EU AND THE PHILIPPINES: TOGETHER TOWARDS UNIVERSAL HEALTH CARE

The European Union (EU) is one of the Philippines’ major development partners for over four decades. In 2004, the first of three Health Sector Policy Support Programmes (HSPSP-I) was conceived. The EU has been strongly contributing to the Philippines’ Health Sector Reform Agenda. EU financial support provided to the Philippines’ Health Sector over the period 2006-2018 amounts to EUR 118 million (approx. PhP 7.2 billion, at current exchange rate).

In 2010, the Government of the Philippines launched the Aquino Health Agenda highlighting the Universal Health Care strategy (UHC). This strategy aims at making essential health services more affordable and available for all Filipinos.

The EU confirms its confidence in the UHC framework through the health sector budget support. Budget support is a financial grant directly channeled to the National Treasury. It is not tracked separately from the rest of the national budget, but fully integrated and managed by the government. The Department of Health (DOH) and EU have a common understanding of what is to be achieved through a continuous policy dialogue based on partnership and mutual responsibility. A Performance Assessment Framework assures that results are measured and progress in the health sector reported.

In 2012 two hallmark legislations were passed – The Sin Tax Law and the Reproductive Health Law (RH Law). The Sin Tax Law will increase taxes on alcohol and tobacco products to fund health care, especially for the poor. The RH Law addresses maternal and infant mortality and specifically family planning.

ACHIEVEMENTS OF UNIVERSAL HEALTH CARE SO FAR

• Improvement of access to and quality of health services based on an increase of births taking place in a health facility from 38% in 2008 to 74% in 2012
• Deployment of almost 31,000 registered nurses to various localities, targeting poor communities
• Increase in the population’s insurance enrollment from 62% in 2010 to 83% in 2012; through the Sponsored Program coverage, 53% of enrolled insurance members come from the poorest families in the country
• Declining rates of under-five mortality from 58 in 1998 to 30 deaths per 1,000 live births in 2011
• 27 provinces declared malaria free since 2007, 82% of TB patients successfully treated, and prevalence of HIV and AIDS remains below 1%

The first Health Sector Policy Support Programme (HSPSP-I), launched in 2006, supported 16 provinces. The second health sector budget support programme (HSPSP-II), launched in 2010, supported the nationwide rollout of health sector reforms. The third health sector budget support programme, the Philippine Health Sector Reform Contract launched in 2014, consolidates achievements and will be complemented by technical assistance. The third sector budget support amounts to EUR 30 million.
The EU-funded Maternal, Neonatal and Child Health and Nutrition Needs of Indigenous Cultural Communities / Indigenous People (ICC/IP) and other Disadvantaged Communities in Mindanao project, launched in 2012, amounts to EUR 7 million (approx. PhP 42 million, at current exchange rate). It is implemented by the National Commission on Indigenous Peoples (NCIP) in close coordination with DOH. A Contribution Agreement with the United Nations Population Fund (UNFPA) was signed in January 2013. It aims at strengthening the quality of reproductive health care services.

Chronic undernutrition remains a major problem in the world and the EU has increased its commitment to fight hunger worldwide. The EU has issued a Communication on Maternal and Child Nutrition, which aims to reduce undernutrition among children under five years of age. This statement underlines the importance that the EU and the Member States attach to this subject.

Maternal and Young Child Nutrition Security in Asia (MYCNSIA)

The EU/UNICEF Partnership on Nutrition in Asia is a 4-year programme in the Philippines, Indonesia, Bangladesh, Nepal and Lao PDR (EUR 28.4 million with approx. EUR 3.2 million for the Philippines or approx. PhP 192 million, at current exchange rate). It aims to prevent and control malnutrition and anaemia in children 0-23 months, pregnant and postpartum women. The partnership focuses on support to nutrition policy-making, capacity development, knowledge sharing, and scaling up evidence-based key nutrition interventions.

Increasing Use of Effective Contraception Methods by Urban Poor in Metro Manila

The EU-funded action of Save the Children and Likhaan, seeks to promote and advocate for appropriate information and access to quality family planning services among the inhabitants of the three poorest districts of the city of Manila.

Emma, Volunteer Community Health Promoter from Tondo District

“I would like to express my heartfelt thanks for the provision of free family planning services to us poor women in Tondo District. With these services, I am able to take care of my health. I am able to help others and convey whatever knowledge and information I learned from my training.”
Enhancing maternal health services to selected underserved sectors in Eastern Visayas through the Cooperative Enterprise System

The Cooperative Enterprise System is a dynamic platform which established Social Health Enterprises (SHE) to enhance access to quality, adequate, and affordable maternal and family health services (including HIV/AIDS prevention) to vulnerable groups in remote communities in Eastern Visayas.

Integrating Population, Reproductive Health and Coastal Resources Management Actions in Tawi-Tawi, Mindanao

This project is implemented by a local NGO, the Kabang Kalikasan ng Pilipinas Foundation, Inc. (KKPFI), in partnership with the Provincial Government of Tawi-Tawi, the Tawi-Tawi Marine Research and the Mindanao State University. The Action contributes to improve the delivery of basic services to the poor and vulnerable population where population growth has impact on the coastal and marine resources.

MODEL Family Planning Services: MObilizing Local Groups in DELivering and Expanding Family Planning Services to the Poor, Marginalized, Socially Excluded and Underserved Residents of San Jose del Monte City, Bulacan

The EU-funded MODEL FP was established by a national NGO, the Family Planning Organization of the Philippines (FPPO) to help reduce maternal mortality and morbidity. Barangay Health Workers and the project staff provide free family planning information and commodities.

One year after receiving family planning services, Judith, a young woman from San Jose Del Monte City, stated:

“I feel so much renewed, rejuvenated, and worry-free. I can perform my duties as mother and wife. On the side, I sell food stuff for the neighbors and the additional income supplements my husband’s salary. Life is still hard, but now there is always food on the table. There is a little more left for the kids’ schooling. This is very different from when I was burdened by pregnancy worries. Now, neighbours look at me with envious eyes, especially the women who are scared of family planning because of so many myths and baseless thoughts. I look at them with proud eyes, and wishing them to let go of these beliefs that shackle them to ignorance and poverty.”
THE PHILIPPINE HEALTH SECTOR TODAY

The Philippine health sector has seen great improvement in the last few decades, thanks to programs established by the government through the Department of Health (DOH). Within a decentralized health service delivery system, these policies and programs are promoted by the DOH’s regional offices called Centers for Health Development (CHD) and implemented by the Local Government Units and Community Health Teams.

The Philippine Health Sector Reform Agenda (HSRA) aims at achieving better health for Filipinos by providing access to a more responsive health system. In 2010, the Universal Health Care (UHC) framework, dubbed “Kalusugan Pangkalahatan” (KP), was launched to address inequities in the health system. UHC or KP seeks to reach all Filipinos, particularly the poor, vulnerable and disadvantaged peoples.

The health sector’s progress is impressive. Nevertheless disparities in health care delivery prevail and access to quality care for the poor remains a major challenge.

EXPECTED RESULTS

The EU and the Philippine government are working together to achieve the following:

• Timely implementation of the reconstruction plan after Typhoon Yolanda
• Improved health service delivery and wider access to health services and essential medicines
• Sufficient number of doctors, nurses, and other health workers, evenly distributed across the country
• More Filipinos covered by the National Health Insurance System, particularly the poor
• Enhanced capability of government to enforce health regulations to ensure quality of services, medicines, and supplies
• Continued implementation, monitoring and evaluation of policies and reforms for all health programmes
• Improvements in achieving the country’s health-related Millennium Development Goals

The “Universal Health Care” (UHC) framework has three strategic thrusts:

1) Financial risk protection through expansion in enrollment and benefit delivery of the National Health Insurance Program (NHIP)
2) Improved access to quality hospitals and health care facilities
3) Attainment of health-related Millennium Development Goals (MDGs)

The UHC framework integrates and assures nationwide rollout of FOURmula One for Health (F1) achievements. F1 was adopted as the implementation framework for the country’s Health Sector Reform Agenda. F1 identified four major pillars: Good Governance, Service Delivery, Health Care Financing, and Regulations.
THE EUROPEAN UNION
Who we are and what we stand for

The EU is a unique, deep economic and political partnership between 28 countries covering much of the European continent. It is home to 500 million people.

Created in the aftermath of the Second World War, it first pursued economic cooperation inspired by the idea that countries that trade with one another become economically interdependent and less likely to descend into conflict. It now covers almost all areas of government from trade and foreign policy to energy and development cooperation.

Today, the EU is the largest single market in the world, with the euro as the common currency of 18 Member States. It has delivered half a century of peace, stability, and prosperity and dramatically raised living standards through a social market model that links economic progress to the protection of the rights of workers, consumers and the environment.

Thanks to the abolition of border controls among EU countries, EU citizens can travel freely throughout most of the continent to settle, study and work.

The EU is based on the rule of law. This means that everything that it does is founded on treaties, voluntarily and democratically agreed by all member countries. The EU remains focused on making its governing institutions more transparent and democratic and giving European citizens more channels to take part in the political process.

One of its main goals is to promote human rights both internally and around the world. Human dignity, freedom, democracy, equality, the rule of law and respect for human rights, are core values of the EU.

EU Member States

The 28 member states of EU are Austria, Belgium, Bulgaria, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden and United Kingdom. On 1 July 2013, Croatia joined as the 28th Member State.

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