Health Secretary Francisco Duque III signed early this month the implementing rules and regulations (IRR) of the Universal Health Care (UHC) Law or Republic Act 11223, which will pave the way for the implementation of the awaited program that ensures holistic health care for more than 100 million Filipinos.

The UHC provides that all Filipinos will be automatic members of PhilHealth as direct or indirect contributors, and shall be eligible to “No Balance Billing” once admitted to basic or ward accommodations in hospitals. Availability of basic ward accommodation in all facilities will be ensured through prescribed basic-private bed ratios—90:10 for public health facilities, 70:30 for public specialty health facilities, and a minimum of 10:90 for private health facilities.

Duque said every Filipino will be assigned to a primary care provider (health worker) who shall be the first health-care contact. Primary care providers will deliver free essential health services and will guide patients through the different health-care facilities.

When implemented effectively, the UHC will deliver to all Filipinos the health care they need, when they need it, without suffering financial hardship. Although there is much work to be done to implement the UHC, particularly the funding challenge, government is definitely in the right direction toward achieving health for all Filipinos.

That’s because the UHC opens the door for every citizen to access comprehensive, cost-effective, and quality health services without causing financial hardship. But the realization of its benefits depends on the availability of funds. Here’s the problem: The UHC will need an estimated P257 billion in 2020. However, the proposed 2020 national budget approved by the House on third and final reading only allocates P166 billion for the UHC. Of that amount, P67.4 billion is allocated for PhilHealth, P9.5 billion for the deployment of health-care personnel to the provinces, P9.4 billion for medical assistance to poor patients, and P5.9 billion for health facilities.

Apart from lack of funds, a big stumbling block for the UHC is the shortage in the number of medical workers to sufficiently provide for the medical services to the country’s growing population (See, “Universal Health Care law: No grand cure to what’s ailing PHL health sector” in the BusinessMirror, July 11, 2019). The current ratio for public doctors is 1 to 20,000; the same ratio
applies to nurses. For midwives, the ratio is 1 to 5,000. As of September 30, 2018, the Professional Regulation Commission has registered 141,067 doctors, 905,027 nurses and 176,832 midwives.

Duque, however, remains undaunted. He said the IRR signing is only the first step to the creation of a health system that works for all. “We will begin with a change in perspective where health care is more than treating patients in our facilities. The health system will actively improve the health literacy, the health environment, the social determinants of health of every Filipino,” he said.

Although the Department of Health is scheduled to implement the UHC next year, Duque said the availability of budget for the program is still a problem, particularly on the succeeding years of its implementation. “The funding problem remains to be big. But not in the first year,” he said. Current fund sources for the UHC include the DOH budget, PhilHealth premium contributions, Philippine Amusement and Gaming Corp., and the Philippine Charity Sweepstakes Office.

Despite the funding constraints, Duque said the DOH is ready to implement the program in 33 pilot areas. “I never said that there is enough money. In fact, I’ve been saying there’s not enough money but it does not mean that the implementation of the Universal Health Care Law stops just because there is not enough funding. It will continue,” he said. “This is universal in scope but progressive in approach. So, there will be a progressive rollout.”