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Implementation issues of Republic Act 10754 (An Act Expanding the Benefits and Privileges of Persons with Disability) in the Philippines: a qualitative study

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Abstract

Purpose – In the Philippines, Republic Act 10754 (RA 10754 or An Act Expanding the Benefits and Privileges of Persons with Disability) was enacted to give persons with disabilities more economic opportunities through the provision of discounts and privileges. However, it is unclear what issues have been encountered in implementing this policy. This study aims to identify implementation issues of RA 10754 in the country.

Design/methodology/approach – From August to November 2023, we conducted 22 interviews with persons with disabilities, social workers in select local government units in the Philippines responsible for the issuance of the persons with disabilities ID (PWD ID), representatives of business establishments where disability benefits can be accessed, and healthcare workers responsible for the initial assessment of the person with disability. The proceedings from these interviews were transcribed, and these transcripts were analyzed thematically.

Findings – Implementation issues identified include a lack of awareness among persons with disabilities, healthcare workers and business establishments, difficulty in securing medical certificate, fixers and bureaucratic intermediaries, issues related to benefits and claims, including problems with accessing disability benefits, differences in honoring PWD IDs, abuse of disability benefits and discrimination. Stakeholders suggested improving awareness, clearer classification, extent of disabilities and duration of benefits covered by the PWD ID and deterrents for abuse.

Originality/value – This paper describes one of the first studies conducted to describe the implementation issues of a disability policy in a lower middle-income country from the perspective of multiple stakeholders. The results of this study will hopefully guide policymakers globally to improve the implementation of disability policies to make it more equitable to all stakeholders involved.

Keywords Persons with disability, Disability benefits, Policy implementation, Disability policy, Implementation research, Philippines

Paper type Research article

Introduction

Globally, around 16% of the population experience disabilities (World Health Organization, 2023), which lead them to significantly greater and more persistent health inequities, which get

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more pronounced for persons with disabilities living in low- and middle-income countries (LMICs) (Smythe *et al*., 2025; World Health Organization, 2024). In the Philippines, an LMIC of around 110 million people in Southeast Asia, there are 1.6 million registered Filipinos with disabilities (National Council on Disability Affairs (Philippines), 2024). In the Philippines, persons with disability are defined by law as "those who have long term physical, mental, intellectual, or sensory impairments, which in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others," in line with the definition of the United Nations (National Council on Disability Affairs (Philippines), 2016; United Nations, n.d.).

A relatively understudied area of health governance globally is the implementation of disability policies (Gréaux *et al*., 2023; Smith *et al*., 2021). Most of published evidence in this field come from high or upper-middle income countries, such as the USA, Ukraine, Israel and South Africa (Gréaux *et al*., 2023). In the USA, Percy (1993) identified ambiguity, costs, complexity, lack of leadership commitment and a poor policy environment as challenges in the implementation of the Americans with Disabilities Act. Similar issues have been identified by Bigby (2007) in her assessment of the challenges in implementing disabilities policies in Australia. A more recent scoping review has identified just seven published articles exploring disability policy implementation barriers in LMICs (Useh *et al*., 2025). However, because of the lack of evidence on how well disability policies are implemented, especially in LMICs, there is an evidence gap that could contribute to persistent health and social inequities experienced by persons with disabilities living in these countries (World Health Organization, 2022). This evidence gap precludes the attainment of Sustainable Development Goals on equitable access to quality education (SDG 4), full and productive employment for all (SDG 8), reduced inequalities (SDG 10) and more inclusive settlements and communities (SDG 11) (United Nations Department of Economic and Social Affairs, n.d.).

To safeguard and promote the rights of persons with disabilities in the Philippines, Republic Act (RA) 7277 or the Magna Carta for Disabled Persons and its amended version, RA 9442 or the Magna Carta for the Person with Disability was enacted in 1992 and 2007, respectively. These laws grant persons with disabilities rights and privileges in a variety of settings, including, but not limited to, health care and rehabilitation, employment and vocational training, inclusive and special education and physical accessibility to public and private buildings (Fifth Congress of the Philippines, 1992; National Council on Disability Affairs (Philippines), 2007). The implementation issues of RA 7277 were studied by Palmer (2014), where he notes issues in the implementation of the previous PWD ID card system. Addressing these identified issues, RA 7277 was further amended by RA 10754, also known as An Act of Expanding the Benefits and Privileges of Persons with Disability. This law aims to provide persons with disabilities the opportunity to participate fully in the mainstream of society. One of the main benefits of the law is granting persons with disabilities at least 20% discount, as well as exemption from the value-added tax (VAT), on the sale of certain goods and services identified under the RA, include lodging establishments, restaurants, recreation centers, purchasing of medicines and food with medicinal purpose and travel. This law also mandates the creation of a national persons with disability identification (PWD ID) card system that will serve as the primary identification of persons with disabilities in all transactions (National Council on Disability Affairs (Philippines), 2016). The PWD ID card also includes a unique identification number that will enable data collection and monitoring of the personswith disabilities population in the country.

Eight years after the implementation of RA 10754, however, it is unclear whether the efforts to address the previously identified problems were successful. With recent incidents of misuse and abuse of PWD IDs and benefits (Department of Social Welfare and Development (Philippines) – Digital Media Service, 2020; Department of Trade and Industry (Philippines), 2020), there is a need to identify implementation issues of RA 10754 to help improve future disability policies in the Philippines. To help improve the implementation of disability policy in the Philippines and address the literature gap of how disability policies are implemented in low and middle-income countries, this study aimed to identify the implementation issues of

RA 10754. Specifically, the study aimed to identify any bottlenecks throughout the process of obtaining a PWD ID, explore common problems in accessing disability benefits and understand the implementation issues experienced by the different stakeholders involved in accessing and using disability benefits.

Methodology

Study design

This implementation research project utilized a qualitative design to understand the experiences and perspectives of the different stakeholders on RA 10754 (Peters *et al*., 2013) in the Philippines. Understanding these experiences and perspectives was necessary for the researchers to identify implementation issues regarding RA 10754 (Kilonzo and Ojebode, 2023), similar to the methodology used by Palmer (2014).

Study population, sampling, recruitment

The study population consists of four different subgroups, namely: persons with disabilities with physical, mental, intellectual and sensory impairments; social workers from select local government units (LGUs) involved in the issuance of the persons with disabilities ID; business establishment owners or managers wherein persons with disabilities can access of products and services; and healthcare providers (e.g. doctors, community health volunteers) who have issued medical certificates for the purpose of PWD ID application. Respondents were purposively selected. To ensure saturation, the researchers attempted to conduct around ten interviews per target population subgroup or until saturation is achieved; qualitative studies, on average, reach data saturation with a sample size of around 9–17 participants (Hennink and Kaiser, 2022). Inclusion-exclusion criteria and recruitment are described in Supplementary File 1.

Study tools

The researchers have formulated interview schedules specifically tailored for each stakeholder group to obtain the desired qualitative data. Since there were very few studies assessing this topic, we had to develop original data collection tools (Supplementary Files 2-5).

Data collection

Data were collected either through in person or online interviews with consenting participants using the improved interview schedules. Interviews would usually consist of the participant, and companion if applicable, one researcher responsible for asking the questions, and one or two researchers tasked with transcribing. All student researchers (MSST, JCV, ICSDP, JTJ DLSA, ANSC) conducted the interviews; and each of them participated in at least three interviews, with both male and female researchers present in each one. Before proceeding with the interview, the researchers introduced themselves and their role in the study, the purpose and expected outcome of the study, and what was expected of the participants. Each interview was then recorded using the record feature in Zoom, and the transcriber wrote down the information onto a shared Google document. There was no time limit set by the research group, and interviews lasted as long as the participants had information to share; for the majority of the interviews, this was approximately 30–45 min.

Analysis

The recorded transcripts were transcribed, and translated when appropriate, while personally identifying information were redacted. Transcripts were then analyzed thematically and coded by the student researchers (MSST, JCV, ICSDP, JTJ, DLSA, ANSC), considering their reflexivity and positionality (Supplementary File 1). In case of disagreements among coders, they reviewed the data together with other researchers not involved in coding, and if

disagreements further persisted, it was elevated to the senior author (VCFP) for resolution. They continued reviewing the data until all identified initial codes based on the conceptual framework (Figure 1, with detailed description in Supplementary File 1), which were short descriptions capturing important content (Lochmiller, 2021). These codes were then grouped into broader themes based on patterns in the data, utilizing Google Sheets for organization. Codes were entered in one column, with short vignettes in another. Initial codes and themes were revised based on data collection results. The themes represented participants' experiences and knowledge in maximizing law benefits. Grouped responses under each theme were analyzed collectively for a broader understanding. Themes were interpreted in relation to the conceptual framework and refined to accurately reflect the data.

Results

Description of study participants

We interviewed 22 respondents across the different stakeholder groups. There were 10 (45.45%) male respondents and 12 female respondents (55.55%), and an average age of 41 years old, with participants ranging from 23 to 61 years old. Among the seven (31.82%) persons with disabilities interviewed, two had visual impairments, three had orthopedic disabilities, one had a mental disability, and another had a psychosocial disability, according to the disability categories in the administrative order institutionalizing the PWD ID (Administrative Order No. 001-2021. Issuance of Persons With Disabilities Identification Card Relative to Republic Acts 9442, 10754, 11215, 10747, 2021). We interviewed four (18.18%) social workers, three from highly urbanized cities in Metro Manila, while one from a first-class municipality in Mindanao, Southern Philippines. Among the seven (31.82%) healthcare workers were two orthopedic surgeons, a physiatrist, obstetric-gynecologist, ophthalmologist, adult psychiatrist and general practitioner. Lastly, four (18.18%) respondents from business establishments were interviewed; one each from a fast-food restaurant, grocery store, pharmacy and coffee shop.

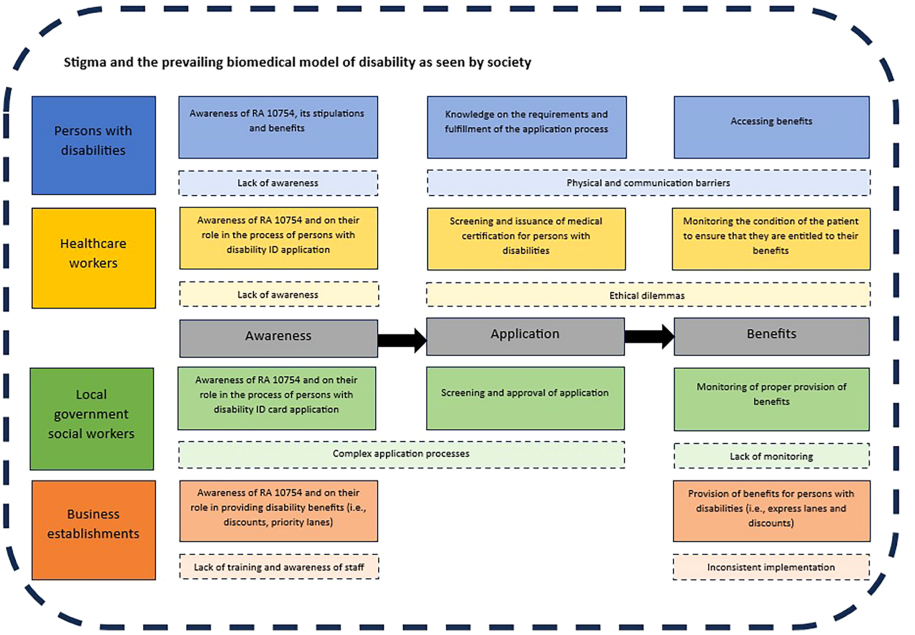

Figure 1. Conceptual framework of the study

Awareness issues

Lack of awareness of persons with disabilities. While persons with disabilities are aware of RA10754, there are instances where persons with disabilities did not know they were eligible, as one participant pointed out that it was only during a check-up that their doctor told them they could apply (Table 1, P5). This problem is further corroborated by the LGU social workers, who claim most applicants are rejected due to having ineligible conditions or having incomplete requirements and healthcare workers who have patients that could have been eligible for a PWD ID (Administrative Order No. 001-2021. Issuance of Persons With Disabilities Identification Card Relative to Republic Acts 9442, 10754, 11215, 10747, 2021). However, LGUs consistently acknowledge apparent disabilities as they have an expedited process (Table 1, LGU2). In such cases, the recognition of the disability is often immediate, leading to quicker approvals without the need for extensive documentation.

Lack of awareness of healthcare workers. Some healthcare workers are not entirely aware of which medical specialties are eligible to provide a medical certificate, or of the application requirements itself, and would sometimes write an invalid diagnosis or provide invalid documents, leading to rejection when the person with disability applies for the card at the LGU. It is also noteworthy that healthcare workers themselves encounter challenges in classifying patients for eligibility for disability benefits, indicating a broader issue of insufficient training on certification processes and requirements (Table 1, HCW2 and HCW3). The absence of a comprehensive classification system based on the extent of disability leaves room for ambiguity (Table 1, HCW4 and HCW6).

Lack of awareness of business establishment employees. Different business establishments have different policies in acknowledging PWD IDs (Table 1, P4); some require the actual IDs, but some business establishments allow pictures of the actual IDs. Some business establishments require the person with disabilities themselves for the discounts to be applied, but some business establishments do not (Table 2, BE1).

Application process

Difficulty in securing medical certificate. Overall, the difficult part for a PWD ID applicant is securing the requirements, especially the medical certificate, unless their disability is apparent (Table 1, LGU2). A participant admitted that it was "hard to find the process of how to apply." One participant was knowledgeable enough about the process but also expressed that "a lot still don't know that they are qualified." This is a particularly challenging task for those with non-apparent disabilities who have no access to experts to diagnose them, especially in less urbanized areas. The duration of the application process also varies, with some participants saying it took them only an hour, while others reported spending half to a whole day.

Fixers. Persons with disabilities who participated in the study experienced differences in disability-related processes across LGUs, such as certification procedures, application methods and accessibility of services. Some utilized fixers in the hopes of having an easier application process; a participant disclosed that using a fixer meant a medical certificate was no longer required of them (Table 1, P2 and HCW1). To save time and effort, some persons with disabilities choose to employ fixers in exchange for a significant amount of money. A healthcare worker also mentioned that some persons with disabilities asked if he has connections within LGUs or knows of any fixers because of the difficulties in applying for a PWD ID despite being a legitimate person with disability (Table 3, HCW5).

Benefits and claims

Problems with accessing disability benefits. Some persons with disabilities who participated in our study shared that some business establishments attempted to avoid providing discounts (Table 2, P3). Some establishments that do give discounts do not always follow the 20% deduction from the bill but only deduct PHP 20 (USD 0.30) or would refuse to honor the PWD ID for to-go purchases. Persons with disabilities acknowledge that big food chains abide, but it

Table 1. Awareness of stakeholders and knowledge on persons with disabilities ID application process

Quote ID	Illustrative quote
P2	"Nothing about it [referring to the knowledge about RA 10754]. Fixer did everything. You just pay, he processes and gives you the card already ready."
P5	"My dermatologist mentioned that psoriasis can qualify as a Person with Disability"
P4	"Business establishments try to escape what is given in the law."
HCW1	"They know of people who have no disabilities but because they know people in the city hall, they can get (a card) [. . .] Contacts and the connections in the city hall and the illegally obtained cards are done outside. Someone from inside actually will tell someone they want to extort from they will tell them 'Ma'am we're just charging you PHP 10,000 (USD 170) for the ID, think of it. How many times do you eat out or travel?'"
HCW2	"I'm not sure about all the requirements. Usually, they ask us for a medical certificate or have a paper signed to confirm if they have physical, psychological, or medical problems"
HCW3	"No, it's not something that is taught. I had to search for it. Even until boards it's not something that you learn. We're not taught how to make specific medical certificates for persons with disabilities. Doctors also don't know if someone is eligible for persons with disabilities ID. Disability hinders someone from participating in society. There are many categories. There are some disabilities that are a bit vaguer compared to others. That's what makes it a bit more problematic."
HCW4	"A disability is generally a physical disability. It has to do something with their function. Is there something they can't do because of the impairment they have? If you're not functioning in basics like walking, mobility transfers, eating, dressing, basic activities, then we can classify them as disabled. Persons with disabilities cards should also have qualifications and classifications not only based on disability but extent of disability. The benefits should be different."
HCW6	"Some doctors are probably knowledgeable but I don't think that it's something that most doctors would know, particularly those who are not working with chronic illnesses."
	"What I know is they get a form from the city health office, because there are multiple places where forms can be obtained– from city health office, from social services, or barangay health station. They actually have forms there. And then they fill out the form then they attach a certification from a doctor. Some also need a certificate of residence to prove that they live in that barangay or municipality. After submitting it, they wait for a few days, and then they get it. The longest wait time I know of was 2 weeks."
HCW7	"For ophthalmology, I think it's clear. Our society has gone on information campaigns regarding this matter. On the whole, I would think that most, if not all, doctors would know what constitutes a disability"
HCW6	"The classification is not clear [referring to the types of disabilities]"
LGU1	"Since there is a license number, it is still honored. I do not decline the application because the doctor's license depends on it [. . .] Only the physicians can determine the incapacities of the person because not all illnesses result in disability."
LGU2	"They are not qualified if their disability is not certified by a doctor (only a doctor can certify if there is a disability). For most individuals with apparent disabilities, it will be noticeable right away."

is more difficult to implement the provisions of the policy for smaller businesses, with one saying, "business establishments try to escape what is given in the law." Despite this, LGUs report very little on this matter.

Differences in honoring PWD IDs. There are discrepancies in acknowledging and verifying PWD IDs and in granting or denying its benefits between different BEs business establishments (Table 2, BEs). Most BEs require the cardholder to be physically present to avail of the discount. However, some establishments allow representatives and direct family members to avail themselves of the discount of persons with disabilities, while other establishments accept photos of the PWD ID. Furthermore, some establishments are not strict in checking the authenticity of the IDs. This arrangement is thus confusing for purchases made online, with some BEs granting benefits if the ID is presented, and others denying discounts for all online transactions.

Table 2. Knowledge and implementation experiences of stakeholders on PWD ID benefits

Quote ID	Illustrative quote
P1	"I haven't encountered any restaurants that don't accept the card [. . .] They don't really check (its validity), or ask for another ID."
P3	"Some establishments do not give discounts for to-go food. Some small business restaurants don't follow the 20% for food. Sometimes only 20 pesos off but not entirely follows the 20% discount. Implementation of the discount is not centralized. If implementation is not consistent and there are no sanctions for businesses . . . At least big food chains abide. It's harder to implement it on a smaller scale."
P4	"Business establishments try to escape what is given in the law."
P7	"What's good about this is it's also in line with the educational assistance for persons with disabilities, as there is also an exclusive education act. It seems they have aligned it with that. It's also in line with the UHC, and they have included funeral and burial services."
BE1	"A representative is required to show an ID; a persons with disabilities ID, and the relationship with the cardholder must be established. An authorization is needed, for example, if it's a direct member like a father or mother, just an ID is sufficient. . . We also allow a picture of the ID; sometimes they don't want to send the actual ID. It's fine as long as the validity is visible. It can also be done online by uploading the picture. . .With regards to legitimacy, we can't determine what is legitimate or not. As long as there is an ID. When it comes to persons with disabilities, it's a sensitive issue. They are already disabled, and questioning them makes it difficult."
BE2	"Physical ID. Pictures not allowed."
BE3	"We could even allow other people to buy on behalf of the persons with disabilities as long as they have a card and the booklet."
BE4	"We don't usually ask questions to the buyer as long as the card seems valid. We only check for the picture signature and their type of disability"

Abuse of disability benefits. A participant also shared that there are people who have multiple IDs from different cities, which shows that there are loose, uncoordinated regulations with the issuance of the PWD ID. Healthcare workers report that the PWD ID is very often abused: the discount is sought after by even those who are ineligible for the discount (Table 3, HCW4). A HCW mentioned that this is most often done to get discounts at expensive restaurants or even school tuition. However, despite the rampant abuse of the PWD ID according to some participating persons with disabilities and healthcare workers, participants from the LGUs stated that there are little to no reports of PWD ID abuse.

Other issues

Discrimination against persons with disabilities. Persons with disabilities shared experiences of discrimination and stigma, such as getting stares in public transportation. This is particularly highlighted for those who have non-apparent conditions where other people try to question their usage of the benefits (Table 3, P5 and P7). Moreover, a person with disability also shared that there are additional hurdles that come with accessing disability benefits, such as having to go to the Metro Rail Transit office to fill in a form just for a PHP 2 (USD 0.03) discount. Some have pointed out that the main struggle they had was acquiring a job due to their condition, because sometimes they are "not allowed to apply or even enter the building".

Persons with disabilities who participated in our study pointed out the lack of accessibility of some establishments, highlighting that many of them found it difficult to study since most schools and public transportation are not accessible (Table 3, P6). A healthcare worker also disclosed that patients have asked them for connections in the city hall since they are disabled and cannot travel to get their IDs (Table 3, HCW 5). The inaccessibility and lack of mechanisms for persons with disabilities hinder them from getting the benefits they deserve.

Table 3. Other issues

Quote ID	Illustrative quote
P5	"For example, when I'm in the persons with disabilities line at the grocery, people look at me. But just because a disability isn't visible doesn't mean it doesn't exist."
P6	"No, I don't experience discrimination because my disability is apparent. But there are instances wherein my friends are discriminated against."
P7	"None [when asked about discrimination] since mine is apparent. Whether I use my ID or not, there are still times when I get that look."
P6	"Especially when job searching persons with disabilities are sometimes not allowed to apply or even enter the building."
	"In the LRT (light rail transit), she [referring to her friend] requested for a wheelchair because she needed to walk far to transfer to MRT (metro rail transit) but they said there were no available wheelchairs."
HCW1	"No proper means of verification of disability. Even for benign condition [. . .]has been given persons with disabilities card"
HCW4	"Sometimes if there's a medical certificate, the LGU does not verify anymore which can lead to it being abused. Another problem is it differs per LGU. I can issue you a med cert but it's the final call of the health officer if you're really qualified. But sometimes the health officers don't evaluate the patients and just rely on the medical certificate given by the primary doctor."
HCW5	"Actual persons with disabilities came to me asking me if I have contacts at city hall because they are persons with disabilities and they cannot get an ID. They don't have time to get a card, they're disabled and they will have to be transported to get a persons with disabilities card. There are not enough mechanisms for persons with disabilities to get benefits. . .That's why it was abused during the pandemic, right? A driver went to a restaurant and took out food for 8 people, then suddenly produced 8 persons with disabilities IDs—all one family, siblings, and parents."

Stakeholder recommendations

Improving awareness. All stakeholders recommended improving information dissemination, especially for those in far-flung areas who are usually in greater need of the benefits (Table 4, P5 and LGU1). According to healthcare workers, their patients who have a PWD IDs have lower out-of-pocket expenses for their medications and as a way for them to improve their quality of life. The LGU sector also recommended to raise awareness about the rules applicable to persons with disabilities and encourage persons with disabilities who are not yet members or cardholders to coordinate with their local Persons with Disability Affairs Office to secure their IDs free of charge. This awareness also extends to establishments that fail to comply with the tax exemption of less 12% first, then less 20% of the bill, as stipulated in the law (Table 4, LGU2 and LGU3).

Clear classification and extent of disabilities covered by PWD ID. A healthcare worker also shed light on the need for assessment not only based on the disability but also its extent. They recommended that benefits should be different depending on the degree of impairment (Table 4, HCW4). Furthermore, a healthcare worker mentioned the need for reevaluation of a PWD ID cardholder's disability status after a certain period of time, to reassess for recovery, if applicable.

Healthcare workers called for a clear classification of the eligible conditions by having a comprehensive list or checklist of inclusion and exclusion criteria. Stricter implementation and more thorough verification of persons with disability is also called for by having a standardized criterion, having at least two physicians for counterchecking and better record keeping (Table 4, HCWs).

Deterrent for PWD ID abuse. There must be constant checking for PWD ID abuse to maintain proper implementation of the law. Allowing different LGUs to investigate each other's checks and balances so they can keep each other in line or having a coding system of the persons with disabilities in partnership with hospitals for the records were also suggested. Improving the physical features of the PWD IDs can possibly aid in distinguishing legitimate

Table 4. Stakeholder recommendations

Quote ID	Illustrative quote
P5	"Maybe they should promote it since I haven't seen any ads"
HCW1	"We need to be stricter with medical certificates. Many abuse medical certificates just to apply for persons with disabilities status."
HCW3	"It's really in education, at the med(ical) school level. It's not just on the end of doctors and persons with disabilities. It should include stakeholders at all levels. Give a comprehensive list – inclusion exclusion criteria that is very checklist type."
HCW4	"There should be a checklist that tells if the patient is really a person with disability and what level of person with disability whether partial, or severe or etc. It is not dependent on the diagnosis alone, it should be dependent on other parameters like is there a functional evaluation of the patient. . .Disability also has to be qualified [. . .] It can be bed bound, it can be mild, etc. so benefits can be based on level of disability. Not all will be of the same caliber."
HCW5	"Better record-keeping and checks and balances are needed, so that one LGU can monitor another and vice versa to ensure compliance. If any discrepancies are found, there should be a reporting mechanism in place for appropriate actions and penalties. Every LGU should adhere to the same standards. . .Those caught should be put to jail. If one is proven to have obtained [the persons with disability card] illegally, then he and his doctor should go to jail."
LGU1	"More on advocacy. Because if we do not have an advocacy for the program/law, people are not aware. Persons with disabilities and their families do not know their privilege. The RA is useless if we don't advocate the person [. . .] Encourage persons with disabilities who are not yet members or holders of cards to coordinate with their local PDAO office to avail and secure their id cos its free of charge."
LGU2	"It's the implementation and safeguarding/checking the rules of the ID. There are cases of restaurants wherein families eat out at and the discounts are given for the total bill – this is wrong. It should only cover the persons with disability's share or what the person with disability eats."
LGU3	"All should follow the RA. For some establishments, the discount in their system is 20% only. I recommend they change their system to less 12 then less 20 which is NOT the same as less 32%. . . We need more establishments to be more accessible to persons with disabilities since that is severely lacking in the country (like access ramp, comfort room for disabled, etc.). . .We utilize typewritten ID font, laminated cardboard, initial ID on the back is valid, and are able to discern fakes"
LGU4	"We now have a unified ID with features like a chip, QR code, sequential ID numbers that will enable them to distinguish fake IDs right away."

IDs from fake ones (Table 4, LGU3 and LGU4). A participant also suggested harsher consequences, like jail time and fines for those with fake IDs to access the discount and those who process PWD ID applications illegally (Table 4, HCW5). Finally, a participant also mentioned adding a cap on the maximum amount covered by the benefits to avoid abuse.

Discussion

The study identified the following awareness issues: lack of awareness among persons with disabilities regarding eligibility for PWD ID, lack of training of HCWs regarding eligible conditions and lack of a clear distinction on the types of disabilities and degree of severity eligible for PWD ID application. In addition, we identified the following issues in applying for the PWD ID: difficulty in securing a medical certificate for the application, varying application process systems per LGU, and the rampant use of "fixers" to obtain a PWD ID. We also gathered the following issues in accessing benefits: discrepancies in acknowledging and verifying PWD IDs, abuse in disability benefits, discrimination and skepticism toward PWD ID users, and inconsistencies on how BEs apply the persons with disabilities discount. Beyond that, there are recommendations to improve the law, including better information dissemination across different stakeholders, creating a comprehensive list of eligible conditions and clearer criteria for evaluating disabilities, re-evaluation of disability status

after a specific time period for possible recovery, improving the physical features of the card and imposing penalties and stricter monitoring to deter abuse. Some of these implementation issues have been described in previous studies, such as lack of awareness among persons with disabilities, lack of training of healthcare workers, lack of clear guidelines in the conditions and severities which are eligible for disability benefits, stigma and difficulties in getting medical requirements (Brynard, 2010; Lee *et al*., 2024; Mitra and Gao, 2023; Morwane *et al*., 2021; Propiona, 2023; Rabinovich *et al*., 2025). However, some issues that are not well-documented in previous studies, such as the presence of bureaucratic intermediaries (i.e. fixers) and issues in claiming benefits are also described.

The definition of disability in RA 10754 is in line with the International Classification of Functioning, Disability and Health or ICF (World Health Organization, 2018). However, if there are future amendments to the law, it should engender the paradigm shift from the prevailing medical model of disability, which focuses on a person's impairment as the main barrier that prevents persons with disability from participating fully in society, to the social model of disability, which focuses more on barriers that prevents persons with disability from participating fully in society (Mitra and Gao, 2023). This means widening the focus of the law to include more accessible transport systems, communities and infrastructure and more inclusive schools, workplaces and modes of communication (Parliamentary and Health Service Ombudsman (United Kingdom), n.d.). This can be accomplished through applying the principles of Universal Design (Daly and Whelan, 2021). Briefly, Universal Design is a paradigm in engineering and architecture that aims to design products, systems and environments that can be used by anybody regardless of disability status, without adaptation or specialized design (Connell *et al*., 1997). This implies improving infrastructure, especially public land transportation systems, which are generally not accessible to persons with disabilities in the country (World Health Organization, 2022). Current provisions penalizing discrimination against persons with disability should be strictly implemented to help deter discrimination and address stigma (Fifth Congress of the Philippines, 1992; Pepito *et al*., 2023).

The lack of awareness and ambiguity of RA 10754 as perceived by its different stakeholders is one of the main implementation barriers of the law. The LGUs issuing the PWD IDs themselves have different "standards" in approving applicants for an ID, which can be attributed to devolution (Dayrit *et al*., 2018; Escano-Arias *et al*., 2025; National Council on Disability Affairs (Philippines), 2016; Republic Act No. 7160. Local Government Code of the Philippines, 1991). Especially when the persons with disability's disability status needs to be verified, some LGUs have a medical doctor to confirm the diagnosis, while some LGUs only have non-medical personnel to subjectively assess and approve whatever the medical certificate states, leading to inconsistencies in verifying an individual's disability status. Lastly, for business establishments, a lack of awareness translates to some businesses misunderstanding the benefits they should provide, subsequent errors in provisions and the inability to spot and combat disability benefit abuse. Echoing the recommendations of our respondents, we recommend that the coverage and benefits of RA 10754 be disseminated further, particularly in far-flung areas where individuals may be in greater need of the benefits provided by the law, and in a manner that allows messages to reach persons with disabilities regardless of whatever disability they have (World Health Organization, 2022). We recommend stronger collaboration between local government units, local social welfare organizations, and schools to work together to incorporate this into school and barangay (i.e. village)-level information dissemination campaigns for a wider reach. Community-based interventions to promote disability benefits have been shown to be cost-effective in improving disability benefits uptake in Vietnam (Palmer, 2023). Going beyond information campaigns, local governments should make the implementation of RA 10754 a requirement for annual business registration to ensure that the discounts are given to eligible people with disabilities as described in the law. The national government should take the lead in ensuring that local

governments implement the law properly by giving incentives to local governments who implement the disability policy well and punishing fixers.

A study in the USA claims that less than half of their physicians are confident in their ability to provide the same quality of care to patients with disabilities compared with patients without (Morelli *et al*., 2023), which is similar to the concerns expressed by HCWs participating in our study. This issue also highlights the lack of training of healthcare workers in managing persons with disabilities. We therefore recommend that health professions education professionals in the country ensure that future health professionals are made aware of disability policies and their role in implementing it. Successful models have been developed in the USA on how to capacitate medical students in dealing with persons with disabilities, which could be adopted for use in LMICs (Bracken *et al*., 2023; Morelli *et al*., 2023).

The types of disabilities and the corresponding severities eligible for disability benefits in the Philippines are not clearcut. This finding is similar to previous studies in the USA and South Africa, which highlighted that ambiguity and inconsistencies in implementation prevent the optimal implementation of disability policies in these countries (Brynard, 2010; Percy, 1993). The lack of a clearly defined classification system for persons with disabilities poses a significant challenge, as highlighted by healthcare workers. This makes it difficult for healthcare workers to issue medical certificates, which are necessary for the processing of the PWD ID. This can be remedied by using the ICF in identifying and classifying disability, its extent and impact on daily functioning, and who is determining eligibility for disability benefits (International Classification of Functioning, Disability and Health (ICF), n.d.). This approach can contribute to a more discrete identification and classification of individuals eligible for disability benefits and ensure that benefits are allocated based on the specific needs arising from varying degrees of disability. Clarity in classification will also aid healthcare workers in their assessment processes, reduce ambiguity and help reduce fraud. The use of the ICF will mean expanding the disability criteria in the country to other disabilities not currently being considered, such as smell and touch disabilities and disabilities due to cardiovascular, hematological, immunological, respiratory, genitourinary, reproductive and integumentary diseases and conditions. It will also mean considering the severity and duration of disability in assessments for eligibility for disability benefits (International Classification of Functioning, Disability and Health (ICF), n.d.). Further research is needed to support this transition, specifically for the development of standards, tools and practice manuals for health care providers and local government social workers (Teng *et al*., 2013). Self-instructional modules may also be developed for currently practicing healthcare providers who want to train themselves in the use of ICF for identifying and classifying disability. However, this transition should consider inputs from persons with disabilities and their caregivers to ensure inclusivity and address the perception of the continued medicalization of disability (Chou and Kröger, 2017; Lee *et al*., 2024).

The role of "fixers" in the Philippine system parallels issues on corruption and bureaucratic intermediaries faced in other LMICs (Fredriksson, 2014; Naher *et al*., 2020). While corruption and bureaucratic intermediaries have been documented in previous health policy research, this study is one of the first to document its presence in the implementation of disability policy. In this study, fixers took care of PWD ID applications but charge exorbitant fees for something that is supposed to be free, which means that they are not only illegal, but they could also push persons with disabilities into further financial hardship. This shows that there is suboptimal implementation of the country's Anti-Red Tape Act and Ease of Doing Business Act (Anti Red Tape Authority (Philippines), 2018; Seventeenth Congress of the Philippines, 2017; Thirteenth Congress of the Philippines, 2007). Bureaucratic inefficiencies and complex documentation requirements fostered environments where intermediaries became commonplace (Fredriksson, 2014). Thus, we recommend that both national and local governments be more proactive in enforcing the provisions of these acts and get rid of fixers, not just in the PWD ID application process, but in other government functions as well.

Distance is also a significant problem, especially for those who live in less urbanized areas, as they lack access to adequate healthcare and testing facilities or may not even have a nearby specialist to diagnose them. PWD ID applicants are tasked to gather requirements, some of which entail traveling great distances and paying unforeseen fees that are not necessarily easy to come by. Particularly in some LGUs where there is only one main office or the person with disability must make multiple trips to different buildings to complete the application process, this can add up to significant expenses, confusion and overall difficulty. Going forward, LGUs can partner with or accredit doctors for the sole purpose of PWD ID assessment and verification of eligibility, which can be financed through health financing reforms in both the private and the public sector (Capeding *et al*., 2025; Montemayor *et al*., 2025). Doing so would not only expedite the process; it would also allow applicants to save on application costs. Furthermore, we recommend streamlining the application process and limiting everything to only one location, so PWD ID applicants do not need to travel to another place to complete their application. Travel expenses can also be reimbursed to mitigate the financial burden in applying for PWD ID, similar to what is being done in the United Kingdom (Preparing for Your PIP Assessment, n.d.).

Despite the positive impact of RA 10754 on benefits and privileges for PWDs, the rampant misuse of PWD IDs leads to discrimination and skepticism from businesses, adversely affecting persons with disabilities. The lack of clarity in implementing disability benefits and discrepancies in verifying PWD IDs results in varying discount calculations across establishments, adding to the challenges faced by persons with disabilities. Differences in granting benefits were noted, with some establishments offering bigger discounts than others or businesses providing alternative means of benefits. Some businesses even attempt to evade the provision of discounts altogether. On the other hand, the provision of discounts may be difficult for smaller businesses to implement. While there is a tax deduction for goods and services provided to persons with disabilities (National Council on Disability Affairs (Philippines), 2016), it may be inadequate for smaller businesses to recoup losses from the provision of these benefits. Thus, this study recommends that the government come up with a direct subsidy mechanism to compensate smaller business establishments, below a certain revenue threshold, for the discounts they provided in adherence to the law. This would not only support small business establishments but also encourage them to provide more benefits to persons with disabilities. The implementation of these subsidy mechanisms can be encouraged by grants and rewards from the national government to local governments who establish successful proof-of-concepts of this support systems for small businesses who implement RA 10754 faithfully.

Limitations

We excluded people with more severe disabilities, such as those with cognitive impairments and communication difficulties, as it was not feasible to collect data from them with the limited training that we had in dealing with persons with severe disabilities. This means that our findings are unable to portray the issues and experiences persons with severe disabilities face. The recruitment of respondents was another limitation since we made use of both purposive sampling and snowball sampling to diversify the respondent population. We were also unable to stratify and compare respondents according to their socio-economic status. Future researchers may benefit from recruiting individuals with various degrees and types of disability, as well as a greater number of participants and comparing the experiences of persons with disabilities across different socio-economic strata, to ensure that the data collected is more representative of the actual experiences of persons with disabilities.

While we did not reach the minimum of 10 respondents per subgroup, data saturation was achieved, as seen by consistent themes across the collected data and the lack of no new information or perspectives being introduced. However, a possible reason that saturation was reached even with a very low sample size, despite the diversity of disability types, was because the people who were interviewed were very similar to each other (Hennink and Kaiser, 2022).

Due to the nature of the topic and interviews, phenomena like social desirability bias influence and impair the veracity of the responses (Bergen and Labonté, 2020). Because participants are informed that these results will be published, they are also likely to emphasize the role they play and even exaggerate the positives they contribute to the law and the process. This can explain several discrepancies between persons with disabilities who have difficulty applying for the ID, business establishments and healthcare workers who report rampant ID abuse, and LGU representatives who have almost no complaints in these areas. The researchers were aware of this phenomenon and have tried to mitigate it by reassuring data privacy, anonymity and arranging the interview to encourage truthful responses but are also aware that it is impossible to remove these effects completely.

Conclusion

The study sheds light on the complexities and challenges surrounding the implementation of RA 10754 in the Philippines. Recent government initiatives to improve the implementation of RA 10754, such as the launch of a unified PWD ID system with better physical features (Serquina, 2025) or granting 50% discount for train fares (Presidential Communications Office Philippines, 2025), are steps in the right direction; although both were not yet implemented during the conduct of this study. However, these should only be the first of reforms to be implemented to improve the implementation of disability policies in the Philippines. Despite being implemented for more than seven years, there still exists a notable gap in the knowledge of persons with disabilities, as they are unaware of their eligibility until their routine medical examinations or check-ups, which should be addressed using disability-appropriate and cost-effective disability benefit promotion mechanisms at both the local and national levels. Similarly, the lack of awareness among healthcare workers regarding the classification of persons with disabilities emphasizes the need for training healthcare workers to deal with persons with disabilities and using the ICF in defining who qualifies as a person with disability under the law. Health professions education programs should be engaged as a partner in training future and current healthcare workers on disability policy and benefits. Because of devolution, LGUs should take a more active role in implementing RA 10754. This can be done through offering direct subsidies to small businesses that provide goods and services to persons with disabilities under the current law to encourage adherence to the law while keeping their businesses competitive and making the business establishment's implementation of RA 10754 a requirement for issuance or renewal of business permits. For persons with disabilities, LGUs can also take a more active role in making the application for the PWD ID easier by putting up a one-stop shop with a physician accredited to assess disabilities and the LGU PWD office close to each other to minimize travel expenses and reimburse PWDs for their travel expenses in getting their PWD ID through health financing reforms. LGUs should also play a more active role in catching abuses to the PWD ID and enforcing anti-discrimination policies. The national government should also take a more active role in the implementation of RA 10754, by incentivizing LGUs for properly implementing disability policy, harmonizing implementation between LGUs, punishing fixers, checking for abuse, creating guidelines for regular re-evaluation of disability status and prevention and punishment for disability fraud. Beyond social interventions, there is also a need for national government to revisit infrastructure, specifically land transport, to make it more accessible to persons with disability, including re-design of transport modalities to make them more disability-friendly and substitution of current transport modalities that are not disability-friendly with ones that are (Department of Social Welfare and Development (Philippines) – Digital Media Service, 2020; Department of Trade and Industry (Philippines), 2020). Future research can be conducted to include people with more severe disabilities and their caregivers to have a better picture of disability policy implementation issues among those with severe disability and to adapt the ICF for local use. Further research on the implementation issues of

disability policies will help improve the evidence base of disability policy research globally and make societies more inclusive, fair and equitable to all stakeholders involved.

Supplementary material
The supplementary material for this article can be found online.

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