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Equity in Health and the New Normal: The Philippine Universal Health Care Law

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ABSTRACT

The Philippine Universal Health Care (UHC) Law, consistent with the WHO's Primary Health Care (PHC) Declaration (1978, 2008, and 2018) strives to achieve Equity in Health and Health for all Filipinos by ensuring universal access to health care within a New Normal that ensures inclusive growth. While the series of PHC declarations address gross health inequities among nations; our UHC Law addresses health inequities within our nation. Fifty per cent of Filipinos, who die, continue to die without health professional attendance. Our health outcomes are improving but lag behind those of our ASEAN neighbors. We continue to face what the Department of Health (DOH) describes as the triple burden of disease. Our health inequities persist within a socio-economic context of non-inclusive growth. To address these inequities in health, we need to work for a new normal that would ensure inclusive growth. In health, we need to implement the UHC law based on the philosophy and principles of PHC. There have been initial advances in the implementation of UHC. To accelerate it further, the UHC SG recommended the prioritization of the establishment of an interoperable, real time national health information system to guide governance, human resource for health

Keywords: Universal Health Care, health equity, health inequities, health system, new normal

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(HRH) production, deployment and distribution, the provision of medicines and technology, and health financing. In addition to health systems reform, we need to shock and awe the Filipino people with a comprehensive primary care benefit package that can be actually utilized by the poor, generate popular support for UHC, and have significant impact on decreasing Out-of-Pocket health expenditures. To achieve Health for All Filipinos and Equity in Health, we need to ensure universal access to quality health care (UHC) within a new normal that leads to inclusive growth.

Abbreviations: ADB, Asian Development Bank; ADBP, Average Daily Basic Pay; APMC, Association of Philippine Medical Colleges; ASEAN, Association of Southeast Asian Nations; CAR, Cordillera Administrative Region; CCT, Conditional Cash Transfer; CHE, Current Health Expenditure; CHED, Commission on Higher Education; CRISPR, Clustered Regularly Interspaced Short Palindromic Repeats; DALYs, Disability-Adjusted Life Years; DOH, Department of Health; DOTS, Directly Observed Treatment, Short-Course; EU, European Union; FHIR, Fast Healthcare Interoperability Resources; FLW, Family Living Wage; FNRI, Food and Nutrition Research Institute; GDP, Gross Domestic Product; HCPN, Health Care Provider Network; HSS, Health Sector Strategy; HRH, Human Resources for Health; HTAC, Health Technology Assessment Council; IBON, IBON Foundation; IMR, Infant Mortality Rate; IRR, Implementing Rules and Regulations; KP, Kalusugang Pangkalahatan; LEB, Life Expectancy at Birth; LGU, Local Government Unit; LMICs, Low- and Middle-Income Countries; LOINC, Logical Observation Identifiers Names and Codes; MMR, Maternal Mortality Ratio; NAPHN, National Association of Public Health Nurses; NAST PHL, National Academy of Science and Technology, Philippines; NEDA, National Economic and Development Authority; NCD, Non-Communicable Diseases; NHIS, National Health Information System; NMR, Neonatal Mortality Rate; NGO, Non-Governmental Organization; OOP, Out-of-Pocket; PASCOM, Philippine Academic Society of Social and Community Medicine; PADPH, Philippine Academy of Dental Public Health; PCB1 and PCB2, Primary Care Benefits 1 and 2; PCPN, Primary Care Provider Network; PDP, Philippine Development Plan; PEG, Poverty Elasticity of Growth; PHC, Primary Health Care; PLGP, Provincial Leadership and Governance Program; PRC, Professional Regulation Commission; PSA, Philippine Statistics Authority; RSM, Regional Scientific Meeting; SDGs, Sustainable Development Goals; SNOMED, Systematized Nomenclature of Medicine; SSS, Social Security System; STI, Science, Technology, and Innovation; TB, Tuberculosis; THE, Total Health Expenditure; U5MR, Under 5 Mortality Rate; UHC, Universal Health Care; UPM, University of the Philippines Manila; UPSE, University of the Philippines School of Economics; US, United States; WHO, World Health Organization; ZFF, Zuellig Family Foundation.

INTRODUCTION

The Philippine Universal Health Care Law (Republic Act 11223), which was enacted in 2019, is consistent with the World Health Organization's (WHO) Primary Health Care Declaration (1978, 2008, and 2018), and strives to achieve equity in health and health for all Filipinos by ensuring universal access to health care within a new normal that ensures inclusive growth.

General Objectives:

To provide recommendations for national policy makers through NAST PHL, that would lead to Health for All Filipinos and Equity in Health through the implementation of the Philippine Universal Health Care Law within a new normal that leads to inclusive growth.

Specific Objectives:

1. Describe the continuing relevance of the WHO's 1978, 2008, and 2018 Primary Health Care Declarations in addressing the persistent Health Inequities rooted in Social Inequities among nations and within the Philippine nation.
2. Explain how non-inclusive growth is the cause of the social Inequities that lead to the persistent health inequities of the Philippine health system
3. Describe initial successes in the implementation of the UHC Law and how it can be advanced and consolidated.
4. Propose how the accelerated implementation of the UHC Law together with an alternative Philippine development plan would lead to inclusive growth, and achieve Health for All Filipinos and Equity in Health

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Where we are:

The Global Health Situation through the lens of Primary Health Care (PHC): The existing gross inequality in the health status of the people, particularly between the developed and developing countries, as well as within them, is politically, socially, and economically unacceptable and is, therefore, of common concern to all countries (Alma Ata PHC Declaration) (WHO 1978).

The WHO's Declaration of Alma Ata PHC 1978 was in response to the existing global health situation of gross inequalities in the health status between the developed and developing countries as well as within them (underscoring ours). The Declaration reiterated Health as a fundamental human right, that health is a state of complete physical, mental, and social wellbeing, and not merely the absence of disease. The WHO further asserted that economic and social development based on a New International Economic Order is necessary to fully attain Health for ALL. Governments have the responsibility for ensuring the health of their people. The people have the right and duty to participate. This capsulizes the philosophy and framework of Primary Health Care.

Thirty years after, in 2008, with persistent inequities in global health, the WHO renewed the call for *Primary Health Care Now More Than Ever* and described three (3) tendencies (hospital centrism, commercialization, and fragmentation) that divert health systems from the PHC goals of healthy communities, universal access to health care and health equity; leaving billions of people without access to quality health care (WHO 2008)

WHO, in 2018, on the 40th anniversary of the Declaration of PHC, issued the Astana Declaration calling for Universal Health Coverage, still based on the principles of Primary Health Care (WHO 2018).

The Philippine Health Situation

Our health system, inherited from our colonial past, is patterned after the American Health System. The WHO 2008 *Primary Health Care Now More Than Ever*'s description of health systems diverted from PHC goals aptly described our existing health system: hospital-centric, medical specialists dominated, urban centered; commercialized with the dominance of the private sector and health care financed mainly through out-of-pocket (OOP) expenditures. The whole health system had been fragmented by devolution: the Local Government Unit (LGU) health system from the National and Regional DOH health system, and the LGU Health System was further fragmented with the hospitals managed by the provinces and public health and primary care services delivered by the municipalities.

Proxy indicator for access to health care

Six out of ten Filipinos who die, continue to die without any health professional attendance (DOH 2018). By 2021, there was some improvement: 5 out of 10 deaths (51.9%) were attended by a health care provider, but that still left some 45.3% of Filipino deaths without any health professional attendance (PSA 2021).

Health outcomes improving but lagging behind the health outcomes of our ASEAN neighbors

Health status indicators, Life Expectancy at Birth (LEB), Infant Mortality Rate (IMR), Under 5 Mortality Rate (U5MR), Neonatal Mortality Rate (NMR) and Maternal Mortality Ratio (MMR) have improved but have lagged behind those of our ASEAN neighbors (World Bank 2015) (Fig. 1).

Our research has dramatically visualized this trend. We compared Philippine Health Outcomes LEB and IMR with those of Thailand and Vietnam from the 1970s to 2012 because these are two countries with similar socio-economic development with ours during this period (Lorenzo 2015) (Fig. 2).

Our improving health outcomes continued to lag behind those of our ASEAN Neighbors as of 2020. The DOH compared our LEB, IMR, and MMR to Indonesia, Malaysia, Thailand, and Vietnam. Our LEB of 71.4 years was the lowest, Thailand (77.3) had the highest. Our IMR was the highest (20.9/1000 live births) compared to Thailand, and Malaysia, which both had the lowest (7.4). In terms of MMR, we had the 2nd highest (121 /100,000 Live Births), way above Thailand's 37 and Malaysia's 29 (Table 1). The DOH concludes: "our health outcomes have improved, but we remain as one of the poorest performing countries in the region" (DOH 2023).

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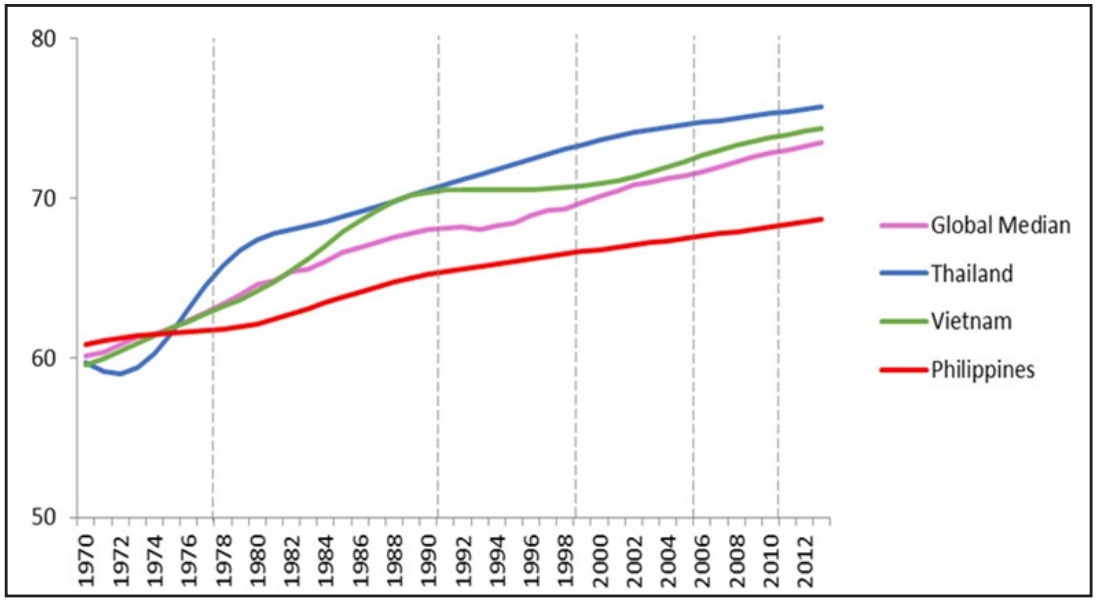

Figure 1. Life expectancy at birth (years) (World Bank 2015)

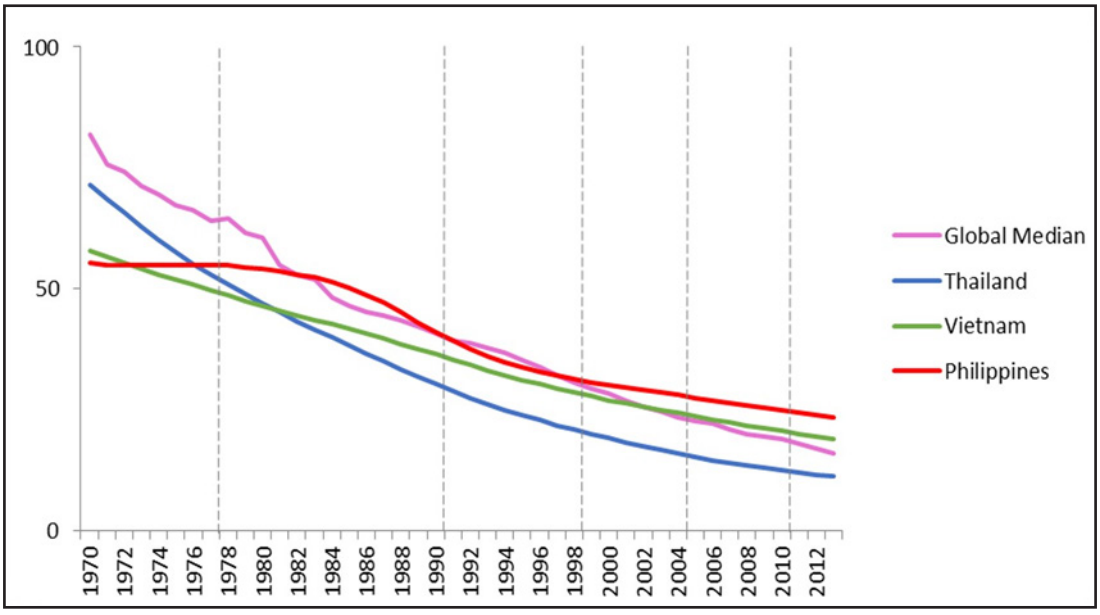

Figure 2. Infant Mortality Rate (per 1000 live births) (World Bank 2015).

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Table 1. Health outcomes of the Philippines, Indonesia, Malaysia, Thailand, and Vietnam from 2010 to 2020.

	Life expectancy at birth, total (years)			Maternal mortality ratio* (per 100,000 live births)			Infant mortality rate (per 1,000 live births)		
	2010	2015	2020	2010	2013	2017	2010	2015	2020
Philippines	69.8	70.6	71.4	144	136	121	24.8	23.4	20.9
Indonesia	69.2	70.8	71.9	228	207	177	27.9	23.2	19.5
Malaysia	74.5	75.5	76.3	30	30	29	6.9	6.9	7.4
Thailand	74.2	76.1	77.3	42	39	37	11.7	9.3	7.4
Vietnam	74.8	75.1	75.5	47	46	43	18.3	17.4	16.7
	Incidence of tuberculosis (per 100,000 people)			Prevalence of stunting, height for age* (% of children under 5)			Out-of-pocket expenditure (% of current health expenditure)		
	2010	2015	2020	2010	2015	2020	2010	2015	2019
Philippines	531	550	539	32.7	31.1	28.7	54.8	51.2	48.6
Indonesia	342	325	301	35.7	32.9	31.8	60.6	43.0	34.8
Malaysia	75	90	92	17.9	19.1	20.9	34.1	33.4	34.6
Thailand	181	163	150	14.9	12.9	12.3	14.5	12.5	8.7
Vietnam	231	199	176	27.6	24.4	22.3	37.4	43.5	43.0

Source: DOH Health Sector 2023-2028

Health inequities persist in Health Outcomes and Malnutrition

The Philippine Health Agenda 2016-2022 (Cabral 2016) documented the continuing health inequities:

> Every year, 75,000 children die before their fifth birthday. Children from rural and poorer households are disproportionately affected. Children from the poorest 20% of households are almost three times as likely to die before their fifth birthday as children in the richest 20%.

Stunting and inequity in malnutrition have persisted through the years. Malnutrition, especially stunting, for the under 5 age group has a long-lasting effect on health, growth development, school performance, and work productivity as adults. The Food and Nutrition Research Institute (FNRI) reported the trends in both underweight and stunting of children under 5 years old from 1989–2015 with an overall decrease of stunting from 44.5% in 1989 to 33.4% in 2015. There was an improvement from 2011 (33.7%) to 2013 (30.3%), but this was followed by an alarming and significant worsening from 2013 (30.3%) to 2015 (33.4%), which represented the height of *Kalusugang Pangkalahatan* (KP) and Conditional Cash Transfer (CCT) implementation during the Aquino administration (FNRI 2015) (Fig. 3).

Malnutrition, stunting, and wasting persisted from 2015 up to 2018 to 2019 (FNRI 2022). Prevalence of stunting among children under 5 years old improved from 33.4% in 2015 to 29.5% in 2018 but was not significantly lower compared to the 30.3% in 2013.

Inequity in malnutrition however, persisted up to the period 2018-2019, as evidenced by stunting for under 5 by wealth status: 44.2% stunted among the poorest quintile versus 12.2% among the richest quintile; continuing with school-age children (5-10 years old): 39.8% among the poorest versus 8.8% among the richest quintile; and persisting up to adolescence (> 10 years to 19 years old) 42.3% among the poorest versus 12.4% among the richest quintile (FNRI 2022).

The persistent Triple Burden of Disease

The Philippines continues to face what the DOH (DOH 2017; Cabral 2016) calls the Triple Burden of Disease: persistent communicable diseases, rising non-communicable diseases (NCD), and diseases of rapid

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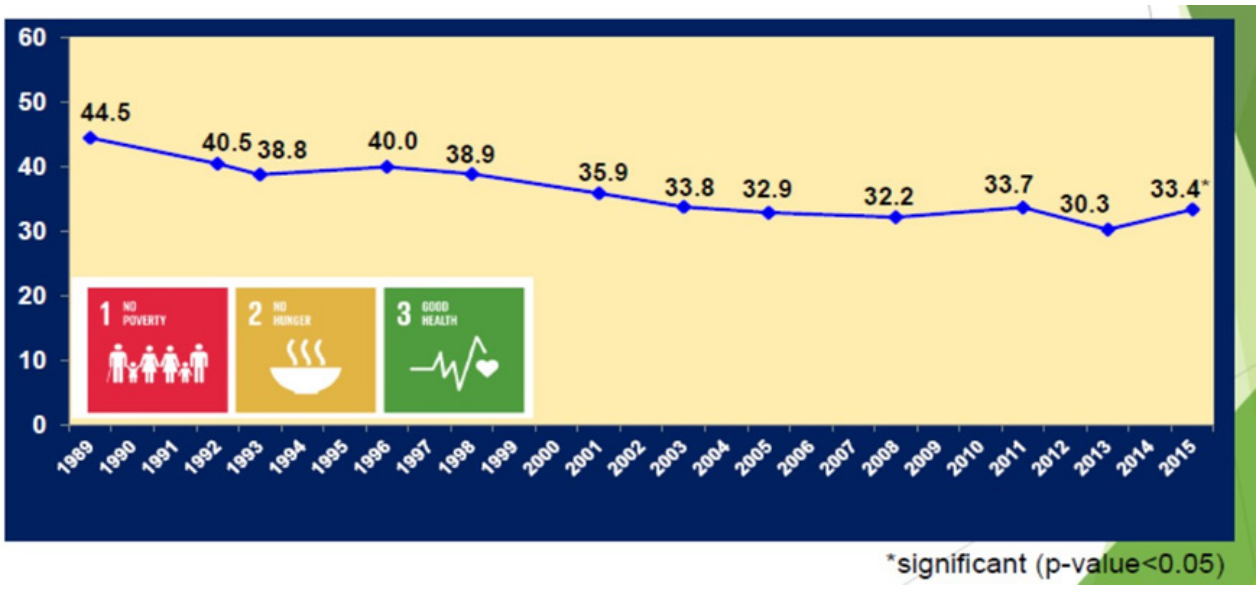

Figure 3. Trends in prevalence of stunting among under-five children (0-59 months) 1989-2015. (FNRI 2015).

urbanization: mental health, drug addiction, accidents, and climate change (DOH 2020).

According to a PIDS Study, health expenditure on NCDs increased from PHP 154 Billion in 2014 to nearly PHP 240 Billion using 2018 prices, NCDs being very expensive to treat. NCDs account for 70% of the total deaths in the country in 2019 and about 65% of the disability-adjusted life years (DALYs). However, the Philippine health system is historically designed to address infectious diseases and maternal and child health, and the authors assert that we have to prepare to address the rising burden of non-communicable diseases (Ulep 2021).

On the other hand, as of 2020, 9 out of the top 10 causes of morbidity are infectious diseases, hypertension being the only NCD among the top 10 morbidities (DOH 2022).

We still need to improve on the gains made in controlling infectious diseases such as measles, cholera, and typhoid, and we need to prepare for the threat of emerging communicable diseases, such as MERS-COV, Bird Flu, Zika, and Nipah and the possible resurgence of COVID-19 (Cabral 2016).

Tuberculosis remains a major problem. Despite the availability of Anti-Tuberculosis medicines (TB DOTS Program), TB remains the 10th cause of Philippine morbidity (DOH 2022). In 2019, the WHO categorized the Philippines as among the top six Severely Endemic countries (> 500 new and relapse cases per 100,000 population per year) (WHO 2021). The Philippines is among the 10 countries in the three global lists of high-burden countries for TB, HIV-associated TB, and MDR/RR-TB (Multi-Drug Resistant TB) identified by WHO in the period 2021-2025 (WHO 2022). We, therefore, still need to address the triple burden of disease and not only rising NCDs.

Health Financing

The poor did not benefit from 25 years of health sector performance (1990 – 2014)

In 2017, the UP School of Economics (UPSE), in its 25-year assessment of Philippine Health Sector Performance covering the period of 1990–2014, recognized the importance of the social determinants of ill health and asserted that the fundamental problems of the poor must be addressed by a broader set of economic and social policies to achieve inclusive growth. But their report focused on the health care delivery and financing system.

They concluded that the major impact of 25 years of health sector performance (1990–2014) was:

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"the poor do not receive adequate support from public (health) financing sources;

Mainly higher income groups are able to access health care services;

Patients who can pay crowd outpatients from lower-income families." (Panelo 2017).

The way we finance UHC will determine who benefits most

The Universal Health Care Law mandates PhilHealth to become a Strategic Purchaser. This means PhilHealth must shift from Reimbursements to Prospective Payments to ensure that those who need it more will benefit. Reimbursements tend to follow the existing inequity in health financing. Strategic Purchasing through Prospective Payments can address these inequities (UHC 2019; UHC IRR 2019).

The proposed prospective payment is called the Global Health Budget (UHC IRR Rule IV Sec. 18.10), given prospectively to the province or autonomous city. It consists of adjusted historical reimbursements for inpatient care and for outpatient specialist packages, plus Capitation Contract for Comprehensive Primary Care Benefit (PCB) package to be provided for the population within the catchment area (Maala 2019).

PhilHealth is still primarily in the reimbursement mode, playing catchup reimbursement of private hospitals. Last September 2023, PhilHealth President Emmanuel Ledesma testified during the House Committee on Appropriations hearing that the PhP27 billion unpaid hospital claims would be paid within 90 days. In 2022, then PhilHealth President Dante Gierran also promised to reimburse PhP25.45 billion unpaid claims of private hospitals within six months (CNN Philippines 2023).

Increased health spending during the Pandemic: Has PhilHealth become a Strategic Purchaser?

In spite of increased total spending on health due to the pandemic, (P1.09 Trillion in 2021 from P593B in 2015), Out-of-Pocket-Share (OOP) share remains the largest share (41.5%) in the 2021 Current Health Expenditure (CHE). DOH's share rose from 20.5% (2014) to 37.4%, while PhilHealth's share even decreased from 15.8% (2014) to 12.9%. Although OOP share decreased from 52% to 41.5% (2021), it is still double the 20% target of Total Health Expenditure (THE) needed to ensure financial risk protection (DOH 2023). PhilHealth cannot be a Strategic Purchaser with a mere 12.9% share of CHE.

Accelerating the financing of UHC

In October 2013, the DOH organized a Stocktaking of *Kalusugan Pangkalahatan* (KP) Focus on Health Financing. DOH brought together a group of health experts, both international (Dr. Viroj Tangcharoensathien of Thailand's Universal Coverage Scheme) and local (headed by Dr. Orville Solon of the UPSE). Flagship Strategy 1 provided a timetable that would enable the Philippines to declare by January 2016 a Universal Health Coverage for a package of primary care for ALL Filipinos, a comprehensive package that will reduce OOP spending and improve health outcomes:

By January 2014: Roll out a package of primary care services, Primary Care Benefits 1 (PCB1) and PCB2, to all PhilHealth members (not only the poor);

By January 2015: roll out a publicly funded package of PCB1, PCB2 ++ (quite a comprehensive package that aims to reduce OOP and attain health) to ALL Filipinos who are PhilHealth and the remaining uninsured. (Huge opportunities to enroll the uninsured as individually paying members at point of service);

No Balance Billing applied to reduce OOP;

By January 2016: assessment and declaration of UHC for a comprehensive package of primary care for all Filipinos.

The DOH 2013 Stocktaking of *Kalusugan Pangkalahatan* called for "UHC Now Na!" (DOH 2013).

The UHC Law IRR Sec 6.b. mandates PhilHealth to implement "within 2 years from the effectivity of these Rules, (Oct 2019) a COMPREHENSIVE outpatient benefit, including outpatient drug benefit and emergency medical services in accordance with the recommendations of the Health Technology Assessment Council (HTAC)… benefits shall include… diagnostic, laboratory, dental, and other medical services, personal preventive services; prescription drugs and biologicals.

The DOH HSS 2023–2028 further defines Primary Care as "initial-contact, … comprehensive, … care … available

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…at the time of need including a range of services for all presenting conditions (underscoring ours) … (DOH 2023).

PhilHealth's proposed "*Konsulta*" covers a defined set of primary care health services based on their life stage, health risks … and access to selected 13 diagnostic services, and 21 medicines for a variety of conditions … (PhilHealth 2023). "*Konsulta*" is not Comprehensive Primary Care benefits as mandated by the UHC Law and defined by the DOH HSS 2023-2028.

The DOH Philippine Health Agenda 2016-2022, employing an all of life stage approach and addressing the triple burden of disease, defines a set of comprehensive primary care benefits that can be delivered by a Primary Care Provider Network (PCPN) as a solid foundation of the Health Care Provider Network (HCPN) as mandated by the UHC Law. It also provides a mechanism to address the hospital centrism, urban-centeredness, and medical specialists dominated health system (DOH 2017; Cabral 2016).

How Did We Get Here? The Socio-Economic Context of Non-Inclusive Growth

The Philippines, as a lower middle-income country, has been experiencing what has been described as non-inclusive growth (Usui 2011; NEDA 2014).

Dr. Cielito Habito, former director-general of NEDA and Economic Planning Secretary, argued that the problem is not just growth or the lack of it, but non-inclusive growth, with the use of the Poverty Elasticity of Growth (PEG) measure or how poverty decreases or increases with growth. According to him, when the Global PEG was -1.5, Asia's PEG was higher at -2.0. But in the Philippines, poverty incidence did not decrease, but rather, increased from 24.9% in 2003 to 26.5% in 2009. The Philippine Gross Domestic Product (GDP) grew up to 7.3% or an average of 4.9% per year from 2004 to 2009 but the number of poor families increased from 2006 to 2009 (Habito 2015).

Habito further described our non-inclusive growth as narrow, shallow, and hollow, giving an indication of what has to be addressed. Growth was Narrow, driven by a few high-growth sectors, e.g., banking and real estate, and geographic areas; Shallow, because the bulk of exports were from low domestic value-added sectors with little linkage to the rest of the economy; and Hollow or jobless growth (Habito 2015).

Who benefits from GDP growth and increased labor productivity

Former NEDA Director-General Dr. Solita Monsod discussed increasing labor productivity with GDP growth while wages remained flat at 2000 prices from 2001 to 2016. GDP doubled from 2001 to 2016, labor productivity grew 57%, but real wages remained flat. She concluded that our workers did not benefit from their increased productivity, and "what should have gone to them went to the capitalists" (Monsod 2018).

IBON Foundation (IBON), an independent think tank that uses official government data, including PSA data, updated the data on increasing labor productivity while real wages were falling. According to recently released PSA data, labor productivity measured at constant 2018 prices increased by 28.9% from PhP330,035 per worker in 2012 to PhP425,511 in 2022. But Average Daily Basic Pay (ADBP) grew by less than 21% in 2012 to 2022 at constant 2018 prices, while the profits of enterprises of all sizes increased by over 72% in 2012 to 2019 (IBON Foundation 2023).

ADB's Usui asserts that we cannot achieve inclusive growth by relying only on service sector-led growth. The service sector essentially requires a more educated work force. We need to "Walk on Two Legs", that is, develop our manufacturing sector (Usui 2011).

Health Inequities rooted in social inequities: The prevalence of poor families and individual Filipinos continue to increase

PSA reported a decrease in Poverty Incidence or the proportion of the poor among Filipino families from 18.0 % in 2015 to 12.1 % in 2018 and 13.2% in 2021; which translates to 19.99 million poor Filipinos (PSA 2022).

IBON Foundation concluded differently. PSA's poverty incidence is low because the food or subsistence threshold that PSA sets is low to begin with. Setting the daily poverty threshold at a national average of PHP 79 per person per day says this is enough to meet a person's food and non-food needs. It translates to some PHP 396 per day for a family of five (or PhP12,030 per month).

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The PhP396 daily poverty threshold for a family of five is a mere 35.8% of IBON's estimated PhP1,107 family living wage (FLW) as of June 2022 (IBON Foundation 2022).

Increasing income and wealth disparities

Among Nations

Oxfam, a global NGO, continues documenting wealth and income disparity among nations. Its 2022 Briefing Paper *Inequality Kills* reported that the wealth of the world's 10 richest men, and NOT countries, doubled since the pandemic began. The incomes of 99% of the World's population became worse off because of COVID-19. Since 1995, the top 1% have captured nearly 20 times more of the global wealth than the bottom 50% of Humanity (Oxfam International 2022).

Within the Philippines

In contrast to the underestimation of poverty prevalence, Forbes reported that the combined wealth of the country's 50 richest increased to US$80 billion in 2022 from US$72 billion in 2021 (Forbes 2023).

The Way Forward:
Universal Health Care Law Based on the Philosophy and Principle of Primary Health Care

The Universal Health Care (UHC) Law RA 11223 was signed on Feb. 20, 2019, and its implementing Rules and Regulation (IRR), on Oct 10, 2019 (UHC 2019; UHC IRR 2019).

The UHC law is based on the philosophy and principles of Primary Health Care and was meant to ensure ALL Filipinos access to health care, improve health outcomes and address the persistent health inequities.

The UHC Law declares it is the policy of the State to protect and promote the right to health of all Filipinos (Ch. 1 Sec. 2). As a law, it makes the constitutional right to health justiciable. Every Filipino citizen shall be automatically included into the National Health Insurance Program (Chapter II Sec 5.; IRR Rule II, Sec 5.1). Every Filipino shall be granted immediate eligibility for health benefit packages without the need of presenting the PhilHealth identification card under the Program (IRR Sec 9.1). Failure to pay premiums shall not prevent the enjoyment of any Program benefits (IRR Sec 9.2).

The UHC law's Declaration of Principles and Policies (Ch 1 Sec 2. (c)) mandates a framework that fosters a whole-of-system, whole-of-government, and whole-of-society approach in the development, implementation, and evaluation of health policies, programs, and plans; or a PHC framework.

The UHC Law recognizes that health is not just the absence of disease. It recognizes the need to address Social Determinants of Health (SDH). The State shall adopt an integrated and comprehensive approach to ensure that all Filipinos are health literate, provided with healthy living conditions (underscoring ours), and protected from hazards and risks that could affect their health (Ch 1 Sec 2. (a)) (UHC, 2019).

The DOH Health Sector Strategy (HSS) 2023-2028 "defines the vision, policy direction and strategic objectives needed to accelerate the achievement of UHC." It quantifies the various social determinants that must be addressed: …the health sector needs to acknowledge and prioritize factors beyond health care; … health provision only contributes 20% to health outcomes, whereas other determinants of health are the primary drivers accounting for 80%: socioeconomic factors 40%, physical environment 10%, and health behavior the remaining 30% (DOH 2023).

The UHC Law addresses the fragmentation of the health system by mandating the integration of the health system into Province-wide and City-wide health systems (Ch V Sec 19.)

Finally, the UHC Law addresses the issue of inequities in health. It shall be the policy of the state to adopt a health care model that provides all Filipinos access to a comprehensive set of … health services without causing financial hardship and prioritizes the needs of the population who cannot afford such services (underscoring ours) (Ch 1 Sec 2. (b).

Initial advances in implementing UHC:

During the COVID-19 Pandemic

Last June 2020, the previous PhilHealth President Ricardo Morales proposed the deferment of the implementation of the UHC Law, because of a 90% decrease in premium collection as a result of the imposition of the Enhanced Community Quarantine (Inquirer 2020).

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Rather than setting aside the implementation of UHC, five former Secretaries of Health called for the accelerated implementation of Universal Health Care, guided by the principles articulated in the UHC Law. They saw that in addressing the COVID-19 pandemic, the scaffolding of UHC was being set up (CNN 2020).

Advances at the Provincial and Chartered City level

At the provincial level, three governors from Aklan, Bataan, and Agusan del Sur, who had undergone the Zuellig Family Foundation Provincial Leadership and Governance Program (ZFF PLGP) shared their experiences in mitigating COVID-19 risks last June 30, 2020 (Manila Standard 2020).

All three provinces applied an all-of-health system, all-of-government and all of society framework, guided by the ZFF PLGP. Each province had a different angle in controlling the COVID-19 pandemic: Aklan shared "approaches to sharing the reins of power with municipal leaders", Bataan with "Digital Innovations and Transformation", and Agusan del Sur with "Proactive Border Control Initiatives."

These were the common themes: Governance of the health sector was key. These governors were able to govern with their Provincial health core team and lead the Mayors and their Municipal Health Officers through an expanded Provincial Health Board to address both COVID-19 and non-COVID-19 cases. All three had invested in a province-wide health information system that had allowed them to set up an operations center that facilitated contact tracing, isolation, and treatment. Aklan had set up an online Health Declaration Card for tourists arriving in Boracay and a COVID Tracking and Monitoring System for Returning Overseas Filipinos (ROF) and Locally Stranded Individuals (LSIs). They had set up DOH-accredited RT-PCR capable laboratories to facilitate Test, Trace, Isolate, and Treat COVID-19 patients.

All three governors gave initial affirmation that the province was the unit for reintegration of the health system to address the fragmentation of devolution. (UHC Law Ch V) Provinces had the necessary resources that municipalities did not have. Provinces contained the facilities required to complete a Health Service Provider Network (HSPN): from the Barangay Health Station, to the Municipal Health Center, to the District and Provincial Hospital and finally, through referral, to the DOH Retained or Regional Hospital, which serves as their Apex referral hospital. The provinces also had private practitioners, some specialists, and private hospitals, which complemented and formed part of the HSPN.

Provinces furthermore had resources to realign millions of Pesos to promote food and socio-economic security through interventions such as seed dispersal, tilapia fingerlings distribution, and food and non-food assistance to the municipalities within their provinces. (Agusan del Sur, Bataan)

These three governors also emphasized the importance of "community participation" in winning the war against COVID-19. Aklan's Governor asserted: "The battle of COVID is really at the community level." This translated to individuals practicing basic public health measures: wearing face masks, physical distancing, proper handwashing, increasing immunity through good nutrition, and community self-help initiatives such as *Kusina sa Barangay*. They also recognized the need to increase the involvement of the youth, women, and other marginalized groups. Globally, community participation has been recognized as crucial in controlling the Ebola pandemic in Africa and in controlling COVID-19 (Marston 2020).

The three governors have identified remaining challenges, foremost of which are: ensuring adequacy of human resources for health, and financing of the health system. Community engagement still needs to be enhanced (ZFF 2021).

Pasig and Valenzuela Cities are two examples of Chartered Cities that have formed Public-Private Partnership with a private hospital, the Medical City, to strengthen their capacity to test and treat their COVID-19 patients, with the Medical City as their hospital's training partner and backup hospital for severe and critical patients (ABS-CBN News 2020; Manila Standard B 2020). Again, governance is key, whether at the provincial or chartered city level.

Institutionalization of ZFF's Provincial Leadership and Governance Program

The DOH and the ZFF have forged partnerships

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at the DOH Regional Level (DOH Centers for Health and Development or CHDs), together with academic institutions, to ensure the sustainability of the program. To date, DOH CHDs 1, 2 CAR, 4A, and 6 have partnerships with ZFF (ZFF 2022). UPM College of Public Health, UPM School of Health Science at Palo Leyte, UP Visayas, Davao Medical School Foundation, and the Ateneo de Zamboanga University are among the academic partners who assist in giving the PLGP trainings and, at the same time, acquire experience in strengthening local health systems towards accelerating the implementation of UHC (DOH CHD 8 2022).

Addressing the issue of human resources for health as identified by PLGP Governors: UHC Law provisions on reorienting health human resource

The UHC Law mandates that CHED, PRC, and DOH, in coordination with duly-registered medical and allied professional societies, shall reorient medical and allied medical professional education and health professional certification and regulation towards producing health workers with competencies in the provision of primary care services (UHC 2019).

The UHC Law IRR's Rule 25.10.a. further elaborates: Reorient health care professional and health care worker curriculum towards primary health care, with emphasis on public health and primary care. Rule 25.10.a. makes a distinction between Primary Health Care and primary care, with Primary Health Care as the philosophy and framework articulated in Alma Ata PHC and the 2008 Primary Health Care Now More Than Ever, and primary care as a level of health care.

Initial success at Reorienting Medical Education towards PHC with focus on Public Health and Primary Care

There were two new medical schools: Bohol Island State University College of Medicine (CHED 2023) and Cavite State University College of Medicine (CaviSU 2023), which have adopted a reoriented medical curriculum that reflects Primary Health Care, Population Health, Public Health, and Primary Care.

The Association of Philippine Medical Colleges (APMC) partnered twice with the Philippine Academic Society of Social and Community Medicine, Incorporated (PASCOM) in holding reorientation workshops towards integration of Primary Health Care for basic Medical Education in April 2022 (PASCOM 2022) and in the teaching of clinical specialties in April 2023.

Aside from the traditional Medical and Allied Medical Societies, the following Public Health-oriented health professional associations have been formed such as the Philippine Academy of Dental Public Health (PADPH 2023), and the National Association of Public Health Nurses (NAPHN 2022), and the Allied Medical Professions Association. All have expressed their interest in teaching their field, focusing on Public Health within the framework of PHC.

Health and Socio-Economic Development in the New Normal: What we need to accomplish

Our goal for 2050 or even earlier should be Health for All Filipinos by implementing the UHC law while working for Inclusive Growth within the New Normal.

We should recognize that universal access to quality health care (UHC Law goal) accounts for only 20% of the improvement in health outcomes, while 80% comes from ensuring healthy living conditions (Remington et al. 2015; DOH 2023).

The COVID-Pandemic and the Myth of Globalization

The COVID-19 has exposed the myth of Globalization, with its "withering away" of national interests and national borders and the "trickle down" economic development paradigm.

As the pandemic raged uncontrolled in many countries, the president of the country that had pushed for globalization the most, US President Donald Trump declared a policy of America First Always, and began imposing trade restrictions on its largest economic rival, China, (Moyar 2017), began cornering future anti-COVID-19 vaccines, and even threatened to leave the World Health Organization. President Donald Trump is not a Republican Party aberration. President Joseph Biden echoed President Donald Trump's "Make America Great Again". The US White House released a July 28, 2021 Fact Sheet which reported that the Biden-Harris Administration signed Executive Order 14005 "Ensuring

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the Future is Made in All of America by All of American Workers" (White House Fact Sheet 2021). So much for the end of national interests and national boundaries under globalization.

Lancet COVID-19 Commission 2020 calls for a New Normal that leads to Inclusive Growth

Lancet COVID-19 recognized that the COVID-19 pandemic "brought to light and exacerbated the pre-existing social, economic and political inequalities, including inequalities of wealth, health, wellbeing, social protection, and access to basic needs including food, health care, and schooling."

Drawing on the lessons of countries which have succeeded in controlling the transmission of COVID 19, Lancet COVID-19 also called for rebuilding the world economy in an inclusive way, when it identified four global challenges posed by the COVID-19 pandemic: suppressing the pandemic, overcoming humanitarian emergencies…, restructuring public and private finances, and rebuilding the world economy in an inclusive, resilient and sustainable way, aligned with the Sustainable Development Goals (SDGs) and the Paris Climate Agreement (Lancet 2020).

The obsolete 9th Philippine Development Plan or PDP 2023-2028

The present administration's blueprint for development is embodied in the Philippine Development Plan (PDP) 2023–2028 with the expressed aim of economic and social transformation for a prosperous, inclusive, and resilient society. It is the 9th PDP since the Marcos Dictatorship's PDP 1978-1982 espoused free-market reforms, orienting the economy towards exports and attracting foreign investment. Since then, all the PDPs have followed the same export-oriented, foreign investment-dependent development (NEDA 2023).

IBON asserted that the PDP 2023-2028 is an obsolete plan that needs to be reversed to pursue an economy that benefits the majority. IBON added that the Philippine economic managers' obsession with economic liberalization is passe given that the country's trade and investment partners: the US, China, Japan, and the European Union (EU) are among the economic powers turning to protectionism.

Under the eight previous PDP's, IBON stressed that the share of manufacturing has fallen to its smallest share of GDP since the 1950s and the share of agriculture to its smallest in history.

IBON counter proposed, consistent with ADB Usui's exhortation to "Walk on Two Legs", that the Philippines can build Filipino industry, distribute income and wealth fairly, and protect the environment. It is the time for new ideas – national industrial and technology policy, family living wages, a wealth tax to expand social services, more public services, and climate justice among others (IBON Foundation 2023).

Economist Niceto S. Poblador shares a similar analysis of non-inclusive growth leading to extreme poverty and environmental degradation and proposes "tweaking" the economy through greater state intervention, heavier taxes on the wealthiest, more assistance to the poorest, more accessible public education and more investment in renewable energy (Poblador 2023).

UHC under a New Normal

Inclusive Growth is consistent with the goal of the NAST PHL development of a Foresight and Strategic Plan (PAGTANAW 2050) (NAST PHL 2020) to "strategically develop the Philippine's scientific capital, … for inclusive growth, sustainability, and competitiveness. (underscore authors') with a second objective to "help address the Philippines' needs and gaps for inclusive growth and competitiveness by preparing a 30-year Science and Technology and Innovations Plan.

To achieve inclusive growth, we need to industrialize (Usui 2011), but instead of just "Walking on Two Legs" as Usui suggested, we need to walk on "Three Legs", i.e., development that is not just service sector led, but also a modernized agricultural and industrialization-led growth that is domestic market oriented.

To create a domestic market of a 115 million population for our beginning industries, we can follow NEDA's proposed Asset Reforms in 2014 to address poverty: land reform for the farmers, ancestral domain for the indigenous peoples, coastal and marine settlement for the fisherfolks and urban land reform for the urban poor (NEDA 2014). Modernization of agriculture and

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aquaculture could be the driving force for our initial opportunities for expanded manufacturing.

Science, Technology, and Innovation (STI) in the health sector, for example, local manufacture of respirators or vaccine production using Cluster Regularly Interspaced Short Palindromic Repeats (CRISPR) technology, can contribute to the achievement of UHC and, at the same time, contribute to the achievement of inclusive growth, sustainability, and competitiveness.

UHC SG Recommendations

The UHC SG presented its recommendations during the NAST PHL Regional Scientifc Meeting for Luzon held last May 17-18, 2023, which, on health, focused on UHC, democratizing health and health care through equity in health. These recommendations were later updated in the resolutions presented during the NAST PHL Annual Scientific Meeting (ASM) in July 2023 (NAST PHL 2023).

The COVID-19 Pandemic also exposed the weakness of reporting COVID-19 testing results at the National Level, with its tedious error-prone manual encoding and reporting.

To address this weakness in Health Information, the UHC SG identified the need to address the interoperability of the different information systems of the health sector as the crucial step in building a functional National Health Information System (NHIS). A real-time, interoperable NHIS can guide the other health building blocks: Governance, Human Resources for Health, Medicines and Health Technology, Health Financing, and pandemic and disaster response, aside from tracking the implementation of UHC through the health equity lens.

To advance the formation of an interoperable, real time NHIS, we need to address the following within the Health Information System:

1. Governance – For the DOH Secretary to reactivate the National eHealth Governance Steering Committee, the Technical Working Groups, and the Expert groups. This governance structure was reactivated by DOH Secretary Teodoro Herbosa last October 4, 2023, as the National Digital Health Governance Steering Committee and Technical Working Group.
2. Architecture – For DOH to release an interoperability blueprint to guide all stakeholders as they build and acquire digital health technology. The PhilHealth National Health Data Repository (NHDR) should be a prominent component of this blueprint.
3. People and Program Management – For DOH to encourage the creation of digital health literacy programs for patients, for health workers, and for technologists. These should be accompanied with commensurate investments. There should be a special track on IT Governance and Enterprise Architecture for Health Care Provider Networks. These programs should empower frontliners and LGUs to use data for decision making.
4. Standards and Interoperability – For DOH to promulgate the use of Fast Healthcare Interoperability Resources (FHIR) for data exchange and acquire the necessary national licenses for the adoption of international standards such as the Systematized Nomenclature for Medicine (SNOMED) for clinical coding, Logical Observation Identifiers Names and Codes (LOINC) and ICD 11 for public health reporting. A center of excellence such as a Standards and Interoperability Lab should be created to support the needs of stakeholders on how to use these standards to achieve interoperability.

The NHIS and its impact on Human Resources for Health (HRH)

The HRH Workforce Registry is a requirement specified by the UHC law that should be accessible at both supply side (Health Educational Institutions offering health sciences courses) and demand side: at the national, provincial, and local levels at the primary care settings, health facilities and other health-related providers (industry and occupational settings, schools, military, etc). This up-to-date, real-time HRH Workforce Registry will depend on the operationalization and utilization of an accessible and interoperable HIS at national, provincial, and local levels. In turn, the National HRH Development Strategies that ensure the effective and equitable distribution of practice-ready health workers through effective production, and retention of highly skilled and motivated HRH will depend on this HRH Workforce Registry.

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The UHC Study Group recommended, through NAST PHL, the prioritization of the implementation of a Philippine Health Information Infrastructure to advance the operationalization of the National HRH Workforce Registry as specified by the UHC Law through an Executive Order to resolve the health workforce crisis, especially at the primary care level. Policies towards responsive production and equitable distribution of available, highly skilled, motivated and practice ready HRH should be crafted and implemented as a pre-requisite to effective UHC implementation.

Leadership and Governance:

UHC SG further recommended the expansion of the institutionalization of the PLGP to include other DOH regions currently not covered by the DOH, ZFF, and Academic Institutions partnership.

But the above recommendations, although crucial and necessary for the advancement of UHC and Equity in Health, are Health Systems Reforms that may not necessarily be felt immediately by many Filipinos. According to the NDHS 2022, only 70% of women aged 15–49 had some type of PhilHealth Coverage, 44% had health insurance other than PhilHealth, such as SSS and private insurance but 27% of women had NO health insurance (PSA 2023). Yet the UHC Law passed in late 2019 had declared ALL Filipinos automatically covered by PhilHealth by virtue of citizenship.

Concluding Remarks:
Shock and Awe with Comprehensive Primary Care Benefits

As early as 2012, Professor Peter Berman of Harvard School of Public Health already pointed out that the pathway we choose to finance UHC, matters. From the present level of spending, we can either emphasize insuring for inpatient and catastrophic expenditures or emphasize spending for primary care and public health services. If we choose insurance for inpatient and catastrophic expenditure, we achieve a higher level of Financial Risk protection but lower and slower health outcomes improvement. If we choose to spend on primary care and public health services, we achieve higher and faster health outcomes improvement but lower levels of Financial Risk protection. For the poor who face significant barriers to accessing any health care, comprehensive primary care services at the nearest point of contact would have a greater impact.

The Lancet Global Health Commission on Financing Primary Health Care calls for spending more and spending better on PHC (PHC here is used to refer to primary care services as level of care). For most LMICs, public funding must be sourced through general tax revenues; PHC should be free at the point of service, resources for PHC should be allocated equitably across geographic areas, and capitation should be the core of PHC financing. (Lancet 2022)

To shock and awe all Filipinos, especially the poor, UHC SG recommends that PhilHealth contracts through Capitation, an accredited Primary Care Provider Network (PCPN) to provide a comprehensive primary care benefit package that addresses the triple burden of disease. This will ensure that those Filipinos who need health care the most will benefit, and Out-of-Pocket Expenditure can be reduced dramatically (Target 20% of CHE).

A Primary Care Study led by Dr. Antonio Dans et al, estimated that the cost for such a comprehensive primary care benefit would be about PhP1500 per capita (Rey MP 2024). PhP1500 per capita X 115 million Filipinos would translate to PhP172.5 Billion and would only be 51% of PhilHealth's 2022 reserve fund of PhP336 Billion (BWorld 2023).

As noted in the 2013 DOH Stocktaking recommendations, it would offer huge opportunities for increasing support for UHC. As per the DOH 2013 Stocktaking timetable, we could achieve UHC for a comprehensive Primary Care Benefit package within 3 to 4 years!

But we cannot even achieve UHC, if we do not bring about inclusive growth by ensuring ALL Filipinos healthy living, schooling, and working conditions. Those who can pay will continue to crowd out the poor in availing of and benefitting from universal access to health care.

We can only achieve Health for ALL Filipinos and Equity in Health by ensuring universal access to Quality Health Care within the New Normal of "inclusive sustainable growth".

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Contributions of Authors:

Ernesto O. Domingo: Conceptualized "Equity in Health" as a policy issue that will transcend changes in political administrations, that will persist beyond *Kalusugan Pangkalahatan*, and even the implementation of the Universal Health Care Law. Equity in Health as essential to achieving Health for All Filipinos. Provided overall critique, comments, and suggestions towards the completion of our article submitted to Transactions NAST PHL;

Ramon Pedro P. Paterno: Finalized outline, based on peer review recommendations. Developed: the health financing aspect of the paper; Increased GDP with Non-Inclusive growth, Initial advances of reorienting Health professional education through efforts of PASCOM, Alternative pathways to inclusive growth; Shock and awe with comprehensive Primary Care benefits. (as participant of DOH Stocktaking: focus on Health financing and as member of Dr Antonio Dans Philippine Primary Care Study);

Fely Marilyn E. Lorenzo: Wrote sections on Human Resources for Health and helped edit final draft of the paper;

Cecilia S. Acuin: Wrote section on Nutrition. Added interoperability of Info System of different Govt Service Agencies to be able to track who benefits from what services;

Fernando B. Garcia, Jr.: Conceptualization (Leadership and Governance Program and academic institutional partnerships); Finalization of the revised outline of the paper; Writing – review and editing of submitted manuscript.

Emerito Jose A. Faraon: Philippine Health Situation: "Persisting low investment on primary health care (by national and local government unit leadership over the years 2014-2019) leads to inadequate primary health care PHC capacity nationwide of local health systems.";

Anthony Rosendo G. Faraon: Description and sharing of the initial success of ZFF's Provincial Leadership and Governance Program and the DOH-ZFF-Academic partnerships (as ZFF Deputy Executive Director and member of UHC SG);

Alvin Valeriano B. Marcelo: Wrote the section on Health Information Systems;

Juan Antonio A. Perez III: Updated the data on National Health Accounts to the most recent published by the Philippine Statistics Authority, annotations on studies made by Palladium on a National Health Expenditure Survey from 2018 and population related data and projections for the Philippines. Provided perspectives and experience of a former DOH official, POPCOM Executive director and presently a member of a Health NGO, Medical Action Group;

Ricardo P. Ramos: Patient, family and community perspective and Tarlac province experience, as a UHC Site. Tarlac Province also hosts UPM's School of Health Science, for health students coming from the Northern Luzon area;

Ma. Esmeralda C. Silva: Conceptualization of the health systems framework within the all-of-government and all-of-society approach.

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