

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 (2012)	96707
% Population under 15 (2012)	34.53
% Population over 60 (2012)	6.21
Life expectancy at birth (2012) Total, Male, Female	69 (Both sexes) 72 (Female) 65 (Male)
Neonatal mortality rate per 1000 live births (2012)	14 [9-22] (Both sexes)
Under-5 mortality rate per 1000 live births (2012)	30 [22-42] (Both sexes)
Maternal mortality ratio per 100 000 live births (2010)	99 [66-140]
% DPT3 Immunization coverage among 1-year-olds (2012)	86
% Births attended by skilled health workers (2008)	62.2
Density of physicians per 1000 population (2004)	1.153
Density of nurses and midwives per 1000 population (2004)	6
Total expenditure on health as % of GDP (2011)	4.1
General government expenditure on health as % of total government expenditure (2011)	8.5
Private expenditure on health as % of total expenditure on health (2011)	66.7
Adult (15+) literacy rate Total	95.4
Population using improved drinking-water sources (%) (2011)	92 (Total) 93 (Urban) 92 (Rural)
Population using improved sanitation facilities (%) (2011)	79 (Urban) 69 (Rural) 74 (Total)
Poverty headcount ratio at \$1.25 a day (PPP) (% of population)	
Gender-related Development Index rank out of 148 countries (2012) ¹	77
Human Development Index rank out of 186 countries (2012) ¹	114

Sources of data:
Global Health Observatory, April 2014
<http://apps.who.int/gho/data/node.cco>

HEALTH SITUATION

The health situation in the Philippines can be summarized in three words (a) stagnation (b) inequality and (c) opportunity. Although Philippines is a lower-middle income country, virtually every health indicator has been stagnant or shown only a small improvement in the past decade. The Philippines suffers a “triple burden” of disease: (i) high incidences of all key communicable diseases and 13/17 of the WHO recognized neglected tropical diseases remain endemic; (ii) increasing level of non-communicable diseases and high prevalence of all risk factors; as well as (iii) the third highest disaster prone country in the world. Despite a 4% GDP growth annually for the past decade, 50% of the population still live on less than \$2/day. 30% of children under-five years of age are stunted, half of all children are iron-deficient, 30% iodine-deficient and moderate and severe malnutrition are reported. Less than half of all babies are exclusively breastfed to 6 months. All methodologies used to measure maternal mortality show that there has been little if any improvement for ten years, and this is the least likely attainable millennium development goal. Teenage pregnancy rates are increasing and the age at first pregnancy decreasing. 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 targets and a recent outbreak of measles in Metro Manila and National Capital Region resulted in 40 deaths and required a mass emergency vaccination of 2.2 million children to control. Diphtheria and neonatal tetanus are still occurring including regular outbreaks of other vaccine preventable diseases. TB incidence is decreasing but MDR-TB prevalence is on the rise. The Philippines, although still considered to be low prevalence, has the fastest growing HIV epidemic in the world. The past five years has seen a 587% increase in people reported as living with HIV. Medicine prices in the Philippines remain some of the highest in Asia.

HEALTH POLICIES AND SYSTEMS

The current administration is pro-poor and pro-universal health coverage. Economic growth has created fiscal space for health, and significant additional financing is now available to support health reform and universal health coverage. 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 - this will allow, for the first time, sex education in schools; and allow the government to procure contraceptives for the poor. (3) National Health Insurance Act 2013 - this allows 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. Current focus is on extending coverage to include the poorest quintiles through government subsidies, as well as expanding benefit packages and eliminating co-payments. The Philippine health sector is a public-private mixed system, with the private sector dominating the market. However the public sector plays a significant role in the provision, financing and regulation of health services. The government is working with WHO and with the support of the international community to ensure reconstructing health facilities in the Yolanda corridor that can withstand future sudden onset disasters.

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 UNHCT and as co-cluster lead for health. The Philippines receives strong support from Global Fund for TB (invited to apply for transitional funding to support MDRTB), HIV (invited to apply for transitional funding due to rapidly rising HIV rates) and Malaria. However as a lower middle income country the Philippines is not GAVI eligible and few donors have historically been willing to invest in health. Current donor support for Health activities includes contributions from: AusAID, USAID, USCDC, KOFIH, KOICA, JICA, GF, BMGF, DfID, EU, the Spanish government, and a small number of UN trust funds and *Financial access through conditional cash transfers (CCT)*. This is managed by the Department of Social Welfare and Development, and provides regular cash transfers to the poorest families on condition that pregnant women and children comply with DoH protocols for prenatal and early childhood care. Typhoon Haiyan has attracted more partner organizations to support the health efforts in the Philippines. The development of UNDAF 2012-2018 is being closely coordinated with that of the Philippine Development Plan 2011-2016 to ensure alignment of the United Nations’ work to the country’s development priorities.

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2011-2016)

Strategic Priorities	Main Focus Areas for WHO Cooperation
<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.