The Poor and their Health Care Predicament

Refs: Presentation of

Dr. Ryan Camado Guinaran
Dr. Jaime Z. Galvez-Tan
MediLink, Blim, WHO
Health is a Human Right

“The enjoyment of the highest sustainable standard of health is one of the fundamental rights of every human being, without distinction of race, religion, political belief, economic or social conditions” – Begins the preamble to the World Health Organization Constitution
Health is a Human Right

- “The State shall protect and promote the right to health of the people and instil health consciousness among them.” - Article II, Section 15 of the 1987 Constitution

- All Filipinos must have fair, just, and equal access to health care.
Health

- WHO definition: health, which is a *state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity*, (is a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal whose realization requires the action of many other social and economic sectors in addition to the health sector- Alma Ata Declaration 1978)

Source: NSCB
The Right to Health

- Availability
- Accessibility
  - Non-discrimination
  - Physical
  - Information
- Acceptability
  - Cultural
  - Social
- Affordability
- Appropriate
- Quality
- Equity
A Threshold for Equality, None for Equity

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Outline

- Disease and Health Burden of the Poor
- Health Seeking Behavior of the Poor
- Expectations and Realities of Health Systems by the Poor
- Strategies to Improve Health Outcomes, especially for the Poor
Disease and Health Burden of the Poor

- **Health Equity**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>High Income/Urban areas</th>
<th>Low Income/Rural areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life expectancy at Birth</td>
<td>&gt;80</td>
<td>&lt;60</td>
</tr>
<tr>
<td>Infant Mortality Rate</td>
<td>&lt;10</td>
<td>&gt;24</td>
</tr>
<tr>
<td>Maternal Mortality Ratio</td>
<td>&lt;15</td>
<td>&gt;150</td>
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</table>
### Disease and Health Burden of the Poor

- **Health Equity**

<table>
<thead>
<tr>
<th>REGION</th>
<th>HEALTH INDICATORS</th>
<th>Infant Mortality rate</th>
<th>Under 5 mortality rate</th>
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<tbody>
<tr>
<td>Philippines</td>
<td></td>
<td>25</td>
<td>34</td>
</tr>
<tr>
<td>Ilocos</td>
<td></td>
<td>24</td>
<td>26</td>
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<tr>
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<td></td>
<td>24</td>
<td>29</td>
</tr>
<tr>
<td>National Capital Region</td>
<td></td>
<td>22</td>
<td>24</td>
</tr>
<tr>
<td>CALABARZON</td>
<td></td>
<td>20</td>
<td>28</td>
</tr>
<tr>
<td>CAR</td>
<td></td>
<td>24</td>
<td>31</td>
</tr>
<tr>
<td>MIMAROPA</td>
<td></td>
<td>37</td>
<td>49</td>
</tr>
<tr>
<td>Bicol Region</td>
<td></td>
<td>19</td>
<td>34</td>
</tr>
<tr>
<td>Eastern Visayas</td>
<td></td>
<td>45</td>
<td>64</td>
</tr>
<tr>
<td>Western Mindanao</td>
<td></td>
<td>14</td>
<td>31</td>
</tr>
<tr>
<td>ARMM</td>
<td></td>
<td>56</td>
<td>94</td>
</tr>
</tbody>
</table>
# Perinatal Mortality Rate

(Death inside the womb or within the first 7 days of life)

<table>
<thead>
<tr>
<th>Region</th>
<th>2003</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Philippines</td>
<td>24</td>
<td>28</td>
</tr>
<tr>
<td>CALABARZON</td>
<td>25</td>
<td>10</td>
</tr>
<tr>
<td>NCR</td>
<td>19</td>
<td>30</td>
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<tr>
<td>Central Luzon</td>
<td>20</td>
<td>24</td>
</tr>
<tr>
<td>CAR</td>
<td>23</td>
<td>22</td>
</tr>
<tr>
<td>Ilocos</td>
<td>36</td>
<td>12</td>
</tr>
<tr>
<td>Eastern Visayas</td>
<td>24</td>
<td>33</td>
</tr>
<tr>
<td>Bicol Region</td>
<td>26</td>
<td>35</td>
</tr>
<tr>
<td>MiMaRoPa</td>
<td>21</td>
<td>39</td>
</tr>
<tr>
<td>ARMM</td>
<td>35</td>
<td>41</td>
</tr>
<tr>
<td>Western Visayas</td>
<td>43</td>
<td>41</td>
</tr>
</tbody>
</table>
LEB over 80 years
IMR less than 10
MM less than 15

LEB under 60 years
IMR over 90
MM over 150
### Table 3.1 Life expectancy (2006)*

<table>
<thead>
<tr>
<th>Top Ten</th>
<th>Years</th>
<th>Bottom Ten</th>
<th>Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>La Union</td>
<td>74.6</td>
<td>Agusan del Norte</td>
<td>63.6</td>
</tr>
<tr>
<td>Bulacan</td>
<td>73.4</td>
<td>Mt. Province</td>
<td>62.8</td>
</tr>
<tr>
<td>Ilocos Norte</td>
<td>73.0</td>
<td>Apayao</td>
<td>62.8</td>
</tr>
<tr>
<td>Camarines Sur</td>
<td>73.0</td>
<td>Palawan</td>
<td>62.7</td>
</tr>
<tr>
<td>Benguet</td>
<td>72.9</td>
<td>Kalinga</td>
<td>61.9</td>
</tr>
<tr>
<td>Cebu</td>
<td>72.6</td>
<td>Ifugao</td>
<td>61.2</td>
</tr>
<tr>
<td>Batangas</td>
<td>72.6</td>
<td>Lanao del Sur</td>
<td>58.7</td>
</tr>
<tr>
<td>Pampanga</td>
<td>72.4</td>
<td>Maguindanao</td>
<td>57.6</td>
</tr>
<tr>
<td>Cagayan</td>
<td>72.0</td>
<td>Sulu</td>
<td>55.5</td>
</tr>
<tr>
<td>Albay</td>
<td>71.9</td>
<td>Tawi-Tawi</td>
<td>53.4</td>
</tr>
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</table>
## Contraceptive Prevalence Rate

<table>
<thead>
<tr>
<th>Region</th>
<th>2003</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Philippines</td>
<td>48.9</td>
<td>50.7</td>
</tr>
<tr>
<td>CALABARZON</td>
<td>48.4</td>
<td>46.8</td>
</tr>
<tr>
<td>NCR</td>
<td>48.9</td>
<td>54.1</td>
</tr>
<tr>
<td>Central Luzon</td>
<td>54.5</td>
<td>57.8</td>
</tr>
<tr>
<td>CAR</td>
<td>46.3</td>
<td>54.9</td>
</tr>
<tr>
<td>Ilocos</td>
<td>50.6</td>
<td>54.2</td>
</tr>
<tr>
<td>ARMM</td>
<td>18.7</td>
<td>15.1</td>
</tr>
<tr>
<td>Bicol Region</td>
<td>47.4</td>
<td>39.4</td>
</tr>
<tr>
<td>Zamboanga Peninsula</td>
<td>43.1</td>
<td>43.8</td>
</tr>
<tr>
<td>Eastern Visayas</td>
<td>44.4</td>
<td>47.5</td>
</tr>
<tr>
<td>MiMaRoPa</td>
<td>42.5</td>
<td>53.6</td>
</tr>
</tbody>
</table>
Unmet FP and Maternal Care

• 6 Million Filipino women- unmet need for FP
  – 500,000 have unplanned, unwanted pregnancies
  – 20% higher likelihood of complications during pregnancy and childbirth
  – Less likely to avail of adequate maternal care
  – Affect health conditions of mothers- poor maternal and fetal outcomes
FP Acceptors

• 900,000 new FP acceptors from 2003-2008
• Average of 180,000 new FP acceptors per year
• 30 YEARS to address the problem of unmet need in the country
2008 NDHS Report on Use of Contraception by Women of Reproduction Age and their Educational Status

Contraceptive Use

- Use of any Contraceptive method
- Not currently using any

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Use of any Contraceptive method (%)</th>
<th>Not currently using any (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No education</td>
<td>81.5</td>
<td>18.5</td>
</tr>
<tr>
<td>Elementary</td>
<td>54.7</td>
<td>45.3</td>
</tr>
<tr>
<td>High school</td>
<td>53.2</td>
<td>46.8</td>
</tr>
<tr>
<td>College</td>
<td>53.1</td>
<td>46.9</td>
</tr>
</tbody>
</table>
2008 NDHS Preliminary Report on Maternal Care Indicators and their Relationship to Mothers’ Education

Antenatal Care Trends

- Percentage of women whose last live birth was protected against neonatal tetanus
- Percentage of women with antenatal care from a health professional

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Neonatal Tetanus Protection</th>
<th>Antenatal Care from Health Professional</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Education</td>
<td>34.2</td>
<td>44</td>
</tr>
<tr>
<td>Elementary</td>
<td>68.9</td>
<td>80.4</td>
</tr>
<tr>
<td>High school</td>
<td>79.5</td>
<td>94.1</td>
</tr>
<tr>
<td>College</td>
<td>74.5</td>
<td>97</td>
</tr>
</tbody>
</table>
2008 NDHS Report on Knowledge of Women of Reproductive Age of AIDS and their Educational Status

Knowledge of AIDS

Percentage of women who have heard of AIDS

<table>
<thead>
<tr>
<th>No education</th>
<th>Elementary</th>
<th>High School</th>
<th>College</th>
</tr>
</thead>
<tbody>
<tr>
<td>40.3</td>
<td>84.1</td>
<td>96</td>
<td>99.4</td>
</tr>
</tbody>
</table>
2008 NDHS* Report on Vaccinations of Children and their Mother’s Educational Attainment

Vaccinations

- With no vaccinations
- Percentage of children who received vaccines

No education | Elementary | High School | College
--- | --- | --- | ---
47.9 | 19.1 | 14.4 | 1.8
34.6 | | | 2.3

*National Demographic Health Survey (NDHS) done by the NSO
Undernutrition and obesity by the level of GDP per capita

(Source: WHO, 2006)
Outline

- Disease and Health Burden of the Poor
- **Health Seeking Behavior of the Poor**
- Expectations and Realities of Health Systems by the Poor
- Strategies to Improve Health Outcomes, especially for the Poor
Health Seeking Behavior of the Poor

- Health financing mechanisms utilized by the poor to access medicines are those which are formal, but charitable, welfare or dole-out systems.
- Community-based charitable and dole-out mechanisms dominate how the poor access medicines.

## Typology of Health Financing Mechanisms for Access to Medicines (N=70)

<table>
<thead>
<tr>
<th>Health Financing Mechanisms</th>
<th>Formal</th>
<th>Informal</th>
</tr>
</thead>
<tbody>
<tr>
<td>National</td>
<td>Philhealth</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SSS (5%)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Private (0%)</td>
<td></td>
</tr>
<tr>
<td>Community</td>
<td>LGU Cards (2%)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Microfinance (1%)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NGOs (1%)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Drug Stores (1%)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Charity/Welfare</th>
<th>Formal</th>
<th>Informal</th>
</tr>
</thead>
<tbody>
<tr>
<td>National</td>
<td>DSWD (4%)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PCSO (2%)</td>
<td></td>
</tr>
<tr>
<td>Community</td>
<td>Public Hospitals (60%)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mayor (8%)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Church (2%)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Family/Relatives &amp; Friends (44%)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Informal Lenders (8%)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Politicians (7%)</td>
<td></td>
</tr>
</tbody>
</table>
Equity in medicines

Figure B2.1 The mismatch between expenditure on medicines and health need (Source: McCoy 2003)
Health Seeking Behavior of the Poor

- The poor spends more for health (out of pocket expenditures or OOP)
  - For every P100, the poor spends P57 from her/his own pocket while government spends only P43.

- In the target of the Health Sector Reform Agenda or Formula One (2005-2010), by 2010 PhilHealth will pay P80 for every P100 worth of health care services and out-of-pocket (OOP) expenditures will only be P20.
Health Seeking Behavior of the Poor

- When sick or “not feeling well”, 90% of the poor resort to self-medication using either herbal medicines or over the counter drugs.

- When the poor feel they need to consult, 60% will consult first a traditional indigenous healer (hilot, herbolario, mantatawas, spiritista) before consulting a doctor, nurse or midwife.

- If ever they will consult a doctor, they would prefer a private doctor over a government doctor. The poor will borrow money just to consult a private doctor, where s/he feels s/he will be given more time, dignity and quality of care.
TM-RHU (-TM)
RHU+TM
RHU-TM
RHU
Outline

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Expectations and Realities of Health Systems

Health Financing

- Total expenditure for health in 2005 to 2008 is only 3.3% of GDP, far from WHO’S recommended 5% of GDP spending for health.
Government expenditure on health care

Share of general government expenditure spent on health care (2003 expenditure ratios)

Expenditure (%)
- 2 - 4.9
- 5 - 9.9
- 10 - 14.9
- 15 - 19.9
- 20 and higher
- Data not available

(Source: WHO. 2006)
Health and Gov’t expenditure

Figure B1.5 Association between healthy life expectancy and government health care expenditure as a percentage of GDP, 2000 (Source: Mackintosh and Koivusalo forthcoming 2005)
Expectations and Realities of Health Systems

Health Services Organization and Governance

- Fragmentation of health system
  - Public/Private segregation
  - Over-specialization
  - Discontinuities between levels of care
  - Geographic disparities in quality and quantity of services
Figure 1. DOH Structure (Pre-devolution)

Office of the Secretary of Health

Executive Committee for National Field Operations

15 Regional Field Offices

Regional Hosp. Medical Centers Sanitaria

Provincial Health Offices

Provincial Hospitals

District Health Offices

City Health Offices

District Medicare & Municipal Hospitals

Municipal Health Offices

BHSs

JAPerez, nd
Hammering through a (Pseudo-) Decentralized Health System
Expectations and Realities of Health Systems

Health Human Resources

- Production of health professionals
  - de-linked from the actual needs of the country
  - mainly influenced by market forces
- Unavailability of funds renders Magna Carta for Public Health Workers and Barangay Health Workers’ Incentive Law ineffectual in most areas of the country
Expectations and Realities of Health Systems

Health Information System

- At best rudimentary and ministerial
- Data flow is hierarchical (local offices to central offices)
- Difficult for some levels of stakeholders, especially individuals, families and communities, to use for decision-making
Expectations and Realities of Health Systems

Access to Essential Medicines

- 40% of the population cannot afford to buy the medicines they need
- Less than 30 percent of the population has regular access to essential drugs
- Problem of rational drug use – thousands of pharmaceutical products sold under different brand names, doses and preparations
The Aquino Health Agenda (AHA) and Universal Health Care (UHC) 2010-2013

**Priority Objectives:**

- Expand the number of poor and near poor households enrolled in PhilHealth
- Improve outreach for poor household to address barriers in utilizing health care services covered under health insurance
- Increase financing protection among the population.
Health—virtuous or vicious cycle?

- **East Asia**: health improvements accounted for 1/3 of economic miracle
- **Sub-Saharan Africa**: high mortality among people of working age, productivity loss further perpetuating cycle of poverty

*Source: Bloom and Canning, Health and Wealth of Nations, Harvard School of Public Health*
Improved health will drive inclusive growth
Chronic diseases are the leading causes of death

<table>
<thead>
<tr>
<th>Cause</th>
<th>Total</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Diseases of the heart</td>
<td>70,861</td>
<td>84.8</td>
</tr>
<tr>
<td>2. Diseases of the vascular system</td>
<td>51,680</td>
<td>61.8</td>
</tr>
<tr>
<td>3. Malignant Neoplasms</td>
<td>40,524</td>
<td>48.9</td>
</tr>
<tr>
<td>4. Accidents</td>
<td>34,483</td>
<td>41.3</td>
</tr>
<tr>
<td>5. Pneumonia</td>
<td>32,098</td>
<td>38.4</td>
</tr>
<tr>
<td>6. Tuberculosis</td>
<td>26,770</td>
<td>31.0</td>
</tr>
<tr>
<td>7. Unclassified</td>
<td>21,278</td>
<td>25.5</td>
</tr>
<tr>
<td>8. Chronic lower respiratory diseases</td>
<td>18,975</td>
<td>22.7</td>
</tr>
<tr>
<td>9. Diabetes mellitus</td>
<td>16,552</td>
<td>19.8</td>
</tr>
<tr>
<td>10. Conditions originating from the perinatal period</td>
<td>13,180</td>
<td>15.8</td>
</tr>
</tbody>
</table>

Source: Philippine Statistical Yearbook 2009
Focusing on disease prevention is a more direct path to universal health

60-80% Lifestyle

Unpredictable Health
Predictable (Rules-based) Health

2009 Continua Health Alliance   Brigitte Piniewski, MD
Individuals are responsible for own health

Specialization: Social oncology

- Charity
  - Less freedom
- Chance
  - Acute
- Choice
  - Chronic
- Change
  - More freedom

Guinaran, 2011
Medical research corroborates the impact of lifestyle on health

- **58% Reduction in Diabetes with lifestyle modification**
  Tuomilehto, 2001 NEJM 344(18): 1343-50

- **60% Less Cancer**
  De Lorgeril, Arch Int Med 1998;158:1181-87

- **83% less Heart Disease**

- **91% less Diabetes**

- **73% less CHD**

- **69% less Cancer**
  HALE Project. Knoops JAMA 2004;292:1433-1439

- **60% Fewer Cardiac Events**
  Hambrecht Circulation 2004;109:1371-78

- **44% Reduction in total mortality (NNT=16)**

- **45% Reduction in total mortality (NNT=2.4)**
  Indian Heart Study, BMJ 1992;304:1015-19

- **40% Mortality Reduction**
  GISSI-Prevenzione, Med.Diet AHA11/01: Marchioli

- **67% Mortality Reduction**

60% - 80% of health issues may be preventable
Better health outcomes are achievable at lower cost

- Overweight people are 10x more likely to develop diabetes
- Obese people are 60x more likely to develop diabetes
- Diabetics are far more likely to develop cardiovascular disease, kidney disease, and blindness, and to have other medical issues

If everyone were low risk, 92% of diabetes incidence would be eliminated
Outline

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- Strategies to Improve Health Outcomes, especially for the Poor
Strategies to improve health outcomes especially for the poor
Strategies to Improve Health Outcomes

**Strategy 1:** Establish a well-defined package of health services that will be guaranteed by government ("the core package"), starting with the most essential and cost-effective health services

- Must be cost effective and affordable and takes into account specific groups of the within the population and their needs.
Essential Health Packages

- Maternal and Newborn Health Care
- Child Health and Nutrition
- Reproductive Health
- Prevention and Control of Communicable Diseases
- Prevention and Control of Non-Communicable Diseases
- Oral Health
- Mental Health
- Acute Care Services
Strategies to Improve Health Outcomes

Strategy 2: Implement fully the National Health Insurance Act of 1995

- To re-focus commitment to the social mandate of universal insurance coverage (100%) and guaranteed access for the poor, as established through the National Health Insurance Act that created PhilHealth in 1995.
- Ensure that when a sponsored PhilHealth patient utilizes a government managed hospital, that there will be zero co-payments.
Fig. 1.2. Three dimensions to consider when moving towards universal coverage

- Extend to non-covered
- Reduce cost sharing and fees
- Include other services

Current pooled funds

- Direct costs: proportion of the costs covered
- Services: which services are covered?
- Population: who is covered?

Source: adapted from (21, 65).
Strategies to Improve Health Outcomes

**Strategy 3:** LGUs responding to the challenges of Universal Health Care.

- LGU best health practices as awarded by *Galing Pook Foundation*
  - ensuring universal Philhealth coverage in their localities;
  - improving access to hospital services by enabling indigents to pay in kind or via services;
  - implementing holistic socio-economic and environmental programs covering nutrition, food production and health services;
- Permanent health services in far flung islands and mountain barangays.
Strategies to Improve Health Outcomes

**Strategy 4**: Introduce programs to improve health human resource development to meet the parallel (and often-competing) needs of the local health system and the international demand for Filipino health workers

- Health workers must be offered incentives to stay through measures such as realistic salary scales, non-wage benefits, and full implementation of the Magna Carta for Health Workers.

- Create a locum (temporary replacement) for LGU health professionals who need to pursue continuing health professional education. Coordinate with DOH CHDs on this action.

- Lobby with your Congressman for a Special Labor/Migration Policy for the health care workforce different from the government labor export policy.
Strategies to Improve Health Outcomes

**Strategy 5**: Ensure universal access to essential medicines

The 20 most critical and lifesaving generic drugs must be made available in all health facilities and all barangays, especially Rural Health Units, Botika ng Bayan and Botika ng Barangay.

- Tap social health franchises in community pharmacies especially Botika Binhi and Health Plus (or the National Pharmaceutical Foundation).

- Convert existing “Botika”s into Public Private Partnerships in Pharmacy. Contact your local DBP for details.
20 Essential Medicines

- Paracetamol (for fever/pain)
- Oresol (for diarrhea/dehydration)
- Amoxicillin (antibiotic)
- Co-T trimoxaz olo (antibiotic)
- Lagundi (cough/colds)
- Ferrous Sulfate/Folic acid
- Vitamin A (prevention)
- Isoniazid (anti-TB)
- Pyrazinamide (anti-TB)
- Rifampicin (anti-TB)
- Quinolones (anti-malaria)
- Hydrochlorothiazide (anti-hypertensive)
- Metformin (anti-diabetic)
- Hyoscine (anti-spasmodic)
- Mebendazole (anti-helminthic)
- Salbutamol (anti-asthma)
- Oxytocin (for uterine bleeding)
- Akapulko ointment (anti-fungal)
- Oral contraceptives (ethinyl estradiol)
- Oral contraceptives (progestin only)
Distribution of health workers by level of health expenditure and burden of disease, WHO regions

Size of the dots is proportional to total health expenditure.

(Source: WHO, 2006)
Strategies to Improve Outcomes of MDG 4 & 5

- **Strategy 6: Implement Extraordinary Actions to Drastically Reduce IMR/CMR/MMR**
  - Start the practice of one resident midwife for every barangay
  - Ensure emergency transportation services for mothers-in-labor needing higher level of treatment
  - Establish half way houses beside RHUs and Hospitals for pregnant mothers already near their delivery date
  - Establish a working referral system for Comprehensive Emergency Obstetrical Emergencies
  - Accredit all midwives with PhilHealth and all BHS and RHUs as birthing facilities.
  - Utilize cell phones to report all maternal and child deaths in real time
Healthforce and mortality rates

Figure B3.1 The negative correlation between mortality rates and health worker availability (Source: JLI 2004)
Strategies to Improve Outcomes of MDGs

- **Strategy 7: Ensure that the Poorest have Access to Quality Health Care**
- Have an electronic Master List of Families who are the
  - Poorest
  - Uneducated
  - Remotest
  - And provide them the essential health care packages for MDG 4, 5 and 6 and enrol them in PhilHealth.
- Ensure every girl child is in school from Grade 1 to Grade 6 - if ever until high school.
Health outcomes
Equitable health financing
Responsive health system

Insurance
Facilities
MDG 456

Human resource
Information
Service delivery
Governance
Regulation

FinGR
HIS
IF 456
HER

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