Message
by

Hon. Enrique T. Ona
Secretary
Department of Health

Good morning to all.

Before anything else, allow me to extend my congratulations to the Philippine Council for Health Research and Development, as you celebrate your 30th year of meaningful service to the country. It is my great pleasure to be with you today because I believe this is a good opportunity to discuss with you possible areas for research in support of our efforts to achieve *KalusuganPangkalaha tan* or Universal Health Care.

Your theme for this 30th year celebration couldn't have been more appropriate. Indeed, health research is the key for development and progress. The DOH is faced with a lot of problems: increasing deaths from non-communicable diseases, poor access to quality health care, slow decline of maternal mortality, among others. To solve these problems, the DOH has been allotted a finite amount of resource to pursue a milieu of programs and interventions. And as decision-makers, the single most important question is always which intervention or courses of action will yield the biggest impact, given the limited resources. In short, we always ask which interventions are the most cost-effective or which courses of action are worth pursuing. More often than not, we are short of evidence in the implementation of these programs. This is where health research comes in. The evidences and recommendations that will result from the research will certainly go a long way in guiding the DOH, in how to go about realizing its goals. We must have evidence to validate or negate our biases and gut feel as we proceed in interventions in our health system.

We have made good headway in the past two years towards achieving KalusuganPangkalahatan or Universal Health Care. Over that period, we have seen PhilHealth enrolment increase nationwide, to now amount to a coverage rate of 80% of our population of roughly 21 million Filipino families. More importantly, however, among those now covered by PhilHealth are the 5.3 million of the poorest Filipino families identified by DSWD's National Household Targeting System for Poverty Reduction who are enrolled with full NG subsidy.

In addition to this, we have made changes to PhilHealth which will serve to boost the utilization of benefits and to improve the support value. Included in these changes is PhilHealth's new Case Rates Payment Scheme which allows those poorest 5.3 million Filipino families to be treated for 23 of the most common illnesses at government hospitals free of cost. A Catastrophic Care Package is also in the pipeline, which will cover more devastating conditions like cancer, strokes and heart attacks.

There are other areas of inquiry. On case payments,we need to validate the schemeand its mechanisms for price setting for case payments. I have always maintained that case payments will not be successful if we fail to have an honest to goodness study on physician's acceptance of fixed professional fees. With regards catastrophic coverage, we need studies that will look into what conditions must be covered, the extent of the premiums, and necessarypremiums to make it cost-effective and financially sustainable.We have to study how to engage the private sector such as HMOs and private insurance companies to provide supplemental benefits for our countrymenor in establishing a separate tier of benefits for those belonging in the formal sector, who are willing to pay higher premiums.Both would need studies that would guide the planning and implementation of such interventions. We can always look at the best practices in other countries such as Mexico, Thailand, etc., which have pursued these initiatives in the past to help us in our implementation, but we must validate this in our unique Philippine situation.

In order to upgrade public health facilities such as hospitals and rural health units, the government has allocated funds for upgrading the infrastructure and equipment of our health facilities, with particular focus given to those located in areas with higher densities of poor families and lower numbers of physically and financially accessible treatment centers. We have done that for the past 1½ years and we will continue that because we feel that there is much work to be done to make these facilities capable of providing better services. Unfortunately, we know that based on experience alone and we have yet to develop a sound, over-all development plan for health facilities in the country.

In addition, we must be able to create and disseminate an accurate inventory of the public and private health facilities that we have across the country. This would serve the purposes of 1) identifying which areas should be prioritized for facility enhancement and 2) setting up a known service delivery network for quicker and more efficient referral of patients in need of care. Health facility mapping using IT should include among others the number of beds, health human resources, catchment area, diagnostic capabilities, and specialty services.In order to keep our facility enhancements useful and relevant, operations research in improving financial sustainability of health facilities will be needed to optimize the utilization of our limited funds.

To achieve all the enhancements that we would like for our health facilities to receive, we need more resources than our government can currently provide on its own. This is why we are making use of Public-Private Partnerships which we know we can do. The fact that we have been recognized by UNECE as the site of its International Center of Excellence for Public-Private Partnerships on Health shows that we have the capacity to do it. In fact, we have a PPP Unit in the DOH lodged at the NKTI who will manage the PPP projects of the DOH, particularly the Research Institute for Tropical Medicine's Vaccine Self-sufficiency

Program, the upgrading of the Philippine OrthopaedicCenter's facilities, and the modernization of 38 strategically located DOH Medical Centers across the country.

As you very well know, enhancements to health facilities don't stop with just better infrastructure and equipment, however. We are also providing more skilled health professionals to more far-flung communities through the Doctors to the Barrios program, the Registered Nurses for Health and Local Service program and the Rural Health Midwives Placement Program. But these programs are just stop gap measures to address the mal-distribution of health workers. We really need a comprehensive assessment of health manpower (i.e. doctors, nurses, etc.), the number we produce and train, and local and international demands, and how we regulate them.

As an island nation, Geographically Isolated and Disadvantaged Areas are a reality we must deal with, and so alternative approaches to providing services under varying health service delivery conditions, such as mobile clinics or perhaps air and sea transportmust be given appropriate study and attention.

In line with the attainment of our MDGs, there is a need to determine the impacts of public health interventions on overall development and create projections of public health gains from anti-poverty interventions, such as the passing of the RH bill. For more effective and efficient implementation of our current strategies particularly the Community Health Teams, operations research needs to be done on the scaled up deployment of community health teams.

Apart from all these, we also have to deal with governance issues. Devolution plays a huge role in the way health develops in different localities across the country. We need a review of health impacts of devolutionin order to assess the strengths and weaknesses of working in such a system. Another governance issue is the low absorptive capacityof an almost suddenly scaled up DOH budget. We need support in making accurate financial assessments and implementing measures to improve absorptive capacity for incremental budgets.

Finally, our health system must keep up with the times and be able to take advantage of advances in technology. In particular, we must scale up and maximize the use of modern information and communication technology towards the goal of improving the sharing, analysis and validation of data and health information.

These are some of the research concerns of the DOH and our changing health sector. I hope these will be among the topics of the next batch of research that PCHRD will produce. Before I end, I would like to issue a challenge. A couple of months back; I attended the PMAC Conference in Thailand and found out that we are not far behind in terms of pursuing studies in reforms for universal health coverage. Unfortunately, there was a paucity of research papers documenting those that were coming out of the country. My challenge is, let us begin writing these academic papers so other countries can learn from our experience and so that the Philippines can gain the recognition it deserves.

Again, thank you and congratulations to PCHRD.

Good day.