

Improving Health Outcomes Through Health Financing In The Philippines



CONTEXT

Background: Government-backed health insurance (GHI)

- Channels public subsidy to the poor for the long-term and achieve health coverage
- Government takes on oversight and financing role – provision can be public or private
- Challenges include: complex administration, need for ongoing supply-side improvements/quality assurance, and ensuring adequate reimbursements for targeted health programs within context of wide service package



CONTEXT

- **The Philippines is a lower-middle-income country**
- **Good economic prospects: GDP growth of 6.5%, young population, dynamic private sector, active civil society**
- **Poverty Index at 24.9%**
- **Non-inclusive growth**
- **Inequalities in health and education unfavorable to poor households**



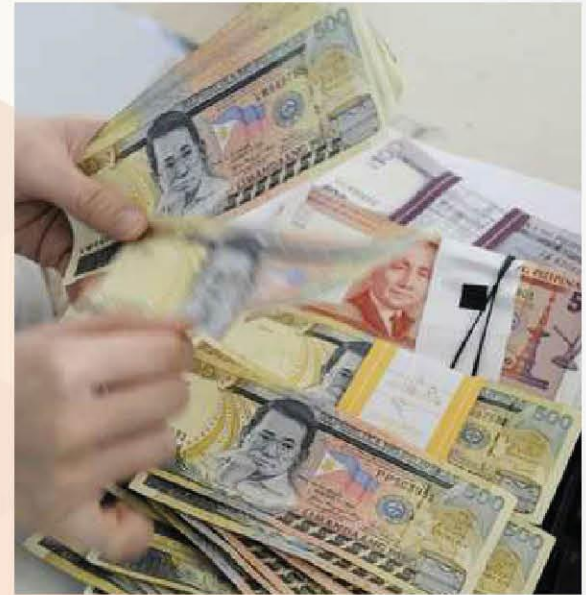
Mixed Service Delivery System for Health

- National government owned
- Local government owned
- Owned by government corporations
- Private for-profit facilities
- Facilities owned by NGOs and religious groups



Main Sources of Financing

- **National government**
- **Local government units**
- **Firms**
- **Households**
- **External financing**



Agents of Financing with Share of Health Expenditures

- Department of Health, 12%
- Local government units, 15%
- Social insurance, 9%
- Private out-of-pocket, 53%
- Other private financing agents, 10%
- Grants, 1%



Universal Health Coverage through the National Health Insurance Program



Addressing Equity through The Sponsored Program for Poor Households

- Allocates additional resources for the health sector
- Integrated with the National Health Insurance Program (PhilHealth)
- Risk pooling and redistribution
- Targeting of beneficiaries
- Special packages for poor households



The Maternal and Neonatal Care Package

- Can be implemented only in PhilHealth-accredited maternity clinics and hospitals
- High priority healthcare intervention related to MDG goals
- Paid per case up to U\$181 (pre-natal visits, delivery, neonatal care, post-natal care, family planning uptake)
- 114,072 cases paid by PhilHealth in 2013
- Providers not allowed 'balance billing'



PSPI's BlueStar Experience

- Bluestar – 267 midwives, franchised for FP.
- 179 BlueStar facilities, out of 267, with “PhilHealth Accredited” status (target: 100% in 2014)
- Bluestar provided over 100,000 FP services to women in 2013, including 65,000 IUDs



PSPI's BlueStar Experience

- Supported franchisees to achieve PhilHealth accreditation
- Established relationship with PhilHealth
- Provided a loan facility for accredited franchisees
- Assured quality



PSPI's BlueStar Experience

- Increasing access to IUDs through the Maternal Care Package



PSPI's BlueStar Experience

- 15% of BlueStar clients live on less than US\$1.25 per day, 47% live on less than \$2.50 per day
- 59% of clients were first-time adopters of FP



PSPI's BlueStar Experience

- Sustainability of franchisees
- Improved health status of target population
- Reduced poverty and inequity
- Greater number of services at lower cost
- Greater client satisfaction



PSPI's BlueStar Experience

- Retention of franchisees
- Achieving accreditation for all franchisees



PSPI's BlueStar Experience

- Increasing IUD uptake driven by reimbursement of IUDs by PhilHealth
- Increasing choice by advocacy on task sharing in providing contraceptive implants

