

# The New Normal

Ensuring Continuity of Essential Health Services during Health Emergency Response in Davao City, Philippines



USAID Philippines, Research Triangle Institute, Davao City Health Office

## CONTEXT

To operationalize Universal Health Care (UHC) law, the Philippines Department of Health (DOH) issued an administrative order defining the service delivery standards for Health Care Provider Networks. The order provided Davao City Government necessary guidance to establish 7 primary care provider networks (PCPNs), which then conducted internal assessments and planning activities to define their plans for operation. As coronavirus disease 2019 (COVID-19) started to spread, there came a need to realign public health resources at the primary-care level to better manage the pandemic and its unforeseen effects. Demand for non-emergency outpatient health care services decreased significantly, and health care supply was primarily focused on managing COVID-19.

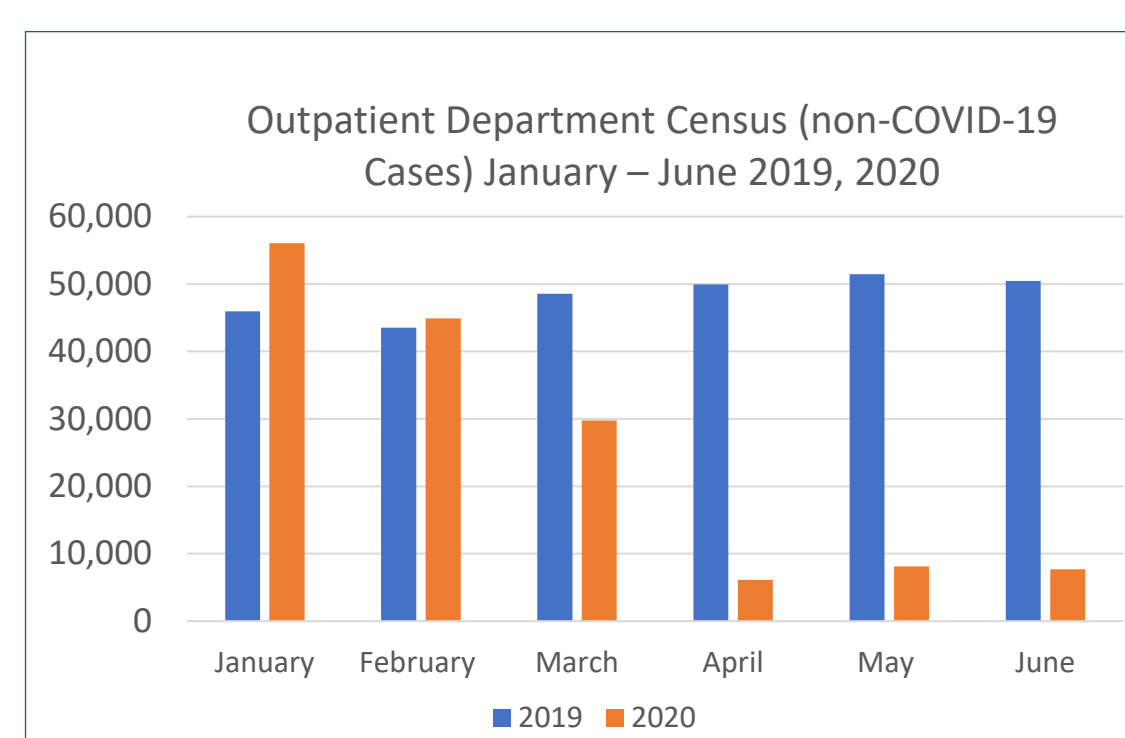
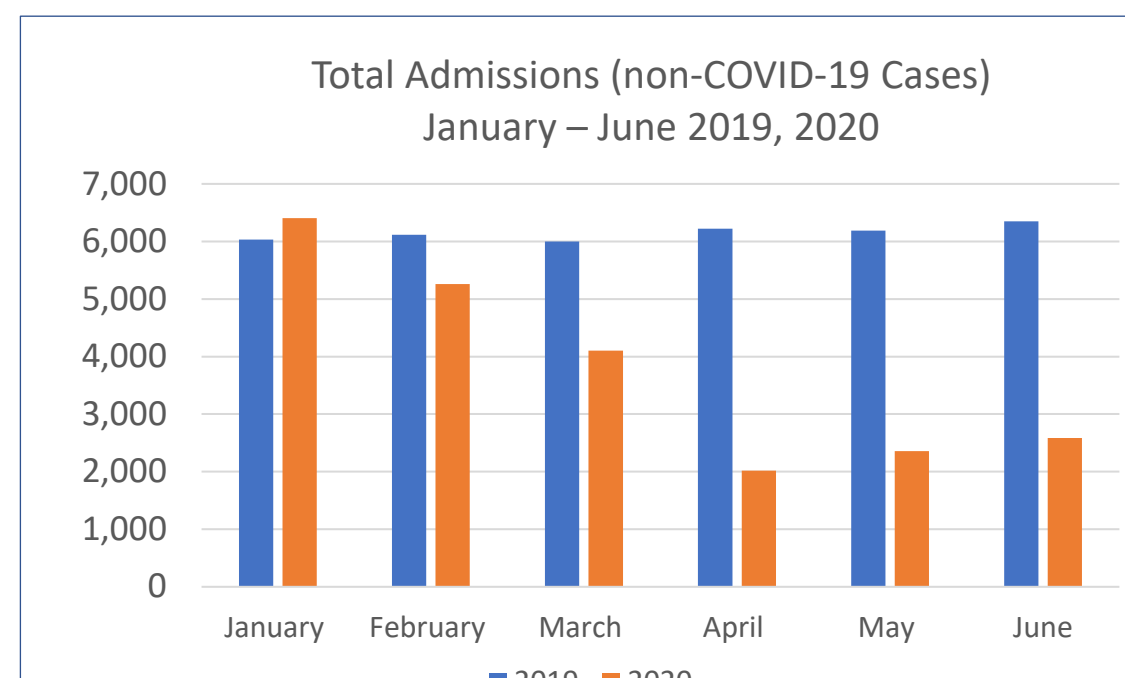
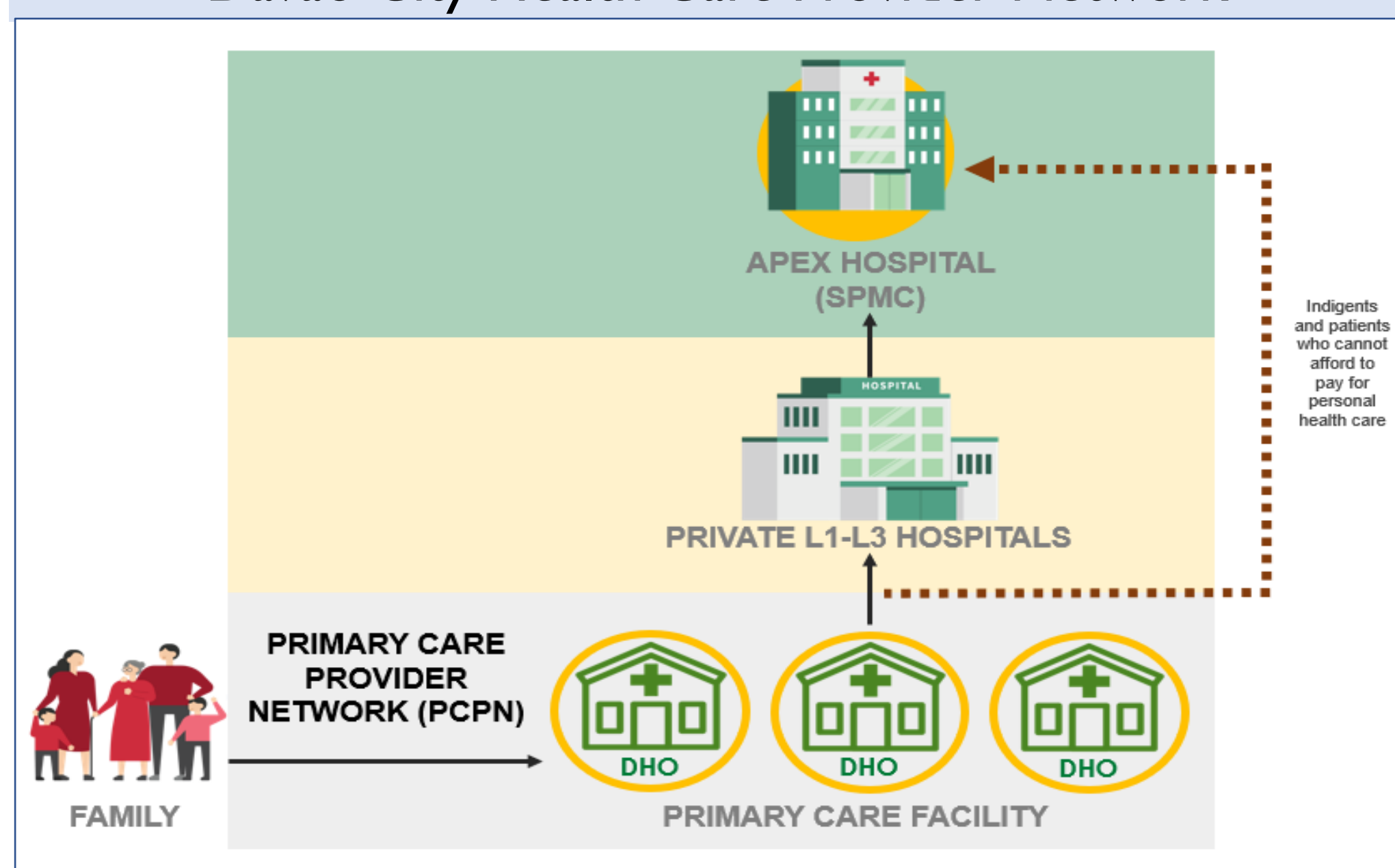
During the first 4 months of the pandemic, health services decreased in the following health facilities:

- Primary care facilities (district health offices [DHOs])
  - Family planning, maternal, neonatal health (FP-MNH) – decreased by 40%
- DOH hospital (Southern Philippines Medical Center [SPMC])
  - Where there was a single DOH hospital, admissions decreased by 30%
  - Outpatient care decreased by 80%

Because the public health system shifted to focus on COVID-19 and also encountered changes in demand, vulnerable populations lost access to FP-MNH services. The health system had to find a "new normal," which required a redesign balancing both COVID-19 and other health needs.

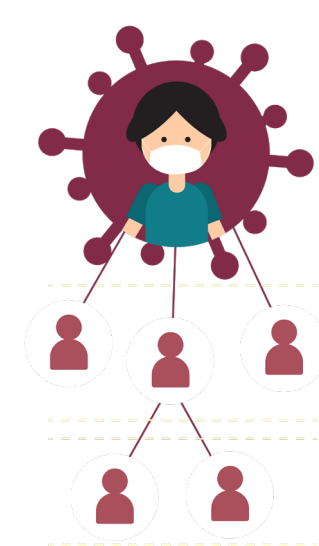
	January 2020	June 2020		January 2020	June 2020
<b>FAMILY PLANNING</b>			<b>MATERNAL HEALTH</b>		
New Acceptors	5,326	2,408 ↓	Four Pre-natal Visits	86%	75% ↓
Current Users	163,348	159,583 ↓	Skilled Birth Attendance	97%	95% ↓
Drop-Outs	7,306	7,736 ↑	Two Post-partum Visits	87.2%	80% ↓
Modern Contraceptive Prevalence Rate	36%	33.75% ↓			

### Davao City Health Care Provider Network



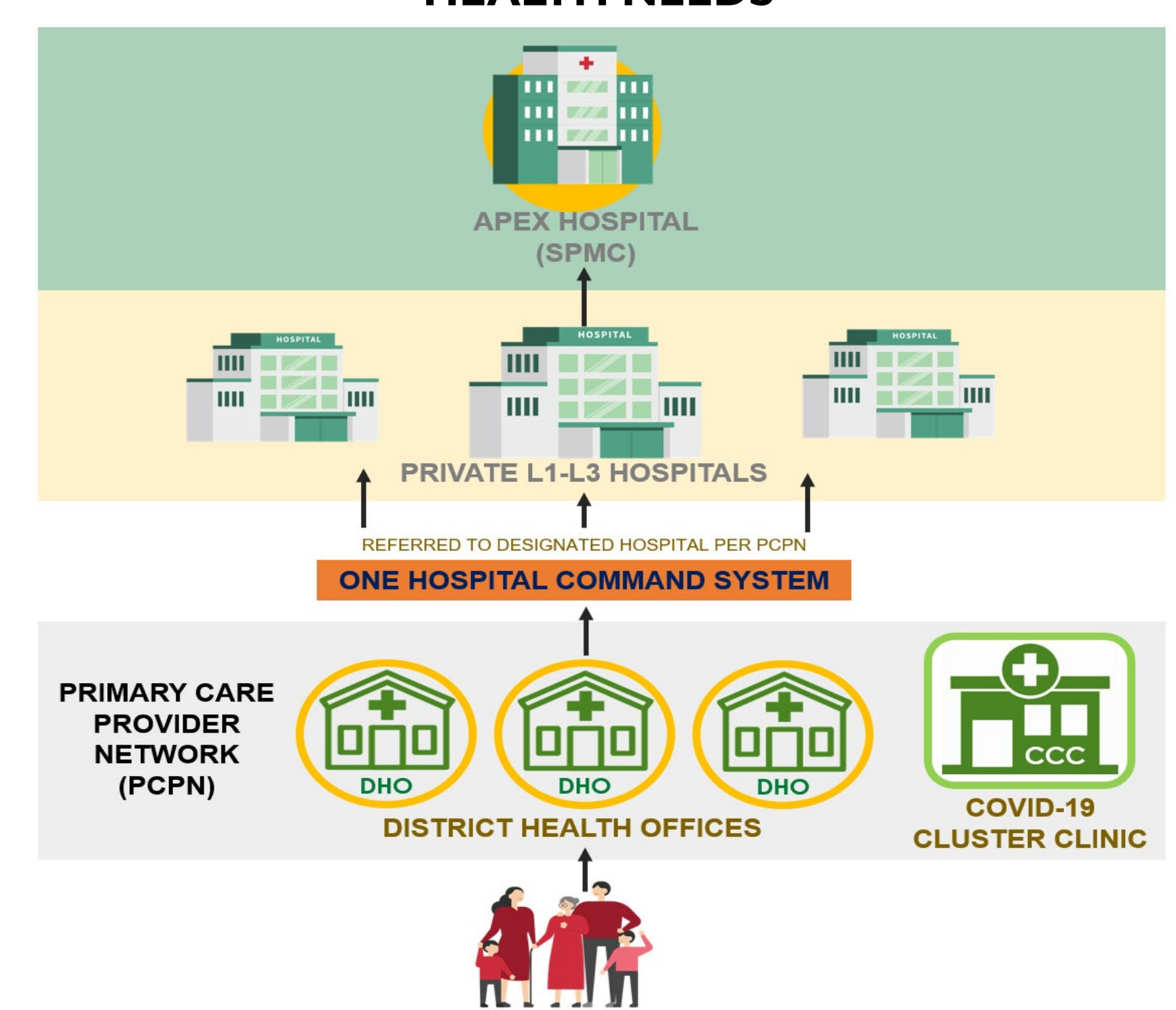
## ACTIVITY IMPACT

### STRENGTHENED LOCAL CAPACITIES



- NETWORKED GOVERNANCE**
  - Created cooperative governance structures to coordinate complex health needs across different jurisdictions: the COVID-19 Taskforce and Central Operation Center, composed of different teams, and the City Epidemiology Surveillance and Disaster Response Unit.
  - Linked COVID-19 and primary care facilities to hospitals through the One Hospital Command
- STRENGTHENED SUSTAINABILITY AND HEALTH STEWARDSHIP**
  - Created the Strategic and Work and Financial Plan for 2021 and 2022 at the city level and barangay microplans.
  - Maximized the Bayanihan Grant, the Local Government Support Fund, to provide financial assistance to LGUs in their local anti-COVID-19 efforts, and reallocated funds to expand the local budget for health.
- IMPROVED PUBLIC-PRIVATE PARTNERSHIP**
  - Established the Tripartite Agreement on Referral and Financing Mechanisms with the DOH, city, and the government hospital for COVID-19 cases.
  - Set up an agreement with a private hospital on financing mechanisms for COVID-19 and non-COVID-19 cases, including enforcement of no-balance billing policy and the LGU and DOH's Medical Assistance Program for indigenous patients in private hospitals.

### EXPANDED HEALTH SERVICE DELIVERY CAPACITY OF THE HEALTH CARE PROVIDER NETWORK MANAGING COVID-19 AND NON-COVID-19 HEALTH NEEDS



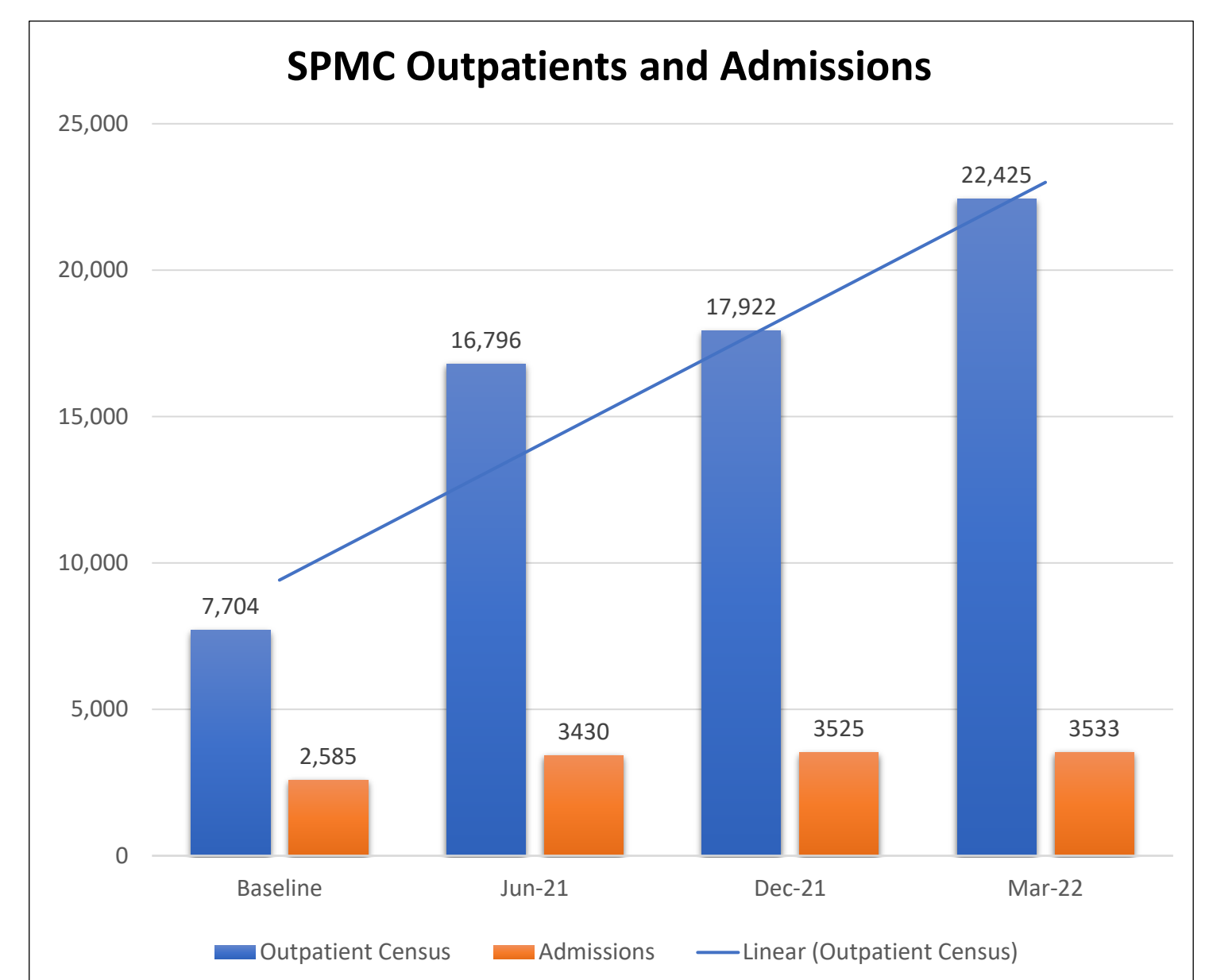
## EVIDENCE

Service coverage for family planning and maternal health increased after a year following the establishment of facilities responding to COVID-19 cases, reactivation of primary care facilities for essential health services, and steering of the population to appropriate facilities.

	June 2020	June 2021
<b>FAMILY PLANNING</b>		
New Acceptors	2,408	↑702
Current Users	159,583	↑5,184
Drop-Outs	7,736	↓492
Modern Contraceptive Prevalence Rate	33.75%	↑6.4%

	January 2020	June 2020
<b>MATERNAL HEALTH</b>		
Four Pre-natal Visits	75%	↑8%
Skilled Birth Attendance	95%	95%
Two Post-partum Visits	80%	↑7.2%

the indigent patients, have regained access to essential and life-saving health care. A year after the intervention was implemented, data showed that there was a gradual increase and return of the regular operating capacity of SPMC for non-COVID-19 cases from June 2020, 3 months into the pandemic. Patients, especially



## ACTIVITY DESCRIPTION

If the local government unit's (LGU's) capacities for responding to health emergencies, disasters, pandemics, and climate change are strengthened, so essential public health services, such as FP-MNH, can continue being provided; and if the LGU's health system can respond appropriately to the COVID-19 pandemic and is able to ensure the continuity of FP-MNH services at adequate levels; Then Davao City will experience a reduction in maternal, newborn, and child morbidity and mortality.

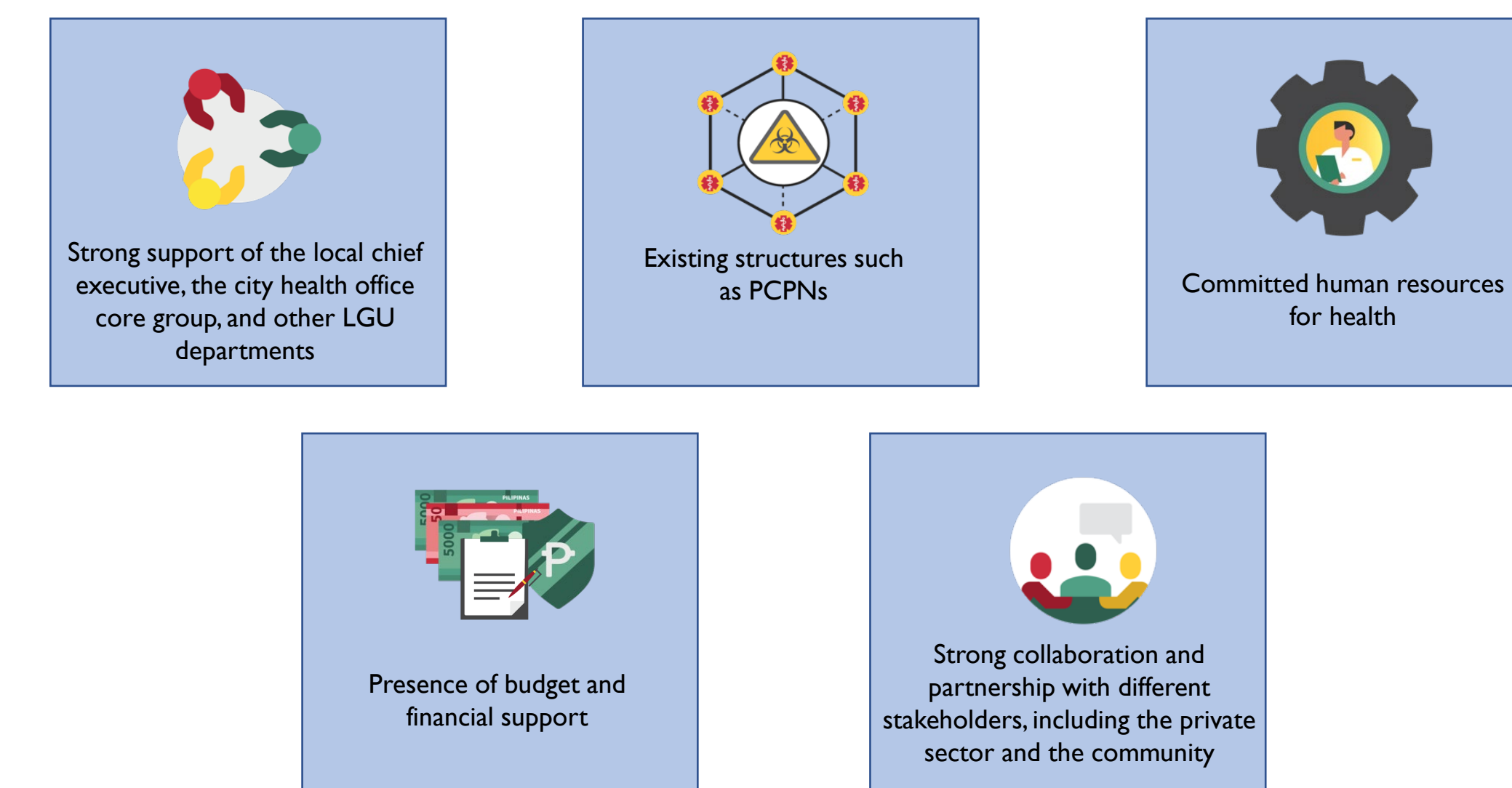
### INCEPTION PHASE

- Engagement with Regional DOH and City Health Office
- Health Facility Data Gathering, Service Capacity Assessment of Public and Private Health Facilities, and LGU Assessment
- Mapping and Identification of Health Facilities for COVID-19 and Non-COVID-19 and Essential Health Services
- Population Mapping and Health Facility Matching

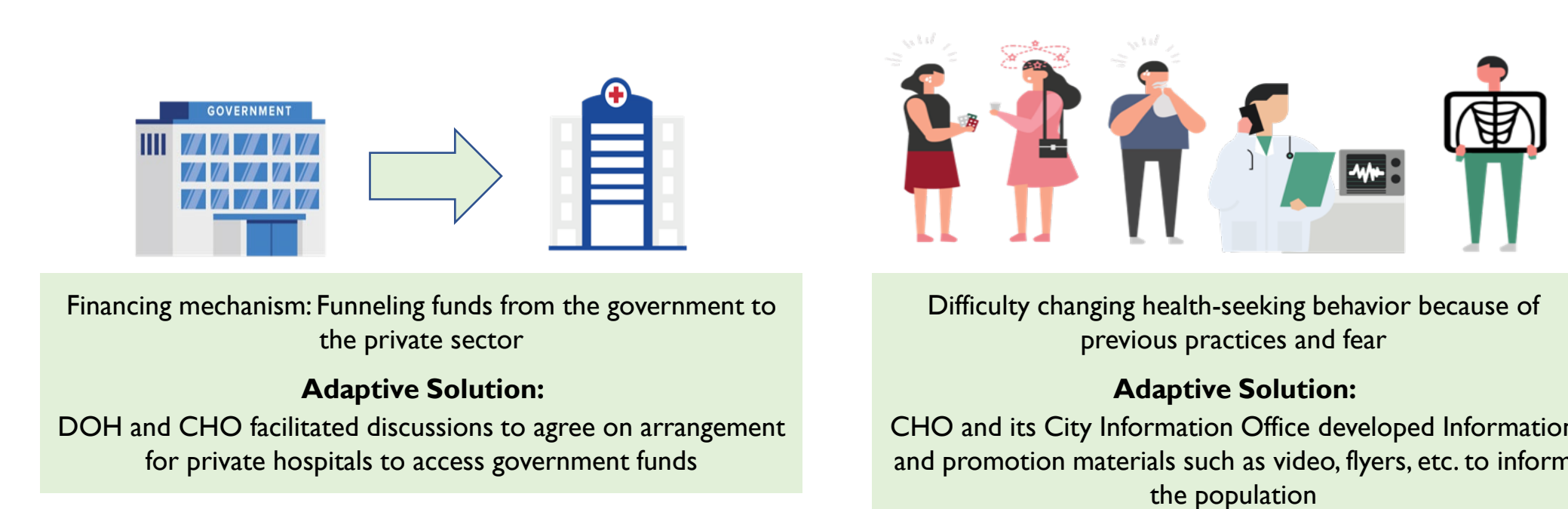
### IMPLEMENTATION PHASE

- Re-structuring of Local Government and Health Office Management Structures for Health Emergency Response
- Strategic Planning of the Management Structures and Microplanning at the Community Level
- Capacity-Building of Health Infrastructures to Respond to the COVID-19 Pandemic
- Establishment of Health Infrastructures to Respond to COVID-19 Health Needs
- Private Facilities and Community Engagement and Partnership
- Strengthening of Health Information System

## FACILITATORS



## CHALLENGES



## LESSONS LEARNED

- Good governance is an essential factor in the implementation of clear and timely health emergency response that does not compromise provision of other essential health services. Networked governance creates more participative structures in which different institutions in the government can coordinate with each other to appropriately respond to health emergencies.
- Agility in scaling up health supply and reallocating budgets to better meet emerging health needs is essential for managing pandemics.
- Evidence-based and informed planning and policy development leads to more efficiently and equitable management of LGU resources for health.
- Strengthening primary health care ensures services are nearest to the people and assures people-centered and culture-sensitive health services for indigenous people.
- Building relationships and clearly communicating with the population and stakeholders creates trust, which promotes compliance and appropriate health-seeking behaviors.

