



STRATEGIC INITIATIVES PROFILE

1. Name of Project: Universal Health Care (*Kalusugang Pangkalahatan*)

2. Contact Person: Alexander A. Padilla (PhilHealth President and CEO)

3. Project Description: ¹

To address the remaining gaps and challenges on inequity in health, the Aquino Health Agenda (AHA), through Administrative Order No. 2010-0036 was launched. It contains the operational strategy called *Kalusugan Pangkalahatan* (KP) which aims to achieve *Universal Health Care* for all Filipinos. KP seeks to ensure equitable access to quality health care by all Filipinos beginning with those in the lowest income quintiles. KP further fulfills President Aquino's "social contract" with the Filipino people, as stated in Section 7 of Executive Order 43 series 2011:

1. Investing in our people, reducing poverty and building national competitiveness;
2. Advancing and protecting public health;
3. Building of capacities and creation of opportunities among the poor; and
4. Increasing social protection.

This UHC initiative however, is not exclusive to PhilHealth. In fact, the Corporation is just one of the many offices (with the Department of Health at the helm) tasked to implement such program.

UHC GOALS

The implementation of KP/Universal Health Care shall be directed towards the achievement of the health system goals of: (1) financial risk protection; (2) responsive health system; and (3) better health outcomes.

PhilHealth has a role in all the three UHC goals such as ensuring members access to quality health care facilities in the goal "*responsive health systems*" and helping achieve the country's MDG goals by providing MDG benefits (e.g. maternal & child mortality, malaria, TB, HIV, etc) in "*better health outcomes*." However, PhilHealth's role in the achievement of UHC is more prominent in the goal of *Financial Risk Protection* (FRP).

¹ Most of the text/content indicated above in the "Project Description" was lifted from the DOH's National Objectives for Health (2011-2016).

Bawat Pilipino, Miyembro...

Republic Act 10606 of 2013 reaffirms the mandatory coverage of all Filipinos in the NHI Program.

The employed in both the government and private sectors have long been members of PhilHealth and even its predecessor, the Medicare.

The poor as identified by the DSWD and as included in its National Household Targeting system for Poverty Reduction (NHTS-PR) are all covered by the Sponsored Program. With the increased fiscal space afforded by the Sin Tax Law, PhilHealth would be able to deepen coverage and enroll the near poor as well. Local government units are also enrolling their constituents into the NHIP under this program.

Filipinos working abroad are being covered through the Overseas Workers Program (OWP) and members who have reached retirement age and have paid the requisite number of contributions are continuously covered through the Lifetime Program.

The informal sector is being covered through the Individually-Paying Program (IPP). Tapping into the potential of organized groups, PhilHealth developed the KASAPI (*Kalusugan, Sigurado at Abot Kaya sa PhilHealth Insurance* for Microfinance institutions, cooperative, non-government organizations, civic organizations, etc.)

Bawat Miyembro, Protektado...

The streamlining of DOH and PhilHealth accreditation of health care facilities would pave the way for the increase in the number of such facilities servicing PhilHealth members. PhilHealth also intends to ensure the presence of engaged health care facilities in every municipality and city that would be able to address the various healthcare needs of the Filipino people particularly those in relation to the Millennium Development Goals (MDGs).

Further, the shift from *fee-for-service* payment mechanism to case rates (packages) would help members to fully understand and appreciate PhilHealth benefits. In addition to these, PhilHealth also intends to simplify availment procedures as well as introduce further automation of claims processing. All these, coupled with the aforementioned increase in access to “PhilHealth-engaged” facilities, are intended to promote utilization of benefits among PhilHealth beneficiaries.

...Kalusugan Natin, Segurado

As one of the efforts to increase the financial protection, PhilHealth also implemented the “*No-Balance-Billing* policy” (NBB) for all sponsored program members who are hospitalized in government facilities. Moreover, the introduction of the case rates (in lieu of the *fee-for-service* payment scheme) not only intends to clarify the amount of benefits provided to members and expedite claims processing but also to somehow provide ample financial support for our members (particularly with the NBB). Recently, PhilHealth introduced the Type Z benefits covering select catastrophic conditions.

4. Project Milestones:

Activities	Timeline		Budget			Funding Source	Status
	Start	End	2012	2013	2014		
Bawat Pilipino, Miyembro...							
1. Enrollment of Beneficiaries to the NHI Program							
• 2013 Enrollment of NHTS-PR poor (Premium contributions)	Jan 2013	Dec 2014		12.63B		National Government	Ongoing
• 2014 Enrollment of NHTS-PR poor (Premium contributions)	Jan 2014	Dec 2014			35.34B	National Government	Ongoing
2. Integrated Marketing and Communication Plan							
• Marketing and Promotional Expenses	Jan 2013	Dec 2014	13.17M	67.37M		PhilHealth	Ongoing
• Advertising Expenses	Jan 2013	Dec 2014	66.81M	57.66M		PhilHealth	Ongoing
3. PhilHealth Accounts Management Strategy (PAMS)	Jan 2013	Dec 2014		47.16M		PhilHealth	Ongoing
Bawat Miyembro, Protektado...							
4. Engagement of Health Care Providers	Jan 2013	Dec 2014		106.37M		PhilHealth	Ongoing
5. PhilHealth CARES	Jan 2013	Dec 2014		131.80M		PhilHealth	Ongoing
Kalusugan Natin, Segurado							
6. Benefits <i>(PhilHealth is shifting from Fee-For-Service Payment Mechanism to All Case Rates)</i>							
• Budgeted Benefits (Payment) for 2013	Jan 2013	Dec 2013		76.42B		PhilHealth	Ongoing
7. Research	Jan 2013	Dec 2013		3.8M		PhilHealth	Ongoing
<i>Sub-Total</i>				93.99B	35.34B		
Total				129.33B			

- Listed items cover only 2013 activities as preparations for 2014 budget is still in progress (except for the 2014 National Government allotment for NHTS-PR enrollment).
- Excluded CapEx (Capital Expenditures) and PS (Personnel Services) expenses of the abovementioned activities
- 2012 budget column refer to continuing appropriations

5. Measures Affected:

- All indicators indicated in the Interim Performance Scorecard