

# Supply Side Constraints to Access of Assistive Technology and Rehabilitation for Children with Disabilities in the Philippines

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## BACKGROUND

The Philippine Health Insurance Corporation, Inc. (Philhealth) with assistance from Physicians for Peace Philippines and the UNICEF, developed a publicly funded health insurance benefit specific to the needs of children with disabilities (CWDs) afflicted with the surveyed four most common conditions: disabling hearing loss (DHL), low vision, mobility impairment and developmental disabilities.

The health benefit package offers coverage for confirmatory diagnostic testing, assistive device/s and habilitation/rehabilitation services. Successful implementation of Philhealth's CWD benefit, in part, would require the ready availability and accessibility of appropriate facilities and health care providers across the country.

**Setting.** The Philippines is an archipelago with three major island groups: Luzon, Visayas and Mindanao. Manila, the capital city, is in Luzon. It is part of a group of 16 highly urbanized cities which collectively is the National Capital Region (NCR). 57 million of the nearly 101 million population is in Luzon. Visayas and Mindanao have approximate 19.5 and 24 million population, respectively.

1 out of 7 Filipino children lives with a disability.  
30% have need for assistive devices.  
But only 1 in 20 will have access.

## OBJECTIVES

To describe the existing capabilities and identify constraints in the delivery of health services of the Philhealth CWD benefit.

## METHODOLOGY

Qualitative methods inclusive of literature review, key informant interviews with program implementers and expert resource persons, and focus group discussion with health service providers and advocate groups.

## RESULTS

Assessment of supply side capability for the delivery of health services defined within the CWD benefit was done with focus on: governance, health financing, facilities, products, and human resources.

### In Governance:

- Health services for the disabled are not a priority among local government units in the Philippines devolved system of health care.
- Philippines Department of Health's (DOH) community based rehabilitation (CBR) pilot among 112 towns in 1995 was not sustained. A handful continued on with CBR with vested leadership or upon partnership with civil society organizations.
- Typically available programs extend social assistance such as discounts for commodities and services. Rather than enabled, the disabled are aid recipients.

### In Health Financing:

- The disabled, either as contributing or sponsored members of the state funded Philhealth, can utilize health assistance benefits, mainly for hospitalized care.
- For CWDs, no specific appropriation for assistive devices and habilitation/rehabilitation.
- Philhealth offers coverage for prosthetic devices among adults with limb loss or deficiency (Z-MORPH i.e. Mobility, Orthosis, Rehabilitation, Prosthesis Help). Likewise available are case rate benefits that cover for orthopedic implants among adults.

The subsequent findings (in Table 1) are illustrative of capability for facilities (diagnostic and habilitation/rehabilitation), products (assistive devices) and human resources needed to deliver health services in the Philhealth CWD benefit specific to the disabling hearing loss, low vision, mobility/orthopedic impairment and developmental disability.

	Disabling Hearing Loss	Low Vision	Mobility Impairment	Developmental Disability												
<b>I. Facilities</b>																
a) Diagnosis	performs auditory brainstem response, play and pure tone audiometry <ul style="list-style-type: none"> <li>76 diagnostic testing facilities in the country. All but two are privately owned.</li> <li>62 are in Luzon, 41 in the NCR alone</li> <li>8 are in the Visayas and 6 in Mindanao</li> </ul>	performs visual acuity, visual field, contrast sensitivity, color vision along with retinoscopy and refraction <ul style="list-style-type: none"> <li>15 centers in the country, 14 in Luzon but 13 are in the NCR</li> <li>1 in the Visayas, none in Mindanao</li> <li>All but one are privately owned</li> </ul>	Any licensed physician can diagnose but training is required for assessment and prescription of assistive device. <ul style="list-style-type: none"> <li>9 with prosthesis and orthosis assessment, prescription, fitting and follow up services available</li> <li>7 government owned</li> <li>6 out of 9 are in the NCR, 1 in Visayas and 2 in Mindanao (Davao and Zamboanga)</li> </ul>	Diagnosis rests on the availability of physicians trained in assessment for developmental disorders Tools used in diagnosis and follow-up assessments for purchase of physicians who do evaluation												
b) Rehabilitation	6 speech and language pathology centers based only in the NCR are apt in training those with DHL	9 centers capable of visual rehabilitation and training, with 6 in the NCR	3 facilities offer comprehensive prosthesis and orthosis services inclusive of physiatry assessment as well as rehabilitation services. Two are in NCR and the other in Mindanao (Davao).	13 facilities offer comprehensive services with speech, occupational and physical therapy with availability of developmental pediatrician – 12 in Luzon with 10 in NCR, 1 in Mindanao (Davao)												
<b>II. Products</b>	No locally manufactured hearing assistive devices. Retail via diagnostic centers.	No locally manufactured standards compliant non-electronic low vision optical aids NCR based sole importer and retailer of the low vision optical aids	4 privately owned companies supply prosthesis-orthosis with presence in the NCR (4 areas) and for one company, also in the Visayas. Wheeled mobility devices such as wheelchairs or seating devices are imported but could also be made/customized locally. <ul style="list-style-type: none"> <li>only 3 providers of wheelchair customization all in NCR.</li> </ul>	Appropriate toys and supplies used during therapy sessions are locally available and made. Imported supplies are also utilized												
<b>III. Human Resources</b>	Audiologists interpret the diagnostic tests and prescribe the hearing device. <ul style="list-style-type: none"> <li>61 audiologists in the country, 45 are in the NCR</li> <li>Two educational institutions offer the Masters in Clinical Audiology program</li> </ul> Speech and language pathologists (SLP) <ul style="list-style-type: none"> <li>263 in active practice but 160 in the NCR, another 78 in other parts of Luzon</li> <li>11 in Visayas, 14 in Mindanao</li> <li>Only 3 educational institutions offer the SLP program</li> </ul>	1,811 ophthalmologists – 1,383 in Luzon, 995 in NCR; 134 in Visayas, 133 in Mindanao <ul style="list-style-type: none"> <li>Only 8 low vision ophthalmology specialists</li> </ul> 1,603 optometrists licensed (2005-2016)	Physiatrists <ul style="list-style-type: none"> <li>235 practitioners in the country</li> <li>155 practice in the NCR, another 77 in Luzon, 25 in Visayas, 20 in Mindanao</li> </ul> Prosthetists – Orthotists (PO) <ul style="list-style-type: none"> <li>29 PO practitioners in the country with 23 in the NCR</li> <li>One school offers a degree course</li> </ul> Wheelchair professionals <ul style="list-style-type: none"> <li>New category of health human resource, society formed in 2015</li> <li>60 wheelchair professionals but only 12 with training in intermediate wheelchair provision</li> </ul> Physical therapists and Occupational therapists	Physiatrists Developmental and Behavioral Pediatricians <ul style="list-style-type: none"> <li>50 in active practice – 43 in Luzon with 35 in the NCR, 4 in Visayas, 3 in Mindanao</li> </ul> Child and Adolescent Psychiatrists <ul style="list-style-type: none"> <li>54 in active practice, 39 in the NCR</li> </ul> Speech and Language Pathologists												
				<table border="1"> <thead> <tr> <th></th> <th>In active practice</th> <th>Licensed 2005-16</th> </tr> </thead> <tbody> <tr> <td>Physical therapist</td> <td>1,321</td> <td>9,208</td> </tr> <tr> <td>Occupational therapist</td> <td>301</td> <td>1,133</td> </tr> <tr> <td></td> <td>(60% in NCR)</td> <td></td> </tr> </tbody> </table>		In active practice	Licensed 2005-16	Physical therapist	1,321	9,208	Occupational therapist	301	1,133		(60% in NCR)	
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Table 1. Supply side capability in the delivery of services within the Philhealth CWD benefit package

## LESSONS LEARNED

Constraints identified:

- Local government units are not sensitized to the health needs of the disabled and their capability to be enabled.
- Majority of resources for CWD health services are concentrated in urban areas, particularly in Luzon in the NCR. Moreover, facilities are largely privately owned.
  - These preclude the disabled from accessing services, there is consideration of travel, opportunity costs, direct expenses
- There is need to have local manufacturing or customization of assistive devices.
- The availability of health human resources is also inadequate.
  - Educational institutions offering the various programs (audiology, SLP, P-O) are not many.
  - Then, after graduation or training, they also flock to practice in the urbanized areas.
  - Of note, the many licensed Physical and Occupational therapists in the past 12 years (2005-2016) yet, few remain engaged locally in active practice. Often cited is the migration of these professionals for better employment opportunities elsewhere.

## POLICY RECOMMENDATIONS

- Define and implement an integrated service delivery network with a functional referral system. This will be anchored on community rehabilitation to efficiently utilize what is available. Public and private partnerships must be strengthened.
- Revival or strengthening of the community based rehabilitation program with targeted involvement of the local chief executives.
- Implementation of the Department of Health's Health Human Resources strategic master plan with inclusion of yet to be professionally licensed audiologists, SLPs, P-Os.
- Appropriate for establishment /renovation of government owned regional facilities to foster compliance with the standards of the Philhealth CWD benefit.
- Stimulate and encourage local manufacture of assistive devices.
- Strengthening of disability prevention strategies, foster collaboration with the Departments of Interior and Local Government, Social Welfare and Development and, of Education in planning and implementation and monitoring.

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