THE PHILIPPINE HEALTH AGENDA AND THE CUBA HEALTH SYSTEM

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HEALTHCARE DELIVERY SYSTEM OF CUBA

THE CUBAN HEALTH SYSTEM -FINANCING



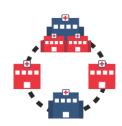
- Managed by Cuban Ministry of Health
- All health facilities are government controlled (no private facilities)
- Totally government-funded (95.6%) through budget
- 28% of national budget is used for health
- Heavy investments in health human resources, health facility development, drug and vaccine development, and research

Free health services to all



THE CUBAN HEALTH SYSTEM -MEDICINES

- Government owns drug and vaccine manufacturing facilities and produces 849 (65%) of drugs listed in essential medicines list (MOH, 2016)
- Medicines are given free for most health conditions (minimal fees for certain types)



THE CUBAN HEALTH SYSTEM -REFERRAL SYSTEM

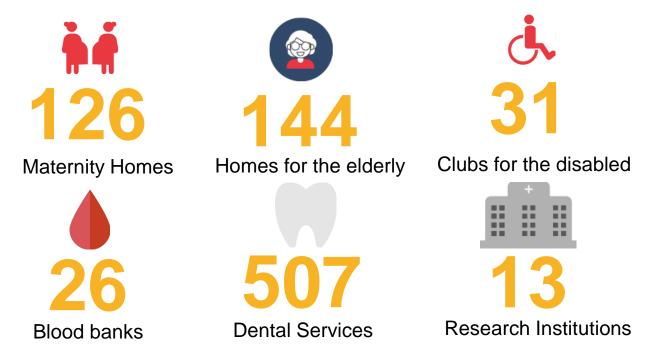
Hospitals and institutes limit services mostly to in-**HOSPITALS** 152 patient care 22 services, (inc. rehabilitation, optometry, **POLYCLINIC** 451 endoscopy, thrombolysis, traumatology, emergency dentistry, elderly care on top of usual services) and specialist care FAMILY MD 11,550 First point of entry into the health system. Family **OFFICE** doctor decides who goes (referral to policlinic or hospital) Health promotion & education on disease prevention **SCHOOLS** emphasized & starts early in schools – critical to the

success of Cuban Health System



THE CUBAN HEALTH SYSTEM -SERVICE DELIVERY

- Comprehensive healthcare services that address health needs of Cubans
- Provision of facilities for special health needs





THE CUBAN HEALTH SYSTEM -HEALTH HUMAN RESOURCES

- Education is free for all Cubans
- Medical curriculum is developed by MOH
- In the last 50 years, 26, 910 students from 142 countries graduated in Cuba

1 medical doctor per 122 inhabitants

1 nurse per 137 inhabitants

1 dentist per 804 inhabitants

- Achieved health outcomes similar to developed countries
- IMR 4 per 1,000 live births (WB, 2015)
- MMR 39 per 100,000 live births (WB, 2015)
- Diseases eradicated: poliomyelitis, neonatal tetanus, diphtheria, malaria, measles, and rubeola
- Greatest burden of disease is non-communicable diseases

Philippine Health Agenda 2016-2022



PHILIPPINE HEALTH AGENDA FRAMEWORK

Goals: Attain Health-Related SDG Targets
Financial Risk Protection, Better Health Outcomes, Responsiveness

Values: Equity, Efficiency, Quality, Transparency

UNIVERSAL

3 Guarantees

OUR GUARANTEES

- 1. ALL LIFE STAGES &TRIPLE BURDEN OF DISEASE (services for both the well & the sick)
- 2. SERVICE DELIVERY NETWORK (Functional Network of Health Facilities)
- 3. UNIVERSAL HEALTH INSURANCE (Financial Freedom when Accessing Services)

Our Strategy

Α	Advance health promotion, primary care and quality
С	Cover all Filipinos against financial health risk
Н	Harness the power of strategic HRH
I	Invest in eHealth and data for decision-making
Е	Enforce standards, accountability and transparency
V	Value clients and patients
Е	Elicit multi-stakeholder support for health

OUR LEGACIES	DOH 30: 30 Things to do for CHO/MHO
Out of Pocket	 Health Center properly stocked w/ selected
Expenditures for Health	essential medicines
and OOP for medicines	2. Philhealth accredited health facility (4 in 1: MCP;
for the Poor Reduced	NBP; TB-DOTS and PCB)
Insurance Coverage for	3. 100% of poor families profiled and monitored4. % of population covered by social health insurance
Reversed trend of	5. Awareness of HIV/AIDS among the youth
HIV/AIDS	6. 100% testing, counselling and treatment for risk populations
	7. Increase condom use

OUR LEGACIES	DOH 30: 30 Things to do for CHO/MHO
	8. Decrease malnutrition rate (wasting) 2%
Lowered Malnutrition	9. Decrease stunting rate 3%
Rate	10. 100% of children under-5 years old weighed in all
	barangays
Encured Pland Adaguacy	11. 1% of population donating blood
Ensured Blood Adequacy	12. Adequate referral system
Good Data for Decision	13. 100% Functional Electronic Medical Record
Making	14. FHSIS and Surveillance data used in the LIPH
Attained Zero Unmet	15. No stock outs of FP commodities
Needs for Modern Family	16. Full range of Family Planning services offered
Planning	17. Decrease in unmet needs for modern FP

OUR LEGACIES	DOH 30: 30 Things to do for CHO/MHO
Community-Based	18. 100% Tokhang assessed
Rehabilitation Program in al	19. Outpatient and community services available
communities	20. Referral system smooth and functional
ISO in all Government	21. SDN functional (Part of the SDN)
hospital	22. QMS in place – SS standards
Expenditure on Health	23. LGU health budget increased (above 15%)
Increased	24. PhilHealth reimbursement
Sustained Zero Open	25. % households using safely managed sanitation
Defecation, Universal Basic	services
Drinking Water, Universal	26. % households using safely managed drinking
Hand Washing	water services

OUR LEGACIES	DOH 30: 30 Things to do for CHO/MHO
	27. Functional and licensed ambulance
	28. All barangay visited by MHO at least 2x a year
2 1, 7 7 todess to redicti	29. 100 % of poor provided with annual health check- up
	30. One member trained on Cardiopulmonary Resuscitation (CPR) per household

ALL FOR HEALTH TOWARDS HEALTH FOR ALL

Lahat Para sa Kalusugan! Tungo sa Kalusugan Para sa Lahat