

SECURING A CONTINUUM OF CARE

The Challenges of a
Fragmented Health Sector



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BOOK REVIEW

Securing a Continuum of Care: The Challenges of a Fragmented Health Sector

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INTRODUCTION

Securing a Continuum of Care: The Challenges of a Fragmented Health Sector (2020) is a critical examination of the structural inefficiencies plaguing the Philippine healthcare system. Published shortly after the passage of the Universal Health Care (UHC) Law (RA 11223) in 2019, the book provides a prescient analysis of the systemic barriers that could impede UHC's success. Written by experts in public health, economics, and policy, the work dissects how fragmentation—rooted in decentralization, financing gaps, and governance disarray—undermines the ideal of seamless healthcare delivery. While not a direct evaluation of RA 11223's implementation, the book's themes offer a vital framework for understanding the law's challenges and opportunities.

Introduction: The Problem of Fragmentation

The opening chapter defines fragmentation as the misalignment between governance, financing, and service delivery, exacerbated by the 1991 Local Government Code's decentralization. It highlights how disjointed systems lead to duplicated programs and inequitable resource distribution—issues RA 11223 seeks to resolve through recentralization of key health functions. The authors introduce the Continuum of Care (CoC) framework, emphasizing seamless transitions from prevention to rehabilitation, a principle central to UHC's integrated care networks.

The Philippine Health System: Structure and Challenges

This chapter dissects the tensions between public (DOH, LGUs) and private providers, alongside PhilHealth's failure to shield Filipinos from catastrophic health spending. The maldistribution of healthcare workers (urban vs. rural) and reliance on out-of-pocket payments are identified as structural flaws—challenges RA 11223 addresses through automatic PhilHealth enrollment and equity-focused funding. However, the book warns that without addressing governance fragmentation, UHC's equity goals may remain unmet.

Continuum of Care: Global Lessons

Here, the authors analyze integrated care models (e.g., UK's NHS, Thailand's UHC) to argue that strong primary healthcare (PHC) is the backbone of CoC. For RA 11223, this underscores the need to bolster rural health units—a priority in the law's design—but the book cautions that PHC expansion requires sustained financing and political will, areas where Philippine reforms have historically faltered.

Fragmentation in Service Delivery: Case Studies

Empirical data reveals how siloed systems disrupt maternal care, chronic disease management, and mental health services. For instance, poor referral systems lead to preventable maternal deaths—a gap UHC's integrated service delivery networks aim to close. Yet, the book stresses that without interoperable health information systems (e.g., electronic health records), referrals under RA 11223 may remain inefficient.

Financing and Health Insurance

The book critiques PhilHealth's low reimbursement rates and slow claims processing, which persist despite RA 11223's mandate for expanded coverage. It proposes tax-based financing to reduce reliance on premiums—a relevant but politically contentious solution for UHC's sustainability.

Governance and Policy Coordination

Overlapping mandates between the DOH and LGUs create inefficiencies, a problem RA 11223 tackles by recentralizing select LGU health functions. However, the book argues that without clear accountability mechanisms, recentralization could replicate top-down weaknesses. It advocates for a whole-of-government approach, aligning with UHC's interagency coordination mandates.

Recommendations for Integration

The authors propose the following: 1) PHC strengthening which mirrors UHC's focus on rural health units as primary care facilities; 2) Digital health solutions which include electronic medical records (EMRs), health information system (HIS) as UHC priorities; And 3) PhilHealth reforms for streamlined and accelerated reimbursements and expansion of benefit packages with emphasis on Primary Health Care (PHC). These align with RA 11223's pillars but highlight implementation risks, such as bureaucratic inertia, which is actually presently happening already in PhilHealth and DOH.

Conclusion: UHC's Prospects

The book concludes that fragmentation must be resolved for UHC to succeed. While optimistic about RA 11223's potential, it emphasizes that systemic change requires political will, adequate funding, and stakeholder collaboration—lessons echoing global UHC experiences.

CRITICAL ANALYSIS: STRENGTHS AND GAPS IN ADDRESSING RA 11223

The book's greatest strength lies in its prescient diagnosis of systemic barriers that continue to hinder Universal Health Care implementation. Published at the dawn of RA 11223's rollout, its multidisciplinary analysis of PhilHealth's reimbursement inefficiencies, governance fragmentation, and primary care gaps reads like a playbook of today's UHC challenges. The authors' policy recommendations—from electronic health records to performance-based LGU incentives—remain strikingly relevant, demonstrating how rigorous health systems research can anticipate real-world obstacles years before they manifest.

Yet this forward-looking analysis comes with inherent blind spots. Frozen in the pre-pandemic landscape of 2020, the book cannot account for COVID-19's catastrophic disruption of healthcare resources or the subsequent corruption scandals that eroded public trust in PhilHealth. While its systemic approach provides enduring insights, readers seeking assessments of automatic enrollment outcomes or recent benefit package expansions must look elsewhere—a reminder that even the most incisive policy analysis has an expiration date.

The most consequential limitation may be what's omitted rather than what's dated. By focusing predominantly on top-down reforms, the authors did not highlight grassroots innovations that could humanize UHC implementation—community health worker networks, indigenous healing systems, or local government pilot programs. This oversight reflects a broader pattern in health policy literature: brilliant structural analysis that occasionally loses sight of the patients and providers navigating these systems daily. For UHC to truly succeed, future editions might bridge this gap by marrying systemic rigor with on-the-ground realities.

Securing a Continuum of Care is an indispensable read for UHC implementers, offering a roadmap to navigate fragmentation. Its warnings about financing, governance, and equity remain urgent as RA 11223 rolls out. However, readers should supplement it with newer studies on UHC's real-world progress.