

Philippines



Health systems

Economic classification: **Lower Middle Income**

Health systems summary

A universal health care act was signed in the Philippines in early 2019, legislating a commitment to the provision of universal health coverage. One of the reforms that is billed to advance UHC is the automatic enrolment of all Filipinos to PhilHealth. PhilHealth is a social health insurance programme that was first introduced in 1995, with coverage of the population under it increasing significantly over the past 5 years. PhilHealth reimburses both government and private health facilities but has provided individuals limited financial protection to date. As a result, out of pocket payments remain high at over 50% of the total health expenditure (most of which is spent on pharmaceuticals). Like many other countries, the Filipino private health sector has expanded in recent years, partly because of the lack of regulation of for-profit providers.

The Filipino health system remains challenged by preventable infectious diseases such as HIV, TB and measles. At the same time, the Philippines is seeing persistently high smoking rates and rising levels of overweight and obesity.

Indicators

Where is the country's government in the journey towards defining 'Obesity as a disease'?	Some progress
Where is the country's healthcare provider in the journey towards defining 'Obesity as a disease'?	Some progress
Is there specialist training available dedicated to the training of health professionals to prevent, diagnose, treat and manage obesity?	Some progress
Have any taxes or subsidies been put in place to protect/assist/inform the population around obesity?	Yes
Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas?	Some progress
Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas?	No
Are there any obesity-specific recommendations or guidelines published for adults?	Yes
Are there any obesity-specific recommendations or guidelines published for children?	Not known
In practice, how is obesity treatment largely funded?	Out of pocket

Perceived barriers to treatment

Poor health literacy and behaviour	Food cost and availability	High cost of out-of-pocket payments	Lack of political will, interest and action
Influence of food industry	Social determinants of health	Lack of opportunity for physical activity	Obesogenic environment
Lack of support			

Summary of stakeholder feedback

There is recognition in the Philippines that obesity is a significant issue, but it is still not yet a priority, It is considered more of a risk factor than a disease. Recent reforms and initiatives include the introduction of a tax on sweetened beverages and an obesity programme called “belly gud for health”. Stakeholders praised the extent of cross-sectoral collaboration to address obesity, with actors including the Department of Health, Department of Social Welfare and Development, NGOs and the private sector. Still, stakeholders felt that obesity could be better prevented in Philippines by improved health education and more facilities for physical activity.

There are a range of treatment options for obesity available in the Philippines, but stakeholders reported that only lifestyle and behavioural treatment was covered by social insurance. Despite this, they noted that lifestyle and behavioural treatment was sometimes paid for out of pocket in practice, while pharmacological and surgical treatment is always paid for out of pocket. People living with obesity only appear to enter the health system when they have comorbidities.

The Philippines has a non-communicable disease strategy with an accompanying implementation guide. There are recommendations for healthy and safe weight management by the obesity society, the Philippines Association for the study of Overweight and Obesity.

Based on interviews/survey returns from 4 stakeholders

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