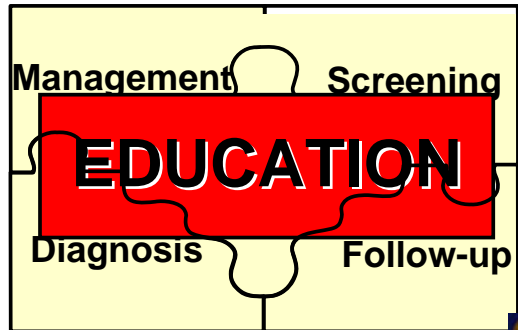


Financial Schemes in the Implementation of Newborn Screening: The Philippine Experience

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NEED SOLID FINANCIAL BASE



STAGES OF FINANCIAL NEEDS

Major concerns of developing countries:

- Funds for a pilot studies
- Funds for expansion of pilot
- Funds for sustainability of a national program



Philippine Experience



Pilot Study in 1996

- Research started in 18 private and 6 govt hospitals
- Newborn Screening Study Group
- Philippine Newborn Screening Project



METRO MANILA
Capitol Medical Center
Cardinal Santos Medical Center
Children's Medical Center
Chinese General Hospital
De Los Santos Medical Center
Dr. Victor R. Potenciano Medical Center
FEU-NRMF
Manila Doctors Hospital
Mary Chiles General Hospital
MCU-FDTMF
Medical Center Manila
Metropolitan Hospital
Ospital ng Maynila
Our Lady of Lourdes Hospital
Perpetual Help Medical Center
Philippine Children's Medical Center
Philippine General Hospital
Quezon City General Hospital
Quirino Memorial Medical Center
Rizal Medical Center
St. Luke's Medical Center
St. Martin de Porres Hospital
UERM/MMC
United Doctors Medical Center



PILOT STUDY 1996-1998

Charity/Service Patients (6 govt hospitals)

- Philippine Council for Health Research and Development (government arm in charge of research)
- University research grants

Private Patients (18 private hospitals)

- Fee for service US\$8 for 5 tests (CH, CAH, Gal, PKU, Hom)
 - In 1996, US\$1 to P25
 - Now at 2006, US\$1 to P50



EXPANSION STAGE 1998-2002

3. Creative Community Financing Program (PESO Program)
- households that contributed 20 US cents per household member per month for 6 months were able to avail of NBS for newborn in the household for free



EXPANSION STAGE 1998-2002

Major Obstacle
National Health Insurance was not interested in including newborn screening in the benefits package of its members.



EXPANSION STAGE 1998 - 2002

Program was supported by a very strong advocacy campaign (examples given in other lecture)

One fee (US\$10) for all patients. Costs covered the following:

- Testing (reagents)
- Courier service)
- Result reporting
- Immediate Recall/Long term Follow-up (outcome monitoring)
- Advocacy / Public relations
- All associated administrative expenses



Major Campaign Strategy NBS fee Comparison

Newborn screening Fee
P550 = US\$10

Giving up
1.5 sticks
every day for
1 year



Giving up
2 bottles
every month
for 9 months



Giving up
1 bottle of coke
Every week for
1 year



Major Evidence for Policy Makers Cost Benefit Analysis

In the Philippines, cost benefit analysis showed NET BENEFITS of US\$ 12Million annually if newborn screening is done routinely on all newborns vs a Do – nothing alternative



NATIONAL PROGRAM 2004- present

Long term Solution to insurance coverage on a national level was the passage of the Newborn Screening legislation.

Newborn Screening Act of 2004 (Republic Act 9288) stated that the newborn screening fee will be covered by insurance



National Program

Section 15.

Newborn Screening Fees – The Philippine Health Insurance Corporation shall include cost of **newborn screening in its benefits package**. The newborn screening fee shall be applied to, among others, **testing costs, education, sample transport, follow up and reasonable overhead expenses**.



NATIONAL PROGRAM

Section 15. (cont)

To ensure sustainability of the National System for Newborn Screening,

- 88% - operational and other expenses
- 4% - Department of Health for follow-up services, education
- 4% - Newborn Screening laboratory
- 4% - NIH for overall supervision, training and continuing education, maintenance of national database, accreditation of laboratories, quality assurance program and monitoring of the national program;



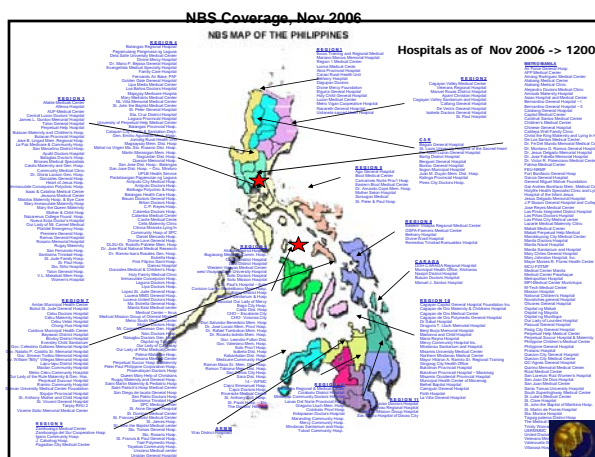
Actual Breakdown of the US\$10 NBS fee

- 88% - US\$ 8.8
 - operational and other expenses
- 4% - 40 US cents
 - Department of Health for follow-up services, education
- 4% - 40 US cents
 - Newborn Screening laboratory
- 4% - 40 US cents
 - NIH for overall supervision, training



NATIONAL PROGRAM

Beginning 2007, 90% of NBS fee will be covered by national health insurance for pregnancies covered by insurance (it is estimated that 60% of the population is covered by national health insurance)



IN SUMMARY

Developing countries must address funding issues at all stages of the program

- Funds for a pilot studies
- Funds for expansion of pilot
- Funds for sustainability of a national program

Every Newborn Screening Program is Unique



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