MESSAGE OF
THE HONORABLE JANETTE P. LORETO-GARIN
SECRETARY IF HEALTH
National Health Leaders’ Conference
25 November 2015, 4:00 pm
SMX Aura Premier Convention Center, Taguig City

Slide 1/19 (Title Slide)

1. I am pleased to be with all of you today. Our participants: municipal mayors, municipal health officers, and community leaders are the foundations of a strong and responsive health system. This National Health Leader’s Convention has been an opportunity for us to appraise where we are today as far as our ongoing journey towards universal health care is concerned: what our achievements are, what we have done, and what we have yet to do. The most important question we need to answer, as we approach the post-MDG era and the change in administration, is this: “What is the future we desire for the Philippine health care system?”

2. Let me thank the Zuellig Family Foundation, headed by its Board of Trustees, for working with the Department of Health, local government units, MHOs, and community leaders in improving health outcomes using the Health Change Model. This model recognizes the importance of local health ownership and leadership in bettering the health of our people, especially in far-flung communities. The significant gains in health in the local populations covered by your program attests to the effectiveness of the Health Change Model. For these achievements, on behalf of the DOH, I congratulate all of you.

3. I believe that in a topic as important as the future of the Philippine health care system, your voices must be heard. The future is best conceived of most of our stakeholders are consulted and listened to. For any plan to succeed, broad support from all our stakeholders is indispensable. For the past two days, we have discussed how we can better improve local health service delivery for universal health care.

4. This morning, I will be presenting the state of health in the Philippines. Hopefully, this presentation will be a good starting point in collectively deciding what the future of Philippine health care will be.

1 As of 24 Nov 2015, 6:00 pm (Draft)
5. Universal health care of Kalusugan Pangkalahatan is the Aquino Health Agenda. Its three thrusts are to provide financial risk protection, secure access to quality health services & facilities, and achieve public health MDGs.

6. For many years, the DOH budget has only increased incrementally and gradually. However, with the sin tax law, 53.23 billion pesos in 2013 before the sin tax law, to 83.7 billion pesos in 2014.

7. For fiscal year 2016, we are proposing a budget of 122.7 billion pesos.

8. The increase in health budget has been utilized to fuel the major gains in health in this administration. We will present the achievements of the health sector and then the work that we still have to complete for universal health care.

9. For financial risk protection, the Aquino administration started with a DOH allocation of 5 billion pesos to subsidize the premiums of the poor, and ensure their enrolment and coverage in PhilHealth. This was only able to enroll 22 million of the Sponsored Poor with only a 51% enrolment of the total population, utilizing about 530 million pesos a week in PhilHealth benefits.

10. After a decade of arguing over the definition of the poor, the Aquino administration finally established the National Household Targeting System for Poverty Reduction (NHTS- PR) as the list of the poor for the county to converge on for assistance. Recognizing the need to financially protect the poor from highly impoverishing cost of sickness, the budget for the premium was increased annually to its current level of 37 billion pesos. This is a 640% increase from its 2010 level. This enrolled 45 million poor, raising total coverage to 87% with a weekly benefit utilization of 1.5 billion pesos. Most of the current PhilHealth reforms and benefit packages we now know started in this administration.
11. In 2010, only 4 in every 10 women have given birth in a health facility, while only 84% of infants were fully immunized from vaccine preventable deadly diseases.

12. Within this administration, we all won a 14-year battle to pass the reproductive health law. The national immunization law was also passed, which upholds the right of each infant to be immunized.

13. We have now also been providing additional vaccines to protect our children and senior citizens.

14. As of the first quarter of this year, we now have 7 of every 10 women giving birth in our health facilities, and as of 2014, 9 of every 10 infants are protected from deadly vaccine preventable diseases.

15. Let us now look at our Millennium Development Goal targets for combating infectious diseases.

16. In 2010, only 7 out of 10 tuberculosis cases were diagnosed and only 8 out of 10 were cured or completed full treatment.

17. Our resolve, strong partnerships with development partners, and heavy investments in our national tuberculosis program have allowed us to have significant improvements in TB.

18. As early as 2012, we have already attained our MDG target of treatment success rate with 9 out of 10 tuberculosis cases cured or completed full treatment, which indicates significant improvement in this program.

19. Substantial gains were achieved in malaria: from 19,955 diagnosed cases of malaria in 2010 and 23 malaria-free provinces, we have added 5 more malaria free provinces, and have decreased the incidence of malaria to only 4,905 cases.
20. These results may be explained, among others, by a 32.53% increase in the 2015 malaria control program budget compared to 2010 and the assistance of Global Fund and other NGOs.

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21. In our third thrust of ensuring access to quality health services and facilities, we have focused on the enhancement of existing barangay health stations, rural health units, and DOH & LGU hospitals.

22. From just 3 billion pesos for enhancement of health facilities nationwide in 2010, we have increased funding by 333%, to 13 billion pesos in 2015.

23. To date, we have upgraded infrastructure and equipped 685 DOH and LGU hospitals, 2,626 rural health units, and 2,862 barangay health stations.

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24. In this administration, we have deployed 448 UHC implementers and doctors to the barrios, 77,198 nurses, and 12,237 midwives. In 2015, we have started deploying nurses to our barangays to improve our community health services.

25. We have also repositioned our complete treatment pack of drugs to containing a complete dose of drugs for one month, to diabetes and hypertension clubs which we will be releasing in December. All hypertension patients & diabetes patients will be receiving free medicines.

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26. Our response to the devastation of typhoon Yolanda involved all sectors, partner agencies, and local and foreign governments, with the result that there were no major disease outbreaks.

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27. Ladies & Gentlemen, partners in health, we need to build on these achievements by closing gaps in universal health care.

28. We need to ensure that all RHUs and BHS are TSeKaP accredited.
29. Studies also show that only 4 in every 10 confined poor patients experience no-balance billing, this is why we need to ensure increase in NBB by 70% this year and 95% in 2016.

30. Sa pagtatapos ng Aquino Health Agenda, isa sa bawat limang BHS ay dapat maging MCP (maternity care package) accredited. Lahat ng mga RHUs natin sa bawat munisipyo ay dapat maging 3-in-1 accredited.

31. For areas with no barangay health stations for reasons such as, among others, lack of land ownership, we will solve this bottleneck together with the Department of Education. We will build barangay health stations in schools, which will cater to the catchment area of the barangay, and at the same time function as the school clinic. We intend to build 3,200 BHS in schools in 2015 and 2016.

32. And, to envigorate our dental health program especially on far-flung and hard to reach areas, the DOH, DILG, LGUs & DepEd will be deploying mobile dental services to all provinces in 2016.

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33. Maternal health is a worldwide standard of how we care for the vulnerable. We need to stop our mothers from dying. Our goal is to address pregnancy related deaths by intensifying and scaling up facility based deliveries and maternal health services.

34. For nutrition, where there are 2 malnourished children in every 10 child under 5 years of age, we need to reduce it by at least 8% by 2015.

35. In recent years, we have seen a rapid increase in HIV/AIDS cases. We are increasing HIV testing and treatment services to address these giving priority to the most at risk population or MARP.

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36. Ladies and gentlemen, there is much to do before this administration ends. Universal Health Care- High Impact Five (Hi-5) strategy was launched this April 2015 for implementation in 2015 and 2016 to achieve the goals of universal health care/ kalusugan pangkalahatan.

37. The UHC- KP Hi-5 strategies will synchronize and intensify actions on 1) maternal health, 2) infant health, 3) child health, 4) HIV/AIDS, and 5) services delivery network.
38. These strategies will prioritize the poor and vulnerable population, which are those belonging in the 1) NHTS-PR households, 2) 44 priority provinces, 3) Bottoms-up budgeting areas, 4) accelerated and sustainable anti-poverty program areas, and 5) whole of nation initiative areas.

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39. It is premised on achieving breakthrough UHC goals through intensified actions at regions and DOH hospitals, with specific tangible outputs in 2015 and 2016.

40. Hi-5 activities in regions are:
   - **UHC caravan/roadshows**, to bring UHC and reproductive health services to communities;
   - **RAIDERS** or reach and innovate desired rational scores, **tracing of defaulters** of immunization and other services for targeting service delivery;
   - **Garantisadong Pambata**, child focused services, delivery of **mass deworming in August and February each year with DepEd**, micronutrient supplementation and other services;
   - **Increasing access to HIV testing**, increasing access to testing for HIV/AIDS and treatment;
   - **Establishing functional service delivery networks** to ensure continuity of services for families, across political and geographical boundaries, and;
   - **Diabetes and hypertension clubs**, providing free medications namely 1) losartan, 2) amlodipine, 3) metoprolol, and 4) metformin.

41. Intensified hospital Hi-5 strategies on the other hand employ the following strategies:
   - **Alagang pinoy brand** of DOH care. patient first;
   - **Strengthening service delivery network**, matching families to a network of maternal and child care providers;
   - **Kapit bisig para sa KP**, a medical & surgical caravan in the priority poverty areas in the Philippines.
   - Finally, **access to medicines** to ensure that no patient is burdened with high drug cost at hospitalization.

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42. This is our Hi-5 calendar to guide us all in actions that will be supportive of each other’s work in UHC.
43. The future directions in our continued journey towards universal health care are still anchored in the three main strategies of KP/UHC: financial risk protection, improving our health facilities, and advancing public health.

44. For financial risk protection, we need to convert universal coverage into increased PhilHealth utilization, especially for our Sponsored Program members. To this end, we must facilitate the awareness of PhilHealth members about their benefits and membership services. We must also push for full PhilHealth accreditation in all government facilities. This will enable our members to utilize their PhilHealth benefits and at the same time help government health facilities become self-sustaining with PhilHealth reimbursements.

45. We also need to ensure complementation of both DOH and LGU health facilities through mapping of HRH and health facilities. This mapping will then guide DOH in the provision of needed infrastructure, equipment, or HR support to LGUs.

46. The establishment of PhilHealth-accredited women and child centers in geographically isolated and disadvantaged areas will also ensure that our gains on reducing maternal, infant, and under 5 mortality and morbidity are sustained.

47. To enhance public health, we propose the following:
   - Provision of complete immunization for infants, children, and senior citizens
   - Ensuring access to medicines for vulnerable populations for chronic conditions (hypertension, diabetes), infectious diseases, (TB, malaria, neglected tropical diseases, emerging and re-emerging infectious diseases), selected cancers (breasts, leukemia, colorectal cancer)
   - Bulk procurement to further lower prices of medicines and other medical supplies

48. As I conclude, let me reiterate that the success of universal health care depends largely on the effectiveness of local health systems in achieving national health objectives. The Health Change model has been proven to be a catalyst in harnessing the energies, talents, and
commitment of local chief executives, MHOs, and community leaders in improving the health outcomes of your constituents. Upscaling the Health Change model on the national level will surely enhance our ongoing KP Hi-5 initiatives.

49. In order to address the post-2015 challenges, different sectors in the society must work together to address social barriers to healthcare. Local government units must have stronger capacities as the frontline planners, resource programmers and implementers of policies and programs at the grass roots level. Local leaders must have a stronger sense of accountability to achieve better health outcomes in their areas. Private and public partnerships as a mechanism in the provision of investment and service delivery should be strengthened. Community as a primary stakeholder must be empowered and self-reliant. Lastly, health gains must be sustained beyond 2016.

50. The future of Philippine health care is in our hands. While we discuss and brainstorm today, the greater imperative is for all of us to unite, transcend our differences, aspire together, and work together for better health for our people.

51. Tayo ay mangarap, magkaisa, at magtulong—tulong upang ating makamit ang kalusugang tuloy-tuloy, para sa pamilyang pinoy.

52. Magandang hapon sa inyong lahat.
The State of Health
National Health Leaders’ Conference
November 25, 2015

Janette Loreto-Garin, MD, MBA-H
Secretary of Health
Universal Health Care

- Financial Risk Protection
- Improved Access to Healthcare Services
- Attainment of Health-Related Millennium Development Goals
DOH Budget
2010-2016 (in Billion Php)

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Sources: GAA 2010-2015; NEP 2016
Financial Risk Protection

2010 | Aquino Health Agenda | 2015
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5 Billion Pesos Premium Subsidy | 37 Billion Pesos Premium Subsidy
22 Million Poor Enrolled | 45 Million Poor Enrolled
51 Percent of Total Enrollment | 87 Percent of Total Enrollment
530 Million Pesos Weekly Benefit Payments | 1.5 Billion Pesos Weekly Benefit Payments

640% Budget Increase

Additional Packages:
- TSEKAP
- MCP
- TB DOTS
- ANIMAL BITE
- MATERNITY CARE
- Z BENEFIT
- EXPANDED Z BENEFIT
- Z MORPH
- ORTHOPEDIC IMPLANTS
- PERITONEAL DIALYSIS

Reforms:
- ALL CASE RATES
- NO BALANCE BILLING
- POINT OF CARE

Source: Philhealth
MDG – Maternal and Child Health

44% Facility Based Delivery

84% Fully Immunized Child

84% Fully Immunized Child

ADDITIONAL VACCINES:
- ROTAVIRUS
- PENTAVALENT (DPT, HEP B, HIB)
- HPV
- FLU+PNEUMONIA FOR SENIOR CITIZENS

70% Facility Based Delivery

90% Fully Immunized Child

Sources: National Demographic and Health Survey and DOH-DPCB
MDG – Combat Infectious Diseases

2010

AHA

2015

TUBERCULOSIS

STRENGTHENED PARTNERSHIP

Dev’t Partners & NGOs

Source: WHO Global TB Report
MDG – Combat Infectious Diseases

2010

MALARIA-FREE
23 PROVINCES

19,955 MALARIA CASES

AHA

32% BUDGET INCREASE

2015

MALARIA-FREE
28 PROVINCES

4,905 MALARIA CASES

Source: DOH-Malaria Control Program Data
Access to quality care

2010: 3B Hospitals

2015: 13B Hospitals

AHA: 333% Budget Increase

HFEP

685 Hospitals

2,626 RHUs

2,862 BHS

Source: DOH-HFDB
Access to quality care

**2010**

- **PHP 290M** Budget for Health Human Resource

**AHA**

- **Deployment of:**
  - 448 DTTBs
  - 77,198 Nurses
  - 12,237 RHMPM

**2015**

- **PHP 4.2B** Budget for Health Human Resource

**880M** Budget for drugs

**997M** Budget for drugs

**Complete Treatment Packs**

**HYPERTENSION & DIABETES**

- LOSARTAN
- METOPROLOL
- AMLODIPINE
- METFORMIN

CLUBS

Sources: DOH-HHRDB and DOH-HPDPB
Response to Typhoon Yolanda

- Children with supplementary feeding: 137,979
- Pregnant women assessed: 39,575
- Patients served: 33,128
- Hygiene kits distributed: 545,530
- Latrines installed: 13,177

NO MAJOR DISEASE OUTBREAK

Source: DOH inputs to SONA Technical Report
Closing the Gaps in Universal Health Care

A. Financial Risk Protection

ALL BHS & RHUS
Tsekap
ACCREDITED

70% NBB 2015
95% NBB 2016

B. Access to Health Facilities

1 in 5
BHS
MCP accredited

3 in 1 U

6,400 BHS in
SCHOOLS

162 Mobile Dental Service
Closing the Gaps in Universal Health Care

C. Millennium Development Goals

Maternal Deaths by 52%

Malnutrition by 8%

HIV Testing HIV/AIDS Treatment
Closing the Gaps

- Maternal Health
- Infant Health
- Child Health
- HIV/AIDS
- Service Delivery Network

INTENSIFIED
ACTION ON
SYNCHRONIZED

The rest of the Philippines

NHTS-PR Households
NAPC Identified Municipalities
44 Priority Provinces
Accelerated & Sustainable Anti-Poverty Program
Conflict Afflicted Areas (WNI)
REGIONAL HI5

2015

Service Delivery Network

Mass Deworming

RAIDERS

Access to HIV testing

Mass Deworming

2016

Diabetes & Hypertension Clubs

Free Diabetes & Hypertension drugs

Functional SDN

Kapit Bisig

Bringing UHC and RH services to communities

Alagang Pinoy

Patient first

HOSPITAL HI5

MAY JUNE JULY AUG SEPT OCT NOV DEC JAN FEB JUNE
**Hi-5 Activities**

- **Hi-5 Summit**: 1-day regional activity to advocate and plan Hi-5 implementation at the Provincial and City/Municipal levels.
- **KP Caravan**: reaching out to target population to improve access to health services and relevant health information.
- **Bunts Congress**: 1-day activity focusing on maternal and reproductive health care service provision.
- **Garantisadong Pambata**: delivery of mass deworming and micronutrient and food supplementation for children.
- **Alagang Pinoy Brand**: patient-centered care, aimed at improving the experience and perceptions of patients in DOH Hospitals.
- **Strengthening the Service Delivery Network**: Ensuring that patients are matched within their network of health facilities and providers.
- **Kapit Bisig Para sa Kalusugan Pangkalahatan**: A medical-surgical caravan that will carry out medium and minor surgical operations in priority poverty areas in the Philippines.
- **Reach and Innovate Desired Rational Scores (RAIDERS)**: shall trace defaulters of immunization and pre- and post-natal services for targeted action.

**Legend:**
- NHTS - National Household Targeting System areas
- BuB - Bottom Up Budgeting areas
- ASAP - Accelerated and Sustainable Anti-Poverty Program
- WNI - Whole Nation Initiative
- 35 Municipalities
- 43 Priority Provinces
- Category 1 - High Poverty Magnitude
- Category 2 - High Poverty Incidence
- Category 3 - Vulnerable to disasters
Future Directions

• Financial risk protection: addressing gaps in PhilHealth utilization
  – Facilitate awareness of members about PhilHealth benefits and membership services
  – Ensure full PhilHealth accreditation for government health facilities
Future Directions

• Health facilities: complementation
  – Ensure the availability of appropriate health facilities and human resource for health (HRH) at different levels of care through mapping health facilities and HRH needs.
  – Establishment of PhilHealth-accredited women and child centers in hard-to-reach barangays.
Future Directions

• **Enhancing public health**
  – Provide complete immunization from infancy to adolescence and senior citizens
  – Ensuring access to medicines for vulnerable populations:
    • Chronic conditions (hypertension, diabetes)
    • Infectious diseases (TB, malaria, neglected tropical diseases, emerging and re-emerging diseases)
    • Selected cancers (breast, leukemia, colorectal cancer)
  – Bulk procurement to further lower prices of medicines and other medical supplies
Kalusugang Tuloy-Tuloy Para sa Pamilyang Pinoy