

Philippines



<http://www.who.int/countries/en/>

WHO region	Western Pacific
World Bank income group	Lower-middle-income
CURRENT HEALTH INDICATORS	
Total population in thousands (2013)	98394
% Population under 15 (2013)	34.2
% Population over 60 (2013)	6.4
Life expectancy at birth (2013) Total, Male, Female	72 (Female) 65 (Male) 69 (Both sexes)
Neonatal mortality rate (per 1000 live births (2013))	14 [9-20]
Under-5 mortality rate per 1000 live births (2013)	30 [24-38]
Maternal mortality ratio per 100 000 live births (2013)	120 [81-190]
% DPT3 Immunization coverage among 1-year olds (2013)	94
% Births attended by skilled health workers (2013)	72.8
Density of physicians (per 1,000 population) (2004)	1.153
Density of nurses and midwives (per 1 000 population) (2004)	6
Total expenditure on health as % of GDP (2013)	4.4
General government expenditure on health as % of total government expenditure (2013)	8.5
Private expenditure on health as % of total expenditure on health (2013)	68.4
Adult (15+) literacy rate (95.4) Total	95.4
Population using improved drinking-water sources (%) (2012)	91 (Rural) 92 (Urban) 92 (Total)
Population using improved sanitation facilities (%) (2012)	74 (Total) 79 (Urban) 69 (Rural)
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) (2009)	18.4
Gender-related Development Index rank out of 148 countries (2012)	77
Human Development Index rank out of 186 countries (2012)	114

Sources of data:

Global Health Observatory, April 2015
<http://apps.who.int/gho/data/node.cdo>

HEALTH SITUATION

Philippines is a lower-middle income country enjoying rapid economic growth and making significant investments in extending access to health care. Never the less the country still experiences a “triple burden” of disease which are: (i) high incidences of key communicable diseases and 13 out of the 17 of the WHO recognized neglected tropical diseases remain endemic; (ii) rising rates of non-communicable diseases and high prevalence of all risk factors; and (iii) the third highest disaster prone country in the world.

Despite a 4% GDP growth annually for the past decade, 41.7% of the population still live on less than \$2/day. 30% of children under-five years of age are stunted. Less than half of all babies are exclusively breast fed to 6 months. Despite major government efforts, the country is least likely to attain millennium development goals.

The country has progressed in reducing under-five mortality but significant inequities remain as seen in Mindanao in Southern Philippines where child mortality is 4 to 5 times higher than in Manila. Neonatal mortality account for 50% of all under-five deaths. The Philippines has missed the regional measles elimination and Hepatitis B control target. All regions (except the Autonomous Region of Muslim Mindanao) have now been validated for Maternal and Neonatal Tetanus elimination.

The on-going improvements in maternal services are expected to be reflected in improved mortality figures in the coming years. Teenage pregnancy rates are increasing while the age at first pregnancy is decreasing.

TB incidence is decreasing but MDR-TB case finding and management is a big challenge. Although still considered to be low prevalence, the Philippines is one of 9 countries globally with increasing HIV and one of the fastest growing HIV epidemics. The past five years has seen a 587% increase in people reported as living with HIV, with one new infection occurring each hour. Good progress has been made on Malaria elimination, but sustained surveillance will be required. Medicine prices in the Philippines remain some of the highest in Asia.

HEALTH POLICIES AND SYSTEMS

The Philippine health sector is a public-private mixed system, with the private sector dominating the market. The public sector plays a significant role in the provision, financing and regulation of health services. The current administration is pro-poor and pro-universal health coverage. Economic growth has made significant additional financing available to expand access to health services. The current plan, National Objectives for Health (NOH), will run to 2016, coinciding with the presidential mandate of 5 years. NOH reflect the broad priorities set out in the government-wide Philippine Development Plan 2011-2016, which includes the Aquino Universal Health Care Agenda.

Three key pieces of legislation have recently been passed that provide opportunities for health improvement. 1) ‘Sin Tax’ Act 2012 – taxation on tobacco and alcohol has risen significantly, generating proceeds that will be spent on enrolling the poorer half of the population in PhilHealth (the national health insurance scheme). 2) Responsible Parenthood and Reproductive Health (RH) Law 2012 – allowing, for the first time, sex education in schools; and government procurement of contraceptives for the poor, 3) National Health Insurance Act 2013 – directing the government to pay for enrolment of the poor in PhilHealth, as well as allow point of care enrolment and a number of other provisions that greatly expand universal health coverage and care and reduce financial risk to patients.

Post Haiyan, the government is working with WHO and other partners to ensure a more resilient health system which can withstand future sudden onset disasters. For the final 15 months of the current Administration, the Department of Health has launched a focused High-Impact Breakthrough Program to speed implementation of the Aquino Agenda.

COOPERATION FOR HEALTH

The country at present has many active bilateral partners supporting health interventions. WHO PHL works closely with UN partners in UNCT (a ‘start-up’ country), on MDGs and with many different partners and NGOs particularly during disasters through the UN Health Cluster Team and as co-cluster lead for health. WHO PHL is currently beginning implementation of an innovative Korea International Cooperation Agency (KOICA)- supported Sub-National Initiative in the Davao Region, as well as Bloomberg Foundation support for Road Traffic Safety and Drowning Prevention. The Philippines receives strong support from Global Fund for TB, HIV and Malaria. As a lower middle income country the Philippines is not Gavi I eligible and many donors have historically been less focused on health. Cross sectoral cooperation includes *Financial access through conditional cash transfers (CCT)*, managed by the Department of Social Welfare and Development to provide regular cash transfers to the poorest families on condition that pregnant women and children comply with Department of Health protocols for prenatal and early childhood care. Typhoon Haiyan attracted major partner support to the health efforts in the Philippines, including WHO PHL response work funded by AusAID, USAID, USCDC, KOIFI, KOICA, JICA, GF, BMGF, DFID, EU, the Spanish government. The development of UNDAF 2012-2018 is being closely coordinated with that of the Philippine Development Plan 2011-2016.

WHO CCS STRATEGIC AGENDA (2011-2016)

Strategic Priorities	Country Cooperation Strategy Focus Areas
<p>STRATEGIC PRIORITY 1: Strengthening the health care system to provide equitable access to quality health care with a special focus on health related MDGs and priority non-communicable diseases</p>	<ul style="list-style-type: none"> • Enabling national government agencies to deliver universal health care, focusing on health-related MDGs and priority non-communicable diseases • Support national and local government agencies to implement and monitor the health financing strategic interventions in support of achievement of Universal Health Care • Supporting the generation of accurate and timely information as a basis for legal and policy frameworks for Universal Health Care
<p>STRATEGIC PRIORITY 2: Enabling individuals, families and communities to manage better their health and its determinants.</p>	<ul style="list-style-type: none"> • Improving health-seeking behavior of individuals, families and communities to manage communicable and non-communicable disease and their risk factors • Engaging national and local stakeholder, including Local government units, to address the social and environmental determinants of health.
<p>STRATEGIC PRIORITY 3: Improving the resiliency of national and local institutions against health security risks and threats</p>	<ul style="list-style-type: none"> • Increasing capacity of key government agencies and Local government • Units to manage health security risks following natural and human-induced disasters. • Increasing capacity of key government agencies and Local government units to manage health security risks due to emerging and re-emerging diseases, food safety-related events and disease outbreaks. • Increasing capacity of key national and local government agencies to manage the health impact of climate change.