KALUSUGAN PANGKALAHATAN 2010–2016:

AN ASSESSMENT REPORT

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REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF HEALTH

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Kalusugan Pangkalahatan

The Aquino Health Agenda (AHA) is achieving Universal Health Care for All Filipinos, or *Kalusugan Pangkalahatan* (KP). Implemented from 2010-2016, the AHA has three main goals: 1. Sustained health financing; 2. Responsive health system; and 3. Better health outcomes. To achieve these goals, KP focused on addressing inequities in health, particularly by ensuring that those who belong in the lowest income quintiles have access to quality health care. Three strategic thrusts corresponding to the main goals have been formulated to achieve the AHA:

1. **Financial risk protection** through expansion in enrollment and benefit delivery of the National Health Insurance Program
2. **Improved access to quality hospitals and health care facilities** by upgrading to expand capacity and quality of services.
3. **Attainment of health-related Millennium Development Goals** by focusing public health programs on reducing maternal and child mortality, reducing morbidity and mortality from TB and malaria, reducing prevalence of HIV/AIDS, prevention and control of non-communicable diseases, and preparation for emerging diseases.

Achievements of the Aquino Administration in Health

National Legislation

During implementation of the AHA, six key laws that supported the health sector in achieving its goals were signed by President Aquino (Table 1).

Table 1. Landmark Laws in Health (2010–2016)

2010	Expanded Senior Citizens Act
2011	Mandatory Infants and Children Health Immunization Act
2012	An Act Restructuring the Excise Tax on Alcohol and Tobacco
2012	Responsible Parenthood and Reproductive Health Act
2013	National Health Insurance Act
2014	An Act to Effectively Instill Health Consciousness through Graphic Health Warnings on Tobacco Products

Financial Risk Protection (FRP)

Within the six years of *Kalusugan Pangkalahatan*, the health budget has increased by more than fivefold, largely contributed by the Sin Tax Law (Fig. 1). Likewise, the budget subsidies for Philhealth premium payment for the poor increased from 3.0B in 2011 to 43B in 2016, resulting to 100% coverage for indigents, based on the DSWD Listahanan, in 2015 (Fig.2). In compliance to RA 10645, 5.8M senior citizens were automatically enrolled to PhilHealth in 2015. With increased efforts of the NHIP to cover all Filipinos as stipulated in RA 10606, the coverage for the general population has also increased, reaching 92% in 2015 (Fig.2). Aside from increasing coverage, PhilHealth also developed policies to expand its benefits (Table 2). These six new policies aim to improve processes and deliver better quality services for PhilHealth members.

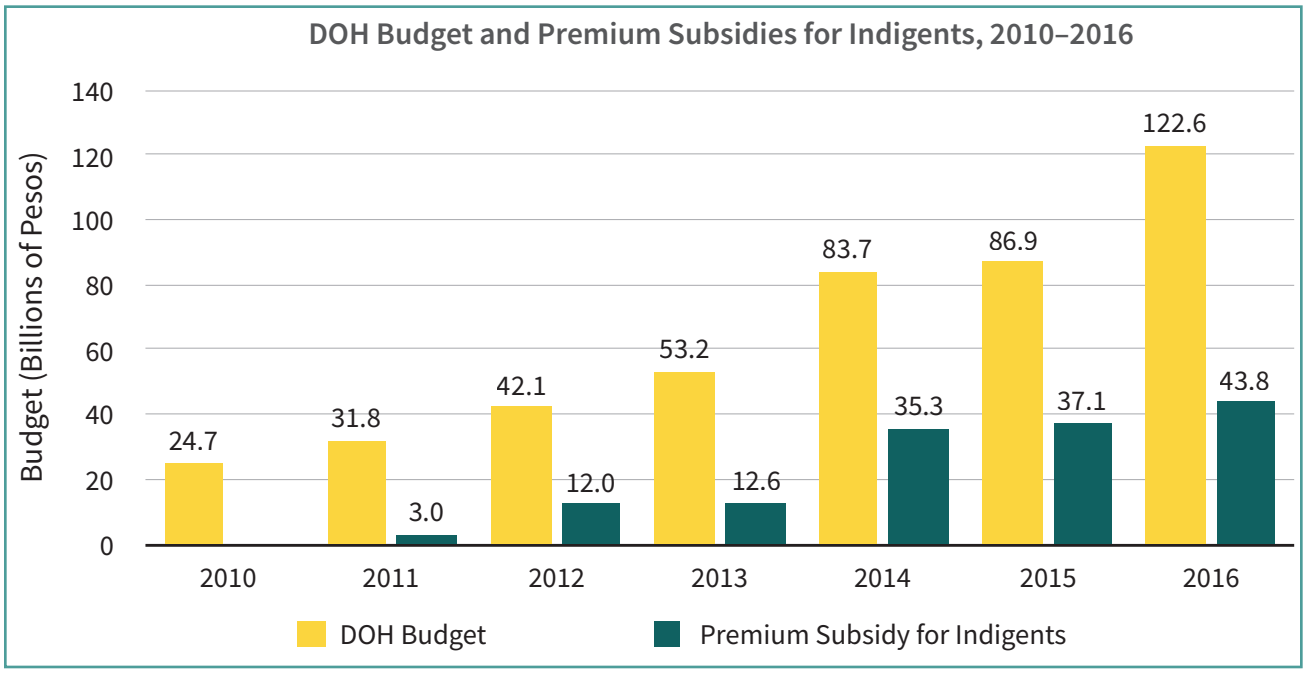

Figure 1. DOH Budget and Premium Subsidies for Indigents Based on GAA, 2010-2016. There is an increasing trend for the DOH budget and premium subsidies. In 2010, there is no line item for premium subsidies for indigents.

Table 2. New PhilHealth Policies, 2010-2016

Year	Policy	Objectives
2011	Case Rates System	Efficient claims process and cost-containment
	No Balance Billing	No OOP for indigents
2012	Z Benefits	Complete management of catastrophic illnesses
	Point-of-Care Enrolment	Convenient enrolment of indigents to PhilHealth
	Primary Care Benefit	Provide primary health care services
2014	All Case Rates	Efficient claims process and cost-containment

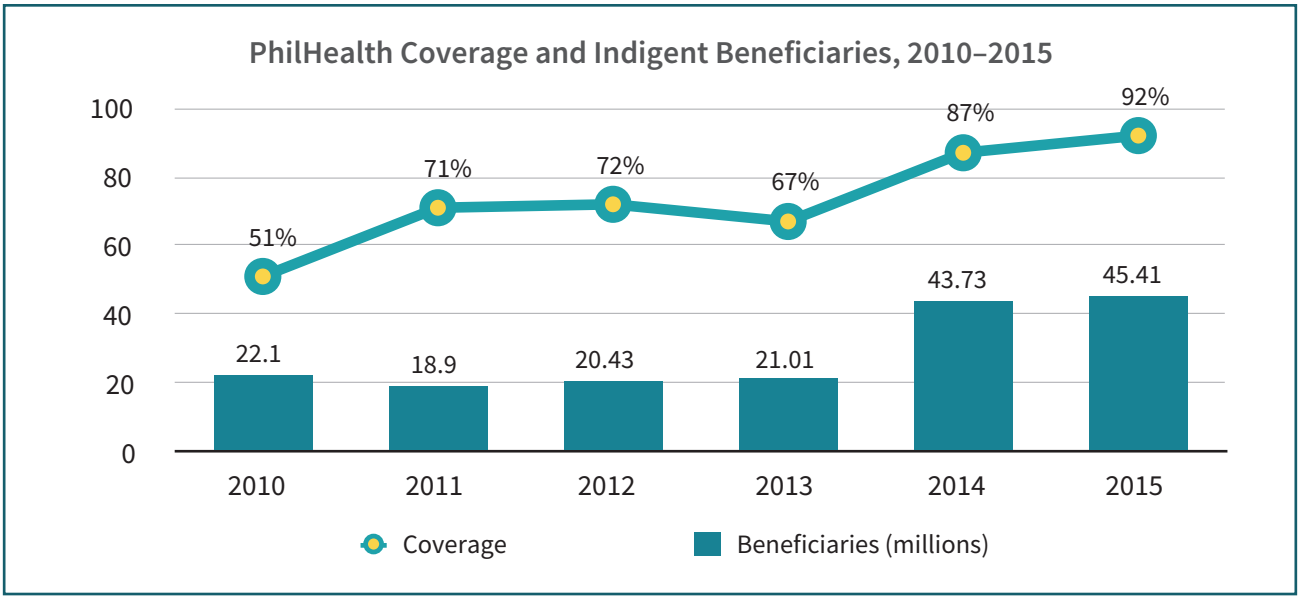

Figure 2. Coverage of the General Population and Number of Beneficiaries of the Indigent Program of PhilHealth, 2010-2015. There is an increasing trend for coverage and number of beneficiaries. *2010 beneficiaries include LGU and NHTS-PR Sponsored Members. 2011-2015 Beneficiaries are NHTS-PR only.

Challenges and Strategies to Ensure Financial Risk Protection

Challenges in the FRP thrust are reducing OOP, improving implementation of policies, rationalizing case rates, and identifying the appropriate funding mechanism to avoid duplication. Ongoing initiatives under *Kalusugan Pangkalahatan* to address these issues include the following:

1. **Targeting interventions.** Despite all the interventions under FRP, the OOP remained at 56% of total health expenditures, 62% of which is spent on medicines. Interventions of DOH to address expenditures in medicines are strengthening implementation of the Cheaper Medicines Law and provision of maintenance medications for hypertension and diabetes.

2. **Quality data for evidence-based policies.** Getting quality data on spending patterns and the cost of health services is currently among the priorities of DOH to come up with fair case rates and harmonize the roles of the different payors, purchasers, and service providers in the health system.

3. **Enhancing capacities.** The capacity of the insurance system in terms of human resource and information technology are the main factors that limit effective monitoring to detect fraud, respond to process bottlenecks, and ensure compliance of service providers to policies. With enhancements in monitoring such as better information systems and efficient claims reviews, adverse behaviors or non-compliance can be addressed promptly.

Improved Access to Quality Hospitals and Health Care Facilities

The key programs under this thrust are the Health Facilities Enhancement Program (HFEP) and the Human Resource for Health (HRH) Deployment Program. The HFEP includes upgrading facilities to provide Basic Emergency Obstetric and Newborn Care (BEmONC) and Comprehensive Emergency Obstetric and Newborn Care (CEmONC) to reduce maternal mortality. It also covers upgrading primary care facilities to become accredited for Primary Care Benefits (PCB), Maternity Care Package (MCP), and TB-Directly Observed Treatment Short Course (TB-DOTS). With the revenues from Sin Taxes, the budget for HFEP has increased from 3.25 in 2010 to 26B in 2016 (Figure 3).

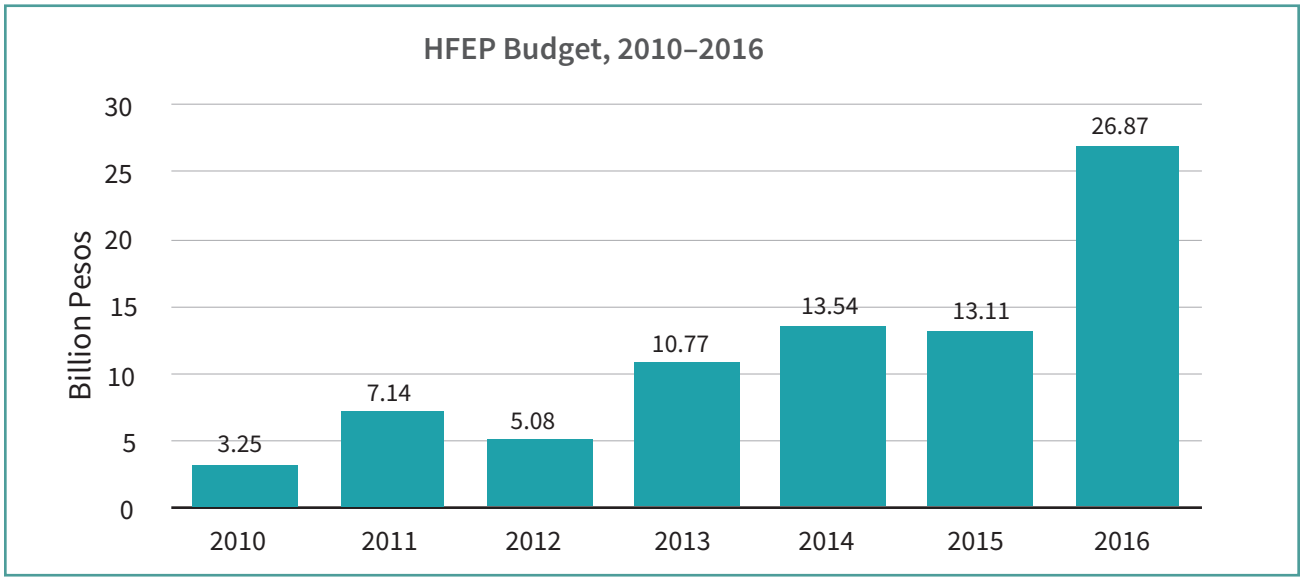

Figure 3. Budget for the Health Facilities Enhancement Program, Based on GAA

From 2010 to 2014, the HFEP funded a total of 2,862 Barangay Health Stations, 2,626 Rural Health Units, 685 LGU Hospitals, and 70 DOH hospitals. In partnership with the Department of Education, Barangay Health Stations in Schools are also being established: 3,200 for 2015 and 2,500 for 2016. The HFEP also funded infrastructure and equipment upgrades for existing BHSs: 514 BHSs have been funded in 2015 and 956 in 2016.

Deployment programs continue to provide health professionals in priority areas. The number of doctors deployed to doctorless municipalities under the Doctors to the Barrios Program has continued to increase since 2010. Universal Health Care (UHC) Implementers, who are also medical graduates but may not have professional licenses, are also deployed to assist in implementing DOH programs in the grassroots. Under the Nurse Deployment Program, 40,517 nurses were deployed in priority areas as of the first semester of 2016. The number deployed under the Rural Health Midwives Placement Program, Medical Technologist Deployment Program, and Dentist Deployment Project has likewise increased (Table 3).

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

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

Challenges and Strategies to Improve Access to Quality Hospitals and Health Care Facilities

Challenges for the HFEP include monitoring, delays in the completion of infrastructure projects and some overlaps in the provision of equipment. The DOH is currently enhancing the implementation and monitoring of the HFEP by establishing the HFEP Management Office.

For the HRH deployment, there is still an inequitable distribution of health professionals, which cannot be addressed by the DOH deployment programs alone. Due to devolution, LGUs are responsible for hiring health personnel in local health facilities. A major hindrance to the increase in the number of health professionals in the government sector is the 40% budget cap for human resources at the LGU level. In response, the DOH will lobby to remove the required salary cap for health workers.

Attainment of Health-related Millennium Development Goals

Child Mortality

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

Table 4. FIC Based on DOH Program Data

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

Table 5. IMR and U5MR Based on National Surveys

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

Maternal Mortality

Improvements in health facilities and services for maternal care and reproductive health are provided through the HFEP, the RPRH Law, and PhilHealth coverage for deliveries. The effects of these improvements are observed in the positive trend of the intermediate outcomes: antenatal visits, births attended by a skilled provider, and facility-based deliveries. Family planning indicators have also improved, with higher contraceptive prevalence rates and lower unmet need for family planning (Table 6). Maternal mortality has also decreased since 2010 (Figure 4). However, the target of 52 for MMR has not yet been achieved.

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

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

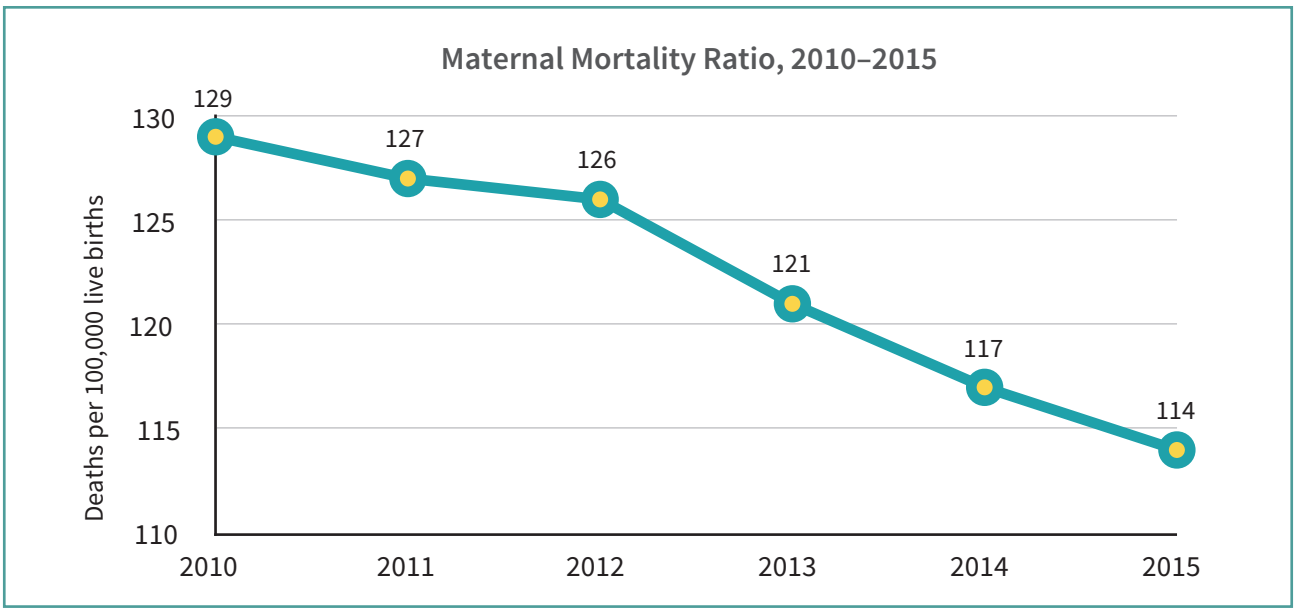

Figure 4. Maternal Mortality Ratio, 2010-2015. Based on WHO, UNICEF, UNFPA, The World Bank, and the United Nations Population Division. Trends in Maternal Mortality: 1990 to 2015. Geneva, World Health Organization, 2015

HIV/AIDS

Although HIV prevalence remains at <1 percent based on the 2013 HIV Behavioral and Serologic Surveillance, the absolute number of newly diagnosed cases for HIV has increased since 2010. In response to this increase, delivery of HIV services was expanded as evidenced by the increase in number of persons living with HIV newly initiated on antiretroviral treatment (ART) (Figure 5), and increase in the number of treatment hubs, 26, and satellite clinics, 11, founded all over the Philippines where patients can avail of free diagnosis and treatment services.

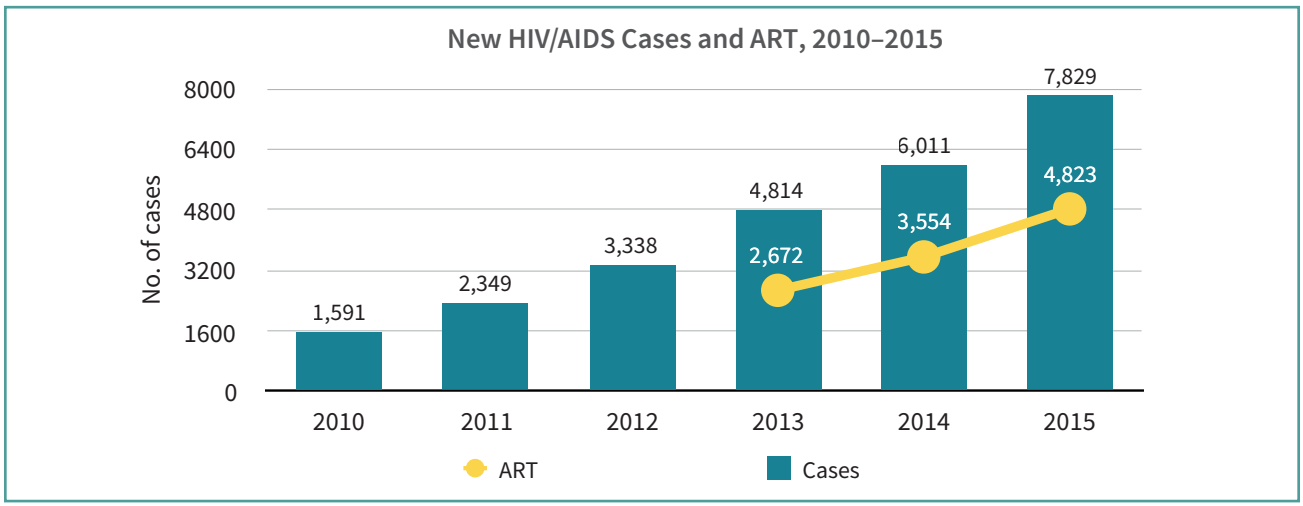

Figure 5. New HIV/AIDS Cases and Number of Persons Living with HIV Newly Initiated on Antiretroviral Treatment (ART). Source: HIV/AIDS and ART Registry of the Philippines

Tuberculosis

Awareness campaigns and enhancing accessibility of health services have been done for TB Control. TB Case detection rate and treatment success rates have been increasing since 2010, achieving the MDG targets (Table 7).

Malaria and Filaria

The programs for control of communicable diseases have continued their campaigns to reduce the incidence of the diseases and increase the number of disease-free zones. The number of malaria-free provinces has continued to increase since 2010 (Table 7). The number of filaria-free provinces has also increased since 2010, with 34 out of the 43 endemic areas filaria-free.

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

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

Non-communicable Diseases

The Sin Tax Law and Graphic Health Warnings Act aim to reduce the consumption of cigarettes and alcohol, which are major risk factors for non-communicable diseases such as cancer and heart disease. Programs of DOH for NCDs include the Diabetes and Hypertension Registry, the provision of maintenance medications, and the Go4Health advocacy for healthy lifestyle. Due to these interventions, the prevalence of smoking has decreased. Among daily smokers, the number of sticks consumed has also decreased (Figure 6 and 7).

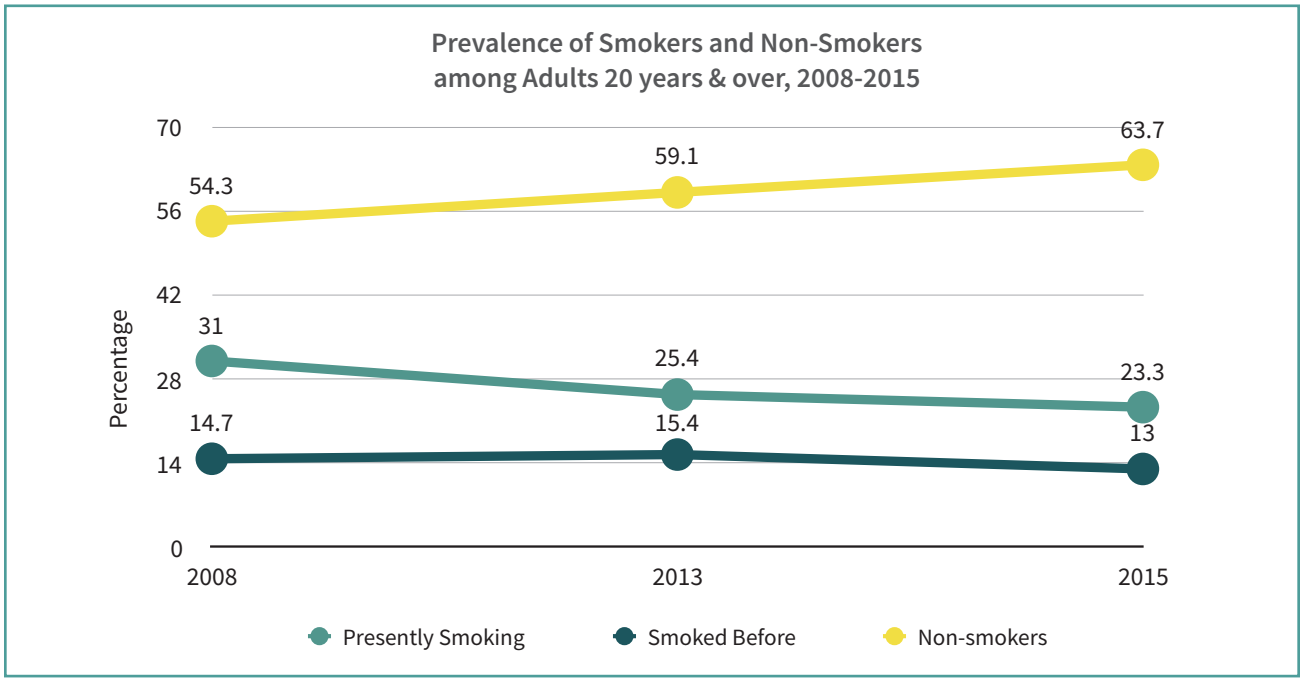

Figure 6. Smoking Prevalence. The proportion of non-smokers has increased while previous smokers and current smokers have decreased (Source: NNS)

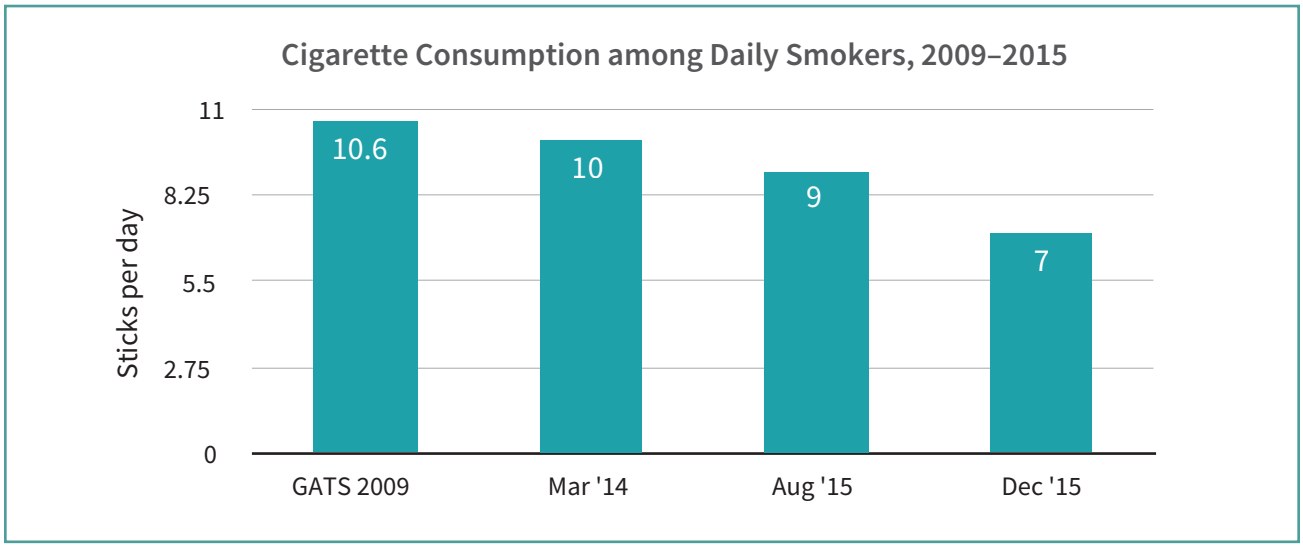

Figure 7. Cigarette Consumption of Daily Smokers. The number of cigarette sticks consumed by daily smokers has decreased since 2009 (Source: GATS 2009, SWS)

Looking Ahead

There are positive results in most aspects of *Kalusugan Pangkalahatan*, particularly in the delivery of services. However, challenges still remain, particularly in attaining the targets for maternal and child mortality, and addressing the increasing incidence of HIV. Another challenge is shifting to the Sustainable Development Goals, which require a broader approach and intersectoral action. In the six years of implementing *Kalusugan Pangkalahatan,* the following key lessons may provide guidance for the next administration:

1. Improving health and reducing health inequity require social determinants of health to be addressed. Living, schooling, working as well as transportation conditions must be designed in a way that will allow people to easily *choose* to be healthy. The Department of Health needs to champion inter-sectoral collaboration to achieve dual outcomes, for health and other sectors. This is also consistent with the Sustainable Development Goals.

2. Mechanisms to systematically track performance, link this to incentives, and enforce accountability have to be in place in order to ensure that investments lead to results that are felt and tangible to Filipinos. Information on available services has to be disseminated to assist citizens in making informed choices.

3. As the economy grows, more Filipinos will have better capacity to pay and thus will demand for better health services. And because Filipinos usually equate better public services with the private sector, the Department of Health needs to creatively engage, effectively harness and align the private sector with the overall health system goals.

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