The 3rd Annual Aid & International Development Forum - Asia Summit

Day 2 | Improving Maternal and Child Health

## Enabling pregnant women in rural areas to deliver babies at health facilities without financial hardship



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#### In rural areas in the Philippines,

- lower facility-based delivery rate than urban areas
- longer distance / time to health facility
- bigger concern for health care cost



## Strategies to increase facility-based delivery in rural areas

Health Facility Upgrade as birthing facilities

[ physical access+ quality ]



Enrollment in
National Health Insurance
Program

[ financial risk protection ]

Increased facility-based delivery

[Universal Health Coverage]

### Upgrade birthing facilities







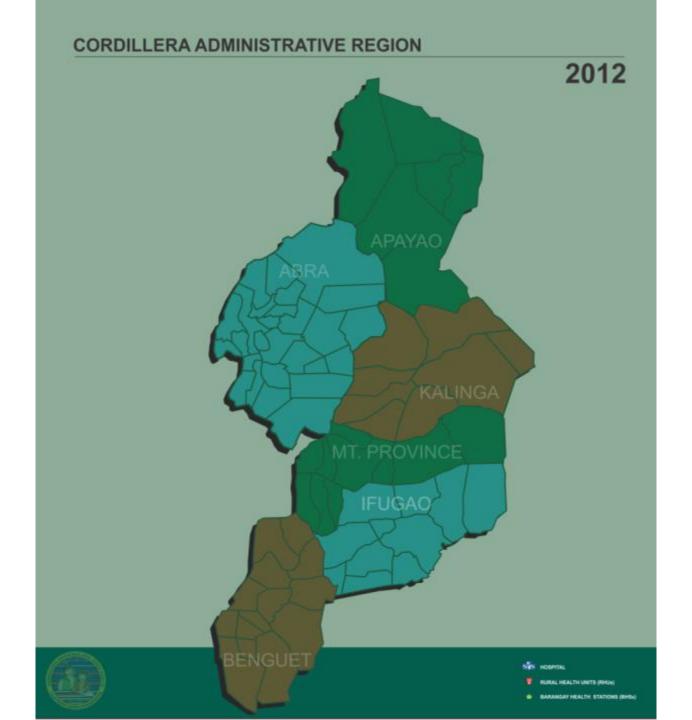


## Training on Basic Emergency Obstetric and Newborn Care (BEMONC)



## BEmONC facility licensing by Department of Health





## **CORDILLERA ADMINISTRATIVE REGION** 2013 IFUGAO

# CORDILLERA ADMINISTRATIVE REGION 2014

## Health insurance enrollment campaign to pregnant women

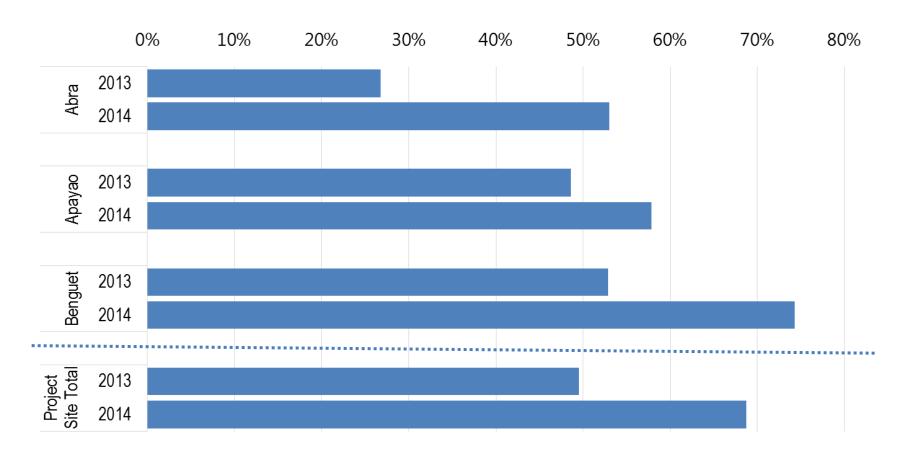






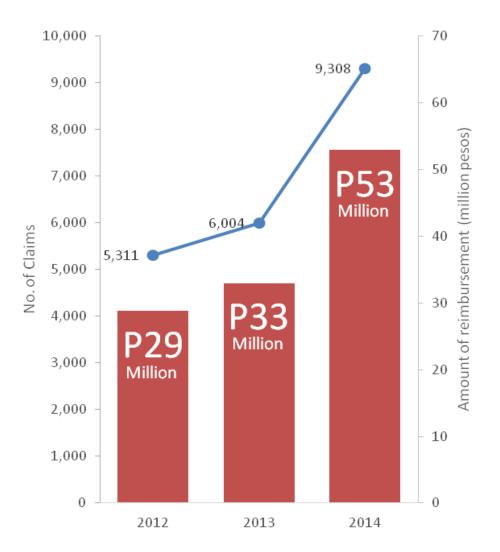
- insurance benefits
- enrollment procedure
- insurance premium
- subsidy to the poor

## Increased health insurance enrollment among pregnant women



Increased from 50% (2013: Project Year 2) to 70% (2014: Project Year 3)

## Delivery-related insurance benefit reimbursement

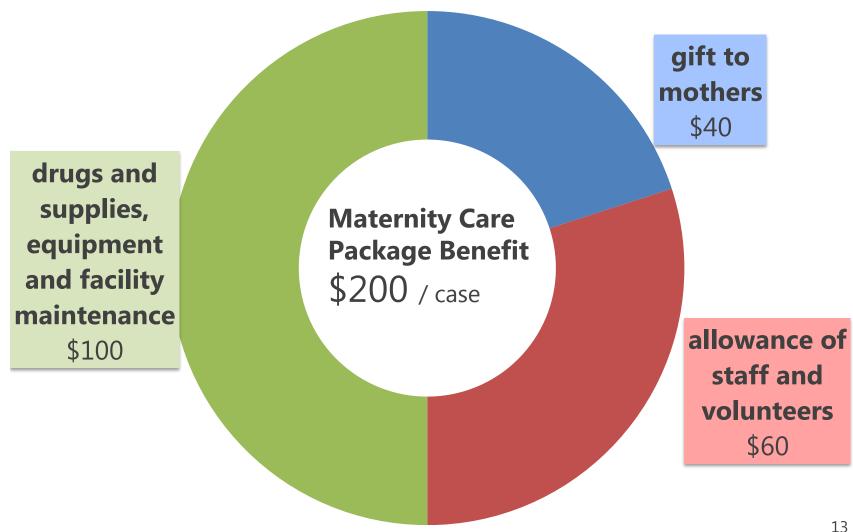


- number of claims and amount of reimbursement increased
  - **1.8** times in two years
- reimbursement:

**US\$ 0.7** million (2012) to

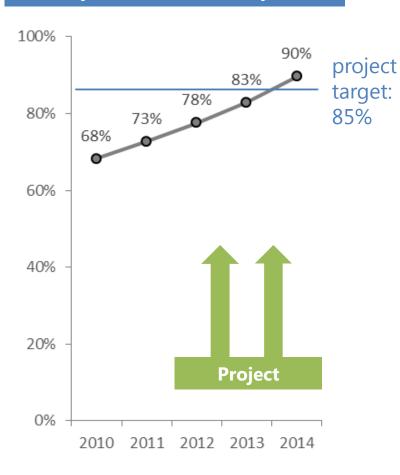
**US\$ 1.3** million (2014)

#### Utilization of insurance benefit reimbursed to municipality

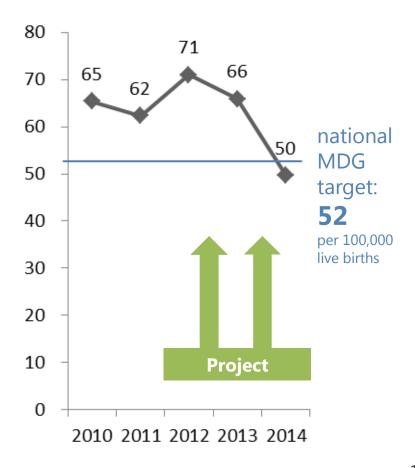


## Increased facility deliveries, reduced maternal mortality

#### Facility-based delivery rate



#### Maternal mortality ratio

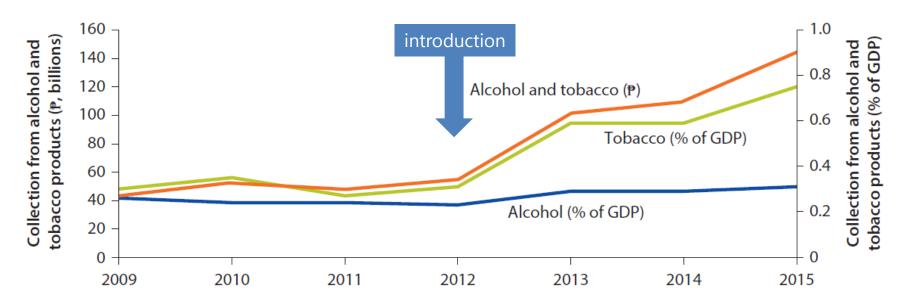


#### Sin tax increase for health

- rate of sin tax (on tobacco and alcohol) increased
- increased differences earmarked to health

Figure O.4 Sin Tax Revenues, 2009-15

Revenues doubled as a share of GDP



(Source: Kai K., Bredenkamp C., and Iglesias R. (2016). *Sin Tax Reform in the Philippines: Transforming Public Finance, Health, and Governance for More Inclusive Development.* Directions in Development. Washington, DC: World Bank.)

## Increased government health expenditure to health

■ DOH budget: \$1.0 billion [2012]  $\rightarrow$  \$1.9 billion [2014]

**Figure O.7 Department of Health Budget, 2007–16** *Budgets for the health sector increased dramatically* 



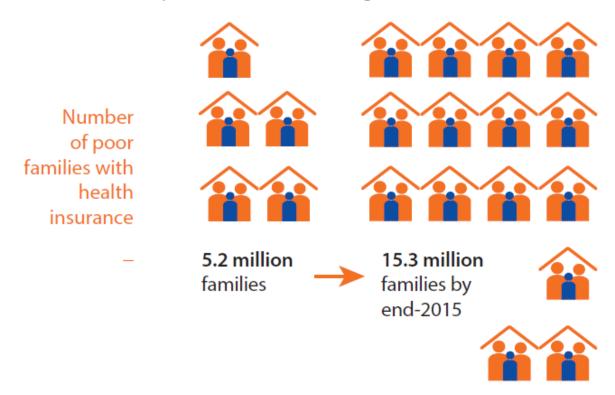
**Sources:** Department of Budget and Management; General Appropriations Act (GAA). **Note:** DOH = Department of Health.

(Source: Kai K., Bredenkamp C., and Iglesias R. (2016). Sin Tax Reform in the Philippines: Transforming Public Finance, Health, and Governance for More Inclusive Development. Directions in Development. Washington, DC: World Bank.)

■  $\frac{government\ health\ expenditure}{general\ government\ expenditure}$ : 8% [2012] → **10%** [2014]

#### Utilization of increased sin tax

- 80%: insurance premium subsidy for the poor and seniors
- 20%: improvement of government health facilities



**Source:** PhilHealth (Philippines Health Insurance Corporation).

#### Community health volunteers

- Pregnancy tracking
- Encouraging health insurance enrollment
- Encouraging heath service utilization
- Monitoring achievements





## Monitoring achievements using data of pregnancy tracking



Decide where to invest next based on data

#### Community participation to health

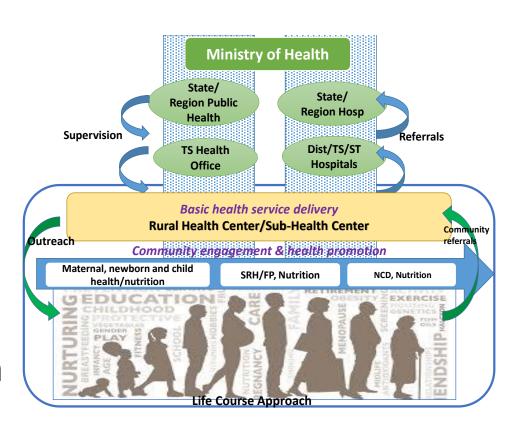
- emergency hammock transport
- making fence / painting wall of health posts
- allowance to community health volunteer





#### JICA's cooperation to improve Primary Health Care in Myanmar [in planning]

- service delivery improvement
- community engagement
- Life-course approach



#### Summary

Rural areas need more investment in improving service delivery and financial protection for equitable development.

■ Political commitment is needed to mobilize domestic resources to health.

Community participation is crucial to build robust health systems.