CASE STUDY REPORT

A Case Study on the Primary Health Care System of Balete and New Washington in Aklan

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SUMMARY

Primary Health Care is the central tenet of Universal Health Care implementation in the Philippines under RA 11223. This is in line with the Department of Health 8 Point Health Agenda (2022-2028), Philippine Development Plan 2040, and the UN Sustainable Development Goals 2030. Philippine local government units have been given autonomy under the Local Government Code of 1991 but the Universal Health Care Act of 2019 introduced partial recentralization of the municipal functions back to the provincial level. In light of these developments, municipalities are now starting to implement the integration of their local health system into the provincial health system.

In this case study, leadership has been the key driver in introducing health systems reforms in both Balete and New Washington. While advantageous to Balete (both the Mayor and MHO), as alumni of the Health Leadership Governance Program, New Washington's Mayor and MHO, just started the Municipal Leadership and Development Program, both LGUs have comparable health outcomes (above the national targets).

Despite being a 4th class municipality without an accredited primary care facility yet, with a lower rank in economic competitiveness, Balete's Maternal Mortality and Infant Mortality Rates are at par with the national target. Balete Mayor Dexter Calizo was able to support health services by prioritizing health expenditures in the LGU budget. On the other hand, Mayor Jessica Panambo established an accounting system in the Municipal Economic Enterprise Development Office, thereby increasing local revenue and ensuring that sizable part of the income is plowed back to health services. Both doctors engaged various stakeholders in their Community-Based Adolescent Sexual and Reproductive Health program in the case of Balete, and Community-Based Mental Health in the case of New Washington.

Additionally, the Aklan Provincial Health Office and Governor contributed to the strengthening of the local health system of Balete and New Washington through technical assistance and health human resources augmentation. The leadership positions of Mayor Calizo as President of the Aklan Chapter of the League of Municipalities of the Philippines and Dr. Daystar Sedillo as President of the Aklan Chapter of the Association of Municipal Health Officers of the Philippines significantly contributed to the integration of both LGUs in the Aklan Provincial Health System. Overall, the principles of Bridging Leadership (Ownership, Co-Ownership, and Co-Creation) are being practiced by both LCEs and MHOs, to bring about the necessary reforms in the health system needed to achieve Universal Health Care.

CHAPTER I

INTRODUCTION

The passage of the Universal Health Care (UHC) Law or RA 11223 in 2019, aims to ensure that all Filipinos will have access to quality and affordable healthcare services. One of the key provisions of the law is the integration of local health systems into province-wide health systems. This is to improve coordination and collaboration between LGUs in the delivery of health services and to ensure that all Filipinos have equitable access to health care, regardless of their location (RA 11223, Section 19).

Prior to the implementation of the UHC Law, the health system structure at the Local Government Units (LGUs) was fragmented and decentralized. LGUs were responsible for providing primary health care (PHC) services to their constituents, but they had little autonomy over other levels of health care, such as secondary and tertiary care.

This was due to the Local Government Code of 1991 (RA 7160), which devolved the responsibility of PHC to LGUs but did not provide them with the corresponding resources and authority. As a result, there were significant inequities in terms of access to quality health care across LGUs. LGUs with limited resources had difficulty providing basic healthcare services to their constituents, while LGUs with more resources were able to provide a wider range of services (Cuenca, 2018).

With an emphasis on ensuring equitable primary health care services, particularly in disadvantaged and marginalized communities, the Zuellig Family Foundation (ZFF) continued its mission of transforming local health systems to be UHC-responsive in accordance with the health sector strategy (2023–2028) of the Department of Health (DOH). Since 2008, the Foundation has supported the DOH's objectives by assisting local governments in strengthening their local health systems through communication, training, and the use of best practices in health leadership and governance.

The Health Leadership and Governance Program (HLGP) funded by the Department of Health Center for Health and Development Region 6 has been implemented in the region since 2014. The HLGP is important in the implementation of the Universal Health Care Law. Region 6 is composed of the provinces of Iloilo, Antique, Aklan, Capiz, Negros Occidental and Guimaras. Many provincial and municipal local government units in the region have undergone training that aims to strengthen the local health system through the improvement of the six building blocks of health: human resources, health information, financing, vaccines and technologies, service delivery, and leadership and governance.

Aklan province, one of the HLGP's prototype provinces, has made significant progress in implementing Universal Health Care under the Provincial Leadership and Governance Program (PLGP). The said program is still assisting the province in accelerating its UHC implementation

with PLGP 3 and 4. The province has established organization structures and processes, such as an official account for the Special Health Fund (SHF) and an expanded Provincial Health Board (PHB), and met all preparatory level key results areas set by the DOH. This includes creating a province-wide health system, establishing technical working groups and committees, and developing evidence-based investment strategies.

The municipalities of Balete and New Washington have been identified as pilot case studies on how they ensure the integration of the Primary Health Care approach in the implementation of UHC. This case study aimed to document and showcase the role of governance in strengthening the primary care system, and the importance of allocating enough investments and resources to make health services available and accessible to all constituents. Innovations in the health system and best practices have contributed to efficient and responsive health care delivery resulting in better health outcomes for the two municipalities in response to UHC implementation through the PHC approach.

Statement of the problem

The primary healthcare systems in the municipalities of Balete and New Washington in Aklan, Philippines have implemented various innovative practices and strategies resulting in improved health outcomes for the communities. However, there is a need to document and assess these practices to identify best practices that can be replicated by other local government units (LGUs) and evaluate the overall impact of primary healthcare (PHC) implementation and universal health coverage (UHC) integration in the two municipalities. Additionally, the study aims to understand the role of leadership and governance in strengthening the PHC system and identify factors that facilitate or hinder PHC implementation, including the associated costs and investments needed to ensure accessibility and affordability. By highlighting key lessons learned from the experiences of the municipalities, this study will contribute to the development and improvement of PHC systems in other areas.

General and specific objectives

The case study of the municipalities of Balete and New Washington aims to showcase the innovations, good practices, and the role of governance in strengthening the primary care system of the two municipalities

The case study specifically aimed to:

1. Identify good practices and innovations undertaken by the municipalities of Balete and New Washington in terms of primary health care that have resulted in improved health outcomes for GIDA or vulnerable communities.
2. Determine leadership acts of the health leaders in the LGUs that have contributed to the improvement of their local health system
3. Determine the cost and investments needed to ensure the required primary care services are available and accessible in the last five years since 2017.

4. Analyze the role of leadership and governance in the improvement of priority health service access indicators, strengthening of primary care systems of the municipalities
5. Identify the facilitators and barriers to PHC implementation and Universal Health Care (UHC) integration, as well as the costs and investments needed to ensure accessibility and affordability,
6. Identify and discuss the most important or key lessons learned from the LGUs' experience (what really moves the needle).
7. Evaluate the impact of PHC implementation and UHC integration on health-seeking behavior, health system perception, and health outcomes, discussing improvements in health service accessibility, affordability, and health outcomes.

Significance of the study

The good practices, innovations and the critical role of leadership and governance in strengthening the local health systems that can be gleaned from the experiences of the two LGUs can identify pathways for other LGUs to improve their existing local health practices and structures. These can also inspire other local health leaders to ensure effective and efficient health service delivery in their desire to better serve their constituents.

CHAPTER II

METHODOLOGY

Research Design

The case study used mixed methods to assess the improvement of primary care services in the municipalities of Balete and New Washington including GIDA (Geographically Isolated and Disadvantaged Areas) and vulnerable communities. The study reviewed the evidence on the relationship between primary care and health, using three different measures of primary care: access, continuity, and comprehensiveness. As well as examine the impact of primary care in reducing disparities in health across population groups.

Qualitative data were gathered through key informant interviews (KII) and focus group discussions (FGD). The quantitative data focused on examining key health indicators and the availability of the various primary care services being offered by the rural health units. Descriptive statistics were done, while inferential statistics were used to assess differences, if applicable. Inferential tests were utilized to determine the significance of these differences. Qualitative and quantitative data were analyzed using the primary health care approach.

Data Gathering Methods

Primary data were gathered through Key Informant Interviews and Focus-Group Discussions. Six KIIs were conducted with major stakeholders representing various perspectives within the healthcare system. These included the Mayors and the Municipal Health Officers of both municipalities; a Public Health Nurse, a Data Encoder, and a Barangay Health Worker. The interviews were conducted between October 6th and November 20th, 2023.

One FGD each was held in New Washington and Balete: six representatives from various sectors within the community participated in New Washington while in Balete there were eight. This provided valuable insight into the community's perceptions of the effectiveness of the primary care system. Through these diverse perspectives, the FGD aimed to capture a holistic picture of the healthcare landscape in both municipalities, identifying strengths, weaknesses, and opportunities for improvement. KIIs and FGDs were audio recorded and transcribed

Secondary data were obtained from official reports and databases (FHSIS) maintained by the municipalities. These included health statistics, such as maternal mortality rate, Infant Mortality Rate, Facility-based delivery, Skilled Birth Attendant, Contraceptive Prevalence Rate, and Fully-Immunized Child. Primary care services that were available in both municipalities were likewise obtained.

Ethical considerations

Official letters to inform the LGUs about the conduct of the case study were addressed to the Local Chief Executives. A request for secondary data and other pertinent documents was likewise made as soon as the proposal for this case study was approved.

Prior and informed consent was obtained from the KII and FGD participants before the actual conduct of the face-to-face or Zoom interviews, and the FGD. The objectives of the case study of the interviews and FGDs were presented to them. They were also informed of the voluntary nature and the likely benefits of their participation in this research. Their consent were likewise sought for the audio recording of the and the photo-documentation of the activities. The research team likewise observed some degree of reflexivity in the process of the research.

CHAPTER III

REVIEW OF RELATED LITERATURE

Primary Health Care Approach

"Primary Health Care is a whole-of-society approach to health that aims to ensure the highest possible level of health and well-being and their equitable distribution by focusing on people's needs and preferences (as individuals, families, and communities) as early as possible along the continuum from health promotion and disease prevention to treatment, rehabilitation and palliative care, and as close as feasible to people's everyday environment" (WHO & UNICEF, 2018:2). It also emphasizes the three components, namely, multisectoral policy and action; empowering people and communities; and integrated health services with a focus on primary care and essential public health functions, as complementary and synergistic (WHO & UNICEF, 2018).

Primary Health Care (PHC) is rooted in the Universal Declaration of Human Rights Article 25 which states that "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing, and medical care and necessary social services". As the primary duty-bearer, governments hold the responsibility to ensure the protection and promotion of the right to health by making health services accessible and available to all. Time and again, PHC has been proven as "the most equitable, efficient, and effective strategy to enhance the health of populations" (WHO & UNICEF, 2018:2).

Re-emphasizing PHC facilitates a more adaptive and responsive health system in the current rapidly changing and more complex world. As a people-centered and multi-sectoral approach, it involves various stakeholders that focus on the prevention and promotion of health while considering the social determinants that have a considerable impact on the overall health and well-being of individuals and communities.

PHC is the right fit for sustainably achieving Universal Health Care (UHC) and even health-related Sustainable Development Goals. SDG3 targets such as the reduction of maternal, neonatal, and child mortality, ensuring universal access to sexual and reproductive health services, and prevention and treatment of substance abuse can be achieved through the PHC (WHO & UNICEF, 2018). Moreover, PHC can be instrumental not only to the achievement of SDG 3 (Good health and well-being) but also to socioeconomic and environmental goals related to poverty, education, gender equality, clean water and sanitation, work and economic growth, and climate change.

PHC is recognized as the basic foundation for UHC. "The involvement of empowered people and communities as co-developers of services improves cultural sensitivity and increases patient satisfaction, ultimately increasing use and improving health outcomes. In addition, there is considerable evidence that health systems based on primary care services that are first-contact, continuous, comprehensive, coordinated, and people-centered have better health outcomes

including reducing health disparities and improving health equity (WHO & UNICEF, 2018; Dassah et al., 2018; Mosquera et al., 2012; DaCunha et al., 2022).

Furthermore, leadership has been recognized as an important ingredient in the successful adaptation of the PHC approach. PHC-oriented health systems in many countries such as Costa Rica and Cuba have better health outcomes with their shift to community-based and preventive care from the more traditional emphasis on hospital-based and curative care (WHO & UNICEF, 2018).

PHC and Primary Care

Primary care and primary health care (PHC) are often used interchangeably. Primary care is the first contact with patients and their families for healthcare. It involves the health and well-being of the whole person and their family throughout all ages and stages of life. In practice, the relationship between primary care and PHC is complex. Primary care may provide both individual and population-level care, but PHC is more focused on the health of communities and populations (Shi, 2022).

According to Hartman et al (2021), primary care is essential for high-quality healthcare systems, especially for vulnerable patients. It contributes to overall performance and helps countries achieve universal health coverage. However, current primary care indicators are often too narrow to capture the quality of care for complex populations.

Assessing primary care using disease-specific measures is not enough, as it does not account for the broader range of services and functions that primary care provides. Additional measures are needed to monitor the impacts of change from strengthening PHC. Similar core measures of PHC are needed to integrate primary care functions, as well as the broader context that PHC offers. Recent efforts demonstrate that essential functions of primary care can be "measured" and related to important outcomes that matter to patients, clinicians, and insurance companies (Hartman et al., 2021).

Various tools and frameworks have been developed to measure primary care and PHC performance, including the Primary Care Assessment Tool (PCAT), the Quality and Outcomes Framework (QOF), the Primary Health Care Performance Initiative (PHCPI), the European Primary Care Monitor Framework, and the Person-Centered Primary Care Measure (PCPCM) (Hartman et al., 2021).

Each of these tools and frameworks has its own strengths and limitations. For example, PCAT is a self-report survey tool that can be used to assess the extent and quality of primary care services from consumer and provider perspectives, but it is long and focuses on processes, which limits its usability and applicability. QOF is a pay-for-performance scheme that has produced modest improvements in the quality of care and reduced inequities in the delivery of care for chronic

diseases, but it has also had some negative consequences, such as increased administrative workload for family doctors and potential neglect of aspects of care that are not readily measured (Hartman et al., 2021).

PHCPI is a global initiative to strengthen measures of PHC performance, especially in low- and middle-income countries. It has developed a set of indicators to measure PHC performance, including the Vital Signs Profile, which provides a comprehensive snapshot of a country's PHC system. Recently, PHCPI has developed the PHC Progression Model, a mixed-method assessment tool for more comprehensive and systematic measurement of PHC capacity (Hartman et al., 2021).

On the other hand, the European Primary Care Monitor Framework provides a conceptual framework for measuring primary care performance across three dimensions: structural, process, and outcome. Studies have found that countries with stronger primary care structures and processes tend to have better population health, lower rates of unnecessary hospitalization, and relatively lower socioeconomic disparities (Hartman et al., 2021). Meanwhile, PCPCM is a new measure designed to assess the complexity of primary care by focusing on aspects that are important to patients and clinicians, such as interpersonal communication, professionalism, and the social and relational aspects of care. PCPCM has been shown to have good reliability and construct validity and is supported by clinicians and patients. Further studies are underway to assess PCPCM's performance and potential use globally (Hartman et al., 2021).

The frameworks and tools summarized above are innovative steps toward better evaluation of primary care and PHC. However, only their systematic application in performance measurement around the world will clarify their true strengths and limitations. (Hartman et al,, 2021).

On the flip side, primary care systems differ in their responsiveness to patients' needs. Western countries tend to be more responsive than Mediterranean or Eastern countries. Prospective payment mechanisms for doctors are associated with greater responsiveness. Higher total health expenditure is associated with higher scores for dignity and autonomy. There is also a link between private health expenditure and responsiveness in primary care (Murante et al., 2017).

Health systems are expected to be responsive, meaning that they should provide services that are user-oriented and respectful of people's needs. Several surveys have tried to measure all or some of the dimensions of responsiveness (e.g., autonomy, choice, clarity of communication, confidentiality, dignity, prompt attention, quality of basic amenities, and access to family and community support), but there is limited evidence on the level of responsiveness of primary care systems (Murante et al., 2017; Saif-Ur-Rahman, 2019; Espinoza-Gonzalez, 2019; Henderson, 2023).

The results show that PC systems are more responsive when doctors are paid via capitation than when they only receive a fee for services or a mixed payment method. Additionally, countries

that spend more on health services are associated with higher levels of dignity and autonomy in PC (Murante et al., 2017).

In conclusion, quality, as measured from the patient's perspective, does not necessarily overlap with PC performance based on structural and process indicators. The results of this study could stimulate a new debate on the role of economic resources and PC workforce payment mechanisms in achieving quality goals, particularly the capacity of PC systems to be responsive (Murante et al, 2017).

RA No. 11223 or the Universal Health Care Law

Republic Act 11223, or the Universal Health Care Law of 2019, is the law that mandates the institutionalization of universal health care in the Philippines. The UHC Act seeks to "ensure that all Filipinos are guaranteed equitable access to quality and affordable health care goods and services, and protected against financial risk" (Section 3 (b)- RA 11223).

UHC in developed countries like France has been in place for more than half a century but still undergoes different challenges including inequality (Nay et al., 2016). Latin America has also paved the way, during the past 2 decades, for different innovations in the social insurance system and conditional cash transfers to achieve local health system reforms for universal health care coverage (Frenk, 2015).

According to Sigua et al. (2020), "The Philippine UHC Law presents health system reforms necessary to expand financial protection and access to health services to all Filipinos. This landmark legislation adopts a whole-of-system, whole-of-government, whole-of-society, people-centered approach to improving overall health system performance. It aims to progressively realize UHC in the country, ensuring that all Filipinos are guaranteed equitable access to quality and affordable health care goods and services, and are protected against financial risk".

The UHC Law is anchored on the three main pillars of PHC: The first pillar states that primary care and essential public health functions as the core of integrated health services. The UHC Law seeks to re-integrate the Philippines' highly devolved health governance system into province-wide health systems. These integrated provincial health systems will facilitate more efficient use of resources and delivery of comprehensive care. The providers are encouraged to consolidate into health care provider networks, capable of delivering a range of services, grounded on a strong primary care base. In fact, PhilHealth is expanding its currently limited primary care benefit to a new package called "Konsulta", with expanded rates and service inclusions which is accessible to all membership types. Health care provider networks will then be contracted by PhilHealth as one entity that will align its incentives and accountabilities, and promote continuity of care (Nuevo et al., 2021).

The second pillar is empowering people and communities. With the UHC Law, all Filipinos are automatically members of PhilHealth, and are immediately entitled to benefits. Patient

involvement in key decision areas is enhanced through representation in the Health Technology Assessment Committee that decides on benefit inclusions, and in the Provincial Health Board that develops and monitors the province's health plan (Nuevo et al., 2021).

The third pillar is multi-sectoral policy action. The UHC Law mandates the institutionalization of cooperative intergovernmental decision-making and implementation, particularly in areas such as health impact assessment, health professional education, and monitoring and evaluation of health system performance. The private sector is also enjoined to respond to service delivery needs as health care provider networks and to generate evidence together with the academe through data sharing and commissioning of relevant health policy and systems studies. For one, the adequacy of PhilHealth benefit package rates is continuously criticized, particularly by for-profit private facilities that do not enjoy government subsidies afforded to public facilities. Even between government units, changes in processes meant to improve the efficiency of one agency may result in negative effects on another agency (Nuevo et al., 2021).

The UHC Law mandates structural and functional changes in health financing, service delivery, and governance. This law aims to address the issues of the country's fragmented health system through the establishment of province- or city-wide health systems. To test this re-integration, a transition period of six years has been allotted for 33 selected provinces to implement the UHC Law with technical and financial support from the national government. Evidence and knowledge gained from these sites will provide valuable inputs to the ongoing development of supporting policies by the DOH and PhilHealth, the national health insurance program of the country, to support the eventual national roll-out of the law (Sigua et al., 2020).

UHC Law IRR- Provincial/City Health Boards and the Special Health Fund

Section 19. 17 of the Implementing Rules and Regulations of the UHC Law states that the Provincial and City Health Boards in addition to their existing functions and in accordance with RA 7160 (Local Government Code of 1991), shall: "a. set the overall health policy directions and strategic thrusts…oversee and coordinate the integration and delivery of health services…c. manage the Special Health Fund (SHF)…exercise administrative and technical supervision over health facilities…". Further, Section 20 on SHF states that it shall pool and manage all resources for the province-wide and city-wide health systems intended for health services through a SHF.

Prior to the UHC Act, local funds were susceptible to reallocation and repurposing for other expenditures. LGUs have full control and autonomy over their facilities, and they vary in allocating portions of their general funds to healthcare. The challenge is to secure a local fund exclusively for local healthcare. With the passage of the UHC Act, the issue is resolved since it mandates the creation of the SHF to ensure a more strategic and efficient pooling and management of health resources; provide appropriate incentives and mechanisms to achieve and sustain managerial, technical, and financial integration; and ensure transparency and proper accountability on the use of health resources (Lim et al., 2023).

The UHC Law aims to clarify and delineate the overlapping functions of government agencies as it re-envisions the role of DOH to be more focused on regulation, policy development, and standard setting, guiding implementation at the local level. PhilHealth on the other hand, transitions to become a stronger and more dominant national purchaser of services (Sigua et al., 2020).

At the local level, the public health system will be reorganized as province- or city-wide health systems, within which health care provider networks (HCPNs) will be formed. Municipal-level governments that currently lead and manage local health systems will transfer these functions to their respective provincial and city governments, which will become the focal points of local health governance. They will be responsible in terms of administrative and technical supervision, and health service delivery (Sigua et al., 2020).

Health Leadership and Governance Program

Since 2008, the Zuellig Family Foundation (ZFF) has implemented leadership and governance capability-building programs for health in various rural municipalities in the country. Assessment of ZFF's initial cohort municipalities in 2012 showed decreases in maternal mortality using ZFF's health change model, which regards leadership as key to equitable and effective local health systems towards better health outcomes.

ZFF leadership and governance programs for local government units:

- Provincial Leadership and Governance Program (PLGP) builds the health leadership capacities of provincial governors and their health officers to develop the provincial health system.
- City Leadership and Governance Program (CLGP) is a strategic and focused health leadership and governance program to help city mayors and health officers address the challenges of rapid urbanization to health outcomes in urban areas.
- Municipal Leadership and Governance Program (MLGP) is a leadership program for mayors and municipal health officers who are expected to improve their municipal health indicators and engage other local stakeholders.
- Health Leaders for the Poor - implemented in municipalities in the Autonomous Region of Muslim Mindanao, wherein the municipal health officer is expected to provide technical coaching to the Mayor.
- Barangay Leadership and Management Program (BLMP) is a capacitating the organized Barangay Health Board to render people-centered barangay health services through active community participation and empowerment to contribute to better health outcomes of the municipality and province.

ZFF helps improve the capacities of governors, mayors, local health officers, and regional health directors in creating an integrated local health system (LHS), focusing on strengthening primary health care toward Universal Health Care (UHC). The foundation intends to improve local health outcomes–addressing non-communicable diseases (hypertension and diabetes) and emerging and

reemerging infectious diseases (COVID-19)–despite public health emergencies, disasters, and pandemics.

Now on its fourth cycle, the Provincial Leadership and Governance Program (PLGP) helps the provinces of Agusan del Sur and Aklan in the implementation of UHC and assists them in their pandemic response and vaccination. The Foundation signed agreement with the Department of Health Center for Health Development Cordillera Administrative Region, Cagayan Valley, Ilocos, CALABARZON and Eastern Visayas.

Moreover, the Bayang Malusog: Municipal Leadership Development Program (MLDP) was launched in 2023. It aims to improve the maturity level of the local health systems to accelerate the UHC implementation. The province of Aklan belongs to the 4th cycle of the PLGP and is one of the three pilot provinces where the UHC implementation is being tested. The MLDP is a 12 months, 2-module face-to-face training that focuses on the mayors and the municipal health officers to enhance their leadership and technical knowledge on the UHC and to provide experts to coach them. The Program's capacity-building interventions shall support UHC implementation at the municipal level that will lead towards province-wide health systems integration (ZFF Training Module 2023)

Health Financing

Under the UHC Law, all citizens are automatically entitled to PhilHealth benefits, including comprehensive outpatient services. PhilHealth will be responsible for purchasing all individual-based services, including supplies, medicines, and commodities, as well as maintenance and operating expenses of health facilities. PhilHealth's provider payment systems will be reformed towards the global budgets of contracted HCPNs. The DOH will maintain responsibility for population-based services, as well as salaries for government healthcare workers (Sigua et al., 2020).

Furthermore, the UHC Law mandates the creation of a Special Health Fund (SHF). This is a pool of financial resources at the P/CWHS intended to cover population-based and individual-based health services, health system operating costs, capital investments, and remuneration of additional health workers and incentives for all health workers. The P/CWHS is composed of LGUs that commit to the integration of the local health systems and consequently to financial integration as well. Incomes from Philhealth payments shall be part of the SHF to be allocated exclusively for the improvement of the local health system. Specifically, the SHF seeks to address the financial fragmentation that has been experienced by most LGUs when health services were devolved. The strategic and efficient pooling of financial resources is hoped to improve equity in access to health and promote transparency and accountability in the utilization of health resources (JMC 2021-0001).

UHC and Primary Care Packages

According to Watkins et al., (2017), prioritizing universal health coverage for basic essential primary care packages also becomes an important aspect that leads to a more equitable local health system. In Asian countries for example, the sources of funds can be a constraint for the essential care packages with uneven governance structures and the actual selection of the care packages (Bredenkamp, 2015).

Inclusion of diagnostics is also part of the landscape for country-wide implementation of UHC with varying degrees of the list of diagnostics included in the essential package in low and middle-income countries in Asia (Bigio et al., 2023). The authors further noted government health insurance might have reduced out-of-pocket costs, but there is still a lack of access, availability, and affordability of these diagnostic services. In the case of the Solomon Islands, one of the UHC's milestones was the development of an integrated service delivery package that included a health human resource plan and guides to health infrastructure across their local government units (Whiting, 2016). The same health financing challenges were also documented in Nigeria's universal coverage for primary maternal and child care and health services (Onwujekwe et al, 2018).

Meanwhile, in the Philippines, the strategic implementation of RA 11223 involves prioritization and sequencing of reforms that recentralizes the local health system back to the provinces. Inherent in these reforms is the consolidation of the primary care providers with the corresponding benefits embedded in the essential package of the individual patients with PhilHealth as the main contracting entity (Nuevo et al., 2021), Specifically, the Konsulta, a primary care benefit package will be made available through Philhealth. It has an annual capitation rate of PHP 500 for public facilities and PHP 750 for private facilities per individual who avails of primary care services. This is part of Philhealth's mandate to provide all Filipinos access to primary care providers who will deliver basic health services at every life stage (PhilHealth Circular No. 2023-0019).

CHAPTER IV

RESULTS AND DISCUSSION

A. Socioeconomic Profiles of Balete and New Washington

The municipalities of Balete and New Washington exhibit distinct socioeconomic profiles, primarily characterized by their income classifications and demographic features. Balete is classified as a 4th class municipality, whereas New Washington is a 3rd class municipality. This income class difference reflects the relative economic standing of the two municipalities, with New Washington having a stronger local economy.

Table 1. Selected socio-demographic profile of Balete and New Washington

	Balete	***New Washington***
Municipal Income Class	4th Class	3rd Class
Land area (ha)	11, 893	6,669
Total Population ***Source: 2020 Census***	30,090	47,955
Number of Barangays	10	16
Number of GIDA Barangays ***Source: DOH GIDA List of 2022***	7	1
Poverty Incidence ***Source: 2018***	17.26%	11.35%

Balete has a total of 10 barangays, with 7 classified as GIDAs, indicating a higher proportion of its population facing challenges in terms of accessibility. As of 2018, it recorded a poverty incidence rate of 17.26% which suggests that Balete faces a greater challenge in addressing poverty among its population.

New Washington has only 1 GIDA out of its 16 barangay, signifying a more geographically connected and potentially more developed infrastructure. While both municipalities share the common goal of sustainable development, their unique circumstances necessitate tailored approaches to address their unique challenges and leverage their respective strengths.

Economic Competitiveness of Balete and New Washington.

Figure 1. Balete and New Washington's Competitive Index: Ranking

Balete, which (4th class) is ranked 100 steps below New Washington (3rd class) in terms of economic competitiveness rankings of the Department of Trade and Industry (Figure 1).

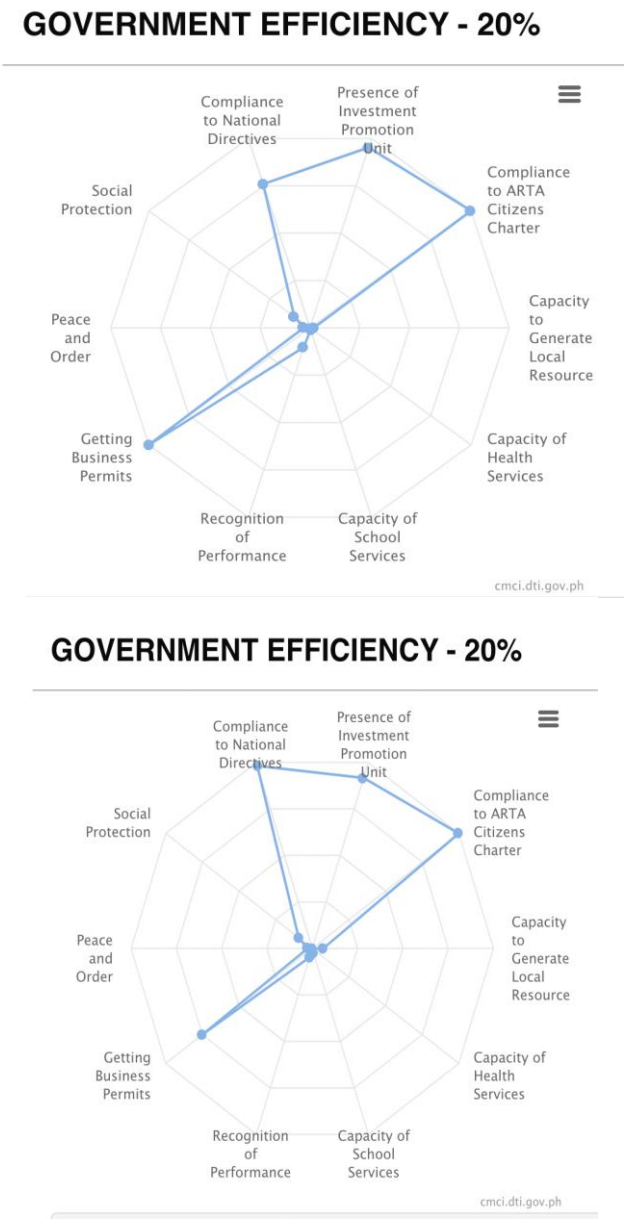

Figure 2.. Balete (Above) and New Washington's (Below) Competitive Index: Government Efficiency

In terms of government efficiency, that includes peace and order, school and health services, the two LGUs are almost similar (Figure 2). The strength of both LGUs lie in its efficiency in doing business with the municipal government. Other indicators like the health and school services lag behind the business indicators.

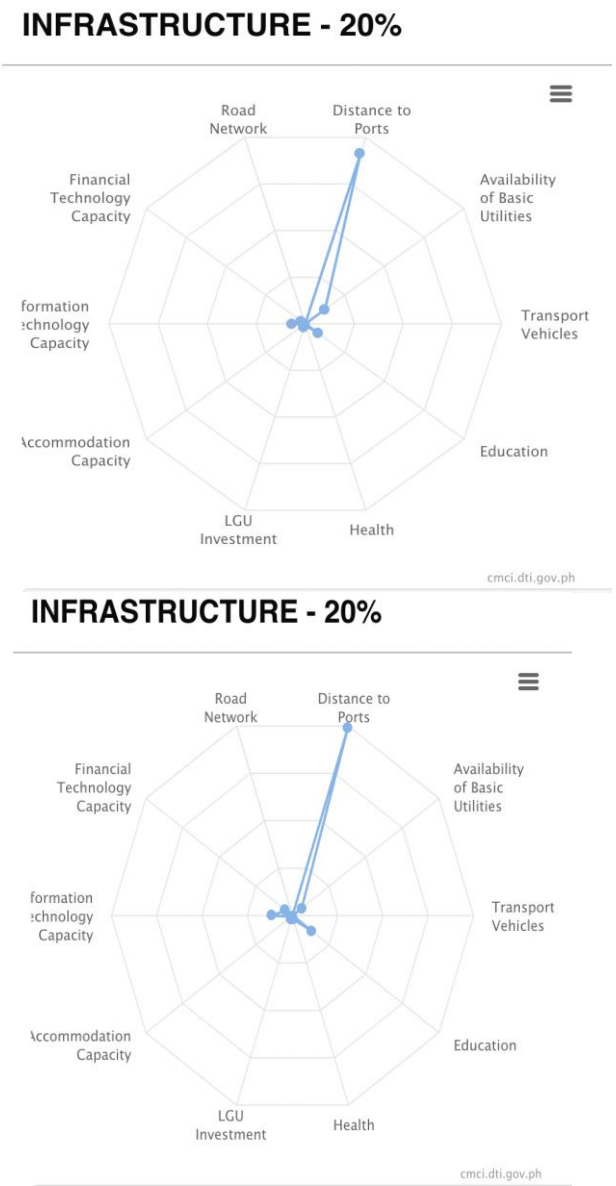

Figure 3.. Balete (Above) and New Washington's (Below) Competitive Index: Infrastructure

Infrastructure-wise, again, the two LGUs are almost similar. Access to ports for its economic activity is their strength but health, education, transport, financial technology services are almost nil (Fig 3).

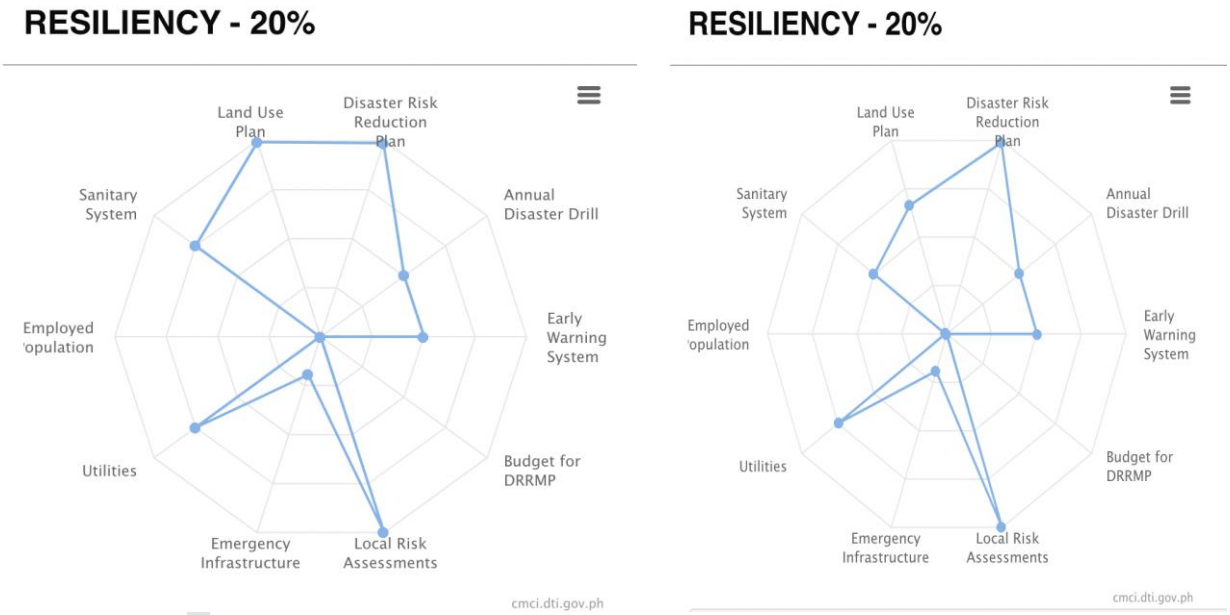

Figure 4.. Balete (Left) and New Washington's (Right) Competitive Index: Resiliency

Resiliency as measured by DRRM parameters is also quite similar for both LGUs. Both have DRRM Plans and local risk assessments but have not allocated enough budget or developed the emergency infrastructure (Fig. 4).

Overall, the economic competitiveness parameters of both LGUs are also comparable but the rankings are lower for Balete because of its economic income. Based on these data, even with a discrepancy between economic competitiveness and ranking, Balete still managed to achieve the national targets for health outcomes. It proved that regardless of economic status, as long as there is dynamic leadership, LGUs can still achieve better health outcomes.

B. Leadership Acts Leading to Good Practices and Innovation

Balete and New Washington have been actively engaged in municipal governance strengthening programs since 2014. Both municipalities initially participated in the **Municipal Leadership and Governance Program (MLGP)**, with New Washington completing cycle 1 under the previous administration. Subsequently, both enrolled in MLGP cycle 2, but only Balete successfully finished the program. Currently, both municipalities are demonstrating their continued commitment to good governance as participants in the **Municipal Leadership and Development Program** cycle 1.

This ongoing engagement in capacity-building programs highlights the municipalities' dedication to improve their administrative structures, leadership capacity, and service delivery for their communities. The successful completion of MLGP cycle 2 by Balete highlighted its ability to implement effective governance practices, while New Washington's participation in both cycles

demonstrated its commitment to continuous improvement. Their current participation in the MLDP cycle 1 signifies their ongoing pursuit of knowledge, skills, and strategies to further enhance their health governance capabilities and achieve better health outcomes.

In Balete, Mayor Calizo, an MLGP cycle 2 alumnus, consistently prioritizes initiatives for the RHU despite limited resources due to the municipality's 4th class status. His commitment to Bridging Leadership (BL) principles is evident in his unwavering support for the RHU's successful programs, by allocating increased budget for health from various fund sources. His leadership is further solidified by his unopposed re-election for three terms and the election of his entire slate of officials. His leadership extends beyond the municipal level, with his role as President of the Aklan Chapter of the League of Mayors of the Philippines (LMP) facilitating stronger connections between Balete's health system, the province, and neighboring municipalities.

Moreover, as his way of recognizing community-level participation, he launched the Annual Barangay Health Leadership and Governance (BHLG) Golden Award in 2019. A health project grant worth P250,000.00 is given to the barangay council with the most outstanding performance in health. Criteria for the selection include health data of the barangays from January to November of the current calendar year, specifically: (1) Barangay LGU Scorecard for Health (50%); (2) Leaders for Equity and Action Roadmap in Nutrition (LEARN) (25%); and (3) Barangay Health Leadership and Management Program (BHLMP) Roadmap (25%). Health program implementers who are part of the evaluation process include the BHW and the BNS for the Barangay LGU Scorecard for Health; the Barangay Nutrition Councils (BNCs) for LEARN; and the Barangay Health Boards (BHBs) for the BHLMP Roadmap (Source LIPH). On the other hand, Dr. Sedillo has established a performance-based incentive system for BHWs of New Washington.

Dra. Sualog, also an MLGP cycle 2 alumna, works synergistically with Mayor Calizo, actively implementing his vision for the RHU and embodying BL principles in her work. Their collaboration has been a key factor in the success of the RHU's programs. As an MHO, she is also dedicated to improving the health infrastructure. She has secured Php 7 million to upgrade the birthing center, initiated a memorandum of agreement (MOA) with a private pharmacy to increase access to medication, and recommended that 5% of the DRRM for Health be allocated for the purchase of essential medicines in the barangay. Her leadership extends beyond infrastructure improvements. She spearheaded the Reduction of Inequality through Safe Water and Environmental Sanitation (RISE) project, which won the Green Banner Award from the DOH for its efforts and innovative practices to improve access to clean water and sanitation in their municipality.

In New Washington, there is also synergy between Mayor Panambo and Dr. Sedillo. Dr Sedillo is very confident to implement RHU programs because he has the full support of Mayor Panambo who gives him leeway to decide on health matters. His opinion is even sought when it comes to health budget. He added that “Mayor is genuine. You can really feel that her dealings are not politically motivated. She empathizes and values family”. This is indeed an affirmation of one leader to another.

Mayor Panambo, who is currently enrolled in MLDP Module 1, had demonstrated her commitment to improving health care during her previous tenure as an SB (*Sangguniang Bayan*) member who chaired the Committee on Health. Throughout her career in public service, she has consistently demonstrated a passion for ensuring the well-being of her constituents, especially in health. Her leadership has been instrumental in establishing a robust accounting system in the Municipal Economic Enterprise Development Office (MEEDO). This system not only ensures the efficient use of financial resources but also serves as a vital tool to combat corruption and to uphold transparency.

The MEEDO raises revenues from the operation of its ports, slaughter house; in fish charges and rentals; and from various health services provided by the RHU. A significant portion of the revenues is plowed back to the RHU to enhance its health service delivery that are accessed by residents of the town and by other neighboring municipalities. Consequently MEEDO's revenues made possible the purchase of some health equipment that facilitated the RHU's PCF accreditation. The MEEDO financial report for Jan.-Sept. 2023 showed that the RHU was the biggest earner, thus Mayor Panambo automatically approves the requests of Dr. Sedillo.

Cognizant of the valuable contributions of job order (JOs) workers, Mayor Panambo retained them despite their political differences. This move speaks volumes about her commitment to prioritizing the needs of the people over politics. On his part, Dr. Sedillo also sends JOs to trainings as a way of enhancing their knowledge and skills. They can become regular employees when they prove themselves to be hardworking.

Dr. Sedillo, a recent MLDP module 1 participant, has drawn upon his extensive experience as a DTTB (Doctor to the Barrios) to embody the principles of BL even without formal training. His philosophy, "*Ibalik sa staff ang success ng health*," emphasizes the importance of empowering and acknowledging health workers, fostering a positive and collaborative work environment. Under his leadership, New Washington's RHU/PCF achieved the distinction of being the first accredited facility in Aklan province, showcasing his dedication to achieving high-quality health care standards.

Furthermore, Dr. Sedillo's active engagement with the PHO and other MGLUs through his role as President of the Association of Municipal Health Officers of the Philippines (Aklan Chapter) fosters collaboration and resource sharing. He takes into consideration the situation of the whole province in view of the UHC's mandate for integration. He recognizes the need to work with other RHUs in the District and acknowledges that there is still much work to do.

The experiences of Balete and New Washington clearly demonstrate the transformative power of effective leadership in strengthening local health systems. Another case in point is their expanded Local Health Boards (LHBs). They have strengthened their LHBs by expanding their membership, even exceeding the minimum DOH requirements for membership composition of 11. With 14 members in Balete and 28 in New Washington, both boards include representatives from various government agencies and Civil Society Organizations (CSOs). Notably, New Washington includes a representative from the Marina (Seafarer's Wives Organization), reflecting

its unique community needs (See Annex A: Table 2). Likewise, both boards hold regular meetings (quarterly) and have endorsed local ordinances supporting key health programs.

These initiatives which are being implemented in Balete and New Washington demonstrate good practices for improving health outcomes in GIDA and vulnerable communities. By ensuring sound financial management, fostering collaboration, and prioritizing health, both municipalities have achieved positive results and serve as models for other communities to follow.

The New Washington's Animal Bite and Treatment Center (ABTC) is the only one available in the District and together with its HIV center, it plays a unique role in primary care for these infectious disease patients. The ABTC was the RHUs' response to the very high actual number of patients (2, 229) in 2021 who availed of anti-rabies vaccination. That same year, the number one cause of morbidity was rabies. The ABTC likewise catered to residents of neighboring municipalities.

Community-Based Mental Health Program of New Washington and Balete

One of the provisions of the UHC Act is the delivery of mental health services. In the absence of a Psychiatric unit in the Aklan Provincial Hospital, and of a service delivery network for mental health, and the presence of only two Psychiatrists in the province, New Washington and Balete put up their own Community-Based Mental Health Program (CBMHP) to address their local needs. ,

New Washington's RHU's CBMHP is a pioneering response to mental health issues. So far, there have been 13 mental health patients who have been re-integrated with their families and communities. The RHU provides medicines to patients and does referrals when necessary. The Program does not accept patients if there is no family support. Thus, it actively engages families, schools, and the wider community to stop discrimination and the stigma associated with mental health patients and their families. It makes sure that a family member takes on the responsibility of seeing to it that the patient takes the medicine on a regular basis.

In some cases, it is even the patient's family who discriminate against their kin, thus they are likewise educated and their role as a support system is emphasized. Mayor Panambo even provided housing to one patient who was abandoned by his own family.

New Washington's RHU showed Balete RHU that something can be done with mental health patients despite their inadequacies and limitations in this aspect. Part of its CBMHP is to provide training on psycho-social support and first aid. The LGU invited trainers from the PHO and so far they have trained 17 teachers from DepEd who likewise serve as guidance counselors and 3 participants from each LGU department. It uses the whole-of-society approach such that in cases where there is a need to rescue a mental health patient, the RHU coordinates with the MSWDO and the PNP. Balete is fortunate since one of the two Psychiatrists in the province comes from the town so the RHU directly consults with the psychiatrist and then the patient is referred to

the MSWDO for medicine and financial assistance. This system is already in place and all stakeholders have been capacitated to effectively take on their various roles.

There was even a suggestion that instead of putting up a District hospital (that will cater to New Washington, Balete, Banga, and Kalibo), why not put up a mental health facility to address this gap in Aklan province. As it is, patients who cannot be handled at the local level are referred to the regional mental hospital located in Pototan, Iloilo.

C. Health Outcomes and Perceptions

The health outcomes include key indicators such as MMR, IMR, FBD, SBA and FIC in Balete and New Washington over the past five years (2018-2022):

It reveals that Balete and New Washington achieved a remarkable absence of maternal death from 2018 to 2022. This suggests that BHWs at the barangay level have been consistently doing their follow-ups of pregnant women who have their regular prenatal check-ups. The presence and availability of midwives and other health professionals likewise actively promoted safe motherhood.

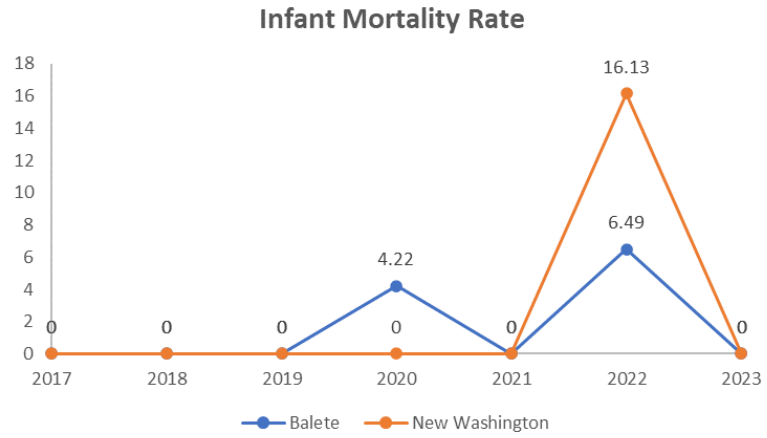

Figure 5. Balete and New Washington's IMR rates for 2017-2023

Figure 5 exhibits a difference in the IMR of the 2 LGUs in infant mortality rates, with Balete's average of 2.14% lower than New Washington's 3.23%. This finding points towards more effective infant mortality reduction initiatives implemented in Balete. Both, however, are still within the DOH national targets.

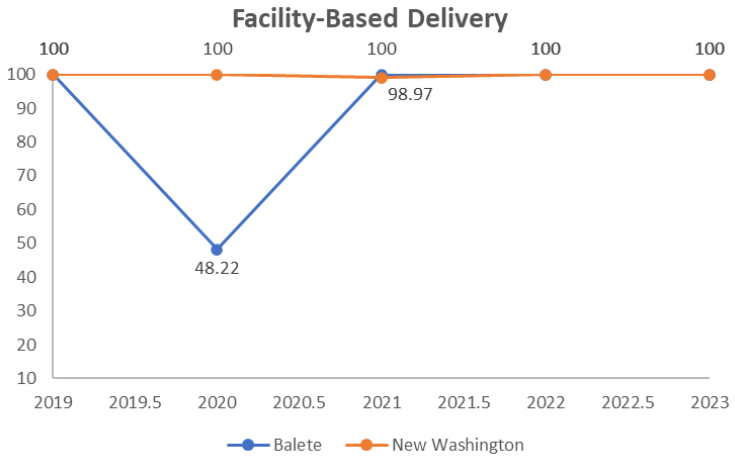

Figure 6 Balete and New Washington's FBD

Figure 6 reveals an increasing number of deliveries in healthcare facilities which contributes to improved maternal and child care. There is a statistically significant difference in the prevalence of facility-based deliveries between the two municipalities. New Washington's considerably higher average rate (99.97%) compared to Balete's (89.64%) may be attributed to the pandemic years, which skewed the mean for the latter. But overall, both had 100% FBD by 2021-22. Births during the start of the pandemic in 2020 were home deliveries because of the reluctance of mothers to go to the birthing center due to the quarantine measures.

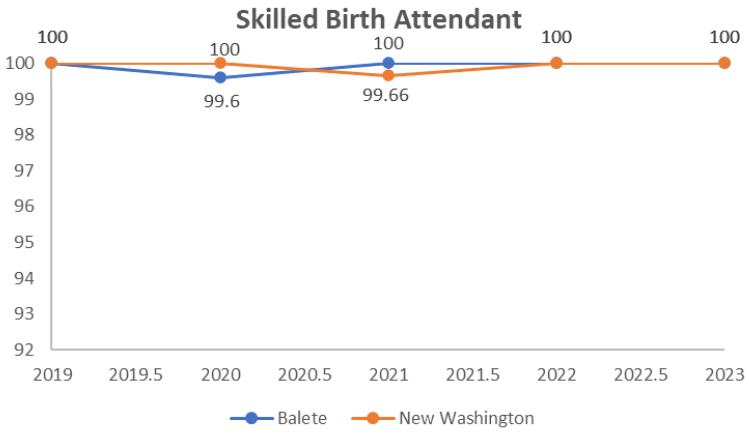

Figure 7. Balete and New Washington's SBA

Figure 7 demonstrates a statistically significant, yet slight, difference in average rates of skilled birth attendants during childbirth. New Washington leads with 99.93%, while Balete follows closely with 99.92%. Again this might be due to the quarantine measures during 2020-21 pandemic with a dip in the number of SBA. This finding underscores the commendable achievement of both municipalities in ensuring access to midwives. The slight dip in the SBA in Balete is a reflection of

the dip in the FBD in Fig. 6 but it also shows that the home births in 2020 were still attended to by a skilled birth attendant.

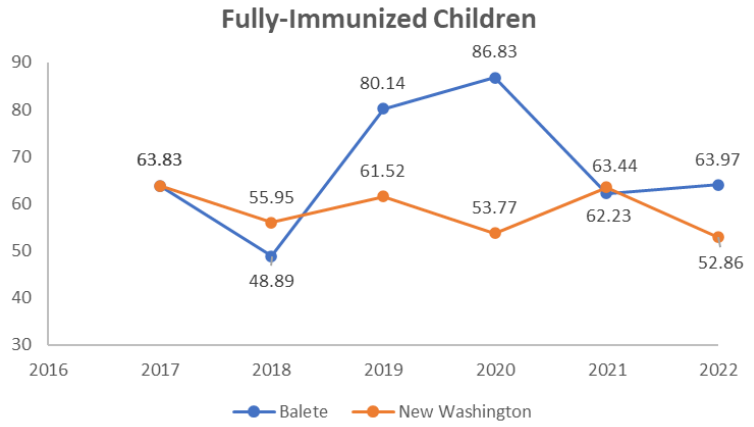

Figure 8. Balete and New Washington's FIC

Figure 8 highlights a notable difference in fully immunized child (FIC) rates, with Balete exhibiting a higher average (68.41%) compared to New Washington (57.51%). This suggests potential variations in immunization coverage between the two locations. This parameter remains a challenge for both LGUs.

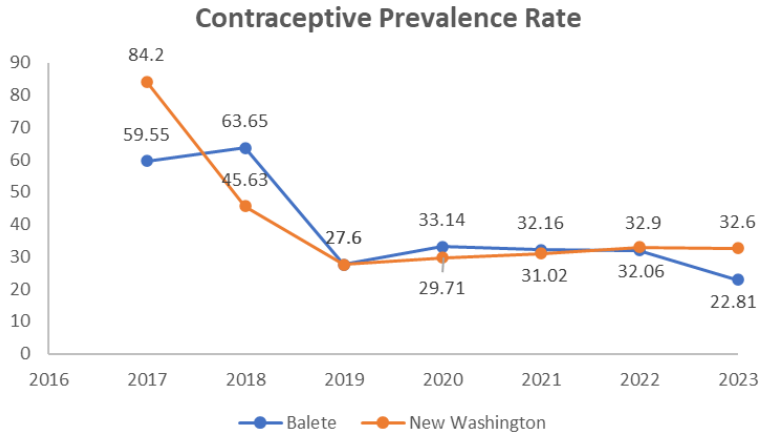

Figure 9. Balete and New Washington's FIC

When it comes to Contraceptive Prevalence Rate (CPR), Balete has a higher average of 37.72% compared to New Washington's 33.37%. This indicates that Balete residents have better access to and utilize contraceptives, potentially leading to a lower birth rate and improved maternal health.

Overall, both Balete and New Washington have made significant strides in improving their health indicators over the past five years. Balete however, appears to have a slight edge in several key areas, including IMR, CPR, and FIC. Nevertheless, New Washington demonstrates impressive performance in FBD and SBA (a Birthing Center was put up in an island barangay), highlighting its commitment to safe and skilled childbirth practices. Despite the progress made, there is still a need to increase investments in health which is crucial for both LGUs to achieve even better health outcomes for their constituents.

The Focus Group Discussions held in Balete and New Washington revealed valuable insights into community perceptions and experiences of primary care services. Primary care refers to the patient and their families' first contact for healthcare which may involve the individual or the family's health and wellbeing throughout their life stages. Primary care services include clinical laboratory, diagnostic radiologic services, pharmacy. birthing services, dental services and ambulance service. (See Annex: Tables 3 & 4)

The participants in the FGDs of both municipalities were made to identify and rate the primary care services that are available in their municipality with the following rating system: 1- very poor, 2-poor, 3- neither poor nor good, 4-good, 5- very good. In both LGUs, the FGD participants' overall ratings of their primary care services were "5" which was very good. They were generally happy and satisfied with the services provided by the various health personnel in their RHU.

Some of the FGD participants played significant roles in the delivery of these primary care services such as the BHWs who help in the immunization of children, monitoring of pregnant women, and serving as partners in the TB-DOTS among others; the Peer Educators who actively promote community education on Adult Sexual and Reproductive Health in schools and barangays; and the Parish Pastoral Council President/Barangay Kagawad who provides Pre Cana seminar. As sectoral representatives, they also ensure wide dissemination of health information to their constituents.

Balete's Adolescent Sexual and Reproductive Health Program is strengthened with the active engagement of volunteer Peer Educators who do Information, Education and Communication campaigns in the barangays and schools. Now, it is the patients who seek the RHU out. They attribute this to the trust that people have on them which is why people come forward to get tested for HIV.

Both LGUs have level 2 clinical laboratories while dental services have been provided by the Provincial Health Office.

D. Facilitating Factors in PHC and UHC Implementation

The municipalities of Balete and New Washington have demonstrated the critical role of leadership and governance in improving primary care and other essential health services. In both municipalities, the mayors and health officers: 1) work closely together, embodying the principles

of ownership, co-ownership, and co-creation. This collaboration is evident in their efforts to craft the Local Investment Plan for Health (LIPH), support livelihoods, and provide shelter and education needs; 2) recognize the role of a resilient health system by strengthening its different components including the social determinants of health (e.g., from New Washington's pioneering work on mental health service delivery and local employment to Balete's Adolescence Sexual and Reproductive Health to nutrition and livelihood programs); 3) make their political advantages work to advance their health agenda. Balete's political system, where the Calizo's have no opposition, ensures the acceptability and continuity of health programs while Mayor Panambo was able to unite various political factions in her municipality. She retained high-performing Job Order personnel in the RHU regardless of their political affiliations to uplift their morale and to motivate others to do their work more seriously. Furthermore, she created additional plantilla positions for a nurse and a medical technologist, strengthening the RHU's human resource capacity. The LGU under her leadership has also committed 10% of their budget to the Special Health Fund.

Similarly, the proactive roles of the Public Health Nurses (PHNs) as middle managers is another notable feature of both municipalities' leadership and governance structures. The PHNs play a vital role in collaborating with other stakeholders and ensuring the effective implementation of primary care programs and services down to the barangay level.

Alignment of the health agenda of the Provincial government and the two LGUs are likewise evident. Both LGUs enjoy the support and technical assistance of the office of the Governor and the Provincial Health Office (PHO). The PHO has been paying for the dentists who provide dental care to all RHUs for the last 14 years. They also have an improved referral system since there is no District hospital and patients are directly referred to the provincial hospital. This ensures efficient transfer of patients across different healthcare levels, allowing them to receive timely and appropriate care.

Political commitment and support are likewise evident in the actions of the mayors of both municipalities who promote people's participation and multi-stakeholder engagement, particularly in the expansion of their Local Health Boards. The membership of their LHB exceeds the minimum number of representatives from various sectors. The RHUs likewise proactively bring their services to GIDA when necessary with the health personnel themselves who regularly go to far-flung barangays to provide health services. Updates and programs on health and other services are cascaded down to the barangay level. This demonstrates their commitment to providing primary care to all.

The Balete LGU in particular is very fortunate to have a Sangguniang Bayan member who chairs the Committee on Health and also acts as the Municipal Nutrition Action Officer (MNAO). He has been very active and was even recognized in the region for the town's performance in nutrition. Moreover, the DOH regional office funded the Barangay Health Leadership and Management Program (BHLMP) that trained members of the Sangguniang Kabataan, BHWs and BNS of the different barangays. Through this program the Punong Barangays were made to

understand the importance of health promotion and thus it was agreed that 5% of their annual budget will be allotted for the procurement of medicines.

E. Challenges to PHC and UHC Implementation

The local health champions in both LGUs have achieved a lot as presented in the preceding paragraphs but there is so much more to be desired. The first challenge is health financing, especially for Balete, whose economic income is not sufficient to address the increasing demand for services. New Washington, on the other hand, might have more financial resources than Balete, but is still struggling to fully implement the Magna Carta for Health workers' provision on hazard pay.

Table 2. Konsulta Registration and FPE data of Balete and New Washington as of 30 Nov 2023

LGU unit	EMR	Registered Member + Dependents	FPE data	Paid Claim
Balete	eKonsulta	12, 716	508	34,349
New Washington	eKonsulta	19,906	1,397	124,980

Secondly, both internet connectivity and encoding in iClinicsys remain a daunting challenge, especially with the lack of reliable internet access. This leads to lower reimbursements from PhilHealth's eKonsulta depriving the LGUs of their fair share of the health financing mandate of PhilHealth. While Balete and New Washington recognize the advantages of the PhilHealth Konsulta package and capitation for health financing, they face challenges in fully utilizing this resource due to technical issues related to health informatics, including encoding, internet connectivity, and limitations in hardware. However, with anticipated improvements in internet connectivity, an increase in the number of trained encoders, and the acquisition of additional computers, both LGUs can expect to collect the necessary data to enhance their health financing and subsequently improve their overall healthcare systems.

Thirdly, addressing the social determinants of health remains a big challenge especially for Balete, which does not have enough financial resources like New Washington. Mayor Calizo's livelihood program for economic development is still in its infancy stage. Without much economic activity in the municipality, especially because of its proximity to New Washington and Kalibo, business enterprises are less likely to invest in Balete to spur local economic development.

Similarly, Mayor Panambo and Dr. Sedillo look at mental health as not just simply an issue on health. There have been cases when the patient was not able to take medicine because there was no money and the stressor may even come from within the family. So they had to look for programs (e.g., in the MSWDO) where the patient can access the necessary assistance.

Most importantly, the administrative issues including red tape in procurement processes of health equipment, medicines, technology, and vaccines, and building health facilities remains the biggest challenge. This leads to a very low health budget utilization that hinders full health service delivery.

Lack of HRH in the context of PHC and UHC

Based on the LIPH 2023-2025 of New Washington, it needs 3 doctors to be at par with the UHC standard. The ideal ratio is 1 doctor for every 20,000 population. Currently, it has two doctors: Dr Sedillo who does both clinical and administrative work and the *DTTB*. It needs 13 more PHN and nine Primary Care Nurses. It currently has 7 midwives but still needs 29 more to meet the minimum standards. There is also a need for one additional Rural Sanitary Inspector and one Medical Technologist. Its BHW to population ratio is 1:20 households.

Balate RHU needs an additional one doctor, 2 PHN , 8 Primary Care nurses, 1 sanitary Inspector and 3 Midwives. Balete also has an assigned DTTB since 2023. BHW to population ratio is 1:47 households.

Health Infrastructure

New Washington already has an RHU 2 but RHU 1 is undergoing renovation to further improve its health services. Balete is planning to construct a super health center that will serve the interlocal health district with support from the national government.

The RHU Balete still lacks a Permit to Construct (PTC) which is due to be issued by the 1st quarter of 2024 to partially comply with one of the PCF accreditation requirements. The PTC has been revised 6 times by DOH. The current RHU has no pharmacy, supply, and logistics room.

F. The Cost and Investments Needed (LIPH):

An analysis of the Local Investment Plans for Health (LIPH) 2023-2025 of both municipalities reveals a shared focus on health service delivery, with respective budget allocations of 69.67% and 65.67% for Balete and New Washington, respectively. Both municipalities primarily rely on the Department of Health (DOH) and their own budget for health financing, with the DOH contributing 71.08%, and 74.62% of Balete and New Washington's total health budgets, respectively, more details are found in Tables 7 and 8.

Balete prioritizes Health Workforce (29.23%), while New Washington prioritizes Supply Chain and Logistics Management (21.73%). Both allocate minimal resources to Health Information Systems and Health Financing. This explains the inadequacy of internet connectivity that is crucial

for Notably, Balete acknowledges potential unfunded gaps (14.17%), while New Washington anticipates no such shortfall. Additionally, Balete receives funding from the National Nutrition Council for nutrition programs highlighting the importance of exploring diverse funding avenues.

Table 7. Summary of Cost & Sources of Funds; LIPH 2023- 2025; Balete, Aklan

Building Blocks	Source of Fund						Unfunded	Grand total Cost (Php)	% of Grand Total Cost
	LGU			DOH		Others			
	Provincial	Municipal	Brgy	CO	CHD				
Leadership & Governance		1,130, 000.00						1,130, 000.00	0.44%
Health Financing		210,000.00						210,000.00	0.08%
Health Workforce		32, 722, 972.08		21, 645, 296.10			20, 689, 389.81	75,057,647.99	29.23%
Health Info System		486,000.00						486,000.00	0.19%
Supply Chain and Logistics Mgt and Regulation		710,000.00					300,000.00	1,010,000.00	0.39%
Health Service Delivery	135,000.00	17, 410,000.00		160,300,000.00	600,000	30,000	450,000.00	178,925,000.00	69.67%
Grand Total Cost	135,000.00	52,668,972.08		181,945,296.10	600,000	30,000	21,439,389.81	256,818,657.99	100.0%

% Grand Total Cost	0.05%	20.51%		70.85%	0.23%	0.01%	8.35%		
	LGU		DOH		NNC		Unfunded		
	20.56%		71.08%		0.01%		14.17%		

Table 8. Summary of Cost & Sources of Funds; LIPH 2023- 2025; New Washington, Aklan

Building Blocks	Source of Fund						Unfunded	Grand total Cost (Php)	% of Grand Total Cost
	LGU			DOH		Others			
	Provincial	Municipal	Brgy	CO	CHD				
Leadership & Governance		7,350,000						7,350,000	3.78%
Health Financing		1,680,000						1,680,000	0.86%
Health Workforce		11,650,000						11,650,000	5.99%
Health Information System	360,000	1,050,000		1,800,000	600,000			3,810,000	1.96%
Supply Chain and Logistics	4,000,000	15,245,000		6,000,000	17,000,000			42,245,000	21.73%

Management and Regulation									
Health Service Delivery	3,550,000	4,450,000		6,850,000	112,800,000			127,650,000	65.67%
Grand Total Cost	7,910,000	41,425,000		14,650,000	130,400,000			194,385,000.00	100.0%
% Grand Total Cost	4.07%	21.31%		7.54%	67.08%				
	LGU		DOH		NNC		Unfunded		
	25.38%		74.62%		n/a		n/a		

G. Key Lessons Learned

Strong leadership and effective governance are fundamental in overcoming resource limitations and achieving positive health outcomes. Mayor Panambo, an accomplished business person before becoming a mayor, is able to put to good use her business acumen to increase health financing through an improved accountability system in the MEEDO. Mayor Calizo started his MLGP journey in 2017 in his first term as mayor and is now on his last term. He acknowledged that MLGP has indeed affirmed his commitment to health, thus, regardless of the financial challenges, he strives to increase health financing by ensuring that barangays allot 5% of their budget for medicines. Meanwhile, Dr. Sedillo capitalizes on his public health training and like Dr. Sualog, both harnessed their social capitals to strengthen the local health system.

Investing in leadership development is crucial to equip future leaders with the skills and knowledge necessary for effective governance in the health sector.

Leveraging social capital through building relationships with stakeholders and utilizing existing networks for PC delivery and UHC integration. Mayor Calizo and Dr. Sualog engage with the different stakeholders down to the barangay level. Both leaders have earned the trust of the Sangguniang Bayan, the Sangguniang Kabataan and the local communities. Mayor Calizo has accessed funding from members of Congress by virtue of his being the President of the LMP-Aklan Chapter. Furthermore, Balete RHU's PHN is also a former SK Chair with strong connections with the youth thus, enabling a community-based adolescent sexual and reproductive health program.

Social capital is also harnessed by Mayor Panambo who has extensive business-related interests and connections, both locally and nationally. She has overcome financial hardship to establish her own businesses and this ability is replicated in her multifaceted role as local chief executive. Moreover, Dr. Sedillo had also facilitated the donation of an X-ray machine by the World Health Organization.

Both LGUs have the full support of the PHO in terms of health human resource augmentation (e.g. Dentist), referrals, and other forms of technical assistance. They also engage with the private sector (e.g. MOA with pharmacies) and volunteers from their communities. These are very good accomplishments that can be built on and further harnessed to further improve the local health system. The experiences of these LGUs demonstrate the effectiveness of engaging diverse stakeholders in implementing community-based health programs: Balete has a Community-Based Adolescent Sexual and Reproductive Health, while both have a Community-Based Mental Health Program. This approach fosters a sense of ownership and collaboration that contributes to the sustainability and greater success of these health initiatives. Moreover, strengthening public-private partnerships can leverage resources and expertise to address health challenges.

Holistic promotion of health is simultaneously addressing the SDH

The local health leaders of both LGUs recognize that health needs cannot be addressed by the RHU alone. They have been engaging other offices such as the MAO, PNP, MPDO and even DepEd to complement the health programs. Mayor Calizo provides livelihood programs to augment the income of rural women; he coordinates with the MSWDO and the PNP to help mental health patients. On the one hand, Mayor Panambo considered housing needs of mental health patients who do not anymore have family support; and she gave drug surrenderees a second chance by giving them work as JOs in the LGU.

This whole-of-government approach is evident in the LGUs initiatives and the genuine desire of the Local Chief Executives (LCE) to truly make a difference in the lives of their constituents has been proven time and again. Both LCEs promote economic enterprises to spur economic growth in their municipalities.

Continuing community engagement is essential to ensure the sustainability and success of health programs. This involves fostering a culture of collaboration and participation among all stakeholders, including barangay officials, youth groups, the religious sector and community leaders.

Investing in technology to adapt and thrive in this digital age. The significance of investing in health information cannot be overemphasized. There is an urgent need to address the technical glitches hindering data transfer and ensuring accurate reimbursements between the LGU EMR (iClinicsys) and eKonsulta. Investing in faster Internet with an upgrade in bandwidth will significantly improve data transmission speeds, allowing for smoother Konsulta operations and potentially leading to increased capitation funds. Replacing outdated computers with faster models will enhance processing power and system performance, further contributing to improved data management and Konsulta utilization. Lastly, utilizing digital tools for patient records, health education, and remote consultations will greatly enhance service delivery.

By adopting digital health solutions, such as e-prescriptions and online medicine ordering platforms, both Balete and New Washington can streamline their procurement processes, reduce administrative burdens, and improve transparency. Additionally, incorporating telehealth services can expand access to medical consultations and reduce unnecessary trips to hospitals, particularly for residents in remote areas.

The implementation of UHC and the establishment of a province-wide health system offer opportunities for more efficient and effective health service delivery. With financial stability, both municipalities will be better positioned to participate in the PCPN/HCPN (Primary /Health Care Provider Network), enabling them to leverage bulk purchasing power and access better pricing for medicines. This, in turn, will help ensure the availability of essential drugs for their residents.

CHAPTER V

CONCLUSIONS

The experiences of Balete and New Washington highlight the crucial role of leadership and governance in the delivery of primary care services in the context of the UHC implementation. Establishment of a Primary Care Facility as an initial step towards a Provincial Health system entails weaving of the 6 building blocks with the leadership and governance as the main driver. Health informatics, financing are the two second most important block that will facilitate hiring of more health human resources, procurement of medicines and other technologies, and improve service delivery network. With leaders who are health champions, lack of funding and other challenges can be addressed through engagement with local communities, harnessing social capital, continuous capability-building of LGU personnel and ensuring an accountable and transparent governance systems.

The local health champions - mayors and the MHOs' leadership capabilities have been further harnessed through their engagement in the MLGP and MLDP. Putting health as their primary political agenda has opened a lot of opportunities for them not only to grow personally but also professionally. They have deliberately transferred this commitment to health and good governance to those whom they closely work with. Their own personal attributes of being forward-looking, compassionate and emphatic also inspires others to do their work honestly and sincerely.

UHC integration has just begun but both LGUs have been working hard to ensure that primary care delivery is responsive to the needs of their constituents. While recognizing their inadequacies they are continuously learning on the job and are efficiently making full use of whatever resources they have to provide the best health care possible.

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ANNEX A: TABLES

Table 2. Membership of the Expanded Local Health Board

	Balete	New Washington
Number of Membership	**14**	**28**
Membership composition		
LOCAL CHIEF EXECUTIVE (LCE)	/	/
MUNICIPAL HEALTH OFFICER (MHO)	/	/
SANGGUNIANG BAYAN ON HEALTH	/	/
MLGOO	n/a	/
DOH REPRESENTATIVE	/	/
MSWDO	n/a	/
BUDGET OFFICER	n/a	/
MUNICIPAL PLANNING AND DEVELOPMENT	/	/
ABC PRESIDENT (LIGA NG BARANGAY)	/	/
ABC VICE PRESIDENT (LIGA NG BARANGAY)	/	**n/a**
SK President (Youth)	/	**n/a**
MUNICIPAL TREASURER	n/a	/
MUNICIPAL ENGINEER/ MENRO	n/a	/
MUNICIPAL ACCOUNTANT	n/a	/
MDRRMO	n/a	/
MUNICIPAL ADMINISTRATOR	n/a	/
PRIVATE SECRETARY	n/a	/
PDSD	n/a	/
BHW ASSO. PRESIDENT	/	/
CHIEF OF HOSPITAL, DRSTMH	n/a	/
BNS ASSO. PRESIDENT	/	/
CSO REPRESENTATIVE	n/a	/
MUNICIPAL AGRICULTURIST	n/a	/
OSCA FED. PRESIDENT (SENIOR CITIZEN)	n/a	/
RELIGIOUS SECTOR	/	/
Municipal Link (4Ps)	/	**n/a**
PWD ORGANIZATION PRESIDENT	n/a	/
LHB secretariat	/	/
LHB Asst. secretariat	/	/

Secretariat #1 (Mayors Office)	n/a	/
Secretariat #2 (Mayors Office)	n/a	/
Regular LHB Meetings	/	/
Local Health Ordinances lobbied	/	/

Table 3. Stakeholders' Rating of the Primary Care Services from the FGD in New Washington

PRIMARY CARE SERVICES	RATE (1-5 pts)	REMARKS
1. Free Consultation	4-5	Full-time doctor
2. HIV Primary Care Clinic	4-5	HIV Positive to seek health & increase awareness; overcame stigma among family & public
3. X-ray full discount price for Senior Citizens..PWDs; charged to Konsulta Package	4	Arrival of digital x-ray machine
4. Prenatal Check-up- Free	5	Peer Educators; Healthy Young ones (10-14 y.o); BHWs monitor
5. Sanitation- Zero Open Defecation (ZOD)	5	
6. Laboratory- discount privileges Urinalysis, CBC, Fecalysis, Creatinine,etc.	4-5	*Mahaba ang pila*; 2 days after results; immediate results for PWDs and Senior Citizens
7. Mental Health Free medicines; one-on-one counselling, and housing accommodation	5	Stay-in staff + police; family support
8. Birthing Clinic- free to PhilHealth members	5	
9. Family Planning	5	
10. Animal Bite Center	5	
11. Dental Health (Php 250 for anesthesia)	5	
12. Ultrasound		
13. TB DOTS	5	

Table 4. Stakeholders' Rating of the Primary Care Services from the FGD in Balete

PRIMARY CARE SERVICES	RATE (1-5 pts)	REMARKS
1. Birthing Clinic	5	Free
2. Regular Immunization	5	0-59 months; every Wednesday
3. Prenatal	5	
4. Vaccine for SC (anti-pneumonia, anti-flu)	5	Free
5. Medical Prescriptions	5	
6. Operation *Tuli*	5	Every Summer
7. Education on Teenage Pregnancy	5	Stay-in staff + police; family support
8. Dental Services	4	only two times a week
9. Education on Breastfeeding	5	
10. Pre-marriage counselling	5	with MAO, MSWDO, RHU
11. Mental Health Awareness/ Program 2021	3	
12. HIV Awareness	4	HIV Screening
13. TB-DOTS	4	
14. Regular weighing of children	5	
15. Feeding Program	3-4	No Nutritionist/ or dietician Project RISE
16. PWD Certification	5	
17. Consultant	5	
18. Nutrition Education for Parents		IEC Job Aid- BHW 3, 9, 2, 7

Table 5. Checklist of Primary Care Service Delivery of Balete and New Washington

	Balete	**New Washington**
Clinical Laboratory	Level II	**Level II**
CBC with platelet count	/	/
Urinalysis	/	/
Fecalysis	/	/

Fecal occult blood test	n/a	**n/a**
Lipid Profile (Total cholesterol, HDL, LDL and triglycerides)	/	**/**
Fasting blood sugar	/	**/**
Oral glucose tolerance test	n/a	**/**
Pap smear	n/a	**n/a**
Serum Creatinine	/	**/**
HbA1C	n/a	**n/a**
Blood typing	/	**/**
Screening for Hepa B, syphilis and HIV	/	**/**
Sputum microscopy or Nucleic acid amplification test	/	**/**
Dengue rapid test	/	**/- provided by PHO**
Rapid Diagnostic Test	n/a	**n/a**
Xpert MTB RIF	n/a	**n/a**
Sysmex HISCL HIV Ag+Ab Assay Kit	n/a	**n/a**
AJere Determine HIV 1/2	n/a	**n/a**
Geenius HIV 1/2 Confirmatory Assay Kit	n/a	**n/a**
Malaria Combo RDT Test Kit	n/a	**n/a**
Diagnostic radiologic services		
Chest X-ray	/ -outsource	**/**
ECG	/ -outsource	**/**
Ultrasound	/ -outsource	**/**
CT Scan	n/a	**n/a**
Pharmacy	/ -outsource	**MOA with Private Pharmacy**

Birthing facility	/	/
Dental services	/	/
Ambulance service Type I	/	/
Mental Health Services	/	/
Animal Bite Treatment Package	n/a	/*
TB-DOTS Benefit Package	/*	/*
Outpatient Malaria Package	n/a	n/a
Outpatient HIV/AIDS Treatment Package	n/a	/*
Philhealth Konsulta Package (provision of medications)	/*	/*
Maternal Care Package	/*	/*
New Born screening	/*	/*
Kiddies Corner	n/a	/
Senior Citizens area	n/a	/
Adolescent Health Friendly Facility (Level II)	/*	/
Breast feeding area	/*	/

Table 6. Human Resource for Health in Balete and New Washington from 2019-2023

Health Human Resource											
Health Indicators	DOH target/ Benchmark	2019		2020		2021		2022		2023	
		B	NW	B	NW	B	NW	B	NW	B	NW
Population		30,478	**47,432**	30,890	**47,415**	30,737	**47,835**	30,994	**48,231**	30,774	**49,055**
. Physician to population ratio	**1:20,000**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**2**
2. Nurse to population ratio	**1:10,000**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**4**	**2**	**4**
. Midwife to population ratio	**1:5,000**	**7**	**7**	**7**	**7**	**7**	**7**	**6**	**7**	**6**	**7**
. Sanitary inspector to population ratio	**1:20,000**	**2**	**1**	**2**	**1**	**2**	**1**	**2**	**1**	**2**	**1**
. BHW to population ratio	**1: 20 HH**	**1:46**	**1: 20**	**1:50**	**1: 20**	**1:47**	**1: 20**	**1:46**	**1: 20**	**1:47**	**1: 20**

Table 9. Challenges, Lessons Learned and Emerging Opportunities

Challenges	Lessons learned	Emerging Opportunities
Leadership and Governance	Leadership and governance is key to improving health outcomes.	With stronger leadership and governance in both the LCEs and MHOs, it reinforces how adaptive leadership reinforces and serves as the leverage point in further strengthening their respective health systems.
Medicine and Technology	Both LGUs spend and pool their funds to purchase medicines. But both also do not have licensed pharmacies. Both have MOAs with existing pharmacies.	With the UHC in place and province-wide health system, opportunities emerge for a more sustainable source of financing for medicines. This will motivate and facilitate the LGUs participation in the PCPN/HCPN.
Health Financing	Leaders are key in facilitating and increasing the LIPH	A 4th class municipality like Balete is able to achieve comparable health outcomes as a 3rd class municipality like New Washington.
	The LGU economic enterprise unit is key to health financing.	Linking economic enterprise unit to the health services makes the latter more sustainable.
Health Human Resources	LGU MOOE budget can include hiring of more medical practitioners	Increasing MOOE budget with attribution to health services is an example of a good practice.
Health informatics	Both LGUs, while aware of the benefits of PhilHealth Konsulta package and capitation have not fully utilized this source for health financing because of technical and adaptive issues on health informatics (encoding, net connectivity, etc)	With the expected improvement of the connectivity and number of encoders, additional computers, both LGUs will be able to collect its necessary health financing component to improve their health system
Health service delivery	While Balete has only 10 barangays, some are upland and hard to reach. The RHU brings its services to the area. With a well designed isolation and quarantine facility, the LGU utilizes it as a half way house for mothers and drug rehab patients. Since New Washington RHU is now an accredited PCF, there is also an increasing demand for health services.	With the improvement of the health service delivery network, huge opportunities open up to scale up these services within the respective LGUs.

Key Informant Interview (KII)- Participants

Respondent	Position	Date
Mayor Jessica Panambo	LCE- New Washington	November 9, 2023- via Zoom
Dr. Daystar Sedillo	MHO- New Washington	November 9, 2023
Mayor Dexter Calizo	LCE- Balete	November 20, 2023
Loida	BHW- Balete	November 20, 2023
Mavy	RMT- New Washington	November 20, 2023
Dr. Ma. Eden Sualog	MHO- Balete	January 23, 2023

Focus Group Discussions- Participants

Balete (January 23, 2024)	New Washington (November 20, 2023
1. BHW 2. Religious/ Pastoral Group representative 3. Pregnant Woman 4. SK (Youth) 5. Peer Counselor (Youth) 6. Senior Citizen 7. PWD	1. PWD 2. LYDO (Youth) 3. Religious/ Pastoral Group representative 4. BHW 5. GIDA Representative 6. PTA Representative

ANNEX B: PHOTO DOCUMENTATION

Photo 1. Key Informant Interview with Mayor Dexter Calizo of Balete, Aklan (November 20, 2023)

Photo 2. Online Key Informant Interview with Mayor Jessica Panambo of New Washington, Aklan (November 9, 2023)

Photo 3. Focus Group Discussion with sectoral representatives in New Washington, Aklan (November 20, 2023)

Photos 4 and 5. Focus Group Discussion with sectoral representatives in Balete, Aklan (January 23, 2024)

Photo 6. UP Visayas team with MHO, PHN, and DTTB in Balete, Aklan (January 23, 2024)

Photo 7. Short Interview on MEEDO with SB Secretary Mars Regalado in New Washington, Aklan (January 23, 2024)