

The Philippines' evolving health financing landscape

Opportunities for a truly sustainable social franchise

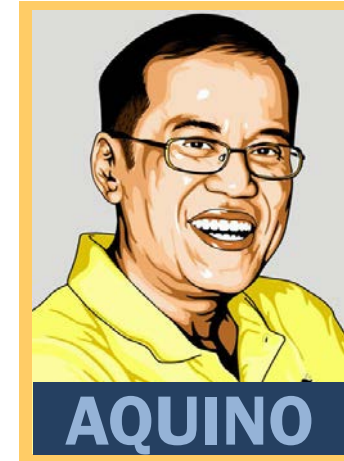
Miguel Antonio S. Lindo, Social Franchise Director

PSPI

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A conducive context

- Middle income country.
- Changing landscape but some stubborn statistics:
 - 24.4% mCPR, 33.5% LAPM*.
 - <40% of births are home deliveries.
- Gov't have been supportive of contraception.
- Willing to procure services from private sector; PhilHealth is their vehicle for this.
- Supportive policy framework for this:
 - Aquino Universal Healthcare Agenda 2010
 - The Responsible Parenthood and Reproductive Health Act of 2012
 - 2017 EO 12 attain and sustain “zero unmet need for modern FP”



The story so far

- PSPI convinced gov't to allow midwives to perform LARC in maternity homes and pay for it:
 - Gradual process, first PPIUD, then interval IUDs, then implants.
 - Administrative Order licencing birthing homes to provide LARC.
 - Circular accrediting midwives to receive LARC reimbursements.
 - \$ 40.00 for IUD, \$ 60.00 for implants
- PSPI successfully franchised maternity homes, providing clinical training, quality assurance, business training, etc.
- This expanded access and increased the franchisees' sustainability.



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It's not all good news

- Many challenges claiming reimbursements:
 - National and regional government bureaucracy.
 - Inconsistency in implementing the administrative orders.
 - Low capacity to file reimbursement claims.
 - 'Buggy' government IT and ERP Systems
 - Increasingly competitive space
 - Politics is still involved.
- This results in payment delays of <180 days.
- Creates cash flow problems.
- Impacts on midwives' operations and personal lives.
- Midwives beginning to feel demoralised and exploring alternative careers.

The future - commercial franchise, social goals

1. Switching from franchisee fees to a commission based system

- Recently PSPI has started supporting midwives to set up maternity homes.
- **Give:** \$25,000 no collateral loans, 5 years, 6% interest.
- **Get:** Higher franchise fees and 10% commission on LARC reimbursements.

2. Evolving our value proposition

- Mediation between PhilHealth and franchisees for claims management.
- Improved technical assistance to assure clinical and data compliance.
- Investment in brand visibility and marketing activities.
- A more robust entrepreneurial support and training program

3. Franchising standalone FP clinics

- Shape implementation guidelines; test in MSI centres; assess viability.

Further reflection and advocacy

Specialization vs Integration	Birthing + Family Planning Model
	Polyclinic Model
	Hospital Model
Expanding Services in Lower Facilities	What other benefit packages can be performed in Birthing Homes, Stand Alone FP Clinics, Infirmaries
	How can we expand government subsidies on Primary Care Benefit Packages
Influencing Government on Family Planning	Where is FP in the Philippine Healthcare Agenda? Where is the FP Charter on the Philippine Health Insurance Corporation
	What changes do we need to raise the value FP Services as a healthcare priority rather than a simple token or added service

How do we truly engage government to pay for family planning?