



Universal Health Care: the Philippine Dream

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Universal Health Care

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





Filipino Income Quintiles

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

Source: National Health and Demographic Survey, 2008



Comprehensive Reforms in Health

Universal Health Care
(2010 -2016)

Fourmula One for Health
(2005 – 2010)

Kalusugan para sa Masa
(1999- 2004)

Generic Health Reforms 1990s

- * 1991 – Devolution of Health Services
- * 1995 – National Health Insurance Reforms

CRITICAL FACTORS

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

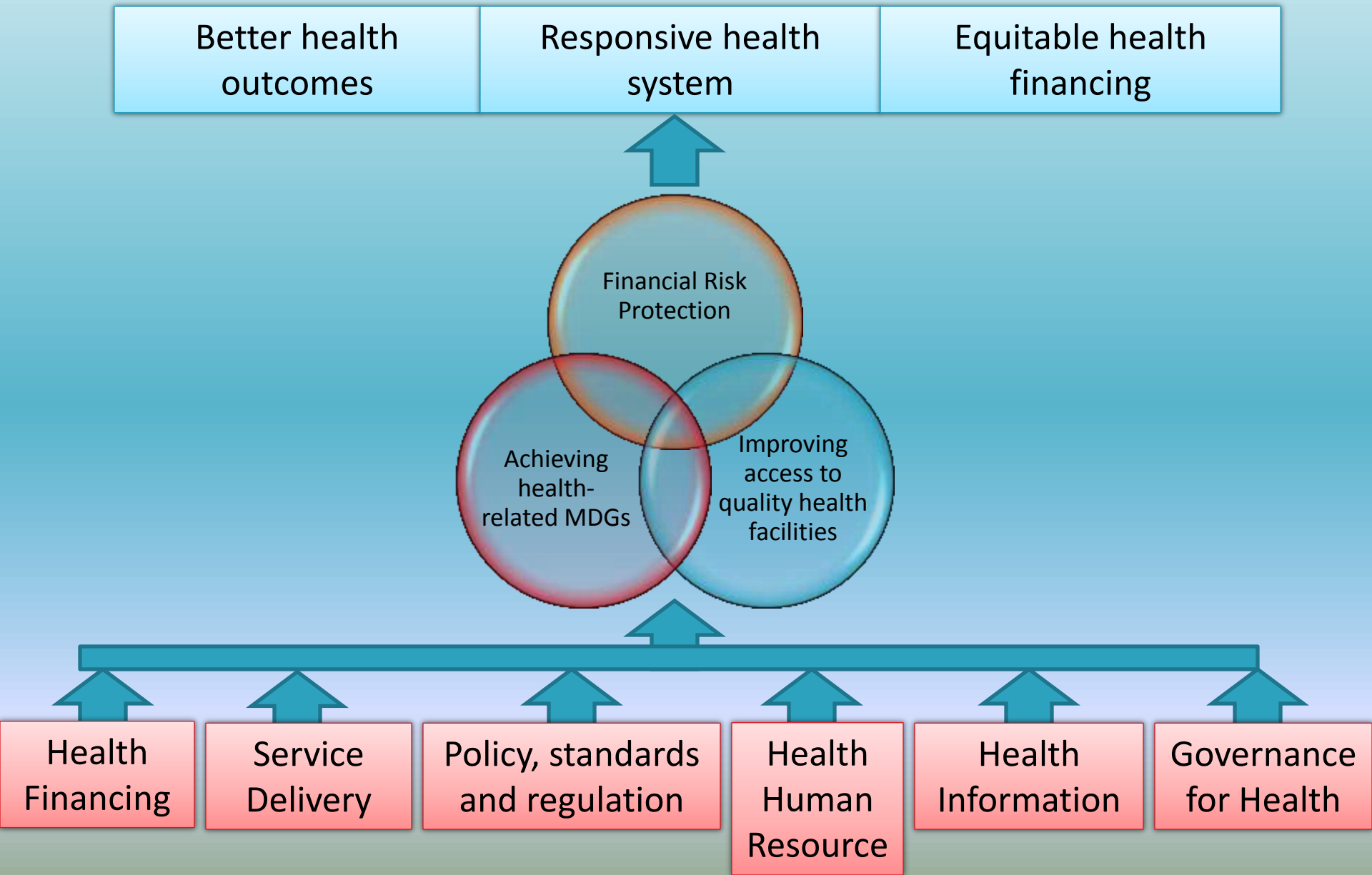
Critical Reforms

- Dichotomous Health System
- Free Health Services
- Tax-based, Public Subsidized
- Singular health system
- Social Insurance main payor
- Fee for Service

PRINCIPLE

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

Universal Health Care



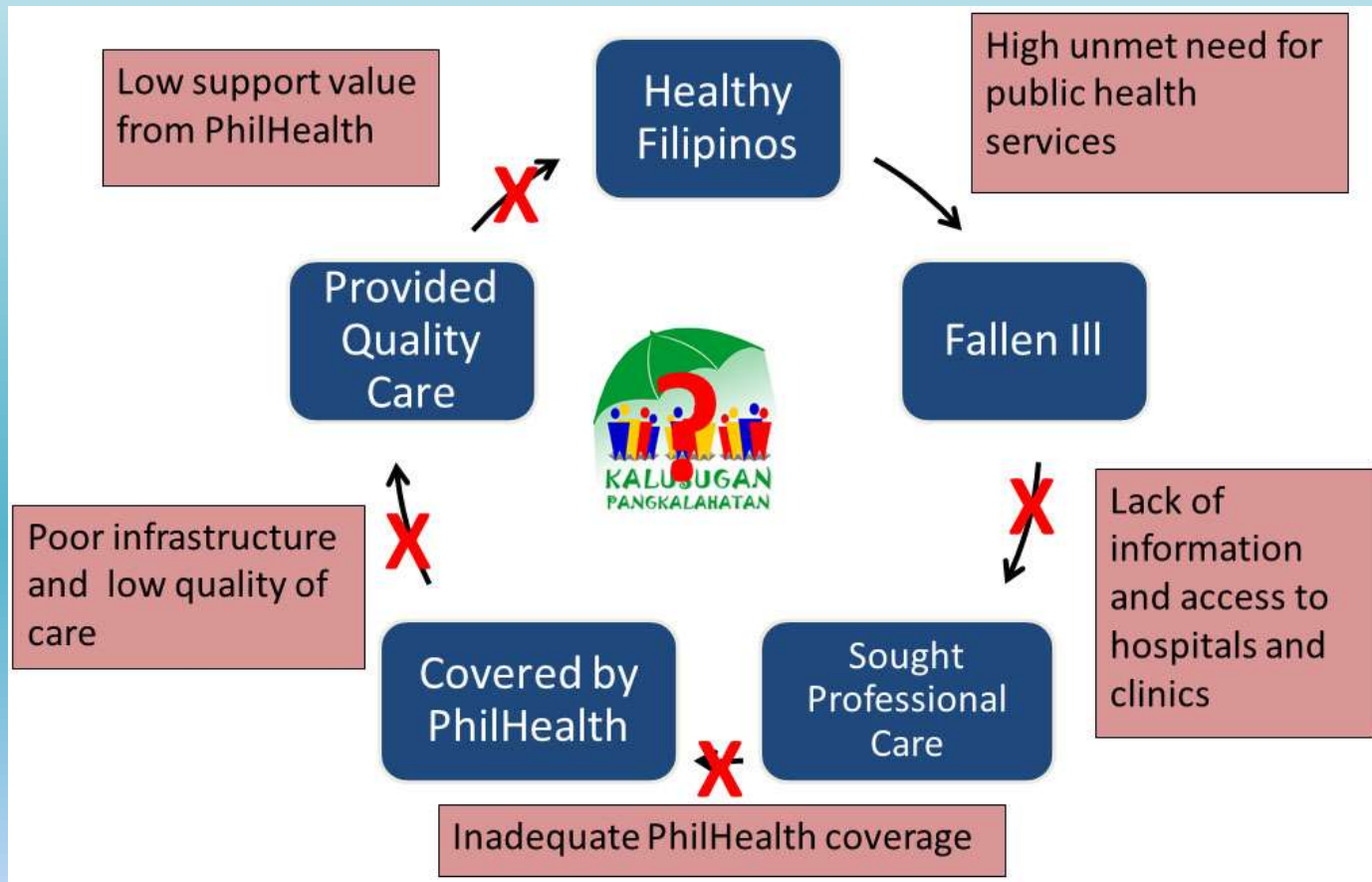


Investing in **Kalusugan Pangkalahatan**

Pursuant to the following provisions of the Social Contract*:

- ✓ Investing in our people, reducing poverty and building national competitiveness
- ✓ Advancing and protecting public health
- ✓ Building of capacities and creation of opportunities among the poor
- ✓ Increasing social protection

How well are Filipino Families protected? (at the start of the PNoy administration)



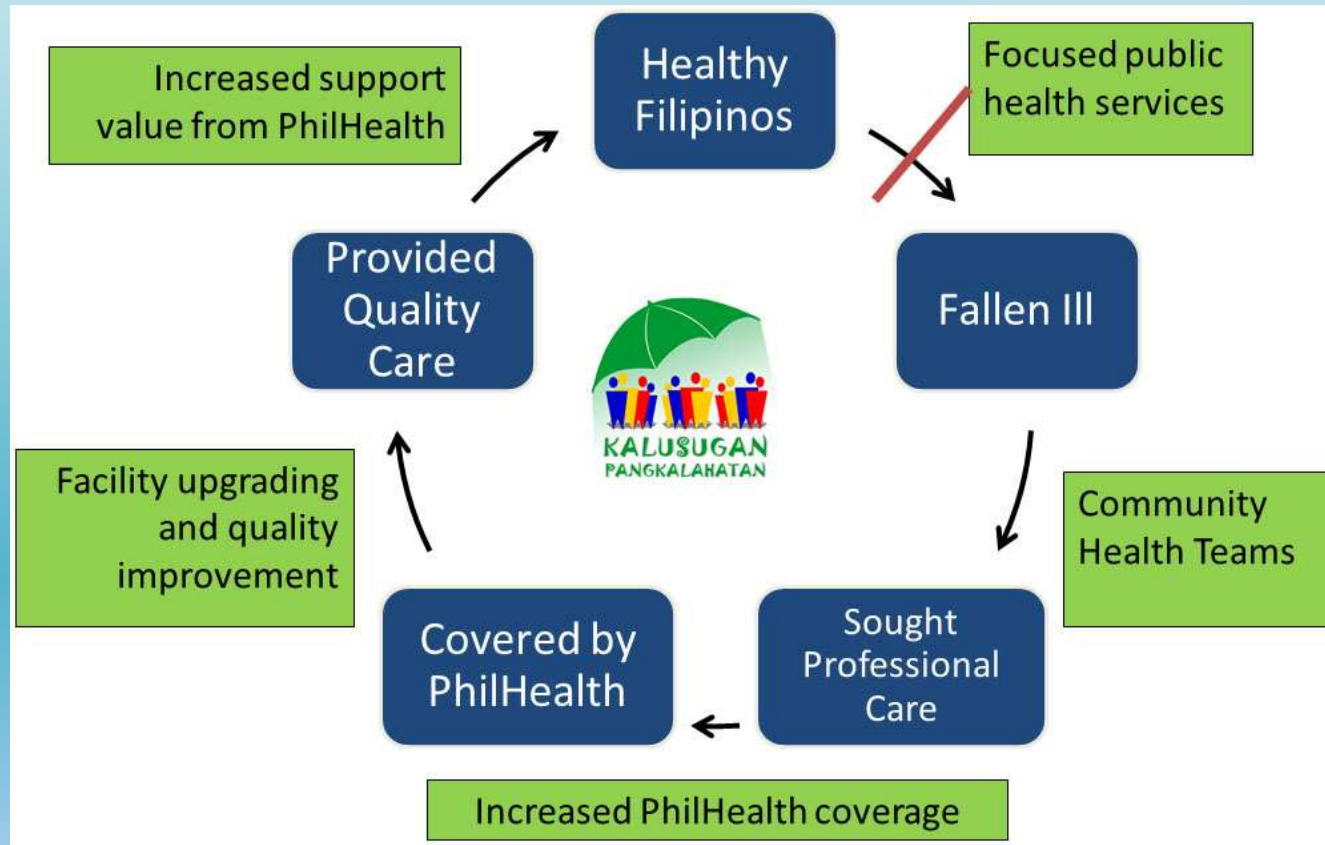
- 12.6M families (7.8M are NHTS-PR) are not covered by PhilHealth
- 6.8M families (4.3M are NHTS-PR) have limited access to clinic or hospital services
- 6.3M families (3.1M are NHTS-PR) have limited access to prenatal care, safe delivery, immunization, and family planning



Where are the problems concentrated?

1. Cebu
2. NCR
3. Pangasinan
4. Leyte
5. Negros
Occidental
6. Iloilo
7. Davao del Sur
8. Bulacan
9. Quezon
10. Nueva Ecija
11. Laguna
12. Negros Oriental

What will Kalusugan Pangkalahatan deliver?



- Sustain enrolment of 15M families (10.9M are NHTS-PR) into PhilHealth; 5 M NHTS-PR families already given PhilHealth ID cards
- For 2011, upgrade 1,178 RHUs, 241 district hospitals, 34 provincial hospitals, 33 DOH hospitals; SARO released Nov 4, 877 projects bidded out
- Deploy 100,000 CHTs & 21,000 RNHeals along with sufficient public health commodities; nationwide TOT for CHTs done; 10,000 RNHeals already deployed



How will Kalusugan Pangkalahatan be implemented?

- ✓ Focus and engage vulnerable families, starting with provinces where most are found
- ✓ Partner with poverty alleviation programs like NHTS-PR and CCT
- ✓ Leverage LGU participation and performance through province-wide agreements
- ✓ Harness private sector participation especially in upgrading public clinics and hospitals (including PPP)
- ✓ Already re-structured DOH to implement this approach



What are the KP Performance Targets?

	2012	2013	2014	2015	2016
Families covered by PhilHealth	All NHTS-PR	NHTS-PR and informal sector *catastrophic care introduced	Universal Coverage	Universal Coverage	Universal Coverage
Facilities upgraded	1,377 RHUs 69 Dist Hosps 43 Prov Hosps 29 City Hosps 8 DOH Hosps	471 RHUs 243 Dist Hosps 47 Prov Hosps 8 City Hosps 22 DOH Hosps	190 Dist Hosps 6 City Hosps 33 DOH Hosps *Incentives to sustain delivery of quality care introduced	6 DOH Hosps	
CHTs deployed	50,000	100,000	Same	Same	Same
RNheals/ others deployed	12,000	22,500			



How will incremental KP investments be applied over time? (in billion Pesos)

KP Thrust	2012	2013	2014	2015	2016	TOTAL
PhilHealth coverage (NHTS-PR)	23.2	38.2*	38.2	38.2	38.2	176.0
Facilities upgrading	26.7	43.2	41.9	14.6	5.0	120.0
Public Health services	2.5	2.5	2.5 2.5 5.0	2.5	2.5	15.0
Total	52.4	83.9	89.7	45.3	40.7	321.0

*increase in premium is due to additional PhP 15B to cover for catastrophic benefit package



How can facility upgrading be timed?

Facility Type	2012	2013	2014	2015	2016
RHUs (1,848; 1.5 B)	1,377 (1.1 B)	471 (0.4 B)	-	-	-
District Hospitals (502; 29.4 B)	69 (3.3 B)	243 (14.9 B)	190 (11.2 B)	-	-
Provincial Hospitals (90; 16 B)	43 (7.6 B)	47 (8.4 B)	-	-	-
City Hospitals (43; 11 B)	29 (7.9 B)	8 (1.3 B)	6 (1.7 B)	-	-
DOH Hospitals (69; 57.2 B)	8 (6.9 B)	22 (18.3 B)	33 (27.4 B)	6 (4.6 B)	-



How will KP investment gaps be financed?

(Incremental requirements, in billion Pesos)

Proposed Financing Source	Average Annual	One-time
DOH	2.50	43.15
LGU	9.65	28.45
PhilHealth (NHTS-PR)	16.60	-
PPP (private contribution)	-	42.50
PCSO, etc	2.30*	-
Total	31.05	99.40

*This amount represents only a portion of PCSO health expenditures totalling P 4.88 B in 2008 and P 6.20 B in 2009

Essential Health Care Package

- Maternal & Child Health (Developmental/Disability Screening)
- Nutrition
- Oral Health
- Mental Health (Autism, Depression/Suicide Prevention)
- Treatment of Infectious diseases (TB, Malaria, Rabies, NTDs)
- Medico-legal Services (Violence Against Women & Children)
- Advocacy for health lifestyle
- Laboratory Package & Screening for non-communicable disease
- Essential Drug Package
- First Aid, Wound and Emergency Care



What legislation do we need?*

- ✓ Amendment of the National Health Insurance Act IRR
- ✓ Laws for corporate governance of hospitals
- ✓ Restructuring of Sin Taxes (Alcohol and Tobacco)
- ✓ Law on Responsible Parenthood (or RH Bill)
- Amendment of selected laws governing practice of health professionals (MDs, RNs, RMs)

* A specific law on universal health care can also be passed that shall contain specific provisions necessary to effect required laws or amendments to existing laws



What will KP achieve by 2016?

- Universal PhilHealth coverage
- Improved access to modern health facilities
- Meet MDG targets
- Increase savings from lower healthcare costs
- Increase productivity of future generations

Poor families are protected since they are:

- ✓ Enrolled in PhilHealth
- ✓ Assigned to a Community Health Team
- ✓ Linked to designated health facilities and providers
- ✓ Not charged for use of health services
- ✓ Provided with free public health services (e.g. vaccinations, TB DOTS, family planning)

INTERMEDIATE OUTCOMES

- **ACCESS** is met through reduction of physical and financial barriers to health access
- **AFFORDABILITY** is met through contestability principle that if government hospitals can offer lower prices, why should the private facilities charge so much higher
- **QUALITY** is met through licensure and accreditation, standards of practice, and provider payment mechanisms
- **EFFICIENCY** (allocative and technical) is met through allocation of resources to the most appropriate agent, organization of public health facilities into economic enterprises less dependent on budgetary subsidies

FINAL OUTCOMES:

The Bottomline!

- Improved overall health status of Filipinos (MDGs met)
- Reduced out of pocket expenditures (Financial Risk Protection through better coverage by social health insurance)
- Improved client satisfaction and responsiveness of the health system (Health Facility Enhancement to meet quality standards for public health facilities and institutionalized feedback mechanism)

Shift of the Health System

- Singular Health System with Quality as a common factor and main payor of health services for all is Social Health Insurance and lower out-of-pocket expenditure for health
- Better Access, Affordability, Availability of Quality Health Services for both Poor & Rich as well as Urban and Rural distribution

