

Examining the Department of Health's "National Safe Motherhood Program" as a policy addressing the increasing trend in the Philippine Maternal Mortality Ratio

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Abstract

The Philippine Government has been actively trying to address issues pertaining to maternal health since the inception of the MDGs. Yet, despite its efforts to reduce the MMR in the country, the MMR trend continues to be high and increasing. As such, the creation of the *National Safe Motherhood Program* by the Department of Health aimed to respond on past and present policy issues on Maternal Health. The policy proposed focuses on creating an environment where it could promote safer pregnancy and childbirth through fundamental societal dynamics with strong feedback mechanism coming from affected sectors. Hence, this study aims to analyze the progress of the said policy through a Normative Approach under a Multiple Streams Analysis Framework. This is done in order to create a concrete means of understanding how the DOH's policy addresses the increasing trend in the Philippine MMR. Ultimately, the *National Safe Motherhood Program* still has a lot of aspects that it needs to improve on given that some of the issues it tries to solve have sub issues that need to be addressed as well. Particularly, structural and procedural levels do have inadequacies that hamper the progress needed in combatting the high Philippine MMR. Yet, the fact that it acknowledges a number of problems from past experience allows it to have enough room for improvement through better programs and incentives that would further motivate LGUs and the private sector in adopting the government's policy.

Keywords: Development, Maternal Health, Maternal Mortality Ratio, Public Policy

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Introduction

The Philippine Government has been actively trying to address issues pertaining to maternal health since the inception of the Millennium Development Goals [MDGs]. It has been consistently augmenting its over-all health expenditure through allocating a larger amount of its budget towards projects under the supervision of the Department of Health [DOH] (Legislative Budget Research and Monitoring Office [LBRMO], 2013; DOH, n.d.). These efforts in increasing the health budget were in line with DOH's attempt in reducing infant and child mortality rates and the maternal mortality ratio [MMR].

However, despite DOH's attempt to improve the country's MMR status, according to the United Nations Children's Fund [UNICEF], in 2011, every day approximately 13 mothers or around 5,000 every year die from pregnancy-related complications in the Philippines. With the MDGs targeting 52 deaths per 100,000 live births, the Philippine's current ratio of 221 per 100,000 live births is relatively high compared to other ASEAN countries that have a similar funds disbursal pattern.

The current situation is attributed to a couple of factors but, one key aspect that needs to be examined is the policy side that contains all the projects, objectives and goals that the public and private health sector needs to accomplish. As such, DOH's *National Safe Motherhood Program* main thrust is collaboration with Local Government Units [LGUs] in combatting maternal and childcare issues by implementing programs that improve services catering to mothers and newborns. Under the said program, the Philippines aims to abide with MDG 5 that promotes the improvement of maternal health. The policy proposed focuses on creating an environment where it could promote safer pregnancy and childbirth through fundamental societal dynamics with strong feedback mechanism coming from the affected sectors.

Examining recent related maternal health policies instituted under the former Arroyo and current Aquino administration, they have similar target points such as collaboration with LGUs, reaching rural and far-flung areas and implementation of programs and seminars that try to improve the skills of health officers. This just goes to show that the problem is chronic despite constant efforts to combat it. As a result, the country is suffering from high MMR.

Literature Review and Problem Discussion

The urgent need to prioritize maternal health comes from the fact that there are two lives at risk whenever a complication occurs. Moreover, even after giving birth, the mother still faces certain risks since she is still recovering from the stress imposed on her body while delivering the baby. On her way to recovery, her baby, as well as other members of her family, is affected since they have emotional, physical and financial bonds. Hence, motherhood requires special considerations since their wellbeing not only affects their own lives but their families as well. As such, it is alarming to know that despite the presence of programs such as *Unang Yakap*, *Maternal and Child Health Integrated Program [MCHIP]* and *Health Sector Reform Agenda: FOURmula One Program* along with certain DOH memoranda such as A.O 2008-0029 that are in

line with the government's maternal health objective of lowering the Philippine MMR and reaching MDG5, the country is still struggling to solve the problem.

In 2008, under the Arroyo Administration, DOH created A.O. 2008-0029 or Implementing Health reforms for rapid reduction of Maternal and Neonatal Mortality. According to its Manual of Operations [MOP], this policy was developed as a means of assisting both DOH and LGUs in implementing health programs that target rapid reduction in maternal and neonatal mortality by improving women and children's health (DOH, 2009). By strengthening the Basic Emergency Obstetrics and Newborn Care or [BEmONC] and Comprehensive Emergency Obstetrics and Newborn Care [CEmONC] programs in the country, the program aims to combat the current MMR trend. However, the materialization of the goals forwarded by this program were challenging since LGU funding for health remains to be the primary source for its operations on Maternal, Neonatal and Child Health and Nutrition [MNCHN] activities despite majority of LGUs lacking financial capacity.

Looking at the burden held by LGUs, the operationalization of health facilities through the Service Delivery Teams is questionable because at the community level, the Community and Women's Health Teams are expected to be capacitated while at the facility level, BEmONC and CEmONC Teams, Itinerant Teams and Social Hygiene Clinic Teams are aimed to be utilized. At the same time, in sustaining the service delivery of MNCHN, members such as health and local government leaders and skilled professionals for birthing are anticipated to be trained towards its optimum level of competence. Yet, if the LGU does not have sufficient funds then the programs cannot be translated into reality.

Similarly, in Herrera, Roman and Alarilla's (2010) work, they pointed out how majority of DOH's financial resources are placed in the salaries and maintenance of the public hospitals, therefore limiting resources available for capacity building. This is in addition to the general plight of health services in the country being limited towards the higher income brackets due to high percentage of goods and services depending on out-of-pocket expenditures. Given such circumstance, in assessing the Health Sector Reform Agenda: FOURmula One Program, issues on availability and quality of healthcare still linger. They also point out how the lacks of social insurance and free services have greatly hampered access for health needs. As such, the allocation of DOH budget along with the regressive health system has contributed greatly to the lack of progress in health services in the country (Herrera, Roman, and Alarilla, 2010).

Additionally, in a World Health Organization [WHO] study conducted in 2011, the urgency in addressing the MMR issue is magnified through the conditions of mothers found in the poorest quintiles where their lack of educational background limits their capacity to comprehend complex administrative requirements that hamper their utilization of PhilHealth benefits (WHO, 2011). Their exclusion also has implications in their households considering that they are given the least rates of health assistance thus restricting health services they could receive in order to perform better their daily livelihood and domestic tasks.

In these studies, Maternal Health Policies are programs initiated by the executive branch of the government to address issues on health financing and social protection

that aims to improve the wellbeing of mothers and their children. Yet, inasmuch that different policies have been initiated, the data presented shows an urgent need in addressing the problem on Philippine Maternal Health considering that it is still suffering from a major health setback along with an apparent problem in its distribution capacity for health budget share. Thus, examining how policies have tried to address the problem on maternal health would yield fruitful by identifying what particular problems it tries to solve under the parameters offered by Political, Social and Economic environment.

The creation of the National Safe Motherhood Program is one of the DOH's means of trying to curb the MMR by utilizing collaboration with LGUs in combatting maternal and childcare issues through implementing specific measures that could improve services catering mothers and newborns. The shift in responsibility towards regional, provincial and municipal governments is in accordance with the Decentralization that happened in the Philippines in 1991 where certain central government responsibilities were transferred towards LGUs. As such, LGUs became front-runners in providing goods and services for their constituents.

Under the said program, the Philippines aims to abide with MDG 5 or the improvement of maternal health. Considering that developing countries have a hard time lessening its vulnerability against this problem, the policy aims to promote a safer pregnancy and childbirth environment through strong social relations that empowers every sector. Doing so allows them to have a voice in decision-making matters related to this endeavor with the aim of ensuring quality health care is easily delivered and accessed by citizens under the hands of competent doctors, nurses and midwives (DOH, 2013).

As such, the potential offered by the *National Safe Motherhood Program* as a policy should be reviewed in order to assess better its capability in addressing issues pertaining to the Philippine MMR. In doing so, the MMR issue could be addressed in a holistic and comprehensive approach that better exemplifies what appropriate tools are needed in creating an MMR policy.

Methodology

The analysis for this study was conducted through a Normative Approach as observed from 2001 up to the current maternal health environment. WHO, UNDP and DOH's articles on the Philippine Maternal Health System vis-à-vis the DOH's *National Safe Motherhood Program* under a Multiple Streams Analysis Framework support such review. This is done in order to create a concrete means of understanding how the DOH's policy addresses the increasing trend in the Philippine Maternal Mortality Ratio.

By tackling the Problem, Politics and Policy Streams, the interaction of these factors are assessed in the hopes of creating an adequate comparison as to how the Policy Stream tries to answer the Problem Stream as well as compensate for any conflict found in the Politics Stream. However, this study would primarily focus on the Policy Stream in order to assess whether the program has targeted the problems leading to maternal deaths.

Analysis and Discussion of Results

The problem stream primarily tackles the increasing trend in MMR despite efforts to curb it. Looking at the current situation, it can be seen that different factors ranging from economic to socio-political aspects have affected the accessibility and sustainability of maternal health services. As such, the policy stream aims to address the problem through the *National Safe Motherhood Program* where its program objectives aim to address, first, the shift in responsibility towards regional, provincial and municipal government offices in performing central government tasks as a result of the devolution of the Philippine Maternal Health System and second, establishing core knowledge base and support system.

These two goals aim to address the maternal health needs of Filipino women especially those mothers forming the poorest quintiles that have the least rates of health assistance due to their incapacity to comprehend complex administrative requirements that hampers their utilization of PhilHealth benefits (WHO, 2011). Such move is in line with the politics stream where the Inclusive Growth Strategy under the Aquino Administration aims to upgrade facilities designated to provide emergency obstetrics and newborn care within the *Kalusugan Pangkalahatan* framework.

Looking at these two primary objectives, its aim to resolve the main problems associated with maternal health seem promising as it tries to utilize resources that have a crucial impact on the success of maternal health programs. However, in spite of its promising start, the political aspects still shows setbacks since LGUs as local agents still struggle to unite its personal goals with that of the central government. As such, their own preferences on what to prioritize and how much they would spend for these projects are ascertained due to the prevalence of asymmetric information anchored on lack of transparency and accountability that they possess.

As such, the two components of the *National Safe Motherhood Program* namely, Local Delivery of the Maternal- Newborn Service Package and National Capacity to sustain Maternal-Newborn services aim to sufficiently support the program's main objectives. The first component was designed to give LGUs the capacity to mobilize the vast network of public and private service providers for the delivery of the integrated maternal-newborn service package in each province and city through Women's or Community Health Teams, BEmONC Teams and CEmONC Teams (DOH, 2013). Meanwhile, the second one aims to provide the longevity needed in creating consistency for the provision of health services.

The Women's or Community Health Teams, as part of the policy, focus on poor implementation of programs targeting maternal health issues as observed in previously conducted studies on Philippine Maternal Health and Community Participation due to socio-cultural and historical traditions (Ramiro, Castillo, Tan-Torres, et al., 2001) that hamper the effectiveness of promoting its cause. Such circumstance led to the community's lack of understanding on the devolution of the health system and the roles they play in health decision-making hence, limiting their empowerment to provide change in the provision of health amenities (Ramiro, Castillo, Tan-Torres, et al., 2001).

The second one focuses on the creation of BEmONC Teams for the delivery of basic maternal health services that are needed in delivering preventive and curative services that lower any potential threat for the mother and child's life considering that these services are offered near their home's vicinity. Moreover, the presence of the CEmONC Teams were utilized to perform emergency obstetric functions similar to BEmONC provider facilities with the additional task of providing surgical delivery, blood bank transfusion services, and other highly specialized obstetric interventions (DOH, 2009) needed in assuring that mothers and their children are given required attention for their survival.

Given the justification for creating these teams, the effectiveness of projects carried out by these groups cannot be easily surmised, as it has only been three years since they have been delegated with their tasks. However, in relation to the political aspect for this program, inequities are still apparent where public health workers that have been commissioned to serve in communities are still concentrated in NCR and Luzon (WHO, 2011).

Likewise, the capability to sustain Maternal-newborn services is anchored on the establishment of Reliable Sustainable Support Systems for Maternal-Newborn Service Delivery. By offering adequate medical attention and support system crucial for the well-being of the mother and child, programs are geared towards lowering any potential risks and complications associated with the pregnancy. Yet, such goal has been dampened by its limited accessibility. It has been shown that access towards trained prenatal care providers that could lessen these problems is associated with a woman's educational attainment. It has been proven through studies that access for health services is higher as women's educational attainment is higher (Rogan and Olveña, 2004) thus, government efforts are meant to equitably distribute the services especially for those who have lower level educational backgrounds.

Moreover, looking at current data, we see that the distribution of health goods is still focused in certain areas. This has resulted in limited access for these drugs where some areas have been forced to dispensing medicine without pharmacists in remote clinics, RHUs, and government hospitals even though there is a law that prohibits such practice (WHO, 2011). Thus, inasmuch that there is a drive to increase accessibility, the fact that majority of the supply for medicines are still privately controlled means that its availability is still significantly limited.

As such, the Manual of operation together with the Referral manual is meant to develop and utilize an integrated communication strategy that would entice women to be more participative and more aware of their health needs. Doing so would encourage them to properly seek health information and services before, during and after pregnancy (Asian Development Bank [ADB]. 2007). Also, as part of the policy aspect, through the Network of Training Providers, Monitoring, Evaluation, Research and Dissemination, assessing the necessary improvement and issues that need to be addressed are given priority. This is critical particularly in addressing the fact that despite an increase in public financing, regional terms for this remain low. Hence, out-of-pocket spending increases the vulnerability, particularly the poor, towards illness due to inaccessibility of services that could cure them. As for the utilization of social health insurance like PhilHealth, its coverage consists only a tenth of the country's total health expenditures (WHO, 2011). This shows the regressive condition

of health financing in the country where the upper income quintiles have a larger share of the benefits offered by public facilities while the two lowest income quintiles have the least PhilHealth coverage and lowest PhilHealth utilization rates (WHO, 2011).

Furthermore, although BEmONC trainings are being conducted for the RHU or DHC-based teams, geographical issues pertaining to LGU coverage, Referral Hospital and other primary level RHUs and Barangay Health Stations [BHSs] concerns have been addressed. Yet, a post-evaluation of these trainings, particularly in Leyte, shows that there are issues that need long-term regular follow-up. Problems regarding administrative jurisdiction such as hospitals being under the Provincial Governments while RHUs are under Municipal LGUs, inadequacy of resources due to shortage in trained manpower, transportation and logistics, as well as conflicting schedules among team members are just some of the obstacles the need to be addressed in fine-tuning the program (DOH-Regional Office 8, PHO Leyte, Ormoc CHD and Project for Strengthening Maternal and Child Health Services in Eastern Visayas, 2014). As for CEmONC related activities, there are still problems regarding the equitability in access for it. For example, Region XII has a 90% rate of accessibility although some provinces and municipalities are still below 50% due to problems on allocation of financial support (United Nations Development Programme [UNDP], 2014).

Given the problems faced in the programs under the *National Safe Motherhood Program*, the need for DOH's guidance and stewardship allows for the incorporation of transparency and accountability that affects the performance of these entities and what factors motivate them to pursue a particular path such as effective resource use and strengthening LGU governance over time (ADB and World Bank [WB], 2005). As such, support systems for Maternal-Newborn service delivery allows for diversification of funding and tangible sources principally driven by the development of a client classification scheme since in Romualdez' work in 2010 he discussed how upper income groups consisting 25% of the population rely on privately provided healthcare that have better equipment and assistance while the remaining 75% have to use public medical providers ((Herrera, Roman, and Alarilla, 2010).

This pattern is also ostensible as pointed by WHO since health financing in the Philippines is regressive. Upper income households have a greater share in the distribution of benefits delivered by public facilities. Given these prior considerations, DOH having the over-all technical authority on health by providing national policy direction and developing national plans, technical standards and guidelines on health, has the power to find alternative means in regulating all health services and products, and providing special or tertiary health care services and of technical assistance to other health providers especially to local government units.

Hence, the *National Safe Motherhood Program* still has a lot of aspects that it needs to improve on given that some of the issues it tries to solve have sub issues that need to be addressed as well. Yet, the fact that it acknowledges a number of problems from past experience, allows it to have enough room for movement it needs in constructing better programs and incentives that would further motivate LGUs and the private sector in adopting its programs. Comparatively, in DOH's assessment of its over-all performance for the *National Safe Motherhood Program*, they concluded that in relation to the program's 3 indicators namely, antenatal care, facility-based delivery

and post-natal care, as of December 2012, the program accomplishment is approximately 65%. This is 5% short of its 70% goal where it attributed its underperformance on low post-natal coverage of 52% as well as technical, operational, and hierarchical issues such as procurement, differences in priorities and LGU organizational structures (DOH, 2013). Similarly, both assessment shows that the structural and procedural levels do have inadequacies that hampers the progress needed in combatting the high Philippine MMR.

Table 1 Multiple Streams Analysis for the *National Safe Motherhood Program*

Policy Stream	Problem Stream	Politics Stream
PROGRAM	MAIN PROBLEM BEING ADDRESSED BY THE POLICY	EFFECTIVENESS OF THE PROGRAM USED IN ADDRESSING THE PROBLEM/ POLITICAL ENVIRONMENT UNDER WHICH THE POLICY WAS IMPLEMENTED
Collaborating with Local Government Units	Establishing a sustainable, cost-effective approach in the delivery of health services that ensures access to services and facilities for the disadvantaged women in order for them to enjoy acceptable and high quality maternal and newborn health services.	LGUs as local agents still struggle to unite its personal goals with that of the central government.
Establishing core knowledge base and support systems	The number of LGUs that have the capacity to address emergency situations are still limited since the management for this type of circumstances are still dependent on the political will of the LGU that wants to initiate an emergency management system (WHO, 2011)	Integrating the Inclusive Growth Strategy that draws majority into the economic and social mainstream and as such offer potentially improved services by strengthening the foundation for infrastructure and services for maternal health
Creation of: 1. Women's/ Community Health Teams 2. BEmONC Teams	Targeting maternal health issues as observed in previously conducted studies on Philippine Maternal Health and	In that short span of time that these public health workers have been commissioned to serve in communities,

<p>3.CEmONC Teams</p>	<p>Community Participation due to socio-cultural and historical traditions (Ramiro, Castillo, Tan-Torres, et al., 2001) that hamper the effectiveness of promoting its cause.</p> <p>Problems related to geographic access is addressed--given the premise that women living in mountains, forests or any place away from civilization are generally discouraged to access health services due to travel constraints that increase costs for availing such necessities (DOH, 2009).</p>	<p>the inequities are still apparent since health facilities and human resources are still concentrated in NCR and Luzon (WHO, 2011).</p>
<p>Establishment of:</p> <ol style="list-style-type: none"> 1.Manual of operation 2.Referral manual 3.BEmONC Protocol 4.CEmONC curriculum and protocol for service delivery 5.Maternal death reporting and review protocol/ Issuance of relevant policies 	<p>Provide input on maternal geographic information required in providing a more accurate gauge on the effect of public health facilities on maternal health.</p> <p>BEmONC trainings being conducted for the RHU or DHC-based teams aimed to address geographical issues pertaining to LGU coverage, referral hospital and other primary level RHUs and Barangay Health Stations [BHSs] concerns</p>	<p>BEmONC trainings: A post-evaluation of these trainings, particularly in Leyte, shows that there are issues that need long-term regular follow-up.</p> <p>Problems regarding administrative jurisdiction such as hospitals being under the Provincial Government while RHUs are under Municipal LGUs, inadequacy of resources due to shortage in trained manpower, transportation and logistics, as well as conflicting schedules among team members are just some of the obstacles the need to be addressed in fine-tuning the program (DOH-Regional Office 8, PHO Leyte, Ormoc CHD and Project for</p>

		<p>Strengthening Maternal and Child Health Services in Eastern Visayas, 2014)</p> <p>CEmONC related activities: There are still problems regarding the equitability in access for it.</p>
<p>Institution of:</p> <ol style="list-style-type: none"> 1. Monitoring, Evaluation, Research and Dissemination 2. Improved quality of FP counseling and expanded service availability 3. Integration of STI screening into the antenatal care and Family planning protocols. 	<p>Aimed to alleviate the health condition of the poor through accessibility of services that could cure them.</p> <p>Address the regressive condition of health financing in the country where the upper income quintiles have a larger share of the benefits offered by public facilities while the two lowest income quintiles have the least PhilHealth coverage and lowest PhilHealth utilization rates (WHO, 2011).</p>	<p>As for the utilization of social health insurance like PhilHealth, its coverage consists only a tenth of the country's total health expenditures (WHO, 2011)</p>
<p>Creation of:</p> <ol style="list-style-type: none"> 1. Reliable Sustainable Support Systems 2. Support systems for Maternal-Newborn service delivery 	<p>Access towards trained prenatal care providers that could lessen these problems associated with a woman's educational attainment. It has been proven through studies that access for health services is higher as women's educational attainment is higher (Rogan and Olveña, 2004)</p>	<p>Distribution of health goods is still concentrated in certain areas. This has resulted in limited access for these drugs where some areas have been forced to dispensing medicine without pharmacists in remote clinics, RHUs, and government hospitals even though there is a law that prohibits such practice (WHO, 2011).</p> <p>Majority of the supply for medicines are still privately controlled means that its accessibility is still</p>

		significantly limited.
DOH provides stewardship and guidance	Incorporation of transparency and accountability that affects the performance of these entities and what factors motivate them to pursue a particular path such as effective resource use and strengthening LGU governance over time (ADB and World Bank [WB], 2005)	25% of the population rely on privately provided healthcare that have better equipment and assistance while the remaining 75% have to use public medical providers (Herrera, Roman, and Alarilla, 2010)

Conclusion

The increasing trend in the Philippine MMR shows how the interaction among the Politics, Problem and Policy Stream has greatly influenced how the country has handled the problem. Given such circumstance, the *National Safe Motherhood Program* tried to tackle the pertinent problems being faced in combatting maternal health problems and has slightly succeeded in doing so. Admittedly, they have made progress towards creating valuable plans, trainings and activities that contributed to the improvement in the handling of maternal health concerns however, it still lacked proper coordination and structural cohesiveness for it to function properly.

Reviewing the two primary objectives of the *National Safe Motherhood Program* where it aim to foster better partnerships with the LGUs and at the same time create a strong core base knowledge for maternal health, the process by which its main objectives were handled has somewhat underperformed. Considering that, in spite its promising start, LGUs as local agents still struggle to unite its personal goals with that of the central government. This had led to LGUs prioritizing their own preferences and particularly spending on projects they want rather than aligning it with the national objectives.

Furthermore, doubts on the effectiveness of projects carried out continue to persist despite the program's presence. Problems regarding capacity and distribution of health workers posed as a threat on how programs are to be carried out since majority are found in NCR and urban areas but those who are direly in need for medical assistance are found in rural areas. Assessing the access for drugs also show the same scenario where 50% of the 3000 plus drugstores are located in NCR while the rest are found in urban areas in other regions. Such circumstance shows the unequal distribution of resources thus, inasmuch that good programs are created in addressing the MRR issues if there are no means of properly implementing it then such initiative would go to waste.

In understanding better the plight being faced by the Philippines in addressing the increasing MRR trend, further research can be done by introspecting other possible sources of problems that hamper the success of MMR programs. Other perspectives could be examined such as the difference in class income, geographical attributes and

regional variations in order to see how these may have significant contributions as to how policies have been undertaken and what possible changes could be done to improve it.

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