

Community-led approaches to strengthening primary health care delivery

Alvin S Concha¹

The Philippines has made significant strides in reforming its primary health care system under the Universal Health Care Act of 2019.¹ The law mandates automatic enrollment of all Filipinos in the National Health Insurance Program via the Philippine Health Insurance Corporation (PhilHealth). The law also directs PhilHealth to improve how it pays and contracts providers to make the purchasing of health services—including primary care—more effective.² To operationalize these mandates, the health system has developed strategic purchasing for PHC through benefit design, provider selection, payment mechanisms and perform-

ance monitoring to make health care more efficient. However, persistent disparities in access and health financing—including high out-of-pocket spending and challenges in PhilHealth reimbursement—provide important context for why strengthening primary health care remains urgent.

Through the Konsulta (Konsultasyong Sulit at Tama) Package, PhilHealth ensures financial access to primary care providers delivering basic essential services at every life stage.³ The program has since evolved into the PhilHealth YAKAP (Yaman ng Kalusugan Program),⁴ which redesigns outpatient diagnostics and medicines coverage and within which the PhilHealth GAMOT (Guaranteed and Accessible Medications for Outpatient Treatment)⁵ benefit is implemented. Capitation payments for Konsulta are disbursed in performance-linked tranches, with key performance indicators including the initial patient encounter and prompt submission of encounter data.⁶ This scheme shifts health financing away from fee-for-service toward preventive and coordinated care.

More recently, the Department of Health (DOH) introduced PuroKalusugan, an initiative to improve primary health care by strengthening the capacity of barangays and puroks (sub-barangays) to address the specific health needs of their communities.⁷ PuroKalusugan delivers community-based primary care at the purok level through multidisciplinary health teams—including barangay health workers, midwives, barangay nutrition scholars, and others—offering services such as immunization, maternal and newborn care, nutrition, and non-communicable disease management, all aligned with DOH priorities and

local government needs.⁷

Yet, challenges persist. Many health care providers report difficult reimbursement processing,⁸ unpaid claims,⁹ and low Konsulta package uptake,¹⁰ all of which impair the providers' capacity to purchase medicines, pay operational staff, or upgrade their facilities. Some local reports indicate cash-flow problems that are causing service disruptions in municipalities.¹¹ Despite PhilHealth's expansion of its outpatient drug list to 75 medicines, including treatments for common chronic conditions, the Php 20,000 annual cap means access to essential therapies remains only partial.^{5 12 13} In 2024, total out-of-pocket health spending was estimated at Php 615 billion—about 42.7% of total health expenditure.¹⁴

Community-level financing and service innovations can help address these persistent gaps and serve as feasible complements to national reforms. These strategies are not intended to replace the existing system or any system-wide reforms, but they can function as scalable pilots adapted to the Philippine setting.

Barangay Savings Funds: At barangay level, families could contribute a small amount, say Php 100 to Php 200 monthly, into a local health savings fund, possibly matched by LGUs or PhilHealth. These funds would cover primary health care visits, teleconsultations, screening services, minor procedures, or even predetermined causes for tertiary health care utilization. Community savings groups have been shown to increase utilization of health services in small or rural communities, with members using group funds to access care.^{15 16} Formalizing this model in Philippine barangays could build local resilience, strengthen community-government health engagement, and reduce financial fragility.

Diagnostic Subscription Model: LGUs can pre-purchase diagnostic quotas (e.g., complete blood count,

¹Research Utilization and Publication Unit, Southern Philippines Medical Center, JP Laurel Ave., Davao City, Philippines

Correspondence

Alvin S Concha
alvinconcha@gmail.com

Received

3 November 2025

Accepted

5 December 2025

Published online

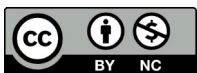
10 December 2025

Cite as

Concha AS. Community-led approaches to strengthening primary health care delivery. *SPMC J Health Care Serv.* 2025;11(2):3. <https://n2t.net/ark:/176951/jhcs3nh28v>.

Copyright

© 2025 AS Concha



urinalysis, lipid/glucose panels, chest X-ray, ultrasound) and allocate them to RHUs via subscription contracts. This ensures predictable lab revenue and guaranteed access for RHUs, moving away from variable fee-for-service. Community-based diagnostic services have been used internationally and are not yet standardized in the Philippines—thus representing a viable pilot option.¹⁷

Health Financing Cooperatives: LGUs can encourage the establishment of health financing cooperatives, which could strengthen local primary care by pooling resources to pre-purchase diagnostics, bulk medicines, and health kits, provide micro-loans for catastrophic health expenses, and invest in essential PHC infrastructure

such as barangay health stations, community diagnostic labs, and basic equipment for maternal and chronic care. Similar, albeit larger, cooperative and pooled-financing models in other countries have improved access to services and reduced financial barriers.^{18,19} Piloting this approach at a smaller scale in the Philippines at the barangay level promises to boost service delivery, financial protection, and local health system resilience.

These community-level innovations differ from existing PhilHealth mechanisms by emphasizing local pooling of resources, predictable financing, and direct support for primary health care delivery, rather than relying solely on fee-for-service reimbursement. If implemented, they

could improve service utilization, financial protection, and local health system resilience, while strengthening preventive and coordinated care. Further study is needed to evaluate their relevance, cost-effectiveness, and economic impact, as well as their scalability across different Philippine contexts.

The policy foundation for universal health care in the Philippines is robust. However, the system must tackle implementation issues and financing bottlenecks to fully unlock the potential of these policies. Pairing national policy reforms with grassroots innovation can build a primary health care system that is not only universal, but resilient, inclusive, and responsive to the health needs of every Filipino.

AI use declaration

I used an AI language model to assist with phrasing, structural refinement, and summarization of publicly available information. I independently verified all evidence, and the final analysis and opinions in this editorial are entirely my own.

Article source

Submitted

Peer review

Internal

Competing interests

None declared

Access and license

This is an Open Access article licensed under the Creative Commons Attribution-NonCommercial 4.0 International License, which allows others to share and adapt the work, provided that derivative works bear appropriate citation to this original work and are not used for commercial purposes. To view a copy of this license, visit <http://creativecommons.org/licenses/by-nc/4.0/>.

REFERENCES

1. Republic of the Philippines - Congress of the Philippines. An Act Instituting Universal Health Care for All Filipinos, Prescribing Reforms in the Health Care System, and Appropriating Funds Therefor, Republic Act No. 11223. 2019 Feb 20.
2. Wee-Co, Angela P, Sigua JA, Alvir HM, Samson MC, Lechuga J, et al. Strengthening PhilHealth's Role in Purchasing Primary Care Services. The Philippine UHC Law Series: Brief 6. Manila: ThinkWell. 2021. Available from: https://thinkwell.global/wp-content/uploads/2022/01/Strengthening-PhilHealths-Role-in-Purchasing-PHC-Brief_February-2022.pdf.
3. Philippine Health Insurance Corporation. Governing Policies of the PhilHealth Konsultasyong Sulit at Tama (PhilHealth Konsulta) Package:

Expansion of the Primary Care Benefit to Cover All Filipinos, PHILHEALTH Circular No. 2020-0002. 2020 Jan 20.

4. Philippine Health Insurance Corporation. Selection and Empanelment for PhilHealth's Primary Care Benefit Package, PHILHEALTH Circular No. 2025-0017. 2025 Oct 17.
5. Philippine Health Insurance Corporation. Nationwide Implementation of PhilHealth Guaranteed and Accessible Medications for Outpatient Treatment (PhilHealth GAMOT), PHILHEALTH Circular No. 2025-0013. 2025 Aug 28.
6. Philippine Health Insurance Corporation. Implementing Guidelines for the PhilHealth Konsultasyong Sulit at Tama (PhilHealth Konsulta) Package, PHILHEALTH Circular No. 2020-0022. 2020 Dec 17.
7. Department of Health. Interim Guidelines on PuroKalusugan: An Approach to Improving Primary Health Care Service Delivery Directly to Underserved and Unserved Filipinos, Department Memorandum No. 2025-0024. 2025 Jan 14.
8. Villanueva R. Hospitals hit difficulty in processing PhilHealth claims. 2025 Mar 19 [cited 2025 Dec 10]. In: Philstar.com [Internet]. Philstar Global Corp.: Taguig. c2020. Available from: <https://www.philstar.com/nation/2025/03/19/2429394/hospitals-hit-difficulty-processing-philhealth-claims>.
9. Basilio KCL. House bill grants amnesty to hospitals amid P59.6-B unpaid PhilHealth claims. 2025 Jan 22 [cited 2025 Dec 10]. In: BusinessWorld [Internet]. BusinessWorld Publishing: Quezon. C2024. Available from: <https://www.bworldonline.com/the-nation/2025/01/22/648261/house-bill-grants-amnesty-to-hospitals-amid-p59-6-b-unpaid-philhealth-claims>.
10. Cabalza D. PhilHealth: Few Filipinos availing themselves of Konsulta. 2025 Mar 31 [cited 2025 Dec 10]. In: Inquirer.net [Internet]. Philippine Daily Inquirer: Makati. c1997-2025. Available from: <https://newsinfo.inquirer.net/2048393/philhealth-few-filipinos-availing-themselves-of-konsulta>.
11. Lalu GP. Luistro: PhilHealth's unpaid claims led to some hospitals' closure. 2025 Jan 23 [cited 2025 Dec 10]. In: Inquirer.net [Internet]. Philippine Daily Inquirer: Makati. c1997-2025. Available from: <https://newsinfo.inquirer.net/2027351/luistro-philhealths-unpaid-claims-led-to-some-hospitals-closure>.
12. Villanueva R. PhilHealth's expanded outpatient drug list out. 2024 Feb 2 [cited 2025 Dec 10]. In: Philstar.com [Internet]. Philstar Global Corp.: Taguig. c2020. Available from: <https://qa.philstar.com/headlines/2024/02/02/2330332/philhealths-expanded-outpatient-drug-list-out>.
13. Superable M. PhilHealth sets P20k yearly limit for free outpatient meds. 2025 Aug 15 [cited 2025 Dec 10]. In: Manila Standard [Internet]. Philippine Manila Standard Publishing, Inc.: Makati. C2025. Available from: <https://manilastandard.net/news/public-health/314630623/philhealth-sets-p20k-yearly-limit-for-free-outpatient-meds.html>.
14. Planning & Budget Research Division (CPBRD) - Philippine Congress. Philippine Health Expenditure 2024. 2025. Available from: <https://cpbrd.congress.gov.ph/wp-content/uploads/2025/09/FF2025-56-2024-PHILIPPINE-HEALTH-EXPENDITURE.pdf>.
15. Tura HT, Story WT, Licoze A. Community-based savings groups, women's agency, and maternal health service utilisation: Evidence from Mozambique. *Glob Public Health*. 2020 Aug;15(8):1119-1129.
16. Karlan D, Savonitto B, Thuysbaert B, Udry C. Impact of savings groups on the lives of the poor. *Proc Natl Acad Sci U S A*. 2017 Mar 21;114(12):3079-3084.
17. Chambers D, Booth A, Baxter SK, Johnson M, Dickinson KC, Goyder EC. Evidence for models of diagnostic service provision in the community: literature mapping exercise and focused rapid reviews. Southampton (UK): NIHR Journals Library; 2016 Dec.
18. International Cooperative Alliance. Case studies: Health cooperatives building better lives. International Cooperative Alliance: Belgium. 2025 Apr 28 [cited 2025 Dec 10]. Available from: <https://ica.coop/en/newsroom/news/case-studies-health-cooperatives-building-better-lives>.
19. United Nations Social Development Network. The cooperative sector improves healthcare around the world. [cited 2025 Dec 10]. In: United Nations [Internet]. United Nations: New York. c2025. Available from: <https://social.desa.un.org/sdn/the-cooperative-sector-improves-healthcare-around-the-world>.

Southern Philippines Medical Center of Health Care Services Editors

Editor in Chief: Alvin S Concha

Associate Editors: Christine May Perandos-Astudillo, Rodel C Roño • Managing Editor: Clarence Xlasi D Ladrero • Layout Editor: Clarence Xlasi D Ladrero

SPMC JHCS OFFICE Research Utilization and Publication Unit, Acacia Room, Level 3 Outpatient Building, Southern Philippines Medical Center, JP Laurel Avenue, Davao City, Philippines
Landline (+6382) 2272731 loc 4127 • Website www.spmcjournal.com • Email spmcpapers@gmail.com