



## Galing Pook! Kalusugan Muna!

- Good Health is Good Governance!  
Participative Health Financing (Bindoy LGU)
- Convergence of local government services  
and multi-sectoral governance (Concepcion LGU)
- Political Will of Change! Hospitals as  
Economic Enterprises (La Union & Guimaras LGUs)
- Inter-LGU Health Management & Health  
Human Resource Development (Negros Oriental  
LGU)
- Provincial SHI-PhilHealth Partnership  
(Guimaras LGU)


Globally, people are getting healthier, wealthier, and live longer than 30 years ago...

*(WHO World Health Report 2008)*

...however, much work remains to be done in the Philippines



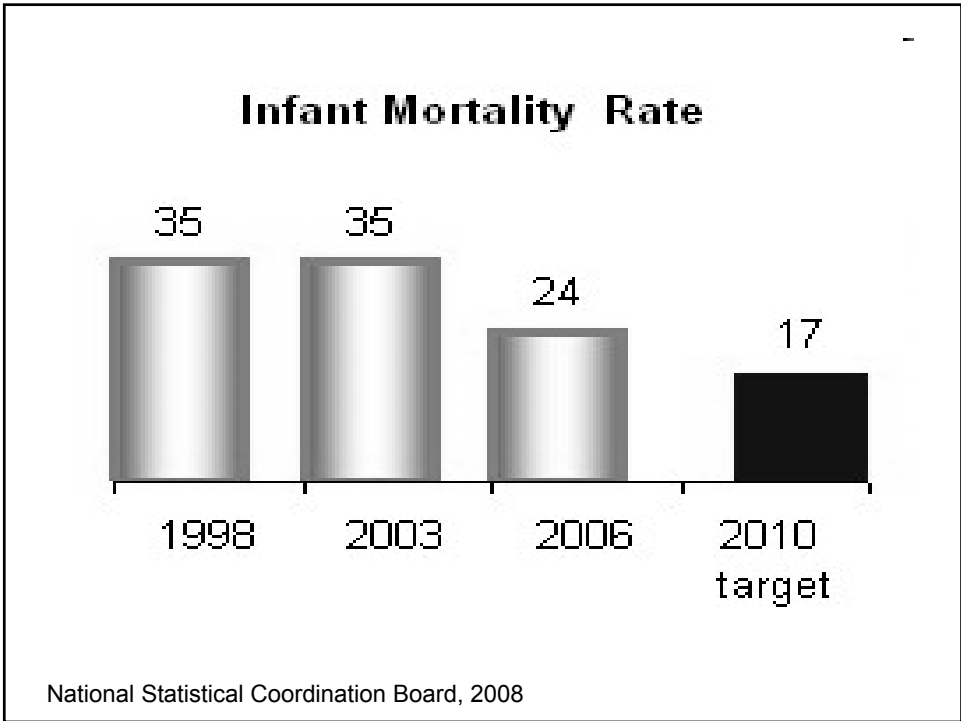
The Evidence:  
The Reality of Health in the  
Philippines



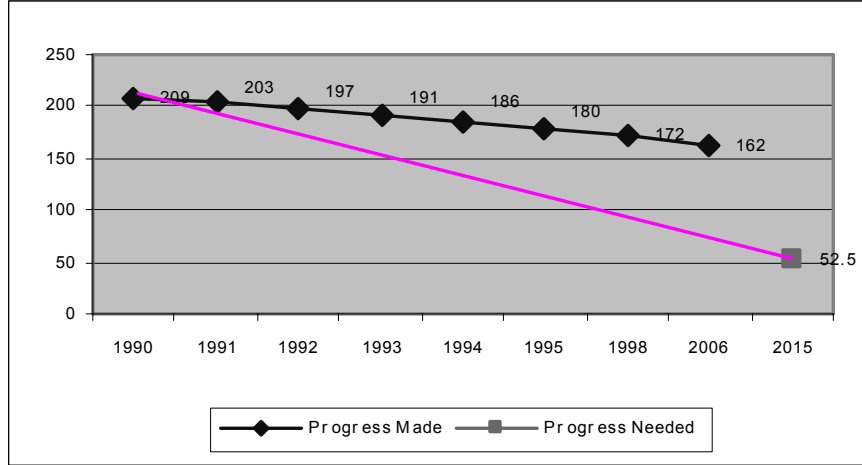
11 Filipino mothers still dying everyday due to pregnancy and childbirth related causes. *(UNFPA 2007),*

An estimated 82,000 Filipino children die before their fifth birthday each year *(DOH 2009)*

IMR, MMR, and malnutrition rates not dropping as low as it should...



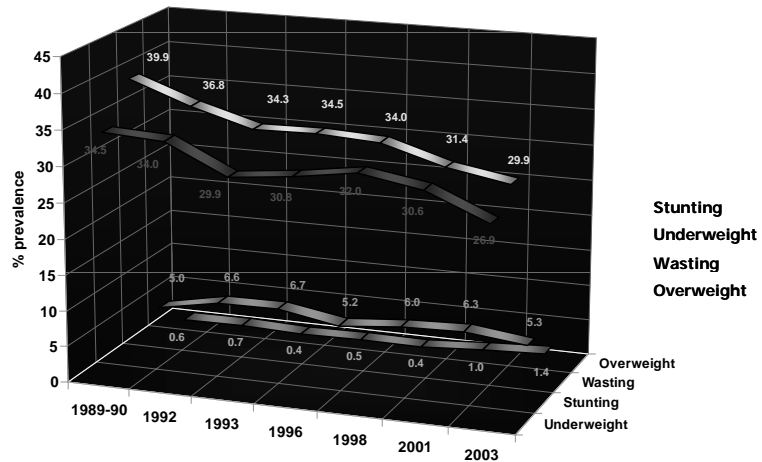
## Maternal Mortality Rate



**MMR has been reduced by just 22%. Target by 2015 is 75%**

Source: Philippine Progress Report on the Millennium Development Goals 2003, 2006 Family Planning Survey

## Trends in the Prevalence of Malnutrition among 0-5 Year-Old Children, Philippines 1989-90 to 2003

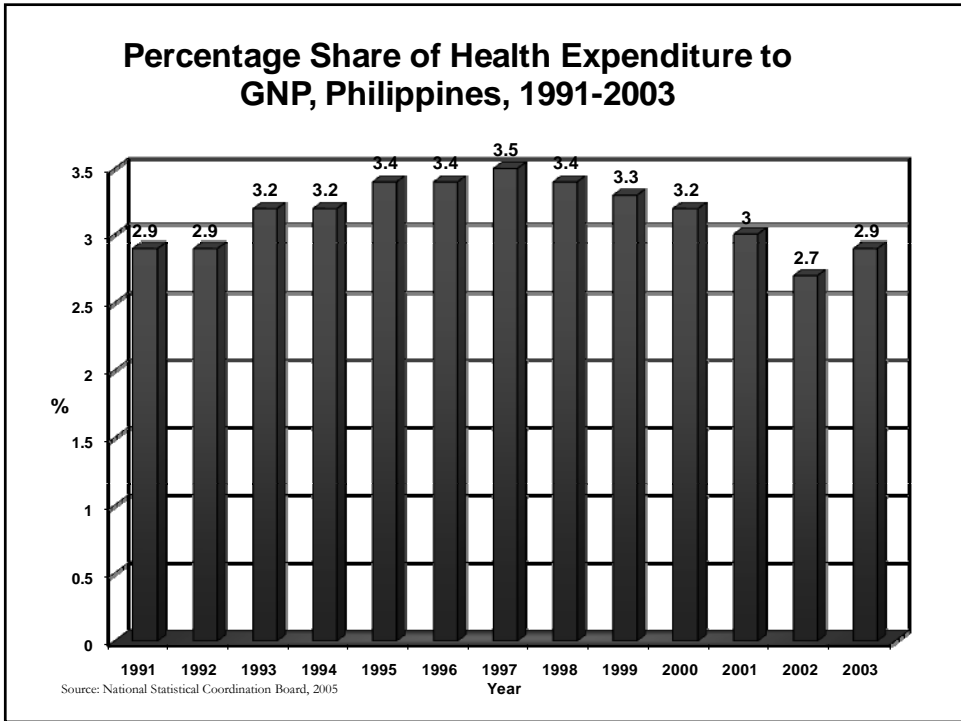
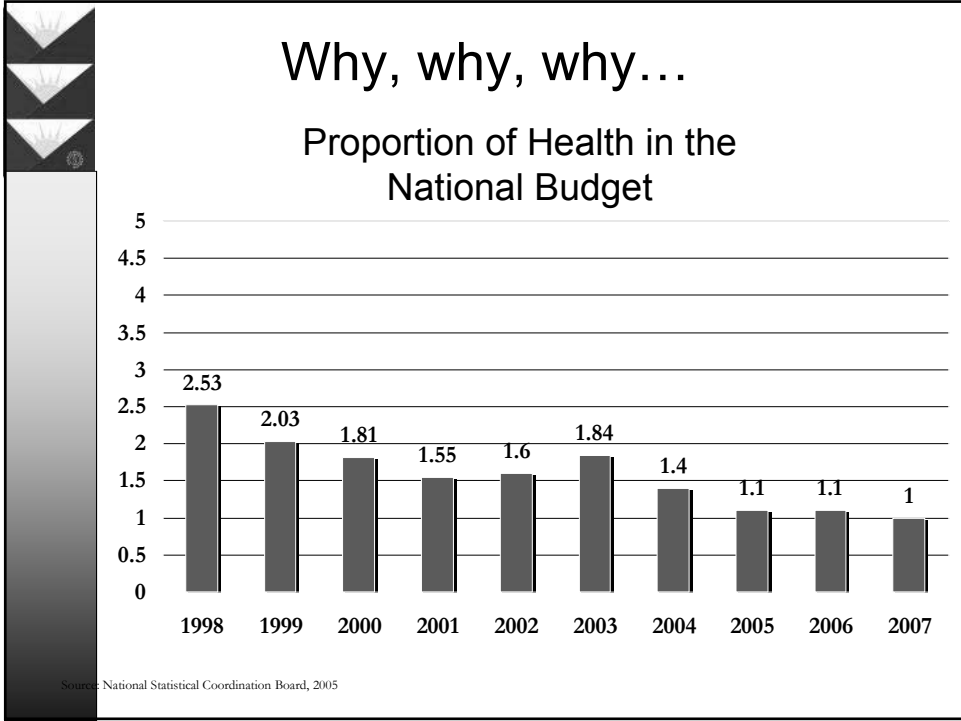


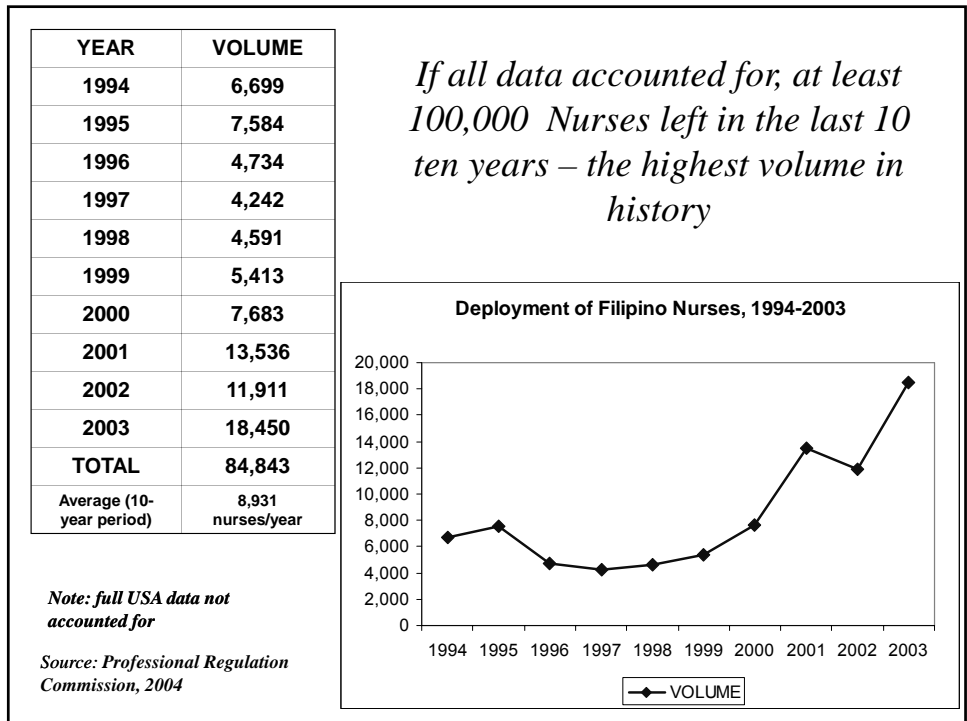
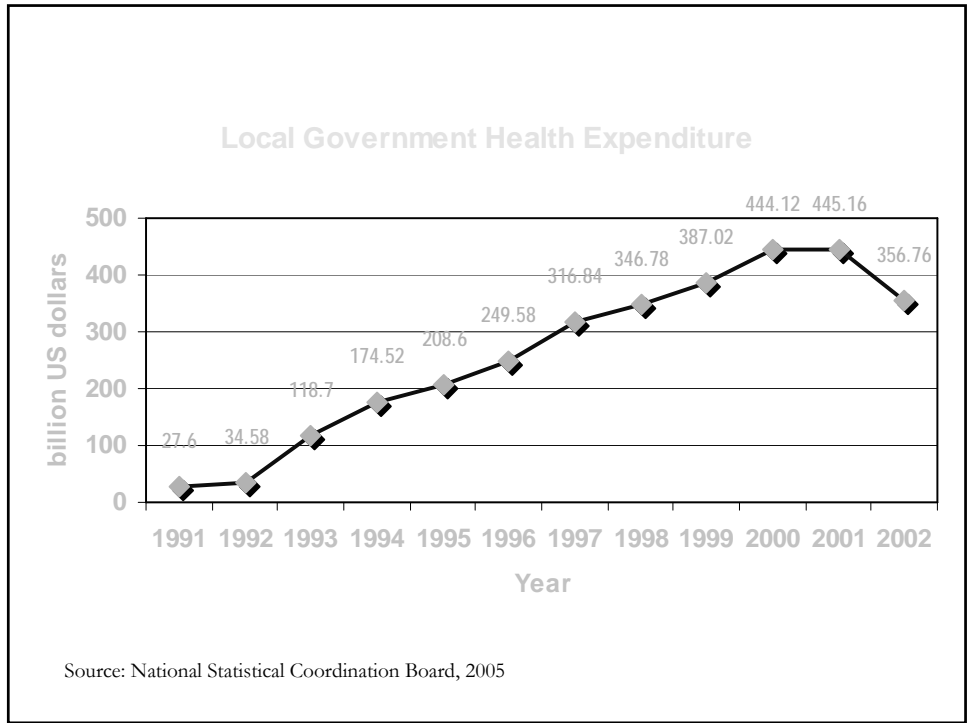
Yes Declining Malnutrition but...

**A cohort of 3.3 million children 0-5 years old remain in chronic malnutrition throughout their pre-school years.**

**This means one fourth of Filipino pre-school children are always at high risk of mental and physical retardation.**







## Why, why, why

- Since 1978, the Philippines **population** has **doubled** from 45 million to 90 million in 2008.
- However, the number of **items for public health professionals remain the same.**
- Ratio of **nurse: population** stretched from **1:10,000 to 1: 20,000 to 30,000.**
- **WHO recommendation:** 2.5 health professionals or more per 1000 population





## Good Governance #1


- Is the foundation of sustainable development,
- Is accountable, transparent, responsive, effective and efficient, equitable and inclusive, and follows the rule of law

*(UNESCAP, 2008)*




## Good Governance #2

- Requires long term commitment, vision, and administrative and professional capacities to support national development objectives effectively and equitably.
- *(CIDA, 2008)*




- "We ought to judge each society by how it treats the most vulnerable and weakest of its members."  
Mahatma Gandhi
- Hence, good governance policies must be focused on providing the best for the least of its members.





## Issue #1 ACCESS to Health

- Large gaps in inequity from among regions (most inequities: ARMM, Zamboanga Peninsula, Bicol, Leyte-Samar, Mimaropa)
- 120 municipalities have remained doctorless for the past 10 years.
- 24,000 barangays have no midwives.



## Access to Health 1.2

- Only 46% of births in rural areas are attended to by health professionals, compared to 77% in urban areas  
*(NDHS, 2008)*
- Provinces with the highest poverty incidence have the highest maternal mortality rates.  
*(NSCB, 2000)*



## Issue #2 Quality of Health Care

People with the most means and whose needs for health care are often less consumed have the most and the best quality health care.

*(WHO World Health Report 2008)*



## Quality of Health Care 2.1

- In the Philippines, the employed sector comprises about half of the active PhilHealth membership and received 65% of the benefit payments in 2008.
- Majority or 61% of PhilHealth accredited hospitals are private.

*(PhilHealth stats, 2008)*



## Quality of Health Care 2.2

- It is not acceptable that, in low income countries..  
....primary health care would be reduced to a stand-alone health post or isolated community-health worker. (*World Health Report 2008*)



## Quality of Health Care 2.3

A strong health system has adequately trained health professionals, well versed in both curative and preventive care, and are backed up by an efficient referral system that facilitates the movement of patients from primary to secondary and tertiary care.


## Issue #3 Equity in Health

- Children and mothers belonging to the lowest quintile of the wealth index are the most vulnerable to illness and death.
- Almost half or 49.7% of children 12 – 23 months old without any vaccinations at all belonged to mothers with no education.

*(2008 NDHS)*

## Equity in Health 3.1

- Poor families often avoid hospital facilities for fear of costly procedures.
- Data shows that only about 1.7% of women from the lowest wealth quintile access caesarian section services (UNFPA 2006).  
Note: The ideal proportion of access to caesarian section is 12%-16% for all pregnant women.



## Upgrade Quality of Health Care

- **Lobby for Amendments in the Local Government Code to decentralize health only up to provincial level for integration of public health, health promotion and curative care with hospital services.**
- Institutionalize Interlocal Health Zones to pool management and resources for better quality services.
- Convert public hospitals as economic enterprises.




## Increase Access and Equity # 1

- **Promote health, support prevention, make health services available to the most vulnerable groups (the poorest, the most marginalized, the uneducated, the remotest) in your area.**
- **Know the real picture. Support evidence-based health actions. Encourage truthful reporting rather than “good” figures.**




## Increase Equity and Access # 2

- **Plan using a participative process.**
  - Involve all sectors (e.g., the poorest, women and youth, indigenous peoples, private and business sector, academe, local informal leaders)
- **Provide venues for consultation and feedback, especially from among the poorest quintile of the population, for more responsive policies.**




### Increase Equity and Access #3

- Invest in sustainable, long-term programs instead of quick fixes.
  - Develop and support community based and community managed health programs, which are more appropriate and sustainable in the long run.




### Increase Equity and Access #4

- Address the basic issues that cause a population to be unhealthy – lack of safe water, sustainable sanitation, family planning, livelihood, food supply and basic education.
- Fully support a tobacco free environment, addiction free from alcohol and dangerous drugs.




## Increase Equity and Access #5

- Increase PhilHealth coverage, especially for the poorest quintile of the population through long-term programs, not “one year dole-outs”
- Address sustainable livelihood for health, education and sanitation and lay down mechanisms for pre-payment, pooling and financial savings and micro-financing.



## Increase Equity, Access & Quality

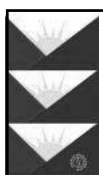
- Invest in the local health human resource and produce a health human resource masterplan.
- Provide incentives for health professionals especially in serving far-flung areas regularly.
- Achieve a one midwife one barangay or one health professional for every 2,000 population.
- Support Public-Private Partnerships in Health (e.g., partnerships with Well Family Midwife Clinic, Friendly Care Clinic, Botika Binhi and Health Plus)



## Increase Equity and Access

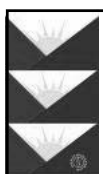
- Increase access to drugs via Botika ng Barangay, Botika ng Bayan, Botika Binhi, Health Plus
- Identify vulnerable groups (e.g., poorest and uneducated women, children out of school, Indigenous peoples) and develop programs to ensure access and equity to health






## Increase Equity, Access & Quality

- Increase health from 1%-2% to 5% of the National Budget
- Increase health expenditure to 5% of GNP by creating an enabling environment for the private sector to invest in health.



## Increase Equity, Access & Quality

- PhilHealth to drive access, quality and equity.
- Achieve 100% social health insurance coverage by 2010 (as mandated by law)
- Create mechanisms to ensure coverage of the poorest, most vulnerable, most marginalized



## Increase Equity, Access & Quality

- Address the mass migration of health professionals with win-win strategic solutions. (using Ethical Guidelines for Recruitment)
- Develop a rational programmed departure for health professionals who are migrating abroad while providing reasons to stay.

“The ultimate responsibility for shaping national health systems lies with governments. Shaping does not suggest that governments should – or even could – reform the entire health sector on their own... Nevertheless, the responsibility for health that is entrusted to government is unique and is rooted in principled politics as well as in widely held expectations.”

*Porter D. from Health, Civilization and the State.*

Good Health is Good Politics!

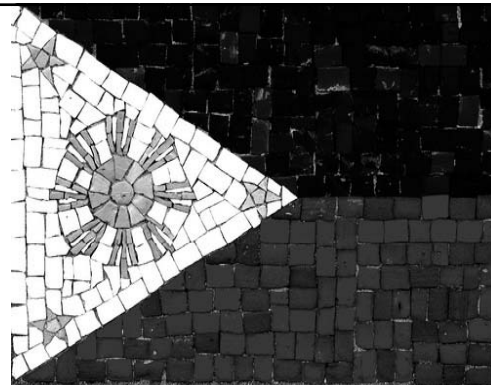
Ang Kinabukasan ng Kalusugan ng  
Bayan ay nasa inyong mga  
Kamay...

**Para matamo ang “Kalusugan sa  
Kamay ng Mamamayan”**

**Kayang-kaya Kung Sama-sama**

Thank You  
Very Much!

Maraming  
Salamat po!



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