UNIVERSAL HEALTH CARE
KALUSUGAN PANGKAHATAN

To address the remaining gaps and challenges on inequity in health, the Aquino Health Agenda (AHA), through Administrative Order No. 2010-0036 was launched. It contains the operational strategy called Kalusugan Pangkalahatan (KP) which aims to achieve universal health care for all Filipinos. KP seeks to ensure equitable access to quality health care by all Filipinos beginning with those in the lowest income quintiles. KP further fulfills President Aquino's "social contract" with the Filipino people, as stated in Section 7 of Executive Order 43 series 2011:

1. Investing in our people, reducing poverty and building national competitiveness;
2. Advancing and protecting public health;
3. Building of capacities and creation of opportunities among the poor; and
4. Increasing social protection.

2.1 GOALS

The implementation of KP/Universal Health Care shall be directed towards the achievement of the health system goals of financial risk protection, better health outcomes and responsive health system.

2.1.1 Financial Risk Protection

To protect all Filipinos, especially the poor, against the catastrophic cost of ill health, KP shall strengthen the National Health Insurance Program (NHIP) as the prime mover in improving financial risk protection, generating resources to modernize and sustain health facilities, and improve the provision of public health services to achieve the Millennium Development Goals (MDGs).

2.1.2 Responsive health system

KP aims to enhance the responsiveness of the health system and client satisfaction by improving the quality hospitals and health care facilities. Government owned and operated hospitals and health facilities will be upgraded to expand capacity and provide quality services to health attain MDGs, attend to traumatic injuries and other types of emergencies, and manage non-communicable diseases and their complications.

Source: National Objectives for Health 2011-2016 (Chapter 2)

2.1.3. Better health outcomes

KP aims for the attainment of health-related MDGs by focusing on the reduction of maternal and child mortality, morbidity and mortality from TB and malaria, and the prevalence of HIV/AIDS, in addition to being prepared for emerging disease trends, and prevention and control of non-communicable diseases.

2.2. STRATEGIC THRUSTS

KP shall be attained by pursuing the three strategic thrusts:

2.2.1. Financial risk protection through expansion in NHIP enrollment and benefit delivery -The poor shall be protected from the financial impacts of health care use by:

a. Redirecting PhilHealth operations towards the improvement of the national and regional benefit delivery;
b. Expanding enrolment of the poor in the NHIP to improve population coverage;
c. Promoting the availment of quality outpatient and inpatient services at accredited facilities through reformed capitation and no balance billing arrangements for sponsored members, respectively,
d. Increasing the support value of health insurance for the poor through the use of information technology upgrades to accelerate PhilHealth claims processing, among others, and
e. A continuing study to determine the segments of the population to be covered for specific range of services and the proportion of the total cost to be covered/ supported.

2.2.2. Improved access to quality hospitals and health care facilities – It shall be achieved through:

a. A targeted health facility enhancement program that shall leverage funds for improved facility preparedness to adequately manage the most common causes of mortality and morbidity, including trauma;
b. Provision of financial mechanisms drawing from public-private partnerships to support the immediate repair, rehabilitation and construction of selected priority facilities;
c. Fiscal autonomy and income retention schemes for government hospitals and health facilities;
d. Unified and streamlined DOH licensure and PhilHealth accreditation for hospitals and facilities;
e. Regional clustering and referral networks of health facilities based on catchment areas to address the fragmentation of services;
f. Access to quality drugs; and
g. Deployment of health professionals

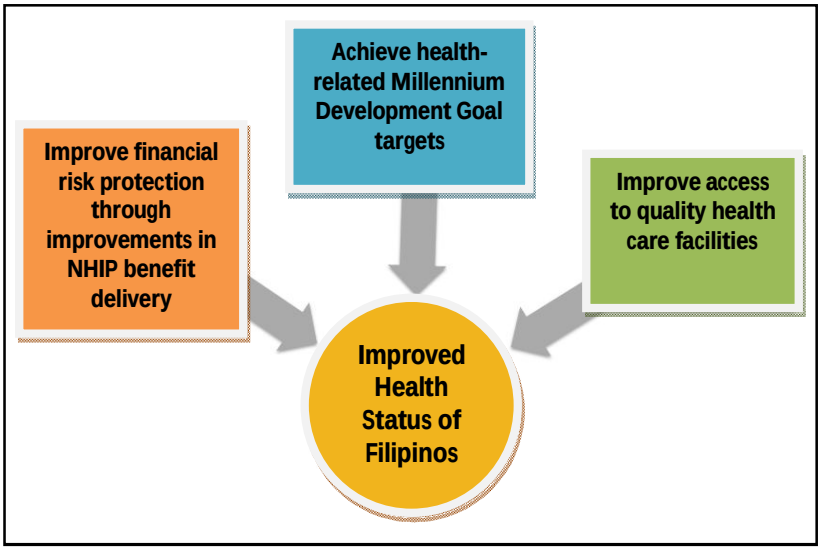
2.2.3. Attainment of the health-related MDGs - This will be attained by:

a. Deploying Community Health Teams (CHTs) that shall actively assist families in assessing and acting on their health needs;
b. Utilizing the life cycle approach in providing needed services, namely family planning; ante-natal care; delivery in health facilities; essential newborn and immediate postpartum care; and the *Garantisadong Pambata* package for children 0-14 years of age;

Source: National Objectives for Health 2011-2016 (Chapter 2)

c. Aggressively promoting healthy lifestyle changes to reduce non-communicable diseases;
d. Ensuring public health measures to prevent and control communicable diseases, and adequate surveillance and preparedness for emerging and re-emerging diseases; and
e. Harnessing the strengths of inter-agency and inter-sectoral approaches to health especially with the Department of Education and Department of Social Welfare and the Department of Interior and Local Government.

FIGURE 9. *KALUSUGAN PANGKALAHATAN* STRATEGIC THRUSTS



To implement the KP thrusts and interventions, the DOH will adopt the following general strategies:

1. Focus and engage vulnerable families, starting with provinces where most are found;
2. Partner with poverty alleviation programs like the National Household Targeting System-Poverty Reduction (NHTS-PR) and Conditional Cash Transfer (CCT);
3. Leverage LGU participation and performance through province-wide agreements; and
4. Harness private sector participation

Focusing interventions on vulnerable families will be done by prioritizing provinces where the largest number of families who are poor as identified by NHTS-PR and have unmet needs are located. Twelve (12) areas in the country have been prioritized for having the most number of families who are poor and have unmet needs. These areas are the following: Metro Manila, Negros Occidental, Quezon, Cebu, Pangasinan, Iloilo, Cavite, Maguindanao, Zamboanga del Sur, Leyte, Davao del Sur and Pampanga. Together, these areas account for 33 percent of NHTS-PR families and about 40 percent of unmet needs for public health services in the country.

The concentration of the target population in these areas provides the opportunity for implementing public health interventions at a scale that can significantly impact on national indicators. The main intervention in reaching the families especially the CCT is through the organization and mobilization of CHTs.

Source: National Objectives for Health 2011-2016 (Chapter 2)

To reach the priority and target population, the DOH will partner with the poverty alleviation programs like the NHTS-PR and CCT for NHIP enrolment and for availing quality health services.

The DOH shall facilitate the implementation of the KP by influencing the manner by which Provinces and component LGUs, and Cities govern local health systems. The DOH recognizes that LGUs have the primary mandate to finance and regulate local health systems, including the provision of the right information to families and health providers. Leveraging for LGU participation and performance will be accomplished by entering into ARMM-wide, province-wide or city-wide agreements with LGUs. The agreements shall define annual performance targets and resource commitments by DOH, LGUs, PHIC, development partners and private sector. The province-wide agreements will also serve as basis for the development of CHD support plans for LGUs that will be consolidated into the annual budget proposal of DOH.

Harnessing the private sector participation in the upgrading of public clinics and hospitals will be undertaken by upgrading DOH retained hospitals into modern medical centers through public private partnerships (PPP). DOH will also explore other PPP arrangements, including the outsourcing of some hospital management services. In addition, hospital governing boards will also be organized to increase accountability of DOH hospitals to the communities they serve. Furthermore, the private sector with the stewardship of the public sector will be mobilized to support the public health programs that will facilitate the achievement of the MDGs.

To facilitate the implementation of these strategies, the DOH adopted a functional management structure that assigned accountability to CHDs and operations cluster heads in achieving health outcome targets. Supporting the operations cluster will be the technical clusters on health financing and policy and support to service delivery as well as the administrative and financial management clusters among others. The DOH will relate with the DOH-ARMM directly through the Office of the Secretary, especially in the execution of the ARMM-wide investment plan.

The success of the KP shall be measured by the progress made in preventing premature deaths, reducing maternal and newborn deaths, controlling both communicable and non-communicable diseases, improvements in access to quality health facilities and services and increasing NHIP coverage, benefit utilization and support value, prioritizing the poor and the marginalized (such as the Geographically Isolated and Disadvantaged Area (GIDA) population, indigenous population, older persons, differently-abled persons, internally- displaced population, and people in conflict-affected areas). These performance measures are the results of effective interaction between families and health care providers (both public and private) in local health systems.

Source: National Objectives for Health 2011-2016 (Chapter 2)