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Insured, Pero Hindi Aware? Closing the Universal Health Care Knowledge Gap

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EXECUTIVE SUMMARY

By law, every Filipino is covered by Universal Health Care (UHC), but a nationwide survey of 1,535 adults conducted by Capstone-Intel Corporation in February 2025 shows many do not see it that way. Only 55.7% said they had availed UHC; 33.0% reported no experience, and 11.3% were not sure. Reported contact falls with age: 56.9% of those aged 65 and above reported no experience, compared with 26.5% of those aged 18–24. Expectations also differ: 37.3% believe UHC means services at little or no cost, while only 12.6% expect to pay for some services themselves. One in four (26.1%) could not say what UHC means for them. Understanding is lowest in Central Luzon and the Visayas and highest in Mindanao and the National Capital Region. We call this the *promise–perception gap:* coverage that exists in law but is not recognized, reached, or correctly understood.

The gap bears directly on today's UHC issues: the expansion of no-copayment and zero balance billing care, the debate over bigger benefits for paying members, the proposed cut in the 2027 subsidy for indirect contributors, and the rollout of primary care under YAKAP. The brief recommends making benefits visible at billing, answering paying members by showing value rather than creating tiers, protecting the subsidy for the members who know least about their coverage, using YAKAP enrollment to reach older Filipinos, and targeting outreach where understanding is lowest.

Keywords: *universal health care, PhilHealth, health literacy, public awareness, Philippines*

POINTERS FOR PRACTITIONERS AND POLICYMAKERS

1. **Coverage that is not recognized is not fully used.** More than four in ten respondents either reported no experience of UHC or were unsure, although all are members.
2. **Expectations need managing, not only raising awareness.** Most respondents expect free or low-cost care; few expect to share the cost. Unexpected bills can read as program failure.
3. **Start with older Filipinos.** The age group most likely to need care is the least likely to report contact with UHC.

DISCLAIMER
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POLICY CONTEXT

The UHC Act (Republic Act No. 11223, 2019) automatically includes every Filipino in the National Health Insurance Program administered by the Philippine Health Insurance Corporation (PhilHealth) (§ 5). The national government covers senior citizens through premiums (Republic Act No. 10645, 2014). Membership, in other words, does not depend on what people know. Whether they use their coverage and how they judge it does. This brief examines that second question.

DATA SOURCES

National data-panel survey. Capstone-Intel Corporation collected the data through a nationwide data-panel survey, a design in which responses from a standing online panel are gathered within a short period. The survey targeted 1,500 Filipino adults aged 18 and above who were registered voters for the May 2025 elections, distributed by region according to the 2020 National Census, with a margin of error of ±3 percentage points nationwide and up to ±5 percentage points by region. Respondents answered an online questionnaire in Filipino and English. Fieldwork ran from 1 to 8 February 2025; the questionnaire was distributed to 5,188 respondents nationwide.

Sample. This brief analyzes the 1,535 responses tabulated in the dataset. The sample is evenly split by sex and is educated and connected: 59.7% are college graduates, and most rely on the internet (76.4%), social media (74.7%), and television (58.6%) for information. The regional distribution does not fully match the 2020 Census: BARMM is 1.0% of the sample (16 respondents) against about 4% of the population, and NCR is slightly over-represented. No weights were applied, so all figures are unweighted.

Survey questions used in this brief. All respondents answered two questions, each with a single answer. The first was "Have you personally availed of the Universal Health Care (UHC)?" with eight options: yes, through government hospitals; yes, through local government unit (LGU) health facilities; yes, through barangay health stations; yes, through PhilHealth-accredited private hospitals; yes, through specialized medical centers; yes, through community-based health programs; not sure; and no experience. The second was "What does Universal Health Care (UHC) mean to you regarding access to health?" with five options: full coverage (wide range of services with little or no cost); basic coverage (essential services with minimal costs); partial coverage (some services are covered, but I still pay for others); limited understanding (I have a basic idea of UHC but am unclear how it affects me); and no idea (I have no knowledge about UHC or its impact on me).

Analysis. Following the survey report, results are presented as percentages of all respondents and broken down by sex, age group, and region. CLRG added chi-square tests of group differences at the 5% level and an island-group comparison (Luzon, Visayas, and Mindanao). Regional tests exclude BARMM because of its small sample (n = 16). Because an opt-in online panel is not a probability sample, these tests are indicative, not exact. Only one-way breakdowns were available, so the analysis cannot cross-tabulate region with age or education.

All results come from one online survey, conducted by Capstone-Intel Corporation in February 2025, of registered voters who are more educated and connected than the adult population, so the gap is probably wider among poorer Filipinos. The survey records beliefs and reports, not actual coverage or spending; each topic rests on one question; and only one-way breakdowns were available, so differences by region cannot be separated from differences in age or education. Some groups are small (51 respondents aged 65 and above; 16 in BARMM), and the figures are unweighted. Where the brief interprets what respondents meant, it says so.

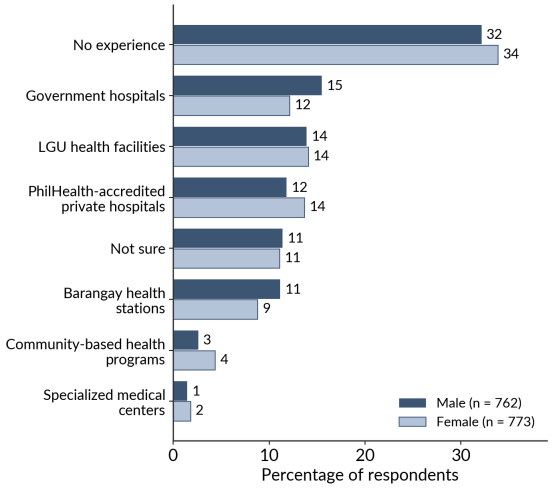
KEY FINDINGS

Many do not recognize coverage they already have.

When asked whether they had personally availed of UHC, one in three respondents (33.0%) reported no experience, and 11.3% were not sure (Figure 1). Those who reported using UHC most often named government hospitals (13.8%), LGU

health facilities (14.0%), PhilHealth-accredited private hospitals (12.8%), and barangay health stations (10.0%). Men and women answered alike [$\chi^2(2) = 0.53$, $p = .769$]. Our reading, since all Filipinos are members by law, is that many in the "no experience" and "not sure" groups have received covered care without linking it to UHC; the survey itself cannot confirm this. Only 29.1% named PhilHealth as their social insurance membership (the item allowed one answer, so some may have named another fund).

Figure 1.
Reported Use of UHC by Sex



Note. Values are percentages of respondents. Single-choice item. LGU = local government unit.

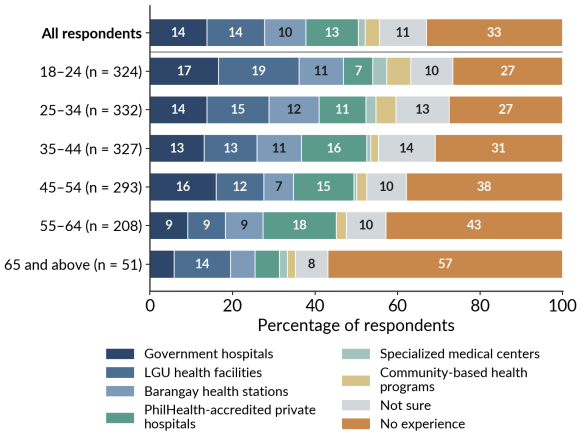
Older Filipinos report the least contact.

The share reporting no experience rises with age, from 26.5% at ages 18–24 to 42.8% at 55–64 and 56.9% at 65 and above [$\chi^2(5) = 36.75$, $p < .001$; Figure 2]. The channels also shift with age. Younger respondents more often cited LGU health facilities (19.4% at ages 18–24), while use of PhilHealth-accredited private hospitals rises to 17.8% at ages 55–64.

Most expect free or low-cost care.

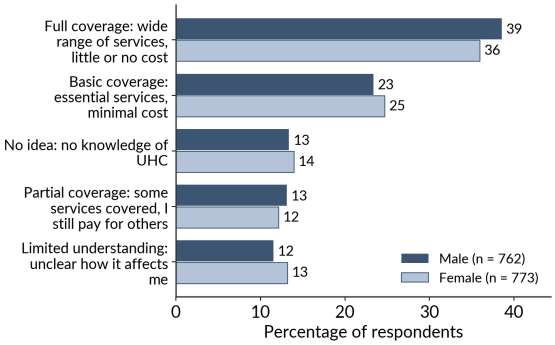
Asked what UHC means for their access to health, 37.3% chose full coverage (a wide range of services at little or no cost), and 24.0% chose basic coverage (essential services at minimal cost). Only 12.6% chose partial coverage, in which some services are covered but they still pay for others. A further 12.4% had limited understanding, and 13.7% had no idea (Figure 3). Men and women answered alike [$\chi^2(4) = 2.22$, $p = .696$].

Figure 2.
Reported Use of UHC by Age Group



Note. Values are percentages of respondents in each age group; labels under 6% are not shown. The 65-and-above group is small ($n = 51$); its values are indicative.

Figure 3
What UHC Means to Respondents, by Sex



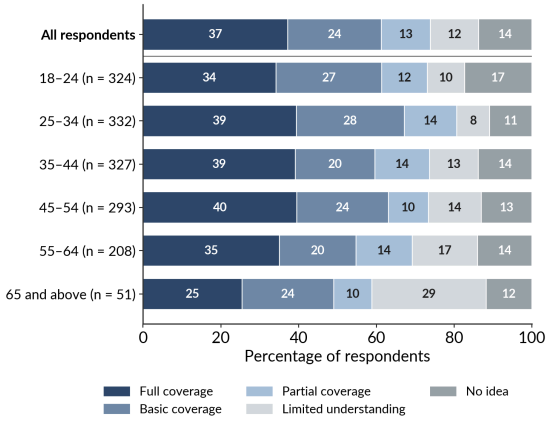
Note. Values are percentages of respondents. Single-choice item.

Understanding is lowest among respondents aged 55 and above.

Answers differed by age [$\chi^2(20) = 40.99$, $p = .004$], but not in a simple line. The youngest respondents have the highest share with no idea of UHC (17.3% at ages 18–24), while those aged 25–34 are the best informed. The share with limited understanding rises from 8.4% at ages 25–34 to 16.8% at 55–64 and 29.4% at 65 and above, and expectations of full coverage fall to 25.5% among the oldest group (Figure 4). Combined, limited understanding or no idea reaches 30.8% of respondents aged 55–64 and 41.2% of those 65 and above.

Figure 4

What UHC Means to Respondents by Age Group



Note. Values are percentages of respondents in each age group; labels under 6% are not shown. The 65-and-above group is small ($n = 51$).

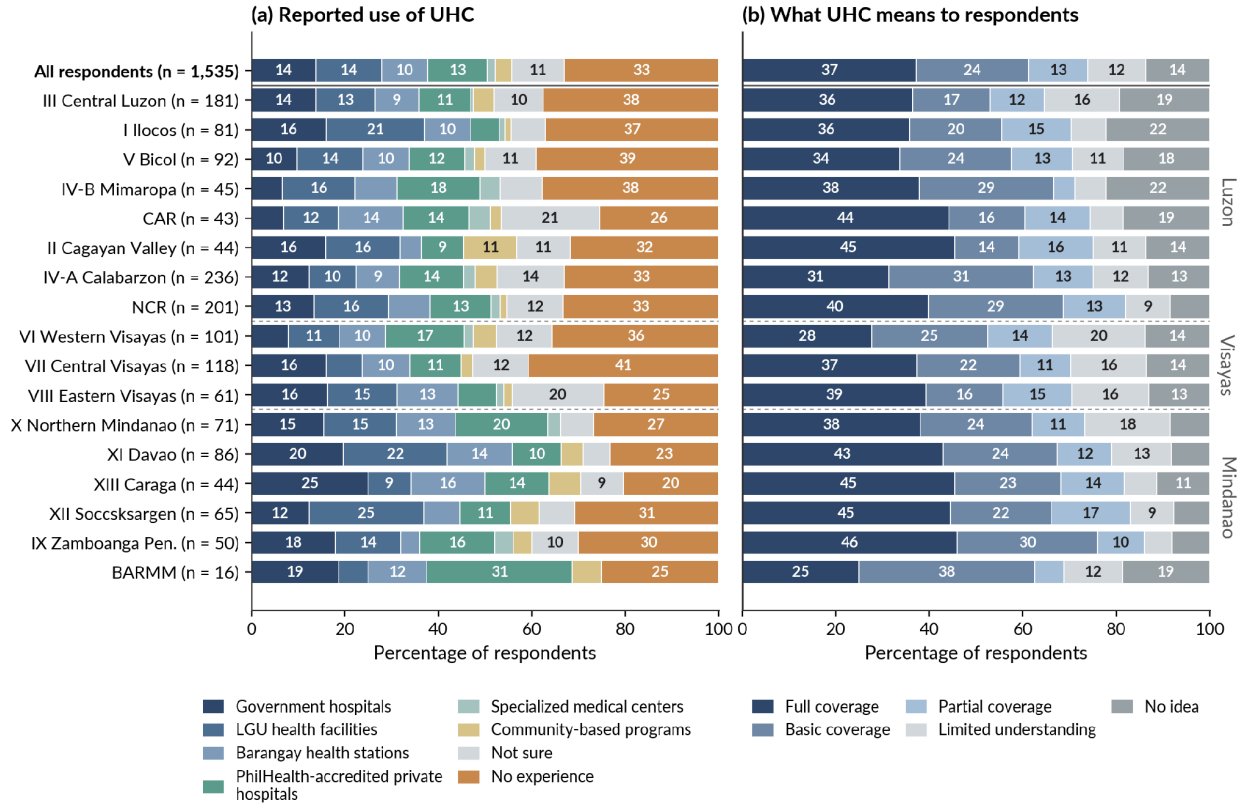
REGIONAL FINDINGS

Reported use is highest in Mindanao.

By island, the difference is clear: 66.6% of Mindanao respondents reported using UHC, compared with 53.2% in Luzon and 51.1% in the Visayas [$\chi^2(2) = 20.66$, $p < .001$]. Region by region, the picture is more uncertain. Reported use ranges from 47.5% in Central Visayas to 70.9% in Davao (BARMM is 75.0%, but with only 16 respondents), but with 43 to 236 respondents per region, these differences, taken together, are not statistically significant [$\chi^2(15) = 23.53$, $p = .074$; BARMM excluded]. The regional values in Figure 5 should be read as descriptive. The survey also cannot show whether the Mindanao result reflects local health systems or the age and education mix of those who answered there, since only one-way breakdowns are available.

Figure 5

Reported Use of UHC and What It Means to Respondents, by Region



Note. Values are percentages of respondents in each region; labels under 9% are not shown. Regions are grouped by island and, within each island, ordered by the combined share with limited understanding or no idea. Most regional samples are small; BARMM ($n = 16$) is shown for completeness and should be read with particular caution. Regional tests exclude BARMM

Understanding is lowest in Central Luzon and Western Visayas.

The share with limited understanding or no idea of UHC differs significantly by region [$\chi^2(15) = 29.90$, $p = .012$; BARMM excluded], from 35.4% in Central Luzon and 33.7% in Western Visayas to 17.9% in NCR and 14.0% in Zamboanga Peninsula (Figure 5, panel b). Central Luzon and NCR are farthest from the national figure of 26.1%; once sampling error and the number of regions compared are accounted for, most other regional differences fall within the margin of error. The expectation gap, by contrast, is national: the share describing UHC as partial coverage is about 12–13% in each island group.

POLICY RECOMMENDATIONS

The survey findings take on added weight against four issues now facing UHC. Each recommendation below responds to one of them.

Make no-copayment and zero-balance billing visible to the patients they are meant for.

The government has widened free care in public hospitals (G. Villanueva, 2026) and, since August 2026, has asked private hospitals to adopt PhilHealth's no-copayment policy for basic or ward accommodation (Cabalza, 2026b). These policies lower bills only for patients who know how to claim them, yet 44.3% of respondents either reported no experience of UHC or were unsure whether they had used it. PhilHealth, working with accredited hospitals, should tell patients at admission what their accommodation entitles them to and show the PhilHealth payment on every statement of account. A benefit that patients can see is also a benefit they can hold hospitals to.

Answer paying members by showing value, not by creating tiers.

The June 2026 proposal to give direct contributors bigger benefits than others drew opposition from health professional groups, who warned against tiers of protection (Cabalza, 2026a; R. Villanueva, 2026). In our view, some of the frustration behind the proposal stems from members not seeing what UHC already provides: only 55.7% report having used it, and 37.3% expect care at little or no cost. A plain-language statement of benefits for every member, stating what is covered and what remains the patient's share, would let paying members see the value of their premiums without dividing the membership. PhilHealth and the Department of Health (DOH) should be candid that UHC covers some costs, not all; only 12.6% of respondents expect this, and every unexpected bill erodes trust.

Protect the subsidy for the members who know least about their coverage.

The proposed 2027 budget cuts the premium subsidy for indirect contributors well below what PhilHealth requested (G. Villanueva & Basilio, 2026). Senior citizens are among these subsidized members, and they are the group least able to say what UHC provides: 56.9% of respondents aged 65 and above reported no experience, and 41.2% had limited understanding or no idea. Reducing the subsidy while awareness among subsidized members is this low risks a double loss: fewer benefits and less use of those that remain. Congress should fund the subsidy at the level PhilHealth requested before any campaign to raise awareness of those benefits.

Use YAKAP enrolment to bring older Filipinos into contact with UHC.

PhilHealth's YAKAP (Yaman ng Kalusugan) program provides primary care, including essential medicines, through a registered provider (Philippine Health Insurance Corporation, 2025, 2026). Enrolment is a natural first contact, but online campaigns will miss the older Filipinos who need it most. Local governments, responsible for basic health services (Republic Act No. 7160, 1991, § 17), can use senior citizen offices, barangay health workers, and social pension payouts to register seniors with a YAKAP provider and explain their coverage in person. For younger and working-age Filipinos, the internet (76.4%) and social media (74.7%) remain the channels respondents rely on most.

Target where understanding is lowest, and measure whether it improves.

Outreach should start in Central Luzon (35.4% with limited understanding) and the Visayas (31.1%), while DOH and academic partners examine why Mindanao respondents report more use and better understanding (20.5% with limited understanding). Because this survey is a single snapshot, the Philippine Statistics Authority, with DOH and PhilHealth, should add a few questions on knowledge of coverage and expected costs to an existing national survey to track progress in closing the gap.

CONCLUSION

The UHC is universal in law but not yet in public perception. Many respondents do not recognize their coverage, older Filipinos report the least contact, and most expect free or low-cost care with no share to pay. Closing this gap means making benefits visible, being candid about costs, and going first to the people and places where understanding is lowest.

The ultimate goal of the UHC is to positively influence the health-seeking behavior of all Filipinos. Therefore, it is crucial to encourage high participation in primary health care to prevent illness, enable early detection and treatment, and achieve public health outcomes. Bridging the awareness gap can help address the typical Filipino worldview that health care always involves a burdensome financial transaction.

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