The Universal Health Care Act was signed into law on 20 February 2019 at Malacañang Palace, Manila. This gives citizens access to the full continuum of health services they need, while protecting them from enduring financial hardship as a result.

In the Philippines, like elsewhere, universal health coverage is foremost a political choice. The UHC Act embodies this choice, and was carried by a broad coalition of parliamentarians across the political spectrum.

This is how the Senators talked about UHC. The first two quotes demonstrate why UHC is necessary to meet the challenges that citizens face when in need of health care.

“During our visits to hospitals in different provinces, my own eyes have seen the deplorable state of our counymen – in hot and cramped wards, enduring the lack of government support. It is sad that our fellow citizens who, rather than be healed, are worried about being infected with the illness of another patient.” Senator Ejercito, Chair of the Health Committee

“The majority of Filipinos only consult a doctor when their illnesses are already at their worst because of the lack of government support to the health department.

According to our Department of Health, up to 56% of the country’s health care spending in 2016 came from out-of-pocket expenses. That means Filipino families still account for the lion’s share, they still carry the biggest burden when their loved ones seek treatment for whatever sickness they have. That weight should not be theirs to carry alone. In fact, they should not have to carry that weight at all.” Senator Angara, Chair of the Ways and Means Committee.
Developing and refining the bill

WHO’s global drive for UHC came at an opportune time to advocate and inform the consultation and drafting process of the Bill in the Senate during the second half of 2017. By that time the Bill had already passed the House of Representatives. In order to get it passed through the upper house, the Bill needed technical refinement to ensure that it was comprehensive, practical and feasible, and would eventually achieve universal health coverage.

WHO Philippines, in close liaison with the WHO Regional Office for the Western Pacific, gently steered the process in the areas of people-centred integrated service delivery and health financing, drawing on experiences from other countries and regions with positive UHC experiences. This included the UK’s National Health Service model, China’s model of devolved health service provision and PAHO’s expertise in service delivery networks in US-influenced health systems.

From February 2018, WHO contributed to a series of public hearings involving a wide range of stakeholders, including citizens and civil society organizations. Four public hearings took place across the country in Cebu, Davao, Legazpi, and Lingayen. WHO participated throughout in the sometimes heated and political debates as a neutral advisor by providing a dose of practical realism to the proceedings. This helped Parliamentarians focus on meaningful and sustainable solutions.

In July and August 2018, the Senate started convening technical working groups to discuss the content of the bill. Senators and other invited stakeholders, such as the private sector, civil society and WHO, read through the entire bill line-by-line and offered feedback from a diverse range of perspectives. WHO country, regional and headquarters representatives shared detailed knowledge about the coordination of service delivery, financial flows and health systems governance, acting as a gentle guide in the background. WHO also produced a formal position paper which proved instrumental in guiding the Bill’s redrafting process.

In October 2018, the bicameral hearings took place to hammer out the final version of the Bill. Here, conferees from the Senate and the House of Representatives sat together and discussed the bill, including some of the controversial points such as financing and local government autonomy. Flurries of emails and on-the-spot telephone conversations to key stakeholders in the provinces added a touch of drama but were essential to gain approval for implementation; without the support of local government stakeholders, the Bill could not be put into practice.

WHO’s role throughout was to be the steady voice which, stepping back from the political deliberations, provided objective technical information on which policy decisions should be based.

Why now?

Parliamentarians and health stakeholders have made concerted efforts to pass a UHC bill for the past two years, but in reality, the Philippines has experienced a 50-year process of health reform, under different names. The UHC Act is the culmination of decades of progress, and two years of dedicated political and technical work.

It is the first UHC Act of its type in the Western Pacific region; this is particularly remarkable considering the strong presence of the private sector in the Filipino health system existing in parallel with a fragmented and devolved government health service. The Act prescribes system reforms in accordance with the multiple financing and service delivery mechanisms at work in the Philippines.
Joint Working Team for UHC: Stories from the field.

Implementing the Act

Senator Recto’s speech at the Senate speaks volumes about the need to take UHC as a systematic approach. Here, the challenges of implementation are evident.

We may give every Filipino a PhilHealth card, but it is useless if there is no facility they can present that card to for treatment.

We may erect hospitals with gleaming glass and steel, but if there are no doctors and other health professionals who will staff and run them, then what we have built are white elephants.

We have many modern curative facilities, but when the sick are continuously dumped on them because we have neglected the promotive and the preventative aspects of medicine, then we have failed to address the roots.

We may have a cadre of health professionals scattered nationwide, but if drugs are expensive, then the road to wellness is blocked.

We may have a built a network of hospitals but if they are not constantly infused with funds, then they cannot function fully due to budgetary anaemia.

What is my point? The challenges are interrelated, linked together in one body politic. So the cure must not be compartmentalized, but comprehensive. So, as I have said, this bill is a tapestry of solutions, composed of many threads.

From a technical perspective, the major reforms of the Act will consolidate existing yet fragmented financial flows, increase the fiscal space for benefit delivery, improve the governance and performance of devolved local health systems and institutionalize support mechanisms such as health technology assessment and health promotion. In the first half of 2019, the Department of Health and the Philippine Health Insurance Corporation will produce the operational guidelines on how to carry out the provisions of the Act; and WHO will contribute what it can, where appropriate.

Our goal is to achieve full 100 percent coverage in the most expedient way possible, expand our health benefit package, and bring more doctors to remote communities.

From the population’s perspective, when implemented effectively, the Act will mean all Filipinos get the health care they need, when they need it, without suffering financial hardship as a result. Although there is much work to be done to implement the UHC Act, it takes a critical step towards achieving health for all in the Philippines. It is a new dawn for health care and real progress towards achieving UHC.

The Philippines

The Philippines has just signed a Universal Health Care Bill into law that automatically enrolls all Filipino citizens in the National Health Insurance Program and prescribes complementary reforms in the health system.

WHY IT MATTERS

In 2016, 54% of health care spending in the Philippines was attributable to people paying out-of-pocket. This needs to change. Like elsewhere, universal health coverage is foremost a political choice. When implemented effectively, the Act will mean all Filipinos get the health care they need, when they need it, without suffering financial hardship as a result.

EXPECTED RESULTS

A drastic reduction in out-of-pocket payments and catastrophic expenditures through which people become impoverished as a result of paying for health care.

IN PRACTICE

The UHC Act was carried by a broad coalition of parliamentarians across the political spectrum. WHO advocated and informed the consultation and drafting process of the Bill in the Senate during the second half of 2017, gently steering the process in the areas of people-centred integrated service delivery and health financing.