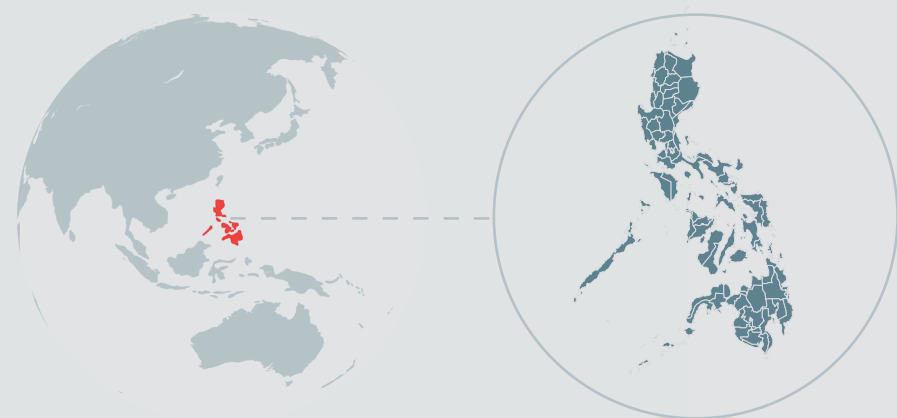




EVOLUTION OF UHC IN

PHILIPPINES

Countries learning from each other to achieve and maintain Universal Health Coverage (UHC)



Capital
Largest city
Official language
National language
Ethnic groups

Manila 14°35'N 120°58'E
Quezon City 14°38'N 121°02'E
Filipino, English
Filipino
32.9% Visayan
29.5% Tagalog
10.1% Moro
10% Ilocano
5.8% Bicolano
2.8% Kapampangan
1.6% Igorot
1.5% Pangasinense
1.5% Chinese
3.3% others

Religion

80.5% Catholicism
10.8% Protestantism
5.5% Islam
3.2% others

Population

1950 - 18.6 Million
2000 - 78.0 Million
2016 - 103.3 Million

GENERAL INFORMATION

With the implementation of UHC, a disease-agnostic outpatient primary care package is being developed. As this package could not be rolled out for all immediately, certain localities are being tapped to be advanced implementation sites of UHC.



NATIONAL UHC
DYNAMICS CARD
www.p4h.world

towards
SDG 3.8.2

1969 & 1971

MEDICARE PROGRAM

1969

Legislative adoption of the Philippine Medical Care Act

It was building on the infrastructure of two existing social security programs – the Social Security System (SSS) for the private sector employees and the Government Social Insurance System (GSIS) for government employees and led to the implementation of Medicare.

While the SSS and GSIS both administered the program for their respective membership alongside their other social security products, the Philippine Medical Care Commission (PMCC) provided policy supervision.

The program was supposed to be implemented in two phases – Medicare Program I would cover all those with formal employments, while Medicare II would cover all those not covered by Medicare Program I.

1971

Medicare started to cover government and private workers.

1991

The Local Government Code was passed and devolved health services into the country's provinces, cities and municipalities.

1995 - 2011

PHILHEALTH

1995

The Department of Health (DOH) and the academe instituted the National Health Insurance Program. The administration was handled by the new Philippine Health Insurance Corporation (PhilHealth).

1996

Learning from the lessons of the previous Medicare Program which was limited to those formally employed, PhilHealth started the Indigent Program in two provinces.

1997

Since the formally employed and the indigents were already covered, the PhiHealth introduced the Individually Paying Program (IPP) for the informal sector, in order to extend the coverage.

2005

PhilHealth assumed Medicare functions for overseas Filipinos.

2011

PhilHealth started its shift from fee-for-service to case-based payments with the top 23 medical and surgical conditions.

2012 - 2019

EXTENSION OF PHILHEALTH

2012

The national Government started to pay for premiums of indigents.

Passage of Republic Act 10351

which earmarked 80% of the incremental revenues from taxes on alcohol and tobacco to health including health insurance premiums of indigents.

2014

Mandatory coverage of senior citizens.

2019

Mandatory coverage of persons with disabilities.

Enactment of the UHC Law

Passage of Republic Act 11223

which earmarked 50% of the government share from the income of gambling operations and 40% of the charity funds from the state lottery for health insurance.

Passage of Republic Act 11346

which further increased the excise tax on tobacco and heated tobacco products for UHC purposes.

THE UNIVERSAL HEALTH CARE ACT OF 2019

The Universal Health Care Act of 2019 introduces significant revisions of the NHI Charte. It provides reforms in primary health care, infrastructure and other relevant health sectors. Membership under the UHC Act has been simplified to only two categories, the Direct Contributors and the Indirect Contributors. Direct Contributor are those who have the capacity and means to pay either through formal or informal employment, while Indirect Contributors, are those who are covered by the National Government.

Shift in provider payment from case-based payments to prospective, closed-end diagnosis related groupings.

The new law provided for mandatory coverage of all citizens and the additional funding for the increased coverage in terms of membership and benefits.

PHILHEALTH COVERS:

98%

OF THE POPULATION

Currently, PhilHealth covers about 98% of the population, which is broken down as follows (including dependents):

FORMAL SECTOR:

30,992
MILLIONEN

INFORMAL SECTOR:

24,033
MILLIONEN

INDIGENTS:

37,803
MILLIONEN

PENSIONERS:

11,617
MILLIONEN



“We are zooming in on key health financing aspects of the UHC Act - comprehensive membership, rational investments, and quality primary care services. Health is everybody's business. Health systems only work when everyone works together to ensure that no one is left behind.”

Francisco T. Duque III
Secretary of Health

MEMBERSHIP IN PHILHEALTH

Membership in PhilHealth not only includes the principal member but also his/her dependents. Children with disabilities are dependents for life.