




PROGRAM ON HEALTH SYSTEMS DEVELOPMENT

Context Drives Success

Tailoring Primary Care Strategies for Equitable Universal Health Coverage in the Philippines

Carla Marie L. Asis , Carol Stephanie C. Tan-Lim ,
Leonila F. Dans , Josephine T. Sanchez 

Summary

Despite the passage of the Universal Health Care (UHC) Law (Republic Act No. 11223) in 2019, access to affordable, quality health services in the Philippines remains inequitable, particularly in rural and remote areas where infrastructure and staffing gaps persist. The Philippine Primary Care Studies (PPCS) evaluated real-world interventions to strengthen primary care delivery across diverse contexts. Findings revealed that uniform interventions yielded varied outcomes: rural sites achieved the greatest improvement in utilization and a 50 percent reduction in out-of-pocket (OOP) expenses due to functioning digital systems and accessible health stations; remote sites saw utilization surges but continued to experience high OOP spending due to infrastructure problems, specifically poor internet connectivity, which limited the effectiveness and reach of primary care interventions designed to reduce these costs; and urban sites showed minimal change in utilization and OOP expenses due to access to pluralistic healthcare services. These results demonstrate that context drives success. Achieving equitable UHC requires adaptive, context-specific implementation, strategic investment in foundational infrastructure such as connectivity, and targeted funding to overcome structural inequities.

Bridging the Healthcare Divide

Achieving equitable universal health coverage in the Philippines remains challenging. Despite the passage of the UHC Law in 2019, significant social, economic, and geographic barriers persist, resulting in high OOP expenses that discourage healthcare utilization, particularly in resource-limited settings and geographically isolated and disadvantaged areas (GIDAs). The persistence of these barriers undermines the UHC Law's objective to ensure that all Filipinos have access to quality, affordable health services without suffering financial hardship. To generate actionable evidence-based recommendations for overcoming these inequities, the (PPCS) program was implemented to identify strategies to strengthen the existing primary care system.

The PPCS is a strategic effort to translate findings into policy and practice. The program was designed to pilot and evaluate concrete interventions in urban, rural, and remote settings to inform the national implementation of the UHC Law. By testing tangible solutions on the ground, the PPCS aimed to demonstrate feasible and effective primary care models that could be adapted and scaled to realize the promise of true universal health coverage.

Across all three study sites, a core set of interventions was implemented to strengthen the primary care system:

Health Financing: A comprehensive, “disease-agnostic” primary care benefit package was introduced. This package was valued at ₱350 per capita and provided an annual spending allowance of up to ₱2,000 for each patient, which could be used for consultations, diagnostic tests, or prescribed medications for any condition.

Health Information System: An electronic health record (EHR) system was established to unify patient records, centralize medical information, and support key clinical and administrative functions, from triaging referrals to financial tracking and record management. The system also enabled task shifting between physicians and allied health personnel, which helped mitigate the impact of limited rural health physician availability.

Healthcare Worker Training: Health professionals and community health workers received technical training on common primary care conditions and were provided with a clinical decision support tool to enhance their capacity.

Community Engagement: Promotional materials and town hall meetings were used to inform patients about the importance of primary care, manage community expectations, and prevent misuse of benefits.

To address specific local barriers, additional tailored interventions were implemented in the rural and remote sites. These were necessary due to the limitations of public facilities and lack of physician staffing in these areas.

Figure 1: Context-Specific Interventions by Site

Context-Specific Interventions by Site

INTERVENTION	RURAL SITE	REMOTE SITE
Healthcare provider networks (partnerships with private labs and pharmacies)	✓	✓
Health human resources (hiring additional physicians)	✓	✓
Installation of telecommunication towers	✓	
Transportation subsidies		✓

The interventions produced different outcomes across the diverse settings, providing important lessons for national policy.

Divergent Impacts: Evidence from Urban, Rural, and Remote Settings

The impact of primary care investments is context-dependent. Evidence from the PPCS pilot sites demonstrated that identical core interventions produced different results, depending on the local environment. We present evidence on two key metrics: healthcare utilization and OOP expenses.

Healthcare Utilization

Remote Site: Experienced the most dramatic surge in monthly visits with a 401 percent increase from baseline at its peak, and a cumulative total of 10,727 consultations

Rural Site: Showed a 251 percent increase from baseline at its peak and recorded the highest cumulative consultations with 37,818

Urban Site: Demonstrated the most modest growth with a 62 percent increase from baseline at its peak and a cumulative total of 7,664 consultations

Out-of-Pocket Expenses

Rural Site: Achieved the largest and only statistically significant reduction in OOP expenses with a 50.3 percent decrease

Remote Site: Realized a 33.2 percent decrease in OOP expenses, though this change was not statistically significant

Urban Site: Had the smallest reduction at 16.0 percent, which was also not statistically significant

These divergent results raise an important question: Why did the same core interventions produced such different levels of success across the three sites?

Why Context Determines Success

It is important to understand the underlying reasons for these varied outcomes in order to design an effective national policy. The site-specific factors in each location either amplified or constrained the impact of the primary care interventions, offering crucial insights into the interplay between policy design and local factors.

The Urban Site

The minimal increase in utilization at the urban site was likely due to its open and pluralistic system. Patients in this setting already had access to numerous healthcare providers. The interventions were likely insufficient to significantly alter established healthcare-seeking behaviors in a market where baseline access was potentially high and multiple options existed. A relatively small subsidy has little power to shift behavior in such a context.

The Rural Site

The rural site demonstrated the most promising results because its context allowed interventions to successfully target important dimensions of access: availability, accommodation, and affordability. Importantly, good internet connectivity enabled the full optimization of the EHR system. This technological success was a force multiplier, activating community-based barangay health stations as primary care access points. By improving availability and

accommodation, the integrated system brought healthcare physically closer to the people, driving both high utilization and significant financial protection as evidenced by the largest reduction in OOP expenses.

The Remote Site

The remote site provides a critical lesson in how structural barriers can cap a program's potential. Poor internet connectivity crippled the EHR system, preventing its full optimization. This failure in availability and accommodation meant that, unlike in the rural site, community health stations could not be activated as primary care access points. The system was forced to rely on the less efficient intervention of transportation subsidies to bring patients to a central clinic. Although utilization increased, the inability to expand access points illustrated that without the right infrastructure, even well-funded programs cannot deliver their full value.

Policy Recommendations for Equitable Universal Health Coverage

The PPCS evidence makes it clear that a uniform rollout risks widening existing gaps in the most resource-constrained settings. A context-driven approach, tailored to local realities, offer a more equitable path forward. To achieve true and equitable UHC, the following strategic actions are imperative.

Mandate Context-Specific Implementation Models.

A one-size-fits-all approach to primary care is inefficient and will deepen existing inequities. The contrasting results of the urban, rural, and remote sites prove that strategies must be tailored to the local healthcare landscape. Implementation must be adaptive by design.

Execute Non-Negotiable Investments in Foundational Infrastructure.

Targeted investment in essential infrastructure, particularly internet connectivity, is vital for modern primary care in GIDAs. The remote site's experience is a warning that without reliable connectivity, digital health systems fail, access points cannot be expanded, and program potential is wasted. Infrastructure readiness cannot be an afterthought; it must be a core component of UHC implementation.

Institutionalize an Efficient and Acceptable Health Information System. A well-designed Health Information System, including an Electronic Health Record, is an important enabler of successful UHC implementation. Beyond data management, it integrates service delivery, financing, provider networking, and decision support, addressing many of the operational challenges observed in the pilot sites. To ensure acceptance and sustainability, system design must be co-developed with local users, ensuring usability, interoperability, and trust.

Implement Targeted Funding to Overcome Structural Inequities. Achieving equity requires an equitable, not equal, allocation of resources.

References

Panganiban, Janelle Micaella S., Romelei Camiling-Alfonso, Josephine T. Sanchez, et al. 2025. “Impact of Primary Care Benefits on Healthcare Utilisation and Estimated Out-of-Pocket Expenses in Urban, Rural and Remote Settings in the Philippines.” *BMJ Open Quality* 14 (e002676). <https://doi.org/10.1136/bmjog-2023-002676>.

Disadvantaged areas with deep-seated structural barriers require greater investment to achieve a baseline level of health system readiness. Providing the same level of funding to all sites risks aggravating health inequities.

The Path Forward

The PPCS offer a clear and compelling message: context is key. The ultimate success of the UHC Law will be measured not by the uniformity of its design, but by its willingness to invest strategically, adapt intelligently, and deliver on its promise to the last mile.

THE UP CIDS POLICY BRIEF SERIES

The UP CIDS Policy Brief Series features short reports, analyses, and commentaries on issues of national significance and aims to provide research-based inputs for public policy.

Policy briefs contain findings on issues that are aligned with the core agenda of the research programs under the University of the Philippines Center for Integrative and Development Studies (UP CIDS).

The views and opinions expressed in this policy brief are those of the author/s and neither reflect nor represent those of the University of the Philippines or the UP Center for Integrative and Development Studies. UP CIDS policy briefs cannot be reprinted without permission from the author/s and the Center.

Center For Integrative And Development Studies

Established in 1985 by University of the Philippines (UP) President Edgardo J. Angara, the UP Center for Integrative and Development Studies (UP CIDS) is the policy research unit of the University that connects disciplines and scholars across the several units of the UP System. It is mandated to encourage collaborative and rigorous research addressing issues of national significance by supporting scholars and securing funding, enabling them to produce outputs and recommendations for public policy.

The UP CIDS currently has twelve research programs that are clustered under the areas of education and capacity building, development, and social, political, and cultural studies. It publishes policy briefs, monographs, webinar/conference/forum proceedings, and the Philippine Journal for Public Policy, all of which can be downloaded free from the UP CIDS website.

PHSD Team Members

Dr. Iris Thiele Isip-Tan, MSc
Convenor

Dr. Leonila F. Dans, MSc
Co-convenor

Dr. John Jefferson V. Besa
Noleen Fabian

Dr. John Robert Medina
Dr. Carol Stephanie Tan-Lim
Dr. Mia P. Rey
Project Leaders

Dr. Antonio L. Dans, MSc
Senior Research Analyst
Dr. Michael B. Fong
Junior Research Associate

Robbi Miguel Falcon
Jeremiah Feliciano
Dr. Evelyn Salido
Dr. Angeline-Therese
Santiago
Scientific Paper Writers

Dr. Lisa Trabaco
Discussion Paper Writer

Dr. Carla Marie L. Asis,
FPPS, FPRA
Policy Brief Writer

Christine Benosa
Proceedings Writer

Queen Zabala
Field Coordinator (Samal)

Anita Nayat
Field Coordinator (Bulusan)

Angeline Viel Castillo
Senior Office Aide

Josephine T. Sanchez
Research Data Consultant

Dr. Ray U. Casile
*EHR Coordination and
Consultant*

Mark Javelosa
Statistician

Editorial Board

Rosalie Arcala Hall
Editor-in-Chief

Honeylet L. Alerta
Deputy Editor-in-Chief

Program Editors

Education and Capacity Building Cluster

Dina S. Ocampo
Lorina Y. Calingasan
Education Research Program

Rosalie Arcala Hall
Program on Higher Education Research and Policy Reform

Romylyn Metila
Marlene Ferido
Assessment, Curriculum, and Technology Research Program

Ebinezer R. Florano
Program on Data Science for Public Policy

Social, Political, and Cultural Studies Cluster

Rogelio Alicor L. Pano
Program on Social and Political Change

Darwin J. Absari
Islamic Studies Program

Rosalie Arcala Hall
Strategic Studies Program

Editorial Staff

Jheimeel P. Valencia
Bryan Patrick Garcia
Copyeditor

Development Cluster

Annette O. Balaoing-Pelkmans
Program on Escaping the Middle-Income Trap: Chains for Change

Antoinette R. Raquiza
Julius Lustro
Political Economy Program

Eduardo C. Tadem
Maria Dulce Natividad
Program on Alternative Development

Iris Thiele Isip-Tan
Program on Health Systems Development

New Programs

Maria Angeles O. Catelo
Food Security Program

Weena S. Gera
Urban Studies Program

Benjamin M. Vallejo, Jr.
Conservation and Biodiversity

Rosalie Arcala Hall
Local and Regional Studies Network

Alexa Samantha R. Hernandez
Editorial Assistant

Mikaela Anna Cheska D. Orlino
Layout Artist

Get your policy papers published. Download open-access articles.

The Philippine Journal of Public Policy: Interdisciplinary Development Perspectives (PJPP), the annual peer-reviewed journal of the UP Center for Integrative and Development Studies (UP CIDS), welcomes submissions in the form of full-length policy-oriented manuscripts, book reviews, essays, and commentaries. The PJPP provides a multidisciplinary forum for examining contemporary social, cultural, economic, and political issues in the Philippines and elsewhere. Submissions are welcome year-round.

For more information, visit cids.up.edu.ph. All issues/articles of the PJPP can be downloaded for free.

Get news and the latest publications.

Join our mailing list to get our publications delivered straight to your inbox! Also, you'll receive news of upcoming webinars and other updates.

bit.ly/signup_cids

We need your feedback.

Have our publications been useful? Tell us what you think.

bit.ly/dearcids



UNIVERSITY OF THE PHILIPPINES
CENTER FOR INTEGRATIVE AND DEVELOPMENT STUDIES

Lower Ground Floor, Ang Bahay ng Alumni, Magsaysay Avenue
University of the Philippines Diliman, Quezon City 1101



cids.up.edu.ph

Telephone (02) 8981-8500 loc. 4266 to 4268
(02) 8426-0955

Email cids@up.edu.ph
cidspublications@up.edu.ph

Website cids.up.edu.ph