

# Universal Health Care Five Years in the Making

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NAST

## Most important health care problem GLOBALLY

“Glaring gaps and inequities in health, both within and between countries underscoring the collective failure to share the dramatic health advances equitably.”

*The Lancet Commission, Dec. 4, 2010*

## Symptoms of the Iniquitous Health Care System

Selective health-measures across economic status

Health Measures	Poor	Rich
LEB	< 60 yrs	80 yrs
IMR	> 90	< 10
MMR	> 150	< 15
FR	6-7 children	2 children
CS rate (%)	1	30
EPI	< 50%	> 83%
Medical Expenditure p.c.	P 1,915	P 23,815

## Global purpose of health care systems

“Assure universal coverage of high-quality comprehensive services that are essential to advancing opportunities for health equity within and between countries.”

*The Lancet Commissions 2010*

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## Universal Health Care

The provision to every Filipino of the highest possible quality of health care that is:

- accessible,
- efficient,
- equitably distributed,
- adequately funded,
- fairly financed,
- appropriately used by an informed and empowered public

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## Definition of UHC

**Basis:** Philippine Constitutional right & WHO constitution – health as a fundamental human right

**Definition** – ALL Filipinos can use needed health care based on health needs and not on ability to pay. (not just covered)

- No substantial out of pocket payment when he/she uses health care.
- BUT NOT charity, because it is pre-paid either by Taxes or PhilHealth Premiums

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DOH DO No. 2011-0188

**Kalusugan Pangkalahatan Execution Plan  
and Implementation Arrangements**

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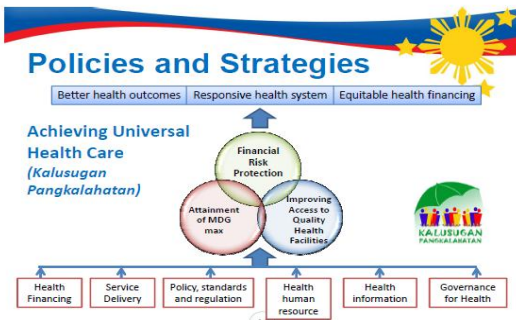
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**Kalusugan Pangkalahatan**




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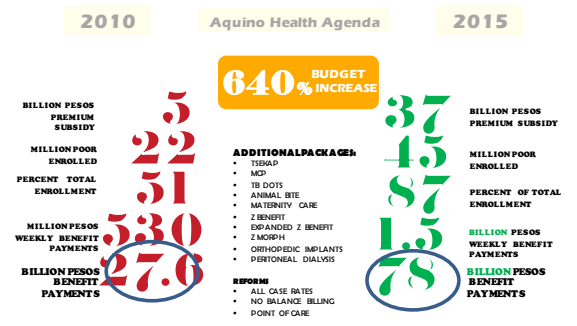
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**Financial Risk Protection**



Source: Philhealth

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2. To finance UHC a global fund is established from the pooling/co-mingling of PhilHealth, Sin-Tax, PCSO and DOH GA (budget) monies.

Others sources of health funds may be included in the global funds via an accounting/appropriation mechanism (health share in the IRA of LGU).

Expenditure of the fund is based on a regular/periodic assessment of the services needed as determined by the DOH.

Health services that assures best possible outcome gets priority funding.

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3. Redefine the roles of DOH, PhilHealth and Local Government units in the implementation of UHC. Example:

DOH – determines services needed

PhilHealth – payor for services

LGU – implementor of services

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4. Invest in HHR for the purpose of providing health professionals up to the barangays.

Implement an Omnibus health professions law that emphasizes the health team rather than the individual health professions.

The basic health team should include physician, nurse, midwife, public health practitioner, dentist, pharmacist and nutritionist.

Treat HHR like teachers from the perspective of budgeting and employment.

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## Principles Governing Reforms in the Current HHRS

- health service (care) is a team effort
- there is no hierarchical system
- leadership in the team is not automatic
- functions as well as responsibilities are flexible and moveable
- reward system is realistic
- there should be a functioning network of health service and referral system

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## Development of Health Systems

Global trend: health systems:

“... left to their own devices, health systems do not gravitate naturally towards the goals of health for all through primary health care as articulated in the Declaration of Alma Ata” ...

Three ... worrisome trends:

- disproportionate focus on specialist, tertiary care often referred to as "hospital-centrism"
- fragmentation , as a result of vertical health programs
- the pervasive commercialization

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## Primary Health Care

Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system, bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process.

The Declaration of Alma Ata

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Research Objectives

- **General Objective:**  
Develop Primary Health Care (PHC) models that will meet the health needs of the Filipino people within the context of Universal Health Care (UHC)
- **Specific Objectives:**  
Evaluate the Primary Health Care system as it exists now  
Develop Primary Health Care model/models based on the identified health system gaps and considering the diversity of setting

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Methodology

- **Phase 1:** Evaluation of the past and current Primary Health Care system  
Data collection for this phase will primarily be *through review of literature, review of records, and field data collection (KIs and FGDs)* to be able to sufficiently describe the evolution of PHC approaches and their outcomes and corresponding SDH over the years.  
Identification of gaps with reference to UHC goals  
Identification of best local practices in PHC that may be adopted by the Philippine health care system in order to achieve UHC goals.  
Case studies of field sites and PHC periods  
Cross case analysis of field sites and PHC periods

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Methodology

- Phase 2: Development of effective Primary Health Care Models for Filipinos

Develop effective and feasible Primary Health Care models within the Philippines

Plan for implementing the proposed models will be crafted

Draft policies and policy directions to implement the plan will be accomplished based the results of the study

Draft policy will be presented to decision makers for approval and implementation that will be relevant to different geographic contexts

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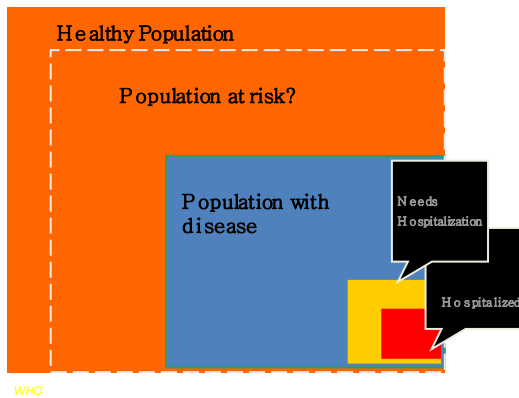
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5. The DOH declares that PHC is the FUNDAMENTAL FORMAT of UHC.

Accessible primary care is assured. PHC is driven by demand rather than supply.

Governance at the provincial level. A referral system connects the barangay to the municipal health center to the district hospital to the provincial hospital and back to the barangay.

A national health information system connects the barangay to the national level in real time.

The private sector is co-opted for professional services.

The DOH has oversight functions on program implementation.

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