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THE CHALLENGES IN PHILIPPINE HEALTH AGENDA-BASED HEALTH CARE DELIVERY SYSTEM: THE CASE OF RURAL HEALTH UNIT OF JOSE ABAD SANTOS, DAVAO OCCIDENTAL

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ABSTRACT
This study aimed to identify challenges in health care delivery system anchored with the Duterte Administration Program known as the Philippine Health Agenda: All for Health towards Health for All in its implementation by the Rural Health Unit of Jose Abad Santos, Davao Occidental. It is formulated and anchored on the six building blocks for health – service delivery, health financing, health regulation, health governance, human resources for health, and health information system. For this case study, the focus is health service delivery.

KEYWORDS:
Health Care, Delivery System, Rural Health, GIDA, Philippine Health Agenda, Case Study

INTRODUCTION

The Philippine health care system has rapidly evolved with many challenges through time. Health service delivery was devolved to the Local Government Units (LGUs) in 1991, and for many reasons, it has not completely surmounted the fragmentation issue (*The Philippine Health System at a Glance*. Retrieved from https://www.doh.gov.ph/sites/default/files/basic-page/chapter-one.pdf.).

The Municipality of Jose Abad Santos (JAS), Davao Occidental developed a Local Investment Plan for Health that aims to analyze health situation, identify needs, and perform strategies to promote health in support with the Duterte Administration Program known as the Philippine Health Agenda: All for Health towards Health for All**.** One of the anchored six building blocks for health is service delivery which is the focus of this study.

In the Philippine Health Agenda, Guarantee #2 is on Service Delivery Network with focus on Functional Network of Health Facilities. Services should be delivered by networks that are enhanced by telemedicine, available 24/7 & even during disasters, practicing gatekeeping, compliant with clinical practice guidelines, located closed to the people (mobile clinic or subsidized transportation cost), and fully functional (complete equipment, medicines, health professionals).

Working towards the Sustainable Development Goals, JAS Municipal Health Unit created a planning team composed of a Municipal Health Officer, Public Health Nurses, Sanitary Inspector, and the Planning and Development Management Officer.

Field data are then gathered using LGU Scorecard which is a tool used to track the progress of health reform implementation and to measure performance of local health systems. Program Implementation Review is regularly conducted annually and recent results showed that majority of the accomplishments have not reached the Department of Health benchmark. In 2018, nine maternal deaths are reported. Percentage of deliveries by skilled birth attendants is only 29.0 while contraceptive prevalence rate is 66.8%. 22% of the pregnant women had at least four antenatal visits; while 4% availed a quality prenatal care due to lack of manpower, laboratory equipment and supplies. Also, most barangays have no access to potable water and only few households have sanitary toilet facilities. A high percentage, about 80%, is reported on infants who are fully- immunized. There are ongoing treatments for tuberculosis, leprosy, filariasis, and non- communicable diseases such as hypertension, diabetes, malnutrition, and mental illness. Though minimal cases may have been reported for HIV and substance abuse, Regional Health Unit is presently planning for strategies on its screening and interventions.

In the recent forum with the RHU personnel and key stakeholders, identified problems include inadequate medicines and supplies, lacking manpower, non- permanent status of healthcare providers, low budget on health, poor health-seeking behavior and low socio-economic status of clients, and poor to no means of transportation and communication. These wide gaps of health service delivery greatly affect the health status of the community.
Furthermore, the Rural Health Unit (RHU) is committed in working towards the attainment of the Sustainable Development Goals with the collaboration of the local government, health sectors and its partners on health. The constantly changing heath environment and issues require evidence-based strategies for the service providers, stakeholders, and local government leaders to upgrade health service delivery, financing, regulation, governance, and information system. In the part of the clients, a self-reliant community is targeted to develop so that each family, as basic unit of society, maintains an optimum level of functioning.

OBJECTIVES

The main objective of the study is to identify the challenges in the implementation of the newly adopted Philippine Health Agenda 2016-2022 in terms of health care delivery system in the Municipality of Jose Abad Santos, Davao Occidental. Specifically, this provided a description of the practiced health care system; examined different approaches to the Local Government Unit, financing and delivery of health services and the role of the main actors in health systems; described the institutional framework, process, content and implementation of health and health care policies; and highlighted challenges and areas that require more in-depth analysis.

METHODOLOGY

This study was conducted using qualitative design. Case study was employed to exemplify Local Government Unit of Jose Abad Santos, Davao Occidental as the sample. The participants are the Municipal Health Officer, Public Health Nurses, Brgy. Nurses and Midwives.

RESULTS AND DISCUSSION

Service Delivery System is a major indicator towards achieving Health for All. However, there are several factors affecting health care service delivery system in Jose Abad Santos considering that it is classified as GIDA (Geographically Isolated and Depressed Area). These are the following:

Geographical Situation. Certain barangays are far from the Municipal Health Center. It has poor to no means of transportation and communication that can be worsened by sudden changes of weather.

Ethnicity. It is composed of different tribes where spoken dialects can be barrier and where health-seeking behavior are affected by their cultural/religious beliefs and personal health preferences.

Economic Status. Main sources of income are farming, fishing and trade. This economic instability limits the youth, mostly, to acquire education.

Peace and Order Situation. There are peace and order problems that hinder especially the far-reached barangays to seek medical consultation and health services.

Health Provider Services. There is evidence of short-staying of Rural Health Midwives (RHMs) in their assigned areas since mostly are not living within or nearby. There has no Basic Brgy. Health Worker (BHW) Training conducted. The last one was held in 1996. The additional 2-year education for RHMs per PRC mandate is still in the process for compliance. Also, there is no Birthing Facility yet and several Brgy. Health Stations (BHSs) are substandard and dilapidated, while equipment and supplies are not yet delivered. Emergency response remains poor since no ambulance is available and medicines are stocked-out. Special health activities like Blindness Screening, Eye Care, Cataract Extraction, Hi-5 Impact Caravan and Ligation are now reached in Southern Barangays. However, due to long distance and transportation problems, these are irregularly conducted with interval of 4-5 years.

Specified Gaps:

a. Maternal Health: Not all RHMs are trained in BEmONC; Health staff need BEmONC Refresher Course; 9 Maternal Deaths; No accreditation in MCP (Maternal Care Package)

b. Family Planning: Insufficient knowledge on Basic FP; Non-sustainability of FP services such as PPIUD due to retirement of trained heath workers; No pregnancy tracking tool

c. Child Care: No Newborn Screening- No policy; Exorbitant pay (for non- PHIC); Untrained health providers; Health facility not certified; Lack of IEC regarding NBS. For Exclusive Breastfeeding (EBF)- No functional BF station in the workplace; No regular validation of EBF report. For Expanded Program in Immunization (EPI)-

Stock-out of vaccines (Penta, OPV, rotavirus, measles), EPI supplies, syringes, cottons, carriers; Not all health personnel are trained in cold chain management; Presently on alert due to Measles Outbreak in nearby province (Glan, Saranggani)

d. National TB Program: Lack of training on DSMM, IPCC and Basic DOTS/ New MOP for newly-hired Human Resources for Health personnel; Smearing and sputum collection area still for renovation; Inactive and non-functioning remote smearers; Lack of active case-finding especially on multi-drug resistant patients and their close contacts; Inadequate funds to facilitate and refer Drug- Resistant Cases; Stock-out of TB medication kits; Not yet TB DOTS accredited.

e. Mosquito-Borne Diseases Control: For Dengue: No policy; Irregular surveillance; No larvae survey; Late consultation on survey cases. For Filaria: Refusal of drug intake due to reactions; Overstocking of filarial drugs; Delayed delivery of logistics and filarial drugs; No masterlisting.

f. Rabies Control: Inadequate logistics, supplies and Cat 3 vaccines; Non- compliance of treatment schedule; No ordinance

g. YAWS/ Leprosy Control: No training of new personnel; Lack of active case-finding activities/ contact tracing *(Kilatis Kutis);* Inadequate drugs and logistics

h. Environmental Health and Sanitation: No ordinance. For Water- No potable water supply in several Brgys; High incidence of water- borne diseases; Non- compliance of water sampling schedule; Lack of monitoring and evaluation of diarrheal cases in Brgys. For Toilet- Masterlisting of household toilets not updated; No CR on Elementary Schools; Insufficient distribution of toilet bowls.

i. Non-communicable Diseases: Irregular conduct of VIA; Irregular and inadequate supply of maintenance drugs

Health Financing. Jose Abad Santos has low coverage of enlistment and profiling of NHTS clients. As of 2016, there are about 24,000 NHTS families. They are covered in PhilHealth Insurance by the Department of Health which means they avail medical services for free. Medicines are provided from Budget for Health. Mayor's office also helps as Municipal has its own budget for medicines. Mostly, patients use their own money for unavailable medicines and for laboratory fees. Budget for health is low. It is about less than 15% for Municipal while 3% for Barangay.

Moreover, the Local Government has no sponsored PhilHealth enrollees; and RHU is not yet certified and accredited on MCP, ABTC, and TB- DOTS Package.

Health Regulation. The Rural Health Unit had passed resolution on Bed Net Distribution for Malaria Program and PhilHealth guidelines. In fact, JAS has been recently declared as Malaria- Free Municipality. However, there is no present ordinance in Health and Sanitation, Anti- Smoking Policy, and in ABTC.

Health Governance. Local Government Unit has not participated in the Municipal Leadership and Governance Program (MLGP). The Inter- local Health Zone Board which was reorganized in 2011 remains non-functional. Referral system is still not in place. Patients are referred to Provincial Hospital and SPMC because TLDH, JAS public hospital, has inadequate medical services. LGU system is followed for procurement. Also, there is no organized Municipal Disaster Team and Risk Reduction Council.

Human Resources for Health. Human resources for health do not follow the standard manpower-population ratio. There is a need for additional Physician, Nurses, Midwives, and Sanitary Inspectors. About 3 RHMs have catchment areas, holding atleast 2 barangays. There are no dentist, pharmacist, laboratory aide, utility worker, clerk, and IT. There are Midwifes, Nurses, Medical Technologist, and Public Heath Associate under Department of Health Deployment Program but are on a contractual basis and not permanent. Also, some Job Order workers are not assigned in RHU. There is also a need of additional permanent employees: 1 PHN, 1 Health Encoder, 1 Clerk.

The Philippine Health Agenda Framework

PHILIPPINE HEALTH AGENDA FRAMEWORK

Goals: Attain Health-Related SDG Targets
Financial Risk Protection, Better Health Outcomes, Responsiveness

Values: Equity, Efficiency, Quality, Transparency

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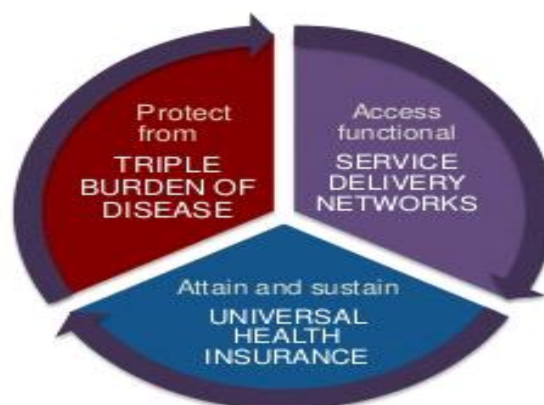

Source: Department of Health Philippines (2016). All for Health Towards Health For All. *Philippine Health Agenda 2016-2022.*

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CONCLUSION

Based on the Philippine Health Agenda Framework, the study concluded that the Rural Health Unit under the Local Government Unit of Jose Abad Santos has gaps in terms of health care delivery system. To achieve the Agenda goals, a service delivery network and universal health insurance are a must. Strategies include an increased health service coverage in family health, infectious, non- communicable and environmental health care services; Improved Service Delivery Capacity of frontline Health Care Providers; Enhanced Logistics Management System (Supply Chain Management) at the Provincial Health Office and Rural Health Unit to ensure that medicines and other commodities are available all the time; Enhanced timely and reliable Health Information System.

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