

## Philippines (the)



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The Philippines is a middle-income country, constrained by deficit spending and challenged with increasing demands for better public service; poverty is predominant in rural areas as well as urban settlements. Wide disparities exist in income distribution and between provinces. Urbanization has accelerated; Manila has at least 11 million inhabitants. The country is prone to natural disasters, such as landslides, floods, typhoons, active volcanoes and earthquakes. The country, with more than 7000 islands in Southeast Asia, has a total area of 300 000 km<sup>2</sup>. The majority of the population (around 80%) is Catholic, with a substantial Muslim minority in Mindanao. The largest of the seven main ethnic groups is Tagalog (28%).

### HEALTH & DEVELOPMENT

**Poverty reduction programmes tend to have a short life span with changes in administration**, hence the difficulty in realizing full impact. A growing number of vulnerable groups include disadvantaged youths, workers in the informal sector, marginalized ethnic groups and urban settlers. Gender issues in the health sector prevail with the persistence of several health-related concerns such as: high fertility rate; gap between desired and actual number of children; declining nutritional status for young and adult women; increasing health consequences of gender-biased violence, among others.

**Filipinos are in a better state of health now than they were 50 years ago** but health status improvement is slow compared to other Asian neighbours. Serious challenges and threats remain with regard to the Millennium Development Goal (MDG) targets on maternal health, nutrition, access to reproductive health, universal primary education and environmental sustainability. The Health Sector Reform Agenda (HSRA), which started in 1999, set targets for hospital reform, public health funding, local health system strengthening, and capacity of regulatory agencies, but have largely remained unmet; however good progress has been made in advancing the National Health Insurance Programme (NHIP), which covered 80% of the population as of 2004. Sustaining this coverage, however, remains a big challenge. Service delivery is lagging due to minimal investment and resources for health, both at national and local levels.

**Retention of staff is a critical issue.** More and more trained, skilled and experienced health professionals emigrate each year (70% of nursing graduates work overseas). The Philippines is now the biggest supplier of nurses. Certain big hospitals have been losing an average of 10-12 nurses a month since 2001.

**The main causes of morbidity and mortality have changed little in recent years.** Noncommunicable conditions cause most deaths, especially cardiovascular disease, cancers and accidents. The Philippines is a high burden country for tuberculosis; the directly observed treatment, short-course (DOTS) strategy has been successfully applied and case detection and treatment success rates may meet the planned targets. Measles elimination is targeted by 2008 and 94% vaccination coverage has been achieved. There is a high incidence of diarrhoea and respiratory infections in children. Malaria incidence and mortality have generally declined but remain high in Mindanao. Dengue, Japanese encephalitis and lymphatic filariasis are endemic. The incidence of HIV/AIDS is low but rising and the potential for epidemic spread exists.

**The Department of Health (DOH) has now embarked on an implementation framework for health sector reform, termed the *Formula One (F1) for Health*.** It is designed to undertake critical reforms with speed, precision and effective coordination, with the end goal of improving the efficiency, effectiveness and equity of the Philippine health system. A key feature of the F1 for Health implementation strategy is the engagement of the National Health Insurance Program (NHIP) as the main lever to effect desired changes and outcomes in each of the four reform areas.

Total population (2005) <sup>1</sup>	85 236 913
% under 15 (2005) <sup>2</sup>	35
Population distribution % rural (2005) <sup>2</sup>	38
Life expectancy at birth (2005) <sup>3</sup>	69.6
Under-5 mortality rate per 1000 (2003) <sup>4</sup>	40
Maternal mortality ratio per 100 000 live births (1998) <sup>5</sup>	172
% GDP spent on health (2003) <sup>3</sup>	3.2
Government expenditure on health as % of total government expenditure (2003) <sup>3</sup>	7.4
Human Development Index Rank, out of 177 countries (2003) <sup>6</sup>	84
Gross National Income (GNI) per capita US\$ (2004) <sup>7</sup>	1170
Population living below national poverty line % (1990-2002) <sup>6</sup>	36.8
Adult (15+) literacy rate (2000-2004) <sup>6</sup>	92.6
% population with access to improved drinking water source (2004) <sup>8</sup>	80
% population with sustainable access to improved sanitation (2002) <sup>6</sup>	73

#### Sources:

- Philippines Department of Health
- United Nations Population Division
- National Statistical Coordination Board
- 2003 National Demographic Survey, Philippines
- 1998 National Demographic Health Survey
- Human Development Report 2005
- World Development Indicators 2005 (World Bank)
- Anti Poverty Indicator Survey. National Statistical Office Annual Poverty Indicators Survey 2004

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> <li>Government commitment to poverty reduction; specific targets set in the Medium-Term Philippine Development Plan for 2005-2010</li> <li>Commitment of Government, public and private partners to the MDGs</li> <li>Health reform targets for improvement in delivery, regulation and financing of healthcare; improved coordination of activities</li> <li>The Philippines Health Promotion Programme; progress in healthy city initiative with engagement of local governments and communities</li> <li>Strong tradition of gender equality and education</li> <li>Effective emergency response capacity, as demonstrated during the severe acute respiratory syndrome (SARS) outbreak</li> <li>Lessons learnt from health sector reform initiatives in the past</li> <li>Increasing local government support to health programmes.</li> </ul>	<ul style="list-style-type: none"> <li>Growing budget deficit: insufficient investment in health services</li> <li>Inequities in access to healthcare</li> <li>Inadequate staff to run local health services; excessive reliance on hospital rather than primary care</li> <li>Acceleration of urbanization; poverty among urban settlers</li> <li>High infant mortality rates and under-reporting</li> <li>Retention of qualified medical staff, particularly in rural settings</li> <li>Provision of healthcare to isolated population groups</li> <li>Prevention and control of noncommunicable diseases</li> <li>Improving health data quality, accuracy and timeliness</li> <li>Low financial risk protection; high out-of-pocket payments.</li> </ul>

<sup>8</sup>Philippine Legislators' Committee Publication, 2004

## PARTNERS

Approximately US\$ 60 million is received annually in development aid to government agencies and nongovernmental organizations (NGOs) for health, supporting: population programmes (US\$ 26 million); primary health care including maternal and child health, safe motherhood and nutrition (US\$ 17 million); supplies, equipment and infrastructure strengthening (over US\$ 5 million); HIV/AIDS and sexually transmitted diseases prevention and control (almost US\$ 5 million); health system support (almost US\$ 4 million); and infectious disease control mainly for tuberculosis (US\$ 3 million). The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) funds malaria and tuberculosis since 2003 and HIV/AIDS since 2004 for a total of US\$ 28.8 million. Major multilateral partners are the Asian Development Bank, the European Community, United Nations (UN) agencies and the World Bank. Main bilateral donors are Austria, Canada, Germany, Japan and the United States of America.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> <li>• UN agencies in the country are guided by the UN Development Assistance Framework (UNDAF); a UNDAF Steering Committee has been proposed to strengthen coordination among UN agencies</li> <li>• The National Economic Development Agency (NEDA) provides independent planning, coordination and evaluation of development assistance</li> <li>• Annual Consultative Group meetings for Government and donors review and coordinate development assistance; periodic meetings with donors for portfolio review, country programming, inclusion in government budget as necessary</li> <li>• The Government seeks to improve the absorptive capacity for development assistance.</li> </ul>	<ul style="list-style-type: none"> <li>• Coordination of activities among international partners to synergize impact and attain the MDGs</li> <li>• Coordination between donors, DOH and local government units (LGUs); planning donor assistance; data management for policy and project implementation</li> <li>• Fiscal situation limits government counterpart funding for foreign development assistance</li> <li>• Limited local capacity in health service delivery at LGU level</li> <li>• Assuring technical standards and implementation of GFATM-funded activities carried out by NGOs.</li> </ul>

## WHO STRATEGIC AGENDA (2005-2010)

WHO's mission in the Philippines is to assist the Government to address the main health needs of the country according to the national policies set out in the HSRA, focusing on the links between health and poverty reduction, social inequalities and inequitable access to health care. WHO has identified four strategic areas of intervention which are consistent with the needs of the country and will support the Government to reform and strengthen the health system.

- **Advocacy and partnership on the health of families.** Facilitate linkages between local and central government authorities and other partners especially in the poorest areas; ensure relevant public health issues are on the agenda of important stakeholders; provide evidence-based guidance to LGUs for coordination of work at local level; involve the media on important health issues; provide technical support to coordination structures.
- **Health sector development.** Focus on the development of human resources for health, affordable access to drugs, capacity of LGUs in managing health systems at local level, financial sustainability of public health services, compliance with government policies; development of an adequate information and reporting system.
- **Health for unreached populations.** Focus on mothers and children living in slum areas, indigenous peoples, and adolescents: provide evidence for new public health approaches, monitor and evaluate impact in these groups; produce guidelines for incremental implementation of programmes; facilitate synergy between programmes on integrated child, adolescent and maternal health.
- **Control of disease risks.** Scale up public-private mix for tuberculosis and malaria programme extension; participate in assessment of health risks and their determinants and diffusion of results; mobilize partners for technical support; provide health information for policy and education; technical assistance for plan for noncommunicable diseases prevention and control; support implementation of the Framework Convention on Tobacco Control.



## ADDITIONAL INFORMATION

WHO country page <http://www.who.int/countries/ph/en/>

WHO's Department for Health Action in Crises (HAC) country page <http://www.who.int/crises/ph/en/>

Western Pacific Country Health Information Profile <http://www.wpro.who.int/countries/05ph/>

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