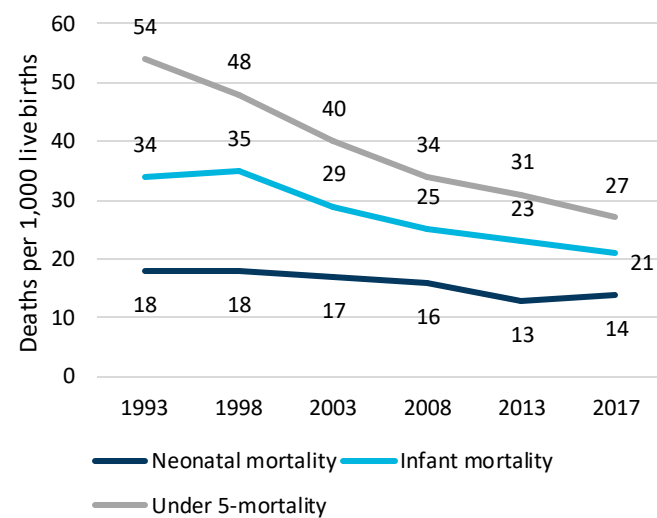


In the Philippines, high coverage of key maternal, newborn and child health (MNCH) interventions has had a limited impact on maternal and neonatal mortality rates which have not improved as much as expected in the last few decades. SP4PHC is working with the Philippine Health Insurance Corporation (PhilHealth) to design expanded benefit packages for primary health care, with a focus on MNCH and family planning services, and to establish quality standards for these benefits. Below are some MNCH trends in the Philippines.

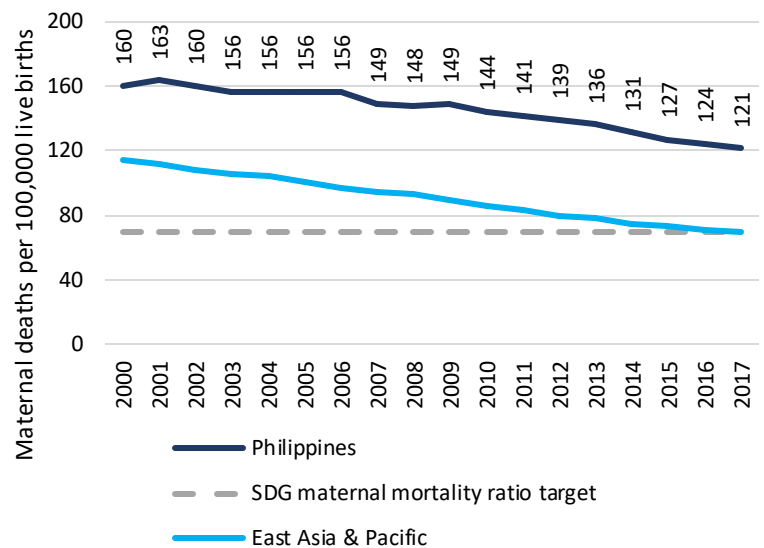
Trends in Neonatal, Infant, and Under 5-Mortality (1993-2017)

Source: Philippines DHS 2017



Trends in Maternal Mortality Rate (1990-2017)

Source: WHO and Population Division 2015; World Development Indicators Databank 2019

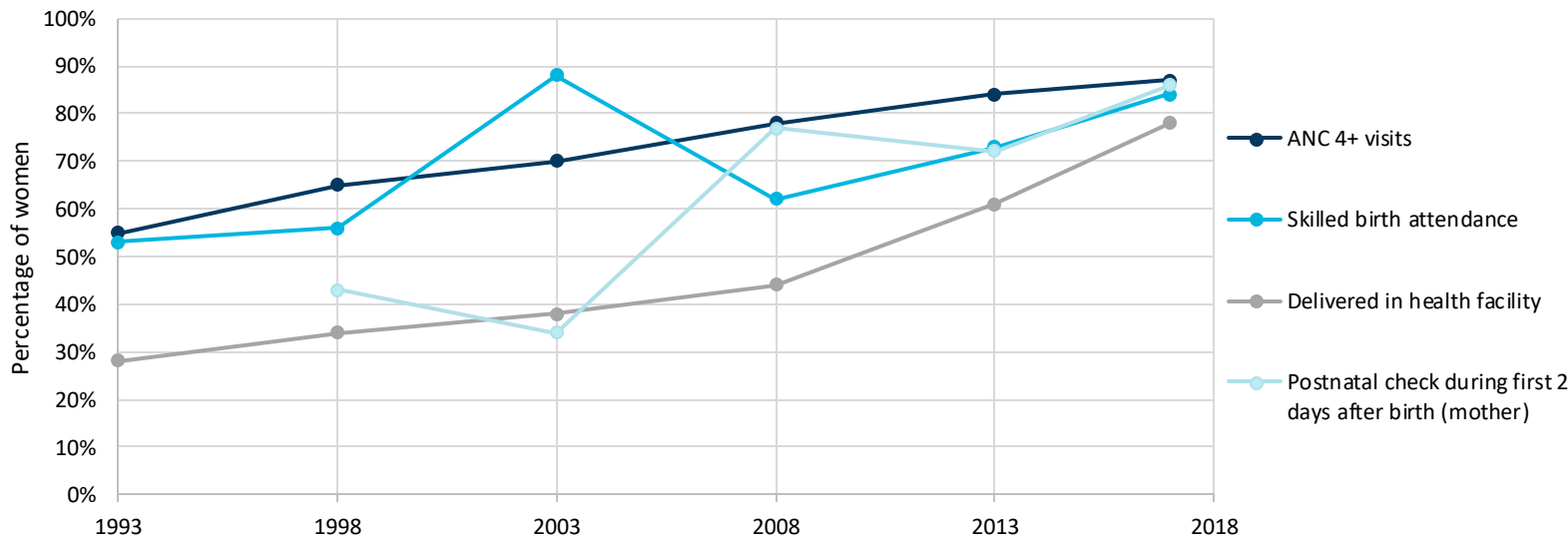


Note: SDG stands for Sustainable Development Goals

The Philippines has seen tremendous improvements in access in MNCH services. There have been steady increases in the percentage of women who had four or more antenatal care (ANC) visits and women who delivered in a health facility.

Key MNCH Trends (1993-2017)

Source: Philippines DHS 2017, 2013, 2008, 2003, 1998, 1993



Note: 1993 data on postnatal check during first 2 days after birth (mother) not available; 1998 data refers to postnatal check during first 6 days after birth (mother)

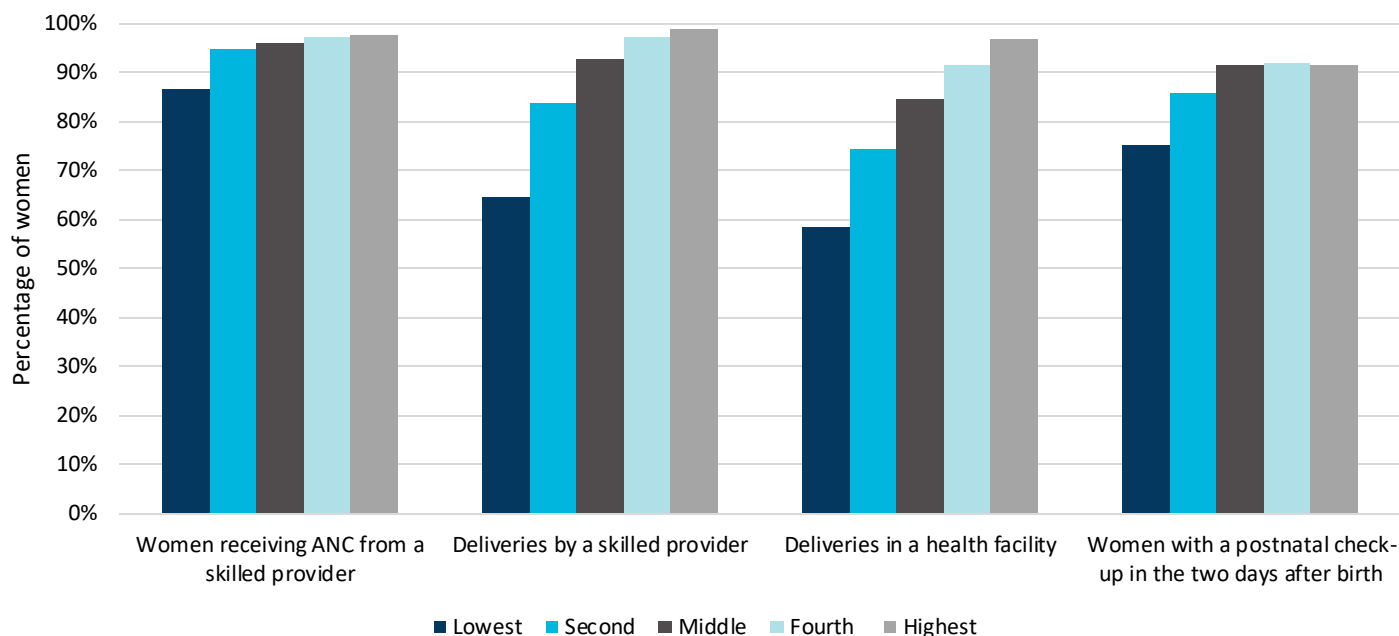
MNCH Coverage in the Philippines

There is considerable variation across wealth quintiles for almost all MNCH coverage indicators – with the exception of ANC from a skilled provider for which the coverage rates are uniformly high. Women in poorer quintiles are less likely to deliver in a health facility and to be assisted by a skilled provider.



Percentage of Women Receiving MNCH Services Across the Continuum of Care by Wealth Quintile (2017)

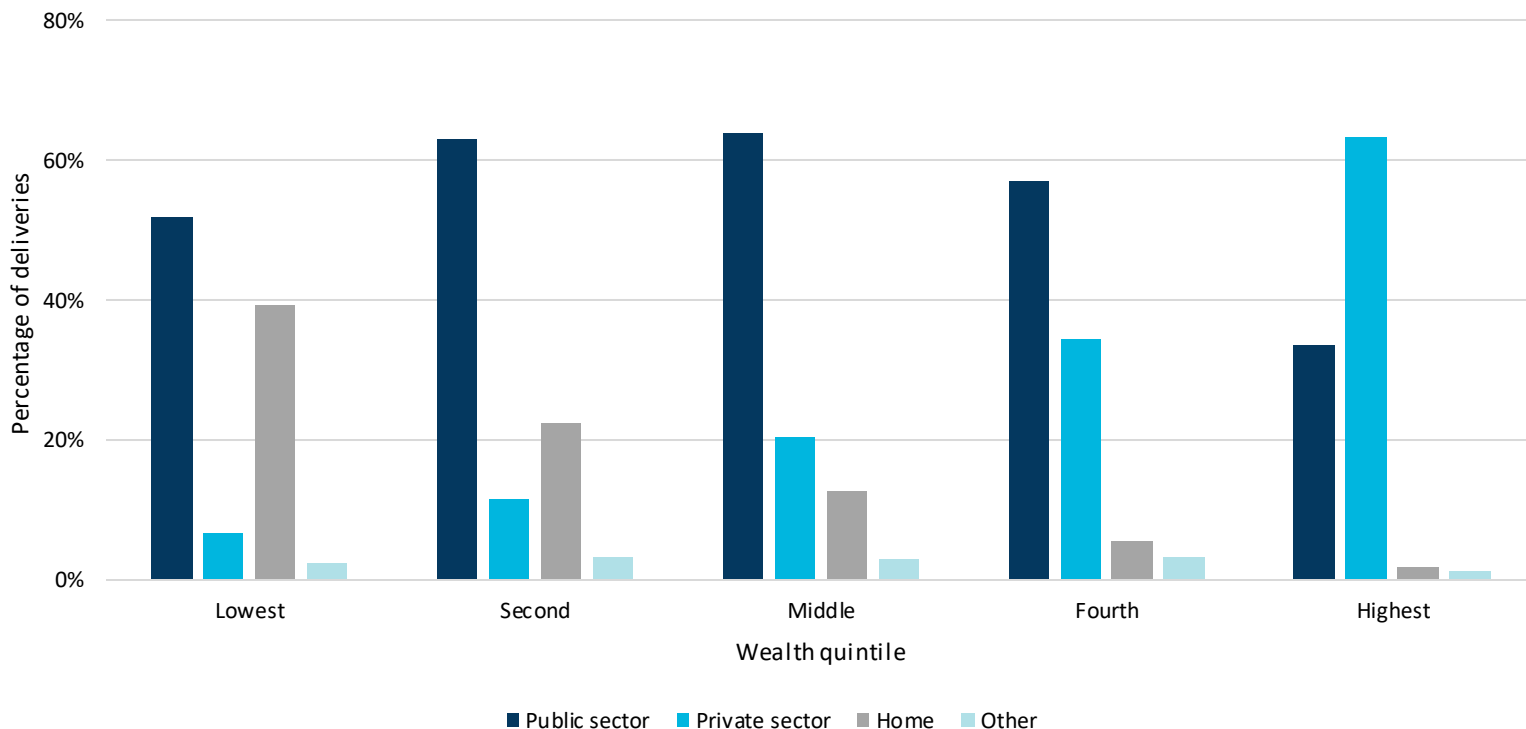
Source: Philippines DHS2017



There is a large urban-rural gap in facility births and by wealth quintile. Women in the higher income quintiles choose to deliver in a private health facility compared to poorer women who deliver in a public health facility or at home.

Percentage of Deliveries by Place of Birth and Wealth Quintile (2017)

Source: Philippines DHS2017



How PhilHealth Purchases MNCH Services

There are multiple purchasers in the Philippines. As per the Universal Health Care (UHC) law enacted in early 2019, PhilHealth is set to become the dominant purchaser in the country and has the potential to leverage this dominance to make the purchasing of primary health services in the Philippines more strategic. Below is an overview of PhilHealth, including its MNCH benefits package.



PhilHealth Purchasing Profile



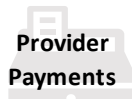
Premiums (only select members pay their own premiums; premiums of indigent population are paid from earmarked sin taxes)



Universal coverage as of January 2020. Until 2019, PhilHealth had a variety of membership types, but these can be grouped into two main categories. Wealthier “direct contributors” pay their own premiums (also known as “non-sponsored members”). Poorer “indirect contributors” have their premiums paid to PhilHealth by other government agencies (also known as “sponsored members”).



Public and private health facilities



Inpatient services: fixed case rates
 Outpatient services: capitation, bundled payment (co-payment allowed in private health facilities)
 MNCH services: capitation, case rates
 Family planning services: case rates for long acting/permanent methods, capitation for all other methods

PhilHealth Benefits Package



Inpatient and selected outpatient services for all members



All MNCH inpatient procedures



ANC and postnatal care (PNC)



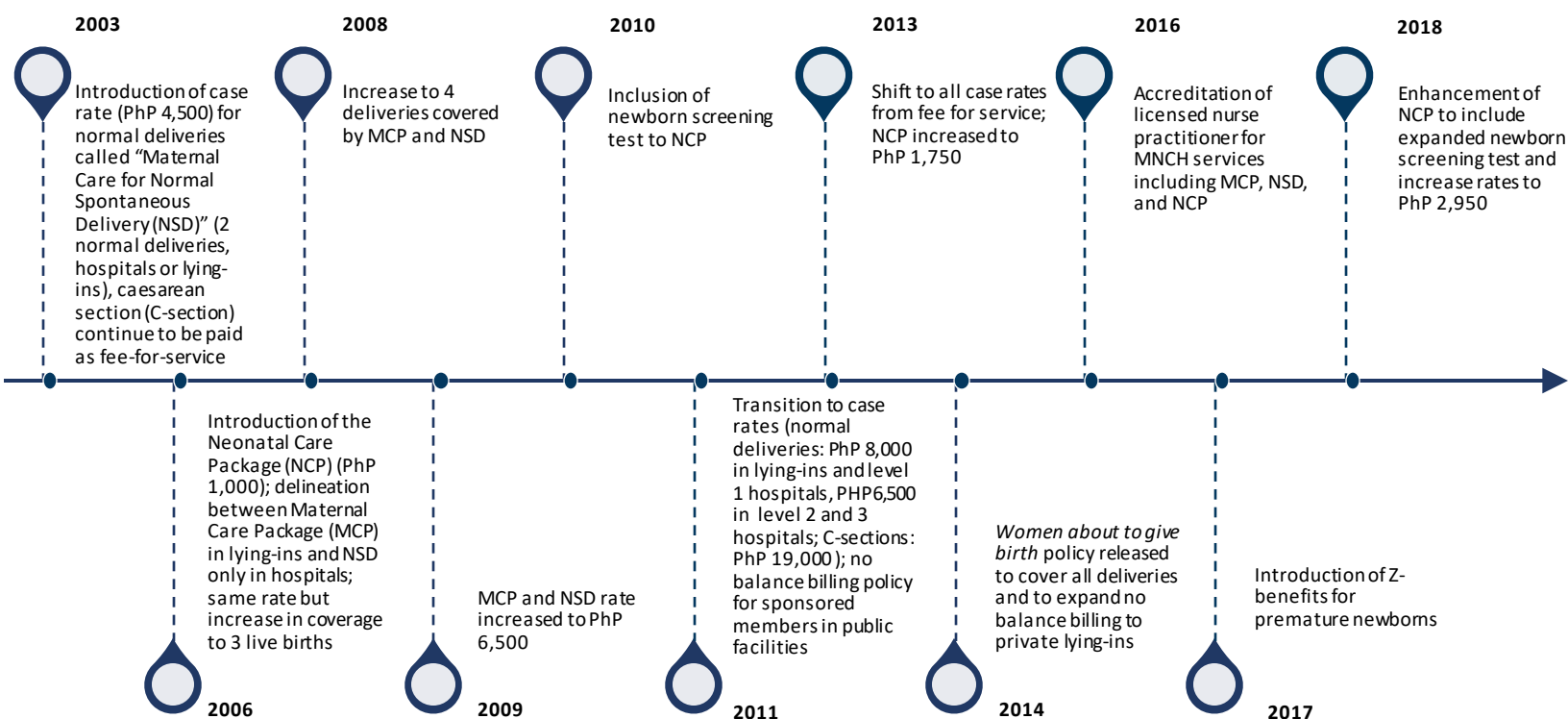
Deliveries in primary health care facilities (i.e., lying-ins), newborn care



All family planning methods

Evolution of PhilHealth Benefits for Maternal and Neonatal Health

PhilHealth prioritizes improving financial access to personal health services including maternal and newborn care. The purchasing mechanisms for MNCH services have evolved over the years to increase service coverage and rates and improve accreditation mechanisms.



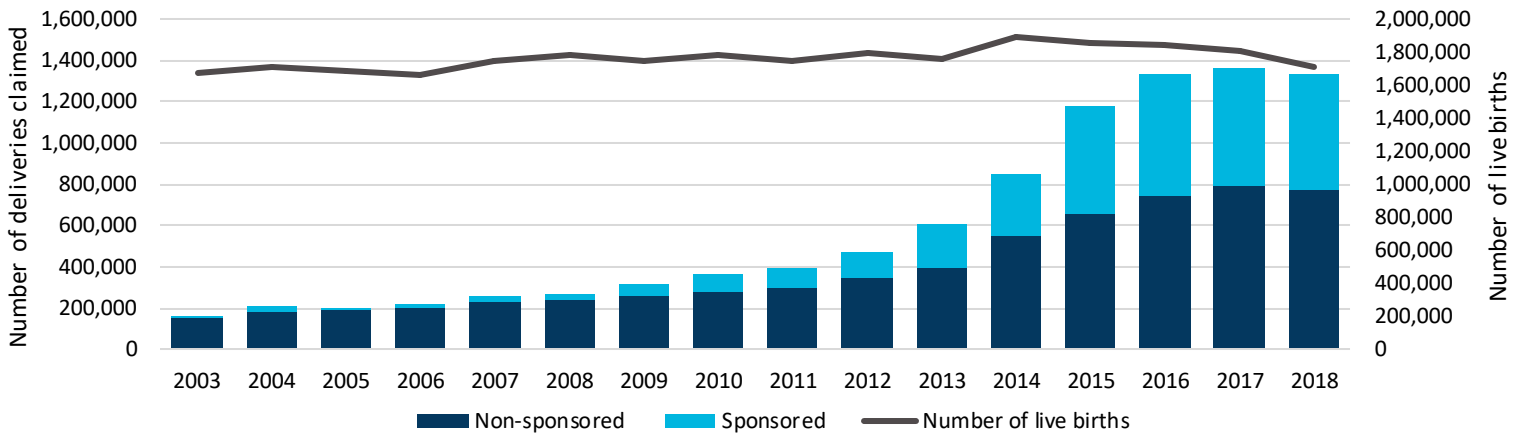
PhilHealth Claims for MNCH Services by Membership Type

As the percentage of deliveries that occurred in a health facility doubled between 2003 and 2017, reaching 78%, the number of claims submitted for deliveries gradually increased over the same time period. However, this number is still below the approximate 1.6 million live births per year. While in the early 2000s most claims submitted were on behalf of non-sponsored PhilHealth members (read more about PhilHealth membership type [here](#)), over the last couple of years the number of claims submitted were relatively evenly distributed between sponsored and non-sponsored PhilHealth members.



Number of Deliveries Claimed, by PhilHealth Membership Type (2003-2018)

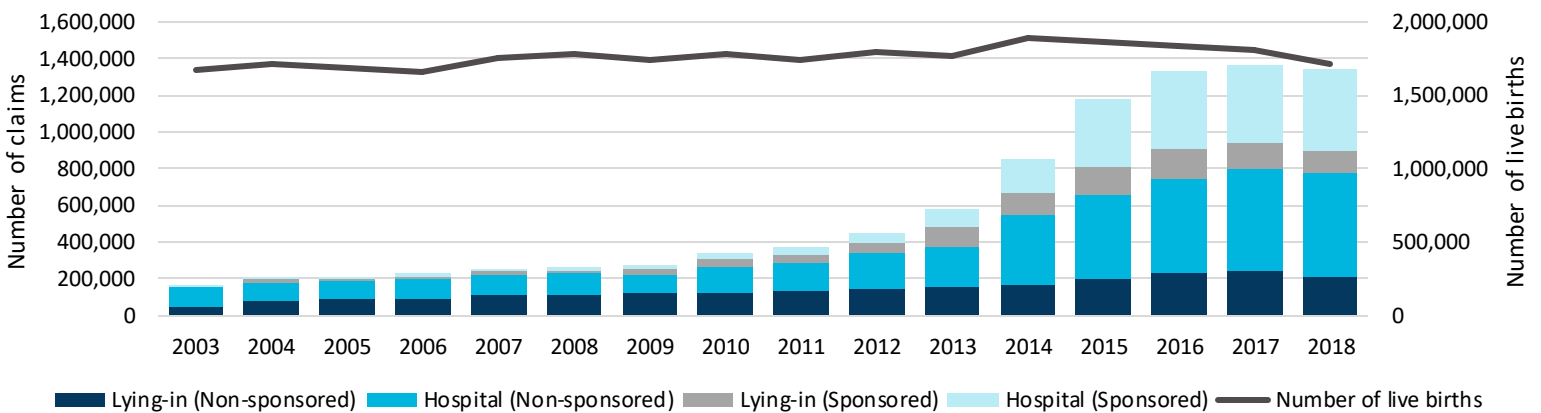
Source: PhilHealth



The number of delivery claims in lying-ins for PhilHealth sponsored members increased massively from little over 2,000 claims in 2003 to more than 120,000 claims in 2018. Both lying-ins and hospitals almost doubled the number of claims submitted for deliveries of PhilHealth sponsored members between 2012 and 2013 soon after the increase in rates and introduction of no balance billing in public health facilities for this type of members.

Lying-ins vs. Hospitals Delivery Claims, by PhilHealth Membership Type (2003-2018)

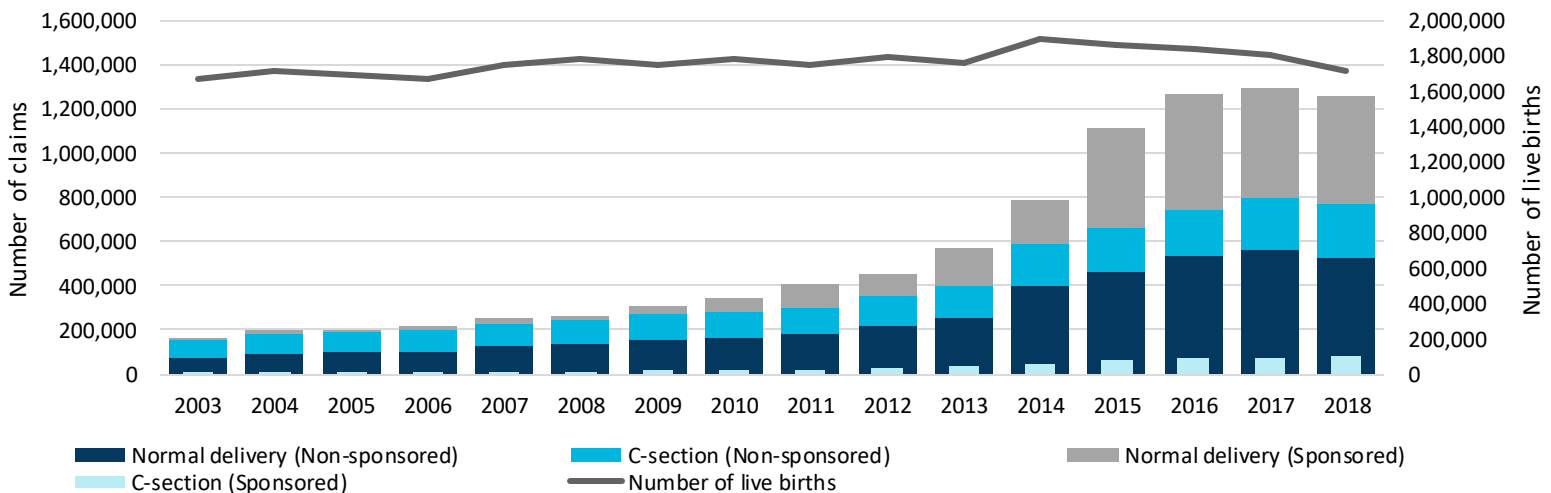
Source: PhilHealth



The proportion of births by C-section is much higher among non-sponsored members than among sponsored members.

Normal Delivery vs. C-section Claims, by PhilHealth Membership Type (2003-2018)

Source: PhilHealth



PhilHealth Contracting and Paying Claims to Health Facilities

Pregnant women in the Philippines benefit from PhilHealth's Maternity Care Package (MCP), which includes ANC, delivery, postpartum care for the mother, and newborn care. In 2021, PhilHealth contracted more private than public health facilities to provide MCP.



Number of Health Facilities Accredited by PhilHealth to Provide MCP (2021)

Source: PhilHealth 2022

Public Providers



1,137

Private Providers

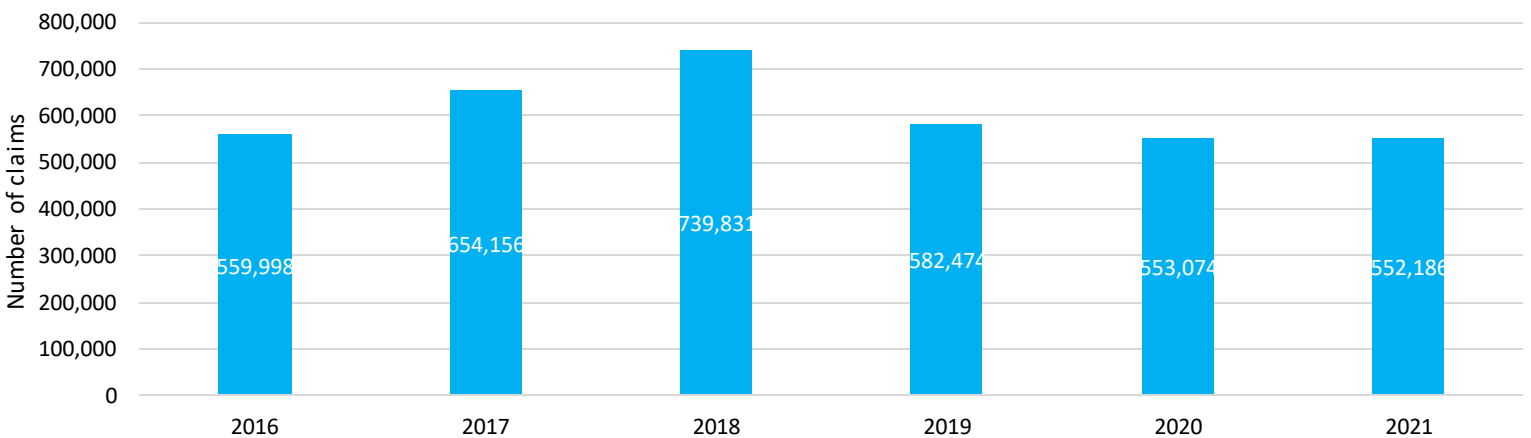


1,617

Although, the number of MCP claims has increased between 2016 and 2018 as a result of reforms in the previous decade, it is still much lower compared to approximately 1.6 million live births per year. This can be explained by increased providers' perception of a high administrative burden engaging with PhilHealth and policy changes regarding the place and delivery type, including accreditation of licensed nurses to provide MCP. We are coordinating with PhilHealth to get more granular data to further analyze this trend. However, there is a considerable decrease in the number of MCP claims from laying-in facilities in 2019 and beyond. The COVID-19 pandemic may have also contributed to additional decline in 2020 and 2021.

Number of PhilHealth Claims of MCP Facilities (2016-2021)

Sources: PhilHealth 2017, PhilHealth 2018, PhilHealth 2019, PhilHealth 2020, PhilHealth 2021, PhilHealth 2022



PhilHealth offers the Neonatal Care Package (NCP) to provide newborns with needed services such as vitamin K, vaccines for hepatitis B and BCG, newborn screening test. Although the number of NCP claims has increased since the package was introduced in 2006, it is still low compared to the number of live births.

Number of PhilHealth NCP claims vs. Number of live births (2006-2020)

