Deriving Lessons on Legislating Universal Health Care in the Philippines: a historical perspective

Manuel M. Dayrit MD, MSc[1] (mdayrit@ateneo.edu), Elvira SN Dayrit MD, MSc MCH (Lond)[1], Sophia C. Caranay-Narag MD, MBA[1], Raphael L. Abacan MD, MBA[1], Madeline Mae A. Ong MD, MBA[1]
[1] Ateneo de Manila University School of Medicine and Public Health

I. INTRODUCTION

Since the Alma Ata Declaration of 1978, Philippine policymakers have enacted groundbreaking pieces of legislation to incrementally address inequitable access to quality health products and services for citizens, particularly the poor. Examples are the Generics Act of 1988, the National Insurance Act of 1995, and the Sin Tax Law of 2012, among others. In 2019, the Universal Health Care Act was passed providing for unprecedented automatic membership of every Filipino citizen in the national health insurance program.

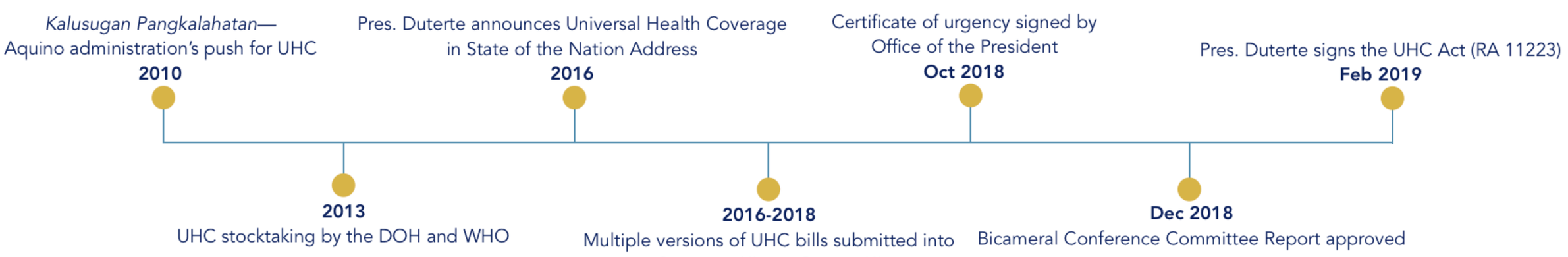
II. OBJECTIVES

This study aims to be the first to document and analyze the political process that took place in legislating the UHC Act in the Philippines. A historical perspective highlights the critical points in the bill's history, describes the issues in legislating health policies in the context of multiple actors, and sheds light on the potential challenges of implementing the UHC law.

III. METHODOLOGY

Documents such as legislations, congress proceedings, speeches, news articles, and academic articles were gathered from archives. Oral histories were collected through interviews with stakeholders, including legislators, academics, administrators, and public health practitioners.

IV. MAJOR FINDINGS



1. During the crafting of the bill, there were multiple, evolving ideas of lawmakers regarding the financial and operational arrangements for achieving universal health care. These inconsistencies were resolved through public or stakeholder consultations, debate tactics during legislative committee meetings, and setting of legislators' non-negotiables, which were unique to each legislator and stakeholder involved. The complexity of the UHC Law required for its passage champions to be positioned in key positions in the policy community. It was passed because of the convergence of Presidential fiat and bipartisan support in both houses of congress.
2. The UHC Law provides evidence of the maturity that the health system had achieved over the last 28 years since the system was decentralized. Certainly, the passage of the Law showed that equitable access of Filipino citizens to quality health care is a key priority that national government commits to invest in and progressively realize.
3. The UHC Law provides that implementation will be carried out under the current devolved public health system. It provides mechanisms to encourage functional and financial integration in the context of decentralized governance of health services. (eg. Province-based Special Health Fund)
4. The role of the Philippine Health Insurance Corporation (PhilHealth), the national health insurance, will change considerably. Now with a single fund arrangement that consolidates various sources of funding of health services, it is envisioned to be a strategic purchaser of comprehensive health services instead of a reimburser of benefit packages for hospital-based care.
5. The UHC Law recognizes the potential contributions of the private sector but is unable to define clearly the possible mechanisms of public and private collaboration.

V. POLICY RECOMMENDATIONS

1. Initiate discussions around operational viability of a law during its drafting, and not only during the crafting of the implementing rules and regulations which occurs only after the law has been passed.
2. Demonstrate in actual operations:
   a. That the envisioned health provider networks, whether public, private, or mixed, can provide equitable can provide equitable, quality health services in provinces and cities
   b. that global budgetting can work in financing individual-based and population-based services
   c. how the Department of Health and PhilHealth can guide the implementation of the UHC Law towards more comprehensive services and lower out of pocket expenses
3. Demonstrate that the current levels of financing (government appropriations including revenues from Sin Taxes and PhilHealth premium contributions) will be able to deepen comprehensive service coverage (ie. primary care to tertiary care) as well as protect the population from catastrophic expenses.