

## Overview of the field trip

- 14 Master of Public Health students of School of Tropical Medicine and Global Health Nagasaki University participated in the field trip.
- Visited 14 health sectors at local level (City/Rural Health Units, Barangay Health Stations, 2 local NGOs), regional level (Department of Health Regional Office VIII), national level (San Lazaro Hospital, Department of Health/DOH Philippines), and international level (WHO/WPRO) in Manila and Tacloban, Leyte.
- Team objectives
  - Translate our theoretical knowledge into practice by studying the health system at each level and identifying specific public health challenges and successful interventions being implemented
  - Draw on their experiences gained over the years to utilize in our future practice.



## Overview of the Philippines

- Land area: 299,404 km with 7,109 islands
  - Population: 103.32 million\*
  - GNI per capita : \$3,580\*
  - 4.7% of GDP, 4.3% of Total Government Expenditure for health
  - Life expectancy at birth: 69 years\*
  - Under 5 mortality rate: 27/1,000live birth\*
  - Maternal mortality ratio: 216/100,000 live birth\*\*
  - Incidence of tuberculosis (TB): 140/100,000 \*
  - Triple burden of diseases remain as a major problem
- (\*World Bank, 2016, \*\*World Bank 2015)

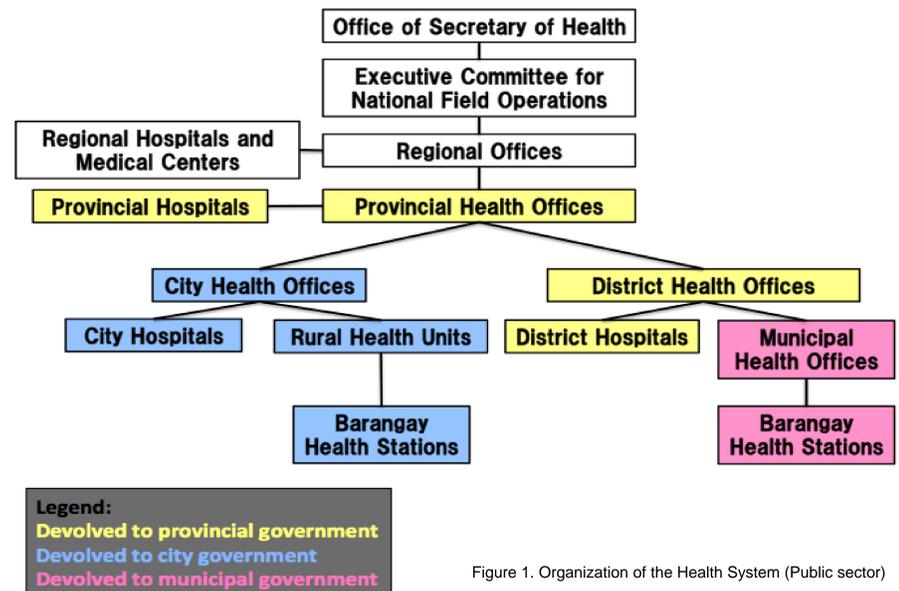


Figure 1. Organization of the Health System (Public sector)

## The WHO Health System Framework: 6 building blocks

### Service Delivery in the Philippines

- (1) Health care services are provided by both public and private sectors (542 public hospitals, 912 private hospitals) .
- (2) DOH delivers comprehensive health care services through each level of the health system (Figure 1).  
Rural Health Units and Barangay Health Station provide basic primary care, whereas hospitals provide more specialized services.
- (3) Referral systems do not function well, leading to overcrowding in tertiary hospitals with self referred patients
- (4) Proper referral system should be strengthened to effectively utilize health services

### Health Care Financing

- (1) Out of pocket expenditures (OOPE) : **55.8%** of the total health expenditures.
- (2) Financing schemes aim to mobilize new and maximize resources and are fairly redistributed to patients and providers (e.g. **Sin Tax, exisiting funds**).
- (3) PhilHealth: National health insurance program.
  - Population coverage is **91%** but only **13%** of them are using it **due to lack of knowledge about the insurance**.
  - Packages are limited (e.g. **outpatient care is not covered**).

### Health workforce

- (1) Shortage of health care professionals in rural areas: due to unequal distribution (private sector, urban area) or brain drain.
- (2) DOH is promoting adequate distribution of health care professionals. e.g. Deployment program: temporal assignment to rural areas with higher salary
- (3) Utilization of health volunteers in community: motivation and coordination of health care professionals and health volunteers is well-functioning.

### Medical Products & Technology

- DOH is focusing on ;
- (1) Improving the access to quality-essential medicines/vaccination nationwide.
  - (2) Ensuring rational use of medicines by prescribers and patients. (e.g. Antibiotics)
  - (3) Promoting centralized Supply Chain Management for medicines/commodities.
  - (4) Improving logistic management for essential medicines/technology (e.g. cold chain)
- ◆ However, geographical disparity prevents easy access to health facility and sufficient service provision especially in rural/hard to reach areas.

### Information and Research

- (1) The national and local health information systems are in the process of integration and will contribute to the information gap at the national and local levels.
- (2) Electronic information system is being developed to provide quality information.
- (3) Institutional research activities observed:
  - San Lazaro Hospital and Nagasaki University (Joint research for infectious diseases)
  - RIT /JATA Philippines (epidemiological research on TB)

### Leadership and Governance

- (1) The Philippines has a decentralized health care system since 1991 through the Local Government Code and Republic Act 7160 (Figure1).
- (2) DOH(National/Regional) has the over-all technical authority over the health system (e.g. national health policy-making, regulation, integration).
- (3) Local Government Unit has their own autonomy over governance and financial system and coordinates with DOH in providing health services.

## Conclusion

- The Philippines is moving forward to achieve universal health coverage by reducing OOPE, strengthening human resources, and service provision.
- The Philippines has a decentralized health care system to cater for needs based on the local and geographical context. However, it has led to fragmentation of health care delivery because of the lack of resources, poor coordination, and weak governance in local settings. Referral system needs to be improved and strengthened to ensure optimal function of the health facilities.
- Comprehensive and multi-sectional cooperation/harmonization are crucial to improve sustainability and resilience of the health care system of the Philippines.