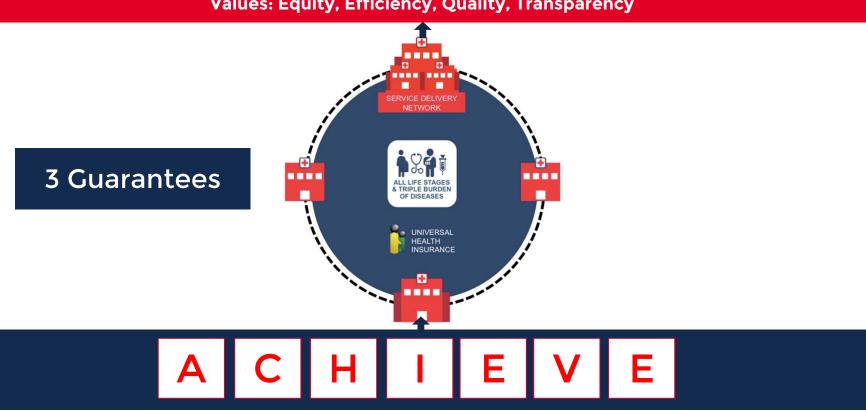
Philippine Health Agenda 2016-2022



PHILIPPINE HEALTH AGENDA FRAMEWORK

Goals: Attain Health-Related SDG Targets Financial Risk Protection, Better Health Outcomes, Responsiveness

Values: Equity, Efficiency, Quality, Transparency



OUR GUARANTEES

- 1. ALL LIFE STAGES &TRIPLE BURDEN OF DISEASE (Services for both the well & the sick)
- 2. SERVICE DELIVERY NETWORK (Functional Network of Health Facilities)
- 3. UNIVERSAL HEALTH INSURANCE (Financial Freedom when Accessing Services)

Our Strategy

A	Advance health promotion, primary care and quality

- Cover all Filipinos against financial health risk
- Harness the power of strategic HRH
- Invest in eHealth and data for decision-making
- Enforce standards, accountability and transparency
- Value clients and patients
- Elicit multi-stakeholder support for health

OUR LEGACIES	DOH 30: 30 Things to do for CHO/MHO
Out of Pocket	 Health Center properly stocked w/ selected essential medicines
Expenditures for Health and OOP for medicines for the Poor Reduced	2. Philhealth accredited health facility (4 in 1: MCP; NBP; TB-DOTS and PCB)
U niversal Health	3. 100% of poor families profiled and monitored
Insurance Coverage for all Filipinos	4. % of population covered by social health insurance
Reversed trend of	5. Awareness of HIV/AIDS among the youth
HIV/AIDS	6. 100% testing, counselling and treatment for risk populations
	7. Increase condom use

OUR LEGACIES	DOH 30: 30 Things to do for CHO/MHO
Lowered Malnutrition Rate	8. Decrease malnutrition rate (wasting) 2%
	9. Decrease stunting rate 3%
	10. 100% of children under-5 years old weighed in
	all barangays
E nsured Blood Adequacy	11. 1% of population donating blood
	12. Adequate referral system
G ood Data for Decision	13. 100% Functional Electronic Medical Record
Making	14. FHSIS and Surveillance data used in the LIPH
A ttained Zero Unmet	15. No stock outs of FP commodities
Needs for Modern Family	16. Full range of Family Planning services offered
Planning	17. Decrease in unmet needs for modern FP

OUR LEGACIES	DOH 30: 30 Things to do for CHO/MHO
C ommunity-Based	18. 100% Tokhang assessed
Rehabilitation Program in	19. Outpatient and community services available
all communities	20. Referral system smooth and functional
SO in all Government	21. SDN functional (Part of the SDN)
hospital	22. QMS in place – SS standards
E xpenditure on Health	23. LGU health budget increased (above 15%)
Increased	24. PhilHealth reimbursement
S ustained Zero Open	25. % households using safely managed sanitation
Defecation, Universal Basic	services
Drinking Water, Universal	26. % households using safely managed drinking
Hand Washing	water services

OUR LEGACIES	DOH 30: 30 Things to do for CHO/MHO
24/7 Access to Health Services for all Filipinos	27. Functional and licensed ambulance
	28. All barangay visited by MHO at least 2x a year
	29. 100 % of poor provided with annual health
	check-up
	30. One member trained on Cardiopulmonary
	Resuscitation (CPR) per household



PHILIPPINE HEALTH AGENDA 2016-2022

Philippine Health Facilities Development Plan (PHFDP) 2017-2022



Philippine Health Facilities Development Plan

- The national plan for health facilities
- Guide for government investments in health facilities such as the Health Facilities Enhancement Program of the DOH among others
 - Promotes rational allocation of government investments; and
 - Ensures equitable access to health facilities in the country





Barangay Health Station (BHS)

Rural Health Units/Urban Health Centers (RHU/UHC)

1 BHS per Barangay	Ratio	1 RHU/UHC per 20,000 pop
1 Nurse or Midwife per BHS	Healthcare Worker	1 Doctor per RHU
Community health profiling Family Visits Diagnostic Screening Health Promotion/Prevention Population Interventions Scheduled Medical Service Visits	Services	Basic consultations/medical services Basic Labs and Diagnostics Animal bite center TB-DOTS Birthing facility Community Based Drug Rehab Gatekeeping





Hospitals

Policlinic

1:800 Bed to Population Ratio

4 Specialists per Policlinic

1 Policlinic: 100,000 Pop

Healthcare Worker

Ratio

Staffing based on Hospital Level

Outpatient Specialty Care
Infirmaries to be converted to
Policlinics
Diagnostics, Imaging and Lab
Services

Services

Level 2: LVL 1 + Departmental Clinical Services, ICU, 3° Clinical Lab
Level 3: LVL 2 + teaching & training,

Surgery and Pediatrics, 2° Clinical Lab

Level 1: OPD, ER Services, IM, OBGYN,

dialysis, physical medicine & rehab

Specialty Centers: specializes in a particular disease or condition

**Assumed no new barangays are created

Barangay Health Stations

Target: 42,036 (1 Per Barangay)



Existing 20,045 (47 %)

Ongoing 6,687 (16 %)

Less Ideal RHU/UHC5,700 (14 %)

Gap 9,604 (23%)

BHS Facility	ldeal	Existing	Ongoing	Less Ideal RHU/UHC	Gaps*
1 BHS / barangay	42,036**	20,045	6,687	5,700	9,604**
1 BHS : 2,000 population					
@ Current Year 105 Million Pop	52,500	20,045	6,687	5,250	20,518
@ 2022 114 Million Pop	57,000	26,732	-	5,700	24,568

^{*}Subject to validation of Regional Offices in consideration of the Service Delivery Network

Rural Health Units and Urban Health Centers Target: 5,250 (1:20,000)



Existing 2,586 (49%)

Ongoing 375 (7%)

Gap 2,289 (44%)

Facility	Ideal	Existing	Ongoing	Gaps *
1 RHU / UHC : 20,000 population				
Current Yr (2017) @105 Million Pop	5,250	2,586	375	2,289
Future (2022) @ 114 Million Pop	5,700	2,961		2,739

^{*}Subject to validation of Regional Offices in consideration of the Service Delivery Network

Policlinics Target: 1,050 (1:100,000)



Existing 300 (29%)

Gaps 750 (71%)

Facility	ldeal	Existing	Gaps *
1 Polyclinic: 100,000 population			
Current Year (2017) @105 Million population	1,050	300	750
Future (2022) @ 114 Million population	1,140	300	840

^{*}Subject to validation of Regional Offices in consideration of the Service Delivery Network

Hospital Bed to Population Ratio (2015)

REGION	HOSPI	TALS	POPULATION	BED:POP'N	
REGION	HOSPITALS	BEDS	POPULATION	RATIO	
I	86	3,955	5,026,128	1:1,271	
CAR	23	1,876	1,722,006	1:918	
II	59	3,296	3,451,410	1:1,047	
Ш	165	9,802	11,218,177	1 : 1,144	
NCR	141	21,771	12,877,253	1 : 591	
IV-A	207	11,332	14,414,774	1:1,272	
IV-B	23	1,377	2,963,360	1 : 2,152	
V	50	2,981	5,796,989	1 : 1,945	
VI	61	5,673	7,536,383	1:1,328	
VII	52	5,541	7,396,898	1 : 1,335	
VIII	43	2,665	4,414,131	1 : 1,656	
IX	43	2,446	3,629,783	1 : 1,484	
X	63	5,009	4,689,302	1:936	
XI	53	4,295	4,893,318	1 : 1,139	
XII	56	4,315	4,545,276	1:1,053	
CARAGA	17	1,239	2,596,709	1:2,096	
ARMM	19	821	3,781,387	1:4,606	
PHILIPPINES	1,161	88,394	101,771,952	1:1,142	

1:1000

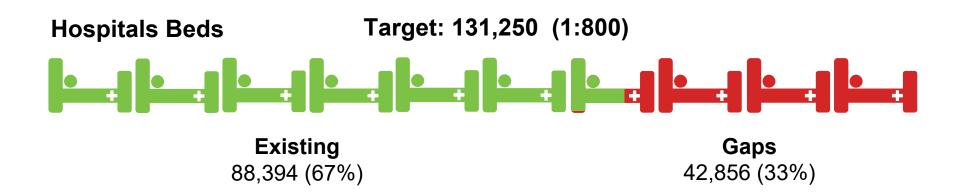
- Current PHL target
- Some Regions are now able to achieve the ratio

1:500

- Recommended by WHO to developing countries
- No Region is yet able to achieve the ratio

<u>1:800</u>

 Recommended new PHL ideal target



Facility	ldeal	Existing	Gaps *
1 General Hospital Bed : 800 Population			
Current Year (2017) @105 Million population	131,250	88,394	42,856
Future (2022) @ 114Million population	142,500	88,394	54,106

DOH Hospitals Upgrading



DOH Hospitals as referral centers in Service Delivery Network



DOH
Hospitals at
Level 2 as
minimum



DOH Level 3 Hospital per Region

for Sub-Specialty Services Selected sites as Renal Transplant or Brain Centers



DOH Mega Treatment and Rehab Centers

Luzon: Fort Magsaysay, Nueva Ecija

Visayas: Cebu Mindanao: Davao



DOH Mega Hospitals

Visayas

Vicente Sotto Memorial Medical

Center

Mindanao

Southern Philippines Medical Center



DOH Apex Hospitals

Strengthen National Capacity/ Regional Centers for Specialty Services (e.g., Telemedicine)

Philippine <u>Heart</u> Center; <u>Lung</u> Center of the Philippines; National <u>Kidney</u> and Transplant Institute; <u>Brain</u> – Jose R. Reyes Memorial Medical Center and East Avenue Medical Center; <u>Orthopedic, Physical Medicine and Rehabilitation</u> – Philippine Orthopedic Center; <u>Reproductive Health</u> and Neonatology – Dr. Jose Fabella Memorial Hospital; <u>Research Institute</u> for Tropical Medicine and San Lazaro Hospital; <u>Eye and Biomarine</u> <u>Poisoning and Toxicology</u> – East Avenue Medical Center; National Center for <u>Mental Health</u>

LGU Hospitals in the Service Delivery Network

PROVINCIAL and HUC HOSPITALS

MUNICIPAL, CITY and DISTRICT HOSPITALS

LGU INFIRMARIES



At least Level 2 and 100 Beds



- Upgrade all to Level 2 with at least 100 beds
- If Level 3 tie-up with academe, improve training capability
- Island provinces and priority tourism areas, Level 2 with enhanced emergency capabilities

- If Level 1 but less than 50 beds, increase bed capacity
- 1 under-utilized district hospital per province to be converted to Drug Abuse Treatment and Rehab Centers
- Upgrade to Level 1 with at least 50 beds

-OR -

- Some infirmaries could be converted into polyclinics
- Establishing new infirmaries not recommended

Closing the Gaps

Total Investment: PhP 228 B

Barangay Health Stations

Target: 42,036 (1 Per Barangay)

PhP16 B



Existing: 20,045 (47.7%)

Ongoing : 6,687 (15.9%)

RHU/UHC: 5,700 (13.6%)

Gap: 9,604 (22.8%)

RHUs/UHCs

Target: 5,250 (1:20,000)

PhP36 B











Gap: 2,289 (43.6.8%)

Policlinics

Target: 1,050 (1:100,000)

PhP33 B





2,585

(49.2%)





: 375

(7.14%)





Gaps: 750 (71.4%)

Hospitals Beds

Target: 131,250 (1:800)

PhP87 B - General

PhP40 B - Specialty

PhP16 B - Other Facilities/Transport

Existing:

Existing:

300

(28.6%)

88,394 (67.3.6%) Gaps: 42,856 (32.7%)

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Implementation Strategies





Support for Operations of Select BHS (GIDA, Conflict Areas, IP Areas, Low IRA) while working on the PhilHealth Accreditation of all BHS

Focus hospital investment on top five regions with highest gaps on general bed to population ratio (ARMM, MIMAROPA, CARAGA, BICOL and EASTERN VISAYAS)

PhP18.43 B/Year



Strengthening and Expansion of DOH Human Resources for Health Deployment Program

PhP2.37B/Year



Provision of Basic Medicines and Drugs in all RHUs

Implementation Mechanism for PHFDP

Concerned Agency	Responsibilities
National Government	Develop macro-plan and policy directions for health facility development, functionality and sustainability (NEDA, DOH)
Agencies	Provide necessary augmentation investment for health facility development of National Government Agencies and Local Government Units Health Facilities (DBM, NEDA, DOH)
	Provide technical advice, human resource capability building and information technology assistance (CHED, DICT, DOH)
Local Government Units	Ensure adequate human resources for health requirements provided for a functional health facility
	Provide budget necessary for maintenance and other operational expenses for health facility
Private Sector	Supplement the establishment of hospitals and other health facilities and support for the functional Service Delivery Network

Some Key Recommendations

- Strengthening of DOH Health Facilities Enhancement Program Management Office by creation of plantilla positions and increase MOOE for the efficient and effective program management implementation
- Retention of PhilHealth reimbursements in all government health facilities to support maintenance, operating expenses, human resource and capital outlay improvement
- 3. Increase medical and allied health science courses and graduates, to ensure competent human resources and the functionality of upgraded and new health facilities (equity in distribution of schools, increase HRH production through grants, mandate return of service agreements, complete HRH plantilla requirements by following standards)
- 4. Institutionalization of Return to Service Agreements for medical and allied health graduates of government higher education institutions
- 5. Amend Local Government Code to exempt human resources for health from Personal Services ceiling (45% for 1st-3rd Class and 55% for 4-6th Class LGU)
- 6. Robust investment on an integrated Health Information System

ALL FOR HEALTH TOWARDS HEALTH FOR ALL

Lahat Para sa Kalusugan! Tungo sa Kalusugan Para sa Lahat