Health Service Delivery Profile

Philippines

2012

Compiled in collaboration between
WHO and Department of Health, Philippines

Philippines health service delivery profile

Demographics and health situation

Positioned on the western edge of the Pacific Ocean, on the south-eastern rim of Asia, the Philippines is the second-largest archipelago on the planet, with over 7,107 islands In 2010, the population of the Philippines was 92.3 million, with a growth rate of 1.9% per year. There are 80 provinces, 138 cities and 1,496 municipalities and half the population (50.3%) live in urban areas, and of that, 44% live in slums. Both urban and rural poverty are high but steadily decreasing. The population is highly fragmented across the islands and with 180 ethnic groups. Malays make up the majority and there are tribes of indigenous peoples in mountainous areas throughout the country. The majority of the population is Christian and there is a Muslim minority concentrated in the south.

Table 1. Key development indicators in the Philippines

Key development indicators	Measure	Year
Human development index	0.644	2011
Gini coefficient	44.0	2000-2011
Total health expenditure	3.8% GDP	2009
GDP per capita	USD$2,370	2011
Proportion of population below poverty line	26.1%	2009
Literacy rate (male/female) (%)	84.20/88.70	2008
Life expectancy at birth	68.7 years	2011
Infant mortality rate	22 per 1,000 live births	2011
Maternal mortality rate	221 per 100,000 live births	2011

Health service delivery is based on a Western biomedical model of health initially introduced during the Spanish colonial era and strengthened during American colonization. This Western system is superimposed on a pre-existing alternative model of health care based on a mix of folk and herbal medicines, religious beliefs, and traditional practices that has persisted throughout the country. Indicators of health status have steadily improved since the 1970s. However, there is a high inequality in many health outcomes between socio-economic classes and disparities between geographical regions. The top five causes of death include heart and cerebrovascular diseases, malignant neoplasm, pneumonia, and tuberculosis. . The top five causes of morbidity include acute respiratory infection, ALRTI and pneumonia, bronchitis, hypertension and acute watery diarrhoea.

Health system strategies, objectives and legislation

Health Functions are largely devolved to provinces and municipalities. *The Local Government Code (1991)* outlines the roles of different levels in health care, including barangay (village), municipality and province. The *Aquino Health Agenda: Achieving Universal Health Care for All* Filipinos is the Philippines Government's continuing commitment to health sector reform and achieving the Millennium Development Goals (MDGs). *The National Objectives for Health (2011-2016)* sets all the health program goals, strategies, performance indicators and targets that lead the health sector towards achieving it's primary goal of *Kalusugan Pangkalahatan (KP)*, or universal health care. The overall goal is to achieved the health system goals of financial risk protection, better health outcomes and responsive health system and it includes three strategic thrusts: 1) financial risk protection through expansion of the National Health Insurance Program, enrolment and benefit delivery 2) improved access to quality hospitals and health care facilities and 3) Attainment of the health –related MDGs The Aquino Health Agenda's six strategic instruments are health financing, service delivery, policy, standards and regulation, governance, human resources, and health information.

Legislation that forms the regulatory framework for health system functioning and public health in the Philippines includes the following:

Organ Donation Act (1991); Hospital Licensure Act; Pharmacy Act, Dangerous Drugs Act (1972) and 2002, Generics Act of 1988; Republic Act No. 7600 - Rooming-in- and Breastfeeding Act of 1992; National Blood Services Act of 1994; Magna Carta for Disabled Persons; National Health Insurance Act of 1995; Traditional and Alternative Medicine Act (TAMA of 1997); HIV Prevention and Control of 1988 Philippine Food Fortification Act of 2000; Tobacco Regulation Act of 2003 ; Expanded Senior Citizens Act of 2003; Newborn Screening Act of 2004; the Universally Accessible Cheaper and Quality Medicines Act (2008), and the Food and Drug Administration Act (2009) (http://www.lexadin.nl/wlg/legis/nofr/oeur/lxwephi.htm)

PhilHealth, the country's national health insurance program, is governed by the National Health Insurance Act of 1995 or the Republic Act 7875 which replaced the Medicare Act of 1969. PhilHealth is mandated to provide health insurance coverage and ensure affordable, acceptable, available and accessible health care services for all citizens of the Philippines and is mandated to regulate public and private providers through accreditation in compliance with its quality guidelines, standards and procedures.

Service delivery model

The Department of Health (DOH) is responsible for developing health policies and programmes, regulation, performance monitoring and standards for public and private sectors, as well as provision of specialized and tertiary level care. The DOH Centres for Health and Development (CHDs) are the implementing agencies in provinces, cities and municipalities, and link national programs to Local government units (LGUs). The CHDs are the DOH offices at the regional level. They assist the LGUs in the development of ordinances and localization of national policies, provide guidelines on the implementation of national programs at the LGU levels, monitor program implementation, and develop support system for the delivery of services by LGUs.

Health service delivery has evolved into dual delivery systems of public and private provision, covering the entire range of interventions with varying degrees of emphasis at different health care levels. Public services are mostly used by the poor and near-poor, including communities in isolated and deprived areas. Private services are used by approximately 30 % of the population that can afford fee-for-service payments. The service package that is supported by the government is outlined by PhilHealth. Coverage is reported by PhilHealth to be 74 million or 82% of the population at end December 2011. However, the services covered are not comprehensive, copayments are high and reimbursement procedures are difficult.

The dominant private sector is made up of large health corporations and smaller providers. Health maintenance organisations are also present. Professional organizations contribute to continuing education, clinical practice guidelines development, advocacy, and influence policy and regulation. Opportunities for community participation in health are through the barangay health workers who come from the local community, and representatives from civil society and the private sector who participate in LGU policy-making local health boards.

The provider network

In the public sector the Department of Health (DOH) delivers tertiary services, rehabilitative services and specialized healthcare, while the local government units (LGUs) deliver health promotion, disease prevention, primary, secondary, and long-term care. Primary health services are delivered in barangay (village) health stations, health centers, and at hospitals.

Table 2. Summary of health services and providers in the Philippines, 2012

Heath services	Public sector provision	Private sector provision
Health promotion		
Health education Family planning Maternity care Child care Nutrition and food safety Lifestyle-related or non-communicable diseases Communicable diseases Environmental Health and sanitation	Health centres Barangay health stations National programs and agencies provide technical support Activities are highly variable and depend on the local government unit Community health teams provide education and information at family levels in the community. They also work with poor families to determine health needs, services available and receive PhilHealth benefits Hospitals conduct multi media health promotion activities in their waiting areas, lobbies and OPDs Some LGU-operated birthing facilities Include: Pre-natal care for mothers, Iron Anti-rabies for animal bite centres UHC/KP focuses on the 5Million poorest	Family and community practitioners, paediatricians, obstetricians, physicians and some subspecialists Some organized NGOs initiate activities Large-scale programs are rarely provided by the private sector
Disease Prevention		
Childhood immunization Tb, malaria, leprosy, filariasis, schistosomiasis, rabies, dengue fever, and SARS	Health centres Provincial hospital outpatient services and Animal Bite Treatment Centres National agencies provide technical support and supplies Support from the Global Fund for AIDS, Tuberculosis and Malaria Includes: Endemic areas are provided with anti-malaria drugs, schisto and filarial drugs, including soil-transmitted helminthiasis	Paediatricians clinics and private hospital outpatient services provide immunizations Private Animal Bite treatment Centres as stand alone clinics and those in private hospitals. Pulmonary specialists and some general practitioners participate in the DOTS program for
HIV and other Sexually Transmitted Infections (STI)	Display of IEC materials in some rural health units/ social hygiene clinics/city health offices; video showing in waiting areas	NGOs and Key Populations at higher risk for HIV Support Groups for Sex workers/Men having Sex with Men and People who inject drugs, and the young key populations conduct outreach work and peer education activities Some private hospitals display IEC materials; video showing in waiting areas
Environmental health and sanitation	Local governments, water districts, national agencies provide assistance in terms of water supply systems; sanitation systems; solid waste, hazardous waste, health care waste management systems; sewage and wastewater collection and treatment facilities; water and wastewater laboratories. DOH Environmental and Occupational Health Office provides technical support to LGUs.	Water utilities (e.g. Manila Water, Maynilad), NGOs for water and sanitation; water refilling stations, bottled water companies; solid waste and hazardous waste treatment and disposal services; septic tanks desludging services (e.g. Malabanan companies); sewage and wastewater treatment facilities; water and wastewater laboratories

Table 2. Summary of health services and providers in the Philippines, 2012

Heath services	Public sector provision	Private sector provision
Diabetes, hypertension, cancer and mental health	Health facilities at LGU levels National NCD program of the DOH provides technical support to local government units Hospitals at municipal/city, provincial and regional levels also provide disease-prevention related activities (e.g. smoking cessation advice, wellness clinic, etc.) The medicines program – Compack - for NCDs targets the 5 Million poorest as part of UHC/KP commodity support	Private general practitioners and Specialists in clinics and medical centres provide education and prevention programs. Some are linked to NGOs such as Diabetes Foundation, Philippine Heart Association, Philippine Coalition for the Prevention of NCDs, among others Private mental health facilities
Primary services		
Outpatient, dental and laboratory services Disease programs like TB, Malaria, Dengue	Health centres Primary care hospitals other DOH-supported commodities – eg TB drugs, vaccines (DPT, OPB, measles, BCG, Hep B), also flu vaccines for indigent senior citizens	Clinics Hospitals
Secondary and tertiary services		
Outpatient, Inpatient and hospital care Laboratory and special procedures	Secondary and tertiary care hospitals, including very specialized care	Secondary and tertiary care hospitals, including very specialized care
Acute and emergency care	Hospitals	Hospitals
Dental care	Some health centres and hospitals	Most dental care is by private practitioners in clinics and some hospitals
Mental Health	Hospital	Hospitals, Clinic/halfway homes
Rehabilitative services		
Acute inpatient rehabilitation	Tertiary hospitals with specialist physicians and physical, occupational and speech therapists	Tertiary hospitals
Long term care for the elderly and disabled	A few tertiary hospitals provide house visits and palliative care Some community-based care	Some home-based care Several NGOs and foundations provide assistance
Programs for the disabled	National Commission Concerning Disabled Persons coordinates implementation and enforcement of legislation	This should be filled up. There are more of private partners doing work here.
Palliative care	A few tertiary hospitals Services are variable, highly dependent on the local government	Hospitals

In total, there are approximately 1800 hospitals in the Philippines, of which 721 (40%) are public hospitals and 70 are DOH hospitals. In 2010, there were a total of 98,155 hospital beds; 50 percent or 49,372 were in government hospitals. Of the 17 regions, only 4 have sufficient numbers of beds per 1000 population.

The DOH has existing policy to provide services under the National Mental Health Policy, the National Policy on Oral Health, including the Minimum Essential Oral Health Package of the DOH for children 2-6 years, and to overseas Filipino workers. However there is also a very limited dental and rehabilitative services in the public sector. The 7.76 million overseas Filipino workers face a wide range of

occupational, mental, reproductive and sexual health-related problems, but currently receive almost no education or information and variable levels of insurance and support.

Public facilities from both national and local governments provide free services including medicines and laboratory work up during outbreaks and other public health related events.

Health Information system including surveillance of diseases and other public health events are recorded and reported from the local surveillance units and through the Philippine Integrated Disease Surveillance and response to the DOH national surveillance unit. This serves as the data bank for the analysis of the health status of the local community as well as the national data for the health profile of the country especially those that will need immediate notification to WHO as a commitment for the implementation of International Health Regulation (2005).

In 2012 the DOH released a new classification system of hospitals and other health facilities with specific guidelines for scope of services and functional capacity for each classification, and overall operating standards. There is also an ongoing effort to upgrade government health facilities in line with the goal to achieve universal coverage.

Table 3. Classification and characteristics of health facilities and services in the Philippines, 2012

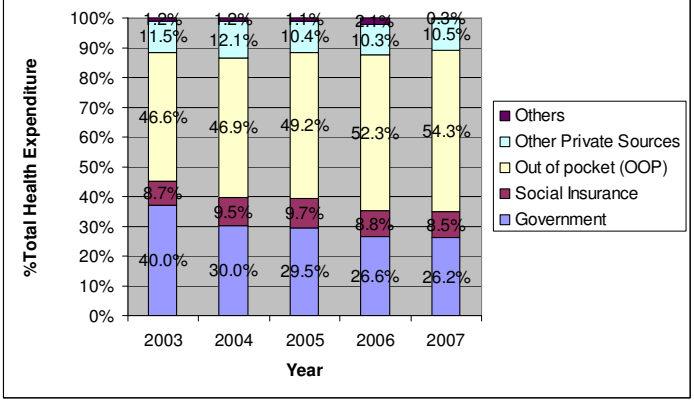
Facility	Number	Characteristics
Hospitals		
General Hospitals	70	Most hospitals at all levels provide services for all kinds of illnesses, diseases, injuries or deformities. It has emergency and outpatient services primary care services, family medicine, pediatrics, internal medicine, obstetrics-gynecology, surgery including diagnostic and laboratory services, imaging facility and pharmacy.
Level 1 General Hospitals		Level 1 general hospitals also include: isolation facilities, maternity, dental clinics, 1st level x-ray, secondary clinical laboratory with consulting pathologist, blood station, and pharmacy.
Level 2 General Hospitals		Level 2 hospitals include level 1 services and departmentalized clinical services, respiratory units, ICU, NICU and HRPU, high risk pregnancy unit, tertiary clinical laboratory, and 2nd level x-ray
Level 3 General Hospitals		Level 3 hospitals include level 2 services and teaching/training, physical medicine and rehabilitation, ambulatory surgery, dialysis, tertiary laboratory, blood bank, 3rd level x-ray
DOH hospitals		A tertiary hospital which specializes in the treatment of patients suffering from a particular condition requiring a range of treatment (e.g. Phil. Orthopaedic Centre, National Centre for Mental Health); patients suffering from disease of a particular organ or groups of organ (e.g. Lung Centre of the Philippines, Phil. Heart Centre); or patients belonging to a particular group such as children, women, or elderly (National Children's Hospital, Dr. Jose Fabella Memorial Medical Centre). Tertiary care facilities located all over the country serving as referral hospitals in the different regions of the country and providing anticipated range of tertiary services.
a. Specialty hospitals	16	
b. Other DOH hospitals	54	
Other health facilities		
Category A: Primary care facility		First contact facility offering basic services including emergency and normal delivery services. Includes: in-patient short-stay facilities, medical out-patients, overseas workers and seafarers facilities, and dental clinics.
Category B: Custodial care facility		Provides long-term care for those with chronic or mental illness, substance/drug abuse treatment and rehabilitation, sanatorium/leprosarium, and nursing home facilities.
Category C: Diagnostic / Therapeutic facility		Laboratory facilities, radiology including x-ray, and nuclear medicine facilities
Category D: Specialized out-patient facility		Including for dialysis, ambulatory surgery, in-vitro fertilization, stem cell services, oncology and chemotherapy, radiation oncology, and physical medicine and rehabilitation.
		PNAC is a unit within the DOH responsible for promoting HIV/AIDs program and provides secretariat support to HIV/AIDs prevention and control, Diabetes Foundation, Heart Association and Philippine Coalition for the Prevention of NCDs are organizations with membership from the public and private sectors.

Health financing

In the Philippines, health financing is fragmented with insufficient government investment, inappropriate incentives for providers, weak social protection and high inequity. Figures on coverage by PhilHealth vary, compounded by an inadequate information system on membership. In 2008 the Demographic Household Survey indicates a PhilHealth coverage rate of 38%.

In 2007 expenditures on health services were paid for by the government (33%) and out-of-pocket payments (57.00%) and total health expenditure per capita was US$68. Government funding is a share from general taxation. Several earmarked taxes are also directed to PhilHealth; these include: value added tax, sin tax, stamp tax and excise tax. A small proportion of funding comes from private insurance, HMOs, employment-based plans and private schools. Foreign assisted projects comprise only 1.7% of health finances.

Fig.1: Health Expenditure by Source of Funds



Both public and private facilities operate on a fee-for-service basis, although public services receive greater subsidy from PhilHealth. The PhilHealth benefits scheme pays for a defined set of services at predetermined rates, beyond which patients pay out-of-pocket. PhilHealth reimbursements are paid directly to service providers. Public hospital professional fees and stays are free of charge, but the cost of medicines, supplies, and diagnostics while in hospital are covered by PhilHealth within the predetermined rate. Public hospitals have private rooms and pay-wards that can be partly covered by PhilHealth. A few government agencies and charity organizations offer further subsidies or discounts for the poor and indigent, but no standard policy exists. Senior citizens and the disabled also have additional discounts. PhilHealth subsidizes direct medical costs up to a certain level in private hospitals through direct reimbursement to providers. Patients make out-of-pocket co-payments. Outpatient consultations and ongoing requirements for drugs are not yet included in the benefits package although additional benefits that include outpatient TB DOTS, outpatient care for sponsored program (SP) members, and maternity care are now provided.

PhilHealth contributions are compulsory for formally employed individuals, but there are difficulties in enrolling the informal sector. Poor households are progressively being enrolled and paid for through earmarked taxes. PhilHealth premium levels continue to be regressive since their low ceiling means that those in the upper salary brackets contribute proportionately less compared to those with lower income. The limited population and service coverage means that the high out-of-pocket payments is a major barrier to accessing health services. In general, the health financing system does not provide a safety net from the financial consequences of illness. People who get sick can easily slide into poverty since PhilHealth cannot provide full insurance coverage. During 2011, PHP34,885 million (approx USD840 million) was paid out by PhilHealth in benefits on 3,941,412 claims – an average of 1 claim for each 23 people and PHP8,197 (approx USD195) per claim. However it is likely that a smaller number of people have multiple claims. PhilHealth data does not seem to be available by income quintile for monitoring equity.

Human resources

Over the last decade, the Philippines has experienced increasing migration of its health professionals, with a consequent shortage nationwide. There are insufficient doctors, dentists and therapists for the needs of the population, and many nurses and midwives train specifically to work overseas on a temporary basis. In 2011, the numbers of PhilHealth accredited professionals included: 10,773 general practitioners; 12,701 medical specialists; 201 dentists; and 522 midwives. DOH (2007) does have specified minimum numbers of workers required for hospitals to be licensed, however, it is not known if these minima are consistently and fully met. As data on private sector health workers is not readily

available, assurance of quality of care and long-term workforce planning are difficult. Government health workers are unevenly distributed throughout the country and are concentrated in urban and more developed areas. Three regions, NCR, Regions III and IV-A (which are relatively close to metropolitan Manila), have a higher proportion of government health workers than more remote regions such as Mindanao. To address the distribution of human resources, the DOH has deployment programs that are aimed to increase supply of health professionals to rural areas such as the Doctors to the Barrios (DTTB) and Specialist to the Province (STTP) programs. As well, Community Health Teams and registered nurses, through the Registered Nurse for Health Enhancement and Local Service (RNHEALS) program, will work with families to guide them to services and facilities and financing benefits.
The master plan for human resources for health is currently being updated to take into account the strong private sector orientation and the objectives of the Aquino Health Agenda.

Medicines and therapeutic goods

Prior to 2009, the cost of pharmaceuticals used to be among the highest in Asia. The *Cheaper and Quality Medicines Act (2008)* required maximum retail prices for selected drugs corresponding to a 50% reduction in the price of these listed medicines. Pharmaceuticals are dispensed in public hospitals, private hospitals and retail pharmacies, and prescription, by law, should mention the generic name of medicines but could also specify the branded medicines. PhilHealth reimburses inpatient medicines listed in the Philippine National Drugs Formulary up to a ceiling, and essential medicines may be provided free in government health services, although supply is a challenge with only 25% of essential medicines available in the public sector. Outpatient medicines are not covered by PhilHealth and the price is entirely shouldered by the patient. All these factors put significant constraints on access to essential medicines in the country. In 2007, medicine purchase was the highest source of out-of-pocket expenses for health, being around 50%. Ongoing PhilHealth reforms and moves towards case mix payment in hospitals as well as primary care benefit (including selected medicines) for outpatients, is expected to reduce part of this burden for the poorest.

DOH Complete Treatment Pack program is a medicines access program designed to reach the poorest of the poor with complete treatment regimens for the top most common diseases in the country which contribute to increasing morbidity and mortality and high out-of-pocket spending for medicines and health services to majority of Filipinos. The program distributes free complete treatment packs containing medicine, including for NCDs and anti-biotic, for one month to 10 million of the poorest families included in the National Household Targeting System.

Movement and linkages through the provider network

Formal well-defined referral mechanisms among the different parts of the health system are weak, despite a referral system being set by the DOH in the early 2000s. Ideally, patients should enter health services at the barangay health centres and then be referred upwards. There is a district system of hospitals in each province to provide first level referral services for localities without hospitals, and to direct patients back to rural or barangay health services. Many cities and large municipalities also maintain their own system of referral hospitals. However, self-referrals at any level are common practice and there is no proper gate-keeping mechanism. In private practice, patients may be referred by GPs or family physicians to specialists, then to subspecialists. Referrals are mostly done through referral letter.

Both cost and access to services determine whether patients seek public or private sector care. Public providers may refer to the private sector when there is a need for specialized care or special facilities (e.g. ICU). Regular DOH public health programmes (e.g. immunizations, rabies and tuberculosis) have enhanced referrals from private to public providers, mainly for the benefit of acquiring free medicines or PhilHealth packages. However, with the exception of the DOTS program for TB that shares information, skills and supervision, there is very limited other interaction between public and private sectors. For some health promotion and disease prevention programs there is technical support and supervision provided from national level to lower levels and a sharing of vaccines and other supplies. Disease surveillance is communicated across levels.

Quality

All health services are meant to be licensed and accredited by the DOH. In addition, PhilHealth is mandated to regulate quality of care, service delivery and health establishments through the accreditation of health care providers in seven areas: ethics and patient rights, quality of care, leadership, management of human resources and information, safety, and improving performance. Health professionals are regulated by the Professional Regulations Commission. The Food and Drug Administration regulates pharmaceutical products as well as food, cosmetics, vaccines, herbal supplements, health devices and equipment. In 2011, 1622 of 1781 hospitals were provisionally or fully accredited, 1,601 rural health units, 185 authorized hospitals, 69 ambulatory surgical clinics, 70 free-standing dialysis units, 1,090 TB-DOTS clinics, 1,070 maternity clinics, and 24,197 health professionals were accredited by PhilHealth. A number of program and essential care practice guidelines are available. Monitoring their use in the private sector is limited.

In general, quality of health services as measured by outcomes, population coverage, effectiveness, and safety and other indicators is highly variable depending on geographic location and social and economic factors. Highly urbanized metropolitan areas with higher income levels tend to and are perceived to have better quality health service than the mainly rural impoverished and often isolated communities where licensing standards are absent, and accreditation rates are very low. Most hospitals and professional practitioners meet the quality standards set by licensing requirements and PhilHealth accreditation standards. The PhilHealth Benchbook (2009) outlines all standards of quality processes and outcomes for hospitals. Data on quality outcomes are few and unreliable, but public facilities are generally perceived as poorer quality than private hospitals. Primary care facilities and lower level hospitals are bypassed because of similar perceptions of low quality.

Equity

Inequity in health status and access to services is the single most important health problem in the Philippines. Population surveys, special studies and routine data collection consistently show the following:

- Financial barriers, negative perceptions about quality of care (in public providers) and lack of awareness of services and available benefits packages.
- Key health outcomes and coverage for major programmes on child health, maternal care and infectious disease is lower in hard-to-reach areas, the poorest quintiles of the population (urban and rural), and families with uneducated mothers (urban and rural).
- Life expectancy is more than ten years longer in richer provinces than in poorer ones.
- NCDs lack systematic programmes, standards and service packages at first levels of care.

The prevalence of out-of-pocket payments as the main source of heath financing points to serious inequity in the health financing system since it forces the sick patient's family to find money to pay for care at the point of need, i.e., at the time when they are most vulnerable. PhilHealth enrolment of the poorest households has not been sustained during the period of 2005–2010, despite two years of high enrolment in 2004 and 2006. Also, deficient targeting tools might have led to non-poor households that are being subsidized, while a big number of poor households have been excluded. The current payment system does not provide enough financial protection to members.

Reforms of the health sector beginning in 2000 have continued to have little or no impact on a hospital network dominated by high-end for-profit private institutions. As a consequence, poor health outcomes for the poorest income groups and geographic areas persist. The prolonged inequity of outcomes can be traced to a historical trend of poor basic health services at primary and secondary level of care.

Demands and constraints on service delivery

The decentralized system resulting from the *Local Government Code (1991)* has influenced the scope of implementation of health services and directing resources. Nationally, there is technical expertise in research, management and prioritization of population needs. Locally, LGUs are very powerful and

implementation of services depends on local funding and politics. Well-resourced areas with strong LGUs do provide comprehensive services through systems comparable to that in high middle income countries, but LGUs may opt not to prioritize health. PhilHealth programmes have provided incentives for local governments to enhance efficiency, management and implementation of their health services. Overall, the system can be described as fragmented.

As across Asia Pacific generally, the population is aging and becoming more urban with rises in non-communicable diseases which will have significant impact on population health and service delivery capacity. It is anticipated that formal mechanisms to support NCD services at the local level will be implemented in the next few years to complement higher-level capacity and achieve the NCD-related targets in the universal health care program.

Indicators of progress

The Department of Health has framework a Monitoring and Evaluation for Equity and Effectiveness (ME3). The system aims to determine whether the government's health reforms are achieving the goals of equity and effectiveness.

Progress on the MDGs is regularly collated and monitored by the DOH and the National Statistics Office through government surveys, administrative records, annual routine data, and some international organization data. The Philippines is making good progress in reducing the poverty gap, lowering infant mortality, and reducing prevalence of malaria and tuberculosis. Slow progress is seen in reducing maternal mortality and halting HIV transmission. Hospital data and coverage rates for various promotive and preventive programs are also collected. Average utilization rate of PhilHealth programmes (service package benefits) remains low at 3.9% of total population. Utilization rate for health facilities in 2000 was 77%.

Table 4. Selected Health Indicators Baseline Data and Targets

Indicators	Baseline	2016 Targets
Life expectancy	67.62 years (2000-2005)	71.59 years (2015-2020)
Infant mortality rate *(per 1,000 live births)*	25 (2008)	17
Under 5 mortality rate *(per 1,000 live births)*	34 (2008)	25.5
Maternal mortality ratio *(per 100,000 live births)*	92-163 (2010)	50
Prevalence of underweight children under five years of age *(in percent)*	20.6 (2008)	12.7
Malaria morbidity rate *(per 100,000 population)*	22 (2009)	4
Malaria mortality rate *(per 100,000 population)*	0.03 (2009)	<0.03
TB prevalence rate *(per 100,000 population)*	486 (2008)	387
TB mortality rate *(per 100,000 population)*	41 (2007)	33
HIV Prevalence*	<1% (2009)	<1%
Mortality rate from heart diseases *(per 100,000 population)*	84.8 (2008)	75
Mortality rate from vascular disease *(per 100,000 population)*	61.8 (2008)	55
Total Fertility Rate	3.3 (2008)	2.4 -2.96
Out of pocket spending for health of total health expenditure	54.3% (2007)	35%

Sources: DOH, NNC, POPCOM, and NSCB

** For the specific annual targets, please refer to the 5th AIDS Medium Term Plan (AMTP). The 5th AMTP goal states that by 2016, the country will maintain the prevalence of less than 66 HIV cases per 100,000 population.*

Traditional medicine practice

Traditional medicine and complementary and alternative medicines are widely used in the Philippines. Filipino traditional medicine has been in practice for more than a thousand years. Many forms of complementary and alternative medicine introduced from other countries are also used, such as Chinese traditional medicine, acupuncture, herbal medicines, chiropractic, homeopathy, and Ayurveda. Significant groups of people depend to varying degrees on different forms of traditional and complementary medicines for their health care. A 2010 WHO WPRO study estimated that 70% of the population uses traditional and complementary medicines. Of those, 89% do so for particular illnesses, symptoms, or cultural needs which biomedicine cannot address, as well for financial reasons. Traditional practitioners' services are accessible, available and affordable, particularly in remote areas.

The Traditional Medicine unit now the Philippine Institute for Traditional and Alternative Health Care (PITACH), an attached agency of the DOH supports the integration of traditional and complementary medicine into the national health care system. It is responsible for carrying out the responsibilities stated in the *Traditional and Alternative Medicine Act (1997) (*currently being updated). There are also three national research institutions covering traditional and complementary medicine: the National Institute for Health, the National Integrated Research Programme on Medicinal Plants, and the Philippine Council for Health Research and Development.

Acupuncture services are covered by PhilHealth, but no other traditional or complementary medicine services are covered. Acupuncture delivered in hospital is US$0.22-0.44, although private practitioners may charge up to five times more than a physician's office fee. Traditional birthing attendants charge much lower fees than other birth attendants; PHP755-947 (approx USD15-20), compared to up to PHP3,175 (approx USD60) for a midwife, PHP7,000 (approx USD140) for a nurse, and PHP10,000 (approx USD200) for a physician. Almost uniformly, traditional medicine practitioners do not have set fees, and many accept donations.

Providers of traditional medicine

Traditional and complementary medicine is practiced by private practitioners or healers, and in homes and barangay health stations. They play an important role in primary health care in the Philippines. Traditional birth attendants are used by a significant proportion of birthing women. In 2008 36% of deliveries were assisted by a traditional birth attendant, or Hilot.

In 2002 there were 250,000 traditional healers in the Philippines. Compared to medically trained doctors, traditional medicine practitioners are far more accessible. While there is only one doctor for every 80,000 people, there is one traditional healer for every 300 people.

Licensing of practitioners

Traditional medicine and complementary medicine practitioners are recognised in legislation but have different licensing requirements than conventional medicine practitioners/doctors. There are two formal professional self-regulating bodies for traditional and complementary medicine: the National Accreditation Committee for Acupuncture and the Board of Chiropractic both established in 2008. A committee for Homeopathy is in the process of being established. Also in 2008, the Philippine Institute of Traditional and Alternative Health Care issued competency standards for the practice of acupuncture for physicians and non-medical practitioners. In June 2009, a standardized curriculum for acupuncture certification, based on WHO 1999 guidelines, has been delivered to approximately 300 physicians. It is currently under evaluation. There are also plans for the regulation of Chiropractic, Homeopathy and Hilot-Massage. Training and education in traditional and complementary medicine, including at Masters level, has been supported by several NGOs since 2008.

The Department of Health through the Committee of Examiners for Masseurs conducts bi-annual licensing for massage therapist in the country, consisting of theoretical and practical examinations. Those who pass the exams are given a license to practice massage in the country. The masseur's license is renewable every 3 years with corresponding medical and continuing education required for it to be renewed.

Traditional Medicines

Herbal medicines can be sold in pharmacies as prescription medicines or as non-prescription medicines, self-medication, or over-the-counter medicines. There are also community produced herbal medicines. These must stay within the limit of not more than 400 bottles per annum, and are their use is restricted to within the practitioner's own community.

Quality and safety of traditional medicine

In the Philippines, herbal medicines are regulated in the same way as conventional pharmaceuticals, and can be listed in the Philippine National Drug Formulary. Good Manufacturing Practice requirements for herbal medicines were issued in 1999 and manufacturers of herbal medicines must achieve compliance before they are granted a license to operate. Exclusive safety requirements for herbal medicines were issued in 2004. Reference to safety data in documented scientific research on similar products is sufficient. A post-market surveillance system for safety of herbal medicines exists.

Of the more than 2,000 herbs identified in the Philippines, only four are currently included in the formulary. Herbal medicines that are sold with any type of health claim will have undergone randomized controlled trials. Such condition does not apply to food supplements which are heavily promoted in the country with little scientific or regulatory control on their claims.

The first edition of the *Philippine Pharmacopeia for Herbal Medicine* was issued in 2005. Other pharmacopoeia has also been used including those from the United States, Europe, India, China and Japan. The information in these is legally binding.

Guidelines on the Registration of Traditional Herbal Products were issued in 2004, and since then only 50 herbal medicines have been registered. There is a national essential medicines list, and the 2008 version includes five herbal medicines.

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