



EVERY WOMAN
EVERY CHILD

EVERY NEWBORN

Progress towards ending preventable newborn deaths and stillbirths



SPOTLIGHT ON PHILIPPINES

The Philippines conducted a newborn assessment and bottleneck analysis exercise in 2013 that informed the development of the country's Essential Newborn Action Plan which aims to reduce neonatal mortality rates across the Philippines. A key conclusion was that the Early Essential Newborn Care Action Plan could save newborn lives if quality maternal and newborn health services reached the underserved and poor populations, weaknesses in existing service delivery were resolved and financial support to poor families was strengthened. Improving access to newborn care is anchored in the national health insurance, PhilHealth. The PhilHealth Newborn Care Benefit package covers essential and emergency maternal and newborn care for all, and premiums are paid for the poorest. The PhilHealth Prematurity Benefits Package is in development to provide care to the large number of babies born prematurely. The prioritization of care for newborns has always been a part of the health system of the Philippines and it enabled a rapid response as part of the emergency response to super typhoon Yolanda.



National Context

Estimated population: 92 million

Newborn Mortality Rate (NMR): 13 per 1,000 live births ¹

Stillbirth rate: 15.7 per 1,000 births ²

Newborn deaths as a share of under-5 mortality: 45 per cent ³

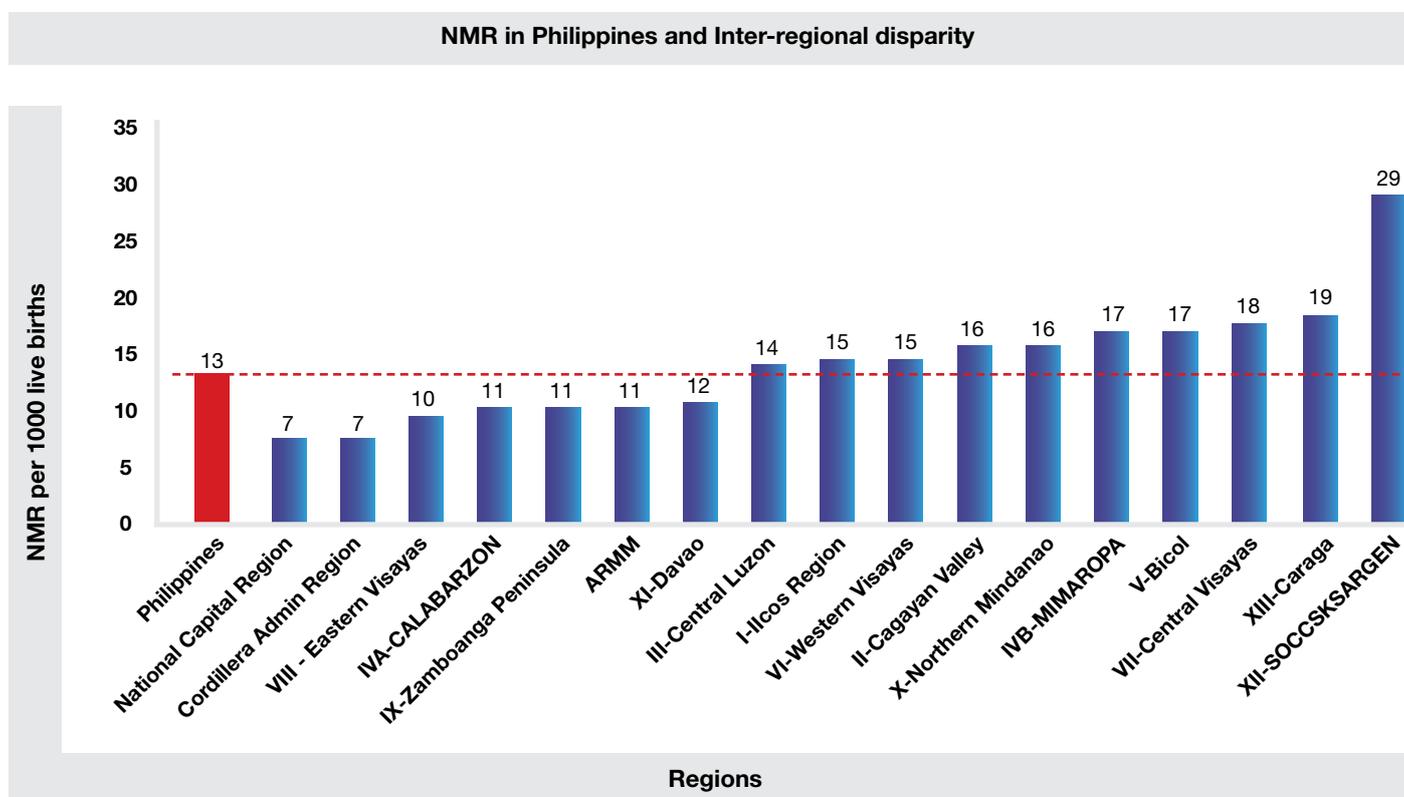
Causes of newborn mortality

In the Philippines, almost half of all deaths in children under 5 are newborns. Although the under-5 mortality rate (U5MR) and infant mortality rate (IMR) have declined over the last two decades, progress has stalled due to persistently high levels of newborn deaths. These are mainly the result of complications due to prematurity (32 per cent), sepsis/pneumonia (21 per cent) and birth asphyxia (23 per cent). Of Filipino babies who die during the neonatal period 60 per cent succumb to complications brought about by prematurity and/or low birth weight.⁴

Critical disparities in survival

Newborn survival in the Philippines is greatly dependent on a family's place of residence and income. There are significant inequalities in the newborn mortality rate (NMR) and coverage of interventions between regions. In the largest urban centres, the National Capital Region and Cordillera Administrative Region, the NMR is 7 newborn deaths per 1,000 live births. However, the NMR can be twice, thrice or even fourfold this rate in other parts of the country, such as in Region XII in the conflict-affected south, where the NMR is 29 per 1,000.

Figure 1: Newborn Mortality Rates per Region



¹ 'Levels and Trends in Child Mortality: Report 2015', UNICEF, on behalf of United Nations Inter-Agency Group for Child Mortality Estimation, New York.

² S. Cousens, H. Blencowe, C. Stanton, D. Chou, et al., "National, regional, and worldwide estimates of stillbirth rates in 2009 with trends since 1995: a systematic analysis," *The Lancet* 377 (9774): 1319-1330, April 2011.

³ 'Levels and Trends in Child Mortality: Report 2015', UNICEF, on behalf of United Nations Inter-Agency Group for Child Mortality Estimation, New York.

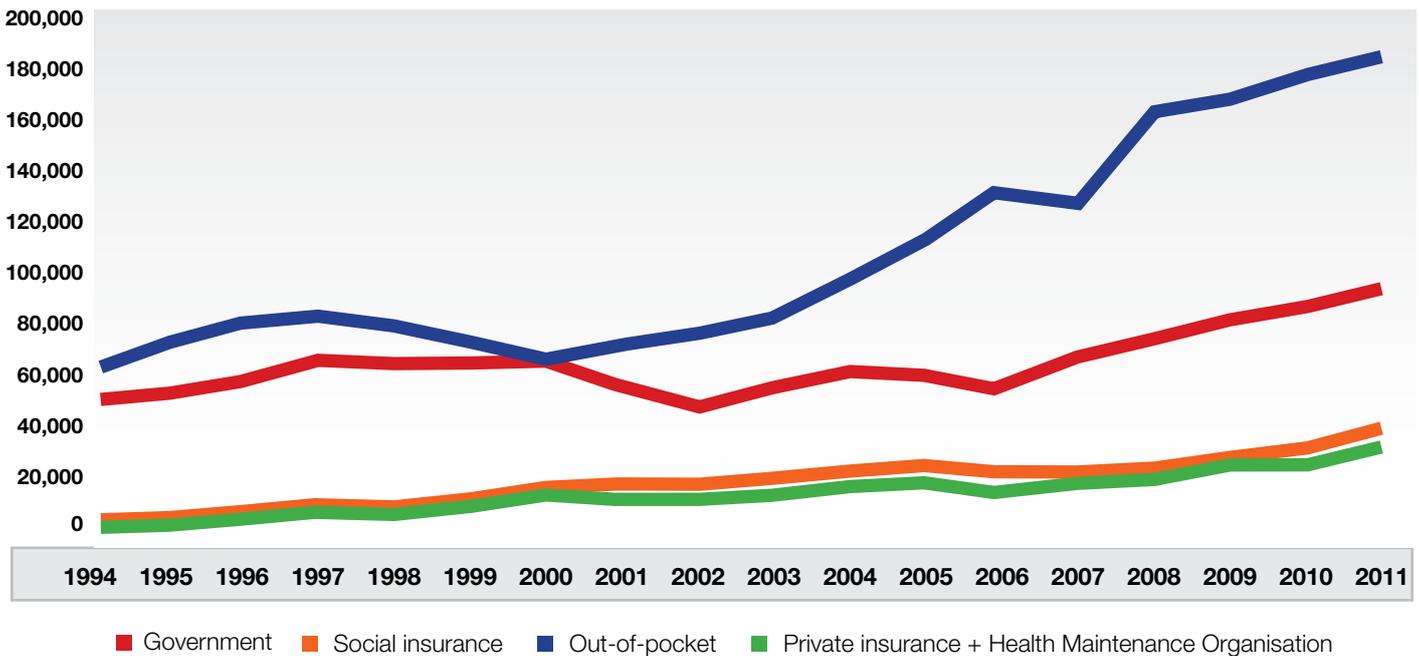
⁴ The Philippines Department of Health Survey, 2012.



Financial barriers to care seeking

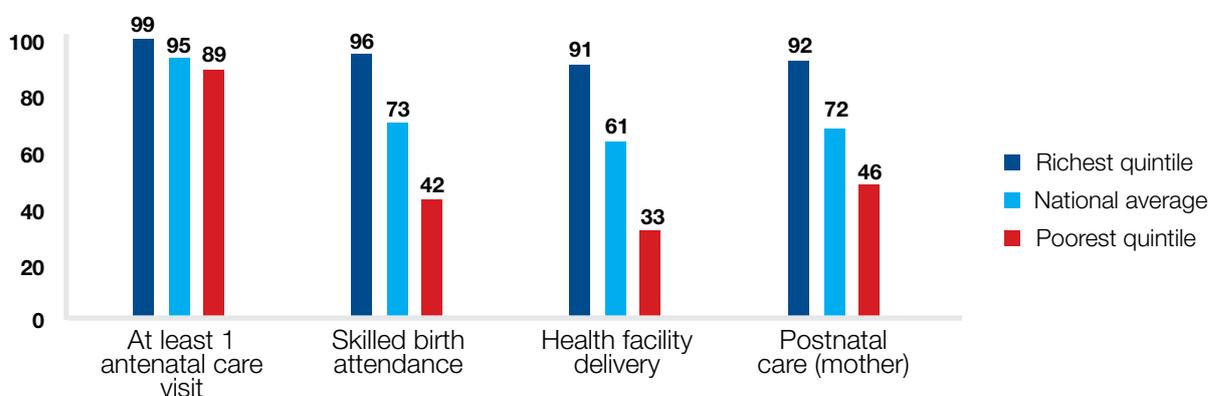
Despite a growing economy, there is a large and rising incidence of poverty and inequality and, as a result, inequities in health and nutrition have increased substantially.⁵ More than one in four people live below the international poverty line of \$1.25 per day.⁶ Simultaneously, out-of-pocket expenditure to pay for health care is very high, remaining at 84 per cent of health care costs between 2005 and 2014.⁷ Out of pocket expenditure as a share of overall national health spending has increased consistently over the past decade and accounts for the bulk of health expenditure (Figure 2).

Figure 2: Out-of-pocket outpaces other sources of health expenditure



The combination of high financial costs and prevalent poverty is a significant barrier to seeking health care. For the poorest members of the population, only 42 per cent have access to any skilled birth attendance and less than half receive postnatal care, two crucial life-saving interventions for both mother and baby. In the Autonomous Region in Muslim Mindanao, skilled attendance at birth is as low as 20 per cent (Figure 3).⁸

Figure 3: Disparities in essential care around the time of birth care by wealth quintile



⁵ UNICEF Country Office, Newborn Health Assessment Report, 2015.

⁶ National Statistics Coordination Board, Republic of the Philippines. At <http://www.nscb.gov.ph/poverty>.

⁷ World Bank 2015, out-of-pocket health expenditure (% of private expenditure on health). At <http://data.worldbank.org/indicator/SH.XPD.OOPC.ZS/countries/1W-PH?display=graph>.

⁸ National Demographic Health Survey, Philippines 2013.

Milestones in progress

Identifying barriers to newborn survival

In 2012 and 2013, the Philippines conducted a comprehensive newborn care assessment,⁹ and in November 2013, the Department of Health organized a national consultation to develop a newborn action plan (the Early Essential Newborn Care Action Plan) in a joint effort supported by WHO, UNICEF and USAID. The consultation included a bottleneck analysis exercise, which highlighted key issues to be addressed by the Department of Health and local government units responsible for programme implementation at the municipality level.

Key challenges identified included weak health information systems, lack of skilled birth attendance, stock-outs of essential life-saving commodities and the inability of families to afford care. Critical socio-economic disparities in care coverage and care seeking meant that strengthening financial protection for mothers was a priority and was a key action recommended by the bottleneck analysis. In addition, the need to improve the management of sick newborns and pre-term babies, which was not fully covered under the existing maternal and newborn insurance packages, was highlighted.

Addressing barriers to newborn survival

The Philippines developed its Early Essential Newborn Care Action Plan in 2014, guided by the global Every Newborn Action Plan and the Regional Essential Newborn Care Action Plan. It drew on the support of global and regional initiatives including:

- **Committing to Child Survival: A Promise Renewed:** In December, 2014 the launch of A Promise Renewed reinforced the efforts by the Department of Health to make neonatal survival and universal health care a key priority to end all preventable child deaths by 2035.
- **First Embrace:** In March 2015, in Manila, WHO's Regional Office for the Western Pacific launched First Embrace, a campaign highlighting simple steps to save newborn lives and prevent complications from unsafe practices in newborn care in the region. First Embrace highlights early essential newborn care, which is a package of actions and interventions that address the most common causes of newborn death around the

time of birth, such as prematurity, low birth weight, asphyxia and severe infection.

Three major strategies under the Action Plan focused on improving the competencies of the health care workforce, emergency care training and health financing. These are discussed below.

Improving health worker competencies

An extensive mentorship programme to support health care professionals in facilities at all levels of the health system is underway. Six batches of mentors cover the major regional hospitals in all 17 administrative regions. By December 2014, coaching had been initiated in at least nine national, 30 regional and 157 first-level referral hospitals.¹⁰ The national plan is intended to reach 80 per cent of the hospitals in the Philippines by 2020.

Strengthening Emergency Obstetric and Newborn Care training

In 2012, the Department of Health along with UNICEF initiated a series of stocktaking exercises to assess the existing level of emergency newborn care, in coordination with the Association of Philippine Schools of Midwifery, Integrated Midwives' Association of the Philippines, the Professional Regulatory Commission, the Board of Midwifery, and the Association of the Deans of the Philippine Colleges of Nursing. Facilitator and trainee modules were developed that could be easily incorporated into a variety of existing training systems. Following a national consultation meeting with obstetricians, gynaecologists, paediatricians and Maternal, Newborn, Child Health and Nutrition coordinators, a certificate of acceptance was issued by the Department of Health in November 2014. The training module consists of five books covering the continuum of pregnancy care, a Participant's and Facilitator's Manual and a CD-ROM. Annually, it is expected that these will be used by:

- 6,500 midwifery students
- 70,000 nursing students
- 4,000 graduating medical students
- 640,000 health professionals in public and private health facilities.

⁹ Comprehensive Needs Assessment of Newborn Care in Lao, Indonesia and Philippines, UNICEF EAPRO, 2013.

¹⁰ Early Essential Newborn Care Report, World Health Organization Regional Office for the Western Pacific, 2015.



Box 1: Focusing on mothers and newborns in disaster-affected areas of Typhoon Haiyan

In 2013, super typhoon Yolanda (Haiyan) disrupted health service delivery in the country, and the rapid re-establishment of essential services for mothers and children was a priority. As the Philippines had prioritized newborn survival in national health plans, this also became a key programmatic response during the emergency situation.

A rapid assessment of intrapartum care services in 59 facilities was undertaken to determine gaps in services and practice. A Training of Trainers, followed by Quality Assurance Workshops, was held for 365 local health care workers. Local health workers skilled in Essential Intrapartum and Newborn Care (EINC) were deployed to the 40 most devastated towns. EINC consists of packages of cost-effective, time-bound interventions that can save the lives of mothers during labour, and their newborns. The training module includes basic newborn resuscitation, management of obstetric complications and postnatal care of mothers and newborns.

Evaluation and supervision visits were conducted

one month and three months after training. They found improvement in the availability of equipment and supplies, services meeting national standards and better documentation of procedures and training activities. Life-saving interventions such as the administration of magnesium sulfate to mothers and antenatal corticosteroids for the prevention of prematurity complications increased from a baseline of below 50 per cent availability to 100 per cent after training, and these were sustained at the three-month visit. Improvement in the availability of functional newborn resuscitation areas increased from 0 per cent at baseline to 88–100 per cent at end line. Also noted were improvements in service standards, delivery records and the provision of neonatal supplies.

This quality improvement approach to restoring the essential services for mothers and newborns indeed resulted in increased coverage and quality of care in disaster-affected areas.



Increasing health financing for newborn care

Towards the goal of universal health care, Kalusugang Pangkalahatan, as set out in the Aquino Health Agenda (2010), the National Health Insurance Act was updated in 2013 and the Philippine Health Insurance Corporation (PhilHealth) was mandated to provide universal health insurance coverage to all Filipinos.¹¹ To support this agenda, the current administration began to increase its budget for health, raising \$1 billion in revenues each year from a Sin Tax, with a significant portion going towards the full payment of premiums for the poor. Up to 13.5 million poor families, representing the bottom 40 percent of the population, are paid for annually under the National Health Insurance Program, PhilHealth. The challenge for PhilHealth now is to expand coverage, improve inpatient and outpatient benefits, strengthen management and become an effective purchaser of quality health care, thus both meeting and creating demand for high quality health services.

PhilHealth helps increase the numbers of deliveries in health facilities in different ways:

- PhilHealth has supported the Local Government Units in upgrading the conditions of their health centres to encourage pregnant women to give birth in health facilities instead of at home.
- PhilHealth provides public information for expecting mothers so they know how much will be covered for services provided to birthing mothers to encourage families to avail of the benefits of PhilHealth for pregnant women and newborns.

- PhilHealth's Primary Health Care package pays for clinical consultation and medicines and laboratories for common illnesses of the newborn as well as common causes of under-5 deaths such as diarrhoea and pneumonia. Members are entitled to a Maternity Care Package in Level 1 hospitals and other health care facilities including health centres, lying-in clinics, birthing homes or midwife-managed clinics. There is also coverage provided for a normal, spontaneous delivery or for a Caesarean Section in Levels 2 to 4 hospitals.
- In addition to supporting improved inpatient and outpatient benefits, PhilHealth sets the accreditation standards for health providers and services. Thus, PhilHealth has an impact on what kind of care is received, and how these services are delivered.

Within the scope of national work on strengthening health systems, UNICEF, WHO and the World Bank supported PhilHealth in the development of the Primary Newborn Care Package which was launched in February 2015. UNICEF currently supports the roll-out of the package on a subnational level. This can be expected to improve protection from financial risk, improve access to quality health services and reduce costs.

¹¹ National Health Insurance Act 2013. At http://www.philhealth.gov.ph/about_us/irr_nhia2013.pdf.





Box 2: PhilHealth Newborn Care Insurance Package

The Newborn Care Insurance Package has been developed as part of the prioritization for newborn health identified as necessary in the newborn assessment and the bottleneck analysis in 2013.¹² In February 2015, the PhilHealth Newborn Insurance Benefits was launched. In this package, members' babies are guaranteed the Newborn Care Package in accredited hospitals and lying-in clinics, which includes a physical examination, eye prophylaxis, vitamin K tests, newborn screening tests and breastfeeding advice.¹³ While the initial roll out of the package has targeted the poorest 40 per cent, the ultimate goal is universal coverage. The benefit package can be availed at both private and public accredited providers.

Additionally, UNICEF has successfully engaged PhilHealth to support the development and implementation of a nationwide benefit package for premature newborns. This is expected to be launched in November 2015 and will benefit up to 348,000 premature newborns every year. The benefit package for premature newborns aims to:

- Ensure equitable access to the poorest and most vulnerable segments of the population
- Provide financial risk protection for all other member segments
- Attain better and equitable health outcomes.

The benefit package will pay for clinical management

procedures, drugs, laboratory tests and other services such as maternal transport and Kangaroo Mother Care.

The package covers the following conditions:

- Preventive
 - Risk of preterm delivery
- Management of complications
 - Complications such as Jaundice, hypothermia, sepsis, Respiratory Distress Syndrome, intraventricular haemorrhage, anaemia
- Screening for sequelae
 - Hearing
 - Basic newborn metabolic panel testing
 - Retinopathy of prematurity

The design of the Newborn Care Insurance Package was undertaken within the review of PhilHealth's Millennium Development Goal packages that include the following: a maternity package, a benefits package for tuberculosis, malaria and HIV/AIDS, a nationwide benefit package designed and implemented for all 5 million disabled children.

¹² UNICEF brief on development of Primary Health Care Package for Phil Health, 2015

¹³ http://www.philhealth.gov.ph/circulars/2015/circ02_2015.pdf





ABOUT EVERY NEWBORN

The global Every Newborn Action Plan (ENAP) was endorsed by the 194 Member States of the World Health Organization at the World Health Assembly (WHA) in 2014. It is supported by a WHA resolution that requests the regular monitoring of progress of the ENAP goals and targets and for the WHO Director General to report periodically to the WHA on progress until 2030. It aims to support countries to reach the target of fewer than 12 newborn deaths per 1,000 live births and 12 stillbirths per 1,000 births by 2030. ENAP was developed based on evidence published in the 2014 Lancet Every Newborn Series and consultations with many Member States, organizations and individuals. ENAP provides guidance to policy makers and programme managers on refining national newborn policy and programmes within the context of wider reproductive, maternal, newborn and child health strategies. ENAP is closely linked to Strategies Towards Ending Preventable Maternal Mortality.

Strategic objectives

- 1 Strengthen and invest in maternal and newborn care during labour, birth and the first day and first week of life 
- 2 Improve the quality of maternal and newborn care 
- 3 Reach every woman and newborn to reduce inequities 
- 4 Harness the power of parents, families and communities 
- 5 Count every newborn through measurement, programme-tracking and accountability 

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- Progress towards ending preventable newborn deaths and stillbirths: Spotlight on Pakistan
- Progress towards ending preventable newborn deaths and stillbirths: Spotlight on Myanmar

For more information

See the Every Newborn website: www.everynewborn.org.