

SERVICES TRADE FORUM

NOVEMBER 26-27, 2019
TOKYO, JAPAN

PHILIPPINE DELEGATION

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Department of Health, Philippines



Organization of the Philippine Health System

National Government

DOH

Office of the Secretary

Regional Offices

Regional Hospitals and Medical Centers

Philhealth

Provincial Government

Provincial Health Office

Provincial Hospital

District Hospital

City/ Municipal Government

City/ Municipal Health Office

City/ Municipal Hospital

City Health Center/ Rural Health Unit

Barangay Health Station

Private Sector

Private hospital and medical services

Private clinics, pharmacies, laboratories and diagnostic centers

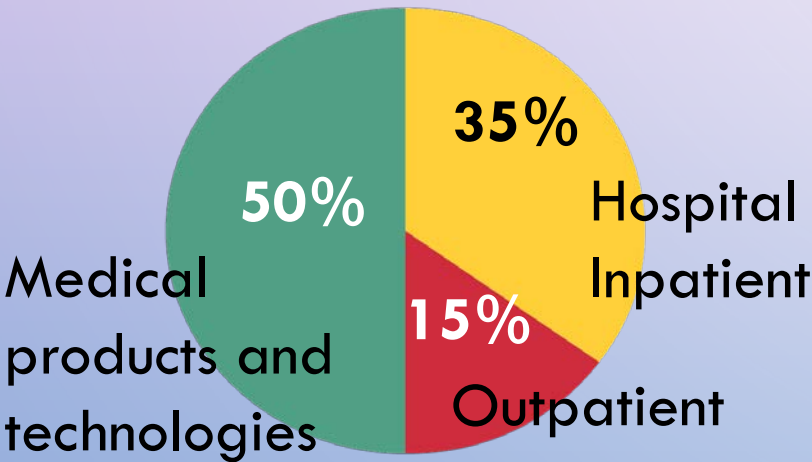


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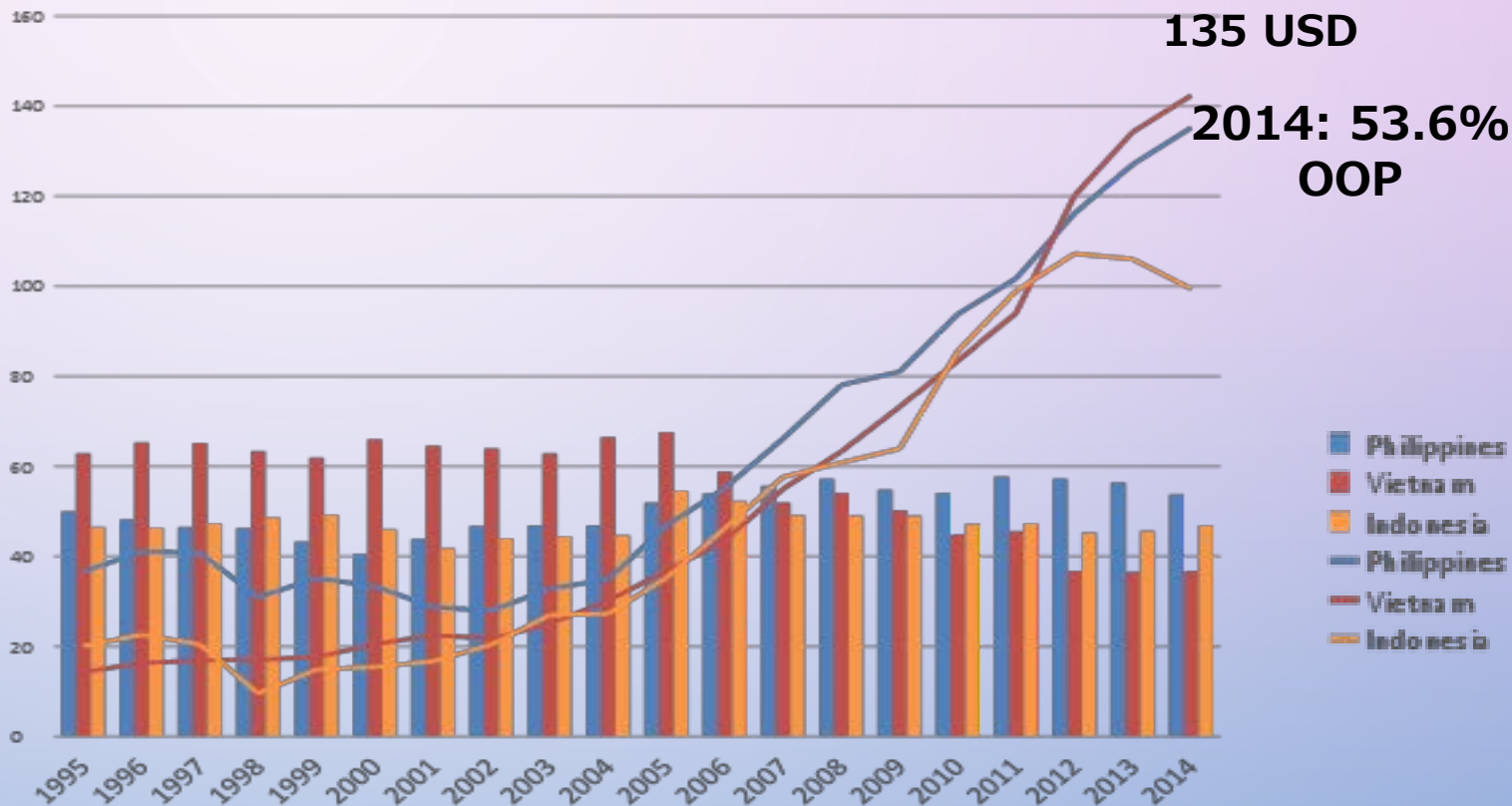


Where are we now?

INCREASE IN HEALTH EXPENDITURES NOT CORRESPONDING TO DECREASE IN OOP



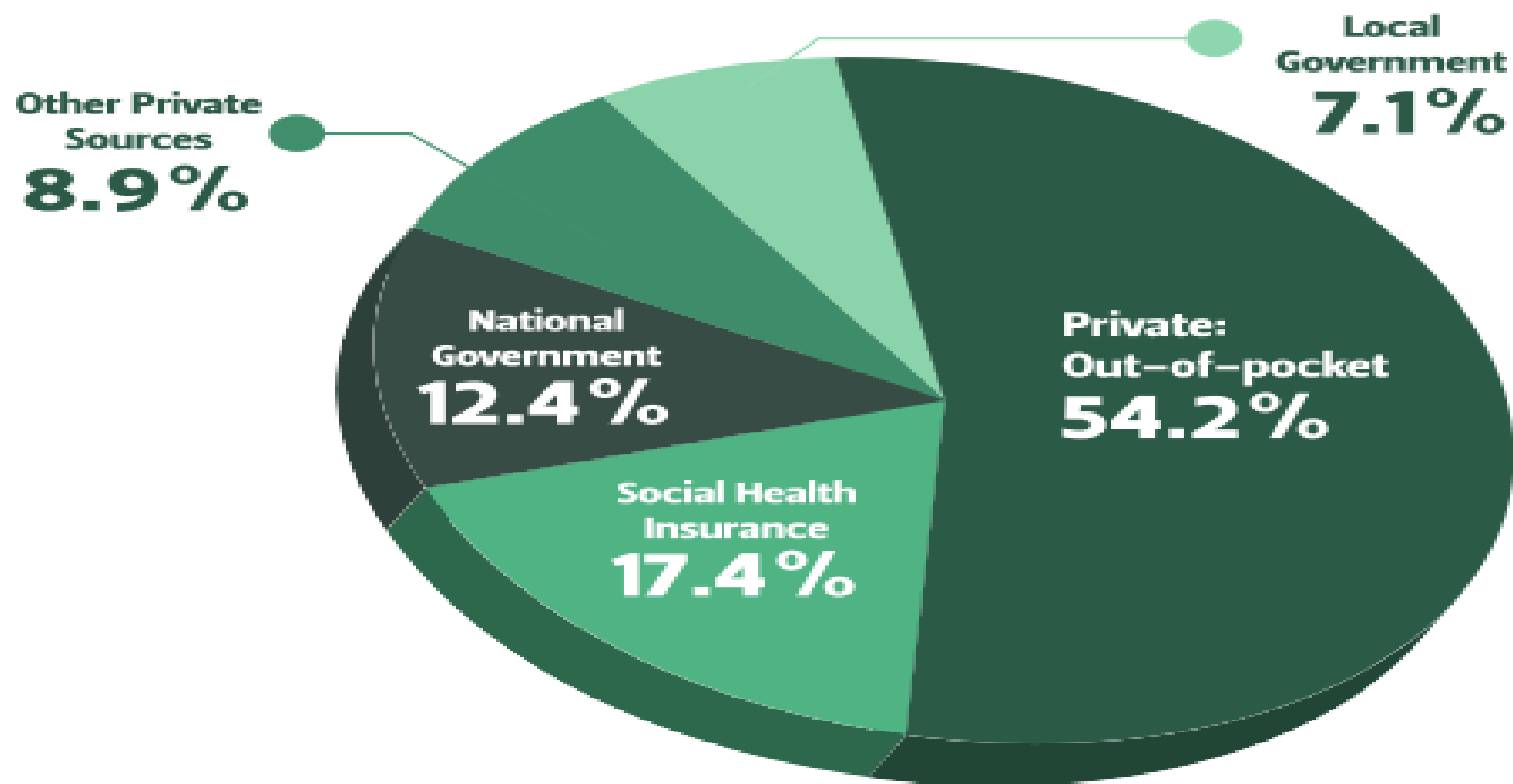
OOP% vis a vis Per Capita Total Health Expenditure (1995-2014)



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Figure 2.2. Health Expenditure by Source of Funds, 2016



Source: PSA,
Philippine National
Health Accounts
2014-2016



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Increasing average life expectancy

Projected average life expectancy



Source: Authors' computation using PSA, 2016e

Slow decline in maternal mortality ratio (per 100,000 live births)

Maternal mortality ratio



Source: WHO, UNICEF, UNFPA, The World Bank and United Nations Population Division

Slow decline in infant and under-five mortality rates (per 1,000 live births)

Infant mortality rate

Under-five mortality rate



Source: Philippine National Demographic and Health Survey 1993, 1998, 2003, 2008 and 2013

High prevalence of stunting over the years among children under 5 yrs

Prevalence of stunting among children under 5 years (in percent)



Source: FNRI-DOST Anthropometric Survey, 2015 Updating of the Nutritional Status of Filipino Children and Other Population Groups.

PROBLEMS THAT ARISE:

Poor Immunization Rate

Children 12-23 months, **62%**

Drop on vaccine confidence **from 93% to 32%**

Rising MMR and Teenage Pregnancies

- **Increase** of childbearing **women aged 15 to 19** year from the year 1993 to 2013.
- The 2011 Family Health Survey reported **53 maternal deaths** per 100,000 live births for this age group

NCDs

- In 2016, NCDs remain the **leading cause of death** among adult males and females.

Increasing Death from Heart Problems

- Almost half of deaths among the elderly are caused by heart diseases.



SOLUTION: UNIVERSAL HEALTH CARE RA 11223

Ensuring that **all people have access** to needed health services (including prevention, promotion, treatment, rehabilitation and palliation) of sufficient **quality** to be effective while also ensuring that the use of these services **does not expose the user to financial hardship**. (Word Health Organization)



Health benefits. broader health coverage generally leads to better access to necessary care and improved population health,



Economic benefits. At the individual or household level, people can be protected from high out-of-pocket health expenditures through the extension of pre-paid pooled funds



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TODOH *ARANGKADA* TUNGO SA **UHC**



sustainable FINANCING , coordinated SERVICE DELIVERY, efficient REGULATORY mechanisms, transparent GOVERNANCE, and accountable ACTIONS
towards Universal Health Care



FOURMULA 1+

DEPARTMENT OF HEALTH

**Based on Administrative Order No. 2018-0014
*Strategic Framework and Implementing Guideline
for FOURmula One Plus for Health (F1+)***

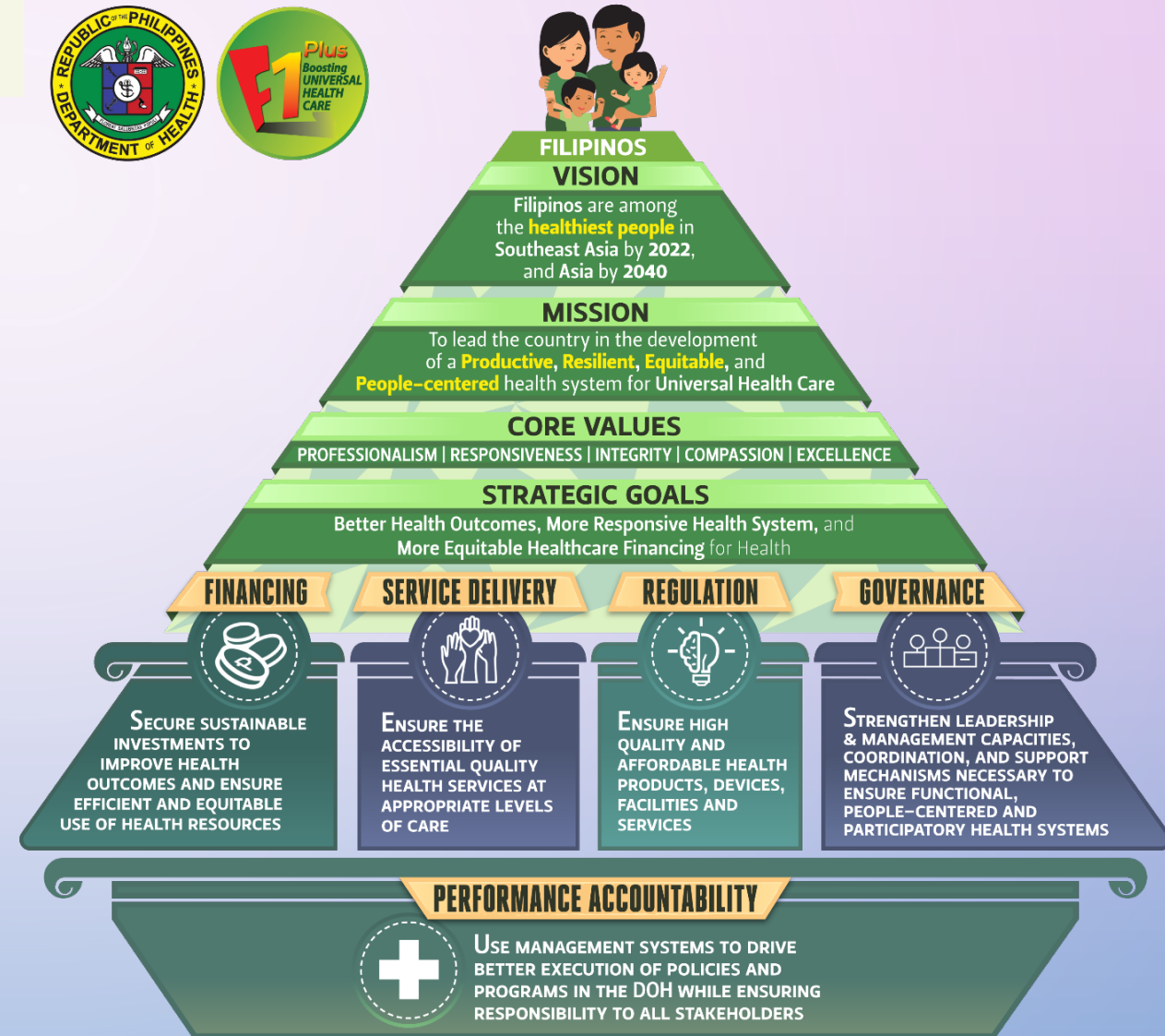


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The F1Plus for Health Strategy Map

- **Logical Framework:** The FOURmula One Plus for Health (F1Plus for Health) is the blueprint of the health sector plans and commitments for the medium term.
- **Multi-sectoral collaboration:** The overarching goal of providing Universal Health Care (UHC) can only be achieved through the collective efforts of all stakeholders.



FINANCING

To secure sustainable investments to improve health outcomes and ensure efficient and equitable use of health resources



SERVICE DELIVERY

To ensure the accessibility of essential quality health services at appropriate levels of care



REGULATION

To ensure high quality and affordable health products, devices, facilities and services



GOVERNANCE

To strengthen leadership & management capacities, coordination, and support mechanisms necessary to ensure functional, people-centered and participatory health systems



Performance Accountability

To use management systems to drive better execution of policies and programs in the DOH while ensuring responsibility to all stakeholders



5 PILLARS of UHC



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What kind of investment would our country like to attract from Japan in the area of health and social services?

- **eHEALTH CARE AND TELEMEDICINE**
 - Health care services innovation, use of Artificial Intelligence, Robotic technology
 - eHealth infrastructure and system development
- **RETIREMENT OR GERIATRIC HOMES/CUSTODIAL CARE FACILITIES/ WELLNESS** facilities and **INBOUND TOURISM** eg. Dental Tourism
- **Manufacturing plants** for pharmaceutical (biologicals, vaccines and essential medicines)



WHY JAPANESE INVESTORS SHOULD INVEST IN OUR COUNTRY'S HEALTH AND SOCIAL SERVICES? WHAT ARE THE ATTRACTIVE POINTS?

- There are existing agreements between the Philippines and Japan
 - PJEPA, JICS (Bilateral agreements)
 - RCEP, RP-JAPAN (Free Trade Agreements)
- JAPAN has a long experience in caring for their aging population
- JAPAN is one of the leading countries that seeks medical services from the Philippines



WHAT ARE THE KEY **CHALLENGES** OF HEALTH AND SOCIAL SERVICES IN YOUR COUNTRY?

1. Fragmented health system in a devolved set up that leads to a high cost of health care services (high out of pocket expenditure)
2. Weak certification and accreditation of health facilities
3. Poor internet connectivity especially in geographically isolated and disadvantaged areas (GIDA)
4. Very few are capacitated on Health Technology Assessment
5. Philippines is not a producer of essential medicines, vaccines and biologicals. Thus, cost of these commodities are very high



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THANK YOU FOR LISTENING



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