Integrated Provincial Health Systems Development Program (January 2019 – April 2022): End-line Study

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EXECUTIVE SUMMARY

Background

The Zuellig Family Foundation pursues its commitment to serve the Filipino community through well-informed health policies by educating politicians and local political leaders to continuously provide quality and accessible health services to their constituents. The dawn of the sustainable development goals (SDG) 2030 and the initial implementation of the Universal Health Care (UHC) Act drove the organization to further assist in the improvement of local health systems, which led to the establishment of the Integrated Provincial Health Systems Development Program (IPHSDP). This was, however, disrupted by the COVID-19 pandemic, posing several challenges and barriers to UHC's implementation.

Objectives

The study evaluated the performance of the IPHSDP to inform the strategies of the next programming phase.

Methods

A multiple methods performance evaluation approach, where several data collection methods, such as key informant interviews, focus group discussion, and document review, were done. Both qualitative and quantitative analyses of the data were conducted.

Results

The IPHSDP has successfully developed excellent leadership competencies among participating provinces, resulting in significant achievements in UHC and strengthening their health system. In addition, the provinces have demonstrated positive outcomes that include maternal health, child health, and nutrition. The program has also played a crucial role in the robust response of the provinces to the COVID-19 pandemic, which helped curb the pandemic and further strengthened the health system. The community praised the active engagement and response of leaders in both UHC development and COVID-19 response, as well as the improved health system resulting from the leadership actions of chief executives and health managers, and the prompt pandemic response in their localities.

The lack of digitalization in health records hampers the reporting of health outcomes in municipalities, posing a significant obstacle to efficient policy-making, and thus affecting the program. The challenge of insufficient digital infrastructure, including intermittent power supply and unreliable internet connection, further exacerbates these issues.

The success of the program can be attributed to several key factors, including honing chief executives as health leaders, facilitation of innovative ideas through coaching, community immersion of chief executives through deep dive, building and fostering relationships with different stakeholders, and providing roadmaps and technical guidance for UHC implementation and COVID-19 response. Based on the effectiveness of the IPHSDP in the participating provinces, they recommended expanding the training to neighboring provinces and to other government units beyond the health department.

Conclusions

The IPHSDP was instrumental in facilitating the successful implementation of Universal Health Care and mitigating the COVID-19 pandemic in the participating provinces, resulting in positive health outcomes. However, to fully achieve Universal Health Care, there is a need for continued engagement and collaboration among multiple stakeholders, including government, non-government organizations, academic institutions, and the private sector. These groups must work together to craft and implement policies that address the actual needs of the community; ensuring a resilient health system that can withstand future pandemics and provide comprehensive healthcare services to all.

5 keywords: Performance Evaluation Research, Qualitative Research, COVID-19, Framework Analysis, Local Health System

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BL	Bridging Leadership
BHS	Barangay Health Station
BHW	Barangay Health Worker
BNS	Barangay Nutrition Scholars
CHD	Centers for Health Development
CWHS	City-Wide Health Systems
DILG	Department of Interior and Local Government
DRRM-H	Disaster Risk Reduction and Management in Health
DOH	Department of Health
ECG	Electrocardiogram
FBD	Facility-Based Delivery
FGDs	Focus Group Discussions
IPHSDP	Integrated Provincial Health Systems Development Program
IMR	Infant Mortality Rate
KP	Kalusugang Pangkalahatan
KRA	Key Results Area
KIIs	Key Informant Interviews
LCE	Local Chief Executives
LGU	Local Government Unit
LHSML	Local Health Systems Maturity Levels
LHS-PR	Local Health System-Pandemic Response
MLGP	Municipal Leadership and Governance Program
MMR	Maternal Mortality Rate
MNCHN	Maternal, Newborn, Childhood and Nutrition
MHO	Municipal Health Officer
MHPPS	Mental Health and Psychosocial Support
NCD	Non Communicable Diseases
NDRRMC	National Disaster Risk Reduction & Management Council
NGOs	Non-government Organizations

NTA	National Tax Allotment
PWHS	Province-Wide Health Systems
PHTL	Provincial Health Team Leaders
PDITRV	Prevent, Detect, Isolate, Treat, Reintegrate, and Vaccinate
PLGP	Provincial Leadership and Governance Program
PHO	Provincial Health Officer
RHU	Rural Health Unit
SIHI	Social Innovations for Health Initiative
SBA	Skilled Birth Attendant
SDG	Sustainable Development Goals
TWG	Technical Working Group
UPM REB	University of the Philippines Manila Research Ethics Board
UHC	Universal Health Care
UN	United Nations
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organization
ZFF	Zuellig Family Foundation

CHAPTER 1: INTRODUCTION

Background

In 2015, the United Nations adopted the Sustainable Development Goals (SDGs), which include 17 goals for global partnership to address poverty, health, education, and environmental issues (UN, 2015). SDG 3 focuses on good health and well-being and has several targets, such as achieving universal health coverage. Universal health coverage entails providing quality and accessible healthcare services without causing financial hardship to individuals and communities. This was reaffirmed in the Declaration of Astana in 2018, emphasizing the commitment to strengthening health systems (WHO, 2018). The WHO and World Bank Group identified two leading indicators, health service coverage and financial risk protection, to monitor the implementation of universal health coverage (WHO & World Bank, 2021).

The Philippine government, through the Department of Health (DOH), has adopted the framework of universal health coverage and called it *Kalusugang Pangkalahatan* (KP) and, later, Universal Health Care (UHC). This was instrumental in producing massive reforms in the health sector (DOH, 2010). This was signed into law in February 2019 and is now more commonly known as the Universal Health Care Act, Republic Act No. 11223. Its principal features are the expansion of essential health services and financial coverage through health system reforms, with primary care at the core. Further, this law mandates the state to protect and promote the health of all Filipinos by implementing a healthcare model, a people-oriented, whole-of-system framework that guides comprehensive quality and cost-effective health care. This ensures that all Filipinos, especially the vulnerable population, will be guaranteed accessible, affordable, and quality healthcare services appropriate for their needs. The rules outlined in the UHC Act generally aim to achieve population and financial coverage. Automatic inclusion of all Filipinos into the National Health Insurance Program is mandated to ensure immediate eligibility and access to essential health care services is granted at no cost. Primary care providers shall play a central role in the healthcare delivery system. The delivery of these services is facilitated through Province-Wide Health Systems (PWHS) and City-Wide Health Systems (CWHS) that are integrated into local health systems. Integration shall be monitored and evaluated regularly by the DOH through the Local Health Systems Maturity Levels (LHSML), which comprises the health system building blocks, features of an integrated local health system, and key result areas per level of progression (Universal Health Care Act, 2019).

The Zuellig Family Foundation (ZFF) has been working with Local Government Units (LGUs), civil society organizations, and national agencies to improve local priority health outcomes. Prior to the signing of the UHC into law in 2019, the Foundation has long been working with LGUs on improving local health systems through its Provincial Leadership and Governance Program (PLGP), now on its third version.

The first version (2013-2015) concentrated on fixing public provincial hospitals after maternal deaths were observed to occur more in these facilities, where mothers from ZFF partner-municipalities deliver if municipal health centers cannot handle their cases. Prior to the engagement of ZFF, high IMR and MMR are evident among provinces (Figure 1.1). The second version (2016-2018) actively sought the engagement of provincial governors and has shown much faster overall reforms in the provincial health system as the governors looked at their hospitals and not the municipal health systems.

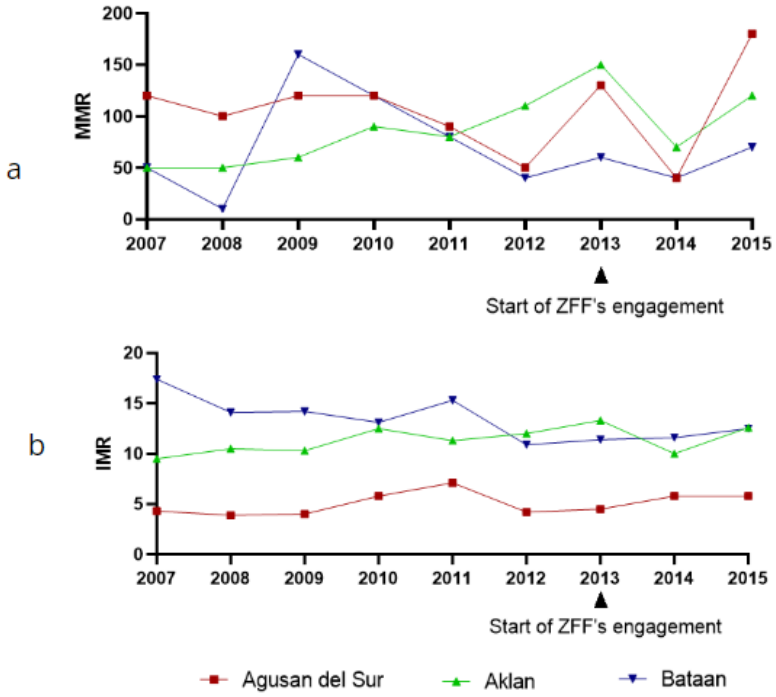


Figure 1.1. Maternal and Infant Mortality Ratio of Aklan, Agusan del Sur and Bataan prior to ZFF engagement.

The current version (2019 to present) of PLGP (PLGP-3), now named Integrated Provincial Health Systems Development Program (IPHSDP), builds on the achievements of PLGP 1 and 2. Aside from making sure the reforms and improvements are sustained, the program aims to strengthen the provincial health system further to ensure it produces better health outcomes while also assisting the provincial governments in creating the needed managerial, technical, and financial integrations under the UHC Act. A total of 3

prototype provinces from the 55 advanced implementation sites for UHC are included in the program (Table 1.1). To evaluate the capacity and readiness of the local health systems for UHC integration, health indicators such as the Maternal Mortality Rate (MMR), Infant Mortality Rate (IMR), Contraceptive Prevalence Rate (CPR), Facility-Based Delivery (FBD) Rate, and Skilled Birth Attendance (SBA) Rate were monitored. Nutritional parameters such as Stunting Prevalence and Wasting Prevalence were also observed. However, with the emergence of COVID-19 in 2020, ZFF pivoted its resources and focused on strategies to help the partner local governments have an integrated approach to respond to both the pandemic situation and UHC challenges. Consequently, COVID-19 health indicators such as the Hospitalization Utilization Rate, Testing Positivity Rate, and Vaccination Rate were added to assess the COVID-19 response of LGUs. To ensure that the communities experience these reforms, ZFF co-created UHC models with pilot municipalities to improve primary care services focused on addressing the rising burden of non-communicable diseases. IPHSDP was implemented in the areas listed below:

Table 1.1. IPHSDP Implementation Sites

Province	Pilot Areas (Municipalities)
Bataan	Dinalupihan
Aklan	Tangalan
Agusan del Sur	Talacogon, La Paz and San Luis

IPHSDP harnessed the Foundation's strategic niche on Bridging Leadership (BL) in preparing governors and provincial health leaders to mobilize multiple stakeholders for UHC implementation in their provinces. The program blended training and practicum for provincial health leaders, and provided coaching, mentoring, and technical assistance. Recognizing the uniqueness of each province, the program adopted a flexible "test and learn" approach, allowing the province to determine the best "how-to" based on their context, foster innovation, and generate a wider range of workable and effective options.

During the practicum, provinces were assisted by the provincial field managers, and provided technical assistance on key integration areas in collaboration with the Provincial Health Team Leaders (PHTL) and Regional Centers for Health Development (CHDs). This was complemented by special sessions with experts, who provided updated and expert advice to enhance implementation.

During the IPHSDP's three years of implementation, the COVID-19 pandemic happened, which gave rise to the urgent need to integrate the COVID-19 response into the program outcomes.

The program was implemented for 37 months (January 2019-April 2022) with the following desired program outcomes:

1. Improved leadership competencies of provincial health leaders for better governance of health systems in support of the UHC implementation
2. Responsive and resilience-oriented provincial and municipal health governance
3. Improved access and utilization of health services:
    a. Maternal and Child Health
    b. COVID-19 Critical Care
    c. Non-Communicable Diseases
4. Improved Health Systems:
    a. Primary Health Care System prioritizing NCDs
    b. Province-wide Health System Priority Deliverables on UHC and COVID-19

The Philippines declared a State of Public Health Emergency in March 2020 due to the spread of COVID-19. Republic Act No. 11469, also known as the "Bayanihan to Heal as One Act," was signed into law to address the urgent need to contain the transmission of COVID-19, prevent healthcare system collapse, and provide healthcare services to infected individuals. However, disruptions in essential health services delivery were evident, with immunization services and facility-based services being the most affected due to demand and supply factors caused by the pandemic.

In response, the ZFF temporarily halted its UHC operations and formulated the Local Health System-Pandemic Response to strengthen leadership, upgrade primary healthcare capacity, and safeguard health workers and volunteers in Agusan del Sur, Aklan, and Bataan. The provinces used this framework to establish a roadmap for pandemic response and develop a system to monitor and analyze key parameters. Furthermore, ZFF and the provinces co-created systems for COVID-19 monitoring and tracking and for health information delivery to streamline the flow of health data. Improvements in the quarantine, hospital, and critical care capacity in Bataan were evident, according to ZFF's 2020 progress report.

Problem Statement / Objectives

This endline study aimed to evaluate the performance of the IPHSDP to inform the strategies of the next programming phase.

Specifically, it aimed to determine:

1. The IPHSDP factors that influenced the preparation and implementation of the UHC law and led to the improvement of health outcomes in the different study sites
    a. To determine the IPHSDP factors from the initial learning program design, which have translated into the leadership acts of governors, PHOs, and other identified provincial health leaders that have contributed to the implementation of the UHC and PHC to the pilot municipalities
    b. To determine the contribution of the IPHSDP performance outcomes through priority health indicators (MMR, IMR, FBD, SBA) and roadmaps
    c. To determine how the IPHSDP factors, such as but not limited to (1) provincial health governance; and (2) enhancement of primary health care across the pilot municipalities, have affected the UHC implementation at the provincial level

2. The instrumental IPHSDP factors that have led to the program sites' COVID-19 response and mitigating strategies that determine success targets
    a. To determine the IPHSDP factors that have translated into the leadership acts of governors, PHOs, and other identified provincial health leaders that have contributed to the program sites' COVID-19 response
    b. To determine how IPHSDP through the intensification of the PDITRV (Prevent, Detect, Isolate, Treat, Reintegrate, and Vaccinate) strategy contributed to the targets aligned with COVID-19 indicators (Hospitalization Utilization Rate, Testing Positivity Rate, Vaccination Rate) in the study site

3. Recommendations to further support UHC implementation in other provinces by the ZFF and DOH.

Significance of the study

The evaluation results will provide insights on the lessons, challenges, interplay of the different stakeholders, and best practices during the implementation phase. The results will also identify the contributions of the program to the improvement of the local health systems of the study sites. Additionally, they will help determine how the program equipped the LGUs in managing UHC integration and COVID-19 response. Furthermore, they will provide an assessment of the performance against planned results as input to the next programming cycle, 2023-2025.

CHAPTER 2: METHODOLOGY

Study Design

The study utilized a descriptive design using qualitative and quantitative data collection and analysis methods. Multiple research methods were used to make sure that available data and information are triangulated. The methods used include records review, focus group discussions (FGDs) and key informant interviews (KIIs). Table 2 enumerates the different data collection methods used in the end-line assessment per objective.

Table 2.1. Research Methods used in the Study

Objectives	Study Population	Data Collection Method	Elements Looked for
General Objective 1. Determine the IPHSDP factors that influenced the preparation and implementation of the UHC law and led to the improvement of health in the initial program sites			
To determine the IPHSDP factors from the initial learning program design which have translated into the leadership acts of governors, PHOs, and other identified provincial health leaders that have contributed to the implementation of the UHC and PHC to the pilot municipalities	Provincial Level: ● Governor ● PHO Municipality Level ● Mayor ● MHO Community Members	Key Informant Interview Document Review	● Program Components (Training, Practicum, M&E) ● Improvement in Health System, Service Delivery through provision of Health Investment (Infrastructure, HRH, Information and Technology, Medicines, Supplies) ● Leadership acts fostered by the provincial health leaders ● Success and hindering factors in UHC

Objectives	Study Population	Data Collection Method	Elements Looked for
			implementation ● Key learnings and insights on UHC implementation ● Achievements and good practices and social innovations in health
To determine the contribution of the IPHSDP performance outcomes through priority health indicators (MMR, IMR, FBD, SBA, CPR) and roadmaps		Document review Performance Indicator Analysis	● Data trend per health indicator for 2019-2022 (Health Outcomes) ● Roadmaps and achievement of target health indicator ● Comparison of the baseline vs. current priority health indications such as MMR, IMR, FBD, CPR, and SBA across similarly situated municipalities/ provinces
To determine how the IPHSDP factors, such as but not limited to (1) provincial health governance and (2) enhancement of primary health care across the pilot municipalities, have affected the UHC implementation at the	Provincial Level: ● Governor ● PHO Municipality Level ● Mayor ● MHO Community Members	Key Informant Interview Focus Group Discussion	● Correlation of IPHSDP factors (ex. health governance, primary care services) to the readiness of the site to implement UHC ● Convergence

Objectives	Study Population	Data Collection Method	Elements Looked for
provincial level			mechanisms between the province and pilot municipalities leading to enhanced primary care services and improved health outcomes ● Key learnings and insights on UHC implementation ● Experience of community members on receiving primary health care services during UHC integration
General Objective 2. Determine the IPHSDP factors that have led to the program sites' COVID-19 response and mitigating strategies that determine success targets			
To determine the IPHSDP factors that have translated into the leadership acts of governors, PHOs, and other identified provincial health leaders that have contributed to the program sites' COVID-19 response	Provincial Level: ● Governor ● PHO Municipality Level ● Mayor ● MHO	Key Informant Interview Document Review	● Leadership acts fostered by the provincial health leaders in promoting UHC and primary care services during the COVID-19 Pandemic ● Key learnings and insights on UHC implementation during the COVID-19 pandemic

Objectives	Study Population	Data Collection Method	Elements Looked for
To determine how IPHSDP through the intensification of the PDITRV contributed to the targets aligned with COVID-19 indicators (Hospitalization Utilization Rate, Testing Positivity Rate, Vaccination Rate) in the study site	Provincial Level: ● Governor ● PHO Municipality Level ● Mayor ● MHO Community Members	Document review Performance Indicator Analysis Key Informant Interview Focus Group Discussion	● COVID-19 responses across similarly situated municipalities/ provinces and study sites ● Strategies utilized by the local leaders per site ● COVID-19 data per site (2020-2022)- Hospitalization, Utilization Rate, Testing, Positivity Rate, and Vaccination Rate ● Correlation of IPHSDP factors (ex. health governance, primary care services) to COVID-19 indicators ● Community experience on receiving health services during the COVID-19 Pandemic ● Achievements / good practices and co-created social innovations in health

Objectives	Study Population	Data Collection Method	Elements Looked for
General Objective 3. Recommendations that can be proposed to enable further support for UHC implementation in other provinces by the ZFF and DOH	Provincial Level: ● Governor ● PHO Municipality Level ● Mayor ● MHO Community Members	Key Informant Interview Focus Group Discussion Document review	● Key learnings and insights from stakeholders and health providers ● Proposed suggestions and recommendations toward UHC integration

We used the logical/results framework of the IPHSDP to guide the exploration of the different program factors leading to priority UHC and COVID-19 outcomes. (Figure 2.1). The activities and outputs of each province were triangulated with the interventions of the IPHSDP. Particularly, we examined the activities that were conducted in each provinces/municipalities and assessed the outcomes through the available health statistics. We also explored the perception of leaders and the community members on the specific program factors that led to positive outcomes.

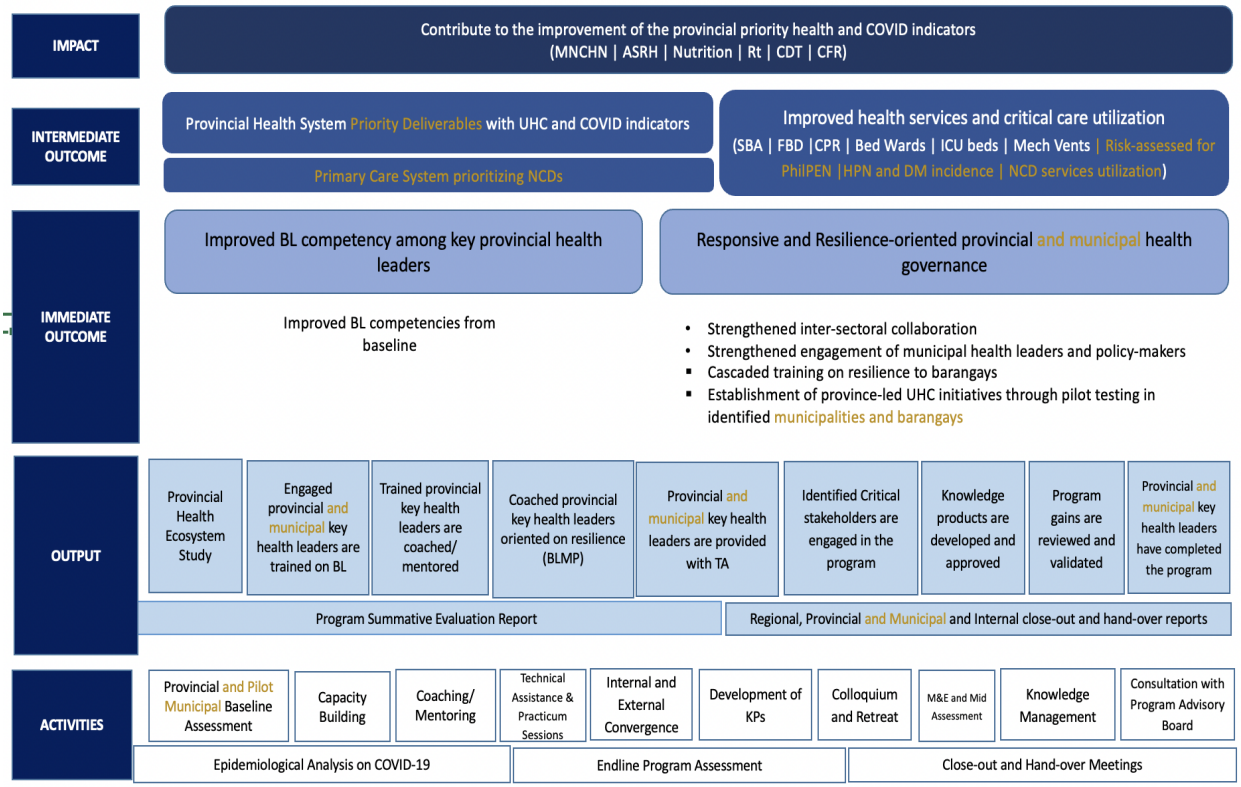


Figure 2.1. IPHSDP Results Framework (Integrated Provincial Health Systems and Development Program v2.0 Strategy Paper 2019-2021)

Study Participants and Sites

The study was conducted within the three provincial pilot implementation sites of the IPHSDP namely, Bataan, Aklan and Agusan Del Sur, and the five pilot municipalities (Dinalupihan, Tangalan, Talacogon, La Paz and San Luis).

Purposive sampling was utilized to identify the respondents for each data collection tool. A total of 37 interviews (16 KIIs and 21 FGDs) were conducted and 151 participants were interviewed.

Table 2.2. Number of interviews conducted per area and number of respondents

Region	Area	Interviews	Respondents
Region III – Central Luzon	Bataan	2	2
	Dinalupihan	5	25
	Aklan	3	3

Region	Area	Interviews	Respondents
Region VI – Western Visayas	Tangalan	6	31
CARAGA Region	Agusan del Sur	3	10
	Talacogon	6	23
	La Paz	6	30
	San Luis	6	27
	Total	37	151

Data Collection

Key Informant Interview

Local authorities whose leadership acts have an influence over UHC implementation were identified within the province and municipality. Identified resource persons or experts consisted of the following:

- **Provinces:** Governors, PHO II, PHO I, and UHC Program Manager;
- **Municipalities:** Mayors, MHOs, and UHC Program Manager (see Table 2 below).

The researchers developed a semi-structured interview guide pertaining to: 1) the perception of the IPHSDP participant to the program; 2) the process of the actual implementation of the program which includes the utilization of ZFF knowledge and management of products; 3) the challenges and barriers experienced during its implementation; 4) the relevant IPHSDP factors under health governance and primary health care which contributed to successes or failures of the program; 5) best practices and social innovations within the provinces and municipalities; and 6) the mitigating actions to pursue the implementation of the program despite the COVID-19 pandemic.

Three of the target respondents for the KIIs in Bataan were not able to participate because of varying reasons. The PHO and UHC program manager were unable to respond to any of our invitations despite exhausting all mediums of communication. As an alternative, the Provincial Health Team Leader (PHTL) was interviewed instead to get a perspective of the program at the provincial level. The former mayor of Dinalupihan was not able to participate because of conflicts with her schedule despite being offered the option to do the interview virtually.

Table 2.3. Number of target vs. actual participants for KII

Region and Province	Area	Target Participants	Actual Participants
Region III – Central Luzon	Bataan	3	2
	Dinalupihan	2	1
Region VI – Western Visayas	Aklan	3	3
	Tangalan	2	2
CARAGA Region	Agusan del Sur	2	2
	Talacogon	3	3
	La Paz	2	2
	San Luis	2	2
	Total	19	17

Focus Group Discussion

The FGDs consisted of participants who were divided into groups of five to eight. Participants included stakeholders working under the municipal LGU such as health program coordinators for Family Planning and Maternal, newborn and child nutrition program (MNCHN), Non-communicable diseases, and COVID-19, RHU and/or BHW staff. This interview focused on their experiences and insights during the IPHSDP implementation, its drivers and barriers/challenges, and pursuit of the program despite the COVID-19 pandemic. Purposive sampling was also done.

Community members residing from the five municipalities who were end-users and beneficiaries of the different programs specified above were also gathered for FGDs. The interview focused on their experiences before and during the program implementation; their observations on the changes in health system delivery; the advantages and disadvantages of the program; how COVID-19 pandemic affected the program; including their personal suggestions and recommendations.

Four focus group discussions were done per study site. The first two groups of participants were composed of frontline health care workers who have rendered health care services in the RHU and BHS during the pilot implementation of the UHC. A group of five to eight RHU staff and another group of five

to eight BHW staff (nurses, midwives, barangay health workers, and/or barangay nutrition scholars) were interviewed. The questions focused on the changes, improvements, challenges and leadership acts provided by the health care staff and municipal stakeholders to their constituents. The last two groups consisted of the community members who received health care services within their municipality. One group included five to eight participants who are part of civil societies and/or are previous RHU/BHW or district hospital patients who currently avail of or have previously received health services for non-communicable diseases (NCDs) and COVID-19. The other group was composed of five to eight participants who currently or have previously received maternal, newborn, childhood and nutrition (MNCHN) services from their respective BHS or RHU. The questions sought to determine the experiences of community members in availing the health care services in the RHU and BHS.

All target respondents for the FGDs across the study sites were interviewed successfully. The team was able to interview five to eleven participants per FGD as compared to the initial goal of five to eight. Furthermore, an additional FGD was conducted at the provincial level in Agusan del Sur because UHC implementation is managed by the PHO's UHC team.

Table 2.4. Number of target vs. actual participants for FGDs

Region and Province	Area	Target Participants	Actual Participants
Region III – Central Luzon	Bataan	N/A	
	Dinalupihan	20 to 32	24
Region VI – Western Visayas	Aklan	N/A	
	Tangalan	20 to 32	29
CARAGA Region	Agusan del Sur	5 to 8	8
	Talacogon	20 to 32	20
	La Paz	20 to 32	28
	San Luis	20 to 32	25
	Total	105 to 168	134

Data collection for both KIIs and FGDs were conducted by the research team composed of 2 or 3 members: Project Manager/Assistant Project Manager, Research Associate and Co-investigator. The assigned team

members traveled to the provincial offices and to the different municipalities to conduct the interviews and FGDs. Five key informant interviews were conducted via Zoom due to the situations and preferences of the interviewees. All of the interviews and discussions were recorded and transcribed to facilitate data processing and analysis. A table showing the list of the participants for the KIIs and FGDs in the study sites is included in the Annex section of this report.

Review of Documents

Secondary data including the ZFF program overview, training documents, progress reports, monitoring tools, and existing local data such as FHSIS reports, roadmaps, local health indicators, including existing policies were reviewed. These documents were used to determine how the different indicators were reached within the specific timeframe. The results were then validated through the narratives and reports explaining certain variations between targets and accomplishments.

The researchers were guided by the Strategy Paper of the program. Data from the resources provided information regarding 1) the process undertaken during program implementation; 2) the lessons learned by the program implementers; and 3) the knowledge products (manuals, modules, policy papers, etc) utilized by the LGUs. This included the program databases, health ecosystem reports, bridging leadership competency assessments, training/activity reports, and the like. These were then used as a basis for detailing and finalizing guide questions for the FGDs and KIIs.

Secondary Data Analysis

Tools and/or databases to monitor health indicators specifically the: 1) FHSIS DOH Annual Reports; 2) COVID-19 Provincial Epidemiological Database; and 3) DOH Local Health System Maturity Level Monitoring Tool and Database were used to assess the immediate and intermediate health outcomes of the IPHSDP interventions.

Data Processing and Analysis

Qualitative Analysis

The transcribed KII and FGD recordings were placed into an excel document with matrix formats to easily identify common themes and correlated codes to facilitate analysis. The matrix was organized by subject, based on the questions and probes from the semi-structured guides. The notes gathered from the interviews and discussions were placed within the said document. There were two independent coders

from the team who went over the transcriptions separately to fill up the matrix. They then worked together to go over the transcriptions and revise the codes and discuss the emerging themes. The raw data together with the processed information were forwarded to ZFF. Consultation meetings were scheduled with ZFF to validate the results. The collected primary data were anonymized and kept in an online database. The project manager and the assistant project manager were the only ones who were granted access as needed. The research team was oriented and reminded of the data privacy and protection plan.

The researchers ensured the integrity of the respondents' narratives through the following steps:

1. Familiarization with the data
2. Thematic Analysis
3. Indexing where codes are applied to the whole data set
4. Charting according to the thematic content
5. Mapping and Interpretation where the relationships between concepts and typologies are explored

Data triangulation is a technique commonly used in qualitative research to validate research findings by using different sources of data. Methodological triangulation was specifically used in this research where data from all of the interviews and document sources were analyzed as a whole to support and provide context to the research findings.

Quantitative Analysis

Collected quantitative data was summarized using descriptive statistics, tables, and graphs. Means and medians were computed for continuous variables, while frequencies and percentages were obtained for categorical variables. Wilcoxon signed rank test, a non-parametric statistical test, was utilized to detect significant differences (p-value < 0.05). It tests whether the median difference between the two groups is statistically different from zero, without assuming any particular distribution of the data. The data analysis was performed using Microsoft Excel, Graph Pad Prism v8, and R studio.

Ethical Consideration

The researchers followed all relevant ethics requirements in the conduct of all research activities. The study was submitted to the University of the Philippines Manila Research Ethics Board (UPM REB) prior to data collection and was subsequently classified for Exempted Review. The researchers have all undergone training in ethics and have both substantive as well as technical interest in research ethics. The researchers included vulnerable groups and underrepresented groups such as minorities and women. In particular, the researchers ensured that women were represented in the research activities by involving them in the KIIs and FGDs as participants. An informed consent (sample is attached below) was obtained by the local program coordinator and the research assistants prior to conducting the interviews and FGDs. Some of the research participants potentially have institutional vulnerability because they usually avail health services from the local health units. This was addressed by anonymizing the interview transcripts and providing a safe, conducive environment during the interview process. It was emphasized that their responses will in no way affect their desired services from or their relationship to the health facility. This project had almost no impact on the environment, and our team ensured that the whole project was environmentally friendly.

The research members declare no competing financial/ non-financial interests related to this study, the project site, and the funding agency.

CHAPTER 3: RESULTS

Objective 1: IPHSDP Factors on UHC implementation

Determine the IPHSDP factors that influenced the preparation and implementation of the UHC law and led to the improvement of health outcomes in the different study sites.

Bridging Leadership Competencies

Tables 3.1, 3.2, and 3.3 present the Bridging Leadership (BL) Competencies of provincial governors, health officers, and other health leaders at baseline (2019) and end-line (2022). The BL competencies is defined by three processes: Ownership, Co-ownership, and Co-creation. The Ownership process includes competencies such as modeling personal mastery, thinking strategically about health inequities, and making effective decisions regarding health. The Co-ownership process encompasses Leading Change, Leading Multiple Stakeholders, and Leading, Coaching & Mentoring for Results, while Championing & Sustaining Social Innovations falls under Co-creation.

Majority of provincial governors demonstrated competent level BL competencies at baseline, with most exhibiting exemplary performance at end-line. Likewise, provincial health officers and other identified health leaders generally had exemplar level BL competencies at the end of the program. To compare the BL competency performance of chief executives and key health leaders at baseline and end-line, a Wilcoxon signed rank test was performed, with a significance level of <0.05. Each level of the BL competencies was assigned a numerical number (Exemplar = 4, Competent = 3, Capable = 2, and Beginner = 1), and paired comparisons were then made between baseline and endline competencies. This statistical test is appropriate for non-parametric data with small sample sizes. However, the results of the comparison were not statistically significant, most likely due to the high level of BL competencies among participants at baseline. Therefore, not much change can be detected at the endline study.

The exemplary performance on the BL competencies of most of the engaged provincial health leaders are reflected in the significant accomplishments towards UHC and COVID-19 mitigation, which will be discussed below.

Table 3.1. Baseline (2019) and Endline (2022) Bridging Leadership competencies for Governors.

BL Competencies		Agusan del Sur (Gov. Cane)		Aklan (Gov. Miraflores)		Bataan (Gov. Garcia)	
		Baseline	***Endline***	***Baseline***	***Endline***	***Baseline***	***Endline***
OWNERSHIP	Modeling Personal Mastery						
	Thinking Strategically on Health Inequities						
	Problem Solving and Decision Making on Health						
CO-OWNERSHIP	Leading Change						
	Leading Multiple Stakeholders						
	Leading Coaching & Mentoring for Results						
CO-CREATION	Championing & Sustaining Social Innovations						
	Wilcoxon test		p=0.125		p=0.25		p=0.0625

Color legend: Exemplar - Blue, Competent - Green, Capable - Yellow, Beginner - Pink.

Table 3.2. Baseline (2019) and Endline (2022) Bridging Leadership Competencies for Provincial Health Officers.

BL Competencies		Agusan del Sur (Dr. Momville)		Aklan (Dr. Luces Sedillo)		Bataan (Dr. Buccahan)	
		Baseline	***Endline***	***Baseline***	***Endline***	***Baseline***	***Endline***
OWNERSHIP	Modeling Personal Mastery						
	Thinking Strategically on Health Inequities						
	Problem Solving and Decision Making on Health						
CO-OWNERSHIP	Leading Change						

BL Competencies		Agusan del Sur (Dr. Momville)		Aklan (Dr. Luces Sedillo)		Bataan (Dr. Buccahan)	
		Baseline	*Endline*	*Baseline*	*Endline*	*Baseline*	*Endline*
	Leading Multiple Stakeholders						
	Leading Coaching & Mentoring for Results						
CO-CREATION	Championing & Sustaining Social Innovations						
	Wilcoxon test		p=0.0625		p=0.125		p=0.5

Color legend: Exemplar - Blue, Competent - Green, Capable - Yellow, Beginner - Pink

Table 3.3. Baseline (2019) and Endline (2022) Bridging Leadership Competencies for other key provincial health officers.

BL Competencies		Agusan del Sur				Aklan				Bataan	
		PHO I		Chief Technical		PHO I		PHO I		Program Coordinator	
		Baseline	*Endline*	*Baseline*	*Endline*	*Baseline*	*Endline*	*Baseline*	*Updated*	*Baseline*	*Updated*
OWNERSHIP	Modeling Personal Mastery										
	Thinking Strategically on Health Inequities										
	Problem Solving and Decision Making on Health										
CO-OWNERSHIP	Leading Change										
	Leading Multiple Stakeholders										
	Leading Coaching & Mentoring for Results										
CO-CREATION	Championing & Sustaining Social Innovations										
	Wilcoxon test		p=0.0625		p=0.5		p=0.0625		p=0.5		p=0.0313

Color legend: Exemplar - Blue, Competent - Green, Capable - Yellow, Beginner - Pink

Resulting Investments in Health

The IPHSDP has led to significant investments in health in the provinces of Agusan del Sur, Aklan, and Bataan. Both provincial and municipal governments made significant investments to improve health outcomes in their respective localities.

Agusan del Sur

Agusan del Sur has made significant investments in healthcare (Figure 3.1). The provincial government has allocated over PHP 1 billion to healthcare from 2020 to 2022. Moreover, they consistently continue to allocate more than 25% of their budget to healthcare, which exceeds the recommended health budget percentage of 22%. This testifies to their commitment in ensuring adequate resources for quality health services.

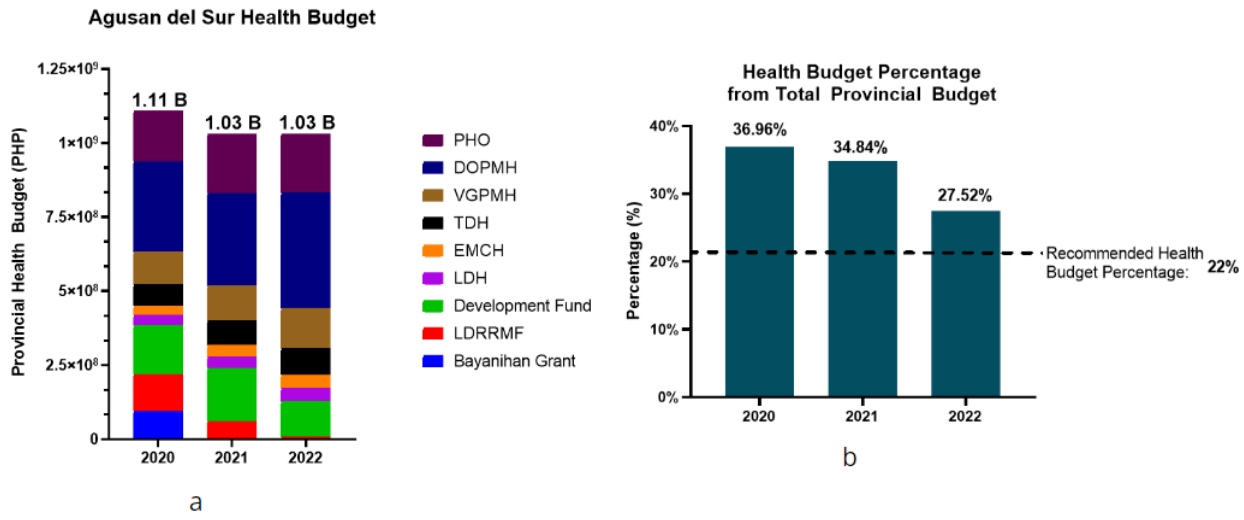


Figure 3.1. Agusan del Sur's investment on health. (a) Agusan del Sur Health Budget for 2020-2022, (b) Health Budget of Agusan del Sur shown as percentage from the total provincial budget.

In Agusan del Sur, investments in health following the IPHSDP have been made in a variety of areas including infrastructure, human resource hiring, trainings, and health programs (Table 3.4).

Table 3.4. Agusan del Sur Resulting Investments in Health

INVESTMENTS IN HEALTH – AGUSAN DEL SUR			
Infrastructures	**Human Resource for Health**	**Capacity Building**	**Health Programs**
• Molecular laboratory established to respond to COVID-19 pandemic • Construction of Quarantine facilities created guided by ZFF standards • Rehabilitation of our Birthing facility (San Luis) ***(PHP 1.0 M)*** • Creation of another BHS in one of the GIDA barangay (Binicalan, San Luis) ***(PHP 1.2 M)***	• Increased BHW honorarium (from PHP 300 to PHP 600) from Province • ***PHP 26 million*** additional budget for BHWs from Province • Gov Cane spearheaded Additional permanent items for human resources for health • Provincial government provided Scholarships for health-related courses • Creation of 4 new items for rural health midwives in La Paz *(**PHP 979,296**)* • Increased budget for BHWs in La Paz *(**from PHP 240,300.00 to PHP 2,040,000.00 annually**)* • Increased honorarium (from PHP 225 to PHP 500 per month) • Increased number of BHWs from 89 to 340 • Hiring of disease surveillance, nutrition & dietitian personnel, & BHWs in San Luis • Increased number of BHWs and honorarium in San Luis	• BLMP Trainings Module 1 and Module 2 • Training for Health Lifestyle Playbook Implementation ***(PHP 31,500)*** • Refresher training course for BHWs ***(PHP 200,000)*** • Follow up and monitoring of BHW patients • NCD PhilPEN Training for Nurses and midwives ***(PHP 40,000)***	• Reactivation of Health Lifestyle club/ SweetHeart Club in La Paz • Organization of the community • Around **PHP 30,000.00 to PHP 50,000.00** • Institutionalization of Seal of Good governance in La Paz **(PHP 500,000.00)** • Intensified NCD Program • Intensified TB Program

One of the main investments made was in response to the COVID-19 pandemic. A molecular laboratory was established, complete with necessary infrastructure, staff, supplies, and equipment. This molecular laboratory is a direct result of the training and coaching through the program. Quarantine facilities, guided by the standard from ZFF, were also established.

Investment in human resources for health is also evident due to IPHSDP. As the MHO of La Paz testified: *"Prior to the IPHSDP, our office had already submitted a proposal for human resource to facilitate service delivery which include the hiring of Midwives and increasing the budget for Barangay Health Workers. The*

project, as it was implemented in our municipality, became the reason and the vehicle to fast track in giving priority to the implementation of the proposal as it helped justify the need to augment human resource to strengthen service delivery."

In the municipality of La Paz, four new items were created for rural health midwives. The total budget allocated for the creation of these new items is PHP 979,296**,** which excludes the magna carta benefits which the health staff and personnel are regularly receiving. Moreover, they increased the budget for BHWs. The program paved the way for the increased numbers and salary of BHWs. Through IPHSDP, the mayor was convinced of the need to allocate 1:20 BHWs per family ratio. BHWs were increased from 89 to 340. Honorarium was also increased from PHP 225 to 500 per month. To cover these, the municipality increased the budget allocation for BHWs from PHP 240,300.00 to PHP 2,040,000.00 annually. Likewise, the municipality of San Luis hired more human resources for health, such as a disease surveillance officer, nutrition and dietitian personnel, and BHWs. Additionally, they also raised the honorarium for BHWs. These increases in compensation were matched by the Agusan del Sur provincial government, which allocated an additional PHP 26 million budget to raise BHW honorariums from PHP 300 to PHP 600.

The local government also invested in capacity building and trainings of human resources for health. The TALASAN Interlocal Health Zone (ILHZ) conducted two modules of BLMP trainings in their respective municipalities. Module 1 discussed barangay health systems while Module 2 discussed capacity building on DRRM-H planning. Additionally, La Paz municipality conducted refresher training courses for BHWs giving emphasis on the follow-ups and monitoring of NCD patients. The budget for this training amounted to PHP 200,000. Another training activity conducted was on the Healthy Lifestyle Playbook implementation. This program was introduced by the project and was adopted and implemented by the municipality. The training of healthcare workers for the Healthy Lifestyle Playbook amounted to PHP 31,500. On the other hand, San Luis implemented NCD PhilPEN training for nurses and midwives (budget of ~ PHP 40,000).

The province also invested in the ILHZ with a specific emphasis on improving the health system for NCDs. Funding was allocated for NCD services and essential medicines, guided by the principles of UHC.

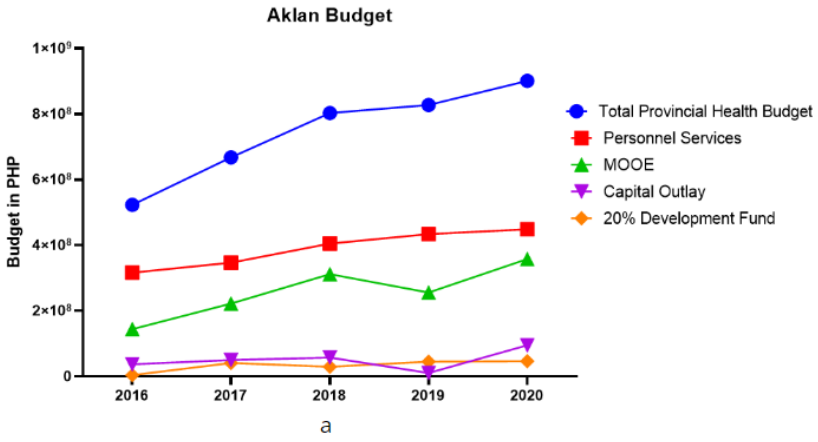
The local government also invested in health program activities. San Luis intensified their NCD and TB programs. La Paz invested in activities including reactivation of Healthy Lifestyle Club and

institutionalization of Seal of Good Governance. Funding for organizing the Healthy Lifestyle Clubs or Sweet Heart Club amounted to around PHP 50,000. Moreover, procurement of BP apparatuses and glucometers in support of the program cost PHP 200,000. Moreover, Seal of Good Governance, a program resulting from ZFF-facilitated discussions, had a municipal budget of PHP 500,000 per year.

Investments were also made in the DRRM-H program, health education and promotion, and funding for the NCD program which included funding for health promotion activities and essential medicines.

Aklan

Aklan has made substantial investments in healthcare, as evidenced by their increasing budget allocations for this sector (Figure 3.2). In 2020, the province invested over PHP 900 million in health which demonstrates their commitment to providing quality healthcare services to their constituents. Moreover, municipalities in Aklan have also allocated significant amounts ranging from PHP 11 million to PHP 100 million for their respective health budgets. In addition, both the provincial government and several municipal governments have consistently allocated more than 15% of their total budget to healthcare.



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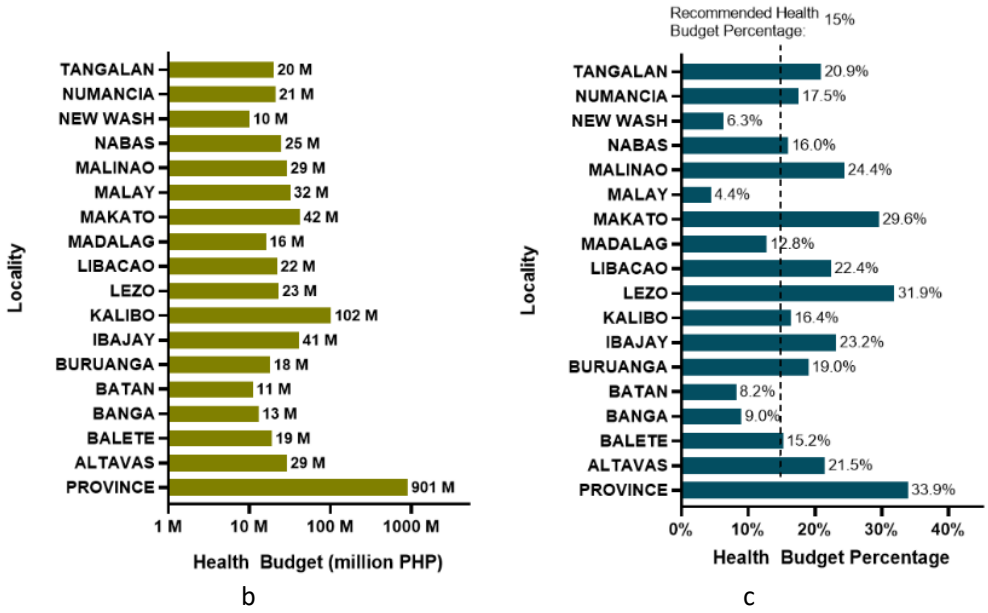


Figure 3.2. Investments of Aklan in Health. (a) Health Budget of Aklan from 2016-2020, (b) 2020 Health Budget of Aklan and municipalities, (c) 2020 Health budget of Aklan and municipalities shown as percentage of the total provincial/municipal budget.

Aklan made several investments on infrastructure, human resources for health, capacity building, and health programs (Table 3.5). The government hired additional human resources for health such as a plantilla nurse and a plantilla administrative assistant. They also focused on health activities that target nutrition, which has been identified as a top problem in the area. Additionally, they have provided trainings to empower the barangays and healthcare workers.

Table 3.5. Aklan Resulting Investments in Health

INVESTMENTS IN HEALTH – AKLAN			
Infrastructures	**Human Resource for Health**	**Capacity Building**	**Health Programs**
• Molecular laboratory construction for COVID-19 response • Construction of Quarantine facilities in the province • Improvement in Rural Health units in the provinces • Planned construction of Mega Health Facility • Additional equipment and facilities in RHU	• Additional Plantilla positions • Additional Nurses • Additional Administrative positions	• Refresher training courses for BHWs • BLMP 1 and BLMP 2 to identified priority barangays	• Nutrition programs • Intensified NCD • Intensified TB Programs

Bataan

Bataan made several investments in health (Table 3.6). One of these investments is the BLMP which was conducted in all 46 barangays in the province. The program empowered officials and stakeholders for the improvement of the health system. Three trainings were conducted for the officials from December 2021 to January 2022, with participants ranging from 50-70 people including the Sangguniang Kabataan, Kapitan, Kagawad on Health, midwives, and BHWs. The total budget allocated for the BLMP trainings is PHP 127,475.

Table 3.6. Bataan Resulting Investments in Health

INVESTMENTS IN HEALTH – BATAAN			
Infrastructures	**Human Resource for Health**	**Capacity Building**	**Health Programs**
• Establishment and improvement of Mariveles Hospital • Started construction of Morong hospital and Libay district hospital • Dialysis center (through private public partnership) • Construction of roads that connect barangays, villages, health centers, and hospitals • Construction of parks • Molecular Laboratory (PCR) • Provincial Mega Quarantine Facility (from supposed jail to quarantine facility) • Three Rural Health units added in Dinalupihan (RHU 4, RHU 5, and RHU 6) • Investment in Furniture (2021 – **PHP 576,000**; 2022 – **PHP 1,698,200**) • Investment in Equipment of Dinalupihan (**2021 – PHP 3,030,270; 2022 – PHP 947, 686)**	• Establishing College of Medicine in Bataan Peninsula State University • Hiring of additional Midwife and Nurses • Resulted to increase ratio of Midwife Nurse to BHS • Hiring of additional doctors • Doctor to population ratio at 1:16,000 (exceeds target 1:20,000) • Hiring of additional personnels for new Dinalupihan RHUs (3 Public Health Nurse; 6 Public Health Nurse Assistants)	• Implementation of BLMP 1 and BLMP 2 in Dinalupihan (**PHP 127,475**)	• Intensified NCD Program • Intensified TB program • One Bataan Malasakit Centers

Another investment is the construction of additional Rural Health Units (RHU 4,5,6) in Dinalupihan. RHU 4 and 5 were constructed through a grant from the provincial government, while RHU 6 was constructed through a grant from HPEP DOH. Additionally, equipment such as furniture, appliances, and tables were procured for the new RHUs with a total budget of PHP 4,978,156. Medicines amounting to PHP 24,484,750.28 and furniture amounting to PHP 2,274,200 were procured.

Apart from the construction of new RHUs and procurement of equipment and medicines, the province also invested in upgrading several hospitals, including the district hospitals of Mariveles, Morong, and Libay. A dialysis center was also constructed through a public-private partnership to provide health services to people with kidney diseases. Furthermore, the province constructed new roads that connect barangays and villages to health centers, ensuring that residents have access to healthcare facilities even

in remote areas.

The municipality also made efforts to increase its manpower by hiring additional staff. Previously, one midwife was in charge of supervising three BHS, but starting in 2019, one midwife or nurse now supervises one BHS. Additionally, there is an improvement in the doctor-to-patient ratio of 1:16000 which exceeded the recommended 1:20000. The province also hired 3 Public Health Nurses and 6 Public Health Nurse Assistants. The province is also planning on establishing the Bataan Peninsula State University College of Medicine.

Initial UHC Roadmap and Accomplishments

In 2019, IPHSDP released a roadmap to guide the participating provinces in UHC implementation (Table 3.7.). The ZFF divided the UHC deliverables into 10 major blocks aligned to the WHO's 6 building blocks of the health system: (1) Provincial Health Board (PHB), (2) Local Investment Plan for Health (LIPH), (3) Health Facility Accreditation, (4) No Balance Billing, (5) Resilience-oriented health system, (6) Continuity of Care, (7) Special Health Fund, (8) Provincial Health Information System, (9) Health Human Resources for Preventive and Curative Care, and (10) Access to Medicines. These major sub-blocks are further divided into sub-block deliverables.

Table 3.7. Baseline (1st quarter 2019) and Updated (4th Quarter 2019) UHC Roadmap accomplishment of the provinces.

UHC Deliverables		Agusan del Sur		Aklan		Bataan	
		Baseline	Updated	Baseline	Updated	Baseline	Updated
Provincial Health Board	Functional Local Health Board						
	SDN Governance & Management Body						
Local Investment Plan for Health	Provincial Investment Plan for Health						
	Municipal Investment Plan for Health						
Health Facility Accreditation	PHIC Accreditation of Government Hospitals						
	PHIC Accreditation of all target municipal health facilities						
No Balance Billing	NBB in Government Hospitals						

UHC Deliverables		Agusan del Sur		Aklan		Bataan	
		Baseline	Updated	Baseline	Updated	Baseline	Updated
Resilience-oriented Health System	Provincial Support for Building Resilient Health System						
	Municipal Support for Building Resilient Health System						
Continuity of Care	Functional Capacity of Curative Facilities						
	Functional Capacity of Preventive Facilities						
	Province-led SDN						
Special Health Fund	Established Provincial Special Health Fund						
Provincial Health Information System	Health Information System for Preventive Care						
	Profiling of Vulnerable Population						
	Health Information System for Curative Care						
Health Human Resources for Preventive and Curative Care	Performance Management System & Magna Carta for PHO Staff						
	Health Human Resource for Preventive Care						
	Health Human Resource for Curative Care						
Access to Medicines	Supply Chain Management & Policy Support for Preventive Care						
	Supply Chain Management for Government Hospitals						
	Adequate Essential Medicines & Supplies in municipalities						
Number of Deliverables accomplished		3	11	8	11	6	16
Accomplishment Rate		14%	50%	36%	50%	27%	73%
	Wilcoxon test		p=0.001		p=0.531		p=0.0001

Color legend: Done - Green, Partially Done - Yellow, Not Accomplished - Red.

At baseline, Agusan del Sur had an accomplishment rate of 14%, Aklan had 36%, and Bataan had 27% (Table 3.6). After practicum 1, Agusan del Sur and Aklan achieved 50% accomplishment, while Bataan reached 73%. The Wilcoxon signed rank test was also used to determine the level of significance between the baseline and end of practicum 1 accomplishments. Results revealed that Agusan del Sur and Bataan significantly improved from their baseline scores, whereas Aklan did not exhibit statistical significance. This is likely because Aklan already had a higher baseline accomplishment rate compared to Agusan del Sur and Bataan.

Updated UHC Roadmap and Accomplishments (Provincial and Municipal)

UHC system implementation took a back seat during the COVID-19 pandemic. The ZFF assisted the province during COVID-19 response. UHC implementation and COVID-19 response were then integrated in the IPHSDP deliverables.

Due to the COVID-19 pandemic, several adjustments were made to the Roadmaps. The final version included 2 levels: provincial and municipal. For the provincial level, only five sub-blocks aligned to the recently developed DOH Local Health System Maturity Level (LHS ML) monitoring tool. This includes the Functional Local Health Board, Established Management Support Unit, Established Health Promotion Committee, PHO Structure Aligned UHC, and Provincial Investment Plan for Health (Table 3.8). For the municipal level, three major blocks were developed: municipal NCD governance, resilience-oriented municipal and barangay health system and functional primary care service delivery for NCD (Table 3.9).

Table 3.8. Provincial Accomplishments for UHC, based on the ZFF UHC Roadmap (as of July 2022).

UHC Deliverables	Agusan del Sur	Aklan	Bataan
Functional Local Health Board			
Established Management Support Unit			
Established Health Promotion Committee			
PHO Structure Aligned to UHC			
Provincial Investment Plan for Health			

Color legend: Done - Green, Partially Done - Yellow, Not Accomplished - Red.

Table 3.9. Municipal Accomplishments for UHC, based on ZFF UHC Roadmap (as of July 2022).

UHC Deliverables	Agusan del Sur			Aklan	Bataan
	La Paz	Talacogon	San Luis	Tangalan	Dinalupihan
Functional NCD TWG					
Municipal DRRM-H					
BLMP1 and M2 to identified priority barangay					
Strengthen Barangay Health Systems to identified priority barangay					
Target population, master listed matched to PCP					
Enhanced Policies on NCD					
Implemented 2 modules in the Health Promo playbook					
Integrated NCD Service Delivery Package					

Color legend: Done - Green, Partially Done - Yellow, Not Accomplished - Red.

Agusan del Sur was proactive in its implementation of UHC. Endline roadmap results showed that the province has fully achieved all deliverables except establishing the MSU. Moreover, most of the Agusan del Sur municipalities achieved an integrated NCD Service Delivery Package. The municipalities also have accomplishments on Functional NCD TWG, BLMP M1 and M2 to identified barangays, Strengthened Barangay Health Systems among identified priority barangays, and Target Adult Population inputted to a masterlist, profiled, and matched to PCP.

Aklan achieved several UHC target indicators at the end of IPHSDP. The province fully achieved deliverables on the Established Health Promotion Committee and Provincial Investment Plan for Health. They also achieved some deliverables under the Functional Local Health Board and Established Management Support Unit. The municipality of Tangalan, fully achieved deliverables for the Municipal DRRM-H while partially realized deliverables for Functional NCD TWG, BLMP M1 and M2, Target Adult Population inputted to a masterlist, and Integrated NCD Service Delivery Package.

Bataan achieved several deliverables for UHC implementation. They completely achieved the deliverables for Functional Local Health Board, Established Management Support Unit, Provincial Investment Plan for Health. The municipality of Dinalupihan achieved most of the UHC deliverables outlined by ZFF. At the end of the program they fully achieved deliverables for the Municipal DRRM-H, Target Population inputted

to a masterlist, Enhanced Policies on NCD, Implementation 2 modules in Health Promo Playbook, and Integrated NCD Service Delivery Package.

DOH Local Health System Maturity level

The IPHSDP helped to improve the preparedness of the pilot provinces for UHC readiness (Table 3.10). The IPHSDP provinces showed UHC progress that are among the highest in their respective regions (Table 3.4). In the Central Luzon Region, Bataan and Tarlac had the highest accomplishments with 100% of DOH UHC KRA. In the CARAGA Region, Agusan del Sur had the highest accomplishment, followed by Butuan City and Surigao Del Norte. In the region of Western Visayas, Aklan together with Iloilo, Negros Occidental, and Guimaras had accomplished majority of deliverables for the preparatory level.

Table 3.10. Status of UHC Implementation Sites Based on the DOH Local Health System Preparatory Level

Province	As of Dec. 2021	As of June 2022	Province	As of Dec. 2021	As of June 2022
CENTRAL LUZON			**WESTERN VISAYAS**		
Bataan	**69%**	**100%**	**Aklan**	**75%**	**94%**
Bulacan	81%	88%	Iloilo	88%	94%
Pampanga	56%	75%	Negros Occidental	88%	94%
Tarlac	69%	100%	Antique	81%	88%
CARAGA			Capiz	75%	88%
Agusan del Sur	**56%**	**100%**	Guimaras	88%	94%
Surigao del Norte	25%	63%			
Butuan City	75%	88%			

*Source: Department of Health, Local Health System Maturity Level monitoring tool

WHO health system building blocks and UHC accomplishments

IPHSDP led the province to achieve several UHC accomplishments. Tables 3.10 and 3.11 show these achievements mapped according to the WHO health system building blocks. This highlights the program's effectiveness in building the provinces' health systems.

Agusan del Sur

Agusan del Sur has made significant progress in implementing Universal Health Care in the province (Table 3.11). One of their notable accomplishments is the creation of four interlocal health zones, which has localized healthcare and decongested provincial hospitals. By creating these health zones, the province has ensured that healthcare services are more accessible to the community, particularly those in remote areas. They have also formed NCD technical working groups in each municipality, which has trained barangay leaders in NCD risk assessment and creation of cost-effective NCD service packages.

Table 3.11. Key UHC Accomplishments of Agusan del Sur mapped based on the WHO Health System Building Blocks

UHC ACCOMPLISHMENTS AND WHO HEALTH SYSTEM BUILDING BLOCKS – AGUSAN DEL SUR					
Leadership and Governance	**Human Resource for Health**	**Financing**	**Access to Medicines**	**Service Delivery**	**Information System**
• Creation of Four Interlocal Health Zone • Formed NCD Technical Working Group • Partnered with League of Corporate Foundations to support UHC implementation • Seal of Good governance • Health Promotion Committee established	• Trained Barangay Leaders for NCD risk assessment and creation of cost • BLMP Training 1 and BLMP training 2 • Hiring of additional health personnel • Training for healthy lifestyle book implementation • Provision of scholarships for HRH	• Increased budget for health (consistently above 15% of total budget) • Investments in scholarships • Increased compensation for health workers (e.g., BHWs) • Local Investment plan for Health	• Increased availability of medicines	• Established Sweet-Heart Club (Hypertensive and Diabetic clubs) • Increased availability of medicines • Intensified NCD programs • Increased available services in the RHU • Implementation of health lifestyle playbook	• Started implementation of Electronic Medical System • Health Information System for preventive care • Profiling of vulnerable population • Health Information system for Curative Care

UHC ACCOMPLISHMENTS AND WHO HEALTH SYSTEM BUILDING BLOCKS – AGUSAN DEL SUR					
Leadership and Governance	**Human Resource for Health**	**Financing**	**Access to Medicines**	**Service Delivery**	**Information System**
• Local Health Board Establishment					

Furthermore, Agusan del Sur has strengthened the capacities of their rural health units and laboratories, improving the delivery of healthcare services. They have also started implementing an electronic medical system, although it has been hampered by internet connectivity issues and the differing information systems of DOH and PhilHealth. The province has established a partnership with the League of Corporate Foundations (LCF) to support UHC implementation, which will provide resources and capacity building to improve health service delivery.

In addition, the establishment of the Sweet Heart Club in La Paz is commendable, as it shows the province's efforts in addressing specific health needs such as hypertension and diabetes. The club is composed of community stakeholders who lobby for their own needs, which promotes community engagement in healthcare. Lastly, the inclusion of health parameters in the Seal of Good Governance such as zero open defecation, demonstrates Agusan del Sur's commitment to achieving UHC goals beyond just improving healthcare services, but also promoting healthier living conditions for the community.

Aklan

Aklan has demonstrated significant achievements in implementing UHC in the province (Table 3.12). They organized the Provincial Health Board. They also restructured the budget to prioritize health services, making health one of the largest proportions of the budget. This restructuring has allowed the province to increase the capacities of their rural health units and improve infrastructure, consequently increasing their capabilities to provide better health services.

Table 3.12. UHC Accomplishments of Aklan mapped based on the WHO Health System Building Blocks.

UHC ACCOMPLISHMENTS AND WHO HEALTH SYSTEM BUILDING BLOCKS – AKLAN					
Leadership and Governance	**Human Resource for Health**	**Financing**	**Access to Medicines**	**Service Delivery**	**Information System**
• Provincial Health Board Organized • Formed NCD Technical Working Group • Involved Local Chief Executives • SDN Governance & Management Body • Innovative health leaders and chief executives • Local Health Board Establishment	• Training of Health Workers • BLMP Training 1 and BLMP training 2 • Additional Plantilla Positions • Improved health workers service • Increased number of health workers to meet ideal ratio	• Budget for health above 15% of total budget • Restructured budget to prioritize health services • Local Investment plan for Health • NBB in government hospitals	• Increased availability of medicines • Consignment rule for provision of medicines	• Libreng Dugo Program (with incentives) • Regular Buntis Congress for Maternal Patients • Intensified NCD program • Increased available services in the RHU • Malnutrition program strengthened	• Started implementation of Electronic Medical System • Health Information System for preventive care • Profiling of vulnerable population • Health Information system for Curative Care

The ongoing PhilHealth accreditation of facilities is also a commendable accomplishment as it ensures that the facilities meet quality standards and that health services are more accessible and affordable for the community. Furthermore, the proposal of the Mega Health Facility as a primary care center in Tangalan is a significant step towards improving healthcare access for the community. Moreover, a local investment plan for health was developed with local consultations from community stakeholders.

In addition, Tangalan has implemented several service programs that address specific health needs such as May Measurement Month, RHU risk assessment of BP and weight, and malnutrition programs. They also have programs such as Best Barangay Nutrition Council, Best Barangay Nutrition Scholar, Buntis Congress for maternal patients, Libreng Dugo, and incentives to barangays with high bloodletting activity outcomes. The consignment rule for the provision of medicines and the opportunity for indigent patients to avail medicines from partner pharmacies is also an excellent initiative that ensures access to medicine for those in need.

Bataan

Bataan has made significant progress in achieving UHC through various initiatives (Table 3.13). Two of the key accomplishments are the expansion of the Provincial Health Board and the creation of a technical working group to oversee integration. Municipal epidemiology and surveillance units were reinforced, which have strengthened the province's ability to monitor and respond to health threats.

Table 3.13. UHC Accomplishments of Bataan mapped based on the WHO Health System Building Blocks.

UHC ACCOMPLISHMENTS AND WHO HEALTH SYSTEM BUILDING BLOCKS – BATAAN					
Leadership and Governance	**Human Resource for Health**	**Financing**	**Access to Medicines**	**Service Delivery**	**Information System**
• Expansion of Provincial Health Board • Formed UHC Technical Working Group to oversee integration • Engaged Local Leaders • One Bataan Seal of Healthy Barangay • Innovative health leaders and chief executives • Local Health Board Establishment	• Training of Health Workers • BLMP Training 1 and BLMP Training 2 • Additional Plantilla Positions • Increased number of physicians (achieved the ideal ratio to population) • Plan to Establish college of Medicine in Bataan	• Restructured budget to prioritize health services • Local Investment plan for Health • NBB in government hospitals	• Increased availability of medicines	• Intensified TB program • Adequate essential medicine supply • Improved services in RHU • Intensified NCD program • Increased available services in the RHU • One Bataan Malasakit Centers	• Started implementation of Electronic Medical System • Reinforcement of municipal epidemiology and surveillance units • Profiling of Vulnerable population • Health Information system for Preventive Care

Bataan also focused on improving its health infrastructure by fortifying the district hospital in Dinalupihan and setting up three more rural health units. The RHUs were upgraded to a super health facility, increasing access to healthcare in the province. Additionally, the province invested in increasing human health resource capacity, particularly in the number of physicians. Engaging local leaders through BLMP training and introducing the Barangay Health System Technical Roadmap have also contributed to the success of Bataan's UHC efforts.

Bataan's efforts to promote healthy communities through the One Bataan Seal of Healthy Barangay Program is another noteworthy accomplishment. The program recognizes barangays that achieved eight target indicators including reduced infant and maternal deaths, zero cases of dengue and human rabies, drug-free barangays, sufficient blood donations, and promotion of NCD prevention activities such as the

establishment of diabetes and hypertension clubs. By promoting healthy lifestyles and preventing diseases, Bataan is ensuring that its citizens have access to quality healthcare and are empowered to take charge of their own health.

Community Experience and Engagement on UHC implementation

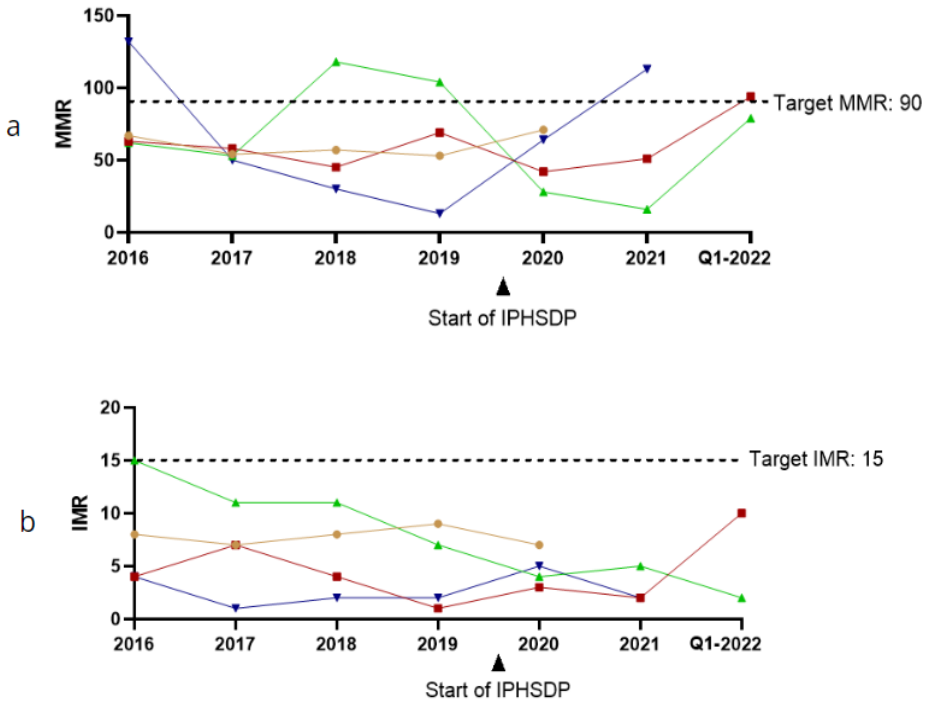
The community generally had a positive experience with the improvements in the health system in their locality. They attested that their local chief executives are involved in the health sector. They also experienced improved facilities and services in the RHU, witnessing increased availability of BP apparatuses in barangays, increased laboratory capacity, and availability of mobile ultrasound. One community member said, "*Mayroong nadagdag. Kasi dati wala 'yung sa sugar. 'Yung ihi at sa tae lang noon. Ngayon may sugar na. Nadagdag din 'yung creatinine, uric acid. Meron nang blood typing.*" Increased availability of medicines was also apparent to the community, as they noticed that medicines are now available at the barangay level since barangay officials provide a budget for health.

The community also noticed the increased number of health workers as well as their improved quality of services. A community member testified, "*Mas okay siya (serbisyo). [Nag-improve]*. *Sa ngayon hindi na sila mabagal. Mas mabilis na sila ngayon. Mas alerto na sila ngayon.*" They also noticed the improved data processing and availability of laptops in health units. The community also demonstrated awareness of the referral system. One community member said, "*Halimbawa, may mga pasyente na hindi kaya dito na dadalhin sa ospital, ang naka-escort minsan nars, minsan midwife. Hinahatid ng mga empleyado dito*."

The community was also actively involved and engaged in certain aspects of UHC implementation. Health clubs were present in several municipalities, empowering community members to demand their own needs and plan activities and programs through these clubs. The Seal of Good Governance implemented in several municipalities and provinces also helped engage community leaders and members to improve their health status. Overall, the community members felt that they were heard and their needs were met in the implementation of UHC in their locality.

Health Outcomes

Several health outcome improvements were evident from the implementation of the IPHSDP. Maternal Mortality Rate (MMR) (Figure 3.3) showed decreasing trends in Agusan del Sur and Aklan during the duration of the program. Moreover, MMR consistently achieved the national target (n = 90) for most of the program's duration. Similarly, Infant Mortality Rate (IMR) showed improvements across three pilot provinces during the duration of the program. The IMR continued the decreasing trend that started from 2018 (before IPHSDP) to 2020 in the province of Aklan. All the provinces consistently achieved the target IMR (n=15) for the whole duration of the program.



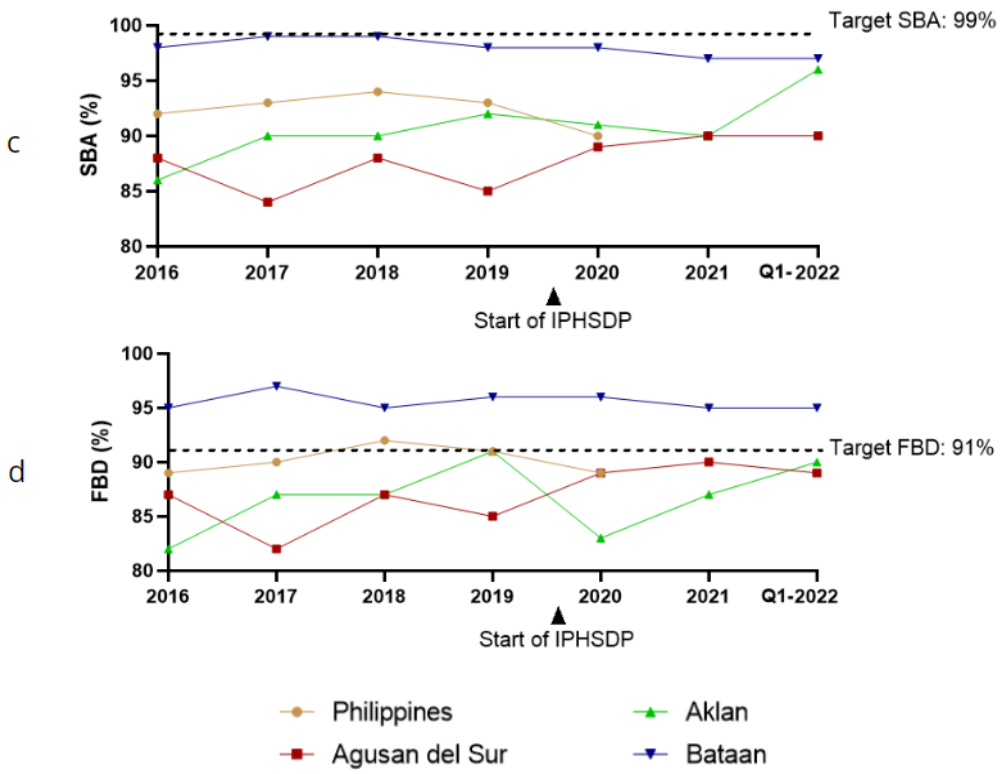


Figure 3.3. Maternal and infant outcomes across the three IPHSDP provinces. (a) Maternal Mortality Rate (b) Infant Mortality Rate (C) Skilled Birth Attendant Rate (d) Facility Based Delivery rate.

Other maternal health and newborn health indicators also showed improvements. The Skilled Birth Attendant (SBA) rates in Agusan del Sur, Aklan, and Bataan have surpassed 85% and continue to rise (Figure 3.3). Notably, the SBA rates in Aklan and Bataan have exceeded the national average since 2020, with Bataan even approaching the target rate of 99%. Additionally, the rate of Facility-based Deliveries (FBD) across the provinces have also been favorable, consistently surpassing 80%. Agusan del Sur has demonstrated a steady increase in FBD rates throughout the duration of the program. Bataan, in particular, has consistently exceeded the national target rate of 91%.

Nutritional parameters also showed improvements (Figure 3.4). Stunting prevalence continued the decreasing pattern seen from 2018. The rates are below 10% across all three provinces. Wasting prevalence, on the other hand, has rates below 3% for the three provinces.

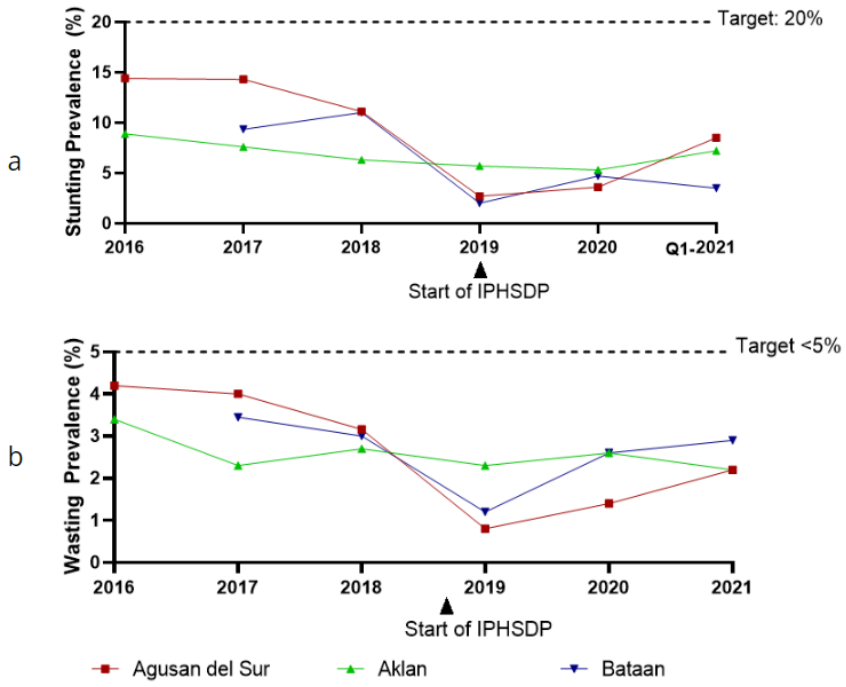


Figure 3.4. Nutritional parameters across the IPHSDP provinces. (a) Stunting prevalence and (b) wasting prevalence across the three provinces.

It is important to note that the reporting of health outcomes in each municipality can be affected by various factors. One of the most significant challenges is the manual entry of data, which is still prevalent in many municipalities due to a lack of digitalization of health records. This situation poses an obstacle to the efficient use of health data for policy making, and this is a major concern that needs to be addressed.

The lack of digitalization leads to a significant inefficiency between health data collection and policy-making adjustments. As such, there is a need to continuously improve the data collection system. This will help to enhance the efficiency of policy-making, and ultimately improve health outcomes.

However, it should be noted that the lack of digital infrastructure is still a major challenge to achieving efficient health data management. Efficiency and digitalization of health data is still a challenge due to lack of infrastructures. Many localities still suffer from intermittent supply of power, and unreliable internet connection. Thus, a multisectoral collaboration is needed to address this issue.

Key factors from IPHSDP training affecting UHC implementation

The ZFF through IPHSDP guided pilot provinces to its UHC implementation. Several factors were instrumental in the success of this implementation.

Honing local officials as leaders for health

Through the program, both mayors and governors have been trained not to be just passive observers but to actively engage in their localities' struggle in achieving health equity. Through the trainings of IPHSDP, the local chief executives have become leaders in health and not just mere supporters of the program. They immersed themselves in the health problem to understand its complexity. The program indeed produced health champions.

As one municipal health officer attested: *"Makikita iyong pagkakaiba ng trained sa [ZFF] compared doon sa hindi trained. But diba i'm from a previous municipality, parang iba talaga. Kasi kumbaga, kasi si mayor doon sa previous municipality ko, supportive naman. Pero supportive in the way na "okay, sige doc", approved naman lahat, pero parang hindi hands-on. Pero dito sa municipality namin, grabe talaga sila. Halimbawa, dito lang siguro sa municipality namin na yung, head ng vaccination team and COVID-19 response namin is si Vice Mayor, and hindi siya from health. Tapos yung sa bloodletting naman, si Mayor talaga yun; kaya naerase na namin yun sa AOP ng Health, kasi yung budget nun doon talaga. Kasi yun yung passion project niya. Nagbibigay siya ng 100k sa barangay na may pinakamataas na nagdonate ng blood. Sa COVID-19 vaccination naman, si Vice at si Mayor din, mayroon ulit silang 100k para sa barangay na may pinakamataas na boostered population; madami talaga silang innovations"*

Deep dive and community experience

Through the deep dive program, the LCEs had first-hand experience on the realities on the ground. Through talking to people on the ground, they realized the gravity of the health problems that their localities are facing. These first hand experiences on their local health issues indeed influenced them to pursue policies that ease the burden of their constituents.

A governor that attended the deep dive training attested *"...how deep diving can change your perspective on health, and learn the realities of life of the people in the far-flung areas. So medyo doon talaga ako natouch, and nakita ko yung entire picture, na hindi pala biro itong delivery of primary health care doon sa mga tao sa bundok. So, realizing all that, nagevolve po lahat ng programs namin pertaining to health, at doon po nagsimula; at malaki po ang pasasalamat ko sa ZFF for exposing me doon."*

Another testimony from a governor emphasized the impact of deep dive in his policies: *"Iyong may deep dive. This mother who lost her life because she was not able to get the attention from the municipal level up from the barangay, municipal, and province. And because of that late response, the mother died in childbirth which could have been prevented if the system worked. …because of my experience sa deep dive, what I did was to empower our municipal hospitals. Get more people to be able to serve doon sa ating reserve because isa kong mali dati I ignored the requirements of the municipal and district hospitals. Hindi naman ignored, but I was more focused on the provincial hospitals' requirements. With that realization in my deep dive, kailangan pala strengthen ko rin ang municipal health system. Kasi ang nangyari doon, iyong nanay pumunta sa hospital, hindi na ano to nabigyan kaagad ng atensyon because there was no doctor. Isang security guard ang nandoon, the mother was refused entry, so before she nadala siya sa provincial hospital, along the way namatay siya. So I strengthened the municipal health system…, because that's the first line of defense…."*

Bridging Leadership Program

The Bridging Leadership Program of ZFF made an impact among LCEs and health managers. They attested their learnings on ownership of the problem and involving other stakeholders in the issue at hand.

Facilitating problem solving and innovative ideas

The impact of IPHSDP was not limited to the trainings provided. The coaching sessions that have been available to pilot localities guided leaders in their approach to solving local health issues. These sessions provided an avenue to process challenges and formulate solutions.

A provincial health officer shared her experience on how the program helped them in forming innovative solutions. *"Magbibigay ako ng specific examples. Natatag ang molecular lab namin dahil sa coaching ng*

ZFF. You can visit it there, makikita niyo na lang kung paano siya ano, ito na pala ang resulta ng coaching. Malaki ang influence nila... Kasi sabi nila "sige nga think out of the box na makakarating ka agad ang result sa taong bayan within 24 hours." So syempre mapapaisip ka ba "paano kaya?". So di nila if-feed sayo na gawin mo to gawin mo yan. More of magto-throw sila ng powerful question. So noong una wala nga iyong molecular lab. So sabi nila days namin pinag-uusapan palagi niyong nababanggit iyong challenge sa testing. "Ano iyong plan niyo dito?"

Fostering relationships between different stakeholders

Collaboration is indeed paramount to solving health issues. The program provided a safe space for LCEs, health managers, and other officials to develop and foster their relationship. Coaching sessions provided an avenue for networking between different stakeholders. A network was established within the management for seamless coordination of programs.

A UHC manager, attested to the role of ZFF in developing a relationship among the provincial management team. *"Dito ko naexperience na mas madali gawin yung mga trabaho kapag team approach. Kasi dito ko naexperience na pinagsama ng ZFF yung mga leaders namin dito from the province to the municipalities, and yung mga partners, stakeholders. Na-explain kasi sa kanila, and mas napag-uusapan yung mga concerns ng community, so mas narealize nila na kailangan nilang mag respond sa mga nakikita nilang mga problema sa community. So mas mabilis yung coordination kapag may mga data kaming need galing sa kanilang office; kahit text na lang ngayon eh, napakasimple dahil sa network na nabuo din through ZFF. So kahit wala nang mga official letter, text lang, ibibigay na nila sa amin yung mga data needed."*

Account Officers sensitive to the needs of the province

Account officers play a crucial role in the implementation of the program in achieving UHC. They are responsible for providing coaching, mentoring, and technical assistance to the LCEs and provincial and municipal health officers. By being learner-centric and sensitive to the needs of the province, the account officers are able to listen intently to their actual needs, which helps in tailoring the interventions and activities to the specific context of the province. Through their guidance and support, the account officers assist local governments in improving their health systems, strengthening the capacities of health workers, and ensuring that quality health services are delivered to the community.

Roadmaps provided guidance for program implementation

Implementation of UHC in the country is a challenge for LCEs and health managers due to the novelty of the program. Although the DOH provided guidelines, some health managers said that these are still too abstract for them. Thus, the roadmaps provided by the IPHSDP facilitated the implementation of UHC.

A newly-hired MHO emphasized the importance of the program in guiding her through her duties in UHC implementation. *"So yun, for me the program is really good. For me na parang, lalo na't medyo bago pa ako sa public health, it serves as my basis. At least ngayon guided ako sa ginagawa ko, how well I am performing, mga ganyan, so yun yung guide ko."*

Provision and augmentation of equipment

ZFF augmented several medical equipment in the RHUs. These included laptops and laboratory equipment such as the hema-analyzer and electrocardiogram (ECG) machine. This consequently increased the available services in the RHUs.

Providing technical knowledge

The program also provided technical assistance to LCEs and health managers. Leadership principles in the MLGP and ESG sessions guided them to be more effective in their provinces and municipalities. Moreover, technical guidelines on the details of UHC helped hone their skills for program implementation.

Remaining Challenges in UHC Implementation

Despite the success of the provinces in UHC, several challenges still remain in its implementation. Firstly, because UHC was newly introduced, health leaders found it to be confusing and there were initial difficulties on how to operationalize it. Particularly, the operationalization of financial integration and financing under UHC was still unclear. These challenges hampered the implementation of UHC in several areas.

Another challenge is the scarcity of resources and funding. The inadequate allocation of resources and budget affects the provision of health services, including the availability of medicines, medical equipment, and human resources. Furthermore, the inadequate number of human resources for health poses a challenge to the delivery of quality health services.

The dilemma with the information system is also a significant challenge. The lack of a reliable system hampers the efficient management and monitoring of health services. Particularly, some provinces and municipalities experience internet connectivity issues and electronic medical record systems have limitations that affect their functionality.

Facility accreditation requirements have been found to be difficult to comply with. Some health facilities struggle to meet the requisites for accreditation, which is necessary to qualify for reimbursements under UHC. Moreover, they were also deemed to be inapplicable or unfeasible at the local level which resulted in delays in the implementation of UHC in some areas.

Anxiety towards the Mandanas Garcia ruling is shared among the provinces. Because of the devolution plan, the provinces and municipalities fear an impending decrease in budget and the possible pull out of deployed health personnel/human resources for health.

Lastly, challenges in behavior and relationships exist on both the demand and supply sides of UHC implementation. On the demand side, there are challenges in promoting health behavior and education to encourage people to avail of health services. On the supply side, alignment and conflicts between stakeholders, as well as the engagement of private healthcare providers, pose challenges in implementing UHC.

OBJECTIVE 2: IPHSDP Factors in COVID 19 response

What are the instrumental IPHSDP factors that have led to the program sites' COVID-19 response and mitigating strategies that determine success targets?

COVID-19 Roadmap

The implementation of UHC was halted due to the COVID-19 pandemic. In response, the ZFF reviewed and assessed its ongoing programs and decided to pivot its focus and resources to help partner local government units respond to the pandemic. ZFF developed a framework for local actions that is aligned with the Medical and Public Health Interventions provisions of DOH, DILG, and NDRRMC. Similar to UHC, this framework was developed into a roadmap that helped guide the provinces in their pandemic response (Figure 3.5).

		Agusan del Sur	Aklan	Bataan
Governance Mechanism	Functional ICS and OPCEN			
	Functional Local COVID Task Force			
	Provincial COVID Plan and Micro-plan for Vaccination			
	Integrated DRMM-H Plan			
Surveillance	Provincial COVID Surveillance System			
	COVID Specimen Collection, Handling and Testing			
	Contact Tracing			
Quarantine and Isolation	LIGTAS COVID and Community Isolation Facilities			
	Community Quarantine and Home Isolation			
Treatment	Functional Capacity of COVID Referral Hospital			
	Health Care Provider Network			
	Facilitation of Hospital Isolation Facilities			
	Community and Family Support			

After Care	**Reintegration of Quarantined and Recovered Individuals**			
Risk Com	**Enhanced Risk Communication**			
	Engagement of Affected Population			
Vaccination	**Profiling of Eligible Population**			
	Supply and Cold Chain Management for COVID Vaccines			
	Vaccination Preparation and Service Delivery			

Figure 3.5. COVID-19 Response roadmap achievements of the provinces.

COVID-19 Response and Health System Building Blocks

The impact of the COVID-19 responses on the overall health system is demonstrated in Table 3.14 to 3.16, which map the pandemic response activities and accomplishments according to the WHO health system building blocks. The involvement in the COVID-19 response ensured that the health system was able to effectively address the challenges brought about by the pandemic.

Agusan del Sur

Agusan del Sur leaders ensured a prompt and effective response against COVID-19. They established a COVID-19 task force to oversee the response and intensified information campaigns through various media such as social media (FB pages), radio, and community announcements. House-to-house campaigns were also conducted to ensure widespread awareness. The province also implemented Enhanced Community Quarantine and strict border control was enforced across provinces and municipalities.

Table 3.14. Agusan del Sur COVID-19 response mapped based on WHO health system building blocks

COVID 19 RESPONSE AND WHO HEALTH SYSTEM BUILDING BLOCKS – AGUSAN DEL SUR					
Leadership and Governance	**Human Resource for Health**	**Financing**	**Access to Medicines**	**Service Delivery**	**Information System**
• Created COVID 19 Task Force • Contributed to and participated in ONE CARAGA Shield (regional response of COVID) • Implemented Provincial Enhanced Community Quarantine • Strict Border Control across provinces and municipalities • Government resolution was passed for Health Promotion Strategy • EO for vaccination (e.g., San Luis: no vaccination, no face-to-face graduation) • No vaccine, no entry to certain establishments	• BHWs served as Health Promotion Officers (HEPO) who were trained for Risk Communication skills and mobilized to convince families to get vaccinated • Trained health staff for Covid 19 response	• Realigned budget to Covid 19 response • Increased budget in health during Covid 19 pandemic • Economic support to quarantined and isolated individuals	• Provision of medicines • Health kit distribution	• Incentives for vaccination • Mobile vaccination drives to reach indigenous communities • QR coding during entry to the province • Construction of molecular laboratory reducing waiting time of results from 5-7 days to <24 hours • Construction of Quarantine and Isolation facilities in localities • Construction of treatment facilities and COVID referral centers • Vaccination hubs	• Digitalization of health records • Intensified information campaign through social media (FB pages), radio, and community announcements, and house to house campaign • Mobile vaccination drives served as education drives • Real Time Covid 19 monitoring • QR codes in border control

Technology was utilized through the use of QR coding during entry to the province and increased digitalization of health records. The government passed a resolution for health promotion and the BHWs played a significant role in this effort by serving as Health Promotion Officers who were trained to develop risk communication skills.

For detection of cases, a molecular laboratory was constructed in the province, significantly reducing the waiting time of results from 5-7 days to less than 24 hours. In addition, Quarantine and Isolation facilities were constructed in localities, with provision of economic support and health kit distribution to

quarantined and isolated individuals. Treatment facilities and COVID-19 referral centers were also built and provided with essential equipment and medicines.

Furthermore, vaccination hubs were set up in localities and incentives for vaccination were given such as grocery packs and raffle promos. In order to increase vaccination coverage, the “No vaccination, No face-to-face graduation” policy in San Luis, and the “No vaccine, No entry” policy in certain establishments were enacted. Mobile Vaccination Drives were also instrumental in vaccinating the Indigenous population and also served as education drives. The BHWs acted as HPOs and were mobilized to convince families to get vaccinated.

Aklan

The province of Aklan mounted a comprehensive response to the COVID-19 pandemic. The province exhibited unity and collaboration among leaders and stakeholders despite differences in political parties. The provincial governor conducted regular meetings with mayors to facilitate the sharing of resources among municipalities. The province created a COVID-19 task force to oversee the response. Moreover, the Vice Mayor of Tangalan headed the COVID-19 response in the municipality, providing clear direction and leadership in the local government. An intensified information campaign was implemented to raise awareness and educate the public about the pandemic. The province implemented an Enhanced Community Quarantine which established strict border control across provinces and municipalities. Additionally, technology was utilized to enhance the COVID-19 response. The digitalization of health records was expanded and QR coding was implemented in the border control.

Table 3.15. Aklan COVID-19 response mapped based on WHO health system building blocks.

COVID 19 RESPONSE AND WHO HEALTH SYSTEM BUILDING BLOCKS – AKLAN					
Leadership and Governance	**Human Resource for Health**	**Financing**	**Access to Medicines**	**Service Delivery**	**Information System**
• Provincial governor conducted regular meetings with Mayors from different political parties • Sharing of resources among municipalities • Vice Mayor created and headed COVID 19 task force • Implemented Provincial Enhanced Community Quarantine • Strict Border Control across provinces and municipalities • No Vaccination, No entry to Boracay policy	• Contact tracing teams activated • Infectious disease specialist hired • Training of health personnels for Covid response	• Realigned budget to Covid 19 response • Increased budget in health during Covid 19 pandemic • 4 waves of Ayuda as economic support to quarantined and isolated individuals and their families in Tangalan	• Provision of medicines (ex. antivirals, and experimental meds)	• House service of COVID testing • Provision of medicines (ex. antivirals, and experimental meds) • Follow up of recovered patients at barangay level • Incentives for vaccination (ex. Grocery Package and Bakuna Raffle Promo) • Molecular laboratory built • Construction of Ligtas COVID facilities • Quarantine hotel designation • Construction of treatment facilities and COVID referral centers • Turned provincial hospital to COVID referral center • Bakunahan ng Bayan • Cemetery vaccination hubs during Undas	• Digitalization of health records • Intensified information campaign through social media (FB pages), radio, and community announcements, and house to house campaign • Mobile vaccination drives served as education drives • Real Time Covid 19 monitoring • QR codes in border control

Aklan also exhibited a proactive approach in detecting COVID-19 cases. Contact tracing teams were activated and house-to-house COVID-19 testing was conducted. Furthermore, the province built a molecular laboratory to increase testing capacity, providing a faster turnaround time for test results.

Aklan constructed Ligtas COVID-19 facilities and designated quarantine hotels to accommodate individuals who need to isolate or quarantine. Economic support was also provided to quarantined and isolated individuals. In Tangalan, four waves of “Ayuda” were distributed to provide assistance to those who were affected by the pandemic.

To ensure proper treatment of COVID-19 patients, Aklan constructed treatment facilities and COVID-19 referral centers equipped with medical equipment and supplies. The province turned the provincial hospital into a COVID-19 referral center and hired an infectious disease specialist. Medicines such as antivirals and experimental drugs were also made available to COVID-19 patients. Follow-up of recovered patients was also done at the barangay level.

Aklan has a robust vaccination campaign. The province launched the Bakunahan ng Bayan and set up vaccination hubs in different localities including cemetery vaccination hubs during “Undas”. Provision of grocery packages and conduction of the Bakuna Raffle Promo were done as incentivization measures to encourage vaccination. The "No Vaccination, No entry to Boracay" policy was also implemented to increase vaccination coverage.

Bataan

Bataan ensured effective actions to reduce and prevent cases by establishing a health team that led the COVID-19 response. Information campaigns were intensified and community meetings were held to educate the public. Strict community quarantine and border control measures were enforced and digital solutions were implemented such as the One Bataan COVID-19 command center, which provided real-time monitoring of cases. The province also created policies against COVID-19 discrimination and on non-refusal of hospitals to accept emergency and non-emergency cases. Moreover, the province implemented the "One Bataan Seal of COVID-19 Free Barangay", a program that provided incentives every 15 days to barangays that reduced their cases.

Table 3.16. Bataan COVID-19 response mapped based on WHO health system building blocks.

COVID 19 RESPONSE AND WHO HEALTH SYSTEM BUILDING BLOCKS – BATAAN					
Leadership and Governance	**Human Resource for Health**	**Financing**	**Access to Medicines**	**Service Delivery**	**Information System**
• Strict border control through checkpoints • Implementation of Community Quarantine • EO against COVID discrimination • Resolution on non-refusal of hospitals in accepting emergency and non-emergency cases • EO on special risk allowance for frontline and health workers • One Bataan Seal of COVID Free Barangay awarding PHP25,000 every 15 days to barangays with decreasing cases • No vaccine card, no travel policy	• BHWs served as Health Promotion Officers (HEPO) who were trained for Risk Communication skills and mobilized to convince families to get vaccinated • Trained health staff for Covid 19 response	• Realigned budget to Covid 19 response • Increased budget in health during Covid 19 pandemic • Economic support to quarantined and isolated individuals and their families • Grocery packs and raffle promos	• Provision of medicines • Health kit distribution	• Construction of molecular laboratory that doubled testing capacity • Swab testing station in RHUs • Construction if quarantine and isolation facilities in localities • Augmented hospital capacity by increasing ward and ICU beds • Conversion of container vans into treatment and monitoring facilities with intercom and video system • Church tapped to house chemotherapy patients • Conversion of schools, city centers, and Bulwagan ng Bayan into vaccination hubs • Private hospitals increased their accommodation of non-COVID patients • Resorts tapped to provide transportation for HCWs • Conversion of dental buses for	• Digitalization of health records • Intensified information campaign through social media (FB pages), radio, and community announcements, and house to house campaign • Mobile vaccination drives served as education drives • Real Time Covid 19 monitoring • Hospital bed capacity tracker • QR codes in border control

COVID 19 RESPONSE AND WHO HEALTH SYSTEM BUILDING BLOCKS – BATAAN					
Leadership and Governance	**Human Resource for Health**	**Financing**	**Access to Medicines**	**Service Delivery**	**Information System**
				mobile vaccination • Handog sa Bakunang Bataeno (grocer packs and raffle promos)	

To enhance detection, Bataan constructed a molecular laboratory and doubled the testing capacity of the province. Swab testing stations were established in RHUs to ensure access to testing. The province also invested in quarantine and isolation facilities and provided economic support and food packs to quarantined and isolated individuals.

To augment treatment capacity, hospitals were provided with additional ward and ICU beds and central treatment and monitoring facilities were established. Container van monitoring facilities, which afterwards will be converted into dialysis centers, were equipped with intercom and video capabilities to ensure proper monitoring and care. The private sector was also involved in COVID-19 response with resorts providing transportation during the pandemic and churches helping in housing of chemotherapy patients. The private hospitals also increased their capacity for non-COVID-19 cases.

Bataan also implemented an efficient vaccination program, starting with social preparation and public education seminars led by infectious disease specialists. The province established vaccination hubs in schools, city centers, and the Bulwagan ng Bayan, and transformed dental buses into mobile vaccination buses. Incentivization through the "Handog sa Bakunang Bataeno" program, which offered grocery packages and raffle promos, was conducted to encourage vaccination. Moreover, the province invested approximately PHP 6.7 million in its vaccination program and implemented a "No vaccine card, No travel" policy.

Community Experience on COVID-19 Response

The community attested to the efforts of local chief executives and health leaders in curbing the COVID-19 pandemic. Local chief executives were present and actively led the COVID-19 response, and community health workers played an important role in ensuring border control and community lockdown implementation. Despite pandemic restrictions, the community received continued primary care services from the RHU and BHS. Information on COVID-19 was accessible through social media and radio stations. Economic relief was provided during quarantine and isolation, and vaccine incentives like grocery packages and raffle promos were given. The community also showed solidarity by practicing "Pasabuy", where neighbors buy the needs of quarantined individuals in their community.

COVID-19 Outcomes

The effective COVID-19 response in each province yielded positive results, which were manifested in the improved COVID-19 statistics (Figure 3.6, Figure 3.7, Figure 3.8) Decline in the number of confirmed COVID-19 cases and COVID-19 related deaths were evident. The situation has improved since the final months of 2021, with a decrease in the active cases and a stabilization of the total number of cases and deaths since the third quarter of 2021.

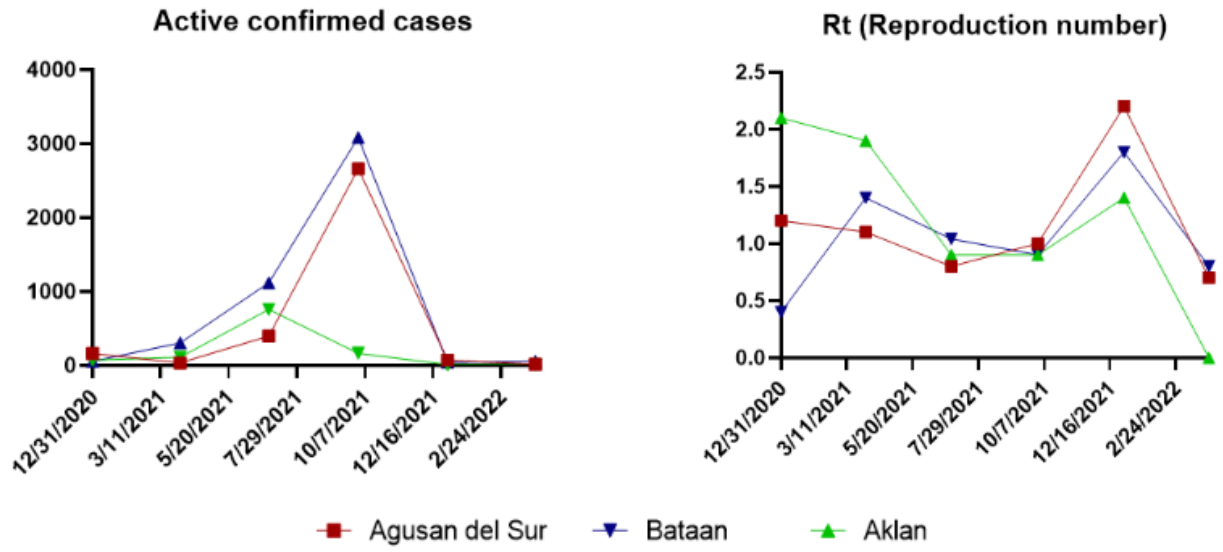


Figure 3.6. Overall metrics of COVID-19 response in the pilot provinces.

Likewise, COVID-19 testing metrics showed steady improvements throughout the pandemic response. Turnaround time, measured by the collection of specimens to provision of RT-PCR results, has decreased from around 3 days to less than 24 hours in most of the provinces. The health managers and chief executives attribute this decrease to the construction of molecular laboratories in their own localities.

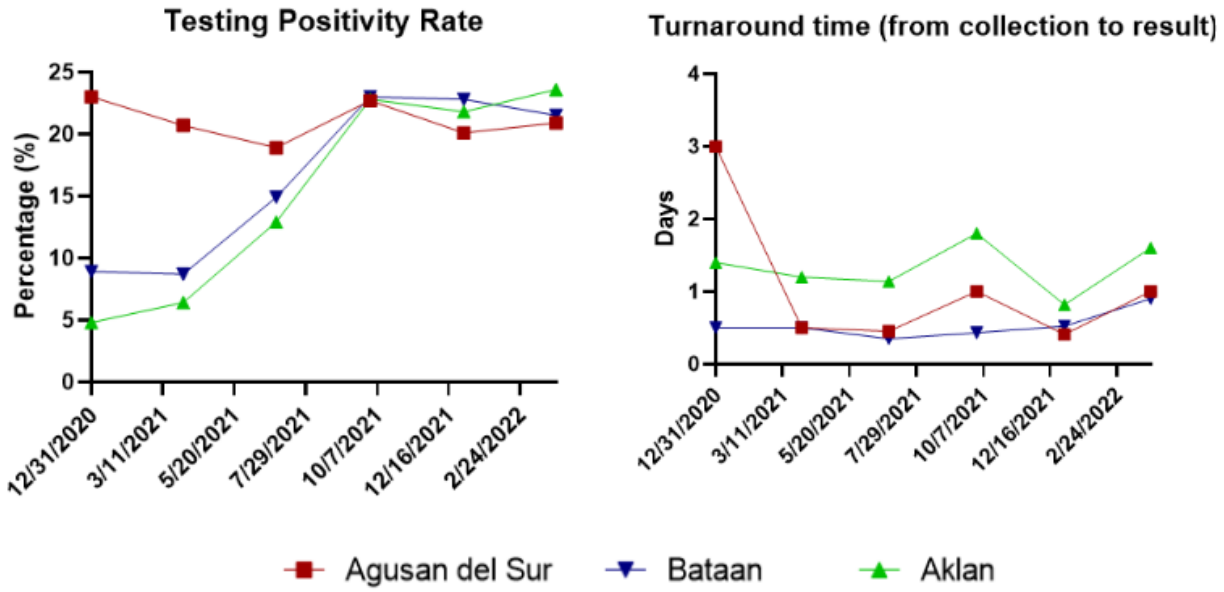


Figure 3.7. Testing metrics across the three provinces.

The pilot provinces' COVID-19 response resulted in good treatment metrics across the localities. Recovery rate has steadily increased since the last quarter of 2021. On the other hand, hospital bed ward occupancy rate and mechanical ventilation utilization rate has steadily decreased.

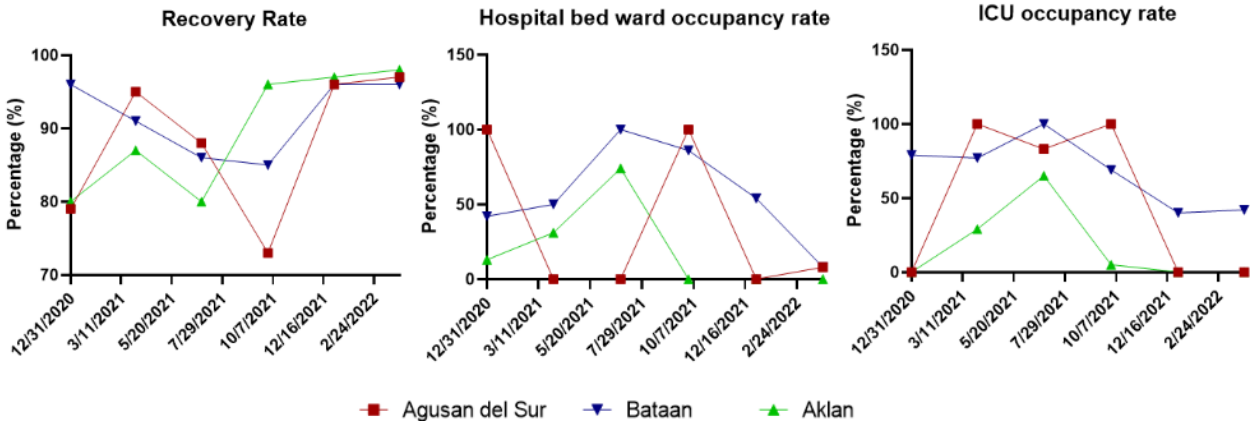


Figure 3.8. Treatment metrics across the three provinces.

The provinces have seen positive outcomes from their COVID-19 vaccination efforts (Figure 3.9). A 90% vaccination rate was observed in Agusan del Sur while Aklan and Bataan had 97% and 100%, respectively. These rates are well above the requirement for herd immunity which is 70-80%. Compared to the neighboring provinces in their respective regions, the implementation sites were ahead in achieving these favorable rates.

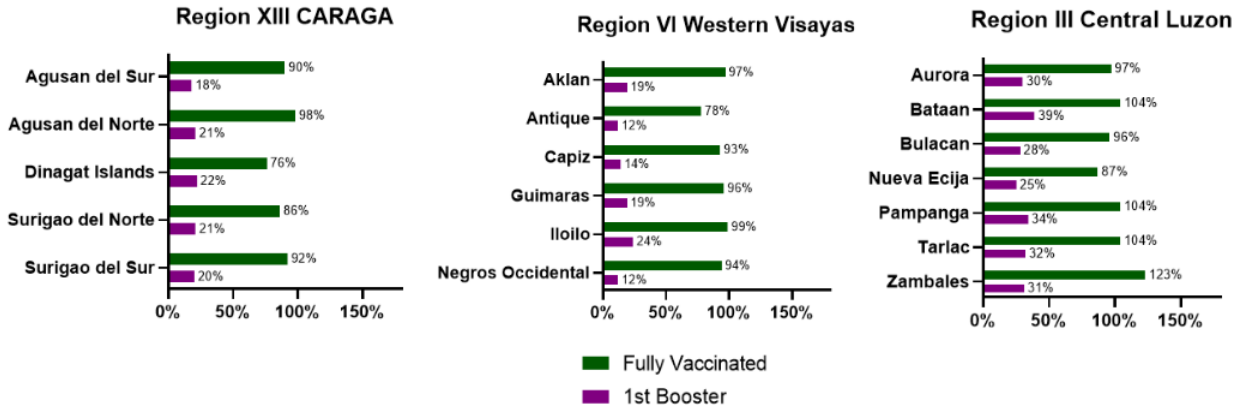


Figure 3.9. Vaccination metrics IPHSDP provinces compared with neighboring provinces in their respective regions.

IPHSDP factors that led to successful COVID-19 response

Several aspects of the IPHSDP were identified as key elements in assisting the LGUs in their COVID-19 response. The IPHSDP honed proactive leaders, provided technical assistance and necessary expertise,

introduced a guiding framework for the response, augmented facilities and equipment, and facilitated problem solving and innovation.

Honing proactive leaders for pandemic response

The training programs offered by the ZFF were instrumental in producing a proactive group of leaders in the health sector. The LCEs who participated in these trainings and coaching sessions learned important lessons and skills which they were able to apply to the new and pressing challenge posed by the COVID-19 pandemic. These lessons were directly applied to the current situation, providing the LCEs with the tools and knowledge necessary to effectively lead during these challenging times.

Providing needed expertise

The IPHSDP successfully adapted to the challenges posed by the COVID-19 pandemic. The ZFF provided essential expertise to support the provinces and municipalities in their COVID-19 response. Webinars and seminars on COVID-19 response and treatment were conducted to further equip the stakeholders with the necessary knowledge and skills. In addition, the ZFF also offered expertise in the design of isolation and quarantine facilities, ensuring a comprehensive and effective response to the pandemic.

Providing a framework on the COVID-19 response

The IPHSDP demonstrated adaptability by adjusting its program components to respond effectively to the COVID-19 pandemic. The roadmaps, which serve as a blueprint for health systems development, were modified to ensure their applicability during the ongoing pandemic. The revised roadmaps provided a clear and practical guide for all stakeholders involved in COVID-19 response, proving to be an invaluable tool to effectively navigate the complexities of the current situation. As a result, the IPHSDP's adaptability has proven to be important in the success of the provincial response to the pandemic.

Augmentation of facilities

ZFF also augmented medical facilities and equipment for COVID-19 response. They provided mechanical ventilators, high-flow oxygen, and PPEs. Newly constructed molecular laboratories were also provided with needed equipment such as RT-PCR machines.

Facilitating problem solving and innovative ideas

The IPHSDP provided avenues for health managers and local chief executives to identify COVID-19 related problems and challenges. Through coaching sessions, these problems were dissected to find appropriate solutions. Social innovations were encouraged in identifying solutions to these challenges.

OBJECTIVE 3: Recommendations

What are the recommendations that can be proposed to enable further support for UHC implementation in other provinces by the ZFF and DOH?

Recommendations to DOH

The research unpacked several recommendations from local chief executives and health managers to the DOH. These recommendations covered areas of leadership, financing, infrastructures, human resource for health, access to medicines and information and technology.

LCEs and health managers recommend that the DOH should partner with the ZFF to implement the IPHSDP nationwide. This partnership would enable LGUs to share common goals and achieve better health outcomes province-wide. Moreover, they recommend involving local chief executives and health leaders in crafting Universal Health Care (UHC) policies tailored to their capacity since some policies are not applicable to LGUs given their capacity.

Financial constraints have hindered the progress of some health programs and projects due to delays in the reimbursement of funds from PhilHealth. To address this issue, LGUs recommend that the DOH should process reimbursements promptly to avoid unnecessary delays. Additionally, the LCEs believe that creating a policy that establishes a fixed percentage that LGUs are required to abide by is essential, even though there is a recommended budget allocation for health.

Expanding rural health units and barangay health stations is necessary to accommodate more patients and offer more services. Unfortunately, LGUs are not able to procure laboratory and diagnostic equipment for their RHUs due to limited budget. Health managers urge the DOH to provide this equipment so health staff can offer more services to the public. Moreover, with the new DOH guidelines on licensing health centers as primary care facilities, LGUs and health managers struggle to meet the allegedly unrealistic requirements. Hence, they recommend that the DOH provide more practical and attainable requirements that are based on the capacity of the LGUs.

Retaining health professionals is crucial, especially since the DOH plans to pull out human resources for health in 2023. There is a unified call to retain these health professionals to continue staff augmentation,

particularly in RHUs that don't have the budget to provide their own. Health managers urge the DOH to form technical and adaptive competencies in human health resources to ensure the quality of services provided. Furthermore, regular training should be conducted to teach new health workers and keep existing staff abreast with updated information and guidelines since the field of medicine is continually evolving.

The demand for essential medicines is growing rapidly each year, but the new directives from the DOH entail that the duty of procuring NCD medicines would now solely fall on the municipalities' shoulders. This becomes a dilemma because the National Tax Allotment (NTA) is shared by all sectors of the LGU, which would result in reduced allocation to the procurement of essential medicines. Health managers are thereby urging the DOH to continue the augmentation of supplies to meet public demand.

System glitches in I-clinic Sys have been encountered by health staff since its implementation in pilot sites. Some sites have crafted their own systems that they believe work better for them. Hence, LGUs recommend integrating I-clinic sys as well as e-Konsulta with their local information system. Moreover, poor internet connectivity in some remote municipalities in Agusan del Sur has hindered the implementation of electronic medical recording systems. The LCEs and health managers urge the DOH to tap government agencies that can provide telecommunication infrastructures to address this issue.

Recommendations to ZFF

Because of the positive impact of the IPHSDP to the health sectors in the pilot implementation sites, there is a call to apply the program in other municipalities and provinces all over the country. The LCEs and health managers believe that this would help establish health as a top priority of any LGU and align the goals of the provinces that could potentially result in better health outcomes.

Health managers believe that other divisions under the provincial and municipal health offices would immensely benefit from the comprehensive training modules of ZFF. Specifically, training in information technology and data handling was a common request from the pilot implementation sites.

Budgetary issues are a constant dilemma experienced by LGUs in their pursuit to improve health infrastructures. ZFF, as a trusted institution, has connections with other non-government organizations

(NGOs) which could help open opportunities and resources for LGUs. Given this, LCEs and health managers request that ZFF connect them with NGOs to establish private-public partnerships that can fast track the development of health infrastructures and acquisition of essential laboratory and diagnostic equipment.

Because of the success of IPHSDP in preparing pilot implementation sites for UHC integration, the LCEs and health managers believe that a similar program tailored to the whole government bureaucracy would greatly benefit the LGUs.

ZFF and DOH each provide roadmaps that serve to guide the provincial and municipal health offices on how to approach the building blocks of the health system for UHC integration. However, they believe that having a uniform roadmap formulated by both ZFF and DOH would allow them to determine which aspects of UHC integration to focus on.

There is a lack of guidance from the DOH in terms of the Special Health Fund (SHF). Health managers request ZFF to provide technical assistance on how to approach the SHF to better understand how it can financially support the provincial and municipal health offices.

Other recommendations to ZFF include increased immersion in participating municipalities/provinces to have a more holistic view of the grassroots level situation and thus enriching their technical and clinical approach to the localities and training on data and health promotion among health staff so as to improve their health system.

Recommendations on Monitoring Indicators

To assess the effects of the program on the overall health of the community, life expectancy should be included as an outcome indicator for the next program cycle. Life expectancy measures the health status of the population across all age groups which is vital in monitoring the development of local health systems.

To serve as bases for prioritizing health indicators and designing programs, LGUs should provide data on the top causes of mortality and morbidity. These are tools that can help identify risk factors of diseases and determine the similarities and differences among health events across different populations.

Training Needs

The health managers and health personnel expressed several training needs that can help their community for better UHC implementation. These training needs include both leadership and technical skills.

Health managers believe that leadership trainings should also be extended to hospital administrators, PHO staff, and other department heads to create a harmonious mindset on health outcomes. Additionally, they believe all health staff should be given self-awareness seminars that will allow them to introspect and recognize their strengths and weaknesses as well as areas for improvement. Moreover, Because of the change in the political landscape in some provinces and municipalities, health managers suggest that ZFF should re-conduct the MLGP and BL trainings for new key leaders in health.

The health managers and health staff also expressed several technical skills training needs. These include the following:

- Health Program Trainings for Newly Hired Rural Health Midwives
- Adolescent Health Development Program
- Mental Health Program
- Train Barangay Health Workers as Health Education Promotion Officers in the barangays
- Basic Training Course for Newly Recruited Barangay Health Workers
- Nutrition in Emergency Training for Barangay Nutrition Scholars (BNS)
- Water, Sanitation, and Hygiene (WASH) in Emergency Training for BASAW
- Mental Health and Psychosocial Support (MHPPS) Training for health personnel and responders
- Trainings on Data Handling and Processing for all health staff in the BHS and RHU
- Trainings on programs such as PPI, IMCI, and the like for all new health staff concerned

Community Felt Needs

The community has expressed several felt needs related to healthcare that they believe should be addressed by the government. These needs fall into different categories, such as financing, infrastructure, human health resources, information technology, and medicines and supplies (Table 3.17).

Table 3.17. Community recommendations to improve the health care system.

COMMUNITY FELT NEEDS				
Human Resource for Health	**Financing**	**Access to Medicines**	**Service Delivery**	**Information System**
• Capacity building of health resource in community (trainings and seminars) • Increased and timely compensation for Barangay Health Workers • Augment human health resources	• PhilHealth registration process should be made simpler and accessible to remote areas • Requesting for financial assistance should be less tedious and time-consuming • Continue indigency funding system	• Increase availability and variety of essential medicines • Increase availability of contraceptives and maternal medicines	• Improve the health units • Increase the availability of laboratory and diagnostic equipment in the community (ex. x-rays, ultrasound, pap smear) • Increase bed capacity of district and provincial hospitals • Build birthing facilities in remote areas	• Adopt the electronic medical recording system

A common woe of the community is the struggles they encounter during the PhilHealth registration process. They urge that the DOH should create a simpler process and that it should be made accessible to remote areas as well. When it comes to requesting for financial assistance, the community urges the DOH to create a more streamlined and less tedious process. Additionally, they also urge the LGUs and DOH to continue providing financial assistance through indigency funding systems.

Community members have continuously endured the ailing health system especially when it comes to health infrastructures. They urge the DOH to provide assistance in improving the health units specifically in terms of increasing the availability of laboratory and diagnostic equipment in the community-level (ex. x-rays, ultrasound, pap smear), increasing bed capacity of district and provincial hospitals, building birthing facilities in remote areas, and the like.

The community also believes that augmentation and capacity building of human health resources should be accomplished so health services would be readily available to the public. BHWs in the pilot sites have expressed their frustrations over the low and delayed compensation for their heavy workloads. They

suggest that LGUs should provide them with fair wages and timely compensation to reduce staff turnover and encourage more community members to work as Barangay Health Workers.

Generally, most community members don't have any complaints with the paper-based medical recording system currently implemented in RHUs because allegedly their medical records are easily accessible to them by request. However, some end-users urge the LGUs to adopt the electronic medical recording system to establish a centralized database that can instantly be accessed by patients and all levels of health units.

Community members have constantly raised the issue of limited supplies of essential and contraceptive and maternal medicines in their communities. Some express that they are often allegedly provided with a month's supply of essential medicines but purchase their own stock for the succeeding months. In terms of contraceptive and maternal medicines, they suggest that more varieties should be offered so they can have options to choose from.

CHAPTER 4: INSIGHTS AND DISCUSSION

Role of ZFF

The ZFF programs, from PLGP/MLGP to IPHSDP, are seen as contiguous and connected. The lessons learned and outcomes are interconnected. Although this makes it difficult to ascertain and attribute results specifically to the IPHSDP, this shows how foundational the Local Government Program (LGP) is and the additive effects of the programs. The gains from PLGP and the start of IPHSDP provided a foundation and facilitated an early response to the pandemic. For instance, the expanded local health boards established became the Incident Management Teams or Inter-Agency Task Forces. PLGP provided the relationships, structures, and systems built that enabled the local governments to respond quickly to the pandemic.

When it comes to the orientation and support for UHC implementation, the DOH and ZFF take different approaches. The DOH provides a general "what" and "how," while ZFF focuses on more specific "hows" that are practical, operational, and innovative. While the DOH is always present, there is a need for fresh ideas and innovative approaches, which can be facilitated through partnerships with the private sector. By harmonizing programs, monitoring tools, and outputs, and bringing in new ideas, DOH and ZFF can work synergistically to achieve the shared goal of UHC implementation.

Technical support was highly appreciated, especially during the pandemic response. For example, for the PDITRV, ZFF was described to be "*nauna pa sa DOH*" (ahead of DOH). However, beyond the pandemic, there are still gaps in the health system where technical support could come in. It is crucial to identify these gaps and opportunities to provide technical support to improve the health system further.

Organizing the health system becomes more challenging as more actors are brought in, such as private providers into the primary care provider network. This is where assistance may be needed to facilitate the organization of the system better.

Finally, the role of account officers in IPHSDP implementation is a critical part of the whole program. Account officers serve as advocates, listeners, and providers of coaching, mentoring, and technical assistance. To be effective, account officers need to be sensitive to the actual needs of people on the ground, learner-centric, and willing to adjust the program based on feedback. They must also have a

strong relationship with health leaders, involve multiple stakeholders, and promote ownership. Additionally, they should be competent, committed, and confident to ensure the success of the program.

Barangay/community level leadership and advocacy

Local and barangay officials play a crucial role in the provision of health services in their respective areas. However, the level of their involvement and leadership range from simply facilitating the usual processes, such as helping indigents with financial assistance, to spearheading and being hands-on with health programs. In some cases, they come up with their own initiatives and solutions to problems, such as the Tangalan Mayor who organized a vaccination drive in a cemetery to reach more people. More proactive leaders play a vital role in ensuring that health programs are implemented effectively and reach the people who need them.

Another important aspect of local health governance is the role of BHWs whose value is increasingly being acknowledged by the LGUs, especially during the pandemic. BHWs implement the health programs at the grassroots level, such as conducting health promotion activities, facilitating health services, and monitoring the health status of their communities. However, the situation for BHWs differs per barangay, with some receiving better compensation, other support, benefits, and incentives compared to others. It is important for LGUs to recognize the vital role that BHWs play and provide them with the necessary resources and support to effectively carry out their roles in promoting health in their communities.

Working towards a people-centered UHC

The concept of UHC is centered around ensuring access to healthcare services that are needed by communities, when they need it, as local as possible, and with financial risk protection. For UHC to be truly felt by communities, they must have access to medicines, diagnostics, and health workers. In addition, increasing awareness and participation in public health programs, particularly preventive measures, will further strengthen UHC.

The COVID-19 pandemic has put a strain on health systems worldwide, including the delivery of UHC services. Despite this, UHC work continued, albeit at a slower pace, with adaptations to the pandemic

situation. There have been gains made during the COVID-19 response, such as investments in health, that have helped support and achieve UHC. However, the challenge lies in sustaining these gains and continuing to work towards achieving UHC in the midst of a global pandemic.

In the face of COVID-19, it is important to ensure that access to healthcare services is not compromised, particularly for vulnerable populations. Efforts must be made to adapt to the situation while continuing to work towards achieving UHC. Building on the investments made during the pandemic response, it is essential to sustain these gains and improve access to medicines, diagnostics, and health workers. Additionally, increasing awareness and participation in public health programs, particularly preventive measures, will be key to strengthening UHC and ensuring that communities have access to the services they need.

Framework for Change

The IPHSDP has contributed to enhancing leadership competencies and promoting positive health outcomes. Our study synthesized the findings and recommendations to propose a framework (Figure 3.10).

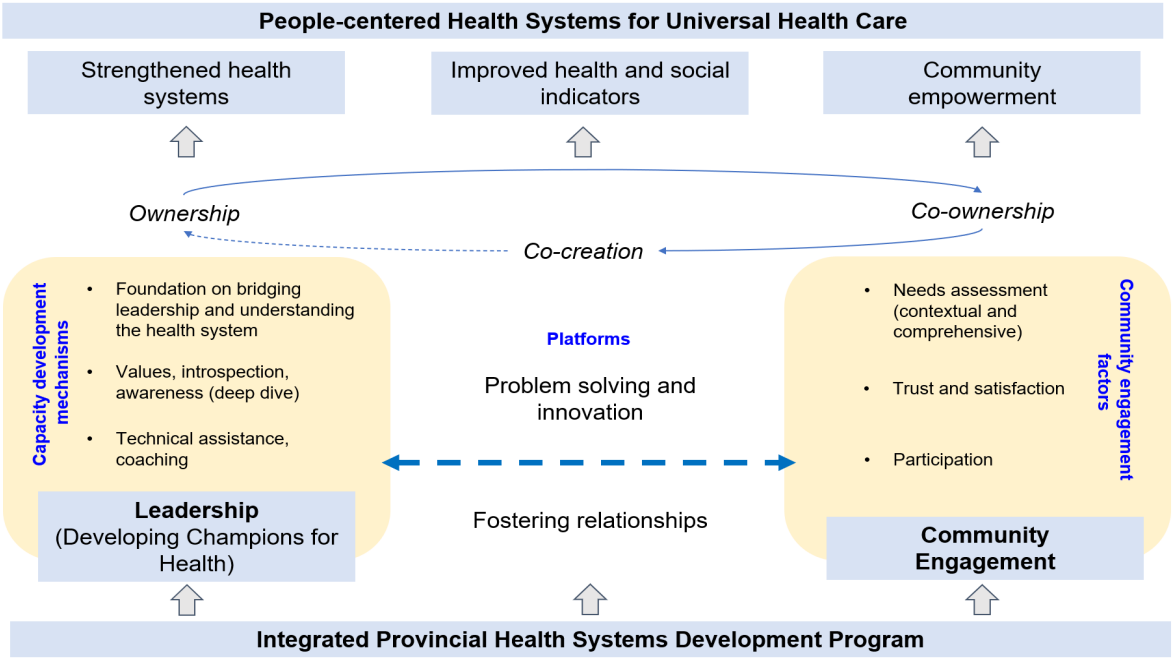


Figure 4.1. Framework for change: IPHSDP factors influencing UHC

Two major aspects in which ZFF programs influence achievement of UHC are in leadership and community engagement, with leadership as the starting point, but with increasing attention on community engagement as well.

ZFF develops champions for health through its leadership training. From the study, we identified that the main capacity development mechanisms were the strong foundation on bridging leadership and understanding the health system, the incorporation of introspection and awareness, such as in the deep dive activities, and the continuous technical assistance and coaching, including the provision of tools.

On the other hand, key community engagement factors identified in the study were the importance of a contextual and comprehensive needs assessment, building trust and maintaining satisfaction through responsive service, and increasing opportunities for and enabling community participation.

These mechanisms, complemented by other platforms that ZFF provides, foster relationships within and beyond the local health system. This creates structures and allows for partnerships, and sharing and maximizing resources. They also facilitate problem-solving and innovation.

Furthermore, these processes correspond to the Bridging Leadership steps of ownership, co-ownership, and co-creation (Figure 3.10) i.e., capacity development among leaders promotes ownership, community engagement facilitates co-ownership, and platforms for joint problem-solving enables co-creation.

All of these lead to community empowerment, strengthened health systems, and improved health and social indicators. However, in order to be effective in contributing to people-centered UHC, the provision of capacity development mechanisms, platforms for relationship-building and collaborative problem-solving, and community engagement activities must all be intentional and tailor-fit to the needs of the localities and participating stakeholders.

CHAPTER 5: CONCLUSION AND POLICY IMPLICATIONS

Conclusion

The IPHSDP has played a vital role in guiding and supporting the successful implementation of Universal Health Care in participating provinces. Through the Health Change model, the program has provided comprehensive training and technical assistance to health leaders and stakeholders, leading to improved health indicators and UHC deliverables. By fostering leadership that is sensitive to community health needs and promoting health equity, the IPHSDP has laid the foundation for sustainable UHC implementation.

However, while the IPHSDP has made significant progress, it is important to note that sound policies and implementation from the national government are equally important to achieve long-term UHC success. This underscores the need for policymakers to be sensitive to the actual needs of the people and to work closely with stakeholders to build a sustainable UHC system that serves all members of society. Moving forward, the IPHSDP's best practices can be replicated in other provinces to help accelerate progress towards achieving UHC nationwide. By building on the IPHSDP's successes and continued efforts from both the national and local levels, the vision of UHC for all Filipinos can become a reality.

Policy implications

IPHSDP and Provincial Leadership Programs

The IPHSDP presents a significant opportunity to improve leadership capacity in the provinces, particularly in relation to health care. Through coaching, mentoring, and training modules, IPHSDP can help build the capacity of provincial leaders to understand and address health system issues, including the integration of the Special Health Fund and Universal Health Care. Additionally, the program can provide technical assistance to provincial leaders to help them address health system challenges and promote health equity. By focusing on the specific needs of communities, IPHSDP can help foster leadership that is sensitive to the unique health needs of each province.

Given the key role of provincial leaders in promoting health and ensuring that health services are

accessible to all, the IPHSDP can serve as a key component of a larger provincial leadership program. By integrating health-related coaching and training modules into a broader leadership development program, provincial leaders can gain a more comprehensive understanding of how health systems and policies impact their communities. This can help promote a more holistic approach to governance, one that recognizes the vital importance of health in building strong and resilient communities. By building leadership capacity in the provinces, the IPHSDP can help promote more effective and equitable health policies and practices, thereby contributing to the achievement of Universal Health Care.

Research and UHC Implementation

Research plays a critical role in maximizing the impact of investments in health programs and human resources. Through research, unique health needs of communities can be identified, and tailored UHC policies and programs can be developed to address those needs. Additionally, research can evaluate the effectiveness of programs and guide refining and improving them for better health outcomes. In this way, research helps to ensure that UHC programs are evidence-based, effective, and sustainable.

Moreover, research also identifies best practices in UHC implementation and leadership capacity building. This can help build the capacity of leaders to make informed decisions and develop evidence-based policies and programs that improve health outcomes. By integrating research into UHC implementation, leaders can be empowered to address health system challenges more effectively and promote health equity.

Therefore, it is crucial for policymakers to recognize the importance of research in UHC implementation. By supporting research initiatives that are tailored to local needs and priorities, policymakers can help promote evidence-based policy making, improve the effectiveness of health programs, and ultimately contribute to achieving UHC for all Filipinos.

Partnerships for UHC

The tall order of achieving a people-centered UHC calls for active partnerships and synergistic efforts. The endline evaluation of the IPHSDP identified gaps and needs that point to potential roles of partners.

First, LGUs need partners to help them advocate for their needs and issues at the local level. Partners may consider how to amplify voices of communities and LGUs particularly over certain issues such as the devolution process and challenges concerning PhilHealth.

Second, partners should consider how to maximize research, dissemination and exchange mechanisms to accelerate learning and improvement. This will also allow replication and adaptation of effective practices.

Finally, existing partnerships could lead to more collaborations. There is a potential role to broker new relationships and connect LGUs with resources, particularly from the private sector. This process must be carefully guided, needs-based and evidence-based.

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ANNEX

Annex A. Participants of KIIs and FGDs in all study sites

Region and Province	Municipality	KII Participants	FGD Participants
Region III - Bataan	Provincial	1. Hon. Albert Raymond S. Garcia 2. Dr. Francisco Hermoso	-
	Dinalupihan	1. Dr. Lahaina G. Bulaong	RHU Staff 1. Julie Ann G. Patawaran 2. Daisy C. De Jesus 3. Arlene T. Enriquez, RN 4. Rommell B. Gamboa 5. Liezel S. Pamintuan BHS Staff 1. Angel De Leon 2. Nicholyn Rose N. Reyes 3. Christine Mae R. Reyes 4. Carla Mae Fuentes 5. Michelle Cruz NCD Services End-users 1. Leslie D. Manalili 2. Aiza V. Guevarra 3. Monaliza Calilong 4. Julie Ann M. Nilo 5. Mary Grace T. Banguilan MNCHN Services End-users 1. Raquel A. Cristobal 2. Teresita C. Alfonso 3. Jannette C. Belinto 4. Tessie Dinglas 5. Noralyn R. Virtus 6. Jessa R. Julao 7. Luzviminda Bautista 8. Joy S. Rosal 9. Sally T. Gadia
	Provincial	1. Hon. Florencio T. Miraflores 2. Dr. Leslie Ann L. Luces-Sedillo 3. Mr. J-Lorenz B. Dionisio	-

Region and Province	Municipality	KII Participants	FGD Participants
Region VI - Aklan	Tangalan	1. Hon. Gary T. Fuentes 2. Dr. Sarah S. Huyong	RHU Staff 1. Sarah Marie S. Huyma 2. Febbie Rose R. Beltran 3. Kweeny N. Villariza 4. Lorena M. Franco 5. Maricon N. Pioquinir 6. Leshlei Joy C. Pelayo 7. Ma. Enary T. Cuanico 8. Nicole Andrea Rubias 9. Aron Lemuel L. Dela Cruz BHS Staff 1. Annabel T. Magno 2. Frecel T. Toboggan 3. Janette T. Navarrosa 4. Connie T. Visca 5. Gemeltn T. Eugenio 6. Marieholle B. Ratay 7. Ma. Rona S. Aguelo NCD Services End-users 1. Norberto D. Antaran 2. Elizabeth Tala-oc 3. Rasendo B. Traje 4. Expedito Y. Masala 5. Nony Gabisan 6. Mila T. Tandog MNCHN Services End-users 1. Joerlyn C. Toriaga 2. Jevie E. Lara 3. Alpha Claire M. Inac 4 Rose Ann S. Paroginog 5. Editha G. Tolores 6. Carlyn A. Flores 7. Via O. Tanod
	Provincial	1. Hon. Santiago B. Cane Jr. 2. Dr. Jacqueline Frances F. Momville	UHC Program Staff 1. Dindi G. Remillete 2. Juvelyn B. Cabellon 3. Melani Hyakris T. Damdan 4. Regine Dumolong 5. Edith D. Mangmang 6. Gina Karen S. Cauoruy

Region and Province	Municipality	KII Participants	FGD Participants
			7. Annabelle Dela Cruz 8. Katrina Isabelle Cinlo
	Talacogon	1. Hon. Pauline Marie R. Masendo 2. Dr. Rommel D. Medrano 3. Dr. Flori Lane C. Paler	RHU Staff 1. Annabelle C. Otaza 2. Arlyn B. Lacau 3. Judith Q. Davalan 4. Anie S. Quiambao 5. Leonora G. Abao BHS Staff 1. Leslie P. Casiple 2. Crestine Jane C. Martinez 3. Nida Q. Pujida 4. Jackilou G. Ybañez 5. Nilda O. Custan NCD Services End-users 1. Merlina U. Cuiato 2. Rebecca R. Llena 3. Candelaria L. Perocho 4. Jovy G. Tangub 5. Maryvic P. Manginsay MNCHN Services End-users 1. Rebecca A. Osigan 2. Loverlyn A. Curato 3. Jackilou C. Ybañez 4. Nilda O. Custan 5. Jade M. Salmorin
		1. Hon. Michael D. Lim 2. Dr. Hairam R. Encendencia	RHU Staff 1. Virginia E. Mercado 2. Jana Allen Sacleran 3. Lucille D. Pancipanci 4. Riza Mae T. Mandejar 5. Rosalina L. Pablo 6. Lilibeth B. Campos BHS Staff 1. Evelyn B. Bagayas 2. Janice P. Bañados 3. Manilyn R. Aplaoca 4. Venus D. Taculoy 5. Dulce M. Bingga

Region and Province	Municipality	KII Participants	FGD Participants
CARAGA Region - Agusan del Sur	La Paz		NCD Services End-users 1. Jocelyn W. Gasta 2. Andronica B. Jusay 3. Lucites B. Morgadoz 4. Ilyn C. Justo 5. Benjie M. Salas 6. Jucel R. Havana 7. Jenifer G. Nuen 8. Annabelle C. Mabida 9. Marilyn V. Bada 10. Femelba B. Arguilles 11. Justo D. Zaspa MNCHN Services End-users 1. Eden F. Salas 2. Juliet A. Perdon 3. Jonalyn B. Balderas 4. Mary Ann Y. Garcia 5. Ana Marie C. Urdanilla 6. Jamaica A. Alvarez
	San Luis	1. Hon. Phoebe L. Corvera 2. Dr. Alvin Jay Dela Cruz Labella	RHU Staff 1. Gladys M. Sayaman 2. Mary Jane B. Calderon 3. Ryan C. Ventura 4. Techie C. Sulit 5. Cleofe Lydia C. Lagahit 6. Ronnie Mae P. Conanan 7. Edhelyn Rose Ostus 8. Elvira C. Espinoza BHS Staff 1. Lerma F. Calma 2. Dive Grace G. Pastolero 3. Martha H. Martinez 4. Juliet G. Yuson 5. Elsa S. Pesitas NCD Services End-users 1. Henry G. Morales 2. Geronimo P. Montunel 3. Adelyn E. Gumapas 4. Benjamin P. Masayon

Region and Province	Municipality	KII Participants	FGD Participants
			5. Elsa S. Pesitas 6. Raynilda M. Danago MNCHN Services End-users 1. Mary Magdalina G. Durango 2. Lerma F. Calma 3. Martha H. Martinez 4. Cherry Corrinne C. Moralo 5. Jane P. Magdanlo 6. Dive Grace G. Pastolero

Annex B. Interview guide questions for KIIs and FGDs

Questions	Response
Objective 1. What are the IPHSDP factors that influenced the preparation and implementation of the UHC law and led to the improvement of health in the initial program sites?	
1. How was the IPHSDP's initial learning program design implemented in your province/city/municipality? Probe: a. How was the training component implemented? What does it include? b. How was the practicum component implemented? What does it include? c. How was the M&E component implemented? What does it include?	
2. How did IPHSDP help you in providing primary health care services in your province/city/municipality? Probe: a. How helpful was it when it comes to your health infrastructures (e.g. health facilities)? How did your health infrastructures improve? b. How helpful was it when it comes to your HRH? How did your HRH improve? c. How helpful was it when it comes to your information and technology? How did your information and technology improve? d. How helpful was it when it comes to your medicines and supplies? How did your medicines and supplies improve?	
3. As governor/PHO/mayor/MHO, what are your roles in implementing Universal Health Care and Primary Health Care in your province/municipality?	
4. How did the IPHSDP's initial learning program design help you in fulfilling these roles?	
5. Could you describe how you implement UHC in your province/municipality?	
6. How did the IPHSDP's initial learning program design help you in implementing UHC in your province/municipality?	
7. What challenges did you face in implementing UHC? Probe:	

Questions	Response
a. How did you overcome them? b. What were your strategies? Did they work? How? What worked and what didn't?	
8. Could you share with us your key achievements so far in implementing UHC?	
9. Could you share with us your key achievements so far in implementing UHC? Probe: a. How did you achieve them? What helped you? b. Were there new and unique ways (program, process, practice) that you developed and applied to achieve them? How did they help?	
10. Are there any lessons that you've learned from your experience so far in implementing UHC? Probe: a. How did these learnings help you in your current programs and in your planned next steps in implementing the UHC?	
11. How does the "provincial health governance", as part of the IPHSDP, help you in implementing Universal Health Care in your province?	
12. How does the "enhancement of primary health care" in your municipalities, as part of the IPHSDP, help you in implementing Universal Health Care in your province?	
13. How did you work with the municipalities of _____ in implementing Universal Health Care in your province? Probe: a. Are there any mechanisms (program, process, practice) that you developed and applied with these municipalities to enhance primary health care services and to improve health outcomes in your province and in these municipalities? How did you implement them?	
14. Are there any lessons that you've learned from your experience so far in implementing the Universal Health Care with the municipalities of _____? Probe: a. How did these learnings help you in your current programs and in your planned next steps in implementing Universal Health Care?	
14. Did you avail of any health care services from _____ last 2018 or earlier than 2018/before the COVID-19 pandemic? Probe: a. Could you describe your experience of availing the health care services? b. How easy or hard was it to avail of health care services from _____ during that time? c. Were the health care services readily available? Did you get/receive the health care services right away? How? d. How accessible were the health care services? How was the process of getting the health care services? Was it easy or hard to avail the health care services? e. How affordable were the health care services? Did you have to pay for anything related to availing health care services? How much was your total cost incurred? f. Were you satisfied with the health care services that you received? How good or bad were they? What could you say about their health care services?	

Questions	Response
15. Did you avail of any health care services from _____ last 2019? Probe: a. Could you describe your experience of availing the health care services? b. How easy or hard was it to avail of health care services from _____ during that time? c. Were the health care services readily available? Did you get/receive the health care services right away? How? d. How accessible were the health care services? How was the process of getting the health care services? Was it easy or hard to avail the health care services? e. How affordable were the health care services? Did you have to pay for anything related to availing health care services? How much was your total cost incurred?	
16. Did you avail of any health care services from _____ during the COVID-19 pandemic? Probe: a. Could you describe your experience of availing the health care services? b. How easy or hard was it to avail of health care services from _____ during that time? c. Were the health care services readily available? Did you get/receive the health care services right away? How? d. How accessible were the health care services? How was the process of getting the health care services? Was it easy or hard to avail the health care services? e. How affordable were the health care services? Did you have to pay for anything related to availing health care services? How much was your total cost incurred?	
17. Have you observed any differences in your experience of availing health care services between pre-pandemic and during the pandemic period?	
18. Have you noticed any improvements in terms of (i) availability, (ii) accessibility, (iii) affordability, and (iv) quality of health care services from 2018 (before the pandemic) to the present (during the pandemic)?	
19. Have you noticed a decline in terms of (i) availability, (ii) accessibility, (iii) affordability, and (iv) quality of health care services from 2018 (before the pandemic) to the present (during the pandemic)?	
20. Do you have any suggestions or recommendations to improve health care services and delivery in _____ ? Probe: a. What could be improved in terms of availability of health care services? b. What could be improved in terms of accessibility of health care services? c. What could be improved in terms of affordability of health care services? d. What could be improved in terms of quality of health care services? e. What are your other suggestions and recommendations?	
Objective 2. What are the instrumental IPHDSP factors that have led to the program sites' COVID-19 response and mitigating strategies that determine success targets?	
1. How did the COVID-19 pandemic affect the provision of primary healthcare services in your province/municipality? Probe: a. What are the impacts of the COVID-19 pandemic in the provision of primary healthcare services in your province/municipality? b. What were your challenges? How did you address them? What are the strategies	

Questions	Response
that you developed and employed? c. How did the IPHSDP help you in your response to address the effects of COVID-19 pandemic in providing primary healthcare services in your province/municipality?	
2. How did the COVID-19 pandemic affect the implementation of Universal Health Care in your province/municipality? Probe: a. What are the impacts of the COVID-19 pandemic in the implementation of Universal Health Care in your province/municipality? b. What were your challenges? How did you address them? What are the strategies that you developed and employed? c. How did the IPHSDP help you in your response to address the effects of COVID-19 pandemic in implementing Universal Health Care in your province/municipality?	
3. What are your key learnings and insights from your experience in implementing Universal Health Care during the COVID-19 pandemic in your province/municipality?	
4. How did you respond to the COVID-19 pandemic in your province/municipality in terms of: a. Prevention of COVID-19 cases/contracting/spread of the disease among the community members b. Detection of active COVID-19 cases c. Isolation of COVID-19 patients d. Treatment of COVID-19 patients e. Re-integration of recovered COVID-19 patients f. COVID-19 vaccination among community members/population	
5. What strategies did you develop and employ to address the COVID-19 pandemic and how did you implement them in your province in terms of: a. Prevention of COVID-19 cases/contracting/spread of the disease among the community members b. Detection of active COVID-19 cases c. Isolation of COVID-19 patients d. Treatment of COVID-19 patients e. Re-integration of recovered COVID-19 patients f. COVID-19 vaccination among community members/population	
6. What is the current status of the following COVID-19 data/indicator in your province/municipality? a. Hospitalization rate among COVID-19 patients? b. Utilization rate among COVID-19 patients? c. COVID-19 positivity rate? d. COVID-19 vaccination rate among community members?	
7. How did the "provincial health governance", as part of the IPHSDP, help you improve the status of the following in your province/municipality? a. Hospitalization rate among COVID-19 patients? b. Utilization rate among COVID-19 patients? c. COVID-19 positivity rate? d. COVID-19 vaccination rate among community members?	

Questions	Response
8. How did the "enhancement of primary health care services", as part of the IPHSDP, help you improve the status of the following indicators in your province/municipality? a. Hospitalization rate among COVID-19 patients? b. Utilization rate among COVID-19 patients? c. COVID-19 positivity rate? d. COVID-19 vaccination rate among community members?	
9. Did you avail of any health care services from _____ during the COVID-19 pandemic? Probe: a. Could you describe your experience of availing the health care services? b. How easy or hard was it to avail of health care services from _____ during that time? c. Were the health care services readily available? Did you get/receive the health care services right away? How? d. How accessible were the health care services? How was the process of getting the health care services? Was it easy or hard to avail the health care services? e. How affordable were the health care services? Did you have to pay for anything related to availing health care services? How much was your total cost incurred?	
10. If applicable to you, could you describe your first-hand experience of your local government unit's (province's/municipality's) response (programs, strategies, policies) as implemented in your community in terms of: a. Prevention of COVID-19 cases/contracting/spread of the disease among the community members b. Detection of active COVID-19 cases c. Isolation of COVID-19 patients d. Treatment of COVID-19 patients e. Re-integration of recovered COVID-19 patients f. COVID-19 vaccination among community members/population	
11. Were there new and unique ways (program, process, practice) that you developed and applied as part of your COVID-19 response strategy in your province in terms of (and how did these help): a. Prevention of COVID-19 cases/contracting/spread of the disease among the community members b. Detection of active COVID-19 cases c. Isolation of COVID-19 patients d. Treatment of COVID-19 patients e. Re-integration of recovered COVID-19 patients f. COVID-19 vaccination among community members/population	
12. Could you share some of your good practices as part of your COVID-19 response in your province/municipality in terms of (and how did these practices help you in your COVID-19 response): a. Prevention of COVID-19 cases/contracting/spread of the disease among the community members b. Detection of active COVID-19 cases c. Isolation of COVID-19 patients d. Treatment of COVID-19 patients e. Re-integration of recovered COVID-19 patients f. COVID-19 vaccination among community members/population	

Questions	Response
13. Could you share some of your key achievements so far in your COVID-19 response in your province/municipality in terms of: a. Hospitalization rate among COVID-19 patients? b. Utilization rate among COVID-19 patients? c. COVID-19 positivity rate? d. COVID-19 vaccination rate among community members?	
Objective 3. What are the recommendations that can be proposed to enable further support for UHC implementation in other provinces by the ZFF and DOH?	
1. From your overall experience in providing primary healthcare services and implementing the Universal Health Care in your province/municipality, what are your key learnings and insights when it comes to: a. Leadership and Governance? b. Financing? c. Infrastructure? d. HRH? e. Information and Technology? f. Medicines and Supplies? g. Service Delivery? h. Others (e.g. social innovations)?	
2. From your overall experience in providing primary healthcare services and implementing the Universal Health Care in your province/municipality, do you have any suggestions and recommendations to further enhance the support of ZFF and DOH in other provinces towards UHC integration when it comes to: a. Leadership and Governance? b. Financing? c. Infrastructure? d. HRH? e. Information and Technology? f. Medicines and Supplies? g. Service Delivery? h. Others (e.g. social innovations)?	

Annex C. Interview guide questions for additional feedback from LCEs and health managers

Questions	Response
1. What are some investments in health (ex. infrastructure, HRH hiring, trainings, health programs, etc.) that were made by your province as a result of the IPHSDP program? Please provide the budget/cost of these investments if you can.	
2. What are some aspects of the IPHSDP that you felt were activities may be given lesser priority? Probe: a. What parts of the program did not work for you or your province? b. Which part of the training was difficult to comply with? What made it difficult? Would you recommend removing this in the training design?	

3. What specific future trainings would you want ZFF or other partners to conduct in your province? Probe: a. Who would be the target participants of these trainings? b. What are some specific things that you think ZFF can share with your locality?	

Annex D. Interview guide questions for ZFF account officers

Questions	Response
1. How did the account officers facilitate the preparation and implementation of the IPHSDP in your respective provinces? Can you tell us more about your roles in the IPHSDP program? Probe: a. How did the account officers work with the provincial and municipal government units to ensure the successful implementation of the IPHSDP? b. What strategies did the account officers use to ensure effective communication and coordination among the stakeholders involved in the IPHSDP? c. How did you contribute to the UHC implementation and COVID-19 response and mitigation efforts?	
2. How did the account officers monitor and evaluate the progress of the IPHSDP? What measures did you take to address any issues or concerns that arose during the implementation?	
3. Can you share with us innovative approaches that the account officers did to assist the LGUs?	
4. What were the key challenges faced by the account officers in implementing the IPHSDP? How did you address these challenges?	
5. How can the role of account officers be further strengthened to support the successful implementation of UHC in other provinces?	

Annex E. Informed consent form for KIIs

Informed Consent for Key Informant Interview

Study of the Integrated Provincial Health Systems Development Program (IPHSDP)

I. Information Sheet

The Social Innovation in Health Initiative (SIHI) Philippines is conducting a project entitled, "Integrated Provincial Health Systems Development Program (January 2019 – April 2022): End-line Study" You are being invited to be interviewed because your locality has participated as one of the pilot implementation UHC sites and you have either used/ provided primary health care services in line with UHC health systems integration. We are going to give you information and invite you to be part of this project by participating in an interview. Please do not hesitate to ask us regarding words or concepts that you do not understand.

This project is being conducted by Dr. Meredith Del Pilar-Labarda from the University of the Philippines College of Medicine School of Health Sciences, Palo Leyte. The Zuellig Family Foundation (ZFF) has commissioned this project and is being implemented by SIHI-Philippines which is housed under the University of the Philippines. The objectives of the project are as follows:

1. *To determine the IPHDSP factors that have influenced the preparation and implementation of the UHC law and led to the improvement of health in the initial program sites.*

2. *To determine the IPHDSP factors that have led to the program sites' COVID-19 response and mitigating strategies that determine success targets.*
3. *To provide recommendations to enable further support for UHC implementation in other provinces by the ZFF and DOH.*

We believe you will be able to contribute to this project through your experiences as an integral part of the healthcare system. You will be asked about basic information of the IPHSDP, enablers and barriers to its integration toward universal health care, gaps and successes experienced during the COVID-19 pandemic, and key lessons and insights.

While there is no direct benefit, financial or otherwise, intended for the participant, the information we will get from this project may help identify vital information that would help further develop or improve provincial health systems integration toward universal health care. These key practices will help other provinces, municipalities and health units in improving health service delivery.

If you decide to participate in the interview, the face-to-face/ online interview lasts approximately thirty minutes to one hour. Due to limitations of the project staff, we request you to speak in English/ Filipino as much as possible. If you agree, we will record the discussion and/or notes will be taken. Confidentiality will be maintained. Personal identifying information may be collected during the interview. However, no information that could identify you personally will be used in any written report resulting from the research. The recordings and/or transcripts collected during the interview and other documents derived from the data collected will be stored in the Google Drive/Dropbox of an account made for the project. Only project staff have access to the account. Any identifying data will be retained until the final report and toolkits produced from the project has been transferred to ZFF.

Your decision to take part in the interview is voluntary and you are under no obligation to answer any question that makes you uncomfortable. You may also interrupt or terminate the interview at any time. You are likewise free to choose not to take part in the project at any time, including after the interview has been conducted. Data collected from the interview will not be processed should you withdraw consent. Your decision to participate will in no way affect your relationship with SIHI, ZFF or any of their partner agencies. Your consent to be interviewed shall be considered valid for one (1) year.

If you have questions regarding your rights as a participant of the project, please feel free to contact Dr. Kevin Garcia Tamayo by email at kevingarciatamayo@gmail.com or call +639171042989. This project has been approved by the UP-Manila Research Ethics Board. You may also contact them for more information regarding rights of project participants, including grievances and complaints via e-mail at upmreb@post.upm.edu.ph, by phone at +6325264346, or visit their office at Room 126, Ground Floor National Institutes of Health, UP Manila.

You may keep a copy of this form. Your signature indicates that you have decided to be part of this project, and that you have read/ heard and understood fully well the information given above.

II. Sertipiko ng Pahintulot
II. Certificate of Consent

Nabasa ko na ang naunang impormasyon, o nabasa na ito sa akin. Nagkaroon ako ng pagkakataong magtanong tungkol dito at ang anumang mga katanungan na tinanong ko ay nasagot nang maayos sa aking kasiyahan. Kusa akong pumapayag na maging isang kalahok sa proyektong ito. *I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have been asked have been answered to my satisfaction. I consent voluntarily to be a participant in this project.*

_____ _____

Lagda ng Kalahok Petsa
Signature over printed name of Participant Date

_____ _____

Lagda ng Saksi Petsa
Signature over printed name of Witness *Date*

Pahayag ng taga-pananaliksik/ tao na kumuha ng pahintulot
Statement by the researcher/person taking consent

Nabasa ko nang mabuti ang impormasyon sa maaaring maging kalahok ng KII (Key Informant Interview) o FGD (Focus Group Discussion), at sa aking makakaya, sinigurado na naintindihan ng kalahok ang 1) layunin ng pag-aaral 2) detalye ng kanilang pagsali 3) ang kanilang personal na impormasyon ay kompidensyal at walang pagkakakilanlan at 4) mga panganib at benepisyo sa pagsali sa pag-aaral.
I have accurately read out the information sheet to the potential KII (Key Informant Interview) or FGD (Focus Group Discussion) participant, and to the best of my ability made sure that the participant understood the 1) objectives of the project, 2) details of their participation, 3) confidentiality and anonymity, and 4) risks and benefits of the project.

Pinapatotohanan ko na nabigyan ng pagkakataon ang kalahok na magtanong tungkol sa pagsisiyasat na ito, at lahat ng mga katanungan niya ay nasagot nang tama sa abot ng aking makakaya. Pinapatotohanan ko rin na bawa't indibidwal na sumali sa pag-aaral na ito ay hindi pinilit at kusang nagbigay ng pahintulot sa pagsali.

I confirm that the participant was given an opportunity to ask questions about the project, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

Ang kopya ng pahintulot na ito ay binigay sa kalahok
A copy of this informed consent form has been provided to the participant.

Ang kumuha ng pahintulot ay si:
Informed Consent obtained by:

_____ _____

Lagda sa taas ng sinulat na pangalan Petsa
Signature over printed name *Date*

III. Pagbawi ng Pahintulot
III. Withdrawal of Consent

Binabawi ko ang aking pahintulot na gamitin ang aking mga impormasyong pangkalusugan at mga ibinahagi para sa pananaliksik na ito.
I hereby withdraw consent for the authorized researchers to use my health information and inputs for the research project.

Nauunawaan ko na ang pangangalaga at paggamot sa akin, pati na ang aking relasyon dito o sa iba pang pasilidad ay hindi maapektuhan ng aking desisyon na bawiin ang aking pahintulot. *I understand that my care and treatment and my relationships with this or other health facilities and those treating me will not be affected by my decision to withdraw my consent.*

Nabasa ko o binasa sa akin ang mga naunang nakasaad na impormasyon. Binigyan ako ng pagkakataon upang magtanong ukol dito, at nabigyang kasagutan at linaw ang ang lahat ng aking mga katanungan. *I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have asked have been answered to my satisfaction.*

_____ _____

Lagda sa taas ng sinulat na pangalan ng kalahok	Petsa
Signature over printed name of Participant	*Date*
_____	_____
Lagda sa taas ng sinulat na pangalan ng saksi	Petsa
Signature over printed name of Participant	*Date*

Annex F. Informed consent form for FGDs

Informed Consent for the Focus Group Discussion

Study of the Integrated Provincial Health Systems Development Program (IPHSDP)

I. Information Sheet:

The Social Innovation in Health Initiative (SIHI) Philippines, led by Dr. Meredith Del Pilar-Labarda from the University of the Philippines College of Medicine School of Health Sciences, Palo Leyte, is conducting a project entitled, "Integrated Provincial Health Systems Development Program (January 2019 – April 2022): End-line Study". This project is commissioned by the Zuellig Family Foundation (ZFF) and is being implemented by SIHI-Philippines which is housed under the University of the Philippines. The research team aims to meet the following objectives:

1. *To determine the IPHDSP factors that have influenced the preparation and implementation of the UHC law and led to the improvement of health in the initial program sites.*
2. *To determine the IPHDSP factors that have led to the program sites' COVID-19 response and mitigating strategies that determine success targets.*
3. *To provide recommendations to enable further support for UHC implementation in other provinces by the ZFF and DOH.*

The team would like to invite you to participate in this study given that your locality is one of the pilot implementation UHC sites and you have either used/ provided primary health care services in line with UHC health systems integration. We will provide the necessary information and invite you to be part of this project by participating in a focus group discussion (FGD). If there are words or concepts that you do not comprehend, please do not hesitate to ask us.
We believe that your experiences as an integral part of the healthcare system will immensely contribute to this project. Questions asked will be about basic information of the IPHSDP, enablers and barriers to its integration toward universal health care, gaps and successes experienced during the COVID-19 pandemic, and key lessons and insights.

The team will perform a multiple methods performance evaluation of the IPHSDP which will involve the following:

1. *Compare and explain the difference between the original IPHSDP program design and strategy, and the annual progress reports. Explain the differences between the initial IPHSDP design and strategy and annual progress reports.*
2. *Explain the changes in performance over time from the start of IPHSDP activities (baseline), periodic (annual), and end-line performance measures leading to the achievement of health outcomes*
3. *Explain variations between targets and accomplishments*

Several focus group discussions will be done per study site. The first broad category of FGD participants will be the frontline health care workers who have rendered health care services from the RHU/BHW during the pilot implementation of the UHC. A group of five to eight RHU/BHW staff (nurses, midwives, barangay health workers and or barangay nutrition scholars) will be interviewed, their questions will focus on the changes, improvements, challenges and leadership acts provided by the health care staff and municipal stakeholders to their constituents. The second category will consist of the community members who have received health care services within their municipality. This group will also consist of five to eight participants, they may be part of civil societies, previous RHU/BHW or district hospital patients who are currently or have received maternal, newborn,

childhood and nutrition (MNCHN) services from their respective BHS or RHU.

Your decision to take part in the discussion is voluntary and you are under no obligation to answer any question that makes you uncomfortable. You may also interrupt or terminate the discussion at any time. You are likewise free to choose not to take part in the project at any time, including after the discussion has been conducted. Data collected from the discussion will not be processed should you withdraw consent. Your decision to participate will in no way affect your relationship with SIHI, ZFF or any of their partner agencies. Your consent to be interviewed shall be considered valid for one (1) year.

If you decide to participate in the FGD, the face-to-face/ online discussion lasts approximately thirty minutes to one hour. Due to limitations of the project staff, we request you to speak in English/ Filipino as much as possible. If you agree, we will record the discussion and/or notes will be taken.

There are no foreseen risks in participating in this project. Recollection of distressing experiences might cause some discomfort. If in case you feel the need to do so, the discussion can be terminated at any point in time.

Confidentiality will be maintained. Personal identifying information may be collected during the discussion. However, no information that could identify you personally will be used in any written report resulting from the research. The recordings and/or transcripts collected during the discussion and other documents derived from the data collected will be stored in the Google Drive/Dropbox of an account made for the project. Only project staff have access to the account. Any identifying data will be retained until the final report and toolkits produced from the project has been transferred to ZFF. If you participate, you may be asked questions by other people in your workplace or home. The information to be collected in the discussion should be kept anonymous and confidential.

The information you will provide us may help identify vital knowledge that would help further develop or improve provincial health systems integration toward universal health care. These key practices will help other provinces, municipalities and health units in improving health service delivery. The results of the study may be published in academic and government journals. You may request a copy of the final report from the study team.

If you have questions regarding your rights as a participant of the project, please feel free to contact Dr. Kevin Garcia Tamayo by email at kevingarciatamayo@gmail.com or call +639171042989. This project has been approved by the UP-Manila Research Ethics Board. You may also contact them for more information regarding rights of project participants, including grievances and complaints via e-mail at upmreb@post.upm.edu.ph, by phone at +6325264346, or visit their office at Room 126, Ground Floor National Institutes of Health, UP Manila.

You may keep a copy of this form. Your signature indicates that you have decided to be part of this project, and that you have read/ heard and understood fully well the information given above.

II. Sertipiko ng Pahintulot
II. Certificate of Consent

Nabasa ko na ang naunang impormasyon, o nabasa na ito sa akin. Nagkaroon ako ng pagkakataong magtanong tungkol dito at ang anumang mga katanungan na tinanong ko ay nasagot nang maayos sa aking kasiyahan. Kusa akong pumapayag na maging isang kalahok sa proyektong ito. *I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have been asked have been answered to my satisfaction. I consent voluntarily to be a participant in this project.*

_____ _____

Lagda ng Kalahok Petsa

Signature over printed name of Participant *Date*

_____ _____

Lagda ng Saksi Petsa
Signature over printed name of Witness *Date*

Pahayag ng taga-pananaliksik/ tao na kumuha ng pahintulot
Statement by the researcher/person taking consent

Nabasa ko nang mabuti ang impormasyon sa maaaring maging kalahok ng KII (Key Informant Interview) o FGD (Focus Group Discussion), at sa aking makakaya, sinigurado na naintindihan ng kalahok ang 1) layunin ng pag-aaral 2) detalye ng kanilang pagsali 3) ang kanilang personal na impormasyon ay kompidensyal at walang pagkakakilanlan at 4) mga panganib at benepisyo sa pagsali sa pag-aaral.
I have accurately read out the information sheet to the potential KII (Key Informant Interview) or FGD (Focus Group Discussion) participant, and to the best of my ability made sure that the participant understood the 1) objectives of the project, 2) details of their participation, 3) confidentiality and anonymity, and 4) risks and benefits of the project.

Pinapatotohanan ko na nabigyan ng pagkakataon ang kalahok na magtanong tungkol sa pagsisiyasat na ito, at lahat ng mga katanungan niya ay nasagot nang tama sa abot ng aking makakaya. Pinapatotohanan ko rin na bawa't indibidwal na sumali sa pag-aaral na ito ay hindi pinilit at kusang nagbigay ng pahintulot sa pagsali.

I confirm that the participant was given an opportunity to ask questions about the project, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

Ang kopya ng pahintulot na ito ay binigay sa kalahok
A copy of this informed consent form has been provided to the participant.

Ang kumuha ng pahintulot ay si:
Informed Consent obtained by:

_____ _____
Lagda sa taas ng sinulat na pangalan Petsa
Signature over printed name *Date*

III. Pagbawi ng Pahintulot
III. Withdrawal of Consent

Binabawi ko ang aking pahintulot na gamitin ang aking mga impormasyong pangkalusugan at mga ibinahagi para sa pananaliksik na ito.
I hereby withdraw consent for the authorized researchers to use my health information and inputs for the research project.

Nauunawaan ko na ang pangangalaga at paggamot sa akin, pati na ang aking relasyon dito o sa iba pang pasilidad ay hindi maapektuhan ng aking desisyon na bawiin ang aking pahintulot. *I understand that my care and treatment and my relationships with this or other health facilities and those treating me will not be affected by my decision to withdraw my consent.*

Nabasa ko o binasa sa akin ang mga naunang nakasaad na impormasyon. Binigyan ako ng pagkakataon upang magtanong ukol dito, at nabigyang kasagutan at linaw ang ang lahat ng aking mga katanungan. *I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have asked have been answered to my satisfaction.*

_____	_____
Lagda sa taas ng sinulat na pangalan ng kalahok	Petsa
Signature over printed name of Participant	*Date*
_____	_____
Lagda sa taas ng sinulat na pangalan ng saksi	Petsa
Signature over printed name of Participant	*Date*

Annex G. Declaration of consent and release for photograph, video, and/or sound recordings of unnamed subjects

Declaration of Consent and Release for Photograph, Video and/or Sound Recordings of Unnamed Subjects

I hereby consent to the worldwide use of my likeness, biography, picture and/or clinical details related to my person, as depicted in the following photograph(s), video and/or sound recordings (the "**Media**") made for or by the Social Innovation in Health Initiative (SIHI) and Zuellig Family Foundation (ZFF), as well as in publicity concerning the same, for the following subject(s):

Description of subject(s): ……
……

In providing this consent, I declare, acknowledge and agree that:

- I am of the legal age of consent and I have the full legal power and authority to complete this Declaration, or, if I am a minor (below the legal age of consent) or otherwise legally prevented from signing this Declaration, it is made on my behalf by my parent(s) or legal guardian(s) listed below.
- I have read this Declaration in its entirety, or it has been read (or translated) to me in its entirety, and I have had the opportunity to ask questions about it.
- My name will not appear in connection with the Media.
- My consent is voluntary. I can withdraw my consent at any time by contacting SIHI in writing. Any such withdrawal will not apply to Media that have already been disseminated under this Declaration.

- All rights to the Media are vested in SIHI and ZFF, which for the duration of the applicable rights has the unrestricted, sublicensable and worldwide right to use my likeness, biography, picture, and/or clinical details related to my person as depicted in the Media in any manner whatsoever, without any obligation to seek any further authorization from me or inform me thereof. That use may include, without limitation, editing, duplication, licensing to any third party, and distribution in all media now known or later developed including, without limitation, SIHI, ZFF and third-party advocacy materials, publications, television programmes, films, videos and websites.
- I will not receive any payment in consideration for the foregoing.

I agree not to hold SIHI, ZFF, its employees, or its agents liable for any use or dissemination of the Media in accordance with this Declaration.

By signing below, I confirm that I fully understand and accept all of the above.

Signature: …… Date: ……..

Name: …….. Place: ……..

Name of Parent(s) or Legal Guardian(s) or person signing on behalf of the subject:

……..

For internal use only: Visual description of the subject for reference

Explanation that can be provided to subject

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Annex H. Documents Review Data Extraction Tool for Objective 1A

Research Staff	Provincial/ Municipal Site	Type of Document	Document ID Number	Document Page Number	DATA																
					Objective 1A. To determine the IPHSDP factors from the initial learning program design which have translated into the leadership acts of governors, PHOs and other identified provincial health leaders that have contributed to the implementation of the UHC and PHC to the pilot municipalities																
					Program Component			Leadership acts fostered by the provincial health leaders	Investment and Improvement in Health System								Success factors in UHC implementation	Hindering factors in UHC implementation	Key learnings and insights on UHC implementation	Achievements and good practices	Social innovations in health
					Training	Practicum	M&E		Leadership and Governance	Financing	Infrastructure	HRH	Information and Technology	Medicines and Supplies	Service Delivery	Others (e.g. social innovations)					

Annex I. Documents Review Data Extraction Tool for Objective 1B

Research Staff	Provincial/ Municipal Site	Type of Document	Document ID Number	Document Page Number	DATA																													
					Objective 1B. To determine the contribution of the IPHSDP performance outcomes through priority health indicators (MMR, IMR, FBD, SBA, CPR) and roadmaps																															
					Data Trend of Health Indicators																															
					MMR						IMR					FBD					CPR					SBA					Others				
					Baseline 2018	National Target 2019	Actual 2019	National Target 2020	Actual 2020	Current 2021	Roadmaps and Achievement (Other notes)	Baseline 2018	National Target 2019	Actual 2019	National Target 2020	Actual 2020	Current 2021	Roadmaps and Achievement (Other notes)	Baseline 2018	National Target 2019	Actual 2019	National Target 2020	Actual 2020	Current 2021	Roadmaps and Achievement (Other notes)	Baseline 2018	National Target 2019	Actual 2019	National Target 2020	Actual 2020	Current 2021	Roadmaps and Achievement (Other notes)	Baseline 2018	National Target 2019	Actual 2019	National Target 2020	Actual 2020	Current 2021	Roadmaps and Achievement

Annex J. Documents Review Data Extraction Tool for Objective 2A

Research Staff	Provincial/ Municipal Site	Type of Document	Document ID Number	Document Page Number	DATA	
					Objective 2A. To determine the IPHSDP factors that have translated into the leadership acts of governors, PHO's and other identified provincial health leaders that have contributed to the program sites' COVID-19 response	
					Leadership acts fostered by the provincial health leaders in promoting UHC and primary care services during the COVID-19 Pandemic	Key learnings and insights on UHC implementation during the COVID-19 Pandemic

Annex K. Documents Review Data Extraction Tool for Objective 2B

Research Staff	Provincial/ Municipal Site	Type of Document	Document ID Number	Document Page Number	DATA															
					Objective 2b.To determine how IPHSDP through the intensification of the PDITRV contributed to the targets aligned with COVID indicators (Hospitalization Utilization Rate, Testing Positivity Rate, Vaccination Rate) in the study site															
					COVID-19 responses	Strategies utilized by the local leaders							COVID-19 Data					Community experience on receiving health services during the COVID-19 Pandemic	Achievements /good practices	Co-created social innovations in health
						Prevention	Detection	Isolation	Treatment	Reintegration	Vaccination	Others	Hospitalization Rate	Utilization Rate	Testing Rate	Positivity Rate	Vaccination Rate (% fully vaccinated)			

Annex L. Documents Review Data Extraction Tool for Objective 3

Research Staff	Provincial/ Municipal Site	Type of Document	Document ID Number	Document Page Number	DATA															
					Objective 3. What are the recommendations that can be proposed to enable further support for UHC implementation in other provinces by the ZFF and DOH?															
					Key learnings and insights from stakeholders and health providers								Proposed suggestions and recommendation toward UHC integration							
					Leadership and Governance	Financing	Infrastructure	HRH	Information and Technology	Medicines and Supplies	Service Delivery	Others (e.g. social innovations)	Leadership and Governance	Financing	Infrastructure	HRH	Information and Technology	Medicines and Supplies	Service Delivery	Others (e.g. social innovations)

Annex M. Coding Matrix for Transcriptions of KIIs of LCEs

Topics in the KII/FGD	AGUSAN DEL SUR								AKLAN				BATAAN			
	Governor	Codes	La Paz Mayor	Codes	San Luis Mayor	Codes	Talacogon Mayor	Codes	Governor	Codes	Tangalan Mayor	Codes	Governor	Codes	Dinalupihan Mayor	Codes
Experience on IPHSDP Program (and other ZFF programs)																
Key UHC accomplishments																
Challenges on UHC Implementation																
Role of ZFF/IPHSDP in UHC implementation																
COVID-19 response of province																
Prevention																
Detection																
Isolation																
Treatment																
Reintegration																
Vaccination																
Role of ZFF/IPHSDP in COVID-19 Response																
Lessons learned from IPHSDP implementation and COVID-19 response																
Recommendations to ZFF																
Recommendations to DOH																
Others																

Annex N. Coding Matrix for Transcriptions of KIIs of Health Managers

Topics in the KII/FGD	AGUSAN DEL SUR										AKLAN						BATAAN					
	PROVINCIAL				LA PAZ		SAN LUIS		TALACOGON		PROVINCIAL				TANGALAN		PROVINCIAL				DINALUPIHAN	
	PHO	Codes	UHC Manager	Codes	MHO	Codes	MHO	Codes	MHO	Codes	PHO	Codes	UHC Manager	Codes	MHO	Codes	PHO	Codes	UHC Manager	Codes	MHO	Codes
Experience on IPHSDP Program (and other ZFF programs)																						
Key UHC accomplishments																						
Challenges on UHC Implementation																						
Role of ZFF/IPHSDP in UHC implementation																						
COVID-19 response of province																						
Prevention																						
Detection																						
Isolation																						
Treatment																						
Reintegration																						
Vaccination																						
Role of ZFF/IPHSDP in COVID-19 Response																						
Lessons learned from IPHSDP implementation and COVID-19 response																						
Recommendations to ZFF																						
Recommendations to DOH																						
Others																						

Annex O. Coding Matrix for Transcriptions of FGDs of Community Health Workers

Topics in the KII/FGD	AGUSAN DEL SUR												AKLAN				BATAAN			
	LA PAZ				SAN LUIS				TALACOGON				TANGALAN				DINALUPIHAN			
	RHU Staff	Codes	BHW	Codes	RHU Staff	Codes	BHW	Codes	RHU Staff	Codes	BHW	Codes	RHU Staff	Codes	BHW	Codes	RHU Staff	Codes	BHW	Codes
Experience and comments on ZFF programs																				
Experience on providing health services																				
Improvement in providing health services seen																				
Other experiences and comments on the health system and UHC																				
Experience on the COVID-19 response																				
Prevention																				
Detection																				
Isolation																				
Treatment																				
Reintegration																				
Vaccination																				
Other insights																				
Recommendations on further improvement of health services																				
Others																				

Annex P. Coding Matrix for Transcriptions of FGDs of End-users

Topics in the KII/FGD	AGUSAN DEL SUR												AKLAN				BATAAN			
	LA PAZ				SAN LUIS				TALACOGON				TANGALAN				DINALUPIHAN			
	MNCHN	Codes	NCD	Codes	MNCHN	Codes	NCD	Codes	MNCHN	Codes	NCD	Codes	MNCHN	Codes	NCD	Codes	MNCHN	Codes	NCD	Codes
Experiences on health services																				
Improvement in health services seen																				
Experience on the COVID-19 Response																				
General																				
Prevention																				
Detection																				
Isolation																				
Treatment																				
Reintegration																				
Vaccination																				
Recommendations on further improvement of health services																				
Health Infrastructure																				
Health Leadership																				
Health Financing																				
Information System																				
Access to Medicine																				
Human Health Resource																				
Others																				