PHILIPPINE HEALTH CARE DELIVERY SYSTEM

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PHILIPPINE HEALTH CARE DELIVERY SYSTEM

2 COMPONENTS:

1. Public Sector
   - National: DOH
   - Local: LGU
     *can be in the city or municipality
     *includes health centers or barangay health stations
PHILIPPINE HEALTH CARE DELIVERY SYSTEM

2. Private Sectors
- clinics
- hospitals
- health insurance
- manufacturing of medicines
- vaccines
- medical supplies
- equipment
- nutrition products
- research & development
- or other any health related items
PHILIPPINE HEALTH CARE DELIVERY SYSTEM

• Department of Health

History:

1. pre-Spanish and Spanish periods (before 1898)
   - traditional health care (herbs & rituals)
   - dispensary of indigent patients of Manila
   - Medicus Titulares
   - Superior Board of Health & Charity, 1888
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- Department of Health
  2. June 23, 1898
    - creation of E. Aguinaldo government of Department of Public Works, Education & Hygiene
  3. September 29, 1898
    - gen. order no. 15 established the Board of Health for the City of Manila
PHILIPPINE HEALTH CARE DELIVERY SYSTEM

4. July 1, 1901
   - Act no. 157: Board of Health of Philippine Islands
   - Acts no. 307 & 308: provincial and municipal boards

5. October 26, 1905
   - Act no. 1407: establishment of Bureau of Health
PHILIPPINE HEALTH CARE DELIVERY SYSTEM

6. 1912
   - Act no. 2156 (Fajardo Act): health fund for travel and salaries

7. 1915
   - Act no. 2568: from BOH to Philippine Health Service “semi-military system of public health administration”
PHILIPPINE HEALTH CARE DELIVERY SYSTEM

8. August 2, 1916
   - Act 2711 w/c included the Public Health Law of 1917

9. 1932
   - Act no. 4007: Reorganization Act of 1932
10. May 31, 1939
- Commonwealth act no. 430 created the Department of Public Health & Welfare, but was only completed through E.O. no. 317, Jan. 7, 1941

- Dr. Jose Fabella became its first secretary
PHILIPPINE HEALTH CARE DELIVERY SYSTEM

11. October 4, 1947
- E.O. no. 94: post war reorganization of the Department of Health & Public Welfare
- resulted in the split of Department of Public Welfare (w/c became Social Welfare Administration) and Philippine General Hospital to the Office of the President
PHILIPPINE HEALTH CARE DELIVERY SYSTEM

11. October 4, 1947 (cont....)
- another split between curative (Bureau of Hospitals) & preventive services (Bureau of Health)
- Nursing Service Division was also established
PHILIPPINE HEALTH CARE DELIVERY SYSTEM

12. January 1, 1951
- conversion of Sanitary District to Rural Health Unit, carrying the ff. services:
  * maternal & child health
  * environmental health
  * communicable disease control
  * vital statistics
  * medical care
  * health education
  * public health nursing
12. *January 1, 1951 (cont...)*
- resulted in passage of Rural Health Act of 1954 (RA 1082)

13. **1970**
- conceptualization of the Restructured Health Care Delivery System (primary, secondary & tertiary levels of care)
PHILIPPINE HEALTH CARE DELIVERY SYSTEM

- P.D. 1937 renamed DOH to Ministry of Health during the Martial Law
- Sec. Gatmaitan was the 1st minister of health
15. December 2, 1982

- E.O. 851 reorganized Ministry of Health as an integrated health care delivery system through the creation of Integrated Provincial Health Office, combining the public health and hospital operations under the PHOs
16. April 13, 1987
- E.O. no. 119: MOH was back in the name Department of Health by President Cory Aquino
17. October 10, 1991
- RA 7160 known as the Local Government Code: all structures, personnel & budgetary allocations from the provincial health level down to the brgy were devolved to the LGU to facilitate health service delivery

**From PROVINCIAL TO LOCAL GOVERNMENT**
*(devolution/ devolved health sector)*
PHILIPPINE HEALTH CARE DELIVERY SYSTEM

18. May 24, 1999
- E.O. 102 “Redirecting the Functions & Operations of the DOH” by Pres. Joseph Estrada

19. 1999-2004
- Development of the Health Sector Reform Agenda
20. 2005 to present
- development of a plan to rationalize the bureaucracy in an attempt to scale down including the DOH
The Department of Health

Roles and Functions

1. Leadership in Health
   - national policy & regulatory institution
   - leadership in formulation, monitoring, & evaluation of health policies, plans & programs
   - serve as advocate in health policies, plans & programs
The Department of Health

Roles and Functions

2. Enabler & Capacity Builder
   - innovate new strategies in health
   - monitoring & evaluation of national health policies, plans & programs
   - ensure highest achievable standards of quality HC, health promotion & health protection
The Department of Health

3. Administrator of Specific Services
   - manage selected national & sub-national health facilities & hospitals w/ modern facilities that shall serve as referral centers
   - administer direct services for emerging health concerns
   - emergency response services in disaster and epidemics
The Department of Health

Dr. Enrique T. Ona
The Department of Health

VISION
The DOH is the leader, staunch advocate and model in promoting health for all in the Philippines
The Department of Health

MISSION

Guarantee equitable, sustainable and quality health for all Filipinos, especially the poor and shall lead the quest for excellence in health.
The Department of Health

Goal: Health Sector Reform Agenda (HSRA)

-health sector reform: overriding goal of DOH
Rationale for Health Sector Reform

For the last 50 yrs, the ff conditions are still seen among the pop’n:

- slowing down in reduction of IMR & MMR
- persistence in large variations in health status across pop’n groups & geographic areas
The Department of Health

Rationale for Health Sector Reform (cont...)

- High burden from *infectious diseases*
- Rising burden of *chronic & degenerative diseases*
- Unattended emerging health risks from *environmental & work related factors*
- Burden of disease is heaviest in poor
# The Department of Health

## Morbidity: Ten (10) Leading Causes

Number and Rate /100,000 Population, Philippines
5-Year Average (2000-2004) & 2005

<table>
<thead>
<tr>
<th>CAUSE</th>
<th>5 Year Average (2000-2004)</th>
<th>2005*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>Rate</td>
</tr>
<tr>
<td>1. Acute Lower RTI and Pneumonia</td>
<td>694,209</td>
<td>884.6</td>
</tr>
<tr>
<td>2. Bronchitis/ Bronchiolitis</td>
<td>669,800</td>
<td>854.7</td>
</tr>
<tr>
<td>3. Acute Watery Diarrhea</td>
<td>726,211</td>
<td>928.3</td>
</tr>
<tr>
<td>4. Influenza</td>
<td>459,524</td>
<td>587.0</td>
</tr>
<tr>
<td>5. Hypertension</td>
<td>314,175</td>
<td>400.5</td>
</tr>
<tr>
<td>6. TB Respiratory</td>
<td>109,369</td>
<td>139.7</td>
</tr>
<tr>
<td>7. Diseases of the Heart</td>
<td>43,945</td>
<td>56.2</td>
</tr>
<tr>
<td>8. Malaria</td>
<td>35,970</td>
<td>46.1</td>
</tr>
<tr>
<td>9. Chickenpox</td>
<td>79,236</td>
<td>41.1</td>
</tr>
<tr>
<td>10. Dengue Fever</td>
<td>15,383</td>
<td>19.6</td>
</tr>
</tbody>
</table>

**Pneumonia only from 2000-2002
* reference year
Last Update: June 29, 2009**

## Mortality: Ten Leading (10) Leading Causes

Number and rate /100,000 Population, Philippines
5-Year Average (2000-2004) & 2005

<table>
<thead>
<tr>
<th>Cause</th>
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<tr>
<td></td>
<td>Number</td>
<td>Rate</td>
</tr>
<tr>
<td>1. Diseases of the Heart</td>
<td>66,412</td>
<td>83.3</td>
</tr>
<tr>
<td>2. Diseases of the Vascular system</td>
<td>50,886</td>
<td>63.9</td>
</tr>
<tr>
<td>3. Malignant Neoplasm</td>
<td>38,578</td>
<td>48.4</td>
</tr>
<tr>
<td>4. Pneumonia</td>
<td>32,989</td>
<td>41.4</td>
</tr>
<tr>
<td>5. Accidents</td>
<td>33,455</td>
<td>42.0</td>
</tr>
<tr>
<td>6. Tuberculosis, all forms</td>
<td>27,211</td>
<td>34.2</td>
</tr>
<tr>
<td>7. Chronic lower respiratory diseases</td>
<td>18,015</td>
<td>22.6</td>
</tr>
<tr>
<td>8. Diabetes Mellitus</td>
<td>13,584</td>
<td>17.0</td>
</tr>
<tr>
<td>9. Certain conditions originating in the perinatal period</td>
<td>14,477</td>
<td>18.2</td>
</tr>
<tr>
<td>10. Nephritis, nephrotic syndrome and nephrosis</td>
<td>9.166</td>
<td>11.5</td>
</tr>
</tbody>
</table>

Note: Excludes ill-defined and unknown causes of mortality (R00-R99) n=23,235
* reference year
** External Causes of Mortality
Last Update: June 29, 2009
Framework for Implementation of HSRA: FOURmula ONE for Health

Goals of FOURmula ONE for Health

1. Better health outcomes
2. More responsive health systems
3. EQUITABLE health care financing
Framework for Implementation of HSRA: FOURmula ONE for Health

4 elements of strategy
1. Health financing
2. Health regulation
3. Health service delivery
4. Good governance
Local Health System

Objectives:
1. Establish local health systems for effective & efficient delivery of health care services
2. Upgrade health care management & service capabilities of local health facilities
3. Promote inter-LGU linkages & cost sharing schemes including local health care financing systems for better utilization of local health resources
Local Health System

Objectives:

4. Foster participation of the private sector, NGOs & communities in local health systems development.

5. Ensure the quality of health service delivery at the local level
Local Health System

Inter Local Health System
- Espoused by DOH to ensure quality HC at local level
- Clustered into Inter Local Health Zone (ILHZ)
Local Health System

Expected Achievement of the Inter-local Health System:

1. Universal coverage of health insurance
2. Improved quality of hospital & RHU service
3. Effective referral system
4. Integrated planning
5. Appropriate health information system
6. Improved drug management
Local Health System

Expected Achievement of the Inter-local Health System:

7. Developed human resources
8. Effective leadership through inter-LGU corporation
9. Financially visible or self-sustaining hospitals
10. Integration of public health & curative hospital care
11. Strengthened cooperation between LGU & health sectors
Local Health System

Guiding Principles

1. Financial & Administrative autonomy of the provincial & municipal administrations
2. Strong political support
3. Strategic synergies & partnerships
4. Community participation
5. Equity of access to health services by the population, especially the poor
Local Health System

Guiding Principles
6. Affordability of health services
7. Appropriateness of health programs
8. Decentralized management
9. Sustainability of health initiatives
10. Upholding of standards of quality health service
Local Health System

Composition of the Inter-Local Health Zone

1. People
2. Boundaries
3. Health Facilities
4. Health Workers
Alma Ata Declaration of 1978

- International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978
- The International Conference on Primary Health Care, meeting in Alma-Ata this twelfth day of September in the year Nineteen hundred and seventy-eight, expressing the need for urgent action by all governments, all health and development workers, and the world community to protect and promote the health of all the people of the world
Alma Ata Declaration of 1978

The Declaration consists of ten parts each reinforcing widely accepted values and policies on health care.

- Definition of Health
- Concern over inequity between countries
- Health as a pre-requisite for economic progress of countries
- People's right to participate in planning and implementation of health services
- State responsibility in provision of health care to all citizens
- Reaffirmation of primary health care as an important strategy to organize health services
- Components of primary health care
- Align national policies and build political will to achieve primary health care
- Cooperation between countries to achieve these goals
- Health for all by 2000