Faces of Inequality in Asia
2023

Global Call to Action Against Poverty
People Rising to End Inequalities

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Message from the Asia Coordinator

Dear Colleagues,

As we embark on this exploration of the "Faces of Inequality in Asia," it is imperative that we recognize the profound impact that these disparities have on the lives of millions. In the corridors of power and decision-making, it is easy to lose sight of the human faces behind the statistics, the stories behind the numbers.

At the Global Call to Action Against Poverty, we understand the urgency of addressing inequality in all its forms. Asia, with its breathtaking diversity, is both a land of resilience and a canvas on which inequality is vividly painted. From the urban centers to the most remote corners, the call for action reverberates.

The impact of inequality extends beyond economic disparities, seeping into aspects such as child development, health, gender equity, trust in government and social stability. The forces driving Asia's rapid growth – technological advancements, globalization, and market-oriented reforms – are simultaneously fueling rising inequality. This phenomenon necessitates a critical examination of the opportunities and challenges these forces present, especially considering their impact on human capital development and income-earning capacity.

It is claimed that Asia's rapid growth has lifted millions out of extreme poverty, but the region remains home to a significant portion of the world's poor. Rising inequality poses a threat to the poverty reduction, making it imperative for policymakers to address this issue in tandem with fostering continued economic development.

This report serves as a crucial platform to amplify the voices of those often marginalized and overlooked. It is a call to governments, organizations and individuals alike to acknowledge the faces of inequality etched across the continent and to work collectively towards transformative change.

The report underscores the role of social security systems as a potent tool for reducing inequality. While investments in social security are essential, the analysis advocates for a shift towards modern, universal lifecycle systems. The paradox of redistribution highlights that countries achieving the highest reductions in inequality are those investing in universal schemes, fostering a more inclusive approach to social security.
In conclusion, the "Faces of Inequality in Asia" emphasizes the need for comprehensive policy actions to address the root causes of inequality. By focusing on inclusive growth, bridging regional gaps, creating productive jobs, and fostering good governance, Asian countries can pave the way for a more equitable future. The journey towards reducing inequality is not without challenges, but the rewards include not only economic prosperity but also enhanced social cohesion and well-being for all.

As you delve into the narratives presented in this report, consider the role each of us can play in dismantling the structures that perpetuate inequality. Let these stories be a catalyst for advocacy, policy reform, and sustainable development that leaves no one behind.

In the pursuit of a more just and equitable world, we stand united. Let the Faces of Inequality in Asia be not just a reflection but a catalyst for change.

In Global Solidarity,

Pradeep Baisakh  
Asia Coordinator,  
Global Call to Action Against Poverty (GCAP)

December, 2023
Introduction

In the dynamic landscape of the Asia, home to over 4.6 billion people, where rapid economic growth coexists with pressing social challenges, the specter of inequality looms large.

The countries with their bustling urban centers and rural hinterlands are marked by significant divide in opportunities and access to essential services. This report delves into the multifaceted nature of inequality, exploring its various dimensions such as income disparity, gender inequality, regional divides, educational imbalances and challenges to access healthcare facility and social security schemes.

High-income inequality, a prevailing issue across most of the countries, is a harbinger of diverse negative impacts. From hampering child development to limiting the status of women, the ramifications are far-reaching impacting individuals across social, economic, and geographic spectra.

The existing social security systems, while acknowledged as effective tools in reducing inequality, are not uniformly structured across the countries. Many countries still grapple with bifurcated systems, leaving a substantial portion of the population excluded from the benefits of social security.

Moreover, the lack of universal healthcare compounds the issue, with a significant portion of the population lacking access to essential medical services. This not only perpetuates a cycle of poverty and ill-health but also exposes the region to heightened vulnerabilities during health crises.

As we journey through the case studies presented in Nepal, India, Bangladesh, Cambodia, Pakistan, and the Philippines, we uncover the harsh realities faced by those on the margins. We will encounter disparities in income, access to education, healthcare, and opportunities that mirror the challenges faced by communities and individuals.

Each story reflects a unique facet of the broader struggle against social disparities, revealing the human cost of systemic failures and the urgent need for inclusive policies.
Rape Survivor’s Struggle for Justice, Medical Care and Basic Amenities

Jasmine’s tale exposes the vulnerabilities rape survivors endure when seeking justice and essential medical treatment in the absence of a robust support system. Her situation underscores the pressing need for an inclusive social security framework in Nepal to ensure that individuals facing adversity receive the support, protection, and medical care they urgently need.

Jasmine Rana (46) (Name Changed) is a resident of Satasidham, in Jhapa District in a province of south-eastern Nepal. She grew up in a large family struggling to make ends meet through farming. Restricted from education beyond the fifth grade, she had moved to Kathmandu in 1994 and got engaged in sewing and weaving to support herself and her family.

Her life took a tragic turn in 2013 when she visited her home to see her ailing mother, who died after a few days. During her stay at home, she faced a brutal sexual assault by her neighbour resulting in severe physical injuries and mental trauma.

The aftermath of the assault unfolded a series of challenges for Jasmine. Despite reporting the incident and pursuing legal avenues, justice remained elusive. Financial constraints hindered her access to medical treatment for her deteriorating health.

Jasmine’s physical and mental health deteriorated to the point where she could no longer work, losing the support of friends and relatives. She faced harassment from neighbours and struggled for basic necessities.

While she obtained a disability identity card and some fare discounts, these measures fell short of providing the comprehensive support needed for her livelihood and medical treatment.

Jasmine demands a comprehensive support system for violence survivors.

The government should prioritize providing financial assistance, medical care, and protection to individuals facing such adversities

– JASMINE RANA
The Harrowing Journey of Shukman in the Absence of Social Security

Shukman’s ordeal highlights the repercussions of the lack of social security particularly in the context of healthcare and financial support. The case serves as a compelling call to action for policymakers to address the existing gaps and ensure a safety net for those experiencing life-altering challenges.

Shukman Rai (40) is a resident of Amchok Rural Municipality, Pawla, Chalumpa, Bhojpur District of province no. 1. His life took a tragic turn in 2021 due to a work-related accident.

Born into a financially disadvantaged family, he relies on farming and occasional labour in a coal mine to support his family. In an unfortunate event in 2021, he was hit by a falling tree while operating a saw. With severe spinal injuries, he was rushed to the BP Koirala Institute of Health Science Hospital in Dharan of Sunsari district for treatment. “My life was saved with the help of my friends and relatives. I had to spend over NPR 5 lakh (USD 3,752) for my treatment by taking loans. I still carry a substantial debt,” Sukman lamented.

Financial constraints prevented him from attending follow-up medical appointments, resulting in persistent pain and immobility below the waist. It left him bedridden leaving him at the care of his 63 year-old mother as his wife died 16 years ago.

Despite efforts to seek assistance from the Chief Minister’s office and local authorities, Shukman faced bureaucratic challenges.

“A relative helped me obtain government health insurance worth around NPR 1 lakh (USD750) five months ago. Thankfully, my treatment costs are now covered by insurance. However, I am unable to bear the ambulance charge of NPR 15,000 (USD 112) each time I need to visit hospital. Additionally, the insurance needs to be renewed annually for NPR 3,500 (USD 26), which poses a future financial burden,” he said.

While the Amchok Rural Municipality provided a wheelchair and a modest monthly allowance, it fell short of addressing the escalating expenses. His son had to abandon studies in Class-8 to shoulder the family responsibilities. The family is now relying on sporadic support from here and there.

I urge for government subsidies in the range of NPR 2-4 lakh (USD 1500-3000), aiming to empower individuals like me to operate small businesses. Furthermore, access to loans could serve as a lifeline for those grappling with financial challenges.

– SHUKMAN RAI

PHOTO CREDIT: Rameshwar Rai
The Long Battle for Land Deeds among Nomadic Tribes in Rajasthan

The tale of Vakil underlines the systemic challenges and bureaucratic hurdles faced by marginalised communities in obtaining crucial documents for securing their homes and livelihoods in Rajasthan.

Vakil Banjara’s (28) family has a longstanding connection to the land they are residing on for the last three generations. His paternal grandfather started residing at the place, currently known as Banjara Basti under Dhunimata Panchayat in Mavli Tehsil of Rajasthan, 90 years ago. Despite decades of occupation, they are yet to get their legitimate rights over the land that has been under the Forest Department.

Vakil, a daily wage labourer, along with his father has been running from pillar to post with valid documents like Aadhaar cards, voter identity cards, ration cards and electricity bills for the last 15-20 years to get the land deeds. They have approached the local Sarpanch and concerned officials, but in vain.

They have received the government grants for toilet construction on the land under the Swachch Bharat Mission and also have got electricity connection. However, their applications for land deeds and house allotment under the Indira Awas Yojana, a free housing scheme of the Government of India for the economically weaker sections of the society, have been thwarted. The case is the same with other Banjara community members.

They have alleged caste-based discrimination perpetrated by the Sarpanch. Existence of a cement factory near their land poses a major hindrance to get the land rights. Notably, Vakil’s grandfather used to work as a labourer in the cement factory.

"If the government (panchayat) can release money to each family to build a household toilet, it is unfortunate that we are deprived of land deeds and benefits of the housing schemes.

— VAKIL BANJARA"
Struggle for Essential Documents Reveals Gaps in Basic Rights Access for Vulnerable Families

Udaylalji’s plight exposes the consequences of lacking essential documents resulting in the denial of basic rights to food, healthcare and education for her family. This case highlights the urgent need for a robust mechanism to ensure that vulnerable populations obtain necessary documents to lead more secure lives.

Udaylalji Banjara is a widow residing at Jhunjharpura in Jaswantgarh village under Gogunda tehsil of Udaipur in Rajasthan Province. After her husband succumbed to illness in 2014, she is left to raise her seven children, five girls and two boys, alone.

Udaylalji’s name is not verified in the National Food Security Act (NFSA) and the Rajasthan State ID (Jan Aadhaar). This has deprived her of the benefits of Palanhar Scheme that is providing funds for education and a monthly allowance for educating kids until they turn 18; Ration Card Scheme that is provision of subsidised wheat for the family; and Chiranjeevi Scheme that offers cashless medical insurance up to Rs. 5 lakh per family. “I used to get a widow pension, but that has stopped now for the reason best known to the authorities,” Udaylalji lamented.

Two of her children, aged 12 and 9, lack Aadhaar cards and birth certificates and face challenges in accessing education, healthcare and essential services under government schemes.

Udaylalji works as a daily wage labourer to earn her livelihood.

"It is very difficult to live our lives with the paltry sum I earn from daily waging. I urge the government to take immediate measures to address the difficulties faced by me and other individuals in similar situations."

— UDAYLALJI BANJARA
Faces of Inequality in Asia

BANGLADESH

Lemon Farmers in the Remote Hills under Paws of Inaccessible Healthcare

The absence of accessible healthcare facilities looms as a formidable challenge for the people of remote hilly communities, underscoring the pressing need for universal health coverage.

Kasanti Tripura (47), a resident of Hazir Bagan in the hilly terrains of Heako in Chittagong district of Bangladesh ekes out her living by lemon farming along with hundreds of her fellow villagers. They face numerous challenges due to inaccessible healthcare facilities. The nearest government healthcare centre is situated at an inconvenient distance and it is almost inaccessible for the villagers to avail healthcare facility there. The villagers have no option but to walk long distances to the local pharmacy for essential medical care and during health emergencies.

Pregnant women, in particular, opt to remain at home instead of seeking care at distant government clinics, thereby endangering both their own lives and the well-being of their unborn children.

Kasanti urges for establishment of a government clinic within a three-kilometer radius of her village to ensure that everyone avails at least the basic healthcare facility.

Akash Kumar Tripura (39), a lemon farmer in the community, said last year measles broke out among the children in his village. It became difficult to contain the disease due to inaccessible healthcare facility. This situation highlights the urgent need for improved healthcare access.

“The government’s efforts are there to enhance the healthcare provision, but it is sporadic,” lamented Akash. The community yearns for comprehensive healthcare solutions, including affordable medical treatment and reliable transportation to reach healthcare facilities in times of need, he said.

Last year measles broke out among the children in my village. It became difficult to contain the disease due to inaccessible healthcare facility.

— AKASH KUMAR TRIPURA
Nupur's Struggle with Bureaucratic Hurdles in Chittagong District

Nupur (24) belongs to transgender community in Dotter Hat, Noakhali in Chittagong district of Bangladesh. Despite moving from pillars to posts trying to get vaccinated for Covid, she failed to get a vaccine as she did not possess a national identity card, an essential requirement for vaccination registration.

“In order to get a national identity (ID) card, one has to be identified as a ‘male’ or a ‘female.’ But I am a transgender and I have no birth registration,” lamented Nupur.

“I approached the local body chairman and tried all other means to get registered for vaccine. But all my efforts went in vain,” she lamented.

This situation not only exposes her to the risk of contracting the virus but also makes her a potential career of the virus. The issue mirrors the bureaucratic hurdles faced by individuals like Nupur in their pursuit of essential healthcare services.

In order to get a national identity card, one has to be identified as a ‘male’ or a ‘female.’ But I am a transgender and I have no birth registration.

– NUPUR
A Glimpse into Challenges Faced by People and the Lifeline Provided by the Government

Covering essential expenses like healthcare, education, and daily needs, the Equity Card issued by the Royal Government of Cambodia has alleviated significant distress, providing vital support during times of financial strain.

Mrs. An Kunthea (30), along with her husband Mr. Chan Savly (34), two young daughters and one-month-old son, resides in 4 Village, Kampong Luong Commune, Krakor District in Pursat Province. The four-member family dwells in a compact 4x6 square metre galvanized house with a perforated roof and walls made of tin boards.

Her husband Savly, who works as an electrician, is the sole earning member of the family. His monthly earning of USD 300-350 is insufficient to meet the daily expenses of the family. During the pandemic, the family underwent a harrowing time as Savly’s income plummeted remarkably. Post pandemic, the situation of her family slightly improved as Savly’s salary became normal, but it was insufficient to meet the family requirements.

Thanks to the Equity card issued by the Royal Government in 2018, it relieved a significant amount of distress the family used to face. A major portion of their expenses on rations, education and healthcare is being covered by the card. She has accessed free healthcare services during her pregnancy, delivery and post delivery using the card. Besides, when any of her family members falls ill, she avails the free healthcare service at a nearby health facility that is around 3km from their home. She received a stipend of 400,000 Riel(USD 97) post delivery. She also receives a monthly stipend of 148,000 riels (USD 36) to support her children's education, clothing, and food.

I urge the Royal Government of Cambodia to enhance support for persons with disabilities, older people, and orphans, while continuing assistance to the poor.

– AN KUNTHEA
Equity Card: Empowering Families through Healthcare and Financial Relief

Ms. Yoeum's story underscores the transformative impact of social security initiatives, prompting a call for broader coverage for economically vulnerable sections of society.

Ms. Yoeum Chanthol (33), runs a tiny shop selling food to sustain her family of six, including three young daughters, a one-month-old son, and her husband. The family resides in 4 Village, Kampong Luong Commune, Krakor District, Pursat Province. Mr. You Pilong, 41, her husband, works as a regular military official in Oddar Meanchey Province, but his salary is insufficient to meet the family's needs. The family's economic condition worsened with the outbreak of the pandemic. Ms. Yoeum experienced a decline in sales, coupled with increased prices of food and essential items. Her pregnancy further added to the financial burden.

In this situation, the Equity Card provided by the government proved to be a significant source of support for the family. She not only accesses free healthcare services at a nearby facility 3km from her home but also benefits from better facilities at a referral hospital located approximately 38km away.

"The Equity Card guaranteed me quality care during pregnancy, a secure delivery, and postnatal support. My baby is also in good health, all thanks to the provided free healthcare services. With this card, we can access complimentary health checkups and medications," expressed Ms. Yoeum.

"Before 2018, when we did not have the card, each hospital check-up cost us around 100,000 to 200,000 riel (USD 24-48). Given our modest income, it was nearly impossible for us. Currently, my children and I visit the nearby health center approximately 10 times a year, benefiting from free health services. This has enabled us to save money for our children's education and cover our daily expenses," she added.

She requested the government to cover people belonging to economically weaker sections of the society under social security schemes.

"The Equity Card ensured quality care during my pregnancy, a secure delivery and postnatal support. With this card, we can access complimentary health checkups and receive free medicines."

– MS. YOEUM CHANTHOL
Pakistan

Gender Disparities in Women's Health Unravels Layers of Social Inequity

Despite strides in healthcare accessibility, women grapple with significant disparities, particularly in maternal health, reproductive rights and gender-based violence.

Maternal Health Disparities
Pakistan contends with one of the highest global maternal mortality rates, highlighting pronounced disparities between urban and rural areas. Limited access to skilled birth attendants, inadequate obstetric care, early marriages, and high fertility rates contribute to the challenges faced during pregnancy. The Pakistan Demographic and Health Survey (PDHS) 2017-18 reports a maternal mortality ratio of approximately 276 per 100,000 live births.

Barriers to Healthcare Access
Gender norms and societal restrictions impede women's ability to seek healthcare, often necessitating permission from male family members. This hampers timely treatment, disproportionately affecting women from lower socioeconomic backgrounds. Addressing healthcare disparities requires attention to both gender and class-based inequities.
Reproductive Health Inequities
Access to family planning services is crucial for women's autonomy, yet a substantial portion lacks access to contraception in Pakistan. Unmet family planning needs contribute to economic and health challenges, with a contraceptive prevalence rate of only 34.2% among married women (PDHS 2017-18).

Gender-Based Violence Impact
A significant number of Pakistani women endure domestic violence, yielding immediate and long-term health consequences. Survivors face physical injuries, mental health issues, and an increased risk of chronic diseases. The reluctance to report violence due to societal stigma further impedes women from seeking assistance.

Mortality Concerns
Pregnancy-related mortality remains a significant concern. According to the World Health Organization (2000-2020), every day, approximately 830 women die from preventable causes related to pregnancy and childbirth worldwide. Pakistan bears a considerable share of these deaths, primarily due to inadequate healthcare access during complications.

Early Marriages and Health Implications
Early marriages are prevalent in Pakistan, with ramifications for women's health. Girls marrying before 18 face elevated rates of maternal and infant mortality, along with childbirth-related complications. UNICEF’s 2018 report notes that around 21% of girls in Pakistan are married before the age of 18.

Addressing Inequalities
To redress these deep-seated inequalities, Pakistan must implement policies fostering gender equality, invest in women's education, and enhance healthcare accessibility, particularly for marginalised groups. Empowering women to make decisions about their health and lives is pivotal for mitigating disparities and elevating overall well-being.
Child Exploitation Casts a Grim Shadow on Pakistan's Youth

Child exploitation in Pakistan reveals a distressing panorama of inequality that places the mental and physical well-being of the nation's young population in jeopardy. The child laborers face limited access to education, harsh working conditions, and severe risks to their overall health.

Mental Health Challenges
Child labour and exploitation exert a profound toll on the mental health of children, perpetuating a vicious cycle of suffering. A recent survey by Pakistan's Ministry of Human Rights (2020) disclosed that around 48% of child labourers experience anxiety and depression due to their harsh work conditions. These children often endure psychological trauma, depriving them of the chance to enjoy their formative years.

Physical Health Challenges
Child exploitation carries deep-rooted consequences for the physical health of children, as highlighted by the International Labour Organisation (ILO) in its 2022 report. Exposure to dangerous chemicals, long working hours, and inadequate protective measures contribute to a high prevalence of work-related injuries, respiratory issues, skin diseases, and malnutrition among child labourers.

Work Hazards
A UNICEF report titled ‘Situation Analysis of Children in Pakistan 2017’ reveals that over 60% of working children in Pakistan are engaged in hazardous work, significantly increasing their risk of physical injuries, diseases, and malnutrition. These hardships perpetuate a cycle of suffering, disproportionately affecting children from impoverished backgrounds.

Inequality
Child exploitation disproportionately affects children from economically disadvantaged backgrounds. Families facing poverty are compelled to send their children to work instead of school to make ends meet exposing them to exploitation.

Statistics and Regional Disparities
Official statistics from the Pakistan Bureau of Statistics (PBS) Child Labour Survey (2018-2019) reveal a staggering 3.3 million child labourers across the country. Disturbingly, these children are not evenly distributed, predominantly hailing from the country’s poorest regions like Balochistan and Sindh. The data underscores glaring inequalities, with regional disparities emphasizing the severity of child exploitation.

Need to Address the Problem Comprehensively
Child exploitation in Pakistan is a distressing issue that perpetuates inequalities and jeopardizes the mental and physical well-being of the nation's youth. It is high time authorities took measures to address this problem comprehensively. Any effective strategy to combat child exploitation must tackle the underlying issues of inequality, ensuring that all children, regardless of their socio-economic background, can access education and safeguard their mental and physical health. The statistics presented here stand as a call to action to protect the rights and future of Pakistan's most vulnerable group.
Dire Disparities amid Economic Hardship

Staggering disparities persist among the population in the Philippines. The vulnerable position of the impoverished sheds light on the lack of sustainable livelihoods, hunger, restricted access to essential services, education, and their exclusion from various facets of social life.

Poverty Demographics:
A significant portion of the Philippines population faces economic hardship. According to The IBON Foundation, half of the island’s labour force, encompassing various occupations like vendors, service workers, farmers, and drivers, constitutes the country’s poor. The 2018 data on national poverty incidence indicates that 16.6% of the population experiences extreme poverty, with 17.6 million Filipinos falling below the poverty threshold of P 10,727 per month.

Livelihood Challenges:
The lack of access to sustainable livelihoods exposes the poor to hunger and limits their access to basic social services and education. IBON’s data includes alarming statistics from the 2018 Food and Nutrition Research Institute report, revealing that 53.9% of households experience food insecurity. Children aged 6-10 years face wasting at 7.6%, stunting at 24.5%, and being underweight at 25%. Access to education is constrained, with only 1% of the poor attending both private and public schools.

Housing and Basic Services:
Philippine Institute for Development Studies (PIDS) shows, the percent of informal settlers stands at 18% from poor households and 40% from lower-income families. Access to basic amenities like electricity and decent water supply is limited, making the poor more vulnerable to diseases related to inadequate sanitation.

Healthcare Struggle:
Only 68% of the population had some form of health insurance, as per the 2017 National Demographic and Health Survey (NDHS). The lack of insurance amplifies the challenges faced by the impoverished, making them more susceptible to health issues.
Impact of Economic Downturn:
The economic downturn induced by the pandemic has intensified poverty in the Philippines. World Bank economist Kevin Chua predicts a rise in the national poverty rate from 16.8% in 2018 to an estimated 21% in 2020. Despite borrowings and grants, poverty has worsened, with 23.7% of the population, translating to 26.1 million Filipinos, experiencing poverty in the first semester of 2021.

Socio-economic Distress amid Lockdown:
A year after the government implemented lockdown, 18.6 million poor and low-income families, comprising 81.8 million people, grapple with socio-economic distress. This distress extends to 30 million Filipinos, constituting 27% of the population, according to a 2022 survey by the Department of Social Welfare and Development (DSWD).

Urgent Actions Needed:
The disparities in access to education, healthcare, and basic services demand immediate attention. As the government aims to achieve a single-digit poverty rate by 2028, a concerted effort is essential to provide social security and uplift the lives of those grappling with economic hardship in the country.
Evaluating the Progress and Challenges of the Philippine Universal Health Care Act in its Fourth Year

The 2019 Philippine Universal Health Care (UHC) marked a significant stride towards providing accessible and comprehensive health services for all Filipinos. This study critically evaluates the implementation of the UHC Act, delving into its impact on the lives of the major stakeholders, particularly the common Filipino citizens, as the nation navigates through its fourth year of execution.

OVERVIEW OF UHC OBJECTIVES

Progress towards comprehensive healthcare:
UHC represents a crucial step in the nation’s pursuit of providing quality, affordable, and accessible healthcare to every citizen, recognizing health as a fundamental right.

Discrepancies in Healthcare Realities:
Despite initial optimism, the promises of UHC have encountered challenges in aligning with the expectations of its major stakeholders. Multifaceted issues persist in healthcare quality and accessibility, highlighting deep-rooted problems within the health system.

Enhancing Effectiveness:
In its fourth year, opportunities emerge to enhance UHC’s effectiveness by prioritizing implementation in key localities, establishing assessment mechanisms to address pressing issues, and perpetuating continuous reforms within the health system.

Healthcare Challenges in the Philippines:
In a country with a population of 113.9 million, where 81.8 million people experience economic distress, affordable and quality healthcare remains a pressing issue. Economic constraints often force low to mid-income families to weigh the costs of seeking medical assistance against essential daily needs. Issues of discrimination in the quality of care exacerbate the situation, creating a scenario where the right to healthcare becomes elusive.

Philippine Health System Overview:
The Philippine health system comprises both public and private sectors. While the public sector operates on a tax-based budgeting system, the private sector, characterized by for-profit and nonprofit healthcare providers, relies on client payments. Despite efforts to improve, the system faces challenges related to budget allocation, health workforce shortages, and information system disparities.

Health-related Legislation and Financial Reforms:
Historically, various legislations and reforms have attempted to address healthcare challenges, leading to the establishment of the UHC Act in 2019. The Act aims to achieve universal health coverage by prioritizing financial protection and equitable access to healthcare services. However, the journey towards UHC has encountered obstacles, including issues with funding, enrollment, and policy revisions.
Implementation of UHC:
The UHC Act's implementation involves reintegration with structural, managerial, and financial adjustments. Key provisions include clarifying government agency functions, empowering PhilHealth as a national healthcare purchaser, and forming healthcare provider networks at the local level. Access to medical products is addressed through the establishment of a Health Technology Assessment Council. While the strategic areas of implementation appear logical, tangible changes are yet to be widely felt.

CHALLENGES AND GAPS IN UHC IMPLEMENTATION

Financial Burden Persists:
Despite UHC, healthcare remains a financial burden for many households, with the average Filipino spending P9,839.23 for health-related goods and services in 2021.

Health Workforce Disproportion:
Critical shortages persist in health workers, with a nationwide ratio of 19.70 health workers per 10,000 population, far from the WHO-recommended threshold of 45 per 10,000.

Delayed Health Emergency Allowance:
Many health workers complain of not receiving their Health Emergency Allowance on time. It highlights challenges in the timely disbursement of funds.

RECOMMENDATIONS

Province-level Integration:
Adopt Pan American Health Organization attributes for service delivery to determine priority provinces for UHC implementation.

Capacity Building and Performance Monitoring:
Focus on capacity building and performance monitoring at the Department of Health (DoH) Center for Health Development (CHD) and Regional Offices.

Delineation of Roles:
Clearly delineate roles in the management and supervision of provincial health systems to ensure effective implementation.

Integration with Other Initiatives:
Integrate UHC initiatives with broader reforms addressing socio-economic determinants of health, ensuring a holistic approach to healthcare access.

Sustaining Momentum for UHC:
While the UHC Act represents a significant stride towards universal health coverage in the Philippines, persistent challenges and gaps necessitate ongoing reforms and strategic adjustments. The journey towards accessible, affordable, and quality healthcare for all Filipinos requires a comprehensive and collaborative effort from various stakeholders. As the nation progresses through the UHC implementation, continuous evaluation and adaptation are crucial to realize the fundamental right to health for every citizen.
It is high time the policymakers, governments, and civil society collaborated in designing and implementing effective solutions to address the issues of inequality. The voices of those on the margins must guide the formulation of policies, ensuring that social security, healthcare, and essential services become not just aspirations but tangible realities for every individual, irrespective of their socio-economic background. It’s time for the governments in Asia to start formulating policies on Universal Health Coverage (UHC) and Universal Social Protection Floors (USPF). Only through concerted efforts and commitment can we build a future where dignity, justice, and equal opportunities are the birthright of every citizen.

**KEY TAKEAWAYS**

**Urgent Systemic Reforms:**
There is a need for urgent and systemic reforms in social security frameworks, healthcare systems and bureaucratic processes to address the pressing challenges faced by marginalized communities.

**Tailored Interventions:**
Tailored interventions that address the unique needs of diverse communities, considering factors like gender, socio-economic status, and cultural nuances is the need of the hour.

**Inclusive Policy Formulation:**
Policymakers need to incorporate the voices of those on the margins in the formulation of policies, ensuring that the solutions are not one-size-fits-all but cater to the specific challenges faced by different communities.

**Collaboration for Change:**
Collaboration between governments, civil society and international organizations to effect meaningful and sustainable change in the lives of those facing adversity is essential.

**Continuous Evaluation:**
As nations implement reforms such as the Universal Health Care Act in the Philippines, continuous evaluation and adaptation are crucial to ensure the effectiveness of policies and the realization of the fundamental right to healthcare for every citizen.
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