

Recommendations for philippines health services



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QUESTION:

How do we improve quality of health services in the Philippines as a whole?
What efforts have been taken and what are the challenges.

ANSWER:

In developing countries like Philippines, quality of health services has been an issue. Though the Philippine government provide projects on how to improve quality of care, still there are people who encountered problems on how to seek medical attention and treatment. It is said that the deficiencies in quality of care represent neither the failure of professional compassion nor necessarily a lack of resources. They result from gaps in knowledge, inappropriate applications of available technology, or the inability of organizations to change (*Berwick 1989*). These are just some examples of factors affecting the quality services that needs to be given attention. Local health care systems may have failed to align practitioner incentives and objectives, to measure clinical practice, or to link quality improvement to better health outcomes. Improving clinical practice and quality of care should take place over months and not years so as to achieve economic growth, educational advancement or new technology (*Improving Quality of Care in Developing Countries by John W. Peabody, Mario M. Taguiwalo, David A. Robalino and Julio Frenk*).

Health systems provide health actions or activities in order to improve or maintain health. The government has set some policies and programs that will help Filipino people but it is not implemented well. In December 2011, by an article from the *USAID/Philippines*, United States Agency International

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Development (USAID) has conducted a pilot demonstration of citizen participation in health governance from June 2009 to August 2010. Through improvements in health governance at the facility level, the goal was to demonstrate increase in the utilized MCH services.

Health Systems 20/20 supported the establishment of facility-based governance committees that focus on improving quality of health services: Quality Assurance Partnership Committees (QAPCs) located at the three sites in Mindanao. The Quality Assurance Partnership Committees (QAPCs) is a governance mechanism that brings together local leaders and government officials, health service providers, civil society, and community representatives to address issues related to access, availability, and quality of maternal and child health related services in local facilities. The QAPC was envisioned to provide oversight and problem solving actions to improve maternal and child health services in the three pilot facilities. Through a grant from Health Systems 20/20, the Gerry Roxas Foundation (GRF), a local NGO, facilitated the introduction, organization, and functioning of QAPCs in the three demonstration sites, with enthusiastic support from elected officials, health facility managers, and local officials. The three sites were: the Rural Health Unit in the municipality of Lopez Jaena, the City Health Office in Oroquieta City, and the Provincial Hospital in Compostela Valley. Aside from giving the civil society a voice in health service delivery and quality, at the same time, it can increase the accountability of local officials and providers to their communities for services delivered. From an end-of-project assessment field visit conducted in July 2010, the following findings emerged:

- Anecdotal evidence suggested that community participation via the QAPCs contributed to client-focused and responsive MCH service delivery, expanded outreach from the facility to MCH service users, and increased MCH service utilization. The QAPCs strengthened the linkage between facilities and service users by sensitizing communities regarding MCH issues, and mobilizing community members to utilize available services.
- The major governance outcome at the facility level was increased responsiveness to community needs and preferences. A related secondary outcome was some increase in accountability to clients. Beyond governance at the facility level, the QAPC experience demonstrated the importance of decentralized local government to the effective functioning and sustainability of a co-governance innovation that brings together citizens and public-sector health providers.
- The integration of the QAPC pilot with the Philippines Department of Health's existing quality assurance program, the Service Delivery Excellence in Health (SDexH) initiative, was critical to the success of the demonstration project. SDexH provides an accepted framework that connects quality clinical standards and accreditation to a definition of quality that incorporates client perceptions and community input.
- The potential for institutionalization of the QAPCs was enhanced by the ownership of the concept by local government officials. In all three cases, local chief executives issued Executive Orders giving official recognition to the QAPCs, and were strongly supportive of the committees.

Two of the three QAPCs received a commitment from local governments to provide ongoing financial support to cover expenses for community members to participate in the committees. In the Compostela Valley Provincial Hospital, the director included the QAPC as an activity the Wellness Center, which assures the committee ongoing support and a venue. The demonstration project team drafted a QAPC process guide for use by other local governments in the Philippines that are interested in replicating the committees for health facilities in their jurisdictions (www.healthsystems2020.org/section/where_we_work/philippines).

Access to the health care system is required to obtain the care that maintains or improves health, but simple access is not enough and it is said to be applied skillfully. Quality is comprising of the following elements to achieve it, namely structure, process and the outcomes. Structural measures are the easiest to obtain and most commonly used in studies of quality in developing countries. Many evaluations have revealed shortages in medical staff, medications and other important supplies and facilities, but material measures of structure are not causally related to better health outcomes (*Donabedian 1980*). Process, by contrast, can be measured with every visit to a provider. In addition, evidence-based clinical studies have steadily revealed which process measures lead to better outcomes. This combination of ubiquity, measurability, and linkage to health outcomes makes the measurement of process the preferred way to assess quality.

Another project of the government is the commitment to the United Nation millennium declaration that translated into a roadmap a set of goals that targets reduction of poverty, hunger and ill health (www.doh.gov).

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ph/node/1076. html) . In the light of this government commitment, the Department of Health is faced with a challenge to champion the cause of women and children towards achieving MDGs 4 (reduce child mortality), 5 (improve maternal health) and 6 (combat HIV/AIDS, malaria and other diseases). Pregnancy and child birth are among the leading causes of death, disease and disability in women of reproductive age in developing countries. The Philippine government commitment to the MDGs is, among others, a commitment to work towards the reduction of maternal mortality ratios by three-quarters and under-five mortality by two-thirds by 2015 at all cost.

Confronted with the challenge of MDG 5 and the multi-faceted challenges of high maternal mortality ratio, increasing neonatal deaths particularly on the first week after birth, unmet need for reproductive health services and weak maternal care delivery system, in addition to identifying the technical interventions to address these problems, the DOH with support from the World Bank decided to focus on making pregnancy and childbirth safer and sought to change fundamental societal dynamics that influence decision making on matters related to pregnancy and childbirth while it tries to bring quality emergency obstetrics and newborn care to facilities nearest to homes. <http://www.doh.gov.ph/content/national-safe-motherhood-program.html>. This move ensures that those most in need of quality health care by competent doctors, nurses and midwives have easy access to such care.

The Department of Health has set the national objectives for 2011-2016 with overall goal that is to improved access to quality hospitals and health facilities by all Filipinos, especially the poor (www.doh.gov.ph). Their strategic objectives have improved, enhanced, ensured and these are the <https://assignbuster.com/recommendations-for-philippines-health-services/>

following : 1: Access to quality health facilities and services, especially those commonly used by the poor; 2: Quality of inpatient and outpatient care; 3: Availability of essential drugs and medicines in all levels of government health facilities; 4: Access to specialized services in sib-national health facilities; 5: Governance, sustainability and fiscal autonomy of government hospital; 6: and the client responsiveness of health facilities. For the government to achieve the objectives, they do a targeted health facility program that shall leverage funds for improved facility capacity to adequately manage the most common causes of mortality and morbidity, including trauma; setting provision of financial mechanisms drawing form public-private partnerships to support the immediate repair, rehabilitation and construction of selected priority health facilities; making fiscal autonomy and income retention schemes for government hospitals and health facilities; unifying and streamlining DOH licensure and Phil Health accreditation for hospitals and health facilities and regional clustering and referral networks of health facilities based on their catchment areas to address the current fragmentation of health services in some regions within the Philippines.

(Improving Access to Quality Hospitals and Health Services, www. doh. gov. ph/sites/default/files/6%20Chapter4. pdf)

Though it has not 100% achieved, the government with the help of many institutions, banks, and support from other countries, can be reached with the efforts of the people who are responsible for the implementation and monitoring of these activities. I believe that thru these efforts, Philippines will have an improved health services in the near future.

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