

Applying Lessons from the COVID-19 Pandemic to Universal Health Care

The Universal Health Care (UHC) Act of the Philippines, signed into law in 2019, aims to provide a full range of health services to all Filipinos.¹ However, its planned implementation was derailed with the COVID-19 pandemic. We observed a large variation in the pandemic response across regions and countries, highlighting the complex interplay of political, structural, economic, and cultural factors on health.² The Philippine national government implemented varying levels of community quarantine, risk communication, travel restrictions, testing and monitoring of at-risk individuals, and vaccination policies to control the pandemic, while the local government units (LGUs) were tasked to adopt and coordinate these policies in their communities.³

The COVID-19 pandemic accentuated the existing weaknesses of our health system, of which inequity is a central problem. Uneven distribution of healthcare personnel, limited resources for testing, and limited access to medicines and supplies were important challenges faced particularly in geographically isolated and disadvantaged areas in the Philippines. LGUs implemented granular policies and context-specific interventions to respond to the varying conditions of communities in terms of local COVID-19 transmission, health system preparedness, health resources, and community responsiveness.³ Examples of innovative approaches in the LGUs include reorganization of Barangay Health Emergency Response Teams, Zumba sessions of health workers, and backyard gardening of COVID-19 patients.⁴ The COVID-19 pandemic highlighted the importance for health systems interventions to take into consideration the preparedness, availability of resources, and vulnerabilities of communities in the Philippines.

As we enter the post-pandemic era, we have the opportunity to refine the implementation of the UHC law based on the lessons we learned from the pandemic. For our goal of providing quality health care to all Filipinos to come into fruition, we need to strive for health equity. Health equity refers to having the personal agency and fair access to resources needed to achieve the best possible standard of health for all people.^{5,6} Given the socio-economic disparities, cultural diversity, and varied structural barriers present in the Philippines, context-sensitive interventions are important to ensure an inclusive healthcare system where no one gets left behind.⁷ Moreover, acceptability and feasibility of the health system interventions should be taken into consideration during the planning, preparation, and implementation stages of UHC implementation.

In the advent of evidence-based health care, the priority health research agenda globally and in the Philippines now includes health equity research. Research to identify and measure the magnitude of health inequity, and research that evaluate interventions to reduce health inequity are vital as we strive to improve our health care systems.⁸ Although health equity cannot be measured directly, it is recommended to conduct research in the following areas: a.) difference in health in association with social position; b.) assessment of social and structural determinants of health; and c.) health equity indicators, including healthcare access, healthcare quality, financial protection, and health outcomes.^{5,9} These research would be essential to create policies and programs to promote health equity.

We recognized the importance of strong and resilient health care systems during the COVID-19 pandemic. While important advancements have already been made in the Philippine health care, there is still much room for improvement. As we move forward with UHC in the Philippines, we can incorporate our experience with the COVID-19 pandemic to promote the provision of the best possible health care services for all.

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