

On Filipinos' rights to health and health care

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The Republic of the Philippines has very good laws that pertain to people's right to health and right to health care. Some of these laws have been in place for several decades now. The specific provision in the Philippine 1987 constitution is: "The State shall protect and promote the right to health of the people and instill health consciousness among them."¹ This provision tells us that the Philippine government recognizes the people's right to health.

Another part of the constitution states: "The State shall adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to all the people at affordable cost. There shall be priority

for the needs of the underprivileged, sick, elderly, disabled, women, and children."¹ If we take this provision together with the previous one, we can interpret it as a recognition of people's right to affordable health care.

In 1995, the National Health Insurance Act was passed. The act aims to (among others) "provide all citizens of the Philippines with the mechanism to gain financial access to health services" through the National Health Insurance Program (NHIP).² The act was later amended as the National Health Insurance Act of 2013, which is still anchored in the principle of providing "comprehensive health care services to all Filipinos through a socialized health insurance program."³

The constitution of the land articulates and upholds people's right to health and right to health care. The constitution also elaborates that upholding the right to health care involves the provision of health services to "all the people at affordable cost." The phrase "all the people" denotes absolute inclusiveness. One interpretation of "affordable cost" is "no cost" for those who cannot foot the bill. The articulation of these rights in the constitution is a very important step in realizing the vision of universal health care.

After 1995, three sets of health care agenda formulated by the Department of Health support the NHIP, namely, the Health Sector Reform Agenda 1999-2004,⁴ the Fourmula One for Health 2005-2010,⁵ and the Aquino Health Agenda.⁶

All three agenda included the expansion of NHIP coverage in their strategic thrusts as a means of financial risk protection. The specific aim of the present Aquino Health Agenda is the "achievement of the health system goals of better health outcomes, sustained health financing and responsive health system by ensuring that all Filipinos, especially the disadvantaged group in the spirit of solidarity, have equitable access to affordable health care."⁶

Over the years, the Philippine Health Insurance Corporation (PhilHealth), the government corporation that has been duly tasked to administer the NHIP, has developed numerous policies and benefit packages that would equitably cover the costs of health care among insured members. In September 2011, PhilHealth started to implement new case-based payment schemes for 12 surgical and 11 medical cases. A no-balance-billing policy was also imposed on all government hospitals for implementation among PhilHealth members from sponsored programs, mainly comprised of indigent people.⁷ In 2012, PhilHealth created the Z Benefit Packages for financially catastrophic medical conditions.⁸ In 2013, the fee-for-service scheme of provider payment was phased out in favor of the case-based payment scheme for all reimbursable conditions.⁹ The Point of Care Enrolment program was also introduced in 2013 as a mechanism to financially cover the health care needs of Filipinos seeking medical care but are not active members of PhilHealth.¹⁰

At present, 87% of Filipinos have PhilHealth insurance, but PhilHealth only takes care of (an average of) 59% of hospitalization costs (PhilHealth support value).¹¹ Outpatient benefit packages have been designed by PhilHealth since 2000,¹² but have not been fully implemented to date. Screening for common illnesses, such as hypertension and diabetes, are covered by the Primary Care Benefit Package,^{13,14} but the present version of the package does not cover the costs of further diagnostics and maintenance treatments that are necessary for the prevention of complications of these illnesses. Health care facilities implementing the currently available Primary Care Benefit Package play an important role in efficiently implementing the package in order to maximize the financial support of PhilHealth to its members.

Filipinos do expect the government to cover the costs of basic goods and services that preserve health or treat major causes of illness. Since, in the Philippines, health care delivery (except by some national government-owned tertiary hospitals and health development agencies) is devolved, Filipinos expect most health care services to come from local (provincial) government units. As it

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happens, provincial governments have differing approaches to health care. Some provincial health care systems were assessed to be under-financed. This compromises the quality of services provided by health care facilities. Under these conditions of limited resources, health services are under-utilized, and there is evidence of high out-of-pocket expenses by those who access the services.¹⁵⁻¹⁷

In all these approaches to implement people's right to health and right to health care, the notion of "health" seems to dwell around the absence of diseases or illnesses that are usually remedied by taking medicines or by going through treatment modalities in health care facilities. "Health care" usually refers to those services and products provided by professionals in these facilities. Those who believe in more inclusive definitions of health and health care may argue that these definitions are rather limited, and therefore the manner by which the state approaches the implementation of the right to health and the right to health care is incomplete. For instance, the costs of services and treatment regimen of a traditional healer who can be effective in restoring an ill person's sense of well-being are not usually covered by health insurance. Neither are the services and goods involved in a home delivery by a competent registered midwife (at least at present). Further, these kinds of health care are not provided by the government as free goods or services. These are issues that arise from the way the state defines the scope of "health" and "health care." And because "health" is difficult to define, it is also difficult to ascertain whether people's rights to health and health care are fully upheld within a system.

In the Philippines, people's rights to health and health care are constitutional rights. A National Health Insurance

Program helps realize these rights. Several health agenda support the implementation of programs that uphold these rights within the context of a devolved health care delivery system. But, because of the intrinsic difficulty of determining the scope of the concept of "health," it is also difficult to know if these constitutional rights are fully advocated and enjoyed.

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