

# Institutionalizing Health Promotion System at the Local Level to Ensure Community Engagement Toward Achieving Health Literacy

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# **Table of Contents**

| Acknowledgments                         | 1   |
|---|-----|
| Executive Summary                       | . 2 |
| Policy Issue                            | . 2 |
| Background                              | . 2 |
| Local Context                           | 2   |
| Evidence of the Policy Issue or Problem | . 3 |
| Policy Goals                            | - 5 |
| Policy Alternatives                     | - 5 |
| Option 1 : Sustaining                   | . 5 |
| Option 2 : Establishment                | . 6 |
| Option 3 : Reorganization               | . 7 |
| Methods                                 | . 8 |
| Policy Analysis Results                 | . 8 |
| Discussion                              | 9   |
| References                              | 10  |
| Annexes                                 | 11  |
| Abbreviations                           | 20  |

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## **Executive Summary**

This policy paper discusses the gaps in the health system's capacity to achieve the health literacy of all Filipinos under Universal Health Care. The policy analysis studied three policy options for implementing a strategy on institutionalizing health promotion and literacy at the local level to enhance community engagement. Based on the assessment, the paper outlines insights and recommendations to develop coherent strategies to ensure efficient and sustainable community-based health promotion and literacy programs.

#### **Policy Issue**

Community engagement in health enables communities to take ownership and responsibility for their health and welfare. Taking into account the insights on stigma and structural health barriers of community members, especially those from vulnerable and marginalized groups, (Marston et al., 2020). This approach ensures that strategies are culturally acceptable and sustainable while addressing the community's needs. At various levels, the government and other stakeholders are responsible for helping the community organize themselves for their health and development (Sule, 2004).

"Institutional cultures that support co-production must be created in political and health systems" (Campbell & Cornish, 2010, p.1677). Various groups in society can collaborate for more responsive health programs if government officials have the political will to understand and consolidate these community voices. This mechanism will help policymakers and community members identify the policy gaps and strategies to mitigate possible risks (Marston et al, 2020). However, there is a weak community voice in the current Philippine health system because key health leaders fail to communicate the correct information concerning available health services (Dayrit et al., 2018). It has become an accepted reality for some people to accept poverty and lack of access to equitable goods and services (Sen, 1999).

The local government units (LGUs) are focused on implementing health programs from the Department of Health (DOH) to fulfill its set objectives and process indicators instead of providing the essential services needed by the people. Typically, they feature fragmented planning and policy processes that result in poor coordination and policy implementation. The existing structure perpetuates cultural barriers to participation involving cultural leadership, beliefs, community marginalization, and lack of supportive resources (Baybay & Hindmarsh, 2019).

The enactment of the Universal Health Care (UHC) law is a defining moment for the Philippine health system. However, in implementing population-based health services that include health promotion, only agencies of the Department of Education and the DOH are mentioned. There is neither an explicit communitybased approach defined nor a health promotion structure proposed. This policy paper aims to define what the devolved local health systems can do to strengthen health promotion and literacy programs to enhance community participation in supporting the UHC goals. The long-term goal is to make all Filipinos health literate and capable of availing of health services without suffering financial catastrophe. This strategy needs a holistic approach to establish the structure, human resources for health, funding, and mechanisms to enable community members to make decisions to achieve desired health outcomes.

#### **Background**

#### **Local Context**

Agusan del Sur is a first-class province but remains in the top 20 poorest provinces in the Philippines, with a poverty index of 32.4%. As of 2018, it had a population of 757,862-36.79% of which are indigenous people (IP) coming from five tribes: Manobo, Mamanwa, Bagobo, Higaonon, and Aeta. Thirty percent of the households are classified as poor. Of its 314 barangays, 159 are geographically isolated and disadvantaged areas. In terms of health service delivery, the province has one city health office and 13 municipal health offices. Only 229 (73%) barangay health stations can be accessed as the primary level of care by the communities, especially the IPs and poor households. Of the seven provincial hospitals, Democrito O. Plaza Memorial Hospital (DOPMH) is the only level 2 facility, three are level 1 facilities, two are infirmaries, and five are private hospitals. Though road networks have improved, it would still take up to three hours via single motorcycle to reach the highest level of care from the farthest barangay. The leading causes of morbidity and mortality are non-communicable and infectious diseases. The provincial budget for health in 2020 was 41.64%, which is higher than the ideal budget IRA allocation (Provincial Government of Agusan del Sur, 2018).

The province has been recognized nationally and regionally for its persistent efforts to intensify health promotion on various health programs. The recognitions include Malaria-free Province since 2018, Highest National Preventive Tuberculosis Treatment Enrollment Award in 2019, and among the 11 Gold Awardees for its campaign against illegal drugs. The Bunawan District Hospital was also recognized as a finalist of the 21st Gawad Kalasag Awards for excellence in disaster risk reduction and management (DRRM) and humanitarian assistance.

#### **Evidence of the Policy Issue or Problem**

As defined by the World Health Organization (2016), "health promotion enables people to increase control over their health, Icoveringl a wide range of social and environmental interventions that are designed to benefit and protect individual people's health and quality of life by addressing and preventing the root causes of ill health." These interventions include health promotion programs that engage and empower people to choose healthy behaviors to reduce the risk of developing chronic diseases and other morbidities.

Community engagement is frequently considered the mutual interaction between government and community members to increase information and community input for policy formulation; in turn, to support government services to facilitate consensual government and community goals (Baybay & Hindmarsh, 2019).

Strong community engagement utilizes a meaningful collaborative partnership approach. It provides the best inclusive opportunity for actively including local community knowledge, perspectives of place, and local values and attitudes in decision-making processes. This approach produces more effective policy outcomes that engender local support, ownership, and substance. Essential elements include

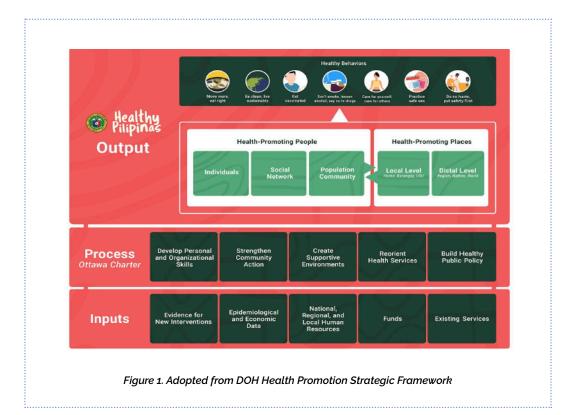
early involvement in planning and implementation, integration of stakeholder knowledge, openness and transparency of information, dialogue, and partnerships with government, business, and non-government organizations (NGOs) (Baybay & Hindmarsh, 2019).

Conversely, weak (or less inclusive) community engagement approaches focus on disseminating top-down information and gathering feedback on government proposals or issues through consultation via town hall meetings, surveys, and committees. This approach tends to reflect normal business over time and lacks the willingness or knowledge to develop more robust strategies. The global data supports the view that strong community engagement effectively addresses complex health inequities (Baybay & Hindmarsh, 2019).

Through community engagement, all of us become shapers of social goals and governmental policies concerning health care and recipients of the fruits of those goals and policies (Wang, 1977). An opportunity for community engagement is the enactment of the Local Government Code of 1991 in the Philippines. It has changed how basic government health services are delivered at the local level, mandating the devolution of DOH's many functions by reallocating decision-making capability and resources to local government units (LGUs) (Grundy et al., 2003).

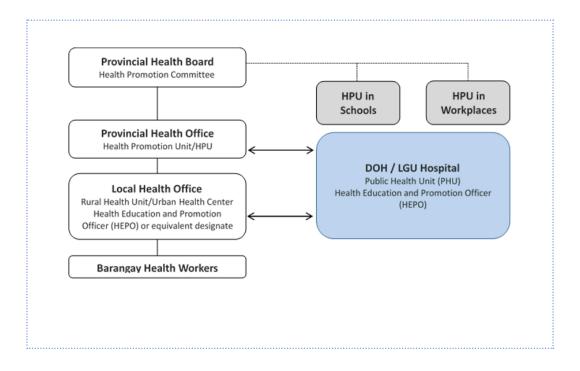
As a result of health devolution, LGUs have taken on the primary responsibility of delivering basic services and operating facilities in areas that include primary health care (PHC) and hospital services (Cuenca, 2018). On the other hand, the DOH has assumed the role of the "national technical authority on health," which implies that it is expected to "ensure the highest achievable standards of quality health care, health promotion and health protection" that LGUs, NGOs, private organizations (POs), and civil society should uphold.

The Republic Act 11223, also known as the Universal Health Care law, intends "to protect and promote the right to health of all Filipinos and instill health consciousness among them." A Health Promotion Strategic Framework (HPSF) aligned with the Ottawa Charter aims to promote a "Healthy Pilipinas" by enabling people and places to become health literate and proactive (*Figure 1*).



The twin forces of COVID-19 and UHC highlighted the critical role of health leaders in the intensified implementation of health promotion. Aside from the need to capacitate the local leaders and provide technical assistance, the number of health promotion staff at the local level remains inadequate.

One of the minimum components of the UHC law is proactive and effective health promotion programs and campaigns under the province-wide health system to improve the community health literacy of all Filipinos. To operationalize this strategy, the DOH Administrative Order 2020 - 042, or the Health Promotion Strategic Framework (HPSF), must be adopted by the Provincial Health Board to create the Health Promotion Committee (HPC, Figure 2).



Under the HPC, the Provincial Health Office (PHO) shall establish the Health Promotion Unit (HPU) with necessary staff complementation. The HPU shall work closely with the Health Education and Promotion Officers (HEPOs) at the local government units and hospitals together with the Barangay Health Workers (BHWs) to develop and implement the health promotion policies and programs in the Province/City-Wide Health Systems (P/CWHS).

However<sup>1</sup>, a permanent item for Health Education Promotion Officer (HEPO) is not required at the municipal and barangay levels. The governance structure still allows a designated HEPO, which is a temporary<sup>2</sup> position by a midwife or nurse in addition to their multiple tasks in health program implementation. Health promotion is often equated with information, education, and communication (IEC) materials distribution, which is considered a cost rather than an investment. The primary aim of health promotion and literacy is positive behavior change in the community. The crux of health promotion is behavior change tantamount to health literacy. In the current UHC law, there is a gap in the defined structure of the health promotion and literacy system mandating the LGUs to provide a permanent staff, funding source, and support to ensure communitybased health programs and services.

In UHC, inclusive health care emphasizes health literacy as an essential means to empower people to manage their health. The alarming increase in unhealthy Filipinos can be attributed to their low level of health literacy, especially among the underprivileged. This issue with health literacy has been linked to poor health outcomes, such as more hospitalizations and less frequent use of preventive services. It is associated with higher health care costs, which is not efficient.

#### **Policy Goals**

To achieve UHC, the DOH and local governments must establish effective health promotion and literacy systems down to the grassroots to improve the health literacy of all Filipinos, especially the poor and vulnerable community sector, to achieve their right to health. The practice of community-based approaches can also help the community members organize themselves and be involved in their health care and development through consultation, co-ownership in decision-making, and co-creating social innovations for more responsive health programs and better health outcomes.

#### **Policy Alternatives**

Policy Option 1. Sustaining Designated Health Promotion Officers at the Municipal Level Only

A HEPO is a community health worker whose main focus is on primary healthcare, with health promotion as a vital aspect. The HEPO enables and encourages people to increase control over their state of health. The work within the local community is to promote engagement in health issues and to challenge social, environmental, and economic norms to alleviate their impact on public and individual health.

Health promotion is commonly characterized by a list of all health programs with a specific timeline for advocacy and templates for various forms of IEC materials such as leaflets, pamphlets, and tarpaulins. Its program components, target population/client, area of coverage, partner institutions, policies, and goals are not clearly defined. In the existing rural health unit (RHU) composition, a HEPO is often a designated position to a public health nurse or a midwife. Due to numerous health programs being implemented in several catchment barangays and a limited amount of time for fieldwork, these multitasked HEPOs usually tend to perform health promotion through the distribution of IEC materials and the use of health information videos. There are no dedicated personnel responsible for health promotion and literacy programs. The government's strategy to attain UHC only involves the deployment of health professionals consisting of doctors, nurses, midwives, dentists, and other health professionals under the Human Resources for Health (HRH) Program. The DOH is not explicit in hiring permanent HEPOs.

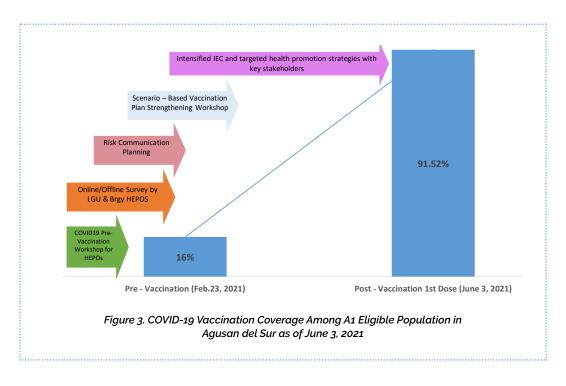
<sup>1</sup> A permanent employee in the government is "an appointment issued to a person who meets all the qualification requirements of the position to which he/she is being appointed to, including the appropriate eligibility, in accordance with the provisions of the law, rules, and standards promulgated in pursuance thereof" (CSC Memo Circular No.14-2018, page 16) 2 A temporary position is issued to a person who meets the education, experience, and training requirements except for the appropriate eligibility." (CSC Memo Circular No.14-2018, page 16)

To date, there is no literature citing a municipality or barangay in the Philippines with a permanent item for HEPO. The key leaders are often constrained by the personal services (PS) limitation and would often seek a legal basis to justify the creation of such a position. If the understanding about health promotion is always equated with creating IEC materials, the poor health literacy and negative health-seeking behavior of the community members will persist (Cuenca, 2018). The lack of a dedicated HEPO enabling community-driven developments for better health outcomes and other social determinants will remain difficult and prolonged to achieve even in the UHC era (Evans et al., 2017). Sustaining HEPO designates will be cost-saving and "deemed" efficient by the RHU because it will not challenge the allocation for compensation and other operating expenses. But in reality, upholding the status quo of designating an overburdened nurse or midwife as HEPO will never make health promotion in the community sustainable. It is neither efficient nor effective to implement alone because it demands a team-based approach by capacitating first other public health workers to become competent health communicators for improving the health literacy of the community is engaged. Doing nothing will further compromise the efficiency of health service delivery and health outcomes because the majority in the community remains uneducated and not empowered to access their fundamental health rights. As a consequence, this option will always produce the same health outcomes or even worse.

#### Policy Option 2: Establishment of a Health Promotion and Literacy System at the Municipal Level Aligned with the Province-Wide Health System

A review of efforts in different countries indicates that health staff at the village level, supported by village health volunteers, educate individuals and families concerning prevailing health problems. In Myanmar (Lin et al, 2018) and Sub-Saharan Africa (Leon et al, 2015), they deploy community health workers (CHWs) who were mobilized to carry out health promotion programs

In Agusan del Sur, health promotion became an effective approach to community engagement during the COVID-19 pandemic. Aside from the compliance issue of people with minimum health standards, the health leaders were challenged by the vaccine hesitancy of the people. As a response, the provincial HEPO organized the designated HEPOs in the municipalities with the help of the barangay health workers (BHWs) to strengthen their role in risk communication. Together, they became instrumental in cascading COVID-19-related guidelines and addressing vaccine hesitancy of the eligible population, particularly the elderly and indigenous people (see annex 1 for the case story). Figure 3 below shows the percentage of those A1 population willing to get vaccinated significantly increased from 13% (pre-vaccination) to 91.52% COVID-19 vaccination coverage as of June 3, 2021.



However, the HPC governance structure under Chapter 8 Section 30 of the UHC law only specifies the involvement of the Department of Education and National DOH to create Health Promotion Units (HPU). At the same time, the designated HEPO is retained at the municipal level. This policy alternative suggests adopting the HPSF in the municipalities and barangays with a permanent position for a competent HEPO, team-based approach implementation, sound and fully-supported policies and processes, adequately-funded programs, projects, and activities. Furthermore, effective health promotion and literacy programs should be firmly established in the barangay. The role of BHWs as HEPOs is vital to institutionalize health promotion because they help bridge gaps between health workers and families and allow the opportunity to co-create. According to Mallari et al. (2020), "Community Health Workers (CHWs) are an important cadre of the Primary Health Care (PHC) workforce in many low- and middleincome countries"(p.1) like the Philippines through their BHWs. Capacitating BHWs as frontline HEPOs of the PHC team is consistent with the Alma Ata Declaration. Furthermore, just like the Municipal Nutrition Action Officer and Barangay Nutrition Scholar's professional relationship in the nutrition program, the dedicated municipal/city HEPO will supervise the barangay HEPOs in the context of health promotion. The Mandanas-Garcia ruling, which will take effect in 2022, will increase the LGU income and subsequently address the organizational constraints on health human resources.

If the local health leaders support this established health promotion and literacy system in the municipalities and barangays, then more culturally sensitive and pro-poor health promotion strategies and messages can be developed for specific indigenous and vulnerable populations by their own HEPOs (Tucker et al., 2014). Subsequently, the programs will become more responsive to their needs and interests, thereby increasing the community's health literacy and engagement in disease prevention and wellness, further contributing to health equity.

If this is not pursued by the LGUs, then the health promotion and literacy of the community will remain stagnant. This will continue the vicious cycle of health inequity or poor health outcomes.

Establishing this arrangement at the level of direct implementers in Agusan del Sur can serve as a proof of concept for the DOH to hasten the implementation of other UHC pilot provinces and achieve the health agenda.

#### Policy option 3: Reorganization of the Health **Promotions Committee under a Province-Wide Health System**

Health promotion programs should be developed through an integrated approach as proposed in the Ottawa Charter Framework- from the community to the national level. Further, specific community circumstances need to be considered when the programs are designed. This strategy entails the need for an organized and functional health promotion committee at the province-wide health system.

An excellent example of this approach was observed in the province of Agusan del Sur. Initially, the health promotion unit is only composed of a single newly-hired HEPO who had previous experience and expertise in HIV/AIDS prevention and control. When the COVID-19 pandemic happened, the HEPO exercised open-mindedness to constructive feedback and agility to quickly adapt to the PHO system, especially during the activation of the Operations Center (OPCEN) for COVID-19 surveillance and response. Through a leadership and governance program introduced by ZFF, an orientation on pandemic risk communication was coordinated by the HEPO with the governor and his provincial core response team. With a heightened sense of urgency, the governor supported the PHO and HEPO. He promoted inclusivity in the provincial communications team, such as IP Leaders, NGOs, and CSOs, by issuing an executive order.

From only one HEPO in the province, different departments previously working in silos have started to streamline their efforts to have one solid communication plan to address the public's apprehensions. A risk and crisis communication plan was developed and appropriated with funds to support the implementation of minimum health standards and IEC production. The team became valuable to the municipal LGUs because they provided in terms of capacity-building and technical assistance to set new strategic interventions for COVID19 response, vaccination, and continuity of essential health promotions program.

If this policy is supported, health promotion at the municipal and barangay levels will gain more support. Including CSOs and the vulnerable sector at the provincial level can help verbalize the common health predicament and possible solutions to address it. Policies from the province will help guide the municipalities and barangays to have a unified approach and budgetary support to address the structural and other technical gaps. However, it will still depend on the health promotion officers implementing the cascaded policies, projects, and programs on the ground. If there is a weak or no established health promotions system at the barangay level, the culturally diverse communities will not be engaged. Furthermore, only the concerns of a few groups will be heard. This policy will hasten and improve notably the health literacy of some community members depending on the time and effort of the designated HEPOs.

#### **Methods**

The policy analysis was conducted to help the LGUs identify, understand, and analyze the policy options for implementing a local strategy to institutionalize health promotion and literacy at the local health systems to enhance community engagement.

The results of the data analysis were used to develop three (3) proposed policy alternatives. An evaluation criteria matrix developed by the author was based on literature and revised to consider the local context in assessing each policy option. Efficiency is defined as being able to accomplish tasks with a minimum expenditure of time and resources. Technical feasibility is defined in terms of the agency's technical capability to implement the policy. Financial feasibility is defined as the viability of the cost to government and long-term financial sustainability. Political feasibility refers to decision-makers' expected level of acceptance of the policy option (USAID Human Resources for Health 2030 Philippines, 2020). Effectiveness is the capability of producing the desired result or the ability to produce the desired output. Equity refers to the capacity to address the needs of vulnerable populations.

The evaluation of the policy options was based on the following parameters: Policy options are scored on each criterion and assigned a score ranging from 1 to 3. A score of "1" means that the policy alternative is least likely to achieve the policy goals; "2" means that the policy alternative is likely to achieve the policy goals, but some factors may inhibit its achievement, and "3" means that the policy option will most likely achieve the policy goals.

The weights assigned to attempt to quantify each criterion's contribution to the achievement of policy objectives, with efficiency (0.30), effectiveness (0.30), and equity (0.40). Table 1 below summarizes the evaluation of policy alternatives in terms of efficiency, effectiveness, and equity done by the authors.

### **Policy Analysis Results**

Table 1. Assessment of Policy Alternatives for Institutionalizing Health Promotions in the Local Health System to Enhance Community Engagement

|                             | Policy Alternatives  |  |  |
|-----------------------------|--|--|--|
| Criteria                    | Option 1<br>Sustaining Designated<br>Health Promotion<br>Officers at the Municipal<br>Level Only | Option 2<br>Health Promotions and<br>Literacy Systems<br>at the Municipal and<br>Barangay Levels | Option 3<br>Reorganization of Health<br>Promotion Committee in the<br>Province-Wide<br>Health System |
| Efficiency (30%)            |  |  |  |
| Technical feasibility (10%) | 1 (0.1)  | 3 (0.3)  | 3 (0.3)  |
| Financial Feasibility (10%  | 3 (0.3)  | 1 (0.1)  | 2 (0.2)  |
| Political Feasibility (10%  | 2 (0.2)  | 2 (0.2)  | 2 (0.2)  |
| Effectiveness (30%)         | 1 (0.3)  | 3 (0.9)  | 2 (0.6)  |
| Equity (40%)                | 1 (0.4)  | 3 (1.2)  | 2 (0.8)  |
| TOTAL SCORE                 | 1.3  | 2.7  | 2.1  |

#### **Discussion**

Option 1: Sustaining designated health promotion officers at the municipal level only may not achieve efficiency and effectiveness because health promotion officers, usually public health nurses or midwives, are often multitasked and overburdened. Hence, they are unable to come up with an evidencebased health promotion and literacy program. Regarding technical feasibility, the LGU is not compelled to create a new permanent item for this position. This option offers the least cost to the LGUs as it will not become a financial burden due to the usual personal services (PS) limitation for the health human resource. Politically, this is also favorable for the local chief executive since it has been the practice during the devolution of health systems. However, it will not help the LGU realize the purpose of having a health promotion and literacy program. Designated HEPOs can only be effective if they are competent enough to review current initiatives that enhance the community's health-promoting behaviors. Otherwise, the community will remain passive about their health conditions and specific needs. This option neither makes the health promotion sustainable nor equitable to the most vulnerable members of the community.

**Option 2:** Health Promotions and Literacy Systems at the Municipal and Barangay Levels can deliver the most desired outputs of UHC and better health outcomes if given a considerable amount of time, resources, and strong political will at the local health systems level by the leaders. This will only happen if the key leaders from the province down to the grassroots are trained on health leadership and governance and be capable of systems thinking and creating new institutional arrangements required to trail blaze UHC, especially for the vulnerable sectors of their communities even without the Mandanas-Garcia ruling. Compared to option 1, establishing health promotion and literacy systems with dedicated and competent HEPOs at the municipal and barangay levels is a highly sustainable measure. The HPSF can be easily adapted and integrated into the various health programs using a team-based approach by the RHU with the empowered health workers

at the grassroots. This option may require more time for policy-making, planning, engagement of stakeholders, resource mobilization for capital outlay, and operating expenses, but it can bring the system closer to the community to effectively address their felt needs and raise their community voice to engage in more responsive health programs. This option significantly emphasizes a people-centered, culturally sensitive, and customized approach. In return, more proactive, equitable, and sustainable, improved health-seeking behaviors of the community, especially the vulnerable sector, will directly translate to improving their health outcomes.

Option 3: Reorganization of the Health **Promotion Committee in the Province-Wide Health System** is feasible at the provincial level because it will only need an executive order by the governor and is supported by the UHC mandate. It may take some time and resources for the implementation of the HPSF and communications plan by the HPC. It will need additional personnel, equipment, operating expenses for intensifying health promotion through the collaborative efforts of stakeholders. The province becomes effective in brainstorming and setting new directions to the LGUs through a streamlined communication strategy. However, this option will only be holistic if health promotion and literacy systems are fully established in every municipality and city within the province. Since every LGU has a different situation, the approach of the province should be evidence-based and harmonized with that of the municipal and barangay level to be more effective, pro-poor, and culturally sensitive. It will produce more responsive programs and better community engagement. Still, it will take longer to produce the desired health outcomes since it needs to tailor the intervention for every community with different social determinants.

Based on the assessment of the three policy briefs, option 2, the establishment of health promotions and literacy system at the municipal and barangay levels, is most likely to fulfill the policy goals and seems to be the best alternative to the UHC goal of attaining health literacy for all Filipinos in the long term.

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# Annex 1. Agusan del Sur's Health Promotion Activity to Address COVID-19 Vaccine Hesitancy

In Agusan del Sur, health promotion became an effective approach to community engagement during the COVID-19 pandemic response. Aside from the compliance issue of people with minimum health standards, the health leaders were also challenged by the vaccine hesitancy of the people. As a response, the provincial HEPO organized the designated HEPOs in the municipalities with the help of the barangay health workers (BHWs) to strengthen their role in risk communication (figure 1). They also asked for the full cooperation of the barangay officials during the Barangay Health Board (BHB) meetings (figure 2).



Figure 1. Barangay Health Emergency Response Team (BHERT) meeting & advocacy composed of BHWs and other community volunteers



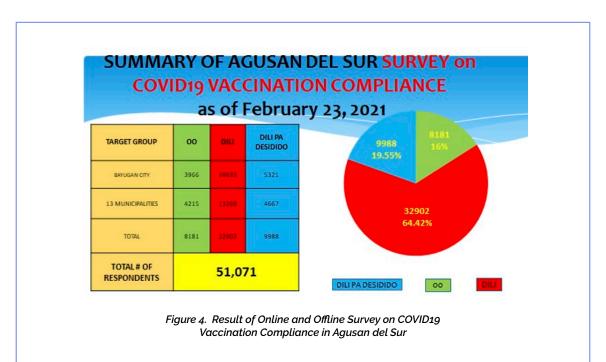
Figure 2. Barangay Health Board (BHB) meeting

Together, they became instrumental in cascading down the COVID-19-related guidelines and addressing vaccine hesitancy of the eligible population, particularly the elderly and indigenous people. The PHO HEPO organized an IP Summit to promote COVID19 minimum health standards and vaccination to the 30 IP/tribal leaders present. As an expression of support, they conducted a commitment signing (figure 3).



Figure 3. Indigenous Population (IP) Summit with 30 IP/Tribal leaders with commitment signing to advocate COVID-19 vaccination to their respective communities

Through the offline and online surveys conducted, the designated municipal HEPOs and BHWs' approach became more evidence-based (figure 4) in addressing the major issue of vaccine hesitancy especially among the A1 eligible population (health workers).



The municipalities were able to customize their risk communication plans using scenario-based planning organized by Zuellig Family Foundation with DOH Caraga (*Figures 5 and 6*). Some of the health workers were from IP communities too. This inclusive and culture-sensitive practice in Agusan del Sur helped them gain traction from the influential tribe leaders to educate communities and improve their health-seeking behavior.

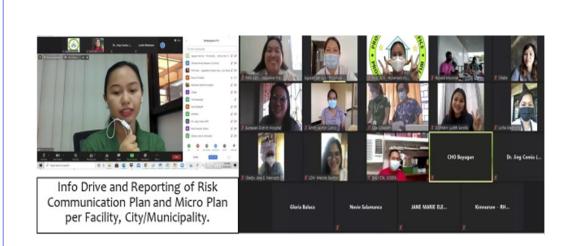


Figure 6. Risk Communication Planning of Agusan del Sur facilities with DOH Caraga



Figure 7. Creation of Agusan del Sur Provincial Vaccination Plan with Different Stakeholders (PHO, PDOHO, PIMO, PPIO, and DOPMH)

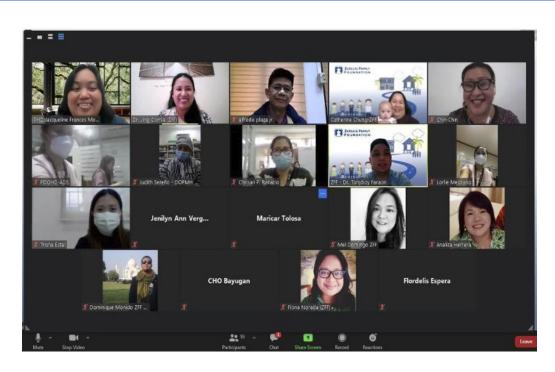


Figure 8. Scenario-Based Workshop for Enhancement of Agusan del Sur's Provincial, City/Municipal, Hospital, and Barangay Vaccination Microplans/Risk Communication Plans

With the support of various civil society organizations (CSOs) such as IP leaders, religious sectors (figure 9), local media (figure 10), business groups, and social media influencers, better communication strategies (figure 11) and materials (figure 12a-12f) directly addressed the apprehensions and false beliefs on COVID-19 vaccine his intersectoral collaboration eventually convinced the hesitant health workers in the A1 population, including IP BHWs, to get vaccinated.



Figure 9. Religious group advocacy on COVID19 protocols and vaccination



Figure 10. Collaboration with local media for vaccination and online immunization registry campaign

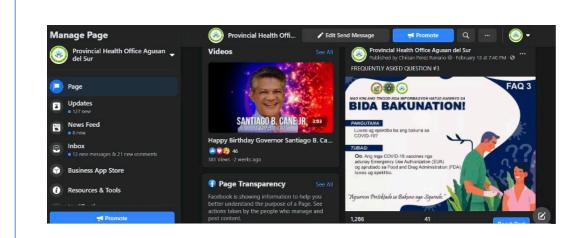


Figure 11. Social media platforms of Agusan del Sur to provide daily COVID19 updates and protocols, health champions corner, frequently asked questions (FAQs), vaccination campaign





Figure 12a. COVID19 Vaccination Campaign Materials such as photobooth for vaccinated individuals and souvenir advocacy pins



Figure 12b. COVID19 Vaccination Campaign Materials such as LED billboard at D.O.Plaza Memorial Hospital issued by DOH Caraga



- ✓ To be distributed in the following areas:
  - Vaccination Sites
  - RHU (Recorida, Bandillo, Advocacies)
  - Quarantiné Facilities (Provincial and Municipal Level)

Figure 12c. COVID19 Vaccination Campaign Materials such as distribution of megaphones to support the RHUs and BHERTs on COVID19 minimum health standards and vaccination announcements



#### SAMPLE IEC MATERIAL











Figure 12d & 12e. COVID19 Vaccination Campaign Materials such as infographics (template provided by ZFF CorpComm) translated in the local dialect (Bisaya/Manobo) by PHO HEPO Agusan del Sur to communicate better with the target audience such as the vulnerable sectors

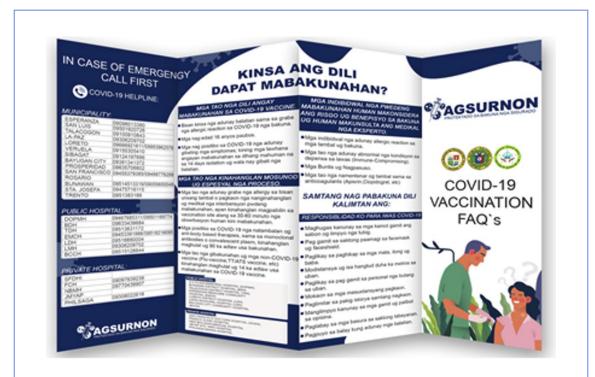
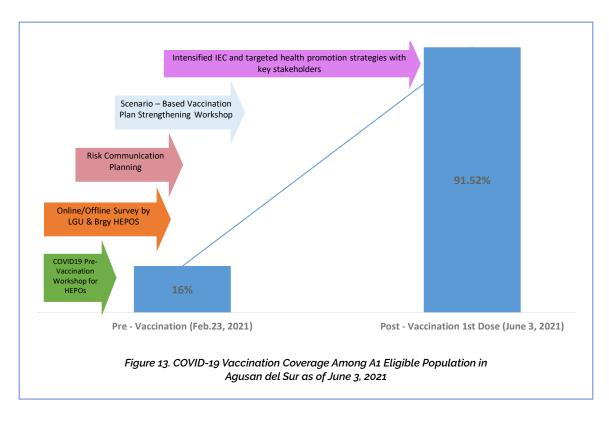
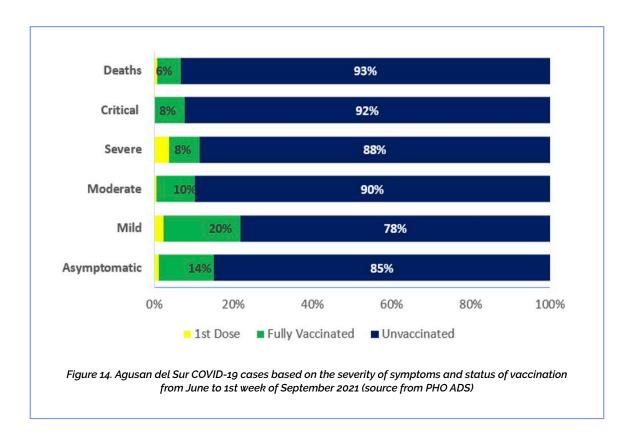


Figure 12f. COVID19 Vaccination Campaign Materials such as infographics (template provided by ZFF CorpComm) translated in the local dialect (Bisaya/Manobo) by PHO HEPO Agusan del Sur to communicate better with the target audience such as the vulnerable sectors

Figure 13 below shows the significant increase of A1 population or frontline health workers who expressed willingness to be vaccinated with COVID-19 vaccines (16%) during the survey on February 23, 2021 (pre-vaccination) to 91.52% confirmed through COVID-19 vaccination coverage (post-vaccination) as of June 3, 2021.



In terms of protection against COVID19 from vaccination implementation in Agusan del Sur, data supported the effectiveness of vaccines. From June to the 1st week of September 2021, a total of 4,611 confirmed cases were reported in ADS. Across the health status of the confirmed cases, the majority of the cases were unvaccinated. Also, deaths due to COVID mostly affected the unvaccinated group, although there were 8 identified deaths among the fully vaccinated (*Figure 14*).



The province is moving faster in achieving herd immunity for its front liners through the interventions and innovations made by PHO HEPO with their municipal counterparts and BHWs. Furthermore, these facilitated the mobilization of the community at the municipal and barangay levels with effective and culturally sensitive health promotion and literacy systems.

#### **Abbreviations**

Workers in Frontline Health Services belonging to the eligible population

A of the DOH COVID-19 Vaccination Program's prioritization framework

ADS Agusan del Sur

AIDS Acquired Immunodeficiency Syndrome

BHB Barangay Health Boars

**BHERT** Barangay Health Emergency Response Team

BHW Barangay Health Worker

**CBMS** Community - Based Monitoring System

**CHW** Community Health Workers

COVID19 Coronavirus disease discovered in 2019

CSO Civil Society Organization
CWHS City - Wide Health System
DOH Department of Health

DOPMH Democrito O. Plaza Memorial Hospital

DRRM Disaster Risk Reduction Management

FAQ Frequently Asked Questions

HEPO Health Education Promotion Officer
HIV Human Immunodeficiency Virus
HPC Health Promotion Committee

**HPSF** Health Promotion Strategy Framework

**HPU** Health Promotion Unit

HRH Human Resource for Health

IEC Information, Education, and Counselling

IP Indigenous Population

IRA Internal Revenue Allotment
LGU Local Government Unit

NGO Non-Governmental Organization

**OPCEN** Operations Center

**PDOHO** Provincial Department of Health Office

PHC Primary Health Care
PHO Provincial Health Office

PIMO Provincial Information Management Office

Private Organizations

PPIO Provincial Public Information Officer

PS Personal Services
RHU Rural Health Unit
UHC Universal Health Care

USAID United States Agency for International Development

**ZFF** Zuellig Family Foundation

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