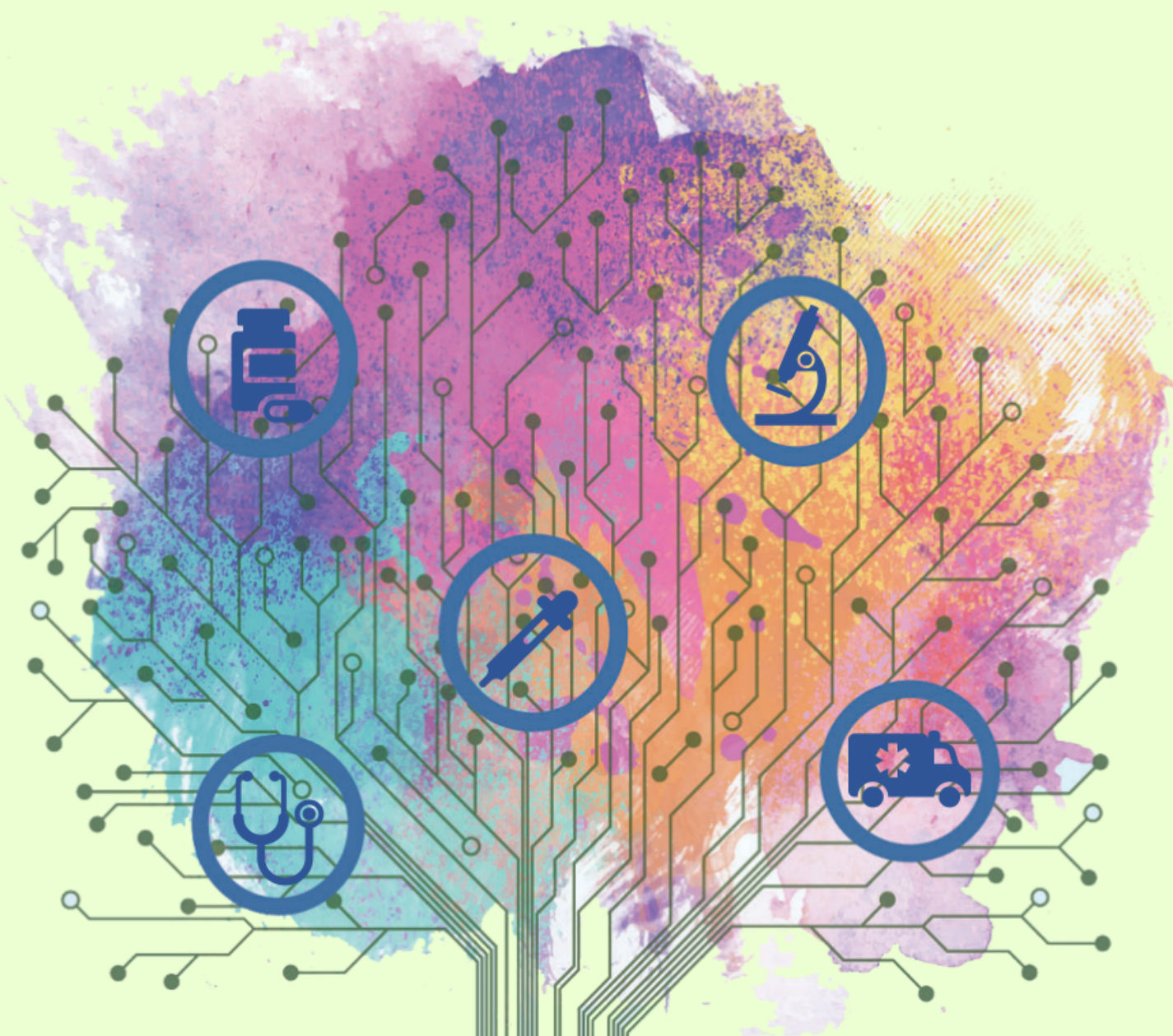


REGIONAL INTEGRATION AND COOPERATION OF PHILIPPINES IN HEALTH-RELATED SECTORS



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Abstract

This paper has two objectives: (1) assess the health sector performance of the Philippines relative to other ASEAN member states, and (2) assess regional health integration and cooperation in the Philippines, and identify challenges and opportunities. The Philippines is lagging in critical health outcome and access indicators in the region. This is a reflection of the longstanding challenges in terms of health financing, health service delivery, governance, and health human resources. Health integration and cooperation could be instrumental in achieving health system goals. While the country has made significant stride in facilitating regional integration and cooperation in recent years, challenges related to regulations, infrastructure, and implementation remain.

Keywords: regional integration, cooperation, ASEAN, Philippines

Executive summary

- **Health outcomes in ASEAN countries and the Philippines are characterized by large disparity.** Singapore has one of the best health outcomes in the world while health outcomes of other states are comparable with most middle-income countries. The level of improvement in health outcomes over the five decades varies across ASEAN countries. Among the ASEAN +5², the Philippines appear to have the slowest improvement as per the slow decline of Infant mortality rate (IMR). The country is also lagging behind in terms of providing access to essential healthcare services. **There is a large health disparity across Philippine regions.** The health outcomes of relatively wealthier regions (e.g., National Capital Region) were similar to most upper-middle and high-income countries. In contrast, the Bangsamoro Autonomous Region is akin to the low-income countries in the world. Poor access to healthcare services reflects the state of health system building blocks: health facilities, health financing, health human resource, and health information systems.
- **The on-going COVID-19 pandemic is testing the resilience of health system in the region.** The International Health Regulations (IHR) of the WHO monitors the capabilities of the health system to detect, assess and notify public health risks and emergencies of national and international interest, including pandemics. In 2019, The Philippines received an average score of 53% in IHR, one of the poorest performing countries next to Lao PDR and Cambodia.
- **The COVID-19 pandemic accelerated efforts to further establish and improve the environment for telemedicine.** given the restrictions on mobility, cross-border travel, and the overwhelmed healthcare system, some people needing healthcare service weren't able to avail such. Hence, seeking healthcare through available telemedicine channels became the means to which people gain access to these services. However, **telemedicine in the region is faced with several regulatory bottlenecks.** In ASEAN, only Singapore has the most comprehensive guideline in the region, and is comparable to guidelines of other countries around the world. Common challenges of countries in adopting telemedicine include issues in human resource, health financing, lack of ICT infrastructure and high-speed internet, among others.
- **In the Philippines, the current state of telemedicine is still in its infancy.** The practice and conduct of telemedicine are not yet institutionalized despite initiatives over the past decade. The lack of specific regulation for the practice of telemedicine makes the domestic implementation vague and thus limiting cross-border conduct of telemedicine activities.
- Recognize that economic integration and cooperation is beneficial with proper policies and regulations in place. This study identifies policy priorities as follow:

(1) **Strengthen implementation of digital health strategies and health governance structure domestically (both national and local levels) first and then strengthen intra-regional collaboration of digital health efforts including digital trade.** The country's poor performance in improving health outcomes brought by a lot of barriers

² ASEAN +5: Malaysia, Singapore, Thailand, Indonesia, and Philippines.

in the different elements of the health systems infers the need for robust domestic reforms in order to liberalize the country for cross-border health integration. After the implementation and the governance of digital health is strengthened in the domestic front, collaboration and integration across the region should be flourished to improve healthcare access, accelerate efforts for universal health coverage, and to encourage collective efforts of different countries in establishing regional standards on health information systems and eHealth regulations, health professional qualifications, by sharing of knowledge and best practices.

(2) Facilitate FDI especially in the hospital sector. Currently, the Philippines has one (1) bed per 1,000 population - rate similar to most low-income countries in the world. The large health infrastructure gap cannot be financed by the government alone. The government needs to attract both domestic and foreign investments to help the government in closing health infrastructure gaps in the medium to long-term.

(3) Develop and implement a well-thought medical tourism program. The government need to update and amend regulations and framework for medical tourism and identify a niche in the medical tourism. Tax revenues from medical tourism can help finance and close the gap in universal health care.

(4) Strengthen cross-border mobility of health human resource. Although three mutual recognition arrangements for health professionals (e.g., physicians, nurses, and dentists) are in place, these were designed at a time where foreign practitioners need to travel physically to another country to acquire certification, defeating the purpose of MRAs, which is to harmonize practice across the region.

- Pushing for regional health integration will be relevant to the country's pursuit of universal health care, and openness to regional integration may be a way for the domestic system to be resilient in facing disasters (e.g., pandemics), and to foster effective health-crisis management and achieve Sustainable Development Goal 3.

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