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## EACH PINOY SPENT \$5,859 FOR HEALTH IN 2014

Per capita health expenditure in the country rose by 8.5 percent from ₱5,400 in 2013 to ₱5,859 in 2014 at current prices. On the other hand, per capita health expenditure increased by 4.2 percent at constant 2006 prices.

Other notable findings from the 2014 Philippine National Health Accounts (PNHA) include:

- National Government (NG) spending on health decreased to ₱61.8B in 2014 from ₱66.9B during the previous year, but the Department of Health increased its health spending, from ₱36.8B in 2013 to ₱39.1B in 2014.
- Employees' Compensation (EC) health expenditures registered an abrupt decrease of 42.0 percent but it has the smallest share of less than a percent in 2014.

## Social Insurance was the fastest growing health expenditure in 2014

Social Insurance outpaced the growth in government, private or other sources of health expenditures in 2014. It registered the highest growth with 38.0 percent increase, from \$\mathbb{P}60.4B\$ in 2013 to \$\mathbb{P}83.3B\$ in 2014. In particular, the big rise was brought about by the improved National Health Insurance Program (NHIP) implemented by the Philippine Health Insurance Corporation (PhilHealth). It may be noted that the agency has intensified its advocacy to provide health insurance coverage with the aim of providing affordable and accessible health care services for all citizens of the Philippines. Nonetheless, Private Sources was still the biggest spender in health-related concerns, with Private Out-of-Pocket sources accounting for more than half of the country's Total Health Expenditure (THE) in 2014.

Overall, there was a 10.4 percent increase in the country's THE, from \$\mathbb{P}\$530.3B in 2013 to \$\mathbb{P}\$585.3B in 2014 at current prices.

## Only three out of eight health care financing indicators surpassed the 2010-2020 Health Care Financing Strategy (HCFS) goals

Based on the 2010-2020 HCFS, three out of eight health care financing indicators surpassed their respective targets, namely: (1) THE as percentage of GDP with 4.6 percent which was slightly higher than the 4.5 percent target; (2) National government spending as percentage of THE at 10.6 percent compared to the 10.0 percent target; and (3) National government spending for public health (in billion pesos) at 21.6 percent, which is more than twice the 10.0 percent target.

Indicator	Target <sup>1/</sup>	2014	2014 Actual vs. Target
Total health expenditure as percentage of GDP	4.5	4.6	0
National government spending as percentage of the total health expenditures	10.0	10.6	0
National government spending for public health (in billion pesos)	10.0	21.6	$\odot$

<sup>1/</sup> Based on the 2010-2020 Health Care Financing Strategy (HCFS) goals set by the Department of Health

Other health care financing indicators performed below the targets. These include the following:

Indicator	Target <sup>1/</sup>	2014	2014 Actual vs. Target
Government spending on health as percentage of total government spending	6.0	5.0	
Out-of-pocket health spending as percentage of total health expenditures	45.0	55.8	
Local government spending as percentage of the total health expenditures	11.0	6.7	
Local government spending for public health (in billion pesos)	29.0	17.7	
PhilHealth spending as percentage of the total health expenditures	19.0	14.2	

<sup>1/</sup> Based on the 2010-2020 Health Care Financing Strategy (HCFS) goals set by the Department of Health

The PNHA presents information on how much is spent on health care goods and services and who is paying for these goods and services. This information is useful in analyzing the appropriateness of the levels, composition, and structure of health expenditures, especially those of the government. The data can also help determine whether the aggregate health care spending from all sources, that is, the government, the social insurance sector, the private sector, and the rest of the world, is adequate to meet minimum requirements and identify probable areas of inefficiencies in allocating health care resources.

The latest estimates of the 2014 PNHA follow technical notes that may be accessed in the PSA website

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