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PHP6.60 EVERYDAY FAMILY HEALTH PLAN

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PHP6.60 EVERYDAY FAMILY HEALTH PLAN, PHILIPPINES

A savings mobilization scheme initiated by the Local Health Insurance Office in Puerto Princesa City, Palawan to expand coverage of households whose heads are employed in the informal working sector.

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This case study forms part of the Social Innovation in Health Initiative Case Collection.

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This case study was prepared by the Social Innovation in Health Initiative Philippines at the Department of Clinical Epidemiology, University of the Philippines Manila. Research was conducted in 2017. This account reflects the stage of social innovation at that time.

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For more information on SIHI and to read other cases in the SIHI Case Collection, visit www.socialinnovationinhealth.org or email info@socialinnovationinhealth.org.

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ABBREVIATIONS

IEC	Information, education, communication
CDB	Cooperative Development Bank
GDP	Gross domestic product
IPP	Individually Paying Program
LGU	Local government unit
LHIO	Local Health Insurance Office
LMIC	Low- and middle-income countries
NHIP	National Health Insurance Program
OOP	Out-of-pocket
PHIC	PhilHealth / Philippine Health Insurance Corporation
PHP	Philippine peso
PSA	Philippine Statistics Authority
SDG	Sustainable Development Goals
TODA	Tricycle operators and drivers' association
UHC	Universal health care
USD	US dollar
WHO	World Health Organization



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CASE INTRODUCTION

Out-of-pocket (OOP) payments remain a major source of financing health care in the Philippines. In 2016, 54.2% of total health payments came from Filipinos' own pocket, equating to approximately USD 127.00 (PHP 6,345.00) expenditure per capita per year (PSA, 2017). Increasing financial risk protection, especially for vulnerable populations gaining income by working in the informal sector, entails providing them with access and coverage to quality health services without financial hardships. PHP 6.60 Everyday Family Health Plan is a savings mobilisation scheme initiated by the Philippine Health Insurance Corporation (PhilHealth) Local Health Insurance Office in Puerto Princesa City, Palawan. The strategy serves to provide health insurance coverage for households whose heads are employed in the informal sector. This sector encompasses jobs which are not recognized as normal income sources, and which are not typically taxed or regulated by the state. Members of the informal sector include market vendors, small construction workers, home-based services and tricycle drivers. The project was piloted with tricycle drivers who are members of the Airport Tricycle Operators and Drivers Association (AirTODA) Transport Service Cooperative, including their dependents, securing them under a safety net from catastrophic health spending. The project builds the transport organisations' internal capacity to manage its own program through increased health awareness, financial literacy and savings mobilisation, through targeted educational activities, mentorship, and trainings. Through the Local Health Insurance Office, government agencies, the local government unit (LGU) and

private organisations collaborate to support a conducive environment to fill the gap in PhilHealth coverage. Through a combination of contextualised social marketing strategy and easing up on premium payment and collection, PHP 6.60 builds self-reliance in saving for one's own health.

The PHP 6.60 case study shows how capacity building in savings mobilisation among transport organisations is integral to attaining universal health coverage (UHC). Beyond financial risk protection through the expansion in enrolment and benefit delivery of PhilHealth, increased awareness can promote health-seeking behaviours to access and utilise health care services and facilities, and ultimately achieve better health outcomes. It also stresses multi-sectorial and strategic partnerships and collaboration to ensure sustainability and longevity.



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1. INNOVATION PROFILE AT A GLANCE

Organisation Details

Organisation name	Palawan Local Health Insurance Office (LHIO)
Founding year	2015
Founder's name	Wilfred Hernandez
Current head of organization	Wilfred Hernandez
Organisational structure	Government corporation project
Size	3 transport cooperatives 165 (58 + 107) individual members covered plus qualified family dependents ¹

Innovation Value

Value proposition	A project of Palawan Local Health Insurance Office (LHIO) to increase financial risk protection for members of local transport organisations and their families, thus ensuring coverage by the national health insurance program and increased access to health services.
Beneficiaries	Transport drivers and operators and their qualified family dependents
Key components	<ol style="list-style-type: none"> 1. Education of members of the informal sector (i.e., drivers and operators) about health insurance and its benefits 2. Self-mobilised collection of small daily amounts for payment of insurance premium 3. Capacity building of informal groups for self-organisation
Main income streams	Government budget (i.e., PhilHealth, LGU, City Health Office), and in-kind support (i.e., use of facilities and human resources for conducting trainings and PHP 6.60 payment collection and management)

Operational Details

Main income streams	National and local government fund allotment or subsidies.
Annual expenditure	Approx. USD 10,000 (Php 500,0000)
Cost per person served	USD 48.00 (PHP 2,400.00)

Scale and Transferability

Scope of operations	Launched with AirTODA (airport transport cooperative) as pilot partner; two additional transport organisations are already rolling out the project. City Council Ordinance No. 762 (passed in 2016) will also require PhilHealth coverage to all tricycle / multi-cab drivers in Puerto Princesa City prior to securing their annual franchise / business permits in 2018.
Local engagement	Memoranda of Understanding and Agreement with the City of Palawan Health Office and the City Government of Palawan respectively.
Scalability	To scale, the following criteria may be applied: <ol style="list-style-type: none"> 1. Presence of a national health insurance scheme 2. Low health insurance coverage / enrolment among the target group / sector selected to participate 3. Community actors and stakeholders who are willing to coordinate and participate (i.e., capacity building, collection infrastructure, etc.)
Sustainability	Enhancing capacity of the target sector (i.e., transport organisations) to mobilise savings and harnessing support of stakeholders (i.e., policy development and service provision) are key components. A manual of operations (standard operating procedure) has also been developed as a guide to help carry out processes in the implementation of PHP 6.60.

¹ The following can enjoy PhilHealth coverage without additional premiums as dependents: Legitimate spouse who is not a member; children below 21 years of age who are unmarried or unemployed; children who are 21 years or above but suffering from any disability; parents who are 60 years old or above and not enrolled to PhilHealth; and parents with permanent disability regardless of age.

1. CHALLENGES

The Philippines is a lower middle-income country (LMIC) in Southeast Asia with a population nearing 101 million. Gross domestic product (GDP) posted a 6.6 growth in the last quarter of 2017, driving the economy to grow by 6.7% in total. This indicates a positive forecast for the economy amid challenges brought by a series of natural calamities and the impact of the global fiscal space. Despite this positive outlook, income and social disparities persist. The Gini coefficient which is a measure of income inequality was 0.4439 in 2015. That year, the average family income was estimated at USD 445.00 (PHP 22,250.00)² monthly, but it could be as low as USD 142.00 (PHP 7,100.00) monthly for those in the first income decile (PSA, 2016). In addition, basic social provisions such as quality health care remain generally inaccessible to vulnerable population groups, including those working in the informal sector (Ulep, 2013). Health systems in many LMICs are funded primarily through out-of-pocket (OOP) payments; and in the Philippines, it remains a major source of financing health care. In 2016, 54.2% of the total health expenditure valued at USD 13 billion (PHP 655 billion) came from people's own pocket, which means that every Filipino spent USD 127.00 (PHP 6,345.00) for health care that year (PSA, 2017).

Achieving universal health coverage (UHC), including financial risk protection and access to quality health care without incurring financial hardships, is enshrined in the health-related targets of the Sustainable Development Goals (SDG Goal #3). Out-of-pocket (OOP) expenditure, a key UHC indicator under the overall SDG monitoring framework, is negatively associated with catastrophic financial effects³ on people. High OOP expenditures are one of the most inequitable forms of health financing, resulting to financial hardships

and causing millions to forego needed health care services. (WHO, 2017).

The National Health Insurance Act of 1995 (or Republic Act No. 7875) created the Philippine Health Insurance Corporation (PhilHealth), which is tasked to administer the National Health Insurance Program (NHIP) as an alternative to OOP spending in financing health care. PhilHealth is mandated to provide health insurance coverage for all, as a mechanism that will allow all Filipinos to gain financial access to health services.

The transition to UHC, particularly the coverage of people working in the informal sector and other vulnerable population groups – those with no income, very low income or very unsteady income – remains challenging (Vilcu, 2016). PhilHealth accounts for only 2,177,414 individual members,⁴ or 21% of the estimated 10.5 million informal sector workers (PHIC, 2018).⁵

“In order to achieve universal health coverage, we need to reach out to the informal sector because they are disadvantaged – they are neither subsidised by the government nor has compulsory membership compared to those who are formally employed.” (Mr. Wilfred Hernandez, Chief Social Insurance Office, Innovator)

According to LHIO, the following are major challenges to increasing PhilHealth coverage:

1. Lack of awareness about PhilHealth's program and benefits, as many people lack access to information and do not have a basic understanding of how health insurance works, or what PhilHealth is.
2. Lack of willingness to enrol in the program, as many perceive PhilHealth as an unnecessary

² USD 1 = PHP 50

³ Health spending that drives households to reduce their basic consumption of other goods so as to pay for health care instead.

⁴ As of December 31, 2016

⁵ 2008 Informal Sector Survey (2008 ISS) in the Philippines

burden, and that anticipating poor health will result in sickness.

3. Lack of capacity to regularly pay the premium due to the nature of their work, which provides an uncertain and variable income throughout a given period.
4. The accessibility to a collection facility for subscriptions, as most people do not own a

bank account and are intimidated by making transactions in a financial institution.

The local government's thrust has largely been to intensify coverage under PhilHealth's sponsored program covering the poor or indigents.

2. INNOVATION IN INTERVENTION

PHP 6.60 Everyday Family Health Plan is a savings mobilisation scheme initiated by the Local Health Insurance Office (LHIO) in Puerto Princesa City, Palawan to expand the coverage of non-poor households⁶ whose heads are employed in the informal sector under PhilHealth's Individually Paying Program (IPP).⁷ The project makes use of PhilHealth's annual premium breakdown of paying PHP 6.60 daily (USD 0.13)⁸ as a marketing and educational strategy to ease the mode of payment by collecting the premium's daily investment equivalent to avail of health insurance coverage. It was piloted with members of the Airport Tricycle Operators and Drivers Association (AirTODA) Transport Service Cooperative in 2015, which was composed of 58 tricycle drivers and operators. Two other transport associations have now joined the program, covering an additional 107 members and their qualified family dependents⁹.

2.1 EDUCATING MEMBERS OF TRANSPORT ORGANISATION ABOUT HEALTH INSURANCE COVERAGE AND BENEFITS

Broadening financial risk protection for workers in the informal sector is one of the key

mandates of PhilHealth in order to achieve universal health coverage. However, take-up of PhilHealth is very low among daily wage earners, including members of transport organisations such as drivers and operators, reflecting the sector's unique challenges in enrolling and paying the premium on a regular basis. PHP 6.60 Everyday Family Health Plan provides health insurance coverage, which in turn enables people to access health services and benefits, and thus, to avoid incurring financial expenditure due to health costs. As a starting point, the project, spearheaded by the LHIO, provides a series of educational activities and seminars to increase insurance literacy and health awareness among transport drivers and operators. Understanding what PhilHealth is and correcting commonly held misconceptions about how it works (i.e., enrolment, benefit packages) are important steps for buy-in by target groups and full participation of its members. With PhilHealth coverage, the members and their qualified family dependents are entitled to avail of a wide range of health care packages and benefits. These provide access to priority health services and reduce the burden of out-of-pocket (OOP) payments during health episodes, which can be catastrophic for daily wage earners. Educational activities on the importance of investing on one's health through promotive

⁶ Households with per capita income above the national poverty threshold are considered non-poor

⁷ Under PhilHealth's strategic approach in expanding population coverage described as "squeezing the middle"

⁸ Based on PHP 2, 400.00 annual premium

⁹ Data on the total number of qualified dependents per member is unavailable.

and preventive health care are also integrated and emphasised to increase overall health awareness and encourage better health behaviours among members of transport organisations.

2.2. SELF-MOBILISED PAYMENT COLLECTION SCHEME OF SMALL DAILY AMOUNTS (PHP 6.60)

The LHIO aggregates marketing, enrolment, and collection services to serve members of the transport organisations and to facilitate their bulk or group membership and premium payment collection. To highlight that payment of PhilHealth premium can be easy and affordable, the LHIO introduced and marketed PHP 6.60 as the daily retail equivalent of paying the annual PhilHealth premium in full. For minimum daily wage earners like tricycle and multi-cab drivers, bulk payment (whether annually, quarterly or monthly basis) for a health insurance can be challenging, competing with other equally important household expenditures and necessities (e.g., food, house rent, utilities, education of children, etc.). By setting aside the minimum daily payment of PHP 6.60 -- less than a quarter of a dollar (USD 0.13) and about the price of a single cigarette, members of transport organisations and other informal groups can afford to invest in PhilHealth coverage.

“Setting aside PHP 6.60 every day is not at all hard. If one can buy and consume a pack of cigarettes on a daily basis that costs more, why not save for health insurance instead.” (AirTODA member, beneficiary)

By capitalising on the affordability of the PhilHealth premium through PHP 6.60, as an inexpensive daily investment for health, and emphasising flexibility in timing the premium collection and payment, the project helps to change the attitudes of members of transport organisations to voluntarily implement their own savings mobilisation scheme.

2.3. CAPACITY BUILDING OF INFORMAL GROUPS FOR SELF-ORGANISATION

The LHIO and other partners (i.e., Cooperative Development Bank) provide trainings and mentorship so that transport organisations can effectively administer marketing activities, collection, and remittance of their members' premium payments. Resources on basic financial management including record keeping, accounting and reporting are also provided to designated collectors and other officers to ensure transparency and accountability within the organisation, and to ensure that premium payments are collected, recorded, and remitted on time for members to enjoy continuous eligibility to avail their PhilHealth benefits.

“I feel pride when I collect the payment because I know the members trust me with their money. The LHIO taught me how to fill the forms and record the transactions.” (AirTODA treasurer / collector)

Regular briefing and announcements are included during TODA meetings to keep the members informed of their PhilHealth status and payment collection schedule. A dedicated team from the LHIO spearheads and assists during these activities on a regular basis, and upon the TODA members' request to take on a specific topic (i.e., conducting formal meetings, team building, etc.).

Succeeding capacity building sessions are multi-faceted as these also touch on building the transport organisations' capacity on leadership and management skills, conflict resolution, and team building. Developing these group dynamics is essential for members to build their trust, confidence and self-reliance to mobilise resources for their PhilHealth premiums, and ultimately, their own health.

“When you are tasked to manage a business and you don't have any business background, of course, there is a sense of shock. So we need to build the capacity of the people who will be part of this program from bottom up.” (Mr. Wilfred Hernandez, Innovator)

3. IMPLEMENTATION

3.1. INNOVATION IN IMPLEMENTATION

Situational analysis, social preparation and engagement

The PHP 6.60 project acts as a catalyst to increase the informal sectors' membership to PhilHealth and to increase the collection efficiency of the LHIO in Palawan. To do so, the LHIO needed to analyse the specific context and challenges within which the informal sectors operate. The initial phase of the project required a step-wise approach to understand these challenges and identify opportunities and stakeholders to mitigate these, calibrate strategies, and find solutions.

The LHIO conducted an initial assessment and gathered baseline information on the target group (i.e., TODAs) to gauge the existing gaps (i.e., low PhilHealth enrolment and membership, collection) and set out to develop data-driven strategies (i.e., education and marketing strategies) to achieve the target outcomes.

"We needed to evaluate why there is low enrolment among the TODAs, if it is just the lack of marketing or IEC that gets to them or the problem is something else. We found out that a lot of them really needed a one-on-one or group session to fully understand how PhilHealth works." (LHIO staff, implementer)

The main actors (i.e., TODA members and officers) and other community stakeholders (i.e., LGU, NGOs, etc.) were identified, so that they could be fully engaged and involved not only in implementation but also decision-making. The LHIO conducted meetings and consultations with stakeholders to gather their inputs in order to customise and refine aspects of the project, determining the strengths, weaknesses, opportunities and threats (SWOT) of each main actor. By ascertaining these factors, the LHIO is able to match the needs of

the specific target group, identify capacity and resource gaps, and find champions who can fully commit to the project.

By proactively engaging partners, the LHIO as proponent is able to plan ahead to address anticipated challenges and mitigate potential risks with implementing PHP 6.60. The importance of social preparation and engagement in every step of the project is critical to gain the partners' full support, establish ownership, and sustain working relationships throughout the project's lifecycle.

Together with the City Government of Puerto Princesa, Civil Aviation Authority of the Philippines, and Puerto Princesa AirTODA Transport Service Cooperative, the project was officially launched in August 14, 2015.

Multi-sectorial and institutional partnership to achieve UHC

Aside from the LHIO, the project harnesses the collaborative efforts and support of various government agencies and private organisations to sustain a conducive environment to fully implement PHP 6.60:

1. The City Government designated the head of its Transport Sector Committee to represent the LGU in the program and to facilitate selection of the transport group where the program was first rolled out.
2. The Cooperative Development Bank (CDB) of Palawan where TODA members remit their PhilHealth premium payments also extends financial management trainings to complement capacity building activities for members in implementing the scheme. Access with CDB as an intermediary bank, where the premium collection is pooled, was arranged to ensure the timely remittance of premiums and prevent delinquencies that would void the

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members' eligibility to avail of their PhilHealth benefits. Active members can also extend their benefits to their qualified family dependents, which can be readily utilised when confined in an accredited health facility.

3. The City Health Office provides regular on-site medical missions, health counseling, and educational campaigns as part of the project's holistic approach to wellness and preventive health care.

4. The Civil Aviation Authority of the Philippines, which manages the operation of the Puerto Princesa Airport, gives permission for the use of airport premises where medical missions and some educational activities for AirTODA members are conducted.

3.2. ORGANISATION AND PEOPLE

The Local Health Insurance Office in Puerto Princesa City is a local chapter of PhilHealth and is a government-run organisation. PHP 6.60 is synchronised with the LHIO's activities and budget, and it takes significant leadership, dedication, and effectiveness from the implementing team to carry this out, as the project activities are implemented over and beyond the regular job descriptions and working hours of the team that manages it.

Mr. Wilfred Hernandez, who is also the Chief Insurance Officer of the LHIO, leads the project team with the support of four core staff. He has participated in numerous leadership and management programs, which he attributed for his constant emphasis on excellence in rendering public service. The idea of extending PhilHealth's services to marginalised members of society, which PhilHealth has not fully

penetrated, is not novel, since this is embedded in the goal of universal health care (UHC). He believes that the inclusiveness of PhilHealth services motivates him to find solutions and he is grateful to find like-minded individuals among his staff. He plans to replicate PHP 6.60 to include other groups of informal workers (e.g., fisher folks, market and street vendors, construction workers, etc.).

"I don't feel that implementing the project is extra work, even if we have to work overtime and on weekends to meet with the TODAs, it's OK. This is actually part of the job, to reach out to those whom we have not yet reached." (LHIO staff, implementer)

3.3. COST CONSIDERATIONS

As mentioned, PHP 6.60 is synchronised with the LHIO's activities and budget and does not entail additional budget allocation from PhilHealth to implement. Two LHIO staff act as focal points to liaise directly and disseminate information to the transport organisations' members. They also monitor the collection and remittance of payment either with the local depository bank (CDB) or directly to PhilHealth.

Other partners also provide project counterparts, but these are in-kind support such as use of facilities for capacity building activities (held at Cooperative Development Bank's office) and staff who provide trainings (e.g. on remittance / deposit transactions, record-keeping, and basic accounting).

4. OUTPUTS AND OUTCOMES

4.1. IMPACT ON HEALTH CARE DELIVERY

Financial risk protection for TODA members

Prior to the project, only 59% of AirTODA members (or 34 individual drivers) had health insurance coverage, either paying individually or as a member of a sponsored scheme of PhilHealth. The LHIO set out to enrol 100% of all the eligible members under PhilHealth's Individually Paying Program (IPP) and provide access to health insurance coverage.

"In November (2017), my child needed to be hospitalised. I did not hesitate to bring him to a private hospital, one of the best here in Puerto Princesa and accredited by PhilHealth, because I know I can avail of my PhilHealth benefits there. I did not have to get a loan to pay the hospital cost." (AirTODA member, beneficiary)

One beneficiary / AirTODA driver whose child was admitted in a private hospital was able to bring down the total hospitalisation costs from PHP 21,000 (USD 420) to PHP 17,000 (USD 340) or a 20% reduction due to his PhilHealth membership and benefit entitlements. The health insurance provided by PhilHealth through the PHP 6.60 project is significant in reducing OOP payments for hospitalisation and other costs for families whose household incomes can be easily disrupted by potential health episodes. To date, about 1,300 members and their dependents from the three transport organisations and their dependents have utilised different benefit packages under PhilHealth.

Ultimately, the project reaches out to a particular segment of the population that PhilHealth has not fully penetrated. By consolidating members from the transport organisations to encourage bulk or group membership, PhilHealth is able to operationalise inclusiveness in achieving universal health coverage.

Increased self-reliance for savings mobilisation and health awareness

A major objective of the PHP 6.60 project has been to increase the overall health awareness among transport organisations to encourage them to invest in their own health. This transformation is most evident among the transport drivers and operators who have shown resourcefulness in saving up for their premiums and now have a more positive outlook for their wellness. For the drivers and operators who are basically daily wage earners and family breadwinners, the realization that their health is equally important as other basic necessities creates the impetus to set aside PHP 6.60 per day or any available amount in a month as an investment for health.

However, no actual data is available to measure the overall increase in health awareness and its correlation, if any, with actual health care utilisation among those who are covered in the project.

4.2. ORGANISATIONAL MILESTONES

The PHP 6.60 has earned recognition from both the LHIO and Mr. Hernandez from various socio-civic bodies, including PhilHealth's national office, for its inclusive and innovative approach to achieve universal health coverage.

One of the most important milestones of the project is the acknowledgement from the Puerto Princesa City Council to pass an ordinance that requires mandatory PhilHealth enrolment among public utility drivers and operators in their yearly application of renewal for business permits. With the successful implementation of this initiative, all members of TODAs and other transport organisations in Puerto Princesa City will be fully covered by PhilHealth by 2018.

5.3. COMMUNITY PERCEPTIONS

Beneficiary testimonial

Another key outcome, and one that is not difficult to gauge, is the integrity of the beneficiaries' testimonials attesting to their gratitude and appreciation of the project.

"I think the project should continue because it really helps us a lot especially in times of need, and it makes the payment easy. There is reassurance that when I or anyone in my family get sick, we can get help from PhilHealth." (AirTODA president, beneficiary)

The personal relationship that connects the LHIO staff with members of the TODAs is another testament to this.

"When they see us, in the streets, in church, or the mall, they would talk to us directly. They think of us as walking PhilHealth. They are no longer shy or afraid to ask questions." (LHIO staff, implementer)

6. SUSTAINABILITY AND SCALABILITY

The marketability of a savings mobilization scheme is particularly challenging among daily wage earners whose basic necessities compete for every centavo earned by the family. The conduct of intensive information and educational activities and seminars to increase insurance literacy and health awareness has proven effective not only to get buy-in from the transport organisations to enrol in PhilHealth and to ensure the timely collection of premium payments, but to also improve their access to health care services. The project focal points in the LHIO provide regular IEC to remind members of upcoming due dates and ensure eligibility to benefits availment. A manual of operations (standard operating procedure) has also been developed as a guide to help carry out processes in the implementation of PHP 6.60.

"The most essential component is to closely monitor the organisations, to constantly communicate with them and see how the project is running so we can identify any potential problems." (LHIO staff, implementer)

With the support of the LGU, the City Council has passed an ordinance that will ensure

sustainability and scalability of the project by requiring PhilHealth coverage for all public utility drivers and operators. An enabling factor of this institutional partnership was building the right network of stakeholders and engaging them from inception, implementation, and monitoring and evaluating the project. Identifying a potential champion or gatekeeper with the ear and interest of policy / decision-makers has also helped facilitate the LGU's support.

"The LGU provide its support maybe because it makes all the difference to closely collaborate with them from the beginning and they share the same vision." (Mr. Wilfred Hernandez, Innovator)

The LHIO acts as a consolidator of workers in the informal sector who wish to enrol under the Individually Paying Program, using PHP6.60 as a social marketing concept. In this regard, the LHIO can further expand the scope of the project by rolling this out among other organized groups and/or workers from the informal sector. There are initial plans to scale to tourist operators, and eventually market vendors and fisher folk, but no definite plans have yet transpired.

Consideration for scaling include:

1. An active health insurance scheme to provide health care coverage and benefits
2. A depository bank or financial institution where insurance premiums will be collected and pooled
3. A government office to coordinate
4. A willing organized or informal group with low access / membership to a health insurance

7. KEY LESSONS

A key component of PHP 6.60's success is the dedication of the LHIO staff that are committed to see the project through. Rather than treating the project as additional work, the focal points / implementers see it as a means to an end in fulfilling PhilHealth's mandates. The transformational leadership and management style of the LHIO is reflected by staff motivation and their passion in rendering their services to their clients and the community in general.

"We're used to helping people that the thought of transferring jobs hasn't crossed our minds. Sometimes we compare our jobs to other government agencies like those in the provincial capitol who strictly work from 8am-5pm, and we wonder whether who is luckier between them and us." (LHIO staff, implementer)

Another key factor for the project's success lies in the time invested in social preparation to understand the unique challenges and situational context of the informal sector (in this case, the transport organisations), to identify the right stakeholders and nodes of influence in the community, and to engage these stakeholders both as actors and decision-

makers from inception through implementation. A project like PHP 6.60 thrives when stakeholders are active partners to harness opportunities, build capacity, and cultivate trust.

"The strong involvement of the LGU is important because without them, it would be really hard to deliver the services." (Mr. Wilfred Hernandez, Innovator)

Expanding universal health coverage will not be possible if the availability and service coverage of accredited providers (health facilities and health care workers) and services are not increased to meet the increasing demands of PhilHealth membership. There is still a need to upgrade the facilities of more public hospitals, rural health units and barangay health stations so that these may be accredited and utilised under the program. Furthermore, services covered by PhilHealth are heavily skewed in favour of in-patient services (Manasan, 2011). Outpatient consultations and routine diagnostics are not included as benefits under the Individually Paying Program, where workers from the informal sector are bracketed.

8. CASE INSIGHTS

1. Members of the informal sector have less access to basic infrastructure and social services but can be empowered by developing their capacity and potential to self-mobilise resources for health savings and so avoid dependency on political / government handouts.
2. Intensive communication and social marketing strategies need to be in place to increase insurance literacy among different segments of society. Alongside this, the availability and service coverage of health insurance schemes need to be expanded to maximise utilisation of benefits and increase availment rates, thereby minimising out-of-pocket spending during health episodes and lessening financial burden shouldered by the people.



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