



Understanding the Field Health Service Information System (FHSIS) in the Republic of Philippines



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Overview on FHSIS

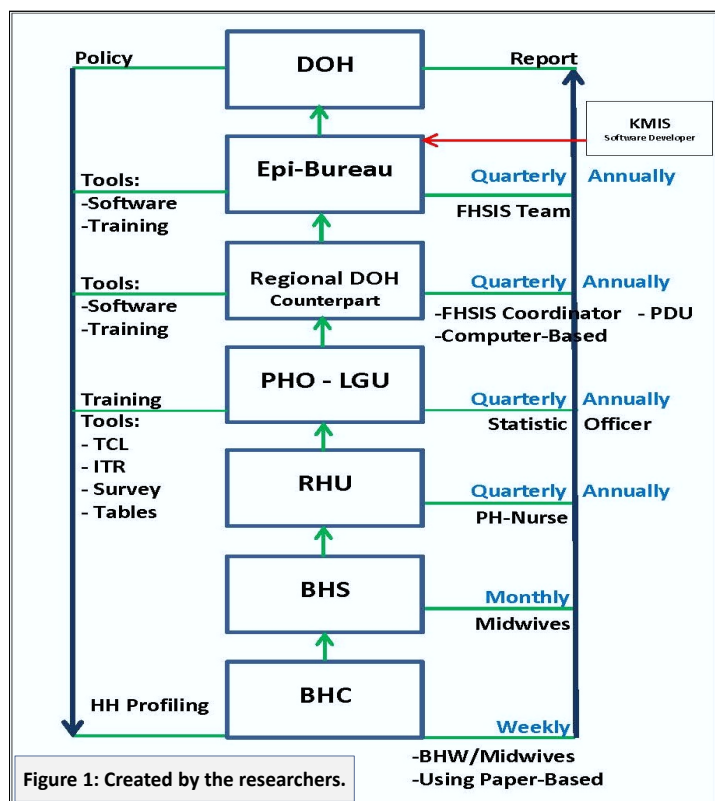
- Official information system and national health statistics of Department of Health, Philippines
- Main source for health policy and system, implementing, and monitoring and evaluating
- Public health information (RMNCH, CD, NCD, EPI, nutrition, environment health)
- Vital Statistics (Morbidity and Mortality) and demographic Data

1. Objectives

- To understand the FHSIS at different management: linkage and reporting system
- To study the strength and weakness of FHSIS system
- To study the strength, weakness, and solution in implementing FHSIS

2. Methods: Observation, interview, and group discussion at DOHs, hospitals MHD, PHO, RHU, BHS, and BHC in Manila and Leyte.

3. FHSIS Process Flow and Networking



Overview of the Republic of the Philippines



- Land area: 299,404 km² with 7,109 islands
- Population: 106.65 million
- GDP per capita: \$3,102.7, (World Bank, 2018)
- Life expectancy at birth: 69.2, (World Bank, 2017)

Health Situation

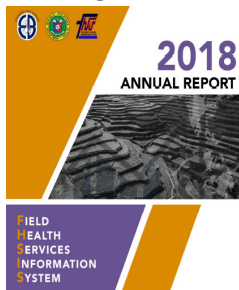
1. High incidences of communicable diseases and neglected tropical diseases (NTDs)
2. Increasing burden of non-communicable diseases (NCDs) and high prevalence of all risk factors
3. Third highest disaster risk country in the world (UNU-EHS, World Risk report 2016)

Key Health Indicators

- Under 5 mortality rate: 28.1 (/1,000 live births), (WHO, 2017)
- Maternal mortality ratio: 114 (/100,000 live births), (WHO, 2015)
- Incidence of tuberculosis (TB): 554 (/100,000 people), (WHO, 2017)
- PhilHealth coverage 51% in 2010 to 91% in 2016.
- Rising total health expenditure 381 billion in 2010 to 655 billion in 2016.



4. Strength, Weakness, and Solution of FHSIS



Strength

1. One system management
2. The availability of data (Timely and relevant)
3. Data revision (Annually report publishing)
4. An official data for all sectors

Weakness

1. The availability of data:
 - No data from private sector available
2. The gathering data system
 - Data quality check: base on local
 - Inadequate monitoring at local health units
3. The report system
 - Paper based
 - Lack of computer and Internet service
4. Lack of human resource

Solution

1. Offline software should be set in local health facilities.
2. Health care service covering can be improved by improving the indicators.
3. The collaboration between MHO and every health facility can ensure the accuracy of the data.
4. Site visiting, either for monitoring and training should be organized regularly.

5. Conclusion

- FHSIS is known as an official system producing DOH annual health report for supporting decision making in the Philippine's health care system.
- To ensure the quality and accuracy of the report, the collecting process requires the improvement on the indicators as well as the analyzation and collaboration.
- How data is collected from the private section should be considered in further health care system study.

Reflection

- The experiences from the field trip in the Philippines have been a great opportunity for the students to learn how the health systems are working and contribute to the global health.
- The group activities were highly motivating the students to learn the fields of their interests deeply and share the knowledge and experiences.
- The students would like to express acknowledgment to DOH of the Philippines and Nagasaki University-Tropical Medicine and Global Health

Abbreviation

BHC - Barangay Health Center	DOH - Department of Health	KMIS - Knowledge Management Information System	PHO - Provincial Health Office
BHS - Barangay Health Station	EPI - Expanded Program Immunization	LGU - Local Government Units	RHU - Rural Health Unit
BHW - Barangay Health Workers	HH - Household	MHD - Manila Health Department	RMNCH - Reproductive, Maternal, Newborn, and Child Health
CD - Communicable Disease	ITR - Individual Treatment Record	NCD - Non-Communicable Disease	TCL - Target Client List