CHN PRELIM NOTES

Module 1:

Overview of Public Health Nursing in the Philippines

Definition of Terms:

- **Public Health Nursing**
  - Special field of nursing that combines the skills of nursing, public health and some phases of social assistance and functions as part of the total public health program for the promotion of health, the improvement of the conditions in the social and physical environment, rehabilitation of illness and disability_ WHO Expert Committee of Nursing

PUBLIC HEALTH according to:

- **C.E WINSLOW** -Public Health as the science and art of preventing disease, prolonging life and efficiency to enable every citizen to realize his birth right of health and longevity.
- **HANLON** -Public health is dedicated to the common attainment of the highest level of physical, mental, and social well-being and longevity. –
  - **GOAL:** contribute to the most effective total development and life of the individual and his society.
- **JACOBSON** -Community Health Nursing is a learned practice discipline –
  - **ULTIMATE GOAL**: Contribute to the promotion of a client's optimum level of functioning (OLOF)

WAYS TO PROMOTE OPTIMUM LEVEL OF FUNCTIONING (OLOF)

- Teaching
- Delivery of Care

What is NURSING?
NURSING

- Both profession & a vocation. Assisting sick individuals to become healthy and healthy individuals achieve optimum wellness.

COMMUNITY HEALTH NURSING

- synthesis of nursing knowledge and practice and the science and practice of public health, implemented via a systematic use of nursing process and other processes to promote health and prevent illness in population groups." _ Clark
- A field of nursing practice where services are delivered outside the hospital in community settings.
- The utilization of the nursing process in the different levels of clientele-individuals, families, population groups and communities, concerned with the promotion of health, prevention of disease and disability and rehabilitation." (Maglaya, et al)

Goal:

1. To raise the level of citizenry by helping communities and families to cope with the discontinuities in and threats to health in such a way as to maximize their potential for high-level wellness. (Nisce, et al)

   a. Special field of nursing that combines the skills of nursing, public health and some phases of social assistance and functions as part of the total public health program for the promotion of health, the improvement of the group (those who share common characteristics, developmental stages, and common exposure to health problems–e.g., Children, elderly), and the community.

2. In CHN, the client is considered as an ACTIVE partner NOT PASSIVE recipient of care.
3. CHN practice is affected by developments in health technology, in particular, changes in society, in general.
4. The goal of CHN is achieved through multi-sectorial efforts.
5. CHN is a part of health care system and the larger human services system.

COMMUNITY HEALTH NURSING according to:

- **RUTH FREEMAN**- CHN is a service rendered by a professional nurse with the community, groups, families, and individuals.

  GOAL:
  - Promotion of heath
  - prevention of illness
  - care of the sick at home
  - rehabilitation
- **DR. MARGARET SHETLAND**- Philosophy of CHN is based on the worth and dignity of man.

  STANDARDS IN CHN
  1. **THEORY**- applies theoretical concepts as basis for decisions in practice.
  2. **DATA COLLECTION**- gathers comprehensive, accurate data systematically.
  3. **DIAGNOSIS** -analyses collected data to determine the needs/ health problems of IFC.
  4. **PLANNING**- at each level of prevention, develops plans that specify nursing actions unique to needs of clients.
  5. **INTERVENTION** -guided by the plan, intervenes to promote, maintain, or restore health, prevent illness, and institute rehabilitation.

6. **EVALUATION** -evaluates responses of clients to interventions to note progress toward goal achievement, revise data base, diagnoses, and plan.
7. **QUALITY ASSURANCE AND PROFESSIONAL DEVELOPMENT** - participates in peer review and other means of evaluation to assure quality of nursing practice - Assumes professional development - Contributes to development of others.
8. **INTERDISCIPLINARY COLLABORATION** - collaborates with other members of the health team, professionals, and community representatives in assessing, planning, implementing, and evaluating programs for community health.
9. **RESEARCH**- indulges in research to contribute to theory and practice in community health nursing.

What is a community?

- a group of people with common characteristics or interests living together within a territory or geographical boundaries where people under usual conditions are found.
- Derived from a Latin word "comunicas" which means a group of people.

COMMUNITY HEALTH- part of paramedical and medical intervention/approach which is concerned on the health of the whole population.

Aims:

1. Health promotion
2. Disease prevention
3. Management of factors affecting health

CHARACTERISTICS OF A COMMUNITY:

1. It is defined by geographic boundaries within certain identifiable characteristics.
2. It is made up of institutions organized into social system, with the institutions and organizations linked in a complex network, having formal and informal power structures and a communication system.
3. It has common or shared interest that binds the member together.
4. It has an area of fluid boundaries within which problem can be identified or solve.
5. It has a population aggregate concept.

- **Features of a Community**
  - **LOCATION-** affects the health of the community.
  - **POPULATION –** different types of people in the community
  - **SOCIAL SYSTEM -** includes a larger society that works together and functions as a connection between community organizations and larger institutions.

4 LEVELS OF CLIENTELE:

- **Individual** – deals with the individuals – sick or well – daily Individual consults to the health center and receive health services in different forms. Individuals are also seen as both clients and patients during home visits, school clinic consultation, workplace clinic visits.
- **Family** - small social system and primary reference group made up of two or more persons living together who are related by blood, marriage, or adoption or who are living together by arrangement over a period.
- **Population Group -** a group of people sharing the same characteristics, developmental stage or common exposure to environmental factors thus resulting in common health problem.

Vulnerable groups:

- Infants and young children
- School age
- Adolescents
- Mothers
- Males
- Older People

Community - a group of people sharing common geographic boundaries and/or common values and interests.

HISTORY OF COMMUNITY HEALTH NURSING:

Public Health Nursing (1900 – 1970)

Focus:	**Public needs**
Nursing Orientation:	**Families**
Services:	**Preventive and Curative measures**
Agencies:	**Government and other Private Sector/Voluntary**

****(Supplementary notes)**

- ✓ **1888**: The University of Santo Tomas opens a two-year, cirujano sministrantes course to produce male nurses and sanitary inspectors.
- ✓ **1901**: The Board of Health of the Philippine Islands was created through Act 157, which eventually evolved into the Department of Health (DOH)
- ✓ **1912**: The Fajardo Act law created sanitary divisions made up one to four municipalities.
- ✓ **1905**: Asociacion de Feminista Filipina founded **La Gotade Leche**: the first center dedicated to the service of mothers and babies

Community Health Nursing (1970)	
Focus:	**Total community**
Nursing orientation:	**Population**
Services:	**Health promotion and Illness prevention**
Agencies	**Independent practice**

- ✓ **1970:** the Philippine health care delivery system was restructured, paving the way for the health care system that exists to this day where health services are classified into primary, secondary, and tertiary levels.

- ✓ **1991: R.A.7160** or the Local Government Code mandated the devolution of basic services, including health services, to local government units and the establishment of a local health board in every province and city or municipality.

FACTORS AFFECTING HEALTH NEEDS OF THE FAMILY:

Poverty and Health

- Poverty is a societal issue; it has many faces changing from place to place and across time and has been described in many ways.
- no resources to afford the basic requisites of health.
- they do not have the capacity to transact or negotiate with health care system.

Culture and Health

- an umbrella term which encompasses the social behaviour, institutions, and norms found in human societies, as well as the knowledge, beliefs, arts, laws, customs, capabilities, and habits of the individuals in these groups.
- is often originated from or attributed to a specific region or location.
- endures over time and is passed on from one generation to the next

Environment and Health:

- Environment is the natural world, as a whole or in a particular geographical area, especially as affected by human activity.
- Plays a direct influence on the health of people.

Politics and health

- Politics shapes the social, economic, and environmental conditions that, in turn, shape the health of populations.
- Health budget is the most solid pronouncement of the government's" political will.

6 BASIC ELEMENTS COMMUNITY HEALTH PRACTICES:

1. **Promotion of health**
   - Includes all effort that seek to move people closer to optimal well-being or higher level of wellness.
   - Goal of Health promotion:
     - To enable people to exercise control over their well-being and ultimately improve their health.
     - Raise levels of wellness for individuals, families, populations and communities
2. **Prevention of health problems**
   - Constitutes a major part of the community health practice.
   - Prevention means – anticipating and averting problems or discovering them as early as possible to minimize potential disability and impairment.

   - **Three Levels of Prevention:**
     a. **Primary Level of Prevention**
        - ✓ Action taken prior to the occurrence of health problems and directed toward avoiding their occurrence.
        - ✓ This includes health promotion, health protection and illness prevention.

     b. **Secondary Level of Prevention**
        - ✓ Early identification and treatment of existing health problem

     c. **Tertiary level of prevention**
        - ✓ Activity aimed at returning the client to the highest level of function and preventing further deterioration in health.
3. **Treatment of disorders**
   - ✓ Direct Service to people with health problems
   - ✓ Indirect Service to people with health problems
   - ✓ Development of program to correct unhealthy condition.
4. **Rehabilitation**
   - Involves effort to reduce disability and as much as possible, restore function (people whose handicap are congenital or acquired thru illness or accidents, e.g, heart condition, mental illness, amputation)

5. **Evaluation**
   - The process by which that practices are analysed, judged, and improved according to established goals and standards.
6. **Research**
   - A systematic investigation to discover facts affecting community health and community health practice, solve problems, and explore improved methods of health services.

PRINCIPLES OF COMMUNITY HEALTH NURSING:

1. **The recognized need of individuals, families and communities provides the basis for CHN practice.** Its primary purpose is to further apply public health measures within the framework of the total CHN effort.
2. **Knowledge and understanding of the objectives and policies of the agency facilities goal achievement.** The mission statement commits Community Health Nurses to positively actualize their service to this end**.**
3. **CHN considers the family as the unit of service.** Its level of functioning is influenced by the degree to which it can deal with its own problems. Therefore, the family is an effective and available channel for most of the CHN efforts.
4. **Respect for the values, customs and beliefs of the clients contribute to the effectiveness of**

care to the client. CHN services must be available sustainable and affordable to all regardless of race, creed, color, or socio-economic status.

5. **CHN integrated health education and counseling as vital parts of functions.** These encourage and support community efforts in the discussion of issues to improve people's health.
6. **Collaborative work relationships with the co-workers and members of the health team facilities accomplishments of goals.** Each member is helped to see how his/her work benefits the whole enterprise.
7. **Periodic and continuing evaluation provides the means for assessing the degree to which CHN goals and objectives are being attained.** Clients are involved in the appraisal of their health program through consultations, observations and accurate recording.
8. **Continuing staff education program quality services to client and are essential to upgrade and maintain sound nursing practices in their setting.** Professional interest and needs of Community Health Nurses are considered in planning staff development programs of the agency.
9. **Utilization of indigenous and existing community resources maximizing the success of the efforts of the Community Health Nurses.** The use of locally available ailments. Linkages with existing community resources, both public and private, increase the awareness of what care they need and what are entitled to.
10. **Active participation of the individual, family and community in planning and making decisions for their health care needs determine, to a large extent, the success of the CHN programs.** Organized community groups are encouraged to participate in activities that will meet community needs and interests.
11. **Supervision of nursing services by qualified CHN personnel provides guidance and direction to the work to be done.** Potentials of employees for effective and efficient work are developed.
12. **Accurate recording and reporting serve as the basis for evaluation of the progress of planned programs and activities and as a guide for future actions.** Maintenance of accurate records is a vital responsibility of the community as these are utilized in studies and research and as legal documents.

ROLES OF PUBLIC HEALTH NURSE AND ITS DUTIES AND RESPONSIBILITIES:

1. **Clinician or Health Care Provider**: utilizes the nursing process in the care of the client in the home setting through home visits and in public health care facilities; conducts referral of patients to appropriate levels of care when necessary.
2. **Health Educator:** utilizes teaching skills to improve the health knowledge, skills and attitude of the individual, family and the community and conducts health information campaigns to various groups for the purpose of health promotion and disease prevention.
3. **Coordinator and collaborator** establish linkages and collaborative relationships with other health professionals, government agencies, the private sector, non-government organizations and people's organizations to address health problems
4. **Supervisor**: monitors and supervises the performance of midwives and other auxiliary health workers; also initiates the formulation of staff development and training programs for midwives and other auxiliary health workers as part of their training function as supervisors
5. **Leader and Change Agent**: influences people to participate in the overall process of community development.
6. **Manager**: organizes the nursing service component of the local health agency or local government unit; also, as program manager, the PHN is responsible for the delivery of the package of services provided by the health program to target clientele
7. **Researcher:** participates in the conduct of research and utilizes research findings in practice

FAMILY-NURSE CONTACT:

- Telephone contact
- Written communication
- Home visit
- Clinic Visit
- Group conference

PURPOSE:

- To give nursing care to the clients.
- To assess living conditions of the patient and his family and their health --practices.
- To give health teachings regarding prevention and control of diseases.
- To establish close relationships between the health agencies and the public.
- To make use of the inter-referral system and to promote the utilization of community services.

PRINCIPLES:

- Must have a purpose or objective.
- Should make use of all available information about the patient.
- Should consider and give priority to needs of clients.
- Should involve the clients.
- Should be flexible.

GUIDELINES regarding the FREQUENCY of Home Visit:

- Needs of the client.
- Acceptance of the family.
- Policy of the specific agency.
- Other health agencies and personnel involved in care of family.
- Past services given to the families.
- Ability of clients to recognize own needs.
- Greet the client and introduce self.

COMMUNITY-SETTING NURSING CARE:

1. **Community-based nursing**

- allows medical professionals to address the needs of individual members of a community.
- Example: Home health nurse doing wound care, school nurse taking care of student's health needs

2. Community–oriented nursing

- Nursing has as its primary focus the health care of either the community or a population of individuals, families, and groups.

MODULE 2: LEVELS OF HEALTHCARE AND LEVELS OF DISEASE PREVENTION:

LEVELS OF CARE:

- **Primary care level**

  - This is the usual entry point for clients of the health care delivery system. It is oriented towards the promotion and maintenance of health, the prevention of disease, the management of common episodic disease and the monitoring of stable or chronic conditions.
  - Devolved to cities and municipalities.
  - Usually, the first contact between the community members and other levels of the health facility.
  - Center physicians, public health nurses, rural health midwives, traditional healers.

- **Secondary care level**
  It involves the provision of specialized medical services by physician or a hospital on a referral by the primary care provider.

- Given by physicians with basic health training.
- Usually given in health facilities either privately owned or government operated.
- Infirmaries, municipal, district hospital, out-patient departments.
- Rendered by specialists in health facilities.

- **Tertiary care level**
  It is a level of care that is specialized and highly technical in diagnosing and treating complicated or unusually health problems.

- Referral system for the secondary care facilities.
- Provided complicated cases and intensive care.
- Medical centers, regional and provincial hospitals, and specialized hospitals.

LEVELS OF PREVENTION:

Primary Level

- Refers to the prevention of an illness before it has a chance to occur.
- Those preventive measures that prevent the onset of illness or injury before the disease process begins.
- Health workers educate people to practice some of the preventive behaviors, such as having a balanced diet so that they can protect themselves from developing diseases in the future.
- Examples: immunization and taking regular exercise.

Aims:
• Health promotion
• Protection against illness

❖ Primary preventive measures apply before a disease manifest with sign and symptoms.

Secondary Level

- Includes the early detection of actual or potential health hazards. This allows for prompt intervention and possibly a cure of a disease or condition. It is directed towards health maintenance for patients experiencing health problems.
- those preventive measures that lead to early diagnosis and prompt treatment of a disease, illness, or injury to prevent more severe problems developing. Here health educators such as Health Extension Practitioners can help individuals acquire the skills of detecting diseases in their early stages.
- Health workers educate people to visit their local health center when they experience symptoms of illness, such as fever, so they can get early treatment for their health problems.

  - Examples include screening for high blood pressure and breast self-examination.

2 Sub-levels

a. early detection (diagnosis) of disease
b. prompt treatment

Tertiary Prevention:

- Is aimed at avoiding further deterioration of an already existing problem.
- Rehabilitative efforts are sometimes tertiary preventive measures. It deals with rehabilitation and return of client to a status of maximum function within the limit posed by the disease or disability and preventing further decline in health. This level of prevention occurs after a disease caused extensive damage.
- Those preventive measures aimed at rehabilitation following significant illness. At this level health services workers can work to retrain, re-educate and rehabilitate people who have already developed an impairment or disability.
- Health workers educate people to take their medication appropriately and find ways of working towards rehabilitation from significant illness or disability.

Philippine Health Care Delivery System
BY DEPARTMENT OF HEALTH
Health care system

- is an organized plan of health services. services (Miller-Keane, 1987)

Health Care Delivery

- The rendering of health care services to the people is called health care delivery system. (Williams-Tungpalan, 1981)
- The network of health facilities and personnel which carries out the task of rendering health care to the people. Williams-Tungpalan, 1981)

Philippine Health Care System

- Is complex set of organizations interacting to provide an array of health services. (Dizon, 1977).

The DOH vision

"Health as a right. Health for All Filipinos by the year 2000 and Health in the Hands of the People by the year 2020.

The DOH mission

"DOH, in partnership with the people to ensure equity, quality and access to health care by: making services available; arousing community awareness; mobilizing resources; and promoting the means to better health."

Philippine healthcare setting health care facilities are:

Level I (Primary Level of Health Care Facility)

- rural health units, their sub-centers,
- chest clinics
- malaria eradication units, and schistosomiasis control units directly operated by the DOH.
- puericulture centers operated by League of Puericulture Centers.
- tuberculosis clinics and hospitals of the Philippine Tuberculosis Society.
- private clinics, clinics operated by the Philippine Medical Association.
- clinics operated by large industrial firms for their employees.
- community hospitals and health centers operated by the Philippine Medicare Care Commission
- Other health facilities operated by voluntary religious and civic groups.

Level II (Secondary Level of Health Care Facilities)

- smaller, non-departmentalized hospitals including emergency and regional hospitals. The services offered to patients with symptomatic stages of disease, which require moderately specialized knowledge and technical resources for adequate treatment.

Level III (Tertiary Level of Health Care Facilities)

- highly technological and sophisticated services offered by medical centers and large hospitals. These are the specialized national hospitals. The services rendered at this level are for clients afflicted with diseases which seriously threaten their health, and which require highly technical and specialized knowledge, facilities, and personnel to treat effectively.

CORE VALUES OF DOH:

- **Integrity** – doing what is morally right and proper.
- **Excellence** – Striving for the best and taking pride in the calling and practice of one's profession according to ethical standards and applying appropriate technical knowledge to best serve the public.
- **Compassion and respect for human dignity** – serving with sympathy and benevolence to anybody irrespective of race, sex, creed or religion and upholding the sanctity of human life.
- **Commitment** – unselfishly delivering the services required.
- **Professionalism** – performing one's duties with the highest degree of excellence, intelligence, skills and utmost devotion and dedication.
- **Teamwork** – giving full coordination and cooperation with the mindset of achieving optimum result.
- **Stewardship of Health** – advocate, protect and provide health care services for all.
- **Political Neutrality** – providing service to everyone without discrimination and regardless of party affiliation or preference.
- **Simple living** – leading a modest life appropriate to one's position and income, and shall not indulge in extravagance or ostentatious display of wealth in any form.

The Department of Health Mandate:
The Department of Health shall be responsible for the following:

- formulation and development of national health policies, guidelines, standards and manual of operations for health services and programs
- issuance of rules and regulations, licenses and accreditations; promulgation of national health standards, goals, priorities and indicators
- development of special health programs and projects and advocacy for legislation on health policies and programs.

The primary function of the Department of Health

- is the promotion, protection, preservation, or restoration of the health of the people through the provision and delivery of health services and through the regulation and encouragement of providers of health goods and services **(E.O. No. 119, Sec. 3)**

FACTORS ON THE VARIOUS CATEGORIES OF HEALTH WORKERS AMONG COUNTRIES AND COMMUNITIES:

1. Available health manpower resources
2. Local health needs and problems
3. Political and financial feasibility

THREE LEVELS OF PRIMARY HEALTH CARE WORKERS

A. VILLAGE OR GRASSROOT HEALTH WORKERS

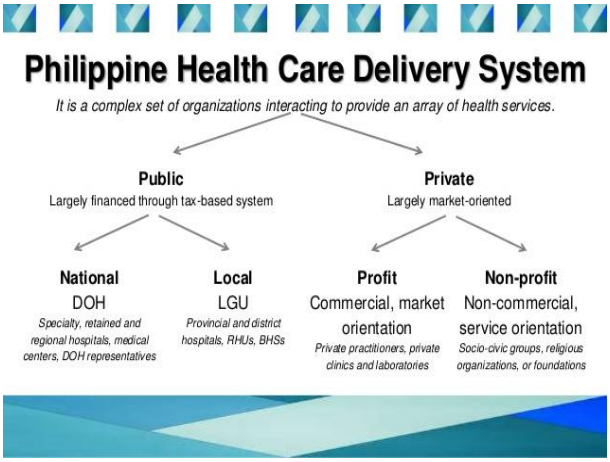
- -first contacts of the community and initial links of health care.
- -Provide simple curative and preventive health care measures promoting healthy environment.
- -Participate in activities geared towards the improvement of the socio-economic level of the community like food production program.
- -Community health worker, volunteers or traditional birth attendants (Hilot).

B. INTERMEDIATE LEVEL HEALTH WORKERS

- -represent the first source of professional health care
- -attends to health problems beyond the competence of village workers
- -provide support to front-line health workers in terms of supervision, training, supplies, and services

C. FIRST LINE HOSPITAL PERSONNEL

- -provide backup health services for cases that require hospitalization
- -establish close contact with intermediate level health workers or village health workers.
- -Physicians with specialty, nurses, dentist, pharmacists, other health professionals.



The health care delivery system is affected by policies such as:

RA 9439

- known as "An Act Prohibiting the Detention of Patients in Hospitals and Medical Clinics on Grounds of Nonpayment of Hospital Bills or Medical Expenses."

RA 9502

- An act providing for cheaper and quality medicines, amending for the purpose Republic Act No. 8293 or the intellectual property code, Republic Act No. 6675 or the Generics Act of 1988, and Republic Act No. 5921 or the Pharmacy Law, and for other purposes.

Basic Principles to Achieve Improvement in Health

- Universal access to basic health services must be ensured.
- The health and nutrition of vulnerable groups must be prioritized.
- The epidemiological shift from infection to degenerative diseases must be managed.
- The performance of the health sector must be enhanced.

DOH leads in the efforts to improve the health of Filipinos, in partnerships with other gov't agencies, the private sector, NGOs and communities:

The direction pursued by the DOH is guided by the:

- **Philippine Development Plan**
  - Philippine Development Plan (PDP) 2017-2022
    - the first medium-term plan anchored on this national long-term vision.
    - seeks to lay a stronger foundation for more inclusive growth, a high-trust and resilient society, and a globally competitive knowledge economy.
    - guided by the 0-10 Point Socio-Economic Agenda, the regional consultations conducted by the various planning committees, and the social development summits that culminated in the 2022 Agenda: **Malasakit at Pagbabago**

The strategies to achieve this objective are organized under the three major pillars of "Malasakit," "Pagbabago," and "Patuloy na Pag-unlad."

- ✓ **The Malasakit pillar** is about enhancing the social fabric. The strategies aim to build the foundations for a high-trust society by ensuring a clean, efficient, and people-centered governance; guaranteeing swift and fair administration of justice; and increasing awareness of the different cultures and values across Philippine society.
- ✓ **The Pagbabago pillar** is about effecting inequality-reducing transformation. It consists of strategies to expand economic opportunities, accelerate human capital development, reduce vulnerability, and build safe and secure communities.
- ✓ **The Patuloy na Pag-unlad pillar** is about increasing potential growth. It consists of strategies to enhance the factors necessary to accelerate and sustain growth and development through 2040. It is about promoting science, technology, and innovation. It also covers strategies to reap the demographic dividend.

  - Philippine Development Plan (PDP) 2023-2028
    - Poverty is targeted to decline to 9 percent of the population by 2028. The overall goal is to reinvigorate job creation and poverty reduction by steering the economy back to its high-growth path, and more importantly, through economic transformation for a prosperous, inclusive and resilient society.

- **Fourmula 1 plus**
  - The **FOURmula One Plus** with the tagline, "Boosting Universal Health Care via **FOURmula One Plus** or F1 **Plus**" hints a health reform to a more transparent, inclusive, coordinative and synergistic agenda with the efforts of both the public and private sector partners especially the local government
  - built along the health system pillars of financing, service delivery, regulation, governance and performance accountability.
  - a strategy for implementing **health** reforms, has been put into action by the different offices, bureaus, programs, and projects including attached agencies since 2005. Numerous efforts and resources have been poured for the operationalization.
  - This ultimately leads to the three major goals that the Philippine Health Agenda aspires for:

    (1) better health outcomes with no major disparity among population groups
    (2) financial risk protection for all especially the poor, marginalized and vulnerable
    (3) a responsive health system which makes Filipinos feel respected, valued and empowered.

Our Strategic Framework

Vision	**Filipinos** are among the healthiest people in **Southeast Asia by 2022**, **Asia by 2040**
Mission	To lead the country in the development of a **People-centered**, **Resilient** and **Equitable** health system
Goals	**Better Health Outcomes**, **Financial Risk Protection**, **Responsiveness**
Strategic Pillars	Financing, Service Delivery, Governance and Regulation
"PLUS"	Performance Accountability
Values	**Integrity**, **Excellence** and **Compassion**

- **Health Sector Reform Agenda (HSRA)**
  - describes the policies, public investments, and organizational changes needed to improve the way health care is delivered, regulated, and financed in the country.
  - Specifically, it seeks to undertake the following: Provide fiscal autonomy to government hospitals.

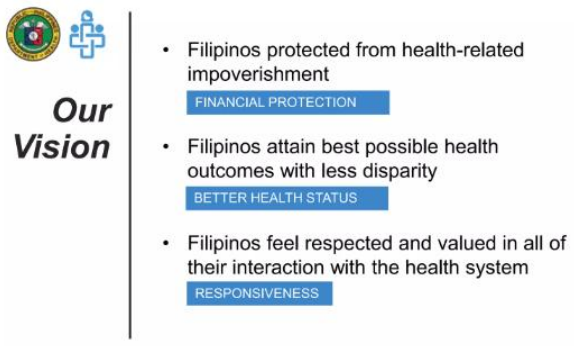
- **3 MAJOR GOALS OF THE PHILIPPINE HEALTH AGENDA:****
  1. Better health outcomes with no major disparity among population groups.
  2. Financial risk protection for all especially the poor, marginalized and vulnerable.
  3. Responsive health system which makes Filipinos feel respected, valued and empowered.

- **Universal Healthcare**
  - Republic Act No. 11223 mandated that all Filipinos get the healthcare they need, when they need it, without getting impoverished.
  - The law enrolled all Filipino citizens in the National Health Insurance Program to be administered by the Philippine Health Insurance Corp. or PhilHealth.

- **National Objectives for Health**
  - The National Objectives for Health (NOH) 2017–2022 serves as the medium-term roadmap of the Philippines towards achieving **universal healthcare (UHC)****
  - It specifies the objectives, strategies and targets of the Department of Health (DOH) FOURmula One Plus for Health (F1 Plus for Health) built along the health system pillars of financing, service delivery, regulation, governance and performance accountability.

- **All for health, Health for all**
  - It is the battle cry of the Philippine Health Agenda under the Duterte administration.
  - The primary aim is the attainment of health-related sustainable development goals
    - financial risk protection
    - better health outcomes
    - responsiveness.
  - Means that health is to be brought within reach of everyone in a given country. And by "health" is meant a personal state of wellbeing, not just the availability of health services—a state of health that enables a person to lead a socially and economically productive life
  - Implies the removal of the obstacles to health—that is to say, the elimination of malnutrition, ignorance, contaminated drinking-water, and unhygienic housing—quite as much as it does the solution of purely medical problems such as a lack of doctors, hospital beds, drugs and vaccines.

ALL FOR HEALTH TOWARDS HEALTH FOR ALL VALUE



Our Values

- Filipinos able to access services with least financial, cultural and geographical barriers
  - Preference for the underserved

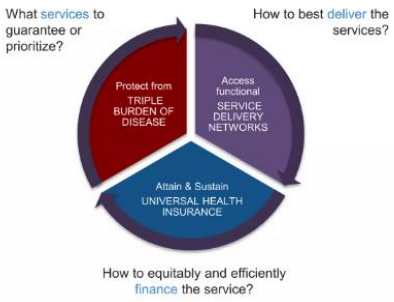
  EQUITY
  INCLUSIVENESS
- Filipinos able to demand quality and compassionate services at par with global clinical and non-clinical standards

  QUALITY
  COMPREHENSIVE
- Filipinos able to continuously get the most health from resources allocated (cost-effective)

  EFFICIENCY
  SUSTAINABILITY
- Filipinos able to make informed choices with respect to their health/care and participate in holding the government accountable to the people

  TRANSPARENCY
  ACCOUNTABILITY

Our Strategy



Triple Burden of Disease

What services should be guaranteed to protect Filipinos from the triple burden threat?

SERVICES THAT ADDRESS THE TRIPLE BURDEN OF DISEASE

- Communicable
- Non-communicable, including malnutrition
- Diseases of rapid urbanization and industrialization (e.g. Injuries, mental health (including suicide prevention) and alcohol /drug use)

SERVICES THAT CORRESPOND TO THE FULL SPECTRUM OF CARE FOR ALL LIFE STAGES (minimal exclusions)

- Promotive, preventive, curative, rehabilitative, palliative
- Emphasis on role of health promotion and primary care (annual health check)

INTERVENTIONS THAT MODIFY BUILT ENVIRONMENT AND MOBILIZE COMMUNIITIES

- Trigger behavioral shift towards healthy lifestyle/habits
  - Total Ban on Firecracker
  - AMR, ZOD, food safety & nutrition
- Adopt and scale-up community-based interventions
- Create strategic partnerships to promote healthy homes, workplaces, schools and transport

Service Delivery Networks

How should health care providers be organized to ensure easy access to high quality services?

NETWORKS AS CONTRACTED UNITS OF PHILHEALTH, ACCOUNTABLE FOR ENSURING:

- Appropriate, ethical and at par with clinical and non-clinical standards
  - Gate-keeping, Licensing & Accreditation, Clinical practice guidelines
- Physical access
  - Accessible location, transport assistance, or telehealth
- Seamless continuum of services
  - Lower level level facilities to end referral centers and vice versa
  - Public (DOH, LGU, NGA) and private exchanges (patients and human resource)
  - Team-based approach
- Patient/client-friendly and culturally-sensitive services
  - No queues, by appointment only

NETWORKS ENHANCED BY RELIABLE DATA & REGULAR FEEDBACK

- Mandate online submission/data sharing and reporting to disease registries
- Obtain accurate feedback: e.g. ghost patients, surprise field visits
- Streamline monitoring and evaluation systems and create dedicated performance unit

NETWORKS RESILIENT IN TIMES OF DISASTER

- Strengthen preparedness initiatives

Universal Health Insurance

How to equitably and efficiently finance the services?

PHILHEALTH AS GATEWAY TO FINANCIAL ACCESS TO SERVICES and PROTECTION FROM CATASTROPHIC SPENDING

- Treat every Filipino as member unless proven otherwise
  - Secure resources to enable 'enrollment' of remaining 8% and to sustainably finance remaining 92%
- Strictly enforce no balance billing for poor & fixed copayment for non-poor (ceiling)
- Cover services that contribute to high out of pocket payment
  - primary/outpatient care, outpatient drugs
  - medically and financially catastrophic conditions such as cancers, rare diseases, metabolic disorders, mental health drugs, nicotine replacement
- Position private health insurance / HMO plans as supplementary to NHIP (benefits complementation)

PHILHEALTH AS MEANS TO SUSTAINABLY FINANCE GOODS AND SERVICES

- Phase-in coverage of budget-financed commodities by PhilHealth
- Facilitate pooled procurement/bulk purchasing arrangements thru PhilHealth

ALIGN ALL HEALTH FUNDS TOWARDS DHA

- DOH, PHILHEALTH, PAGCOR, PCSO, LGU, ODA and other NGA health funds
- Streamline what is considered 'free' or 'charity' services