

Addressing the Gaps: Strengthening the Implementation of the Z Benefit Package for Children with Developmental Disabilities

The passage of the Universal Health Care (UHC) Act in 2019 is regarded as a critical step towards health for all Filipinos, indicating the commitment of the Philippine Government to improve the accessibility of high-quality healthcare services.¹ Part of this progress includes the launch of a “Z Benefit Package” to improve the fiscal space for benefit delivery of children experiencing developmental disabilities. This particular policy included financial risk protection and prevention of catastrophic spending for essential services like assessment and planning by a medical specialist and by allied health professionals such as Occupational, Physical, and Speech Therapists using applicable standardized tests including rehabilitation therapy.² In addition to this, the “Z Benefit Package” for Children with Developmental Disabilities (CDD) aimed to provide vital support while reducing caregiver stress and financial burden to their families.

However, despite the promising aspirations of the “Z Benefit Package” for CDD, the policy analysis study of Martinez and Sy revealed persistent challenges and gaps affecting its implementation due to confluence of barriers outweighing the facilitators of policy implementation.³ The “Z Benefit Package” for CDD was identified to be underutilized due to its limited accessibility and low impact requiring implementation improvements. The findings of the study indicate that although the policy framework is robust, the mechanisms for an equitable nationwide implementation remains suboptimal.

Impediments to Policy Implementation

Guided by Walt and Gilson’s policy triangle framework, this policy analysis study successfully unpacked the specific impediments to implementation of the “Z Benefit Package” for CDD.⁴

First, inadequate reimbursement and low service fees discouraged private provider participation. In addition to this, fewer public sector plantilla items and continued migration of professionals also resulted in a limited rehabilitation workforce affecting the labor supply.

Second, a proactive stakeholder engagement from PhilHealth was perceived to be lacking. Accreditation and claims processes were also deemed cumbersome thereby affecting private provider participation. Additionally, PhilHealth’s current structure and approach lead to minimal engagement of private institutions limiting the expansion and accessibility of rehabilitation services.

Lastly, it was perceived that the content of this particular benefit package and its required assessment tools lack cultural validity and developmental appropriateness. Furthermore, the allotted number of therapy sessions per cycle is insufficient for effective early intervention.

Direction towards Policy Improvement

The key results of this policy analysis depict a clearer direction towards stronger action and execution of the “Z Benefit Package” for CDD through substantive policy reforms.

Engagement with all service providers, particularly the private sector, must be strengthened and sustained through regular and targeted visits to potential healthcare institutions or providers. A systematic orientation and streamlined information dissemination on contracting arrangements, procedures, processes, and guidelines should be reinforced. Rehabilitation service fees must also be reviewed to close the gap with private sector rates. In addition, the government should increase the number of plantilla items and improve the compensation packages for rehabilitation professionals to address labor shortage and sustainability of service delivery.

While the “Z Benefit Package” reflects commitment to ensure health equity, its implementation and utilization will remain a challenge unless contextual, content, actor, or process issues and constraints are addressed. Implementation of critical reforms will be vital towards achievement of real change of supporting and protecting children with developmental disabilities.

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