

**POSITION PAPER ON HEALTH
UNDER THE HUMAN DEVELOPMENT CLUSTER**

Fulfilling P-Noy's Social Contract through Universal Health Care

The government has launched the Aquino Health Agenda to achieve Universal Health Care (AHA-UHC) for all Filipinos. AHA-UHC builds on the gains from implementing Health Sector Reform Agenda (HSRA) and its implementation strategy - *FOURmula ONE* for Health (F1). In the past decade, aggressive steps have been taken towards attaining the health-related Millennium Development Goals (MDGs); improving stewardship and regulation of the sector, the implementation of the Cheaper Medicines Act and the Food and Drug Administration Act; strengthening partnerships and engagement with Local Government Units (LGUs) through the Province-wide Investment Planning for Health (PIPH) processes and the LGU scorecard; and increasing financing through increased national and local budgetary allocations and expanded PhilHealth coverage.

However, significant gaps remain such as wide variations in health outcomes across economic quintiles and geographic areas, low enrolment coverage particularly for the poor and informal sector, inadequately informed PhilHealth members, limited benefits and inadequate support value, poor quality of services and inconsistent LGU spending and political commitment to health that contribute to poor health outcomes and increased financial risks from high costs of care services.

In response, the AHA-UHC aims to further improve financial risk protection by targeting and subsidizing the enrolment of the poorest 40% of Filipinos (around 5.2 Million families) into the National Health Insurance Program (NHIP). Increased enrolment levels will be complemented by an expansion in benefit coverage and increase in the support value of PhilHealth and by eliminating co-payment for NHIP sponsored members and beneficiaries confined in government hospitals. AHA-UHC also aims to continue partnership with the LGUs to strengthen local Service Delivery Networks by investing in the upgrading of health care facilities and improving the quality of care. Finally, AHA-UHC will accelerate the efforts to attain the health-related MDGs by 2015 especially the target for Maternal Mortality Ratio (MMR) and Infant Mortality Rate (IMR) as well as increase efforts in preventing emerging as well as non-communicable diseases and conditions. This shall be achieved through the development, upgrading and rehabilitation of all Basic and Comprehensive Emergency Obstetric and Neonatal Care (B/CEmONC) facilities throughout the country based on rationalization plans/PIPH; capacity building and deployment of Community Health Teams (CHT) that will provide information to families, assist in needs assessment and planning and facilitate use of services as well as ensure the provision of appropriate service packages to clients in organized service delivery networks.

As AHA-UHC builds upon the gains of past reform initiatives, it must be able address identified gaps and challenges. Recommended strategic policy directions to address these concerns are enumerated below:

1. The increased spending for health must be efficiently and equitably utilized by focusing on priority populations particularly of the poor, employing cost-effective health interventions that address the burden of illness of the population and effectively leverage government and PhilHealth financing towards promoting appropriate behaviors of families (e.g. improve care seeking) and health care providers (e.g., no co-payment for NHIP sponsored members and beneficiaries in government hospitals).
2. National government should cover around nine (9) million families in the two lowest income quintiles as quickly as possible through alternative arrangements in paying for the national and local counterparts of the premium subsidies.
3. There should also be transparent use of the increased health spending marked by predictable and sustained medium-term budgeting, multi-stakeholder participation in all stages of the budget process,

efficient spending/budget execution (timely and transparent allocation, release and utilization of budget) and reduction of corruption through transparency and accountability in public finance management. In particular, DOH and LGUs need to develop the capacity to absorb, spend and monitor incremental funding for health by strengthening their internal management systems and improving capacity to partner with the private sector in the implementation of AHA-UHC. Information systems need to be strengthened in order to improve decision making for AHA-UHC implementation.

4. The pursuit of AHA-UHC must be complemented by the development of a comprehensive social protection strategy with more focus on financial protection (e.g., PhilHealth, Social insurance schemes, unemployment schemes, etc.) to decrease future need for direct subsidies to families/individuals (like Conditional Cash Transfer). Government, civil society and donor partners should be encouraged to align the objectives of their social protection programs to the AHA-UHC. There is also need to strengthen cross-sectoral linkages (e.g. water and sanitation, agriculture, environment, etc.) in the pursuit of social protection.
5. There is need to strengthen the Family Planning (FP) policy by anchoring it on addressing unmet need for modern FP services that affect around six (6) million women and lead to 500,000 unplanned, mistimed or unwanted pregnancies (to include teenage pregnancies) per year. This policy should be translated into a strategy that focuses on population groups and areas with high unmet need and promote integration of FP services with other programs and services. Furthermore, it should promote informed choice for FP and ensure access and availability of FP services and commodities.
6. There should be more intensive national and local government engagement to improve financial risk protection, increase access to quality health facilities and services and attain the health-related MDGs. Coordination of health planning, service delivery and financing at the provincial level should be strengthened in order to address challenges from the devolution of health services. At the minimum, the PIPH process should be improved by synchronizing national and local planning and budgeting processes, improving prioritization of interventions to address identified gaps, securing financial resources and counterpart commitments from DOH, LGU and other partners, as well as securing adequate and sustainable technical assistance to LGUs during implementation.
7. Continue upgrading health facilities and equipment both at national and local levels to provide quality health services. This should prioritize the Basic and Comprehensive Emergency Obstetric and Neonatal Care (B/CEmONC) facilities to address the delivery of women in health facilities by health professional to fast tract the lowering of Maternal Mortality Ratio (MMR) which is the least likely to be achieved among the MDG targets . Other aspect of hospital facilities should be upgraded eventually given the deteriorating status of health facilities. This should be coupled by improving health human resource (HHR) complement, information management system, referral system, gate keeping mechanism, financial management system and drug management system in health facilities among others.
8. AHA-UHC must prioritize the expansion of access to health care by disadvantaged populations such as those in Conflict-Affected Areas (CAA), Geographically Isolated and Disadvantaged Areas (GIDAs and Indigenous People (IP) by developing alternative service delivery and financing options which are appropriate to specific situations.