- 1. Philippine Society of General Internal Medicine
- 2. Philippine College of Physicians
- 3. WomanHealth Philippines
- 4. Ang NARS
- 5. Action for Economic Reforms (AER)
- 6. Alternative Budget Initiative
- 7. Philippine Academic Society of Community Medicine (PASCOM)
- 8. Universal Health Care Study Group
- 9. Philippine Medical Association10. Philippine Academy of Family Physicians (PAFP)
- 11. Philippine Pediatric Society
- 12. Philippine Society for General Physicians
- 13. Philippine Heart Association (PHA)
- 14. Philippine College of Chest Physicians (PCCP)
- 15. Philippine Ambulatory Pediatric Association (PAPA)
- 16. Association of Municipal Health Officers of the Philippines (AMHOP)
- 17. Philippine Neurological Association
- 18. Philippine Academy of Rehabilitation Medicine (PARM)
- 19. Philippine Pharmacists Association
- 20. Philippine Nurses Association
- 21. Integrated Midwives Association of the Philippines
- 22. Philippine League of Private and Government Midwives
- 23. Philippine Dental Association
- 24. Philippine College of Occupational Medicine (PCOM)
- 25. Philippine League of Government and Private Midwives
- 26. Association of Philippine Schools of Midwifery (APSOM)
- 27. Philippine Association of Dental Colleges
- 28. Asian Medical Students Association of the Philippines (AMSA)
- 29. Medical Students for Social Responsibility International
- 30. Framework Convention for Tobacco Control Alliance, Philippines`
- 31. Coalition on Health Advocacy and Transparency
- 32. HealthJustice
- 33. Health Action Information Network

- 34. Medical Action Group
 - 35. Medical Transparency Alliance (MeTA) Philippines
 - 36. Philippine Federation for Natural Family Planning (PFNFP-FILTAO)
 - 37. Kalusugan ng Mag-ina (KMI) Inc.
 - 38. Catholics for Reproductive Health
 - 39. Alliance of Young Nurse Leaders and Advocates
 - 40. Nurses Initiatives for Change
- 41. Community Medicine Development Foundation
- 42. Health Futures Foundation Incorporated (HFI)
- 43. LifeHaven/Philippine Coalition on UNCRPD
- 44. Confederation of Older Persons Association of the Philippines (COPAP)
- 45. Hope for the Youth Foundation
- 46. Kilos Maralita
- 47. Public Services Labor Independent Confederation (PSLINK)
- 48. Save the Children
- 49. United Methodist Church Visayas Health Ministries
- 50. Samahan ng Mamamayan ng Zone One Tondo Organizations, Inc.
- 51. Coalition of Services of the Elderly (COSE)
- 52. Center for Empowerment and Development of the Elderly and Seniors
- 53. Kilusan at Ugnayan ng Maralitang Pasigueno (Kumpas) FDC
- 54. Kampanya para sa Makataong Pamumuhay (KAMP)
- 55. Peer Counseling Foundation of the Philippines Incorporated
- 56. SENTRO
- 57. Malayang Tinig ng Kababaihan (Matinik)
- 58. Piglas Kababaihan
- 59. Golden Agers
- 60. Bigkis UP Manila
- 61. Young Pharmacists Group
- 62. UP Pangkalusugang Samahan ng mga Mag-aaral (PAGSAMA) 63. UP College of Medicine Medical Students for Sociathilippine

primary

- responsibility
- 64. UP Pharmacy Student Counce 65. Phi Lambda Delta Sorority (UP College of Medicine)

Outline

- 1. Healthcare System Analysis
- 2. What is Primary Care
- 3. A Roadmap to Primary Care



Inequities in Healthcare

Too Little Health Care

Too Much Health Care

Mr. Jose 42 years old From Busuanga

- High Blood
- Diabetes
- Tuberculosis

No consultation
No medications

Inequities in healthcare access and healthcare outcomes

Mrs. Rosete
56 years old
From Quezon City

- Diarrhea (gastro)
- Dizziness (neuro)
- Diabetes (endo)
- Kidney ds (nephro)
- Gout (rheuma)
- ECG ischemia (cardio)

1.5M families a year pay for catastrophic health expenses.

Ulep et al 2013



INEQUITIES IN HEALTHCARE FROM WOMB TO TOMB

	Inequity in	Inequity in
	Healthcare Access	Health Outcomes
Pregnancy	Unattended births	Neonatal mortality
	- poorest quintile (58%)	- poorest quintile (19/1000)
	- richest quintile (4%) ¹	- richest quintile (9/1000) ¹
Childhood	Complete vaccination	Under-5 mortality
	- NCR (80%)	- poorest quintile (5.2/1000)
	- ARMM (30%) ¹	- richest quintile (1.7/1000) ¹
Adult Life	Current Tobacco use	Heart attack rates
	- poorest quintile (33%)	- lowest quintile 40% higher
	- richest quintile (18%) ²	than richest ³

¹NDHS, 2013; ² National Nutrition Survey, 2013; ³ Interheart Study, 2007



Good News and Bad News about the Philippine Health Situation

- PhilHealth coverage has increased from 51% in 2010 to 88% in 2015 (PhilHealth) ¹
- 2. But PhilHealth utilzation remains low, especially amongst the poorest (only 33%) ²
- 3. The health budget increased from PhP28.7B in 2010 to PhP205B in 2015 ³
- 4. But the number of Filipinos who die without seeing a HCW increased from 45% to 66% 4

¹ Philhealth, ² Faraon et al, 2013, ³ Department of Health, ⁴ Philippine Health Statistics 2014



CAPACITY TO PAY FOR HEALTHCARE + CAPACITY TO DELIVER HEALTHCARE



TRIPLE BURDEN OF DISEASE





INEQUITY IN HEALTH OUTCOMES



Health Human Resource, Philippines 2014.

	Doctors	Nurses	Midwives
Active in Professional Regulation Comm. ¹	66,000	500,000	74,000
Works in a Public Facility ²	12,330	19,975	13,763
Ratio per 10,000 population (public) ³	2.3	3.8	2.6

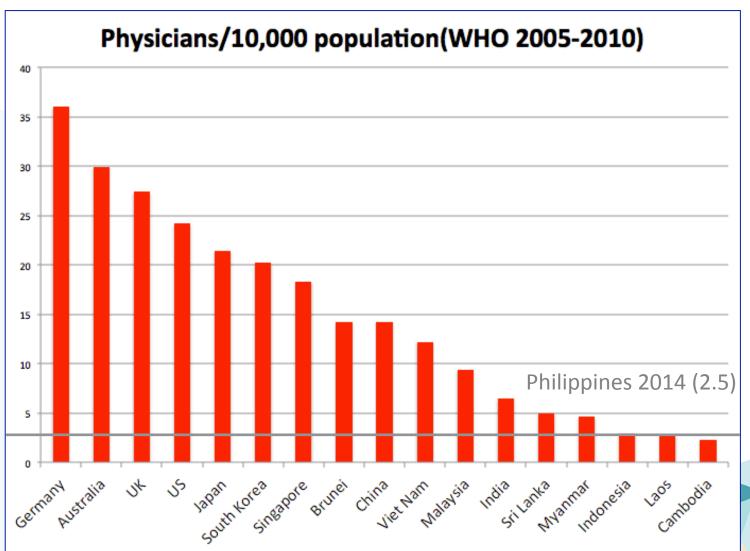
¹ PRC database, 2014

³ Total 8.7 HCW's/10,000 pop; WHO threshold = 24/10,000.



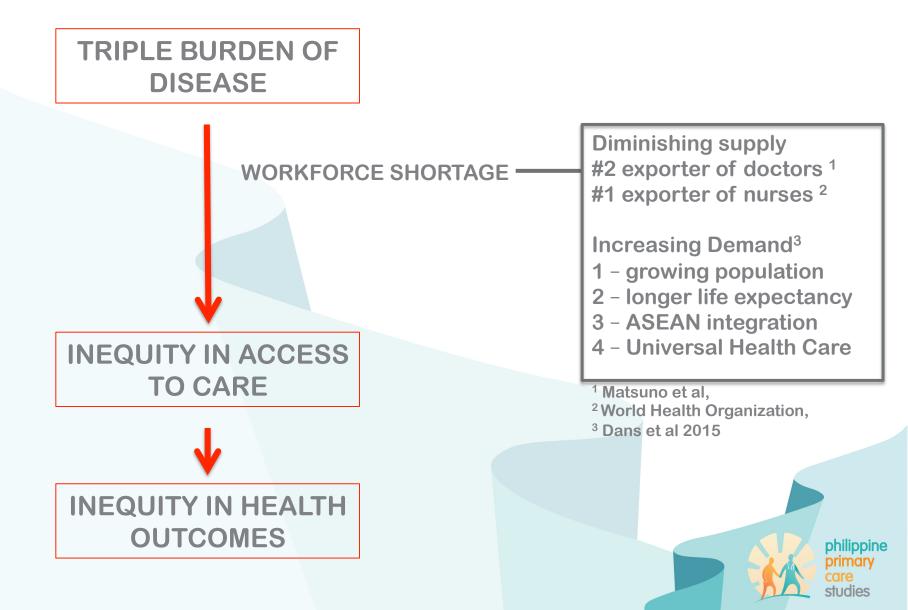
² HHRDB database 2014

Physicians/10,000 population



HHRDB





TRIPLE BURDEN OF DISEASE

WORKFORCE SHORTAGE POLICY FRAGMENTATION

- 46 healthcare programs ²
- Donor-driven
- Overlapping coverage
- Common resources

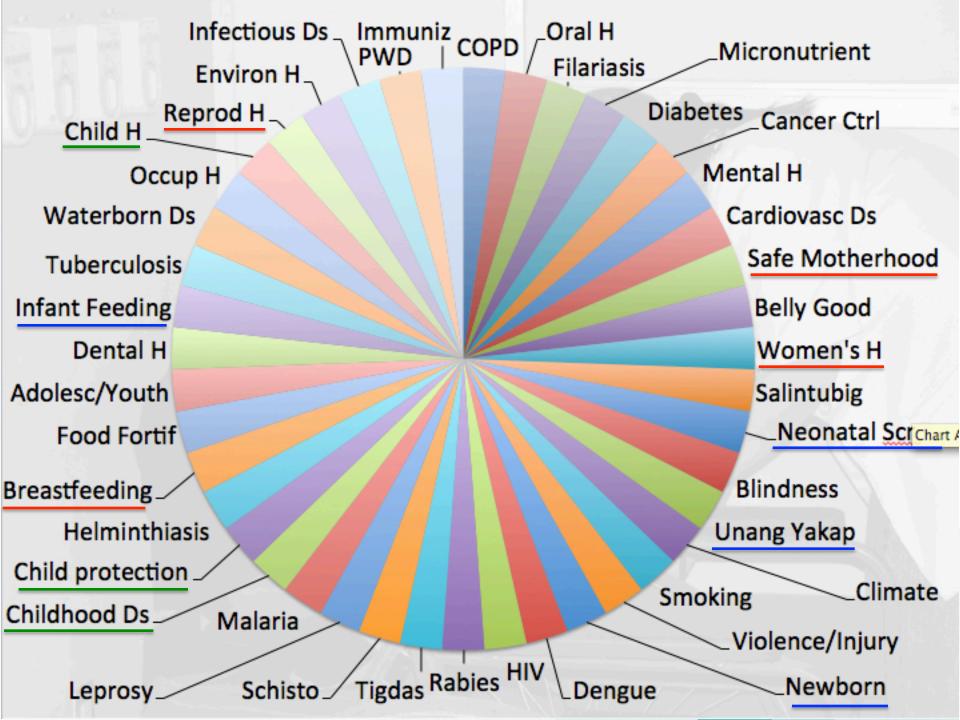
² DOH website

INEQUITY IN ACCESS
TO CARE



INEQUITY IN HEALTH
OUTCOMES





TRIPLE BURDEN OF DISEASE

WORKFORCE SHORTAGE
POLICY FRAGMENTATION
ADMIN. FRAGMENTATION

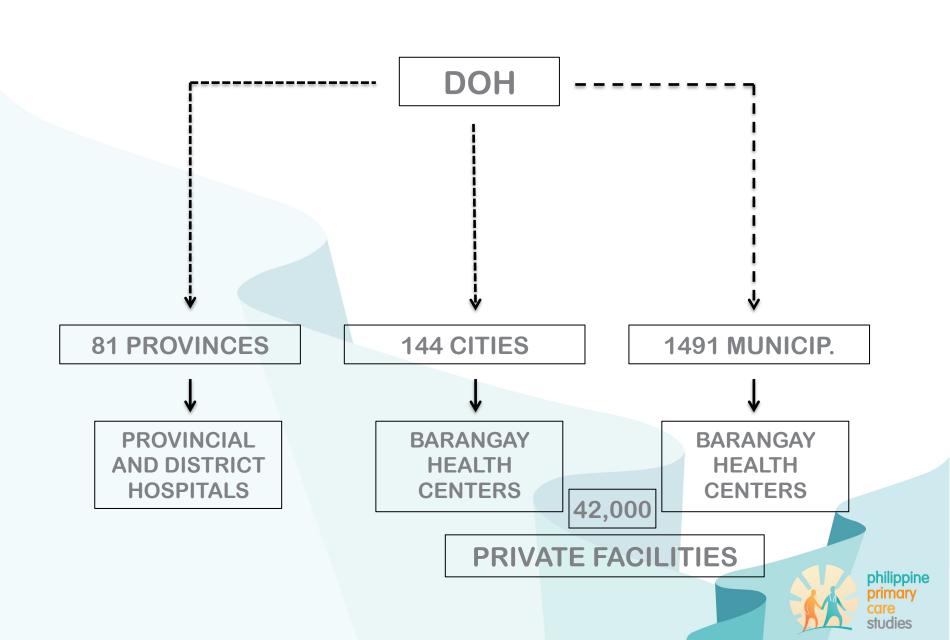
- Decentralized system
- 42,000 barangays
- LGU independence
- Workforce politicization

INEQUITY IN ACCESS
TO CARE



OUTCOMES





DOUBLE BURDEN OF DISEASE

WORKFORCE SHORTAGE
POLICY FRAGMENTATION
ADMIN. FRAGMENTATION

Healthcare System Reform!

INEQUITY IN ACCESS
TO CARE



OUTCOMES



Outline

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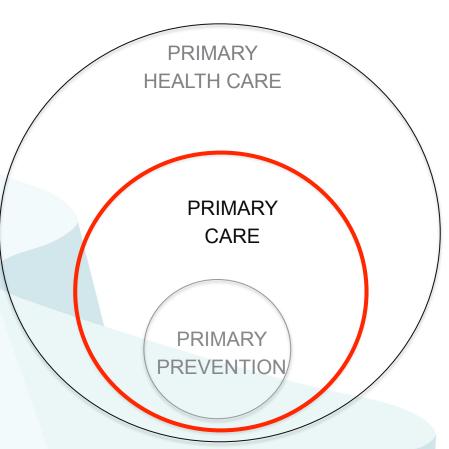
A Conceptual Definition

A health philosophy:

lessen health
inequities, promote
universal access and
self-reliance

A healthcare system: holistic/first contact, steward of healthcare

A preventive service:
focused on healthy
people (vs. secondary
and tertiary
prevention)



Includes public health interventions, UHC, multi-sectoral roles, and environment

Includes curative aspects of health care

Vaccination, checkups, lifestyle advise, treatment of risk factors

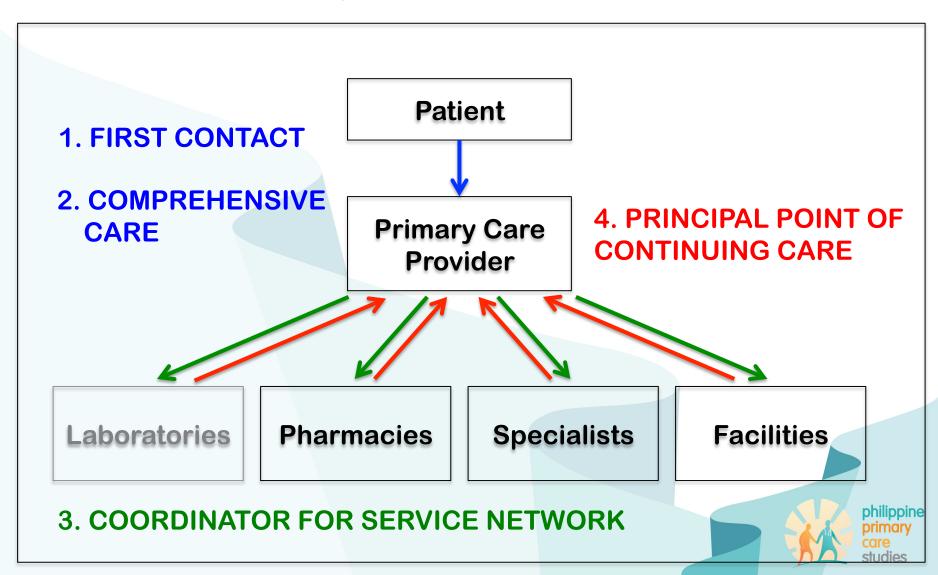
WHY FOCUS ON A PRIMARY CARE SYSTEM?

- 1. Without primary care, primary health care becomes an abstract idea.
- 2. Without primary care, no one will deliver primary prevention.

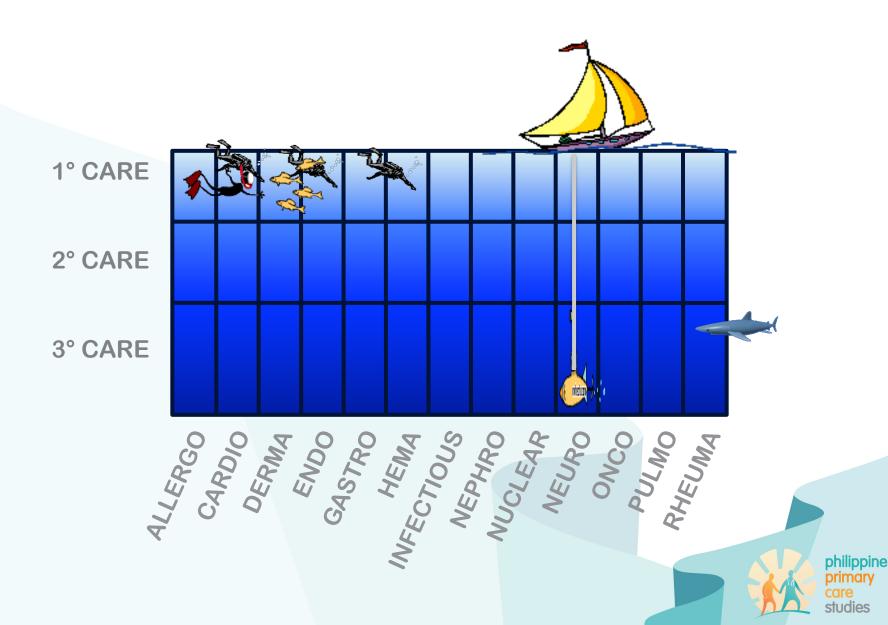


An Operational Definition

Primary Care is a Healthcare System that enables patient access to healthcare providers with 4 main functions:



A Structural Definition



A Practical Definition

Primary Care is "outpatient" care funded by Social Health Insurance (eg – PhilHealth).

Why do we need it?

- 1. Many patient who don't have easy access to a hospital, have access to an outpatient facility.
- 2. Most diseases need outpatient care, NOT hospitalization;
- 3. Most hospitalizations require prior outpatient care;
- 4. Disease prevention takes place during outpatient care, NOT during hospitalization.



Misconceptions about Primary Care

	Tsekap (PCB) Package	True Primary Care
Definition	Tests done on ALL, even healthy people	Services for people who need healthcare
Financing	Risk sharing not possible	Risk sharing necessary
Coverage	Limited to lowest quintiles	All Filipinos rich or poor



DOUBLE BURDEN OF DISEASE

WORKFORCE SHORTAGE
POLICY FRAGMENTATION
ADMIN. FRAGMENTATION

Healthcare
Priggstye Grare
Reform!

INEQUITY IN ACCESS
TO CARE



INEQUITY IN HEALTH OUTCOMES



Outline

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RECRUIT

RETRAIN

RETAIN

REGULATE

REASSESS

The importance of primary care needs to be recognized:

- by the government
- by practitioners
- By the people



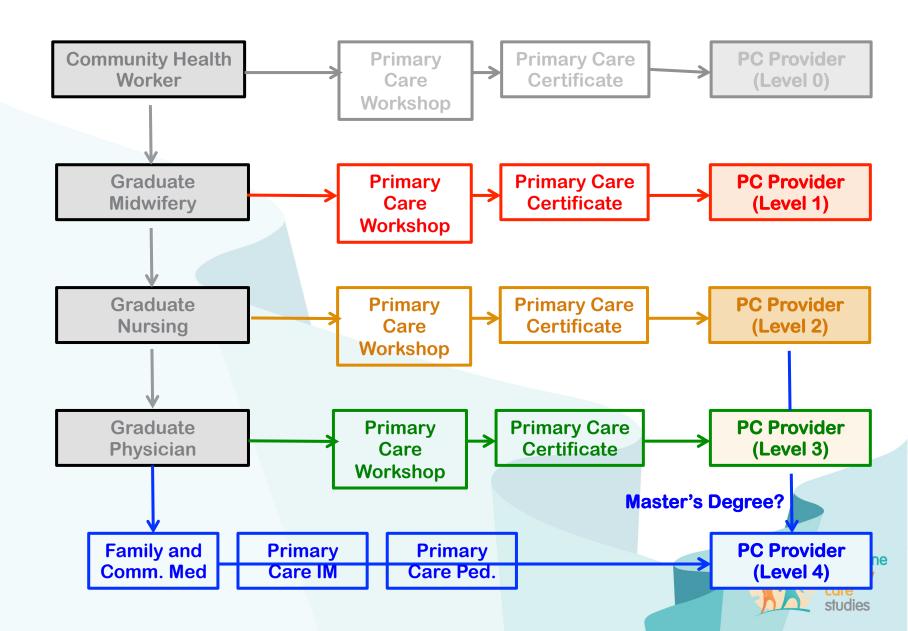
RECRUIT
RETRAIN
RETAIN
REGULATE
REASSESS

Short Course Curriculum:

- Infectious Diseases
- Maternal/Child Health
- Non-communicable Disease
- Health System Navigation
 Formal Training Programs
- Residency
- Masters degree



Training Programs in Primary Care



RECRUIT
RETRAIN
RETAIN
REGULATE
REASSESS

Short Course Curricula:

- Infectious Diseases
- Maternal Health
- Child Health
- Non-communicable Disease
- Health System Navigation



Why healthcare workers leave 1

- 1. Unemployment (unfilled positions for HCW's)
- 2. Underemployment (underpaid for workload)
- 3. Misemployment (job orders and casuals)
- 4. Unjust working conditions (eg politicalization of appointments, non-issuance of magna carta benefits)

Why healthcare workers stay ²

- 1. To serve the country
- 2. To be with their family



RECRUIT
RETRAIN
RETAIN
REGULATE
REASSESS

- Facilities paid by capitation
- Primary Care Providers paid by facilities***
- Just benefits provided
- Funding for training



RECRUIT
RETRAIN
RETAIN
REGULATE
REASSESS

Primary Care Providers

- training
- accreditation

Primary Care Facilities

- infrastructure and supplies
- electronic records
- networking framework
- adequate workforce
- quality assurance

Primary Care Beneficiaries

- yearly assign to facility of choice
- must pass through primary care



RECRUIT
RETRAIN
RETAIN
REGULATE
REASSESS

Health Systems Research

- Corporate setting
- Rural setting
- GIDA setting
- Urban setting
- 1. Caregiver knowledge
- 2. Quality of Care
- 3. Health outcomes
- 4. Utilization!!
- 5. Out-of-pocket expenses
- 6. Patient satisfaction
- 7. Caregiver satisfaction
- 8. Administrative efficiency





RECRUIT
RETRAIN
RETAIN
REGULATE
REASSESS



Summary

- 1. Healthcare System Analysis
- 2. What is Primary Care
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