

Present priorities in the health care system

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We are facing the immediate future with quite a number of concerns in our health care system. The number of COVID-19 cases may be waning,¹ but we are still experiencing the impact of the ravages of the pandemic. At the very least, within the next few months, we will still continue to implement the COVID-19 system² of prevention, detection, control, isolation, and treatment, and strive to widen COVID-19 vaccination coverage. Since the start of the pandemic, nurses started to resign from hospitals to avoid getting COVID-19 or to work abroad, leaving health care facilities understaffed.^{3,4}

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The Philippine current health expenditure, or what the country spent for healthcare goods and services, increased by 18.5% from 2020 to 2021. Last year, per capita current health expenditure was PHP 9,839.23, compared to PHP 8,411.52 in 2020. By health care financing scheme, household out-of-pocket payment for health care goods and services comprised 41.5% of the current health expenditure in 2021.⁵ A major tropical storm has just caused flooding in many regions in the country,⁶ and more tropical storms are expected to hit the country in the coming weeks.⁷ The top five causes of mortality in the country in the recent past—ischemic heart diseases, cerebrovascular diseases, neoplasms, diabetes mellitus, and hypertensive diseases—are all chronic illnesses.⁸

Based on the WHO building blocks of a health system, we can check our health care priorities on six areas—1. health service delivery; 2. health systems financing; 3. health workforce; 4. Access to essential medicines; 5. health information systems; and 6. leadership and governance.⁹ A few months ago, Ferdinand Marcos, Jr, the new president of the Philippines, during his first state-of-the-nation address, mentioned the highlights of his agenda for the country's health care system during his administration.¹⁰ Foremost in his plans involve processes and infrastructure for health service delivery—continuation of COVID-19-related services, establishment of more hospitals and health centers, establishment of specialty hospitals outside the National Capital Region, and decentralization of health care by “bring(ing) medical services to the people.” On access to essential medicines, the plan is to attract more drug companies to manufacture and sell essential drugs in the Philippines, in order to ensure the availability and affordability of these drugs. The President also mentioned the plan to create two government agencies—the Philippine

Center for Disease Prevention and Control under the Department of Health, and the Virology Institute of the Philippines under the Department of Science and Technology—presumably to provide leadership and governance on matters pertaining to important diseases through coordination of services, development of management systems, and establishment of regulatory frameworks. On the health workforce, the President proposed to establish a medical reserve corps composed of various professionals in health care, and said—albeit without elaboration—that “we will exert all efforts to improve the welfare of our doctors, our nurses, and other medical frontliners.”¹⁰ From the highlights mentioned, nothing much was related to health systems financing and health information systems in the country.

With the DOH's vision that Filipinos are among the healthiest in Asia by 2040,¹¹ and with the country's present health-related concerns, health service delivery needs to be focused on ensuring continuity of care across all levels of health facilities. We have seen this in full operation at the height of the COVID-19 pandemic through the One Hospital Command System.⁹ Now, we need to strengthen the facilities within service delivery networks in terms of human resources for health,¹² equipment, and processes in order to perfect the inter-facility referral systems and to optimize the outcomes of patients with other disease conditions, not only COVID-19. We need a systematic approach to ensuring quality in service delivery through evidence-based policy making, participatory health development, responsible leadership, transparency, and institutional accountability—in short, through good leadership and governance in the health care system.¹³ We need practical and dependable health information systems in the country for priority setting, evidence-based decision making, and efficient resource allocation. We need attractive yet reasonable employment packages for our human resources for health. Maintaining the ideal number of well-trained and well-motivated human resources for health



will eventually increase the quality of health services. Lastly, we need health care financing schemes that maximize government insurance benefits and

minimize out-of-pocket spending, especially for the prevention of complications of chronic illnesses. While the set of components of a health care system

tend to be constant and universally occurring, we determine priorities in our health care system depending upon the shifting sands of the country's health state.

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