

Question 1: *How have systems thinking approaches and tools been incorporated in activities to improve health equity? Were these approaches useful in achieving health equity goals? If so, what are the pathways by which these approaches helped to address the root causes of inequity?*



HEALTH SYSTEMS
STRENGTHENING
ACCELERATOR

Scaling up Primary Healthcare under the Universal Health Care Law: Lessons from Agdao District, Philippines

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Context

The Philippines is a low-middle-income country. Of its current health expenditure, government spending on health represents about 50% while household out-of-pocket payments account for 41.5%. Private out-of-pocket expenditure is mainly driven by spending on pharmaceutical products and medical services. Inequities are inherent in the utilization of healthcare services, especially for poor and vulnerable Filipinos, and contribute to poorer health outcomes. To address this challenge, the Philippines enacted the Universal Health Care (UHC) Law in 2019 to strengthen the delivery of primary healthcare services by mandating universal access to comprehensive primary care. The UHC Law aims to reduce fragmentation of services by integrating devolved local health systems and to ensure financial risk protection through the nationwide roll-out of a primary healthcare benefit package called *Konsulta*, which was introduced in 2021. *Konsulta* aims to provide all Filipinos with access to a comprehensive package of high-quality primary healthcare services without causing financial hardships, with a focus on vulnerable populations. It is administered through the National Health Insurance Program (NHIP), a social health insurance scheme that is managed by the Philippine Health Insurance Corporation (PhilHealth). *Konsulta* supplements existing local government investments in primary healthcare by paying a capitation rate of PHP 500 (US\$10) per annum for each registered member.

Under the UHC Law, all Filipinos are automatically members of PhilHealth and thus entitled to the enshrined benefits—yet they must be registered in the PhilHealth system to avail these benefits. Further, to ensure members’ financial risk protection, the government must implement a series of activities, including registering individual beneficiaries with their respective primary care providers and with the physicians conducting their health risk assessments (termed as first patient encounters (FPEs)) and providing the facility-based index health services that are covered by *Konsulta*. Thus, the nationwide *Konsulta* roll-out is a complex process that was initially hampered by the COVID-19 pandemic and then, as the pandemic-related restrictions eased, by underlying policy and operational bottlenecks. The limited capacity of the government to enroll beneficiaries in PhilHealth’s *Konsulta* has unintentionally contributed to inequities since individuals who are not yet registered have neither access to benefits nor financial protection. These constraints further harm the ongoing efforts to improve the healthcare-seeking behavior of individuals and families, especially among the deprived and marginalized population. If not urgently addressed, the situation may disenfranchise the poor from the public health system and run contrary to the goals and aspirations of the UHC Law. By the end of 2022, approximately 16.7 million Filipinos, or only 15% of the total population of 110 million, had been enrolled. Among those enrolled, only 585,509 (3.5%) had undergone proper assessment per the FPE protocol.

With the concurrence of local stakeholders, the United States Agency for International Development’s (USAID’s) ProtectHealth, in partnership with implementing partner ReachHealth, led efforts to accelerate and scale up registration and health profiling under *Konsulta* in Davao City, the Philippines’ largest city with a population of 2 million. Similar to many other local government units, Davao City had experienced setbacks in the *Konsulta* roll-out and been unable to meet the number of targeted beneficiaries. It had only enrolled 6,380 individuals, or 0.12% of its population, by 2022. Specifically, the support of ProtectHealth focused on Agdao district. This district, which is one of Davao City’s 18 health districts, has a population of approximately 118,000 across its 11 barangays. At the start of the ProtectHealth intervention, though the *Konsulta* roll-out had begun three years earlier, Agdao district had enrolled only 403 beneficiaries, and none had undergone an FPE.

Activity Description

To remedy the low population enrollment in *Konsulta*, USAID’s ProtectHealth worked closely with the Agdao District Health Office to improve access to primary healthcare services for (predominantly) urban poor families. The project applied a health systems approach to address the underlying supply-side and demand-side challenges in functionalizing *Konsulta* among the disadvantaged population and offered important lessons for scale-up to the rest of the city.

- Assessment and site selection.** ProtectHealth conducted a situational assessment of UHC Law implementation and primary care service delivery in Davao City by analyzing secondary data and interviewing key informants. The assessment identified the need to focus on one district that the city could learn from while preparing the other districts for future roll-out. The support of key local actors—administrators and decision makers—was secured. The launching of *Konsulta* Demo (a demonstration project) in Agdao gathered key decision makers from Davao City, the Department of Health (DOH), PhilHealth, and potential partners for primary care.
- Identification and harmonization of stakeholder roles.** The participating stakeholders and their roles in the pilot intervention were clearly delineated to ensure proper deployment of resources and prevent unnecessary overlaps. Establishing a close working relationship among the local stakeholders was critical, allowing for trust-building while the stakeholders fulfilled their shared responsibilities for the project’s outcome.
- Assessment of *Konsulta* implementation bottlenecks in Agdao.** To ensure that the operational interventions in Agdao would be responsive to the current situation of the district, a detailed assessment of the bottlenecks in *Konsulta* implementation and delivery of primary healthcare was conducted, guided by health systems approach. This assessment helped identify how to improve the coordination and strengthen the capacity of the local government and its institutions (supply-side challenges) as well as how to make potential beneficiaries aware of their entitlements (demand-side challenges). Further, strengthening *Konsulta* benefit delivery through the systematic and coordinated problem-solving of issues around population enrollment demonstrated avenues to address similar challenges in the ongoing effort to integrate primary care providers into a network of care. In that sense, the health systems approach showed the promise of delivering results beyond the immediate problem and benefited related components of primary healthcare service delivery.

Activity Description (continued)

- Addressing critical input gaps in the *Konsulta* process.**
 - Training primary care navigators.** One of the findings in the assessment was the need to reach and influence the communities and facilitate registration through house-to-house navigation. To capacitate the primary care navigators, composed of barangay health workers, barangay nutrition scholars, and other barangay health volunteers, the project, together with the DOH and PhilHealth, facilitated three rounds of training on *Konsulta* and its processes. The training delineated the roles and responsibilities of the Agdao personnel. During the commencement of *Konsulta* scale-up, another round of training was conducted.
 - Costing of *Konsulta* implementation.** Sustaining service provision requires sufficient funding for the operation. ProtectHealth provided guidance on ensuring sufficient funding in Agdao.
 - Leveraging ongoing public health campaigns such as mass immunization campaigns to fast-track *Konsulta* enrolment.** To expedite registration and FPEs, ongoing month-long national mass immunization activities conducted by the local government are being used to facilitate registration in *Konsulta*. ProtectHealth assisted the city with creating guidelines on how to execute this leveraging and is assisting the city on monitoring its progress.
- Supportive supervision of *Konsulta* implementation.** ProtectHealth is consistently in touch with the Agdao health team to monitor progress on registration, FPEs, and consults. This supportive supervision enables ProtectHealth to document concerns raised by the *Konsulta* personnel in Agdao and to facilitate resolution of policy concerns with PhilHealth and Davao City and operational concerns with Agdao district. Through this approach, the project has supported the city in endorsing specific recommendations to the PhilHealth Central Office that, if adopted, may significantly improve the implementation of *Konsulta* across the country.
- Evaluation of *Konsulta* progress.** To assess and monitor *Konsulta* Demo in Agdao, a year-end evaluation of progress vis-à-vis commitments made by the partners was conducted.
- Commencement of scale-up in other districts utilizing the lessons learned from *Konsulta* Demo.** Lessons from the demonstration project in Agdao informed a scale-up of *Konsulta* in Davao City; assessment of *Konsulta* implementation in health facilities was conducted in districts that had comparable progress and geographic characteristics. The findings were presented to the Davao City Health Office, DOH, and PhilHealth to facilitate resolutions of the concerns identified.

Activity Impact

Konsulta Demo in Agdao ensured that a predominantly urban poor population had access to primary healthcare services while being financially protected—a process accomplished through identifying and addressing bottlenecks within and across the health system. The work was conducted under the leadership of local government stakeholders, with clear demarcation of the roles and responsibilities of the City Health Office leadership, district health staff, DOH, and PhilHealth.

- The purposeful and planned involvement of key stakeholders in this exercise was critical to strengthening the local health governance mechanisms because the stakeholders helped guide the city health office on how to advocate for support from the city mayor. ProtectHealth’s collaborative and supportive supervision approaches facilitated local stewardship and improved inter-stakeholder coordination. The year-end evaluation also facilitated a revisit of the stakeholders’ commitments in terms of primary care strengthening in Davao City.
- The training of the *Konsulta* navigators catered to the larger objective of empowering local health workforces and thereby catalyzing local health systems strengthening. Local program implementers also demonstrated that they could leverage existing public health programs as platforms to expand service provision that would target the same segments of the population.
- The lessons from Agdao have guided scale-up of *Konsulta* roll-out across the remaining 17 districts in Davao City. As a result, the city has increased investments in conducting community registration events, hired encoders to facilitate registration, and mainstreamed *Konsulta* registration as part of the protocol in receiving walk-in patients at health centers and in conducting measles prevention campaigns.
- ProtectHealth is also supporting PhilHealth in conducting a rapid assessment of *Konsulta* implementation, with the assessment using the lessons and experience from Agdao as inputs to the design of a nationwide assessment and updating process for the *Konsulta* benefit package.

Evidence

The input gap in the *Konsulta* process was bridged as follows:

- A total of 158 participants in Agdao district were trained as encoders and primary care navigators from October 2022 to February 2023. These participants are government staff encoders, former COVID-19 contact tracers, doctors, nurses, midwives, nutritionists, and barangay health workers.
- A total of 98 participants across remaining 17 districts of Davao were trained as part of scale-up. Participants were government encoders, nurses, midwives, nursing aides, nutritionists, and barangay health workers.

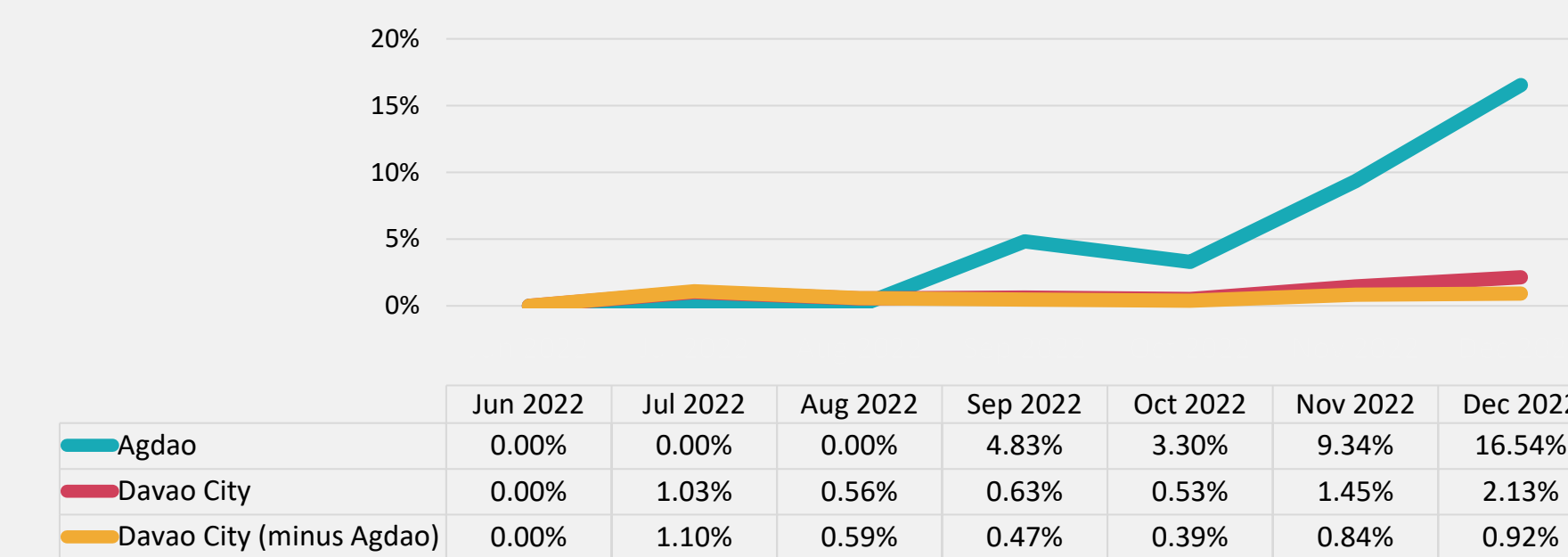
The population enrolment in *Konsulta* increased. The rate of registered *Konsulta* members who underwent an FPE was also much higher for Agdao than for the rest of Davao City.

At the end of 2022, a total of 4,196 FPEs were completed in Agdao district (60% of the total for all of Davao City), amounting to an estimated PHP 2,098,000 (US\$209,800) of PhilHealth capitation leveraged.

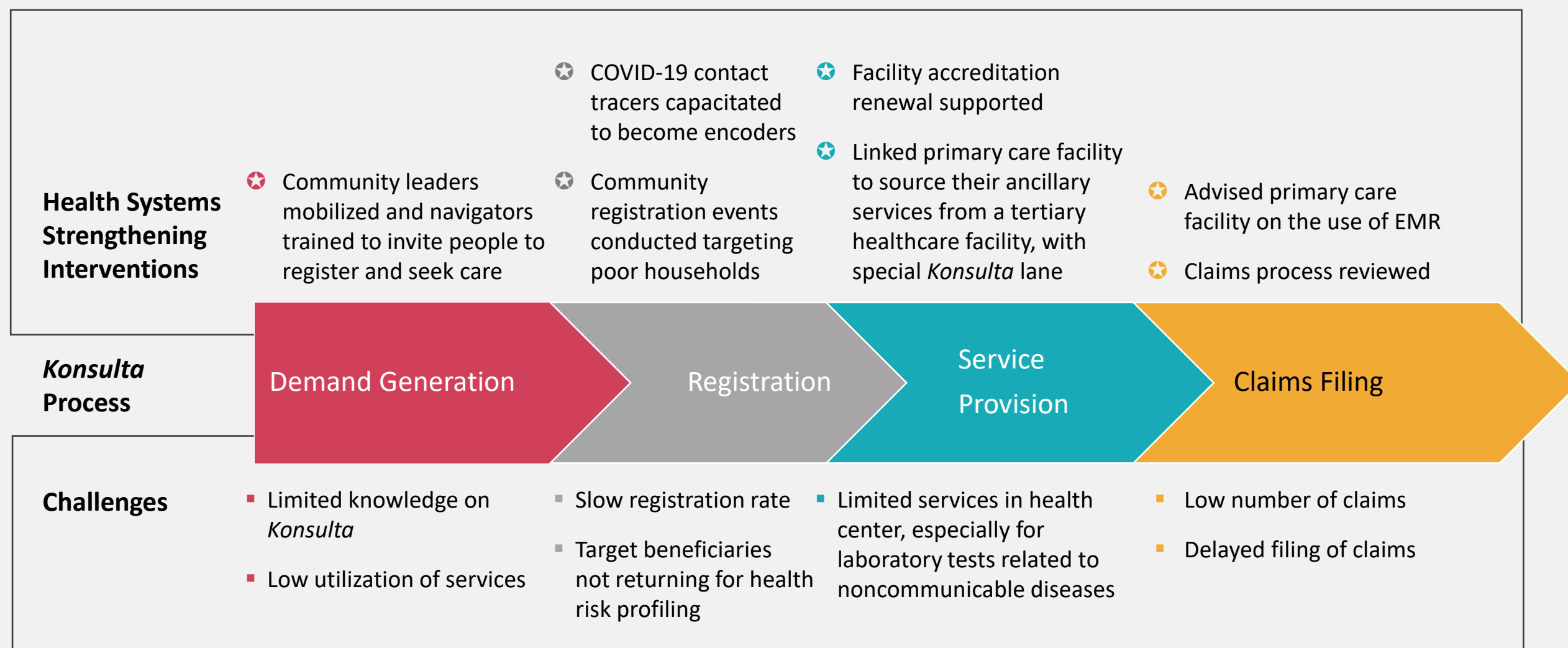
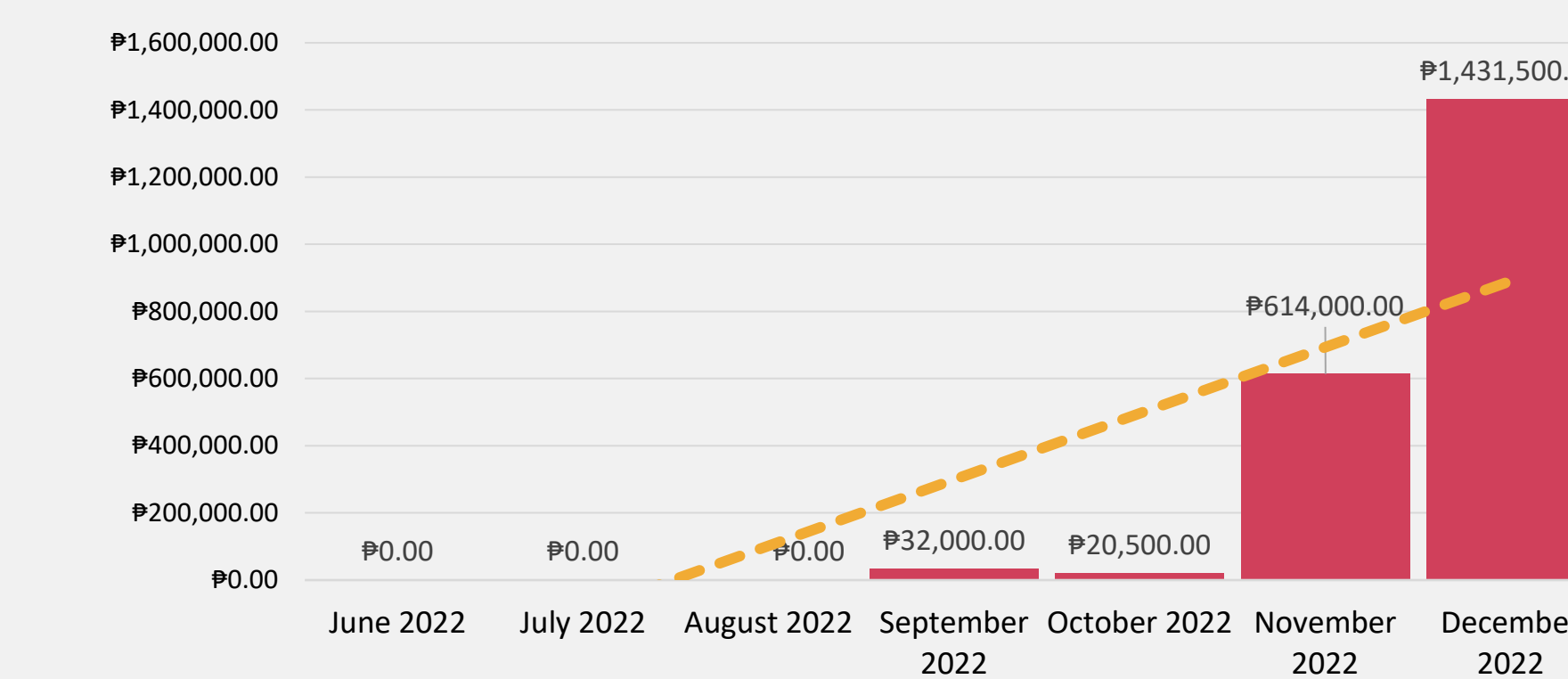
Potential Amount in PhilHealth Capitation Leveraged in Agdao vs. Other Districts in Davao City from June to December 2022



Trend of Percentage of Registered *Konsulta* Members Who Underwent an FPE from June to December 2022



Potential Amount in PhilHealth Capitation Leveraged in Agdao District from June to December 2022



Facilitators

- The activities were successfully conducted through strong collaboration among the Davao City Health Office, DOH, PhilHealth, and USAID’s ProtectHealth and ReachHealth. The DOH continues to provide technical assistance to the city on universal healthcare and primary care strengthening. At the same time, PhilHealth closely assists the city on concerns arising from the implementation of *Konsulta* and ensures that necessary supplementary trainings are being provided, while the Davao City Health Office continues to address the concerns raised by the districts.
- The collaborative environment helped stakeholders and primary healthcare facility staff to stay clear on their roles and responsibilities throughout the *Konsulta* process.
- Supporting local staff to ensure their success in their new roles as *Konsulta* navigators richly contributed to achieving the overall objective of increasing local participation.
- A similar “repurposing” of local COVID-19 contact tracers to become *Konsulta* encoders helped in the timely encoding of *Konsulta* performance milestones. These encoders play an extremely important role in claims processing.
- Local implementers mainstreamed the identification of implementation bottlenecks and developed practical solutions as part of their routine functions.

Challenges

- The digitization of the *Konsulta* process requires local governments to invest in an electronic medical records (EMR) system that is compatible with PhilHealth’s system requirements. Consequently, there are budgetary approval processes to navigate and procurement requirements to comply with, which are complex.
- The adoption, use, and continuous maintenance of EMR requires investment in human resources, for example, the hiring of *Konsulta* encoders. However, due to resource constraints, human resources could only be hired through temporary contracts with no assurance of employment retention.
- Some DOH standards for *Konsulta* implementation limit performance. For example, health facilities are not allowed to outsource the services of primary care physicians, which effectively limits the ability of the city to enroll additional *Konsulta* beneficiaries.
- Limited engagement of private facilities as providers of *Konsulta* ancillary and pharmacy services was an obstacle in improving access and sustaining operations.
- Limited access to other sources of funds within the local government unit limited the capacity to improve and sustain *Konsulta* operations.

Most of these challenges, while expected in the Philippine context, if left unaddressed are likely to slow the entire process of availing PhilHealth benefits, eventually affecting the most vulnerable population. Addressing these challenges is always approached within the resources and context of the local communities.

Lessons Learned

In a span of three months, the project identified several important elements behind the success of the *Konsulta* implementation in Agdao:

- Setting clear targets per barangay
- Designating encoders and computers solely for *Konsulta* registration
- Streamlining *Konsulta* processes
- Capacitating both medical and non-medical personnel, such as navigators and encoders who helped navigate the communities to encourage and facilitate *Konsulta* registration and FPEs
- Maintaining constant collaboration with PhilHealth
- Ensuring availability of doctors, nurses, and midwives (for FPEs) and securing laboratory and medicine supplies

Several lessons for comparable health system interventions also arose:

- Expanding the coverage of a health insurance package of services under universal healthcare can inadvertently exacerbate existing inequities when the target population is excluded due to lack of capacity at the implementation level. This exclusion disproportionately affects the poorest and the most vulnerable.
- When the success of program implementation requires full participation of the population, it is important that decision makers work hand in hand with local partners at the community level. Nationally designed policies that seek to address inequities must be adjusted to the context and realities of the communities they intend to benefit.
- A good partnership with local implementers and decision makers throughout the process can open opportunities for synergistic work that may not have been part of initial plans but could amplify positive results. For example, the enrolment activities interfaced with an ongoing local immunization campaign, which would not have been possible if the local partners did not appreciate the value of the interventions.
- In this demonstration, a site was selected where the majority of the beneficiaries were a financially vulnerable population. These individuals and families were prioritized so they could be among the first to benefit from the support of the government.
- Further, during site selection, it is important to consider the feasibility of demonstrating complex interventions to address inequities. The size of the population must be manageable to ensure that the local health system can be sufficiently strengthened and the improvements adequately measured to provide evidence for future scale-up.