000 injured and 1,000 missing cases. The economic damage was estimated approximately 95 billion PHP.</td>
</tr>
</tbody>
</table>

4) Republic of the Philippines 2013, National Disaster Risk Reduction and Management Council: FINAL REPORT re EFFECTS of Typhoon “YOLANDA” (HAIYAN), NDRRMC, Quezon City.

Overview of the Field Trip

1. Objectives
   ▶ To deepen students' insight and to enhance their understanding on the importance of the practical utilization of basic knowledge
   ▶ To motivate students to pursue global health practices through exposure to model health improvement activities and research fields

2. Method
   ▶ From 12th March to 25th March 2017, students visited several organizations.
   ▶ Students had an opportunity to sit in on lectures at each place, to attend a conference, and to discuss health issues in the Philippines.
   ▶ Students gained experience regarding logistic management and developed necessary skills for activities related to global health.
   ▶ Students acquired group discussion and facilitation skills by participating in daily recap meetings as well as by making a final presentation.
   ▶ Students discussed their ideas regarding each facility then visited and wrote a report on what they learned this field trip.

3. Supporting Organization and people

<table>
<thead>
<tr>
<th>Local Coordinator</th>
<th>Ms. Chisaki Sato</th>
<th>TMGH consultant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supporting Organizations</td>
<td>JICA and Japan International Cooperation Center (JICE) for the international students' scholarship</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Japan Student Services Organization (JASSO)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Student Support Department, Nagasaki University</td>
<td></td>
</tr>
</tbody>
</table>

4. Participating Students: name (country of origin)
   ▶ Robinah Ajok (Uganda)
   ▶ Issac Annobil (Ghana)
   ▶ Kenshi Furushima (Japan)
   ▶ Heri Aimé Bitakuya (DR Congo)
   ▶ Tomomi Igari (Japan)
   ▶ Chisato Masuda (Japan)
   ▶ Kazuchiyo Miyamichi (Japan)
   ▶ Sachiko Nagata (Japan)
   ▶ Miwa Nakajima (Japan)
   ▶ Nang Mon Hsai (Myanmar)
   ▶ Shafiq Siita (Ghana)
   ▶ Aya Takase (Japan)
   ▶ Thi Thi Aung (Myanmar)
   ▶ Takuya Yamanaka (Japan)
   ▶ Yeboah Eugene Osei (Ghana)
   ▶ Kyoko Yoneda (Japan)
### Agenda of the visits (schedule)

<table>
<thead>
<tr>
<th>Date</th>
<th>Place of visit</th>
<th>Persons met (in alphabetical order)</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 12</td>
<td>Sun Flight from Fukuoka to Manila</td>
<td>Ms. Kaori Dezaki, Dr. Jun Gao, Regional Adviser for Health Information, Evidence and Research Policy, Ms. Mina Kashiwabara, Technical Officer, Tobacco Free Initiative, Ms. Ryo Kobayashi, intern, TMGH student, Dr. Francisus Konings, Technical Officer, Laboratory, Dr. Tomohiko Makino, Medical Officer, Dr. Nobuyuki Nishikiori, Regional Advisor for Tuberculosis and Leprosy, Dr. Yu Lee Park, Technical Officer, Traditional Medicine, Dr. Sarah Paulin, Technical Officer, AMR, Ms. Nicole Sarkis, Programme Management Officer</td>
<td>Manila</td>
</tr>
<tr>
<td>March 13</td>
<td>Mon WPRO</td>
<td>Ms. Renee Lynn M. Cabañero, Health Policy Development and Planning Bureau, Ms. Hanna Thea F. Cayabyab, Dr. Juanita H. Fandiño, Human Resource Management Officer, Health Human Resource Development Bureau, Dr. Shogo Kanamori, Health Advisor/ JICA, Ms. Jocelyn T. Socito, Senior Health Program Officer, Bureau of International Health Cooperation, Dr. Lester M. Tan, Medical Officer V, Bureau of Local Health System Development</td>
<td>Manila</td>
</tr>
<tr>
<td>March 14</td>
<td>Tue DOH</td>
<td>Dr. Virginia O. Dimapilis, Medical Officer V, Hospital Chief Training Officer at SLH, Dr. Nobuo Saito, SLH-Nagasaki Office</td>
<td>Manila</td>
</tr>
<tr>
<td>March 15</td>
<td>Wed Old Balara health center and BHMC</td>
<td>Dr. Lynette P. Adorio-Arce, Technical Advisor, MSH, Mr. Mehmood Anwar, Country Project Director, MSH, Dr. Karen Gemma See, Health Center Physician, Old Balara Health Center, Dr. Arthur B. Lagos, Senior Technical Advisor, MSH</td>
<td>Quezon</td>
</tr>
<tr>
<td>March 16</td>
<td>Thu Smokey mountain health center, lying-in clinic, Fugoso health center</td>
<td>Dr. Romeo Cando, Head in Manila Health Center, District Officer, Ms. Diding Escueta, BHW, Dr. Bernadette S. Maniebo, Bo Fugoso health center, Dr. Evelyn V. Rimando, Head in Smokey Mountain Clinic, Physician In-Charge, Smokey Mountain Clinic, Ms. Mama Saraya, BHW, Ms. Wenefreda A. Udtuhan, Nurse Training Officer, From SLH-Nagasaki Office, Ms. Mary Rose Gayoso Balein, Dr. Nobuo Saito, Mr. John Paul S. Solano, Mr. Jeff Ureta</td>
<td>Manila</td>
</tr>
<tr>
<td>Date</td>
<td>Place of visit</td>
<td>Persons met (in alphabetical order)</td>
<td>Location</td>
</tr>
<tr>
<td>-------------</td>
<td>--------------------</td>
<td>-----------------------------------------------------------------------------------------------------</td>
<td>----------------</td>
</tr>
</tbody>
</table>
| March 17    | Fri JICA Philippines office | Ms. Flerida Chan, Section Chief, Human Development Section  
Ms. Rieko Hara, NGO Desk  
Ms. Eri Asada Solleza, NGO Desk  
Ms. Naoko Suzuki, Health Administrator | Makati         |
|             |                    | Flight from Manila to Tacloban                                                                     |                |
| March 18    | Sat Cultural program | Tacloban                                                                                            |                |
| March 19    | Sun Self-study     | Tacloban                                                                                            |                |
| March 20    | Mon DOH Regional office 8 (Eastern Visayas) | Dr. Carmen P. Garado, Chief of Local Health Support Division  
Dr. Minerva P. Molon, Director IV  
Dr. Rustico B, Balderian, the Mayor of Tabontaban Municipality  
Dr. Rosal Cinco-Caimoy, Municipal Health Officer, Tabontaban, RHU  
Dr. Ma Lourdes F. Opinion, Municipal Health Officer, Jaro, RHU | Palo           |
|             |                    | RHUs                                                                                                 | Tabontaban     |
|             |                    | PHO of Leyte                                                                                         | Jaro           |
|             |                    | Dr. Ofelia C. Absin, Provincial Health Officer II, Chief of Leyte provincial Hospital  
Ms. Marina P. Alvaran, MNCHN, coordinator, Provincial Health Office of Leyte  
Dr. Edgardo E. Daya, Provincial Health Officer I  
Ms. Celestina Paca, ILHZ coordinator, Provincial Health Office of Leyte | Palo           |
| March 21    | Tue EVRMC          | Mr. Jose M. Jocano Jr.  
Mr. Akihiro Kaneko (JOCV)  
Dr. Ma Teresa C. Lita  
Dr. Jeanevieve Molon  
Dr. Lory L. Ruetas  
Dr. Randzy C Sardra  
Dr. Glenda G. Vilches | Tacloban        |
|             |                    | UPM-SHS                                                                                              | Palo           |
|             |                    | Dr. Sumana Barua, alumnus  
Dr. Salvador Isidro B. Destura, Dean  
Dr. Adelaida G. Rosaldo, Chair, Medical Department  
Dr. Feledito D. Tandinco, College Secretary |                |
| March 22    | Wed NGO VFV        | Mr. Judelito Sorilo Bersoza, Volunteer Program Coordinator  
Ms. Helena Claire “Wimwim” A. Canayong, Director of Operations | Tacloban        |
| March 23    | Thu Flight from Tacloban to Manila |                                                                                                       |                |
| March 24    | Fri Final presentation in SLH | Ms. Joy Calayo, Head of medical technician, SLH laboratory  
Ms. Naoko Suzuki, JICA Philippines office  
Dr. Kohei Toda, Head of EPI, WHO country office in the Philippines  
From SLH-Nagasaki Office  
Ms. Mary Rose G. Balein  
Ms. Arianne Patricia Lintag  
Dr. Nobuo Saito  
Mr. John Paul S. Solano  
Mr. Jeff Ureta  
Dr. Manami Yanagawa  
A/ Prof. Laura White | Manila          |
| March 25    | Sat Flight from Manila to Fukuoka, Japan |                                                                                                       |                |
General Background

<table>
<thead>
<tr>
<th>Name of country</th>
<th>Republic of the Philippines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surface area</td>
<td>300,000 sq. km(^1)</td>
</tr>
<tr>
<td>Population</td>
<td>103.32 million (2016)(^1)</td>
</tr>
<tr>
<td>Annual population growth rate</td>
<td>1.6% (2016)(^1)</td>
</tr>
<tr>
<td>Language</td>
<td>Filipino (official; based on Tagalog) and English (official). Eight major dialects: Tagalog, Cebuano, Ilocano, Hiligaynon or Ilonggo, Bicol, Waray, Pampango and Pangasinan (^2)</td>
</tr>
<tr>
<td>Religions</td>
<td>Catholic (82.9%), Muslim (5%), Evangelical (2.8%), other Christian (4.5%) (2000 census)(^3)</td>
</tr>
<tr>
<td>Adult literacy rate</td>
<td>Definition: age 15 over can read and write, male: 95.8%, female: 96.8%, both sexes: 96.3% (2015 est.)(^2)</td>
</tr>
<tr>
<td>Natural hazards</td>
<td>Typhoons, cyclones, landslides, active volcanos, destructive earthquakes, tsunamis</td>
</tr>
<tr>
<td>Economy</td>
<td>Gross domestic product (GDP, current US dollars): 304.9 billion (2016)(^1)</td>
</tr>
<tr>
<td></td>
<td>GDP per capita (current US dollars): 2,951 (2016)(^1)</td>
</tr>
<tr>
<td></td>
<td>GDP growth rate: 6.8% (2016)(^1)</td>
</tr>
<tr>
<td></td>
<td>Poverty headcount ratio at national poverty line (% of population): 25.2% (2012)(^1)</td>
</tr>
<tr>
<td>Education</td>
<td>School enrollment, both sexes (% gross): Primary 116.8, Secondary 88 (2013)(^1)</td>
</tr>
<tr>
<td>Health</td>
<td>Life expectancy at birth (years), total: 69.2, female: 72.9, male: 65.7 (2016)(^2)</td>
</tr>
<tr>
<td></td>
<td>Maternal mortality ratio (modeled estimate, per 100,000 live births): 114 (2015)(^2)</td>
</tr>
<tr>
<td></td>
<td>Under five mortality (per 1,000 live births): 28 (2015)(^1)</td>
</tr>
</tbody>
</table>


Philippines Health Profile and Health System

The Philippines health system is built on a strong decentralization and devolution of responsibilities from the National level to the lowest administrative units which are the Barangays. In term of responsibilities in the health pyramid, the central level represented by the Department of Health (DOH) is in charge of developing health policies and programs, regulation of health care provision, performance monitoring and standards for public and private sectors as well as provision of specialized and tertiary level care. At regional level, the DOH is represented by the DOH Centers for Health and Development which are the implementing agencies in provinces, cities and municipalities, and link national programs to Local government units (LGUs). They assist the LGUs in the planning process considering national policies, provide guidelines on the implementation of national programs at the LGU levels, monitor program implementation, and develop support system for the delivery of services by LGUs who are responsible of delivering secondary and primary health care (WPRO, 2012).

Figure 1 below shows general view of the present health system in the Philippines. One of the characteristics of the health system is an advanced feature of decentralization in health sector. Delivery of health services is devolved to LGUs and the DOH is responsible for coordination and regulation of health sector activities.
Achievement in regard to MDGs related to health sector

The Philippines’ performances in health sector regarding MDGs are summarized in the table below. Except for Under-five child mortality, MDG targets set for 2015 have not been achieved by the Philippines despite its rapid improvement of performance in health sector.

Table 1. Some achievements of MDG health related goals 4, 5 and 6

<table>
<thead>
<tr>
<th>MDGs</th>
<th>Achievements</th>
<th>Target</th>
<th>Achievement (2015)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal 4</td>
<td>Reduce child mortality</td>
<td>Under five mortality = 27, IMR = 19, (per 1,000 live births)</td>
<td>U-5 mortality = 27, IMR = 21, Fully immunized = 83%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fully immunized = 100%</td>
<td></td>
</tr>
<tr>
<td>Goal 5</td>
<td>Improve maternal health</td>
<td>MMR = 52, (per 100,000 live births)</td>
<td>MMR = 114</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Proportion of births attended by skilled health personnel = 100 %</td>
<td>86.0%</td>
</tr>
<tr>
<td>Goal 6</td>
<td>Combat HIV/ AIDS, Malaria and other diseases</td>
<td>Prevalence associated with tuberculosis= 0 (per 100,000 population)</td>
<td>461 (year 2013)</td>
</tr>
</tbody>
</table>

(source: presentation slides by Dr. L. Tan, 14th March 2017 at Manila; Philippine Statistical Authority 2017)
Current health problems

The Philippines are characterized by a triple burden of disease made of infectious diseases, a high rate of NCDs and diseases due to rapid urbanization. The triple burden of disease together constitute the Top 10 causes of morbidity and mortality, which are shown Figure 2 and Figure 3 below (WHO, 2015).

Figure 2. Morbidity: Leading causes
(source: presentation slides by Dr. L. Tan (DOH), 14th March at Manila)

Figure 3. Mortality: Leading causes
(source: presentation slides by Dr. L. Tan (DOH), 14th March at Manila)
The goals for strategic plan

Many improvements however have been noticed in areas such child health, TB control (with achievement of the MDGs) as well as maternal health. The increase of number of facility based delivery as well as skilled birth attendance when a delivery happening in the community have been main determinant to ensure the decrease noticed in maternal mortality although did not meet the MDG target. Moreover, the provision of preventive and treatment of communicable disease is being improved together with expansion of coverage of immunization for vaccine preventable diseases, but a notable increase in neglected topical diseases is reported, occasioning therefore mass drug administration activities as part of the response. To address the NCDs, the DOH adopted in 2011 the WHO Package for Essential Non-communicable Disease Interventions for Primary Health Care in Low-Resources Setting in order to ensure access of these services in primary health care facilities (WPRO, 2017)

For the last 5 years (2011-2016) the DOH was implementing the Aquino Health Agenda (meaning Universal Health Care for all Filipinos) based on 3 main strategic pillars: increasing financial protection for Filipinos, improving access to quality health care and attaining MDGs (DOH, 2016). Following the latter, a new agenda has been recently launched by the DOH to cover the period 2016 to 2022. This one is built on 3 guaranties which are (DOH, 2016):

1. **All life cycle stages and triple burden of disease**: implying to provide health for all healthy and sick people with a focus from pregnancy, new born, child, adolescent, adult to elderlies. This in addition to the consideration of 3 main categories of diseases that include communicable, non-communicable and those related to rapid urbanization and industrialization.

2. **Service delivery network**: meaning that services are delivered through a network of facilities that are fully functional, practicing gatekeeping, located closed to people, compliant to the clinical practice regulations, available 24 hours a day and 7 days of the week regardless of disasters, and reinforced by telemedicine.

3. **Universal health insurance**: which aims to ensure financial freedom when accessing health services by making PhilHealth the gateway to free affordable care. Through this aim, the government is targeting a 100% coverage of the population with premium of those from formal sector deducted directly from their payroll while those from non-formal sector are covered by tax subsidies

These 3 guaranties are implemented through a new strategy which acronym is called “ACHIEVE”, for which the meaning of each letter is given in the table below:

| A | Advance quality, health promotion and primary care |
| C | Cover all Filipinos against health-related financial risk |
| H | Harness the power of strategic HRH development |
| I | Invest in eHealth and data for decision-making |
| E | Enforce standards, accountability and transparency |
| V | Value all clients and patients, especially the poor, marginalized, and vulnerable |
| E | Elicit multi-sectoral and multi-stakeholder support for health |

(See p.59 for the references.)
Community Health Team

Field Report
Summary of activities

This section presents the organizations/facilities visited during the field trip according to the level of intervention by each organization. The below figure gives a general view with the names of the structures visited.

![Figure 4. Visited organization presented by level of intervention](image)

### 2.1 National level

**Department of Health (DOH)**

<table>
<thead>
<tr>
<th>Location</th>
<th>Manila</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision/ Mission</td>
<td>Promote the health and well-being of every Filipino, prevent and control diseases among populations at risk, protect individuals, families and communities exposed to hazards and risks that could affect their health, treat, manage and rehabilitate individuals affected by disease and disability.</td>
</tr>
<tr>
<td>Level of intervention</td>
<td>National</td>
</tr>
<tr>
<td>Objectives</td>
<td>To develop national plans, technical standards, and guidelines on health services.</td>
</tr>
<tr>
<td>Main Activities</td>
<td>Three major roles in the health sector (1) leadership in health; (2) enabler and capacity builder; (3) administrator of specific services and also provides special tertiary health care services and technical assistance to health providers and stakeholders.</td>
</tr>
</tbody>
</table>

1) **Current focus of the organization**

- Philippine health agenda: - All for health towards health for all through UHC.
- The health system through: - Financial protection, health outcomes and responsiveness.
- Implementation of activities for achieving SDGs.
2) Success and challenges

▷ Success

• Establishment of PhilHealth
• High coverage of PhilHealth 92%
• Increasing DOH budget through “sin tax” from 44 billion PHP in 2012 to 144 billion PHP in 2017
• They target the vulnerable in the society (persons with disabilities, indigent, lower quintile population)

▷ Challenges

• PhilHealth coverage is high (92%) but Out of Pocket expenses (OOP) is still determinant means of payment (56% of the total health expenditures in 2014) because the content of package is low.
• An appropriate package of coverage is needed to be developed
• Most private health facilities are not yet included in PhilHealth; thus, benefits are not paid by the scheme for clients who utilizes private services.
• PhilHealth package is more geared towards inpatient coverage and as such clients resort to staying longer in the wards so their medical cost can be adequately reimbursed by the scheme. This however leads to overcrowding in the wards, i.e. low quality of health services.
• Further, 45% of the insurance beneficiaries are indigents who do not pay any premium. The gap created is compensated through the government budget generated from the sin tax, however, if they were to pay some premium, more funds will be available to increase the health services that are covered by the scheme.
• The PhilHealth scheme is pro-poor, but there is difficulty in identifying and classifying actual poor people and the homeless. Also in some cases, local politicians register their friends and community members who are not poor, in order to benefit from the scheme and they are referred to as “politically poor”. This, however, undermines the goal of the scheme.

3) Summary of discussions in regards to suggested guiding points

▷ Governance

Devolution and deconcentration (i.e. decentralization) gives flexibility to the Local Government Units (LGUs) which initiate their own strategy to tackle health problems in the local settings. LGUs, therefore, has the power to hire and fire health workforces. The Department of Health (DOH) also hires and deploys doctors to LGUs to satisfy their needs and is usually expected that after two years of services, the LGUs will employ and maintain the doctors in the districts. This autonomy, however, creates several problems such as non-alignment of health strategies and fragmentation of health interventions and services.

▷ Health financing

The sources of funding for health are OOP (56%, in 2014), government subsidy (17%), social health insurance (14%), other private schemes (12%) and ODA (1%). It was however discussed that the high OOP could be due to rich clients paying more at private health facilities and the charging of cosmetics as health products by pharmacies and health facilities. This is quite grey as enough data is not available to actually make a clear distinction between cosmetics and actual health products and medicines being consumed and charged as OOP.
Health workforce

Health professional training programs are dominated by private colleges and universities. The largest category of health workers in the Philippines are nurses and midwives due to overseas demand for Filipino nurses. With the oversupply of nurses in the country, many newly graduated or licensed nurses are unable to find employment. Conversely, there is an underproduction in other categories such as doctors and dentists. As there is still no system to track health professionals who leave the Philippines, statistics on health care human resources based on graduates or licenses need to be interpreted with caution.

Medical product and technology

The DOH supplies essential commodities such as vaccines, TB drugs, and other public health commodities to LGUs at no cost. But other drugs and products for routine and specialized treatment are procured by LGUs and supplied by drug companies directly to the health facilities. There are no central medical stores where drugs are bought, stored and supplied as in other jurisdictions. The absence of pooled procurement of health products and medicines increases cost.

Health information

The department of social welfare conducts surveys to help identify and classify poor people in order for them to benefit from PhilHealth and other interventions. But people on the streets and those without permanent address are usually missed out. Also, there are several data management tools for capturing a wide range of health indicators and these are not integrated and synchronized thus making the health data fragmented.

Service delivery

- Health facilities need accreditation from both PhilHealth and the DOH in order to operate. To enhance quality of service, the standard for accreditation was raised and this saw some health facilities being reduced to infirmaries. Service delivery by the public health facilities is devolved to LGUs and their peculiarities in the challenges they face such as poor quality service, long waiting hours, less hygienic rest rooms and overcrowding, these among other factors don’t make it a first choice for most Filipinos.
- The DOH expressed their commitment to continue programs to control infectious diseases like AIDS, TB, Malaria, Dengue and Re-emerging Diseases like Zika Virus. To ensure that their people have access to services and medicines that will protect them from the consequences of NCDs such as cancer, diabetes and heart diseases.
- They aim to continue to provide interventions that will reduce the risk of every Filipino in developing NCDs through health promotion and prevention and also changing the built-in environment that contributes to poor health. They further intend to address the diseases of rapid urbanization and globalization which includes injuries, substance use and mental health, protect people from global pandemics and the impacts of climate change.
Department of Health (DOH), Region 8

<table>
<thead>
<tr>
<th>Location</th>
<th>Tacloban</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision/ Mission</td>
<td>Promote the health and well-being of every Filipino, prevent and control diseases among populations at risk, protect individuals, families and communities exposed to hazards and risks that could affect their health, treat, manage and rehabilitate individuals affected by disease and disability.</td>
</tr>
<tr>
<td>Level of intervention</td>
<td>Region</td>
</tr>
<tr>
<td>Objectives</td>
<td>To develop national plans, technical standards, and guidelines on health</td>
</tr>
<tr>
<td>Main Activities</td>
<td>Three major roles in the health sector (1) leadership in health in the region; (2) enabler and capacity builder; (3) administrator of specific services and also provides technical assistance to health providers and stakeholders.</td>
</tr>
</tbody>
</table>

1) Current focus of the organization

- Guaranteeing universal access to quality healthcare in Region 8 (Eastern Visayas) through:
  1. Formulation of policies and setting standards for health
  2. Prevention and control leading causes of health and disability
  3. Develop disease surveillance and health information system and promote health and well-being through public information and to provide the public with timely and relevant information on health risks and hazards.
- Three guarantees for attaining the goals of the Philippines health agenda framework are:
  1. Answering the needs for all life stages from pregnancy to elderly and triple burden of diseases
  2. Service delivery network
  3. PhilHealth insurance
- The strategies for its implementation is called “A.C.H.I.E.V.E.”
- With the devolution of health services from central level to provincial level, the DOH Region 8 is required to play the role of coordination among actors at regional level.
2) Success and challenges

▷ Success

- Increased in facility based deliveries from 66% in 2012 to 90% in 2016 in Region 8 through mainly cash incentives given to pregnant women, Barangay volunteers who register and track pregnant women and health facilities that conduct the deliveries.
- Rate of deliveries with skilled health professional attendance achieved at 90% in 2016. Also, LGUs have instituted bye-laws which stipulates that all deliveries must occur in a health facility.
- According to annual report of the DOH Region 8 2016, the MDG cut off for under-5 mortality and Infant mortality rate was set at 25/1000 live births. The region was able to achieve and maintain an average of under-5 mortality rate of 9.6/1000 live births from 2012 to 2016. For infant mortality rate, the region achieved and maintained an average of 6.1/1000 live births from 2012 to 2016 (DOH 2016).
- Contraceptive acceptance and utilization has seen some steady improvement for the past five years from 28.23% in 2012 to 45.17% in 2016. Though this is below the target of 60%, the religious context of the Philippines which is mostly Catholics must be considered as an inhibiting factor.
- TB detection and treatment success rates have been quite remarkable as both indicators which have been steadily rising since 2012 and hit a peak in 2015 with case detection rate of 92% exceeding the target of 90%, with a treatment success rate of 91%, there was however a slight decline in 2016 for detection and treatment success rates both at 88% and 89% respectively.
- There exist other programs in order to strengthen HRH in the region (Nurse Deployment Program, Public Health Associate, Medical Technologist, etc.). As a result, the number of midwives in the region satisfies the recommended ratio of 1 midwife to 5000 people in 2015. A rapid increase was observed from 173 in 2015 to 415 in 2016 thanks to Rural Health Midwife Placement Program.

▷ Challenges

- MMR still high (105) compared to the MDG target of 52/100,000 live births.
- Proportion of pregnant women with 4 or more ANC visits is quite low (52.2%) compared with the target of 90%, PNC visits also has not seen any improvement (61.9%) compared with the target of 90% all in 2016. These challenges are however being tackled through health education and promotion by the LGUs through the Barangay health workers (BHWs) and volunteers.
- Vaccination coverage (FIC: Fully Immunized Child) targets have not been met since 2012 to 2016 with an average coverage of 67.6% for the past five years as against the target of 90% per year.
- As per human resources, a specific cadre known as Universal Health Care Implementers who are trained doctors deployed to the Geographically Isolated and Disadvantaged Area (GIDA) but usually most doctors are unwilling to serve in those areas. As of 2016 only 6 doctors serve in the GIDA.
- On health information systems, there is no well-established health system data platform for capturing and reporting on health indicators so far. Now the DOH Region 8 is in the process of capacitating LGUs in utilization of the PhilHealth Information System.
- Fragmentation of health services (with devolution process started since 1992) results in difficult coordination for effective service delivery in the region. 32 Inter-Local Health Zones (composed of 3-5
municipalities with similar geographical settings) are set up in order to improve communication and coordination of health service providers.

3) Summary of discussions in regards to suggested guiding points

- MMR is the highest in Northern Samar province due to geographical (island and mountainous municipalities in GIDA) and transportation difficulties. These factors cause delay in referral of pregnant women to seek appropriate and timely lifesaving interventions. Also, most of the maternal deaths occur in the hospitals thus indicating that the three stages of delay are prominently featuring in maternal deaths and steps should be taken to mitigate the problem.
- Hemorrhage was also tagged as the major cause of maternal death in the region and occurred at the hospital level (secondary level and above). Some measures by the DOH to tackle the problem were reactivation of blood banks at the provincial level (strengthening blood supply at lower level than the regional hospital), scaling up of ambulance services and deployment of health workers to areas most needed. Health Facility Placement Program by the government also tries to improve the distribution of facilities.
- TB detection and treatment involves BHWs and volunteers, this ensures that the TB-DOTS strategy is implemented optimally to reduce the TB burden in the region. It was stated that the collaboration with private practitioners was also being improved through meetings and presenting government protocol.
- In relation to cold chain management, cold chain is provided at provincial, city and municipality levels. The vaccines are procured by national level and then are distributed to lower level.
- Relationship between LGUs and the DOH (national policy). The DOH Region 8 disseminates information to actors in the health system at regional level through Inter-Local Health Board (ILHB) of each zone. ILHB is the venue for disseminating information and is chaired by the provincial governor. The members are mayors of concerned municipalities and the DOH Region 8 advocates for the implementation of important DOH policies. In addition, each Provincial Health Office (PHO) has coordinators for advocacy campaign of respective vertical program, for example EPI. The coordinators conduct supervision of activities, implementation at municipal level and capacity building.
- As per BHWs (17,500 in the region in 2015), they are volunteers without any medical background and different from Barangay nurses. They are trained by the DOH before and now by RHUs and receive some incentives for their activities. The target ratio of BHWs to household is 1 to 120 (the ratio is 1 to 250 in 2015). The challenges are how to access to 24 disadvantages municipalities in addition to 500 disadvantaged Barangay. BHWs’ roles are: (1) basic health services, (2) to refer patients/ families to health facilities and (3) advocacy activities such as health education.
- PhilHealth has various packaged applicable at RHUs and municipality level such as maternal care package, TB DOTS package and outpatient benefit package. For depressed families, the government enrolls National Household Targeting System for poverty reduction for which the government pays premium and indigent families can benefit free service once they are admitted by health facilities.
- For disaster mitigation measures in health sector, Health Emergency Management Units (1 doctor and 6 to 8 nurses) were established and deployed in case of emergency to assist LGUs. Disaster risk reduction
for health plan should be prepared by each LGU. USAID is now providing assistance to municipalities to establish the plans for non-highland areas. At regional office level which is a multi-sectoral structure, an emergency plan is prepared and communicated to LGUs. There is also preposition of resources on site at provincial level (medicines, food, etc.) for deployment in case of emergency.

University of the Philippines Manila, School of Health Sciences (UPM-SHS)

<table>
<thead>
<tr>
<th>Location</th>
<th>Palo, Leyte</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision/ Mission</td>
<td>A global center of excellence and leader in sustainable transformative health professions education / achieving health equity and improving the QOL in the Philippines and countries similarly situated</td>
</tr>
<tr>
<td>Level of intervention</td>
<td>National</td>
</tr>
<tr>
<td>Objectives</td>
<td>Promote science and technology research and development in health Promote the development of study groups and research programs Establish mechanisms for the dissemination and utilization of research outputs Complement graduate programs and faculty research human resource training in the university Ensure that the results of health research and development activities are utilized to improve the health of people</td>
</tr>
<tr>
<td>Main Activities</td>
<td>To train community-oriented health workers</td>
</tr>
</tbody>
</table>

1) Current focus of the organization

- Implementation of a special curriculum to produce health human resources designated to serve and responding to the need of their communities (especially depressed and underserved areas of the country)
- Giving educational opportunity to students who have financial difficulties through a scholarship cosponsored by the national government and municipalities based on the social contract make with the community (approval by 75% of community members and recommendation by this one for admission to the school).

2) Success and challenges

   ▶ Success
   - This program is contributing to the improvement of quality of health services in the communities of the Philippines.
Through 39 annual batches, it has trained 1,837 scholars from 71 provinces all over the country and one from Bangladesh. From the graduated students, there have been 1,702 midwives, 662 nurses, 453 as Bachelors of Science of Health and 165 students as medical doctors. Furthermore, from the statistics data in 2015 of the university, it has been estimated that 95% of students are still working in the country.

- The program provided educational and working opportunities to many disadvantaged people in rural areas but also responded to the needs of their communities through that social contracts.
- Medical doctors produced through this program (who were considered as “second class doctors”) have demonstrated good performances in their communities, this constituting a good promotion for expansion and ownership by other LGUs.

**Challenges**

- It takes more time to the school to recover from the damage of typhoon Yolanda (buildings, materials and books etc.).
- Effective tracking system and strong support of the graduated students are required to ensure that they continue to work in the communities (because some students go outside the country to gain more money and support better their poor families).

**3) Summary of discussions in regards to suggested guiding points**

- UPM-SHS was established in 1976 to correspond the country’s serious problems of brain drain and mal-distribution of health workforce
- The feature is the stepladder curriculum which is continuous curriculum and integrated the training of the broad range of HRH from the midwife (1 year 9 months), nurse (1 year 3 months) and doctor of medicine (5 years). A doctor of medicine graduated from UPM-SHS is considered to be equivalent to a doctor from medical school.
- Through the service leave (minimum 3 months) in student’s own community, students can learn current community’s situation and needs, also can integrate and apply their knowledge in the real settings as well as strengthen their links and partnership with the community.
- Recruitment and admissions are nominated by a community based on its need in health workers and a co-sponsored scholarship is provided.
- Condition of admission as scholar:
  1. Enters a social contract with the community to return and serve after the training
  2. Endorse to the school through a resolution signed by 75% of household heads
  3. Family income is not more than 80,000 PHP per year
- Some agencies are involved this program (such as University of Health Sciences, Department of Interior and Local government, the DOH, LGUs, identified barangay and NGO including Japanese NGO) for support the budget
- They have strong partnership with the Saku Central Hospital, Nagano, Japan
2.2 Tertiary level
San Lazaro Hospital (SLH)

<table>
<thead>
<tr>
<th>Location</th>
<th>Manila</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision</td>
<td>Center of excellence in infectious diseases and tropical medicine</td>
</tr>
<tr>
<td>Level of intervention</td>
<td>Tertiary</td>
</tr>
<tr>
<td>Mission</td>
<td>Provide quality patient care among clients afflicted with infectious and tropical diseases according accepted standards of treatment. Provide a comprehensive, quality education, training and research program on the infectious and tropical diseases. Provide relevant and updated information on health promotion and disease prevention on the infectious and tropical diseases.</td>
</tr>
<tr>
<td>Main Activities</td>
<td>It is involved in health care delivery service, especially for the poor suffering from infectious diseases. It has a continuous medical training and research program for medical and paramedical personnel. Some of its short and long-term programs are infrastructure improvement and strengthening of its frontline services.</td>
</tr>
</tbody>
</table>

1) Current focus of the organization

SLH is one of the oldest hospitals in the Philippines founded in 1577 by the Spanish as a leprosy dispensary and in 1918 managed by the Philippines. The hospital is currently retained as a national tertiary referral facility for infectious and tropical diseases and is one of the public hospitals subsidized by the DOH in the Philippines.

- Emergency care services
- Infectious diseases critical care services
- Outpatients and inpatients services
- Special clinical services; animal bite center, private-public mix DOTS for pulmonary tuberculosis (PTB) including MDR/XDR-TB
- Dental services
- Health Emergency Management Services e.g. Earthquakes.
- Haemodialysis services
- Laboratory services collaborating with Nagasaki university;
• National reference laboratory tests on HIV/ AIDS, hepatitis and STIs through STD/ AIDS cooperative central laboratory
• Public health and medical assistance services for indigent people.
• Medical training and research program for medical and paramedical personnel.
• Academic collaboration with Nagasaki university; Bacteremia study, Leptospirosis, TB, Diphtheria and AMR.

2) Success and challenges

▷ Success

• Good preparedness for management infectious diseases
  Each department has a separate triage section and the special departments are set such as HIV/ AIDS, Dengue, and TB. In case of emergency and emerging diseases, the staffs at the main entrance are given some education about the symptoms and signs of the diseases in order to identify suspected patients who need to be isolated to prevent the spread of such infections like TB. In addition, the hospital has separate admission areas for TB patients and other patients for outpatient consultations.

• Specialized services for Animal bite and Rabies
  SLH provides clinical services for outpatients who get animal bites and inpatients of rabies. Animal bites constitutes the highest number of consultations in SLH (more than 200 bites a day) while Rabies is on top of the list for consultation cases in emergency room in 2016. The outpatients get a first consultation at animal bite consultation, headed by a family medicine doctor, and get vaccination for rabies at Injection department area. All sections are close to each other and the stream from first touch to the treatment is concluded at the ground floor, thus the burden of the patients and waiting time are minimized. In addition, inpatients with rabies in severe symptoms are served private room well designed to ensure safety.

• Referral services for TB patients
  TB department mainly consists of DOTS clinic which ensure outpatient care and TB triage for admission in the TB ward, where complicated cases and MDR-TB patients are managed. Around 2,305 cases of PTB and 65 cases of TB meningitis were admitted in 2015. The hospital separates the inpatients as much as possible according to several categories which include; the room for sputum test positive patients and the oxygen room for sputum negative patients, ICU room for TB patients with the other complications, and the room for patients with HIV/ AIDS.

▷ Challenges

• Limited medical products and coverage of health insurance
  The number of vaccines of rabies provided by the DOH is sometimes insufficient, which require patient to buy the vaccine from their OOP. Therefore this situation affects the adherence of the patients to treatment.
• Limited capacity of the facility
  The hospital has 500 bed capacity, however in times of emergency such as Dengue outbreaks, the hospital receives over 1,000 patients which leads to overcrowding due to limited space.

• Increasing number of complicated and MDR-TB cases
  Due to inadequate treatment at lower level of the health system and delay in referral. Also, MDR-TB cases require special and intensive care that are very expensive and invasive for patients.

3) Summary of discussions in regards to suggested guiding points

Top 5 admission cases in emergency room are:
1. Animal bite (new case): For this, a systematic clinical procedure is established from consultation to treatment
2. Animal bite (follow-up)
3. Pneumonia
4. Dengue fever
5. Upper respiratory tract infection

Eastern Visayas Reginal Medical Center (EVRMC)

<table>
<thead>
<tr>
<th>Location</th>
<th>Tacloban</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision/ Mission</td>
<td>Towards a globally competitive center of excellence in health care service delivery. Recognized for innovative patient center services and relevant researches that contribute medical breakthrough and health policy development. The leading health professions training resource in Region 8</td>
</tr>
<tr>
<td>Level of intervention</td>
<td>Tertiary</td>
</tr>
<tr>
<td>Main functions</td>
<td><strong>Training:</strong> It provides accredited residency training program for medical students. <strong>Research:</strong> EVRMC is involved in Clinical trials but also constitutes a research site for residency students and candidates for Master of Public Administration Studies. <strong>Service delivery:</strong> As a tertiary hospital, the Center constitute a referral level for all lower health units offering secondary or primary care services.</td>
</tr>
</tbody>
</table>
Main Activities | implementation of the Kangaroo Mather Care (KMC) program, disseminated and trained pediatrics doctors, nurses and social workers on the KMC protocols, and coordinated with other units of the Hospital for logistical support and cooperation.

1) Main functions of the organization

EVRMC is a Tertiary referral hospital serving region 8 which is composed of six provinces.

They have three-main functions which are:

1. Training
   Accredited residency training program for medical students at the following departments (internal medicine, paediatrics, surgery, obstetrics and gynecology, pathology, family medicine and emergency medicine). Patients attending for psychiatry and ophthalmology are not yet enough to enable the hospital to obtain accreditation, but services for these 2 specialties are already being offered.

2. Research
   The Hospital is involved in Clinical trials and constitutes a research site for residency for medical students and candidates for in Master of Public Administration Studies as part of their final evaluation for graduation.

3. Services delivery
   As a tertiary hospital, they constitute a referral level for all lower units that offer secondary or primary care services, but also receive outpatients leaving in Tacloban. They are accredited as a 500 beds capacity hospital but are planning to extent their capacity to 1,000 beds at the time of transfer in the new building by October 2017.

2) Summary of discussions and lessons learned from EVRMC

• The EVRMC engages in PPP programs with other companies to offer quality laboratory services such as; tumor markers, blood bank and clinical services like hemodialysis.

• The event of the Typhoon Yolanda resulted in the support from donors which consequently improved the infrastructure and equipment enabling the hospital to perform its designated role as a tertiary level.

Human resources
   The hospital is faced with the challenge of limited number of specialists.

Financial budgets
   The main sources of funding at EVRMC are: (i) Subsidies from DOH that covers provision of equipment, drugs and commodities as well as staff salary, (ii) Funds generated from the training school supports the funding of patients entitled to No Balance Billing. (iii) Hospital incomes including reimbursement from PhilHealth, and revenues produced by the private ward.
Referral System

EVRMC faces two main problems: (i) Reception of many cases from the lower level which do not require referral to tertiary level, resulting to an increasing workload for health professionals with potential impact on the quality of services provided. This situation also reflects an underutilization of primary and secondary facilities. (ii) Reception of late referral cases coming with severe complications due to inadequate treatment and poor access to appropriate diagnostic services in the lower level facilities.

The Service delivery network program with the support of DOH was launched at EVRMC as one of the pilot projects in the country for improving referral systems and quality of care in primary and secondary care facilities. This program includes: (i) capacity building (through supervisions and trainings) of lower level health professionals by EVRMC. (ii) increased collaboration with stakeholders in the region (including private sector) to share existing laboratory facilities and improve management of cases; (iii) regular meetings for monitoring and evaluation.

TB treatment

The laboratory capacity of the hospital is able to provide different means of diagnosis including sputum smear, X-ray and GeneXpert for better diagnosis of TB. After diagnosis, patients living out of Tacloban area are referred to their nearest RHUs for DOTS services and follow up. Applying these strategies enabled the hospital to realise a treatment success rate of 96 % in 2016.

Disaster risk reduction management Department

After the typhoon this department was reinforced in order to ensure proper management of disaster risks by improving preparedness, response, rehabilitation and recovery. EVRMC and Tondo Medical center were selected as pilot hospitals to use iSPEED Disaster Medical Mission Operating System, this system was planned to be launched in July 2017 with support from JICA and Tokyo Electronic Computer System (TECS-Toshiba).

Maternal health Department

As a tertiary referral hospital, services for severe and complicated cases are provided in addition to ANC and PNC. The main cause of maternal death is due to delay in referral from primary and secondary care units. In addition, shortage of human resource and equipment in lower level facilities consequently, limiting their capacities to manage even normal cases, resulting in unnecessary referrals.

Quality insurance committee

Given the ambition of providing high quality care the hospital has a quality insurance committee, that conducts regular meetings to monitor the way services are provided, identify the problems and come up with solutions. Improved patient case management is provided through proper communication and ensuring that emergency cases are treated as priority.
2.3 Secondary level
Leyte Provincial Hospital and Provincial Health Office (PHO)

<table>
<thead>
<tr>
<th>Location</th>
<th>Palo, Leyte</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision/ Mission</td>
<td>A client friendly institution providing health care services for all manned by trained &amp; competent health personnel with the full support of the provincial government of Leyte. To deliver quality adequate and accessible health care and other essential services at affordable cost without restriction of age, sex, creed and social status.</td>
</tr>
<tr>
<td>Level of intervention</td>
<td>Secondary</td>
</tr>
<tr>
<td>Objectives</td>
<td>To deliver quality adequate and accessible health care and other essential services at affordable cost without restriction of age, sex, creed and social status.</td>
</tr>
<tr>
<td>Main Activities</td>
<td>Financial risk protection, better health outcomes and responsiveness (responsive health system) to ensure access, efficiency and quality.</td>
</tr>
</tbody>
</table>

1) Current focus of the organization

Leyte province is the biggest in the whole of the Visayas with a total of 40 municipalities and is the first province to produce a 5-year Leyte Local Investment Plan for Health 2017-2021 in line with Philippine Health Agenda 2016-2022.

Through this plan their current focus is on achieving health related SDGs targets to ensure healthy lives & promote well-being for all at all ages. This will be accomplished through: 1) Financial risk protection, 2) Better health outcomes, 3) Responsiveness (responsive health system) to ensure access, efficiency and quality.

The province is planning to rely on different strategies that includes;

- Manage triple burden situation:
  1. Infectious diseases – disease free province of filaria, malaria, leprosy (current reality). To be declared 2019 – schistosomiasis and rabies
  2. NCDs. To be declared 2019 – smoke free province
  3. Conditions arising from rapid urbanization and industrialization such as mental illness, injuries and suicides.
- Ensure universal health insurance
- Install service delivery network Province-wide
- Provision of appropriate services (through life cycle approach)
- Implement and provide 6 free benefits for the poorest 20 million Filipinos
- Improve Leyte health economics
- Conduct provincial program implementation reviews
- Emergency/ disaster response
- Philippine health agenda (ACHIEVE)
- 5 E’s of health workers:
  1. Efficient; must have sufficient knowledge of work
  2. Effective; must produce desired results
  3. Economical; must achieve maximum benefits at a minimum cost
  4. Ethical; must work morally right and legally correct
  5. Expeditious; service delayed is service denied
2) Success and challenges

▷ Success
• The development of the 5 years local investment plan for health 2017 - 2021
• Facility based deliveries in 2016 was at 95.45% above 92.86% target because of institutionalized pregnancy tracking
• Monitoring and accountability through the LGU scorecard 2015 was introduced to track progress on health indicators
• The province has been declared disease free from filaria, malaria, leprosy and has been aiming towards province free schistosomiasis and rabies in 2019
• Households with access to safe water: 93.4% (Benchmark 88%)
• Households with sanitary toilets: 87.22% (Benchmark 90%)
• TB case detection rate: 97% (significant increase over the years).
• TB treatment success rate: 91%

▷ Challenges
• The province experienced an increase in teenage pregnancies at 15% in 2016 (youngest 12 years old and oldest 19).
• Severe acute malnutrition of children that is;
  • Underweight (Weight for Age): 12.04% (< 10% Benchmark)
  • Stunting (Height for Age): 23.58% (< 20% Benchmark)
  • Wasting (Weight for Height): 6.7% (< 5% Benchmark)
• Triple burden of disease after Typhoon Yolanda which increased mental illness, injuries and suicide from urbanization.

3) Summary of discussions in regard to suggested guiding points

The DOH activities are advocated through PHO.
Hospitals under Leyte province will have program managers under each department.

▷ Local Investment Plan for Health
Health related information of 41 municipalities and cities is collected and consolidated through 10 Inter Local Health Zone for the utilization at provincial level meeting such as strategic planning workshop to form Local Plan for Health. Each municipality and city also produces its municipal investment plan and city investment plan.

▷ Schistosomiasis
The control strategies are below:
1. Cut-off of its life cycle by ending open defecation
2. Mass drug administration for 5 to 65 years old in endemic barangays (medicines provided by the DOH).
3. Control of host snails (environmental approach done by the DOH). The target for schistosomiasis free is 2019.
**Malnutrition**

Severe acute malnutrition can be treated at RHU level as outpatient treatment centre and patients with complications are treated as inpatient treatment.

** Birthing facilities**

RHUs are not birthing facilities and need to be licensed to become birthing facilities.

** private facilities**

Scorecard (record of accomplishment) is also submitted by private facilities to the RHU for their quality monitoring/ supervision.

**Emergency Preparedness Response Recovery Plan**

PHO said that there was no epidemic of infectious diseases after super typhoon Yolanda thanks to various international aids. The plan called Health Emergency Preparedness Response Recovery Plan covers 4 clusters of interventions which are health, nutrition, WASH and mental health psychosocial services.

---

2.4 Primary (Community) level

Management Sciences for Health (MSH) / Old Balara Barangay Health Management Council (BHMC) / Quezon city

<table>
<thead>
<tr>
<th>Location</th>
<th>Manila</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision/ Mission</td>
<td>Ensuring access to primary healthcare to all depressed population leaving in 142 Barangays</td>
</tr>
<tr>
<td>Level of intervention</td>
<td>Community</td>
</tr>
<tr>
<td>Objectives</td>
<td>Providing primary health care</td>
</tr>
<tr>
<td>Main activities</td>
<td>Preventive services (immunization), curative services and outreach activities</td>
</tr>
</tbody>
</table>

1) **Current focus of the organization**

Since 2011 this health center has been benefiting support from MSH through a project (Systems for
Improved Access to Pharmaceuticals and Services covering the period 2011-2016) aiming in strengthening the BHMC in order to improve health leadership, management and governance.

Apart of the project mentioned above, there were other priorities:

- TB control: increase access to TB treatment and ensure decentralization of MDR-TB treatment based on the DOH policy.
- Maternal health: decreasing home delivery and teenage pregnancy, health promotion for pregnant women and teenager’s walk for health.
- Malnutrition: avoiding under- and over-weight mainly among children by health promotion at churches and schools.

2) Success and challenges

▷ Success

- Increased access to TB treatment through active case finding activities regularly carried out in the community (using chest X-ray for diagnosis especially for smear positive) but also improvement in TB success rate by relaying on Home DOTS with BHWs.
- Increased availability and better use TB care register system as well as establishment of database for all TB patients.

▷ Challenges

- Providing health services to the community in terms of availability, accessibility and affordability especially for the vulnerable people such as the poor and the elderly because even if the costs for treatments in the Barangay health center are free of charge, the transportation costs have a heavy burden for them.
- Lack of resources, willingness of local people to have treatment and low morality due to lack of education among BHWs.

3) Summary of discussions in regard to suggested guiding points

Through this visit we had the chance to discuss the functioning of BHMC regarding the support provided by MSH’s project. It was shown to us that the composition of this committee included: local government members, NGOs, private sectors, BHWs and school teachers with the aim to enhance participation in tackling health issues in the community.

As part of the project the council is focusing on:
- Building leadership and governance with public private partnership
- Information system to provide evidence based intervention
- Capacity building in the community

Discussion at this center pointed out some aspects related human resources including the fact that:
- Most of the BHWs are working as a voluntary work
• Their motivations are mainly from compensation and recognition
• Visiting their homes and remembering/calling their name are the most important and easiest way to hire as a BHW and keep their motivation

Smokey mountain Clinic

<table>
<thead>
<tr>
<th>Location</th>
<th>Manila at the foot of Smokey Mountain itself</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision/ Mission</td>
<td>Ensuring access to primary healthcare to around 25, 326 people accommodates 4 depressed areas</td>
</tr>
<tr>
<td>Level of intervention</td>
<td>Community</td>
</tr>
<tr>
<td>Objectives</td>
<td>Providing primary health care</td>
</tr>
<tr>
<td>Main activities</td>
<td>Preventive services (immunization, ANC, etc.), curative services and outreach activities</td>
</tr>
</tbody>
</table>

1) Current focus of the organization

Clinic and primary health service delivery ANC, delivery service, PNC, EPI, outreach programs, family planning services, and TB-DOTS services.

2) Success and challenges

▷ Challenges
• Difficulties in controlling disease transmission especially respiratory diseases due to variability of population.
• Insufficient human resources at the facility leading to high workload.
• Medical expenses still be a burden for patients coming to the health center since Philhealth covers only 25% of population of this area, and the package offered still occasioning considerable OOP especially for outpatient services and access to drugs which are not available in the facility.

3) Summary of discussions in regard to suggested guiding points

• Main health problems: it was reported that Dengue fever, Influenza and TB were the most prevalent and the facility could receive 30 to 50 patients a day for consultation. The health center has 3 delivery table with maximum of 6 beds capacity for hospitalization.
• TB control: the center provides TB prevention and treatment services and relay more on a facility based TB-DOTS strategy which seemed not to ensure good success rate (in 2016 only 84% cure rate for TB was achieved). Patients requiring GeneXpert are referred to the hospital for the test and comeback for treatment in the health center.

• Other services: Growth promotion and immunization activities are conducted monthly through house to house visits to the residents and quarterly to the residents on the Smokey mountain.

• External support: the area attracts number of NGOs working to improve living condition of those depressed population by providing family planning program, feeding program, scholarships for children to ensure access to education, microcredit to families, etc. Unfraternally it was shown that all these supports were not coordinated with local government actors, making it difficult for the health facility to capitalize them for improving the health status of the community they deserve.

Fugoso Health Center

<table>
<thead>
<tr>
<th>Location</th>
<th>Manila, Lualhati Street, Moriones, Tondo.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision/ Mission</td>
<td>Ensuring access to primary healthcare to a population of 78,699 regrouped in 39 barangays.</td>
</tr>
<tr>
<td>Level of intervention</td>
<td>Community</td>
</tr>
<tr>
<td>Objectives</td>
<td>Providing primary healthcare</td>
</tr>
<tr>
<td>Main activities</td>
<td>Providing preventive services (immunization, ANC, etc.), curative services and outreach activities</td>
</tr>
</tbody>
</table>

1) Current focus of the organization

This clinic did not have project ongoing apart of routine services provided as part of primary health care: maternal and child health services, family planning, HPV pap smear screening, early infant screening, and TB-DOTS services.

2) Success and challenges

▷ Success

• TB control: achievement of 90% and 92% for cure rate and treatment success rate respectively.

• Provision of HPV vaccination to girls from 9-14 years old with support from “Médecins Sans Frontières” (MSF).

• Monitoring of Influenza-like Illness, in which samples collected were sent to the research center for infectious tropical medicines for strain identification.

▷ Challenges

• Congestion of the facility due to insufficient space, this requiring its expansion or probably relocation to meet the demand of the population.

• Persistence of high number of home deliveries due to OOP faced by patients, for example for charges request on laboratory diagnosis which is conducted at private facilities.
• Periodic shortage of vaccines for immunization activities especially for polio and pneumonia.

3) Summary of discussions in regard to suggested guiding points

• Activities of the center: it was mentioned that the health center was established in 1953 as a temporary clinic for medical missions. Then became a permanent health center made by President Marcos that is funded by national budget. It has 4 delivery table and 8 maximum bed capacities. Daily outpatients at the facility approximate 50 to 60 while only 16 staff were available (included 2-Doctor, 4-Nurses, 3-BHWs, 1-Dentist, 7-Midwifes and 1-Med.Tech), this being insufficient for the population covered in regard to the WHO standard of 23 health staff per 10.000 population.

• TB control: the facility is a TB-DOTS center with 238 patients currently on treatment and among which 3 where MDR-TB. The treatment success rate was reported to reach 92% for the past year.

• Other services: the facility conducts around 16 vaccinations a day for children, though, there are periodic shortage of some vaccines. They are supported by UNICEF to conduct Reaching Every Child for immunization in five communities and streets. As part of the UNICEF’s project, BHWs are tasked to follow-up on pregnant women and also register 50 children under two years and follow up for the Reaching Every Child program to ensure maximum coverage of immunization activities.

Jaro Rural Health Unit (RHU/ BHS)

<table>
<thead>
<tr>
<th>Location</th>
<th>Jaro, Leyte</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision/ Mission</td>
<td>Ensuring access to primary healthcare to a population of about 47,900 regrouped in 9 Barangays. Workforce: 1 doctor, 2 public health nurses and 9 midwives</td>
</tr>
<tr>
<td>Annual financial support to Jaro RHU from local government:</td>
<td>25,000 PHP/year</td>
</tr>
<tr>
<td>Level of intervention</td>
<td>Community</td>
</tr>
<tr>
<td>Objectives</td>
<td>Providing primary health care</td>
</tr>
<tr>
<td>Main activities</td>
<td>Preventive services (immunization, ANC, etc.), Curative services and outreach activities</td>
</tr>
</tbody>
</table>

1) Current focus of the organization

• Increase the coverage rate of the PhilHealth and targeting the especially indigent people.
• Strengthen community health activities by BHWs to reduce MMR.
• Ensure early detection and the treatment for TB
• Carry out pregnancy tracking to improve antenatal and postnatal services

2) Success and challenges

▷ Success

• The improvement of information management, made possible with the presence a statistician who works on collecting and analysing the data related to health. It was possible to visualize the progress made by the RHU through graphs and pie charts displayed in the building.
Challenges

- Provision of the treatment of animal bite: although they have already acquired the qualification for the treatment of animal bites from the government they have not yet started to provide the service due to the limited human resources. This situation happens while animal bites are among the highest source of morbidity in Jaro Municipality.
- High MMR: in spite of high proportion of the facility based delivery (reaching more than 90%), MMR remains high in Jaro.

3) Summary of discussions in regard to suggested guiding points

- Encouragement of BHWs: they work and their commitments to the community are appreciated, however it has been challenging to keep them motivated given the limited financial support they receive. The BHWs benefit only small amount of money, Christmas gifts, and awards as incentive. Another way used to motivate them was to invite them sometimes to parties held by the local government. From the information provided, it was clear that sustainable financing to BHWs activities would be an issue in the future.
- Maternal and Child Incentive Program (MCIP): Jaro RHU provides 1,500 PHP to a woman who delivers at health facility and 525 PHP to the health facility. Moreover, municipal government gets approximately 9,600 PHP as incentive from the national government thanks to MCIP. The 40% of the incentive is allocated to professional fees and the 60% for RHU. MCIP supports encourage the health workers and the pregnant women, and also contribute to improve the rate of facility based delivery in Jaro.

Tabontabon RHU/ BHS

<table>
<thead>
<tr>
<th>Location</th>
<th>In the Municipality of Tabontabon</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision/ Mission</td>
<td>Ensuring access to primary healthcare to a population of 10,800, habitants from 16 Barangay.</td>
</tr>
<tr>
<td>Level of intervention</td>
<td>Community</td>
</tr>
<tr>
<td>Objectives</td>
<td>Providing primary health care</td>
</tr>
<tr>
<td>Main activities</td>
<td>Preventive services (immunization, ANC, etc.), Curative services and outreach activities</td>
</tr>
</tbody>
</table>

Tabontabon exists since 1878 and agriculture is the main economic activity. This RHU was reconstructed with the assistance of USAID in 2014 after the attack of super typhoon Yolanda to the municipality.

1) Current focus of the organization

- Reproductive health
- Delivery
- TB DOTS
2) Success and challenges

▷ Success

- Achievement of filariasis (since 2013) and malaria free.
- 100% Facility-based deliveries, distributed among RHU (52%), hospital (45%) and birthing clinics. It was shown that 45% of these deliveries were assisted by medical doctors at hospital and 55% by midwives.
- Very high client satisfaction rate (over 95%). This one is measured on the basis of questionnaires provided to patients and district hospital supervisions (through interview of patients).
- TB detection rate attained 100% in 2016, thanks to two medical technologist. per week available now at RHU, which increased the frequency of examination from once per two weeks to twice a week.
- 100% of exclusive breast feeding achieved in each of BHSs and at RHU.
- 69% contraceptive prevalence rate in overall municipality because of commodity availability at local level (oral contraceptive pills, injection and IUD).
- Community Health Teams are functional 100% thanks to the JICA project
- 100% E. Coli free drinking water realized in 2016 (considerable improvement compared to 7% reported in 2015).
- 100% PhilHealth coverage attained by the end of December 2016.

3) Summary of discussions in regard to suggested guiding points

- Community outreach activities: Community Health Teams were introduced by the JICA project and target primarily pregnant women by pregnancy tracking.
- Low rate of TB DOTS: Some patient transferred to other areas (patients with complication) and cannot be followed up, but some nurses are assigned at Barangay level for close follow-up.
- For NCDs control: health promotion is needed through activities of enforcing advocacy, improving life style as well as promotion of physical exercises.
- Family planning services: are free for which medicines are provided by the national program for PhilHealth enrolled. There are also external support (USAID and others). Oral contraceptive pills are most popular. However, it is necessary to take into consideration of existence of strong religious bodies (mostly catholic).

Volunteer for Visayans (VFV)

<table>
<thead>
<tr>
<th>Location</th>
<th>Tacloban</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision/ Mission</td>
<td>Local NGO having mission to contributing towards sustainable development</td>
</tr>
<tr>
<td>Level of intervention</td>
<td>Community</td>
</tr>
<tr>
<td>Objectives</td>
<td>Improve the quality of life of the community by providing responsive, efficient and high-quality community.</td>
</tr>
<tr>
<td>Main activities</td>
<td>child welfare, community development, education and public health</td>
</tr>
</tbody>
</table>

1) Current focus of the organization

The organization is focusing as usual on 3 main areas of intervention that include: Voluntary program, community activities and sponsorship activities.
2) Success and challenges

▷ Success

• Establishment of a “contingency fund” to ensure continuity and sustainability of their activities. The NGO funding system is based on social entrepreneurship model which consist in investing all the benefits they make in social activities.

• As such, all the money collected from products of activities run in the community centres, fund raising campaigns, contribution from volunteers as well as donations are capitalized to constitute this contingency fund.

• Participation of some former beneficiaries in the activity of the NGO (case of the coordinators of the Dumpsite feeding centres).

• Establishment of four community centres functioning in Tacloban (one hosting main office) and 2 others around Tacloban (Palo and Dumpsite), all centres run nutritional/feeding activity.

• 47 built home projects for sponsored children and another planned in June 2017, 4 adapted schools built, 16 medical missions organized, 75 sponsored children under the Sponsorship programs and 48 sponsored children under the Dumpsite program.

3) Summary of discussions in regard to suggested guiding points

• The organization has been able to create a “contingency fund” and run the social entrepreneurship Model, but also run fund raising campaigns through social media and other means.

• As most of these children come from poor families they are automatically covered by the PhilHealth as indigents and some also benefit activities run during medical missions or when there is a medical volunteer who comes.

• The NGO run promotional and awareness campaigns to share its activities, but also rely on volunteer testimonies wherever they go.

• Although it is known that children and women are vulnerable, the NGO provide a holistic support to all family members of the sponsored child to ensure sustainability of their interventions (especially children recruited from Dumpsites area so that they do not go back to this activity).

In addition to the discussion with the Volunteer Program Coordinator two groups were constituted to visit 2 different sites:

San Joaquin Community center and Palo feeding center.

• This team assisted to the cooking for feeding program. In the center visited, children are provided food every day with the help of one VFV staff supported by a foreign volunteer as well as some mothers of sponsored children.

• Ordinary, there are 27 enrolled children from aged 2 to 13 years old. However, there were more than 30 children on the day of visit.

• Daily staffs in charge of feeding activities provide health promotion activities (encourage the children to wash their hands with liquid soap correctly before the lunch and brush the teeth after eating). In addition to food, children also receive gummy multi vitamins.

• After the feeding center, the team visited a Barangay health center in the surrounding. This one was built by international organization after the typhoon Yolanda. It has a delivery room, recovery room which have not started to be used because of lack of some devices.
Dumpsite feeding center

- This group also visited the feeding center closed to the Dumpsite. Here students participated to buying food in the market, cooking activity and organized hands washing for children who were waiting for food.
- Normally children attending this center are 35, but only 24 were present as some others did not have school the day of the visit. The youngest was 6 and the oldest 20 years old.
- From the hand washing activity demonstration, it was noticed that children had previous knowledge about hands washing which made the activity easy to perform.

2.5 Sub-regional level actors, External partners
WHO Western Pacific Regional Office (WPRO)

<table>
<thead>
<tr>
<th>Location</th>
<th>Manila</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision/ Mission</td>
<td>WHO’s mission is to support all countries and peoples in their quest to achieve the highest attainable level of health.</td>
</tr>
<tr>
<td>Level of intervention</td>
<td>International</td>
</tr>
<tr>
<td>Objectives</td>
<td>To lead the regional response to public health issues on all fronts - medical, technical, socio-economic, cultural, legal and political - towards the achievement of WHO’s global health mission.</td>
</tr>
<tr>
<td>Main Activities</td>
<td>Act as a catalyst and advocate for action at all levels, from local to global, on health issues of public concern. Working together with a broad spectrum of partners from all sectors of society. Involved in a host of closely related public health activities, including research, data banking, evaluation, awareness raising and resource mobilization.</td>
</tr>
</tbody>
</table>

1) Current focus of the organization

- Universal Health Coverage (UHC)
- Implementation of International Health Regulation
- Increasing access to medical products
- Improve social economic and environmental determinants
- Sustainable Development Goals (SDGs)
- Non-communicable diseases (NCDs)
2) Successes and challenges

- **Successes**
  - On Tobacco control, using the “MPOWER” strategy, an estimated 14.8 million people quit smoking resulting in 7.4 million lives saved.
  - Achievement of the basic TB services and reducing TB burden in many places.

- **Challenges**
  - Difficulty of the region to control tobacco use because of interference of the tobacco industries with the tobacco control policy.
  - Difficulties in reaching high risk population in TB care
  - Huge burden of MDR/XDR-TB to the health system.
  - Weak collaboration with the private sector in TB management.
  - Health System failure in the area of Identification and treatment of MDR-TB
  - Limitation of information and communication across member states hindering regulatory strategy for traditional medicines since different countries have different cultures.

3) Summary of discussions in regard to suggested guiding points

- **TB**
  - Resistance to antibiotics are as a result of natural process of mutation and treatment with insufficient combination therapy.
  - It is important to ensure TB patients are on right medications and adhere to full course of treatment because:
    1. First line regimen combination for TB are the most effective and tolerable, moreover, use of microscopy and 6 months treatment is cost effective.
    2. Second line medicines are far less effective, with severe side effects. Although newer drugs are in the system with better tolerance, they are very costly and require long term medication.
  - Huge expenses have gone into MDR-TB but we are not doing enough to ensure the appropriate used medicines to avoid MDR-TB.
  - Engagement of public – private is very important in addressing appropriation and standardized treatment of TB and reporting.
  - Despite free TB treatment, the cost of seeking care, diagnosis and continuous treatment is still a burden on TB patients in many countries.
  - The estimated number of MDR-TB cases in the region is 71,000 of which 13,000 are detected, 8000 are enrolled and only half is treated successfully giving a treatment success rate of 46%. Three pillars used in the end TB strategy:
1. Integrated centered TB care and prevention which focus on TB service delivery
2. Bold policies and supportive systems, thus, the health systems and the social systems that support TB.
3. Research

- **Tobacco Control**
  
  Country regulations normally restrict and control the strength of tobacco contents but monitoring mechanisms must be put in place to check on their implementations. WHO framework action for tobacco control has 180 countries signed- to reduce the tobacco use as much as possible using the MPOWER Strategy

  - M – Monitoring the tobacco use and prevention policy
  - P – Protecting people from tobacco smoke
  - O – Offering help to quit tobacco use
  - W – Warning about the damages of tobacco
  - E – Enforcing bans on tobacco advertising, promotion and sponsorship
  - R – Raising tobacco tax

  And there is regional monitoring of each country progress and implementing policies every two year.

- **Traditional Medicines (TM)**
  
  Concern has been to recognize the place of TM in the national health system. There is the need to integrate TM into the UHC using the six building blocks. Six key strategic objectives have been developed:

  1. Include TM as part of the national health care systems.
  2. Promote safe and effective use of TM, strengthen the evidence base of Traditional Chinese Medicine, and strengthen regulations and standards for Traditional Chinese Medicine products.
  3. Increase access to safe and effective TM, enhance the service delivery system to provide TM services appropriately, integration of TM, ensure that TM practitioners are well trained. TM is a potential for NCD and palliative care.
  4. Promote protection and sustainable use of TM resources development; monitor and enforce policies and regulations of practitioners.
  5. Strengthen cooperation in generating and sharing traditional medicine knowledge.
  6. Develop information system of TM

  The concept is to ensure safety, effectiveness and quality of TM and developing information system for member states to share.

- **Antimicrobial Resistance (AMR)**
  
  There are 5 main cause of AMR in the world, that is, over the counter drugs of antibiotics, prescribed by irrational use, stock-out of antibiotics, counterfeit and weak infection control. To resolve this, WHO have implemented the Global Action Plan on AMR which have stimulated countries to formulated their own national plans and regulations.

  The Global Action Plan on AMR:

  1. Improve awareness and understanding of antimicrobial resistance
2. Strengthen knowledge through surveillance and research
3. Reduce the incidence of infection
4. Optimize the use of antimicrobial medicines
5. Develop the economic case for sustainable investment

Health and Security
- International Health Regulation (IHR) is an international agreed framework for protecting global security focusing on joint commitment and shared responsibility.
- Public Health Emergency of International Concern (PHEIC) – It is an extraordinary event determined as:
  (i) To constitute a public health risk to other states through the international spread of disease.
  (ii) To require a coordinated international response.
- Four criteria decision instruments are needed to report on PHEIC, thus, serious, unexpected, potentially spread and impact on travel and trade.
- Special committee is needed to declare PHEIC, though major decision is with the director general of the WHO.
- Smallpox, Polio, Human Influenza from new strains and SARS may not need any criteria to be reported as emergency situation.
- Global alert and response system for commination such as the event information site notification is shared with countries globally as a tool for disease notification.

Japan International Cooperation Agency (JICA)

<table>
<thead>
<tr>
<th>Location</th>
<th>Makati, Metro Manila</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision/ Mission</td>
<td>JICA, with its partners, will take the lead in forging bonds of trust across the world, aspiring for a free, peaceful and prosperous world where people can hope for a better future and explore their diverse potentials. In accordance with the development cooperation charter, will work on human security and quality growth</td>
</tr>
<tr>
<td>Level of intervention</td>
<td>External aid</td>
</tr>
</tbody>
</table>
Objectives

- High quality and sustainable infrastructure development
- Roadmap for transport infrastructure development for Metro Manila
- Improving business and investment environment
- Disaster risk reduction management
- Agriculture and food security
- Safety nets including healthcare

Main Activities

- Achieving sustainable economic growth through further promotion of investment
- Overcoming vulnerability and stabilizing bases for human life and production activity

1) Current focus of the organization

Currently, JICA is focused on several targets such as high quality and sustainable infrastructure development, improving business and investment environment, disaster risk reduction management and so on.

JICA is supporting some LGUs to strengthen their health system.

This is done through provision of health equipment and staff training. Comprehensive epidemiological study on acute respiratory Infections in children from April 2011 to March 2017 to:

- Determine the etiology, disease burden and risk factors of pneumonia among children.
- Establish effective interventions to ameliorate morbidity and mortality due to pneumonia in children.
- Assist for external monitoring of EPI.

Disaster response

- Program grant for rehabilitation and recovery from Typhoon Yolanda (2014 – Oct 2016) Including reconstruction of outpatient department of EVRMC and RHU in Samar and Leyte.
- Collaboration program with the Japanese private sector for disseminating Japanese technology in the Philippines.
- Implementation of new technology for new TB diagnostic algorithm to help in case detection of TB. The DOH is collaborating with Eiken Chemical company Ltd. and Nipro Cooperation to implement this new technology (2016 – 2018).
- Tokyo Electronics Systems Corporation is also collaborating with the DOH to disseminate iSPEED disaster medical mission operating system (2016 – 2018). iSPEED can support triage, treatment and transportation in disaster area and also enable to share medical information among local government, hospitals and disaster sites. Pilot study has already been launched at several hospitals such as Tondo Medical Center in Manila and EVRMC in Reyte.

2) Success and challenges

All of the above projects are still on-going and have reached various levels of completion.

3) Summary of discussions in regard to suggested guiding points

As the Philippines health system is devolved to the LGUs, the effectiveness and efficiency of the local health systems largely depends on local capacity and the local government’s interest in health. JICA is therefore
aligning its technical cooperation to the needs of the local governments to help them strengthen their health systems.

One of the main areas of interest of JICA is to improve maternal and child health indicators in the Philippines and as such, JICA is supporting the Cordillera region to strengthen its health system to deliver effective and efficient maternal and child health services. JICA is implementing this project by strengthening health governance and financing in the region and through the provision of health equipment and training of health workers of health facilities to facilitate their certification and accreditation to offer Basic Emergency Obstetric and Newborn Care services.

JICA, through its private-public partnership module, is also helping the Philippines to improve its case detection of tuberculosis. Through this project, the DOH is partnering with a Japanese local company – Eiken Chemical Company Ltd – to develop a cost effective diagnostic equipment to help improve the case detection of tuberculosis cases.

3. Lessons learned

In this chapter, we are presenting the lessons we learned from the different interactions during the field trip based on the WHO health system performance criteria established in 2003. It is important to acknowledge that the information we collected and methodology we used to be not consistent enough to make substantial judgement on Philippines Health system, but using these criteria seemed for us more practical as they are made in a way to provide a holistic view of a health system and reflect the interrelationship of effect of its components (USAID, 2012):

3.1 Equity

From the discussions, we had with the DOH and others health providers along our trip we could make the following comments given in table below regarding equity:
3.2 Efficiency

- The experience shared by the Old Balara BHMC in Quezon City (supported by MSH) in the implementation of the TB Control program is in fact a great example of efficiency. Through active case identification, relaying on informal personal staff for laboratory analysis, using X-Ray for diagnosis of TB and Community DOTS, they could increase coverage of treatment in the Barangay but also get to achieve high success rate for TB treatment. This strategy focusing on early detection of cases and using existing means can help to reduce morbidity and mortality due to TB without involving big amount of money.
- The other example is the rotation support system among Barangay Health Centers that was shared in Smokey Mountain as a mean to deal with shortage of human resources. This strategy consists in involving BHWs from other Barangay to support outreach or immunization activities due to high density of populations in their respective areas, and which in normal circumstances would require many days to cover if relying on existing staffs.

Moreover, in a general view, the new strategy of Service Delivery Network that have been recently launched by the DOH would be an opportunity to ensure efficacy in the provision of health services in the sense that facilities belonging to a given network would easily benefit equipment or qualified human resources existing in it, providing that the referral and coaching systems are effective. The experience of TB program, where GeneXpert is not available in each facility would rely on this networking system to ensure proper diagnosis, especially for patients with sputum smear negative at the time of microscopy examination. This in addition to inclusion of laboratory test in the PhilHealth package to remove the financial barrier.

3.3 Access and coverage

In the table below, Access and coverage are discussed based on the information collected from field visits.
Table 3. Analysis of access and coverage of health services

<table>
<thead>
<tr>
<th>Financial Access</th>
<th>Physical access</th>
</tr>
</thead>
<tbody>
<tr>
<td>- From the exchange with all facilities it is clear that PhilHealth do not ensure proper financial access to health services given the fact that outpatients consultations are not covered and even for admissions only public hospitals are included in the Health Insurance system while most of patients first visit private hospital. All this leading to a high rate of OOP (57% health funding sources) in a context where 92% of the population are supposed to be covered by the insurance system.</td>
<td>- As discuss on the equity aspect there still be some areas of the country where quality services are not accessible due to lack of human resources, insufficient equipment or difficulties in transportation to reach referral hospitals. This leading to inadequate treatment, increased complicated cases or deaths from preventable diseases. In EVRMC, we were given the testimony of women who took 8 hours to reach the hospital due to lack of transportation.</td>
</tr>
<tr>
<td>- The example shared, at SLH, about smear negative TB patients not accessing appropriate diagnosis (GeneXpert) due to high cost (5000 Philippines Pesos) is also a proof that access to health care still facing challenges in the country even for programs that are highly supported by external fund, this leading to worst evolution of the disease with bad consequences on both the patients and health providers.</td>
<td>- Despite the information above, we noticed a great initiative of the Mare of Tabontabon Municipality who provided an ambulance to his community. The use of the ambulance was based on the provision of 1 kg of plastic waste. This was a notable intervention which together with incentives offered to women delivering in the facility enabled the municipality to ensure 100% facility based delivery but also improve waste management as part of primary prevention and environmental control.</td>
</tr>
</tbody>
</table>

3.4 Quality of services

When looking to the quality of services, we observed the facts below:

Tertiary hospitals (EVRMC and SLH) are offering high quality services and are equipped with necessary infrastructure and laboratory materials to ensure provision services appropriate to their level. The existence of quality insurance committee in both facilities was a proof of the attention given to the satisfaction of patient’s expectations.

But as shown in the EVRMC, the scarcity of qualified human resources still be a big challenge to guaranty the provision of all required services. This issue of Human resources, so called “brain drain” have been reported in most of the facilities we visited and constitutes a big barrier to ensure quality of health services provided to the population, especially in public facilities. In Fugoso health center for example, the team was made of 2 Medical Doctors, 4-Nurses, 3-BHWs, 1-Dentist, 7 Midwives and 1-Laboratory Technician to deliver services for a population estimated at 78,699 people, this being far below the WHO standard of 23 skilled health staffs for 10,000 people (WHO, 2016). The risk in such a situation is a high workload which can impact on the quality of services provided and in dissatisfaction in the side of patients who may either delay in seeking for treatment or go to private facilities where they will face financial constraints. The seriousness of the situation has even lead to the creation of a special program of training of health professionals in the University of Philippines that we visited in Tacloban. This initiative constitutes an appropriate response to the problem identified as it fits with the need of populations, building on the social trust between health professionals and their communities.

Despite the human issue resource issue, we think that an effective functioning of the Service Delivery Network will help improving the quality of services in the lower levels through supervisions and trainings, and therefore help in reducing unnecessary transfers and complicated cases in the tertiary level; this in addition to
an enhanced trust of population in the public facilities assuming an improvement in case management.

3.5 Sustainability

- One of our observation regarding sustainability of ongoing health programs in the Philippines is related to the mechanism of financing PhilHealth. The main source of fund of this health insurance was said to be sin tax (collected from tobacco industries) and which was shown to be increasing across the years. But the fact is that this increasing will not be unlimited, this requiring thus the government to develop additional mechanisms to mobilize domestic resources to ensure continuity of the services, having also in mind the perspective, of expansion of the package which currently seem to be insufficient to ensure financial protection as prone in the Health agenda (57 % of OOP).

- The adverse effect of decentralization in regard to inappropriate allocation of funds at local levels to support health activities is an important factor to raise as it can constitute a barrier to sustain ongoing interventions. The fact that politician only focus on interventions that ensure visibility of their actions put the health sector in a lower position in term of priorities, considering that investments made in the latter do not lead to immediate impact. Thinking of defining a given quota of the local budget to devote to health issues in each LGU and increased advocacy and follow up by the DOH, strong participation and involvement of the population in the management of local resources with prioritization of health issues might be among the options used to mitigate this risk.

- Elements in support to sustainability was observed from EVRMC’s experience we noticed an increased PPP to improve the quality of services they provide and we think that this can be a good way to ensure sustainability considering the limitation that faces the government and the decreasing trend of international support as already announced by the Global Fund in the case of TB control for example.

The other case of PPP we noticed is the project of diagnosis equipment for TB (LAMP) under research with the support of JICA in collaboration with Eiken Chemical Co. Ltd. and Nipro Cooperation. This one could be an alternative to GeneXpert in ensuring continuity and expansion of diagnosis regardless of international funding. The technic offering in addition better spectra and large sensibility for the diagnosis of TB as well as high chance of affordability given its lower cost.

Although the government come to ensure mobilization of sufficient funding through PhilHealth or increases its efforts in establishing strong PPP, there still be some other systemic issues that require attention like:

- The health information system which seem to be made of many parallel systems that do not enables proper use of information. Accelerating the process of integration would be benefic for both planning, monitoring and evaluation activities.

- Ineffectiveness of the supply chain for drugs and commodities related to national programs (vaccination, TB and others) leading to inappropriate coverage of services need to be addressed to ensure equitable access to services.

- Inclusion of private facilities in the PhilHealth system would also be a big path in improving access to quality health care for population and ensuring the respect of national standards in the private sector.

- Reinforcing the leadership of the central level to ensure that health policies are implemented properly by all LGUs is more than required given the disparities observed from a Barangay to another.
4. Conclusion

As a conclusion, having this opportunity of exposure to the Philippines' health system have been a great experience for all of students who participated to this field trip. We could learn a lot from interaction with different categories of health professionals and organizations that are involved in the Philippines from the global level to the LHU which is the Barangay. In addition to health aspects from visits we made, this activity also gave the chance to each of us to perform some tasks and participate in activities that will be in the future an integral part of our professional life. These include: team leading, logistic management, presentations, group discussions as well as reporting of mains finding that resulted from activities we were involved in.

Among the take home experience, we can mention the decentralization and devolution that characterize the Philippines' health system, which have their advantages and disadvantages as we could observe during our visits. As an example, we could notice that bringing the decision level closer to the population can improve the way communities manage their health problems (case of Tabontabon) but also can be source of disparities or inadequate response to health issues existing in the area of interest, as allocation of resources depends totally on political interest and priorities. Also, the power of the central level in this health system model seems to be diluted such that ensuring implementation of national policies become challenging when no control on financial resources.

Another key element that kept our attention is the ambition of the DOH to ensure health for all Filipinos through PhilHealth. However, this ambitious goal still need a lot of improvement in terms of financing mechanisms (to ensure mobilization of more domestic resources), package covered (to consider outpatient delivery and other services such as laboratory) and expand facility network by the inclusion private sector; all with aim to achieve its mission of preventing people in falling into poverty due to catastrophic expenditure for health but also ensure access for all to quality health care.

Strengthened by this experience, it is important for us to thanks all faculty members, administrative staffs and all other key persons in the Philippines that were involved both in the preparation and realization of this activity. As future global health professional, we value the benefit of this field trip activity as part of the curriculum of our training and encourage future participants to take full benefit of it through active participation and strong interaction with health professionals they will have to meet. This will give them the chance to develop their capacity to conduct critical analysis of health issues, looking at them from different perspectives and levels, get familiar with challenges that face health systems and communities, and moreover get to understand that contextual aspects are important to consider every time they will have to apply the knowledge that they will acquire from school.
Title: Final presentation of the Field Trip (version of the presentation at TMGH)

- **Field Trip to the Philippines**

General information:
- 7,100+ islands
- 17 regions
- Total population: 101 million (2013)
- GDP per capita: $2,904 (2015)
- Life expectancy: M 69.5 / F 73.9

Purpose of our Field Trip:
- To enhance our understanding on the importance of the practical utilization of basic knowledge in Global Health and to deepen our insight
- To enhance our motivation for pursuing global health practices through exposure to various health improvement activities/researches

Contents of today’s session:
1. General introduction
2. Presentation session
   I. Community health
   II. Universal Health Coverage
   III. TB
3. Q&A
4. Closing

Health profile:
<table>
<thead>
<tr>
<th>MORBIDITY</th>
<th>MORTALITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Acute Respiratory Infection</td>
<td>1. Disease of the Heart</td>
</tr>
<tr>
<td>2. ALRI &amp; Pneumonia</td>
<td>2. Disease of the Vascular System</td>
</tr>
<tr>
<td>3. Hypertension</td>
<td>3. Malignant Neoplasm</td>
</tr>
<tr>
<td>4. Bronchitis</td>
<td>4. Pneumonia</td>
</tr>
<tr>
<td>5. Urinary Tract Infection</td>
<td>5. Accidents</td>
</tr>
</tbody>
</table>

Where did we visit?

INTRODUCTION TO COMMUNITY HEALTH CARE SYSTEM IN PHILIPPINES

**BARANGAY HEALTH CARE SYSTEM**

6 April 2017

Nagasaki University, School of Tropical Medicine, MPH course

Isao, Kazu, Aya, Ryohei, TH THI, China

**INTRODUCTION**

- The Devolution of Health Services:
  - made the DOH a lead agency in providing national policies and plan, regulations, standards and guidelines on health.
- The LGU:
  - a direct provider of health services (public health care and clinical care)
  - To understand the community health system...

  the WHO Health System Framework (6 Building Blocks)
LESSONS LEARNED

1. LEADERSHIP & GOVERNANCE
- Devolution of health services to Local Government Units (Primary and Secondary)
- City and Municipal governments:
  - charged with providing Primary care linked with peripheral Barangay health centers.
  - scorecard used for evaluation of LGUs and tracking facility performance
- Active involvement of the Mayor in community health developments

LESSONS LEARNED

2. SERVICE DELIVERY AT THE BARANGAY OR COMMUNITY LEVEL
- MCH services
  - Incentive package for delivering at facility
  - Postnatal measures to check home deliveries
- Delivery risk mitigation measures e.g. referral of 1st and 4th party to upper level
- Tracking system to improve antenatal and postnatal services
- Vaccinations and Growth promotion activities (Barangay Nutrition Scholars / Outreach)
- Strong TB-DOTS system (Home DOTS and Follow-up by BHW).
- Family Planning (Education and contraception provided)
- Laboratory services

LESSONS LEARNED

3. HEALTH WORKFORCE
- Medical Doctor, Midwives, Laboratory Technologists, Nurses, Dentists, Pharmacists
- Midwife, Nurses, Barangay Health Workers
- Inadequate staff
  - LGU roles - Ensuring qualified staff at various health levels
  - UPM SHS producing human resource to serve the depressed and underserved communities

LESSONS LEARNED

4. ACCESS TO ESSENTIAL MEDICINES
- Cold chain management practice
- Procurement of medicine by the DOH
- Periodic shortage of vaccines especially for pneumonia

5. FINANCING
- Government subsidy
- Phil health social health insurance system
- Local unit contributions
- Incentive package can be streamlined

LESSONS LEARNED

6. HEALTH INFORMATION SYSTEM
- Well-organized data capturing system
  - e.g. BHWs data tracking system
- Display of data
- Paper based data system
- Vertical record system for each facility / heavy workload
- No monitoring chart for vaccination activities

CONCLUSION
- The Philippines health care system has ensured Service provision, Resource Generation and Financing and Stewardship in its Primary care for individuals, families and communities with efficient system of ensuring continuity of health care process.
- Not only health services delivery, the living environment should be improved (Pollution control, sanitation, hygiene, garbage collection and disposal system)
- Strengthen collaboration between LGU and DOH to improve supply management especially vaccine and essential medicines at community level
Universal Health Coverage in the Philippines

6 April, 2017
MPhil students of Nagasaki University
Sofia, Robina, Nang, Miwa, Tomo, and Sach

Universal Health Coverage (UHC) and SDGs

3.8 “Achieve universal health coverage, including financial risk protection, access to quality essential healthcare services and vaccines for all”

Dimensions of UHC

UHC Philippines Case

Time: Health Expenditure in 2014
Source: Philippine National Health Accounts

Gaps

Limited PhilHealth benefit package [OPD Services]
- PhilHealth members make OOP for services not covered at OPD level
- PhilHealth members may avoid seeking healthcare at early stages of their illnesses to avoid OOP

Co-payment (Balance payment)
- PhilHealth members may avoid seeking healthcare due to co-payment

Low health service quality perceptions for public facilities
- Insured members prefer private healthcare facilities for healthcare

Less participation of private health facilities in PhilHealth
- Weak network of facilities
- Insured members accessing health services from private health facilities to make OOP

Recommendation

Extend the benefit package of PhilHealth
- Eliminate co-payment/balance payment*

Increase private facilities participation in PhilHealth
- Strengthen the partnership between private facilities and public facilities in terms of services delivery

Opportunities

Conclusion

Financial Protection
Improved Health Outcomes
Responsive Health System

Health for all

Stake
Improved quality, health protection and primary care
Increase all PhilHealth against health-related financial risks
Increase the power of strategic health development
Invest in research and data for decision-making
Increase transparency, accountability and transparency
Value of health and patients’ lives
Enhance health and wellbeing
Health for all
TB control in the Philippines

Executive Summary

- Regional Policy: WHO | End TB Strategy
  - Access to sensitive diagnostics and adequate treatment
  - Vulnerable and high-risk groups should be prioritized

- National Policy: Dot
  - Sufficient diagnostic capacity and access to GenesXpert network
  - Early alert, prompt access to quality services

- Tertiary Referral Hospital: SLH & EVRMC
  - Services by PhilHealth

- Public Health care - Rural Health Unit | Ignatius Health Center
  - Different ways of diagnosis
  - Hospital based DOTs vs Facility Based DOTs

- Successfull PPP

End TB Strategy – Target & 3 pillars

- Target
  - 95% reduction in number of TB deaths
  - 85% reduction in TB incidence rate
  - TB morbidity rate down to 10

- Pillar 1
  - Integrated Prevention and Treatment
  - Early diagnosis
  - Treatment of all people with TB

- Pillar 2
  - BCG vaccination
  - Treatment of all people with TB

- Pillar 3
  - Innovative Research & Development
  - New technology

Tertiary Hospitals
(San Lazaro Hospital & EVRMC)

- Diagnosis
  - Culture
  - GenesXpert and PCR
  - DOTs

- Treatment
  - TB treatment compliance
  - Treatment success rate in 2015 (56.9% for GenesXpert)

- PPM & Challenges
  - Weak PMU-DOTs
  - High cost & insufficient coverage of GenesXpert

BHC in Smokey Mountain

- Treatment
  - DOTs
  - Multi facility based DOTs
  - The medicines are given by a nurse

- Outcomes
  - Treatment success rate was 84% in 2015

Quezon City BHC

- TB Control
  - DOTs
  - PPM & Others

- Diagnoses
  - X-ray
  - GeneXpert
  - TB culture

- Treatment
  - Directly Observed Treatment

- Impact
  - 85% reduction in number of TB deaths
  - 85% reduction in TB incidence rate
  - TB morbidity rate down to 10

- Challenges
  - Effect of TB on other health outcomes
  - Cost effectiveness of TB control interventions

- Outcomes
  - 85% reduction in number of TB deaths
  - 85% reduction in TB incidence rate
  - TB morbidity rate down to 10

- Relevance
  - Too common and more than 30% of patients in all private clinics
  - Treatments
  - TB prevalence in community (2% of the population)
  - Treatment success rate was 85% in 2015
### Lessons learned / Recommendations

<table>
<thead>
<tr>
<th>Issue</th>
<th>Lessons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnoses</td>
<td>- Increasing community involvement and active case-finding using available resources can improve access to treatment.</td>
</tr>
<tr>
<td></td>
<td>- Expanding sensitive diagnosis networks (SADS/FAST) and improving access can improve treatment outcomes.</td>
</tr>
<tr>
<td>Treatment</td>
<td>- Increasing access to treatment can improve adherence and reduce patient cost and risk for both complications and MDR.</td>
</tr>
<tr>
<td>ppp</td>
<td>- Improving collaboration with private sector is necessary for ensuring quality of treatment.</td>
</tr>
</tbody>
</table>
References


The editors’ note

We are very proud of having been part of the editing Field Trip Report 2017 The Philippines. In fact, it was not easy at all, even together with the highly motivated colleagues, to edit a report of such rich individual and group field experiences. Although the report looks very much formal, we wanted to produce it from all the participant’s contributions. We would like to reiterate our gratitude to those who have been supportive to the work, the professors, TMGH administration personnel and of course, the classmates. Also a special thanks to Sachi, for her wonderful cover page design.

Editorial Team: Heri Aimé Bitakuya, Kenshi Furushima, Kazuchiyo Miyamichi & Kyoko Yoneda