



PHILIPPINES–WHO

Country Cooperation Strategy 2017–2022



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FOREWORD

The Department of Health of the Philippines and the World Health Organization (WHO) are pleased to present The *Philippines-WHO Country Cooperation Strategy 2017–2022*. The strategy spells out the country's shared vision for health: All for health towards health for all. This is the vision of the Philippine Health Agenda 2016–2022, with which this strategy is closely aligned.

The Philippines has made significant investments and advances in health in recent years. Rapid economic growth and strong country capacity have contributed to Filipinos living longer and healthier. However, all the benefits of this growth have not reached the most vulnerable groups, and the health system remains fragmented.

In the international arena, the Philippines has been an active Member State of WHO, and is the home of the WHO Regional Office for the Western Pacific. The country has played a critical role in shaping development agendas, including the Sustainable Development Goals (SDGs). In the spirit of the SDGs, this country cooperation strategy focuses on leaving no one behind and enhancing collaboration for health to move the Philippines closer to universal health coverage. The work of WHO and the Department of Health will focus on five strategic priorities: saving lives, promoting well-being, protecting health, optimizing the health architecture and using platforms for health.

For WHO, this strategy paves the way for a new level of collaboration with the Philippines – as a focused, transparent and committed partner that supports the country in making health a priority across programmes and sectors. Government departments and United Nations agencies, multilateral and bilateral partners and civil society groups have contributed to the development of this strategy. We deeply appreciate the inputs and insights of all participants in the consultation process. As long-time partners, we look forward to continuing to work together in the coming years to implement this strategy. Together, we will work to improve the health of the more than 100 million Filipinos and contribute to better health across the Western Pacific Region.



Dr Paulyn Jean B. Rosell-Ubial
Secretary of Health of the Philippines



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EXECUTIVE SUMMARY

In 2016, the new Government of the Philippines came to power, promising to put poor Filipinos at the centre of the administration. This promise of change is enshrined in the *Philippine Health Agenda 2016–2022*, which resonates with the central theme of the 2030 Agenda for Sustainable Development – leave no one behind.

The *Philippines–WHO Country Cooperation Strategy 2017–2022* sets out how the World Health Organization (WHO) will work with the Philippines over the next six years to realize the vision of the *Philippine Health Agenda 2016–2022* as a stepping stone towards the health-related Sustainable Development Goals (SDGs).

In recent years, the Philippines has undergone astounding economic and social development, recording the greatest growth among emerging Asian economies in 2016. With the third-highest population of English speakers in the world, the country is the world's largest centre for business-process outsourcing. The Philippines has the youngest population in East Asia and is now more internationally competitive and attractive to investors than ever before. Alongside rapid social and economic development has come significant progress in health. Filipinos now have a life expectancy of more than 68 years. Health insurance now covers 92% of the population. Maternal and child health services have improved, with more children living beyond infancy, a higher number of women delivering at health facilities and more births being attended by professional service providers than ever before. Access to and provision of preventive, diagnostic and treatment services for communicable diseases have improved, while there are several initiatives to reduce illness and death due to noncommunicable diseases (NCDs).

Despite substantial progress, however, achievements in health have not been uniform, and challenges remain. Inequities persist between regions and population groups. Many Filipinos continue to die or suffer from illnesses that have proven, cost-effective interventions, such as tuberculosis, HIV and dengue, or diseases affecting mothers and children. Many people lack the capacity to make informed decisions about their own health. The health system is fragmented, unable to provide services in a streamlined, cost-effective and equitable way. Rapid economic development, urbanization, escalating climate change, and widening exposure to diseases and pathogens in an increasingly global world increase the risks associated with disasters, environmental threats, and emerging and re-emerging infections.

This country cooperation strategy matches the uniqueness of the Philippines by defining a strategic agenda that addresses country-specific bottlenecks to health and development, leveraging the multiple resources for health in the Philippines. The strategy was shaped by a series of discussions with the Department of Health, other Government departments, development partners, civil society, academia and professional organizations.

This strategy identifies five strategic priorities to support attainment of the national vision of *All for Health towards Health for All*, as articulated in the *Philippine Health Agenda 2016–2022*.

Its overarching goal is to ensure that all Filipinos, regardless of age, gender, socioeconomic status or cultural background, have the opportunity to lead healthy lives in healthy environments with access quality health services.

Five strategic priorities for WHO collaboration with the Philippines 2017–2022

- 1.** Save lives: ensure full access to immediate-impact interventions
- 2.** Promote well-being: empower people to lead healthy lives and enjoy responsive health services
- 3.** Protect health: anticipate and mitigate disasters, and environmental and emerging health threats
- 4.** Optimize health architecture: overcome fragmentation to achieve universal health coverage
- 5.** Use platforms for health: support health in all settings, policies and sectors

These five strategic priorities will help direct the WHO contribution over the next six years. WHO support to the Philippines will leverage the resources and expertise of the three levels of the Organization – the Office of the WHO Representative in the Philippines (country office), the WHO Regional Office for the Western Pacific and WHO headquarters. In doing so, WHO seeks to harness global knowledge for the betterment of the health of the Filipino people and provide a platform for the Philippines to engage in regional and global health initiatives.

Being a learning organization, WHO will adapt the way it works in the Philippines to maximize its contribution – as a place of meeting and dialogue where public health stakeholders come together to consider challenges and develop innovative solutions. WHO will work as a group of highly motivated professionals who look beyond so-called programmatic silos in providing health leadership across sectors and leadership for public health.





1. Introduction – a call for change

In May 2016, the Philippines elected a new president in a landslide victory that has been seen as an anti-establishment choice. People wanted change and the new administration plans to deliver, promising to be more people-focused and pro-poor. The first few months of the presidency have shown a strong commitment to the promises made during the campaign, and there is optimism that the poor and disadvantaged can look forward to beneficial changes. The new Government's vision for the Philippines has been swiftly translated by the Department of Health into the *Philippine Health Agenda 2016–2022*.

The *Philippines–WHO Country Cooperation Strategy 2017–2022* describes how the World Health Organization (WHO) will support the implementation of the *Philippine Health Agenda 2016–2022* over the next six years. This country cooperation strategy (CCS) proposes a strategic approach to realize the health-related Sustainable Development Goals (SDGs) in the unique context of the Philippines, as embodied in the *Philippine Health Agenda 2016–2022* and the National Objectives for Health 2016–2022 (in development at the time of writing).

The CCS strategic priorities were identified in a series of discussions with the Department of Health and other stakeholders and are based on a critical analysis of country needs and WHO's comparative advantage in addressing these needs. The strategic priorities focus on areas in which WHO is best positioned to make an impact and that move the Philippines towards the realization of its vision of *All for Health towards Health for All*.

WHO's unique strength lies in the combined expertise of its 194 Member States. WHO's comparative strength is its global platform; reputation as an impartial convener of a range of partners; stewardship of global standards, frameworks and conventions; role as a trusted and authoritative source of health information; and technical and policy expertise.

The Philippines was one of the founding Members of WHO. The Office of the WHO Representative in the Philippines, also known as the country office, was established in January 1973. Since then, the Philippines has played a critical role in shaping WHO's agenda and using WHO's platform to share its public health expertise in the Western Pacific Region and globally.

It is the vision of WHO in the Philippines to work for the betterment of the health and well-being of the Filipino people and to facilitate the active engagement of the Philippines in global health.



2. Health and development situation— progress, but some people are still left behind

The Philippines has made enormous strides in economic development and in the health of its people – but not all citizens have been able to benefit from this progress. Much remains to be done to ensure that all Filipinos are able to lead healthy lives, regardless of their age, sex, social or economic status, or place of residence.

2.1 Health and development achievements

The rising Asian tiger

The Philippines, once called “the sick man of East Asia” is emerging as an economic “rising tiger” in a neighbourhood of so called Asian tigers (1). Its gross domestic product rose by 7.1% in the third quarter of 2016 (2). It is more internationally competitive and attractive to investors than ever before (3,4). With the third-highest population of English speakers in the world, the Philippines is now the world’s largest centre for business-process outsourcing and one of the top 10 exporters of human resources (5). Demographically, Filipinos are also in a so-called sweet spot they have the youngest population in East Asia, which translates into lower costs to support a younger workforce and less economic drag from retirees (6). The economy is projected to keep moving full speed ahead in the coming years (7,8).

Keeping pace with economic development, the country has also done remarkably well in gender equality and human development. The Philippines is the only country in the Asia Pacific region to have fully closed the gender gap in both education and health. It is ranked 7 of 145 countries on the Global Gender Gap Index and is No. 1 on the sub-index for health and survival. Its 2014 Human Development Index of 0.668 is above the average of 0.630 for countries in the medium human development group (9).

Living longer and healthier

Alongside fast social and economic development has come significant progress in health. With life expectancy of over 68 years, Filipinos now live six years longer than they did in 1980 (10). Health insurance now covers 92% of the population (11). Government funding for health has seen a substantial increase, with major investments in facility improvements and deployment of human resources to under-resourced areas (Lilibeth David, Undersecretary of Health, Office for Policy and Health System, unpublished data, November 2016).

Maternal and child health services have improved with more children living beyond infancy, a higher number of women delivering at health facilities and more births being attended by professional service providers (12). Maternal and neonatal tetanus has been eliminated in all regions of the country except the Autonomous Region of Muslim Mindanao (13).

There has been an increase in the access to and provision of preventive, diagnostic and treatment services for communicable diseases. Immunization and mass drug administration coverage to control the spread of vaccine-preventable diseases as well as neglected tropical diseases is higher than before (11,14). Over half the provinces in the country have been declared malaria free, while both morbidity and mortality due to malaria in the remaining provinces have registered sharp declines. The Philippines also sustained polio-free status and completed the switch from trivalent to bivalent oral polio vaccine. The country achieved the Millennium Development Goals (MDGs) for tuberculosis (TB) (15).

There are initiatives to reduce death and illness due to noncommunicable diseases (NCDs). The Department of Health in 2011 adopted the *WHO Package of Essential Noncommunicable Disease Interventions for Primary Health Care in Low-Resource Settings*, also known as PEN, strengthening access to preventive and clinical NCD services in primary health care facilities. In compliance with the *WHO Framework Convention on Tobacco Control* (FCTC), Republic Act No. 10351 (2012) (known informally as the Sin Tax Reform Bill) increased taxes on all tobacco and alcohol products, resulting in reduced tobacco consumption among the youth and the poor (16).

The Philippine Government has sophisticated emergency management structures and laws to deal with disasters and emergencies. Central and regional offices regularly demonstrate rapid and effective response during the annual typhoon season and for other natural disasters and conflicts. The country's response to and subsequent recovery from Super Typhoon Haiyan (locally called Yolanda) in November 2013 was impressive, especially considering the immense scale of the devastation across the central Philippines.

The Philippines is one of the few countries in the Western Pacific Region using the Mental Health Gap Action Programme to build the skills of front-line health workers

to care for people with mental, neurological and substance use disorders. The Philippines also reported meeting the core capacity requirements of the International Health Regulations (2005), also known as IHR (2005).

2.2 Remaining challenges

Deepening inequities

Over one quarter of Filipinos live below the poverty line (17). Although social health insurance coverage – through the Philippine Health Insurance Corporation (PhilHealth) – has increased to over 92% of the population, out-of-pocket (OOP) expenses account for more than half of the country's total health expenditure (18). There are inequities across regions, between urban and rural areas, and between ethnicities (12). Small islands and mountainous regions pose service delivery challenges (19).

Around 30% of the population lack regular access to essential medicines. Key population groups are disproportionately affected including the poor, those geographically isolated (20), adolescents, people with disabilities, men who have sex with men (MSM), transgender people, drug users and those with mental disorders.

High avoidable losses of lives and health

Too many Filipinos suffer from diseases for which well-proven, cost-effective interventions are available. These include HIV, TB and vaccine-preventable diseases such as measles and diphtheria. Only 83% of the target population is fully immunized (11). The Philippines has one of the fastest-growing rates of HIV worldwide, mostly due to a lack of use of condoms in MSM encounters (21). TB incidence is not declining rapidly enough to meet the SDG target to end TB by 2030. Dengue causes more deaths and cases in the country than malaria, TB and HIV combined (22). An estimated 10.6 million Filipinos have chronic hepatitis B virus and about 620 000 have chronic hepatitis C (University of the Philippines, unpublished data, 2017). Treatment for hepatitis B and C is not available in most Government hospitals (23). The health system is also too overburdened to meet the demand for drug dependence treatment in the wake of the new administration's anti-drug campaign. Much remains to be done at the national level to respond to the health needs of people who use drugs and to ensure a reliable supply of psychotropics for mental health.

The Philippines did not achieve MDG 4 on reducing child mortality and MDG 5 on improving maternal health. In early 2016, the infant mortality rate reached 23 deaths per 1000 births (MDG target was 19) (24), and the maternal mortality rate was estimated at 114 deaths per 100 000 live births (MDG target was 52) (11).

Missing focus on well-being and people

More needs to be done to empower people to manage their health and well-being. NCDs are now responsible for more than half of all deaths in the Philippines each year (25). About one quarter of the adult population smokes (26). Overweight and obesity almost doubled in the past 20 years, and in 2013 it affected one third of the adult population. Childhood overweight and obesity are also increasing (27). Addressing lifestyle issues becomes central to controlling the NCD burden.

The Philippines also lags behind in its MDG sanitation coverage target of 78%. Capacity to manage environmental threats, including air and water pollution, is hampered by limited availability of human resources (28,29,30).

Mounting health insecurity

Lying on the Pacific Ring of Fire and the so-called typhoon belt, with an average of 20 typhoons annually, the Philippines has one of the highest disaster risk and exposure values (27,31). Climate change is compounding these risks. The Philippines also has a complex legacy of continuing civil conflicts and mass displacement of people in some regions. In 2015, there were more than 62 000 internally displaced persons in the Philippines (32).

International travel and trade are making it easier for emerging and re-emerging infectious diseases to spread. Some 10 million Filipinos live abroad and frequently travel back home. Together with tourist arrivals – 5.4 million in 2015 (33) – international mobility requires continued vigilance against emerging infectious diseases. Surveillance of these diseases is also a challenge in poor rural and congested urban areas.

Antimicrobial resistance (AMR) also poses a threat to health security. The AMR surveillance programme has registered alarming levels of drug resistance in many pathogens of critical public health significance. The *Philippine Action Plan to Combat Antimicrobial Resistance: One Health Approach*, as the name implies, uses a “one health” approach to address human health, animal health and environment risks.

Systems fragmentation

The Local Government Code of 1991 devolved health services from the national to local governments. This fragmented primary, secondary and tertiary care among municipal, provincial and national government levels. Clients regularly bypass primary health care facilities and go directly to secondary and tertiary facilities, causing congestion and a waste of resources (34). Local-level service delivery networks – efforts to improve

networking among health facilities – are virtually absent on a larger scale. PhilHealth is challenged to cover a range of services in order to keep OOP expenses down and have sufficient leverage over facilities to be able to enforce quality standards.

Untapped potential of healthy alliances

Addressing the social determinants of health is a shared responsibility requiring a multisectoral approach. For example, in formulating cross-cutting healthy taxation laws, the following sectors collaborated: agriculture, education, water and sanitation, social welfare, environment, science and technology, trade and industry, telecommunications, and religious and cultural groups (35). Health issues can also challenge dominant sociocultural and religious beliefs, and collaborating at a societal level can help to overcome these.

While there are many notable initiatives of cross-sectoral collaboration, the full potential of intersectoral collaboration remains underachieved. Presently, there is no mechanism to coordinate whole-of-government and whole-of-society responses to address health risks. Further work is needed to harness the benefits of healthy alliances with other sectors.



3. The Filipino vision for health

The Philippines has been a driving force for the articulation of the 2030 Agenda for Sustainable Development. The Philippines is co-chairing the global SDG Interagency Expert Group on Sustainable Development Indicators. At home, the Philippines has fast-tracked efforts to develop national indicators and mainstream them into the national planning process (36).

The global vision of the world 15 years from now aligns with the Philippines' 25-year vision *AmBisyon Natin 2040*. This vision guides the development and implementation of four subsequent Philippine development plans until 2040. It is based on public consultations across the country, primarily with poor and marginalized groups (Box 1) (37). There is an ongoing process of integrating SDGs into *AmBisyon Natin 2040* and into national, sectoral and subnational plans and frameworks (1,38).

Box 1. The Filipino Vision

Vision of Filipinos for the country

"By 2040, the Philippines shall be a prosperous, predominantly middle-class society where no one is poor. Our peoples will enjoy long and healthy lives, are smart and innovative, and will live in a high-trust society."

Vision of Filipinos for themselves

"In 2040, all Filipinos will enjoy a stable and comfortable lifestyle, secure in the knowledge that we have enough for our daily needs and unexpected expenses, that we can plan and prepare for our own and our children's futures. Our families live together in a place of our own, yet we have the freedom to go where we desire, protected and enabled by a clean, efficient, and fair government."

Source: AmBisyon Natin 2040

The *Philippine Development Plan 2017–2022* translates *AmBisyon Natin 2040* and the SDGs into actionable priorities and targets. National Objectives for Health 2016–2022 (in development at the time of writing) compiles health systems and programmatic targets.

The *Philippine Health Agenda 2016–2022*, launched by the Secretary of Health in September 2016, provides the strategic framework for achieving these targets. Under the motto *All for Health towards Health for All*, universal health coverage is the platform for health and development in the Philippines – driven by action within and outside the health sector. Reducing health inequities is singled out as the most important priority among three health guarantees: 1) ensuring financial protection for the poorest people; 2) improving health outcomes with no disparities; and 3) building health service delivery networks for more responsiveness (Fig. 1) (39).

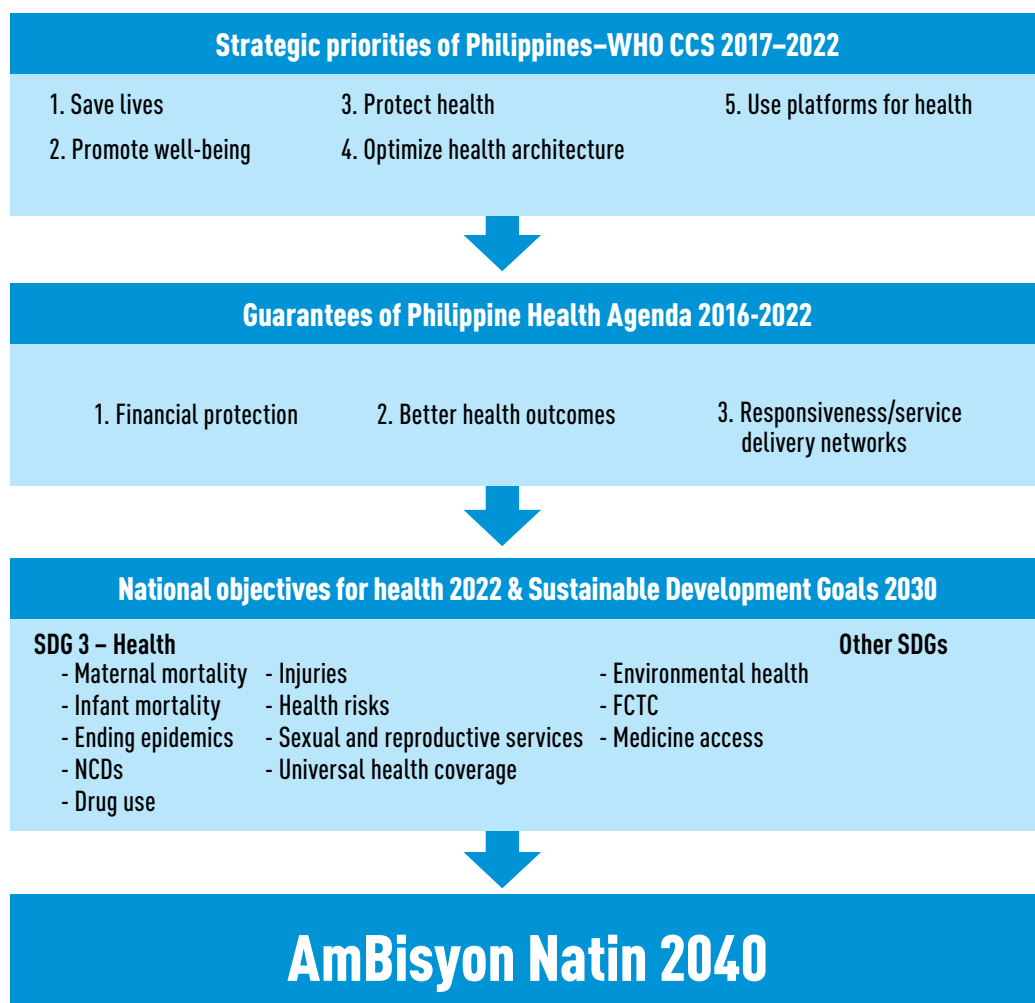
Fig. 1. The Philippine Health Agenda 2016–2022



Source: Department of Health

WHO will work together with the Government of the Philippines to help operationalize the *Philippine Health Agenda 2016-2022* and its vision, as well as the SDGs and other international commitments. This will be achieved through five strategic priorities that complement or supplement those of the Government (Fig. 2).

Fig. 2. CCS strategic priorities, the Philippine Health Agenda and the SDGs





4. Philippines–WHO cooperation for health and development

The overarching goal of WHO’s support to the Philippines is to ensure that all Filipinos, regardless of their age, gender, socioeconomic and cultural background, have the opportunity to lead healthy lives in healthy environments, including through timely and equitable access to quality health services.

The Government of the Philippines and WHO have jointly identified five strategic priorities for WHO support to the Philippines over the coming six years.

1. **Save lives:** ensure full access to immediate-impact interventions
2. **Promote well-being:** empower people to lead healthy lives and enjoy responsive health services
3. **Protect health:** anticipate and mitigate disasters, and environmental and emerging health threats
4. **Optimize health architecture:** overcome fragmentation to achieve universal health coverage
5. **Use platforms for health:** Support health in all settings, policies and sectors

These priorities were identified in a series of discussions with the Department of Health and stakeholders and are based on the critical analysis of country needs and WHO’s comparative advantage in addressing these priorities. They provide criteria for selecting possible programmatic actions. They cut across disease programmes, and it is expected that disease programmes will contribute to multiple priority areas. In this regard, the strategic priorities seek to address the following questions: Are we still losing lives because proven interventions are not accessible? Are people empowered to lead healthy lives? Is the population protected against emerging health threats? Is the health system performing to the best of its potential? Are we exploiting the power of alliances for health? Or, in the words of the *Philippine Health Agenda 2016–2020*: Are we all for health to achieve health for all?

STRATEGIC PRIORITY 1

Save lives: Ensure full access to immediate-impact interventions

The Government is taking many steps to minimize death and illness from ailments for which well-proven, cost-effective interventions exist. For instance, the country's Expanded Program on Immunization provides free immunization to children, adolescents and women for recommended vaccines; diagnosis and treatment are provided free for TB, malaria, HIV/AIDS, rabies, and neglected tropical diseases such as filariasis, schistosomiasis and leprosy. Maternal, neonatal, infant and child health has been strengthened in recent years with the adoption of the Early Essential Newborn Care and Essential Intra-partum and Newborn Care packages and other measures. While these efforts have saved many lives, too many people continue to suffer because they do not have sufficient access to well-proven, immediate-impact interventions. Many of these people live in geographically isolated areas, are members of vulnerable populations, or are otherwise socially or economically disadvantaged. WHO will support the Government to fast-track interventions that have high and immediate impact on saving lives and avoiding disease, so that by the end of the CCS these interventions become accessible, acceptable and affordable to all who can benefit from them. WHO will focus on supporting the development, implementation and tracking of scale-up strategies that aim for universal coverage with priority to the high-risk groups, vulnerable populations, and the socially or economically disadvantaged groups.

The following actions will support these goals:

1. Accelerate progress towards the targeted elimination of TB, the AIDS epidemic, malaria and neglected tropical diseases by articulating evidence-based policy options and innovations; and providing technical support for implementation, monitoring and assessment of epidemiological and programmatic trends. These will support early, prompt and patient-centred diagnosis, treatment and care of those who are affected as well as those who are at risk.
2. Address the high burden of viral hepatitis by supporting the development of an effective hepatitis management plan to prevent new infections, raise awareness and improve diagnosis, treatment and care for hepatitis B and C.
3. Intensify control and treatment of dengue, Zika and chikungunya by new and integrated approaches to diagnosis, bringing the point-of-care tool closer to people, and advocating new tools for vector control and management.

4. Strengthen the implementation of maternal, neonatal and child health (MNCH) policies across the country with a special focus on geographically isolated and disadvantaged areas by providing technical support to identify effective interventions to reduce the maternal mortality rate and neonatal mortality rate, strengthening and sustaining the Mother-Baby Friendly Health Facility Initiative, and strengthening legal frameworks to improve MNCH services.
5. Expand population coverage under the national vaccination programme by supporting strategies to make vaccines available where and when needed and by creating demand for immunization, including for Japanese encephalitis, neonatal tetanus and other vaccine-preventable diseases.

STRATEGIC PRIORITY 2

Promote well-being: Empower people to lead healthy lives and enjoy responsive health services

The *Philippine Health Agenda 2016-2022* aspires to create a society in which Filipinos have the means to lead healthy and productive lives, and have a health system where Filipinos feel respected, valued and empowered in all of their interactions with the system. This approach will require a significant reorientation of the current system from a disease- and service-oriented system to a health-and people-oriented system.

The next six years are a critical time for shifting the health paradigm towards empowering people to lead healthy lives. WHO will support the Government in reorienting its health approach in a way that respects people and puts them at the centre; where treatment is independent of their socioeconomic status; where bureaucracy is minimized; and waiting times, distances travelled and costs incurred are cut. Moreover, WHO will provide help in the establishment of a national health promotion approach that supports people in leading healthy lives and leverages laws and policies to promote healthy lifestyles.

The following actions will support these goals:

1. Maximize opportunities for healthy lifestyles by elevating the health promotion function of the Government in creating healthy environments and addressing modifiable risk factors and determinants of health.
2. Accelerate the introduction of tobacco-free societies by supporting the full implementation of the FCTC.
3. Increase the responsiveness of health services to people's needs, including those related to mental, neurologic and substance-use problems by guiding the reorientation of health services towards patient-centred care that not only detects and manages acute and chronic diseases, NCDs and mental health problems, but also proactively addresses risk factors and prevents complications.

4. Enable reproductive choices for all women and men by supporting the implementation of the reproductive health law and facilitating the provision of appropriate reproductive health services and information.
5. Optimize the health sector contribution to preventing and addressing gender-based violence and violence against children by guiding the development of policy and practices for the health sector.
6. Support the implementation of a comprehensive nutrition programme that addresses the double burden of stunting and obesity by guiding the adaptation of global and regional nutrition plans and supporting national initiatives such as the infant and young child feeding initiative.

STRATEGIC PRIORITY 3

Protect health: Anticipate and mitigate disasters, and environmental and emerging health threats

The Philippines has taken great strides in preparing for and responding to threats to people's health from natural hazards, environmental threats and emerging infectious diseases. Climate change has escalated the frequency and intensity of extreme weather events in the country, exemplified most notably by Super Typhoon Haiyan in November 2013. After each disaster, the Government strives to "build back better" health facilities and more responsive systems and to increase the preparedness of communities.

To tackle environmental threats the Government has taken several initiatives, including air and water quality monitoring in selected areas, updating standards for drinking water, accreditation of water laboratories, and increased investment in sanitation. Legal and policy initiatives include the formulation of the *2014-2016 National Climate Change Adaptation in Health Strategic Plan*, the *National Climate Change Action Plan 2011-2028* and the Food Safety Act in 2013. Where emerging and re-emerging diseases are concerned, the Department of Health took measures for the prevention and containment of Middle East respiratory syndrome coronavirus and Ebola virus disease in the country, and there was no outbreak of the two diseases despite a heavy inflow of travellers from affected countries. WHO strategic support over the next six years will sustain and augment preparedness against disasters, environmental threats and emerging infections.

The following actions will support these goals:

1. Support the Government in the implementation of the *Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies* and disaster risk management for health approaches to build generic capacities for preparedness, alert and response. Ensure core capacities developed under IHR (2005) are sustained over time.
2. Co-lead the national Health Cluster response in emergency situations following natural and human-induced disasters and support the Department of Health in the planning, implementation and coordination of disaster risk management initiatives.

3. Improve access to clean air, safe water and safe food by providing technical support for air quality monitoring to strengthen health risk assessments and technical support for water and sanitation safety planning, as well as SDG monitoring on water and sanitation; guiding implementation of the legal framework for food safety and developing the capacities of the Food Safety Regulation Coordinating Board, the Food Safety Working Group and food inspectors for regulating food safety; and building the capacity of the Inter-Agency Committee on Environmental Health.
4. Advocate for so-called green health-care facilities and the reduction of carbon emissions, and support the Government in anticipating and addressing risks associated with climate change.
5. Support the implementation of *The Philippine Action Plan to Combat Antimicrobial Resistance: One Health Approach* by addressing barriers such as lack of workforce capacity, inadequate microbiology infrastructure, the absence of a national surveillance programme for antimicrobial use, the lack of public-private collaboration and referral networks, and fragmented surveillance systems for human and animal health.

STRATEGIC PRIORITY 4

Optimize health architecture: Overcome fragmentation to achieve universal health coverage

Following the People Power Revolution in 1986, the Philippines embarked on a fundamental restructuring of governance systems to mitigate over-concentration of power, to increase Government responsiveness to local needs and to alleviate poverty. Through the Local Government Code of 1991, control over and responsibility for many health functions and services were devolved from the central to local levels. While decentralization improved health system responsiveness at the local levels, it was carried out in a manner that fragmented lines of accountability, management authority, information flows and financing. The Department of Health has been able to mitigate much of this, but at the cost of re-centralization of major resources for health, with attendant inefficiencies.

The next six years present the possibility of a shift to a federal system of government, creating an unprecedented opportunity for addressing fragmentation as well as resource distribution concerns. At the same time, policy research and development are moving the health sector towards a consensus on revisiting roles and responsibilities of national, regional and local institutions, as well as on structuring service delivery through jointly owned, functionally defined service delivery networks with unified management and financing. With or without federalism, these two processes can potentially help to overcome fragmentation and provide an opportunity to revisit and strengthen the components of the health sector. WHO will support the Department of Health through these developments with a focus on improving the health system architecture.

The following actions will support these goals:

1. Improve the efficiency of health actors in an evolving, federalized governance structure by informing the clarification of their roles and responsibilities based on international experience and in-country research.
2. Support the rollout of functionally defined service delivery networks and improved local stewardship for health by piloting and abstracting service delivery and governance approaches at regional and local levels and informing policy processes with innovations of national relevance from local government units.

3. Support efficient and effective regulatory capacity, procurement and management of supplies and logistics for vaccines, medicines and ancillaries, including by brokering with relevant authorities and partners to access support channels, such as the middle-income country support strategy. Work on combating spurious, substandard, falsified, falsely labelled and counterfeit medical products.
4. Ensure protection from catastrophic health expenditures by supporting the expansion and efficiency of the national health insurance scheme and health systems financing options.
5. Ensure equitable health workforce distribution and capacity by guiding workforce planning and incentive systems and streamlining of in-service training of health workers to optimize their capacity while avoiding duplication and excessive absences.
6. Promote evidence-informed policy-making and planning in support of achieving national and global targets by supporting the development of a health information system and an integrated and resilient health information, analysis and planning approach.

STRATEGIC PRIORITY 5

Use platforms for health: Support health in all settings, policies and sectors

The Government has recognized that some of the biggest health gains can be made by interventions outside the immediate health sector. For example, the Inter-Agency Committee on Environmental Health was established in 1991, a Food Safety Regulation Coordination Board in 2013 and an Inter-Agency Committee on Antimicrobial Resistance in 2014 – creating synergy among the sectors of health, agriculture (including animal health) and environment. Also, the Department of Health, along with several foreign-assisted projects, has developed policies for maternal and child health, reproductive health, communicable diseases and NCDs. These efforts have included collaboration with stakeholders in other government departments and sectors, such as education, labor, human rights, justice, agriculture, science and technology, social welfare, interior and local government, information and social media, law enforcement, legislation, PhilHealth and others, including nongovernmental organizations, civil society organizations, religious groups, people's organizations, patient groups, consumer advocacy groups, professional associations, medical societies and academia. Likewise, the country has seen an emergence of initiatives that focus on the development of cities, islands and schools as platforms for amplifying health.

Yet, the full potential of intersectoral collaboration and the use of local and global platforms to advance health are far from exhausted. Throughout the CCS cycle, WHO will help the Government identify these opportunities and work with other sectors to develop and implement health-relevant policies, regulations and interventions. WHO will also support the acceleration of health sector interventions that help achieve non-health goals. Going beyond national borders, WHO will endeavor to enhance the Philippines' standing in regional and global health.

The following actions will support these goals:

1. Work with Government departments, legislators and organizations to support the passage and implementation of health-related taxation laws and regulations and to promote multisectoral collaboration that generates a significant health benefit for the population, including for tobacco, alcohol, sugar-sweetened beverages, mental health, road traffic injuries, environmental health and food safety.

2. Support the educational sector and youth organizations, through the Department of Education and the Commission on Higher Education, to ensure that healthy schools lay the foundation for healthy lifestyles and provide comprehensive information on nutrition and education on sexuality.
3. Enable cities and islands to act as drivers for population health by nurturing an urban health movement that incorporates political commitment, intersectoral policy development, institutional capacity-building, and community-based planning and participation.
4. Enhance the Philippines' standing in regional and global health by featuring best practices and the Philippine contribution to the health of other countries, particularly in the areas of AMR containment, and emergency preparedness and response.
5. Address the issue of road and traffic injuries as a major public health concern by bringing together and enhancing the capacity of a core constituency drawn from the executive and legislative branches of the Government, lawyers, journalists, road safety advocates and civil society.
6. Increase health synergies between the public and private sector by ensuring universal applicability of medical standards, guidelines and procedures and exploring mechanisms by which the private sector health force can be subsumed as part of the total health force accessible to the poor.



5. Implementing the agenda – one relevant, accountable WHO

5.1 How we will work as “One WHO” and as part of the United Nations family

WHO has three organizational levels: headquarters, regional offices and country offices. The country office is the day-to-day entry point to WHO expertise. In supporting the Department of Health, the WHO country office aims to be a place for people interested in public health to converge to consider public health issues and develop innovative solutions that benefit all Filipinos. Dialogue across programmes, disciplines and sectors are central in this regard. As a learning organization, WHO is committed to ensure that its staff members regularly update their skills and repurpose as necessary to remain a relevant and valued partner.

As a specialized agency of the United Nations, WHO is part of the United Nations Country Team for the Philippines. This team works to implement *Supporting inclusive, sustainable and resilient development: the United Nations Development Assistance Framework for the Philippines 2012–2018* in support of the *Philippine Development Plan 2017–2022*. The upcoming United Nations Development Assistance Framework cycle (2019–2025) will include as a key focus support for the Philippines towards achieving the SDGs.

5.2 Delivering on the agenda

This CCS aims to focus WHO’s organizational resources and expertise on those areas that have the greatest impact and where WHO can make a distinct contribution. Advancing the health of Filipino people is a shared responsibility. Overall progress towards the achievement of national targets set in the *Philippine Health Agenda 2016–2022* and towards attainment of the SDGs will depend on the contribution of many health actors – each of them bringing specific experience and expertise to the table. As such, in implementing strategic agenda, WHO will focus on the following areas: providing health leadership across sectors; policy shaping; communicating for public health.

Providing health leadership across sectors

WHO will support the Government of the Philippines to foster well-being through action by the health sector and across sectors. WHO will take the lead role in convening platforms for health involving multiple stakeholders and in addressing the social, economic and environmental determinants of health. WHO will also take the lead in coordinating with other health partners to ensure all stakeholders are aware of health issues and activities in the country.

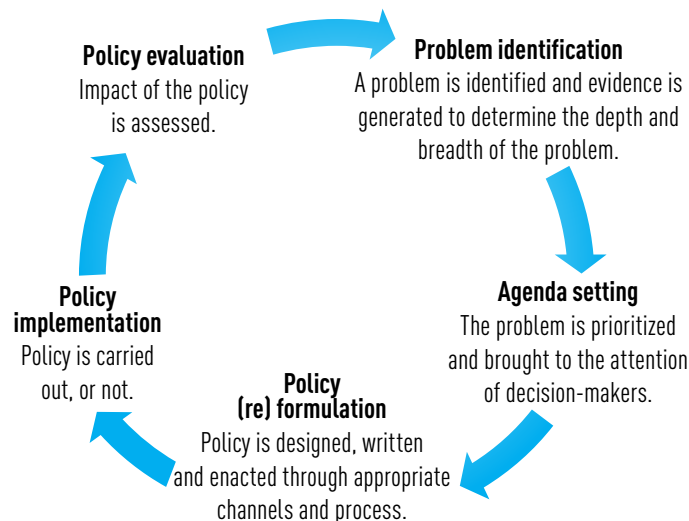
The determinants of health and morbidity and mortality patterns are rapidly changing. As a result, we need to be quick to anticipate and understand the changes, their implications and ways to mitigate their impact. WHO will be proactive and at the forefront in analysing strategic information, developing country foresight, stimulating other resources and encouraging other organizations to take necessary action.

WHO will also facilitate regional dialogues and the cross-country exchange of ideas and experiences to help develop international-level national health leadership within the country.

Policy shaping

Civil society organizations and other actors are often closest to the implications of health policies for people and for the providers of health. WHO will provide a platform for these stakeholders to interact and discuss priority public health issues, in addition to facilitating policy dialogues with the Government to bring change where necessary and align with global norms and standards – and support the Department of Health in defending policy change in the legislature. As necessary, WHO will support the Government in any or all five stages of the policy-making process shown in Fig. 3.

Fig. 3. The policy-making process



Source: Adapted from *The Decision Process*, 1956

Communicating for public health

The Philippines is exceedingly well connected through the Internet and social media. It has been called the “social media capital of the world” (40). Its population of approximately 100 million has 119 million mobile phone subscriptions, while one in two Filipinos has active Facebook accounts (41). This provides an enormous opportunity to reach Filipinos and inform and influence behaviour. WHO will build on this and use its social media platforms to communicate with the public and decision-makers.

To be an effective communicator, WHO will also become more of a learning and knowledge management organization. It will facilitate the assimilation and flow of information and knowledge among partners and agencies. WHO will use country-level information to build stronger collaborations, facilitate evidence-based policy dialogue and promote action.

5.3 Accountability framework: tracking progress in a learning organization

WHO strives to be transparent and accountable in its action, stimulating dialogue on how we can learn and improve our effectiveness.

At a strategic level, monitoring will be based on a systematic assessment of progress towards the achievement of results, notably the Philippines’ advancement towards the National Objectives for Health 2016-2022 (in development at the time of writing) and the SDGs. Each of the health-related SDGs can be mapped to one of the CCS strategic priorities (Box 2), and tracking progress will call attention to areas lagging and needing accelerated support. A midterm evaluation will be conducted to determine the progress towards the SDGs and national targets as well as towards the achievement of the five cross-cutting CCS strategic priorities.

Operationally, the CCS will be implemented through biennial work plans, which will include objectives, activities and deliverables in line with the CCS framework. These are linked to WHO’s internal organizational performance monitoring framework, the basis of which are the organizational outputs formulated in WHO’s General Programme of Work. An annual midterm review will take place after the first year of each biennium, and a more comprehensive programme budget performance assessment will take place following the close of the biennium.

WHO is a learning organization. The results of monitoring and evaluation will be used to take corrective action to address underperformance, or to inform a strategic scaling of activities to achieve desired results, as well as to provide instructive experience that guides the next planning cycle.

Box 2. Strategic Monitoring Framework for the CCS

CCS Strategic Priority	Related, indicative SDG 3 targets	Other SDG targets
Save lives	<p>3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100 000 live births.</p> <p>3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births and under-5 mortality to at least as low as 25 per 1000 live births.</p> <p>3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, waterborne diseases and other communicable diseases.</p> <p>3.b Support the research and development of vaccines and medicines for the communicable diseases and NCDs.</p>	<p>2.2 By 2030, end all forms of malnutrition, including achieving by 2025 the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women, and older people.</p>
Promote well-being	<p>3.4 By 2030, reduce by one third premature mortality from NCDs through prevention and treatment, and promote mental health and well-being.</p> <p>3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and the harmful use of alcohol.</p> <p>3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.</p>	<p>5.6 Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences.</p>

Box 2. (continued)

CCS Strategic Priority	Related, indicative SDG 3 targets	Other SDG targets
Protect health	<p>3.9 By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.</p> <p>3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction, and management of national and global health risks.</p>	<p>6.1 By 2030, achieve universal and equitable access to safe and affordable drinking water for all.</p> <p>6.2 By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations.</p> <p>6.3 By 2030, improve water quality by reducing pollution, eliminating dumping, and minimizing release of hazardous chemicals and materials, halving the proportion of untreated wastewater, and substantially increasing recycling and safe reuse globally.</p> <p>11.5 By 2030, significantly reduce the number of deaths and the number of people affected and substantially decrease the direct economic losses relative to global gross domestic product caused by disasters, including water-related disasters, with a focus on protecting the poor and people in vulnerable situations.</p>
Optimize health architecture	<p>3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services, and access to safe, effective, quality and affordable essential medicines and vaccines for all.</p> <p>3.c Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least-developed countries and small island developing states.</p>	<p>10.4 Adopt policies, especially fiscal, wage and social protection policies, and progressively achieve greater equality.</p> <p>1.3 Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable.</p>
Use platforms for health	<p>3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents.</p> <p>3.a Strengthen the implementation of the WHO Framework Convention on Tobacco Control in all countries, as appropriate.</p>	

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