



HEALTH SECTOR REFORM CONVERGENCE STRATEGY IMPLEMENTATION ASSESSMENT AND PLANNING WORKSHOP

November 2002

A publication of Management Sciences for Health – Health Sector Reform Technical Assistance Project (MSH-HSRTAP). This publication was made possible through the support provided by the United States Agency for International Development (USAID), under the terms of Contract No. HRN-1-00-98-00033-00.

HEALTH SECTOR REFORM CONVERGENCE STRATEGY IMPLEMENTATION ASSESSMENT AND PLANNING WORKSHOP

**November 7, 2002
Manila Midtown Hotel
Manila**

Bureau of Local Health Development
Department of Health

SUMMARY

An assessment and planning workshop for the convergence implementation was held at the Manila Midtown Hotel last November 7, 2002. Attended by 52 people coming from the eight convergence LGUs, the Centers for Health Development, the BLHD, the PHIC, and the MSH, the workshop was designed to assess the progress of the implementation of the of the convergence strategy in the eights sites. The next steps were also mapped out for the different sites.

In general, the progress has been encouraging in all fronts: the enrollment of the indigent to the NHIP is increasing; the hospitals are showing some service improvements as well as increasing income generation; some facilities are already retaining and utilizing their income; more and more inter-local health zones are being formed with functional management structures, well-defined referral systems and even cost-sharing schemes among LGUs; cheap drugs are available in the hospitals.

Some of the identified hindering factors are: poor communication strategy, poor coordination among PHIC, DOH, and LGUs' lack of funds and lack of techno-political skills of implementers, hesitation or non-cooperation of personnel in the reforms, lack of monitoring mechanisms, lack of public health link, lack of premium payment centers, delays in procurement, delays in reimbursements, etc.

Some of the facilitating factors are: strong support from the local chief executives, strong participation from the non-government organizations and the private sector, and the presence of technical assistance (ex. DOH-MSH), study tours (lakbay-aral), health summits, innovative personnel, capitation fund as incentive, therapeutics committees, funding support, public support, etc.

The next steps for 2003 in each convergence site were to be finalized by November. But some of the recommendations were: better monitoring and evaluation mechanisms, better partnerships among stakeholders, management of the transition from technical assistance, continue study tours and more linkage with public health.

The representatives from the LGUs, the DOH and the PHIC promised to cooperate more among each other so that the targets set by 2004 can be achieved substantially.

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**ASSESSMENT AND PLANNING WORKSHOP
CONVERGENCE STRATEGY IMPLEMENTATION**

Manila Midtown Hotel, Manila

November 7, 2002

1:00 – 6:00 PM

Program

| | | |
|--------------|---|---|
| 12:30 – 1:00 | Registration | BLHD/MSH |
| 1:00 – 1:15 | Opening Program | Ms Letty Espinosa Dr. Rachel Micarandayo |
| | ☒ Invocation | |
| | ☒ National Anthem | |
| | ☒ Introduction of Participants | |
| | ☒ Welcome Remarks | Dr. Juanito Taleon Director III, BLHD |
| | ☒ Objectives and Schedule | Dr. Eddie Dorotan MSH |
| 1:15 - 2:15 | Presentation of Site Assessment | |
| | ☒ Capiz | Dr. Jarvis Punzalan |
| | ☒ Nueva Vizcaya | Dr. Ferdinand Tolentino |
| | ☒ Misamis Occidental | Dr. Rachel Micarandayo |
| | ☒ Pasay City | Dr. Pilar Perez |
| 2:15 - 2:30 | Open Forum | |
| 2:30 – 2:45 | Snacks | |
| 2:45 – 3:45 | Presentation of Site Assessment | |
| | ☒ Pangasinan | Dr. Nemesia Mejia |
| | ☒ Negros Oriental | Dr. Bernarda Cortes |
| | ☒ South Cotabato | Dr. Ed Sandig |
| | ☒ Bulacan | Dr. Charlie Santos |
| 3:45 – 4:00 | Open Forum | |
| 4:00 – 4:30 | Presentation of Process Documentation and Best Practices | Dr. Noel Espallardo UP –NIH-ICE |
| 4:30 - 5:00 | Workshop on next steps | Dr. Les Pinero MSH |
| 5:00 – 5:30 | Plenary | |
| 5:30 – 6:00 | Synthesis/Closing remarks | |
| | LGU | Dr Ed Sandig |
| | DOH | Director Marieta Fuentes |
| | PHIC | Mr. Tony Arnaiz |
| | USAID | Ms. Marichi de Sagun |
| | MSH | Dr. Benito Reverente, Jr |
| 6:00 | Dinner | |
| | Emcee/Moderator: Ms Letty Espinosa | |

HEALTH SECTOR REFORM
CONVERGENCE STRATEGY (TSK) IMPLEMENTATION
ASSESSMENT AND PLANNING WORKSHOP

Manila Midtown Hotel
November 07, 2002

LIST OF PARTICIPANTS

| NAME | DESIGNATION/OFFICE |
|-------------------------|--------------------------------------|
| DOH CENTRAL | |
| Dr. Juanito Taleon | Director III, BLHD |
| Mr. Jose Basas | Chief Health Program Officer, BLHD |
| Ms. Letty Espinosa | Chief Health Program Officer, BLHD |
| Dr. Regina Sobrepeña | Chief Health Program Officer, BLHD |
| Ms. Risa Yapchiongco | Chief Health Program Officer, BLHD |
| Dr. Leizel Lagrada | MO V, HPDPB |
| Mr. Efren Gorospe | BLHD |
| Mr. Romeo Mercado | HPDPB |
| Dr. Carole Bandahala | Chief Health Program Officer, NCHDPC |
| PHIC | |
| Mr. Lemuel Untalan | PHIC, Central |
| Ms. Madonna Perona | PRO 1 |
| Ms. Lanida Castillo | PRO 2 |
| Ms. Zenette de la Vega | PRO 3 |
| Mr. Owen Magalona | PRO 6 |
| Mr. Paul Oyales | PRO 7 |
| Mr. Amario Morales | PRO 12 |
| Mr. Antonio Arnaiz, Jr. | PRO 10 |
| Mr. Sydfrey Panganiban | PRO NCR |
| Ms. Amelia Buted | PHIC, Central |
| Dr. Olivia Nieveras | PHIC, Central |
| LGU | |
| Dr. Nemesia Mejia | PHO II, Pangasinan |
| Dr. Aurora Agustin | Chief, NVPH |
| Dr. Ferdinand Tolentino | PHO II, Nueva Vizcaya |
| Dr. Obdulia Gloria | PHO II, Capiz |
| Dr. Jarvis Punzalan | PHO I, Capiz |
| Dr. Bernarda Cortes | PHO 1, Negros Oriental |
| Dr. Edgardo Sandig | PHO II, South Cotabato |
| Dr. Louella Estmeber | DOH-rep, South Cotabato |
| Dr. Rachel Micarandayo | PHO II, Misamis Occidental |
| Dr. Pilar Perez | CHO, Pasay City Health Office |
| Dr. Oscar Linao | Chief, Pasay City General Hospital |

HEALTH SECTOR REFORM
CONVERGENCE STRATEGY (TSK) IMPLEMENTATION
ASSESSMENT AND PLANNING WORKSHOP

Manila Midtown Hotel
November 07, 2002

LIST OF PARTICIPANTS

| NAME | DESIGNATION/OFFICE |
|----------------------------|--------------------------------------|
| CHD | |
| Dr. Eduardo Janairo | Director, Region 1 |
| Dr. Pauline Jean Ubial | Asst. Director, Region 6 |
| Dr. Ma. Julia Villanueva | LHAD, CHD 6 |
| Dr. Dolores Castillo | Director, Region 11 |
| Dr. Marietta Fuentes | Director, Region 10 |
| Dr. Eduard Albano | Asst Director, Region 2 |
| Dr. Eduardo Suzano | MO VII, CV |
| MSH – HSRTAP | |
| Dr. Benito Reverente, Jr | Chief of Party |
| Dr. Melchor Lucas, Jr. | Manager, Hospital Reforms |
| Dr. Annie Asanza | Manager, Social Health Insurance |
| Dr. John Wong | Manager, Drug Management |
| Dr. Eddie Dorotan | Manager, Local Health System |
| Dr. Mary Angeles Piñero | Technical Asst., Local Health System |
| Ms. Joy Abiog | Technical Asst., Hospital Reforms |
| Mr. Leif Anthony Dela Luna | Technical Asst., Drug Management |
| Ms. Ma. Vida Gomez | Technical Asst., SHI |
| OTHERS | |
| Ms. Marichi de Sagun | USAID |
| Dr. Noel Espallardo | UP NIH-ICE |
| Ms. Roxanne Epe | UP NIH |
| Mr. Romy Marcaida | UP NIH |
| Dr. Wilfredo Bacareza | Councilor, Iligan City |

Capiz Integrated Health Services Development Program

Supporting the Health Sector Reform Agenda



Province of Capiz



Capiz Integrated Health Services

Province of Capiz

- One of the six provinces in Region VI
- Situated in the mid portion of PanayIsland, bounded by the Province of Antique in the west, by the Province of Aklan in the north, and by the Province of Iloilo in the south and northwest
- Composed of one component city – Roxas City, the provincial capital and serves as the seat of government and administration and the center for trade and commercial activities in the province
- 16 municipalities
- 472 barangays
- 2nd class province
- Total population – 654,156
- Total land area – 2,633.17 sq.km

Capiz Integrated Health Services

CIHSDP Program Objectives

- To promote setting up of alternative community-based health financing mechanisms in order to provide health insurance coverage for the majority of the Capiceños.
- To establish local health zones involving the hospitals, the local government units and the private sector. The local health zone members will be working together to address specific problems within their zones with the Capiz Integrated Health Services Council acting as umbrella organization to coordinate policies, mobilize resources and synchronize project implementation
- To plan and advocate for the institutionalization of a rational and efficient referral system to establish clear guidelines for referring patients between the different levels of health care providers
- To upgrade hospital services and facilities in order to cater to the needs of more affluent patients thereby increasing revenue to subsidize indigent patients.

Capiz Integrated Health Services

Reform Area: Social Health Insurance

- Indicator: No. and % of indigent families enrolled in NHIP
 - Target: 75%
 - Result to Date: 50%
- Indicator: No. and % of municipalities utilizing Capitation fund
 - Target: All LGUs
 - Result to Date: directly - 11
indirectly - 6

Capiz Integrated Health Services

Reform Area: Social Health Insurance

- Indicator: No. and % of PHIC-accredited RHUs
 - Target: All LGUs
 - Result to Date: 11/17

Capiz Integrated Health Services

Reform Area: Social Health Insurance

- Inputs: Provincial counterpart - P1.5M
Roxas City counterpart - P2M
Additional counterparts coming from municipalities

Reform Area: Social Health Insurance

- Facilitating Factors:
 - Strong political support for program
 - Capitation Fund a potent incentive for LGUs to increase membership to Indigent Program, strive for Sentrong Sigla and PhilHealth accreditation

Reform Area: Social Health Insurance

- Hindering Factors:
 - Delays in processing of ID for new members
 - Confusion on OPB forms
 - Still no developments in payment centers to handle increased number of informal sector members

Reform Area: Social Health Insurance

- Next Steps:
 - Final battleground for universal coverage: *the informal sector*
 - Advocacy specifically targeting the informal sector
 - PhilHealth payment centers should be ready to cater to increased informal sector membership
 - Expansion of benefits
 - Socialized premiums?

CIHSDP Program Objectives

- To promote setting up of alternative community-based health financing mechanisms in order to provide health insurance coverage for the majority of the Capiceños.
- To establish local health zones involving the hospitals, the local government units and the private sector. The local health zone members will be working together to address specific problems within their zones with the Capiz Integrated Health Services Council acting as umbrella organization to coordinate policies, mobilize resources and synchronize project implementation
- To plan and advocate for the institutionalization of a rational and efficient referral system to establish clear guidelines for referring patients between the different levels of health care providers
- To upgrade hospital services and facilities in order to cater to the needs of more affluent patients thereby increasing revenue to subsidize indigent patients.

Reform Area: Local Health System

- Indicator: Presence of referral system
 - Target: Present
 - Result to Date: Present; local referral system guidelines produced
- Indicator: No. of functional inter-local health zones
 - Target: All 5
 - Result to Date: 5/5 = 100%

Reform Area: Local Health System

- **Indicator: Presence of inter-LGU cost-sharing**
 - Target: Present
 - Result to Date: Present



Reform Area: Local Health System

- **Facilitating Factors:**
 - Strong support coming from local governments
 - December 5, 2001: Simultaneous MOA signing of 5 ILHZs
 - Governor signed A.O. and Memo on the implementation of new Referral System Guidelines



Reform Area: Local Health System

- **Hindering Factors:**
 - Difficulty in convening Zone Management Boards due to busy schedules of Mayors
 - Difficulty in implementing a functional 2-way referral system



Reform Area: Local Health System

- **Next Step:**
 - Pooled procurement at the ILHZ level
 - A fully functional two-way referral system



CIHSDP Program Objectives

- To promote setting up of alternative community-based health financing mechanisms in order to provide health insurance coverage for the majority of the Capiceños.
- To establish local health zones involving the hospitals, the local government units and the private sector. The local health zone members will be working together to address specific problems within their zones with the Capiz Integrated Health Services Council acting as umbrella organization to coordinate policies, mobilize resources and synchronize project implementation
- To plan and advocate for the institutionalization of a rational and efficient referral system to establish clear guidelines for referring patients between the different levels of health care providers
- **To upgrade hospital services and facilities, increasing revenue to subsidize indigent patients.**



Reform Area: Hospital Reforms

- **Indicator: Income generation, retention, utilization**
 - Target: 50% of MOOE generated
 - Result to Date:
 - Income Retention: *Laboratory, X-ray, Oxygen, Pharmacy, Ambulance, Dental*
 - Governor already approved income retention in other departments





Reform Area: Hospital Reforms

- Indicator: No. and % of PHIC accredited hospitals
 - Target: All hospitals
 - Result to Date: 5 accredited, 1 awaiting accreditation



Reform Area: Hospital Reforms

- Indicator: Hospital service improvements
 - Target: None
 - Result to Date:
 - Designation of 2 consultants for hospital reforms
 - Renovation and repairs of 6 government hospitals
 - Hospital Service Manual Available
 - VOW Conducted
 - MOA with UP-PGH for Continuing Medical Education Program



Reform Area: Hospital Reforms

- Indicator: Organized Quality Improvement Circle
 - Target: None
 - Result to Date: Award System Implemented
Flow charts in place



Reform Area: Hospital Reforms

- Inputs:
 - P55.8M total improvements in RMPH (provincial, national budget)
 - P7 total improvements in MGH (provincial budget)
 - P5.7M total improvements in BDH (provincial budget)
 - P0.8M total improvements in TDH (DOH funded)



Reform Area: Hospital Reforms

- Facilitating Factors:
 - Funding support coming from local and national governments
 - Governor's intention to make hospitals become income generating units



Reform Area: Hospital Reforms

- Hindering Factors:
 - Hesitation of hospital personnel to implement user fees

Reform Area: Hospital Reforms

- Next Step:
 - Follow-up activity on November 20 to finalize rational hospital charges/user fees

Reform Area: Drug Management

- Indicator: Presence of revitalized Therapeutics Committee
 - Target: All hospitals
 - Result to Date: All hospitals
- Indicator: Availability of cheap quality drugs in hospitals
 - Target: Ongoing parallel imported drug outlets in 3 hospitals
 - Result to Date: PDI outlets in 6 government hospitals; now on our 8th procurement

Reform Area: Drug Management

- Indicator: Availability of cheap quality drugs in hospitals
 - Target: Provincial Pooled Procurement System in place participated by all the 16 municipalities and 1 city
 - Result to Date: Pooled Procurement done involving 8 government hospitals; possibility of pooled procurement at the ILHZ level to be explored next year by Bailan ILHZ

Reform Area: Drug Management

- Inputs:
 - P1M Provincial seed money to PDI revolving fund
 - Used to procure initially 4 drugs, now list expanded to 9 drugs (utilizing income from PDI sales)

Reform Area: Drug Management

- Facilitating Factors:
 - Strong public support for PDI, even among private MDs
 - Affordable prices improved patient access to essential medicines
 - E.O. establishing the Provincial Therapeutic Committee in Capiz

Reform Area: Drug Management

- Hindering Factors:
 - Delays in deliveries of PDI orders
 - Drugs under PDI are mostly for outpatients, inpatients have benefited minimally
 - For Provincial Pooled Procurement Program (PPPP), non-participation of Luzon based suppliers
 - Unverifiable quality of generic medicines delivered by winning suppliers under the PPPP

Reform Area: Drug Management

- Next Steps:
 - PITC to further improve efficiency of delivery system for PDI
 - PITC to expand list of medicines for PDI to include inpatient medicines especially injectables
 - Establish linkage with laboratories, like UP College of Pharmacies', to do testing of drugs delivered by suppliers

Capiz Integrated Health Services



Reform Area: Public Health

- Indicator: No. of RHUs SS and PHIC accredited by 2002
 - Target: All RHUs SS and PHIC accredited by 2002
 - Result to Date: 16/17 main RHUs SS accredited
11/17 main RHUs PHIC accredited

Capiz Integrated Health Services



Reform Area: Public Health

- NTP/DOTS Program
 - World Vision Center of Learning for DOTS in the Western Pacific region
 - OST site: Province of Camiguin, Cagayan; 8 provinces more scheduled to visit

Capiz Integrated Health Services



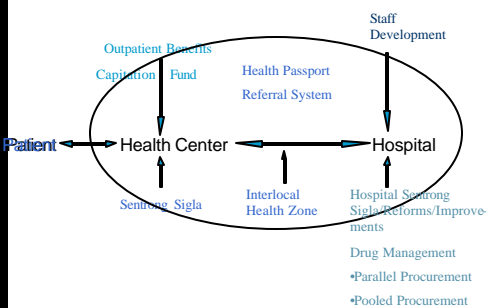
Reform Area: Public Health

- CPC V
 - Health and Nutrition Posts seen as models for other provinces and countries

Capiz Integrated Health Services



Summary



**Tulong-Sulong sa Kalusugan (TSK)
Assessment Form**

**Convergence LGU: NUEVA VIZCAYA
As of October 31, 2002**

| Reform Area | Performance Indicators | Targets by 2004 | Results to date | Inputs | Facilitating factors | Hindering Factors | Next Step |
|--------------------------------|---|------------------------|--|---------------|--|--|---|
| SOCIAL HEALTH INSURANCE | No. and % of indigent families | 18,000 (25%) | 11,943 (16.6%) | | Supportive Provincial & Municipal LCE's Brgy. Sponsorship Rotarian sponsorship | Fund Constraints esp. Castaneda and Ambaguio | Coordinate/Communicate with LCE's with target plan for 2003 |
| | No. and % of municipalities utilizing capitalization fund | 15 municipalities | 4 Mun. Bambang, (26.6 %) Aritao, Dupax del Sur, Bagabag | | Clinical and General infrastructure capability | Fund constraints for hiring Med. Tech. | Convince LCE's, SB's and MHO to hire Med. Tech |
| | No. and % of PHIC accredited RHU's | 15 RHU's | 4 RHU's (26.6 %) | | | | |
| | Others | | Solano RHU on process Sta. Fe RHU on process Dupax del Norte – application for accreditation submitted | | | Fund Constraints | Convince LCE's |

| Reform Area | Performance Indicators | Targets by 2004 | Results to date | Inputs | Facilitating factors | Hindering Factors | Next Step |
|------------------------|---|--|--|---|--|--|--|
| DRUG MANAGEMENT | Presence of re-vitalized therapeutics committee | Cost-efficient drug procurement system established | Trained and organized functional therapeutics committee | Capability training for Hosp. Therapeutics Committee two-day workshop | <ul style="list-style-type: none"> ➤ MSH technical and financial assistance ➤ Full support from the Provincial Government ➤ UNFPA financial assistance ➤ QSIP initiative | <ul style="list-style-type: none"> ➤ Budgetary constraints ➤ Tight schedule of RHU participants to attend meetings | Training on DUR to include all MHO and Hospital therapeutics committee |
| | | | Regular meeting of Hospital therapeutics committee | Training workshop on DUR, 3 modules | | | |
| | | | Integrated provincial treatment protocol; drug formulary & revised new hospital policies in the province is being done and redefined | | | | |
| | | | Drug formulary of each hospital | | | | |
| | | 15 RHU's integrated in Provincial Therapeutics Committee | | | Training workshop with RHU participant and hospital therapeutic committee | | |

| Reform Area | Performance Indicators | Targets by 2004 | Results to date | Inputs | Facilitating factors | Hindering Factors | Next Step |
|-------------|--|-----------------------------------|--|--------|---|-------------------|-----------|
| | Availability of cheap quality drugs in hospitals | Budget for Drugs increased by 50% | Budget for drugs increased | | <ul style="list-style-type: none"> ➤ Augmentation of medicines coming from PHO and DOH R02 Center for Health Development ➤ Presence of TWG to canvass for cheap medicines | | |
| | | | Before, there was an exclusive appropriation of budget for medicines, as of 2003 budget, it is lumped together with medical, dental and laboratory supplies. | | | | |

| Reform Area | Performance Indicators | Targets by 2004 | Results to date | Inputs | Facilitating factors | Hindering Factors | Next Step |
|-------------------------|---|--|--|--|--|--|--|
| HOSPITAL REFORMS | Organized quality improvement circle | Quality Service Improvement Program (QSIP) institutionalized and sustained | <ul style="list-style-type: none"> ➤ Regular meeting of TQM and 5S Committees ➤ Consistent awardee of Clean and Green Provincial and Regional ➤ Improve customer service and satisfaction as shown by client survey every six months, and yearly public consultations | <ul style="list-style-type: none"> ➤ Training's on TQM and 5S ➤ Training on hospital performance monitoring tool | <ul style="list-style-type: none"> ➤ MSH technical and financial assistance ➤ Committed health workers ➤ Full support from the Provincial Government ➤ Functional Provincial Health Board with expanded membership ➤ UNFPA assistance ➤ CHD assistance | <ul style="list-style-type: none"> ➤ Lack of facilities and infrastructure ➤ Change in leadership (Gov. last term) ➤ Budgetary constraint | <ul style="list-style-type: none"> ➤ Sustainable TQM & 5S ➤ Lobby for continuous provision of technical assistance in infrastructure |
| | Income generation retention and utilization | Income generation and utilization of revenue | Generate income and remitted to Provincial Government | | | | |
| | Hospital service improvement | Increased Budget Based on Need | <ul style="list-style-type: none"> ➤ Acquisition of laboratory equipment ➤ Computerization of the admin and pharmacy | Project Proposal for Ambulance, infrastructures For private Rooms and Philhealth clinics | Support of HBRA; Support of provincial governments | Worn-out ambulances | <ul style="list-style-type: none"> ➤ LAN (Local Area Network) of computers ➤ Training to update personnel on computer software/program ➤ Programming & Databanking ➤ Lobby budget ➤ For infrastructure and Ambulances |
| | No. and % of PHIC Accredited hospitals | All hospitals Sentrong Sigla And Philhealth Accredited | 5 Accredited Hospitals -VRH, NVPH, DDH,LTMH, MMG 1 Hospital – KMH in process | | Support of provincial government | | KMH to be accredited by year 2003 |

| Reform Area | Performance Indicators | Targets by 2004 | Results to date | Inputs | Facilitating factors | Hindering Factors | Next Step |
|-----------------------------|--|--|--|---|---|---|---|
| LOCAL HEALTH SYSTEM | No. of local functional inter-local health zones | As agreed upon during the convergence workshop Health Summit | There is only one (1) inter-local health Zone Regular meetings at Prov'l Health Board | | Full support from the provincial government Strengthened and functional expanded PHB | 2 hospitals are located in the upland terrain | |
| | Presence of Referral System | Functional 2-way health referral system | Coming up with a Manual health on 2-way Referral System | Seminar-workshop 2x on health referral system | MSH Support UNFPA Support PHO Support | Schedules of pax Less committed health workers | Legislation of the 2-way referral and complementation |
| | Presence of inter local cost sharing | | Complementary lending and sharing of resources | | Support from other hospital workers PHO, NGOs and POs | Budgetary constraints Lack of drugs and lab supplies | |
| PUBLIC HEALTH SYSTEM | No. and % of municipalities with increasing budgets for health | | | | | Health is not priority by some local execs Low budget for health in the municipality | |

Tulong -Sulong sa Kalusugan

MISAMIS OCCIDENTAL
As of October 31, 2002

| Reform Area | Performance Indicator | Targets by 2004 (as agreed upon during the convergence workshop/ Health summit) | Results to date | Inputs | Facilitating Factors | Hinder-ing Factors | Next Steps |
|-------------------------|---|--|---|---|---|--|--------------------------|
| Social Health Insurance | No. & % of indigent families enrolled in NHIP No. & of municipalities utilizing capitation fund No. & % of PHIC accredited RHUS Others | <ul style="list-style-type: none"> Collecting agencies present in every city/ municipality Efficient & prompt processing of claims by PhilHealth w/in 1 mon. (30 cal.days) | 21,003 6 out of 17 10 out of 21 | <ul style="list-style-type: none"> Orientation meetings Meetings with LCEs Signing of MOAs | <ul style="list-style-type: none"> Supportive LCEs Good working relationship among DOH, PHIC, LGUs and NGOs | <ul style="list-style-type: none"> Negative attitude of some LCEs, health personnel | Social marketing of NHIP |

| Reform Area | Performance Indicator | Targets by 2004 (as agreed upon during the convergence workshop/ Health summit) | Results to date | Inputs | Facilitating Factors | Hinder-ing Factors | Next Steps |
|-------------|--|---|--|--|---|--|---|
| Drug Mgmt. | <ul style="list-style-type: none"> Presence of revitalized therapeutic Committee (1) Availability of cheap quality drugs in hospitals (2) DUR | <ul style="list-style-type: none"> Functional & empowered therapeutic committees in hospitals & health facilities Proper prescribing & dispensing practices Available cheaper quality drugs through Parallel | <ul style="list-style-type: none"> 6 gov't. hospitals = 6 TC 4 ILHZs = 4 ILHZ TC PDI purchase Public Pharmacy - 2 DUR - 6 hospitals Oroquieta ILHZ | <ul style="list-style-type: none"> Orientation Workshops Meetings Orientation sharing of workshop Consultations, dialogues Presentations Action planning | <ul style="list-style-type: none"> Receptive & committed stakeholders Constructive relationship bet. LGU & MSH Supportive MSH - HSRM TAP & DOH | <ul style="list-style-type: none"> Time & schedule constraints Headtime is long Other agencies not included | <ul style="list-style-type: none"> Regular Meetings Continue PDI purchase Establish Public Pharmacies in other ILHZ Replicate DUR to other ILHZs |

| Reform Area | Performance Indicator | Targets by 2004 (as agreed upon during the convergence workshop/ Health summit) | Results to date | Inputs | Facilitating Factors | Hinder-ing Factors | Next Steps |
|------------------|---|--|---|--|---|---|---|
| Hospital Reforms | <ul style="list-style-type: none"> Organized quality improvement circle (3) Income generation, retention, utilization (4) Hospital service improvement (5) | <ul style="list-style-type: none"> Self sustaining hospital operations: Income generation & retention Upgraded therapeutic & diagnostic capabilities of 6 public hospitals. | <ul style="list-style-type: none"> MTP/5 S committees revitalized & organized in 6 hospitals 1st reading at SP for resolution support Hosp. Cal. (MOPH) Purchase of medical equipments. | <ul style="list-style-type: none"> Orientation lectures on MTP/5 S Action Planning Lakbay Aral Neg. Or. WB add Memoire Assessment /visits | <ul style="list-style-type: none"> Committed stakeholders Committed supportive receptive Gov. SPs Committed health personnel | <ul style="list-style-type: none"> No focusing Some LGU head of office not in favor of retention Some neg. attitude of the | <ul style="list-style-type: none"> Continue DUR Negotiation on pooled Procurement Regular meetings Implementation of the Action Plan Attend Committee hearing |

| Reform Area | Performance Indicator | Targets by 2004 (as agreed upon during the convergence workshop/ Health summit) | Results to date | Inputs | Facilitating Factors | Hinder-ing Factors | Next Steps |
|-------------|--|---|--|----------------------------|-----------------------|--------------------|---|
| | <ul style="list-style-type: none"> No. & % of PHIC accredited hospitals others | All 6 gov't. hospitals are PHIC accredited | All 6 gov't. hospitals are PHIC accredited | List of requirements given | Personnel None | | <ul style="list-style-type: none"> Adjustment of rates Hospital check creation of Generic Sustainability for continuous PHIC accreditation |

| Reform Area | Performance Indicator | Targets by 2004 (as agreed upon during the convergence workshop/ Health summit) | Results to date | Inputs | Facilitating Factors | Hinder-ing Factors | Next Steps |
|---------------------|---|--|--|--|---|--|--|
| Local Health System | <ul style="list-style-type: none"> No. of functional Inter-local health zones (6) Presence of referral system (7) Presence of inter-LGU cost-sharing (8) Others | <ul style="list-style-type: none"> 100% of the LGU's have effective & efficient local Health system implementation - 4 functional Inter-Local Health Zones. | <ul style="list-style-type: none"> 4 ILHZs functional Yes 2 ILHZs | <ul style="list-style-type: none"> Orientation/re-orientation on ILHZ Workshop/review on referral system Commitments of amount needed w/ ranges from P50T - P300T | <ul style="list-style-type: none"> Receptive, committed stakeholders | <ul style="list-style-type: none"> Few mayors not sold to Inter-LGU cooperation Inadequate manpower equipments. Few mayors not sold to inter-LGU cooperation Lack of funds | <ul style="list-style-type: none"> 2 ILHZ for MOA signing this year Coordination for legal support MOA prep & signing for actual pooling of resources |

| Reform Area | Performance Indicator | Targets by 2004 (as agreed upon during the convergence workshop/ Health summit) | Results to date | Inputs | Facilitating Factors | Hinder-ing Factors | Next Steps |
|---------------|---|---|-------------------------------|------------------------|---|---|--|
| Public Health | No. & % of municipalities with increasing budget for health (9) | <ul style="list-style-type: none"> All RHUs facilities SS certified & PhilHealth accredited 20% of the total budget of the municipalities allotted for health & health related activities Enactment & enforcement of legislative health ordinances | Budget ranges from 5% - 12.6% | Dialogues/negotiations | Majority of the mayors are receptive & supportive to health | Less IRA few mayors are not receptive/ s uppor-tive to health | Continuous negotiations to increase busget for health & health related activities. |

Tulong-Sulong sa Kalusugan (TSK) sa Pangasinan

Presented by:

NEMESIA Y. MEJIA, MD, DPBA, MHA
Provincial Health Officer II

Social Health Insurance

| Performance Indicators | Target | Inputs | Results | Facilitating factors | Hindering factors | Next Steps |
|--|---------------|--|------------------|---|--|---|
| No. and % of indigent families enrolled in NHIP | 85% (120,000) | <ul style="list-style-type: none"> Health Summit Advocacy to the mayors W/S with Governor & Mayors Ordinance Tripartite MOA | 31.8% (38,179) | TA- MSH Strong LGE Support 50/50 sharing scheme offered by the Governor | <ul style="list-style-type: none"> Budgetary Constraints Political Intervention Too high PHIC | <ul style="list-style-type: none"> Advocacy for the 14 mayors, Congressman & BM, Brgy. Captain, enrollees Advocacy to the non-formal groups by the PHIC Follow-up Accreditable RHU's |
| No and % of municipalities utilizing capitation fund | 100% (48) | <ul style="list-style-type: none"> 10% Medical 10% Admin | 10 (mun.) 21% | <ul style="list-style-type: none"> Additional Fund Capitation Fund Supportive LCE SS Certified | <ul style="list-style-type: none"> Political Interference Additional Paperwork | <ul style="list-style-type: none"> Inform LCE to designate Medical Technologist Creation of an item (Lab. Aide) Designation of Dist. Med. Tech to rotate w/ ILHZ |
| No. and % of PHIC accredited RHUs | 100% (48) | <ul style="list-style-type: none"> 80% Logistics & Medicinal health facility & equipments | 42% (20) | <ul style="list-style-type: none"> Separation of OPD & Admitting section | <ul style="list-style-type: none"> Absence of Medical Technologist Application for Accreditation | <ul style="list-style-type: none"> Creation of an item (Lab. Aide) Designation of Dist. Med. Tech to rotate w/ ILHZ |

Drug Management

| Performance Indicators | Target | Inputs | Results | Facilitating factors | Hindering factors | Next Steps |
|--|--------|---|---------|--|---|---|
| Presence of revitalized therapeutics Committee | 14 | <ul style="list-style-type: none"> E.O. from Gov. Formulation of treatment protocol per dept. Hospital Drug Formulary Physicians Patronages hosp. Pharmacy Drug use review | 14 | TA - MSH Support from Dept. Heads, Pharmacist | <ul style="list-style-type: none"> Negative attitude of some physicians | <ul style="list-style-type: none"> Continuous monitoring of filled & un-filled prescript Organize TC at the RHU level |
| Availability of cheap quality drugs in hospitals | 14 | <ul style="list-style-type: none"> Prov. TC Organized Pooled Procurement Program 30-50% decrease in price | 14 | <ul style="list-style-type: none"> Support from LCE, GSO, COA | <ul style="list-style-type: none"> Inadequate injectables Lack of Information Drive | <ul style="list-style-type: none"> Continuous monitoring by PTC Info drive to community |

Hospital Reforms


| Performance Indicators | Target | Inputs | Results | Facilitating factors | Hindering factors | Next Steps |
|--------------------------------------|--------|---|---------|--|--|--|
| Organized Quality Improvement Circle | 6 | <ul style="list-style-type: none"> Patient satisfactory survey 5'S institutionalized Separation of OPD & Admitting section | 5 | TA- MSH Committed COH & Staff | <ul style="list-style-type: none"> Turn over of members | <ul style="list-style-type: none"> Continuous monthly evaluation & monitoring Re-echo of 5S and QAC at the RHU level |
| Income generation | 6 | <ul style="list-style-type: none"> Revision of hospital SOPs Classification of patients in all sections Use of charge | 5 | Supportive LCE & Politicians Computerization | <ul style="list-style-type: none"> Political indigents Lack of pay | <ul style="list-style-type: none"> Update tax code Follow-up soft disc from |
| Retention | 1 | <ul style="list-style-type: none"> Review of estimated income Review of income of hospital | - | Supportive LCE | <ul style="list-style-type: none"> Sanguining & Prov. Financial Team | <ul style="list-style-type: none"> Advocacy to SP & Prov. Financial Committee |
| Utilization | 6 | <ul style="list-style-type: none"> Supplemental budget approved Purchase of equipments | 4 | <ul style="list-style-type: none"> Supportive LCE, SP Good Performance | <ul style="list-style-type: none"> Decrease IRA | <ul style="list-style-type: none"> To include the small hospitals |

Hospital Reforms

| Performance Indicators | Target | Inputs | Results | Facilitating factors | Hindering factors | Next Steps |
|---------------------------------------|--------|--|----------|--|---|--|
| Hospital service Improvement | 6 | <ul style="list-style-type: none"> Decrease ER waiting time Relocation of pharmacy, admitting, & OPD Widening of the ICU & laboratory | 5 (83%) | <ul style="list-style-type: none"> Commitment of personnel Kabalikat sa Barangay | <ul style="list-style-type: none"> Lack of pay room Lack of updated equipments. No assurance of continuous | <ul style="list-style-type: none"> Continuous monitoring Augmentation from DOH through CHD |
| No and % of PHIC accredited hospitals | 14 | <ul style="list-style-type: none"> Provision of equipment from upgraded Hospital Locator Benefit & Savings Additional services | 10 (71%) | <ul style="list-style-type: none"> Supportive LCE | <ul style="list-style-type: none"> Budgetary constraints | <ul style="list-style-type: none"> Lobby for additional rooms |
| Users Fee | 6 | <ul style="list-style-type: none"> Dialogue with LCE Committee Hearing with S.P. | 6 (100%) | <ul style="list-style-type: none"> Supportive LCE & SP | <ul style="list-style-type: none"> Lack of pay rooms | <ul style="list-style-type: none"> Close monitoring of income by COH |


Local Health System

| Performance Indicators | Target | Inputs | Results | Facilitating factors | Hindering factors | Next Steps |
|--|--------|---|---------------------------------------|---|---|--|
| No. of functional inter-local health zones | 6 | <ul style="list-style-type: none"> EO Re Zoning of Health Integrated Health Plan Systematic reporting system | - | TA- MSH Commitment of Hosp. & RHU Staff Advocacy by the Prov. Advocates | <ul style="list-style-type: none"> Lack of support from some LCE | <ul style="list-style-type: none"> To target 5 core hospital MOASigning |
| Presence of referral system | 6 | <ul style="list-style-type: none"> W/S for COH Approved Referral Form Basic services of health care in the hospitals Identified problems solved | Referral manual for all core hospital | <ul style="list-style-type: none"> TA- MSH | <ul style="list-style-type: none"> Budgetary Constraints | <ul style="list-style-type: none"> Continuous monitoring |
| Presence of inter-LGU cost-sharing | 6 | <ul style="list-style-type: none"> Approved Referral Form | | | <ul style="list-style-type: none"> Budgetary Constraints | <ul style="list-style-type: none"> Continuing advocacy To LGU & NGO's participation |



Public Health

| Performance Indicators | Target | Inputs | Results | Facilitating factors | Hindering factors | Next Steps |
|--|-----------|--|----------|--|---|---|
| No and % of Municipalities with increasing budget for health | 47 | <ul style="list-style-type: none"> Increase purchase of medicines Having Med Tech (2) Implementation of Magna Carta (4) | 24 (51%) | TA- MSH To be accredited by PhilHealth | Phil Health (1) Decrease IRA | Present an Operational Plan/Accomplishment to Mayor |
| RHU SS Accredited | 100% (67) | Improved facility & equipments. | 76% (51) | Advocacy by LCE, NGO & Health Personnel | Some | Monitor Magna Carta |
| EPI (FC) | 90% | <ul style="list-style-type: none"> Decreases Measles cases No major outbreaks of vaccine preventable diseases | 80% | Availability of Vaccines Supportive LCE, NGO's, VHW | Passive Attitude of some health personnel Passive case-finding | Increase immunization days OJT of new health personnel |
| Mp-up during Kalaogon sa Bgy . | | | | | | |



Public Health

| Performance Indicators | Target | Inputs | Results | Facilitating factors | Hindering factors | Next Steps |
|---|--------|--|---------|--|--|--|
| Community Based Monitoring Information System (CBMIS) | 15 | <ul style="list-style-type: none"> Training of RHU personnel BHWs & BSPOs Identification of unmet needs on EPI, FP & VL A Family Profile increase performance | 5 (33%) | Supportive LCE Financial support from DOH through MGP | Capability and the multiple roles of CVHWs Sustainability of the system | Lobby for funds from DOH & CHD Lobby for support to LCEs in the implementation of CBMIS |



Thank You

Convergence LGU: Negros Oriental

As of October 31, 2002



| Reform Area | Performance Indicators | Targets by 2004 | Results to date |
|--------------------------------|--|----------------------------|---|
| Social Health Insurance | No. and % of indigent families enrolled in NHIP. | 30,000 (15% of total pop.) | 21,130 (70.4%) |
| | No. and % of municipalities utilizing capitation fund. | | Bindoy & Amlan – 8% CVGLJ District waiting for approval. |
| | No. and % of PHIC accredited RHUs. | 12 RHUs 4 cities | 12 RHUs, 4 cities – 64% |
| | Others | | |

| Inputs | Facilitating Factors | Hindering Factors | Next Steps |
|---|-----------------------------|--|--|
| Advocacy – Provinciewide. | Most LGUs amenable to PHIC. | Delayed payment of claims. | Continue advocacy to LGUs. |
| Orientation of Vale Dalan Brgy. Captains on PHIC. | Additional income to LGUs | No funds for PHIC enrollment esp. on the 3 rd year onwards. | Involve Brgy. Capts. Lobby for increase enrollment. |
| Training on advocacy. | Ease of financial burden | Amount given to Physicians fee. Delayed processing. | Lobby for improve services. |
| Health summit with focus on PhilHealth. | Portability | Resistance due to presence of CXBHF (ex.: Peso for Health) | |

| Reform Area | Performance Indicators | Targets by 2004 | Results to date |
|------------------------|--|--------------------------|---|
| Drug Management | Presence of revitalized therapeutics committee (1) | 1 Provincial 5 Districts | 1 Provincial TC, 5 Districts TC organized. |
| | Availability of cheap quality drugs in hospitals (2) | Availability | Bulk procurement now in place. PDI started |
| | Others | | Came up with Prov. Drug Formulary |

| Inputs | Facilitating Factors | Hindering Factors | Next Steps |
|---|---|--------------------------------------|-----------------------------------|
| Continuous consultations with therapeutic comm. members. | Commitment of Governor. Acceptance by hospitals. | Delay in procurement and processing. | Strengthen therapeutic committee. |
| Requests for bulk procurement started. | Strong Provincial Therapeutics Committee | Preference of physicians. | Advocate routing of prescription. |
| Advocate to suppliers regarding bidding specification requirements. | | Failure of biddings. | Continued advocacy to physicians. |

| Reform Area | Performance Indicator | Targets by 2004 | Results to date |
|-------------------------|---|---|---|
| Hospital Reforms | Organized quality improvement circle (3) | Quality imp. circle organized in NOPH & district hospitals. | Feedback to rank and file |
| | Income generation, retention, utilization (4) | Income generated utilized as per Hosp. Board Resolution. | Income utilization applied. |
| | Hospital service improvements (5) | | Training on Vasectomy and minilap tubal ligation. |

| Reform Area | Performance Indicator | Targets by 2004 | Results to date |
|-------------------------|--|---------------------------|--|
| Hospital Reforms | No. and % of PHIC accredited hospitals | 1 tertiary 7 secondary | 1 tertiary, 4 secondary, 3 primary PHIC accredited |
| | Others | | Capability Building -MSH - Training of Hosp. - Therapeutic Comm. - Drug Procurement Reform Workshop - Drug use Review - Five S Training - Hospital Costing |

| Inputs | Facilitating Factors | Hindering Factors | Next Steps |
|---|---|--|--|
| Continued monitoring and supervision. | Monthly consultative commitment of administration. | Overcrowding Lack of manpower. | Follow-up rank and file. |
| Lobby for sub-allotment. | LGU commitment. | Liquidation not done on time. | Continue consultative meetings. |
| Lobby for increase manpower. Monitor services | NGO participation. Employment of visiting consultants. | Delayed arrival of funds for capital outlay and equipment. | Fund sourcing. |
| Hospital upgraded to meet req. for PHIC accredited. | Additional capital outlay from DOH to upgrade hospital. | Delayed in processing. | 3 primary hospitals accredited for upgrading to secondary. |

| Reform Area | Performance Indicators | Targets by 2004 | Results to date |
|----------------------------|--|-------------------------------|--|
| Local Health System | No. of functional ILHZ (6) | 6 | 6 ILHZ organized DHB and Mgmt. Comm. organized. |
| | Presence of referral system (7) | 1 manual | Final draft done Lacks hospital protocol. |
| | Presence of inter-LGU cost-sharing (8) | 20 municipalities 5 cities | 20 municipalities 5 cities - 100% |
| | Others | | TOT on Referral System TOT on Advocacy |

| Inputs | Facilitating Factors | Hindering Factors | Next Steps |
|---|--|---|---|
| All 6 ILHZ with foreign funding. CVGLJ –BIARSP Others – USAID | Acceptance of LGU MGP assistance BIARSP assistance | No permanent district health personnel. | Lobby for manpower to District. |
| Final draft fine tuned | | No hospital treatment protocol. | Training of all personnel on referral system. |
| Advocacy to SB MOA | Counterpart to MGP and ILHZ MOA. | Delayed approval of SB resolutions. | Advocacy to SB to increase cost sharing. |
| Plan of implementation | | | |

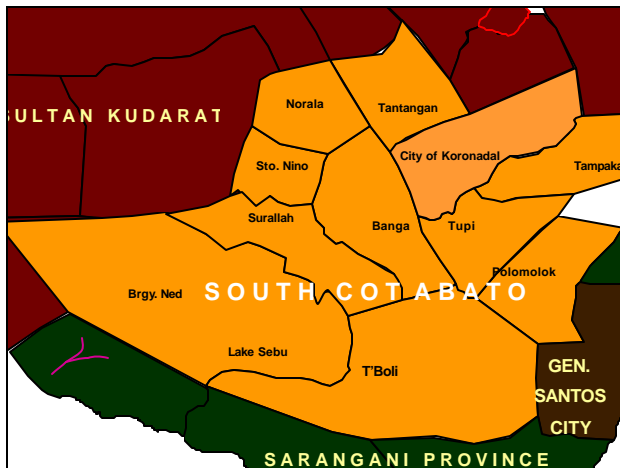
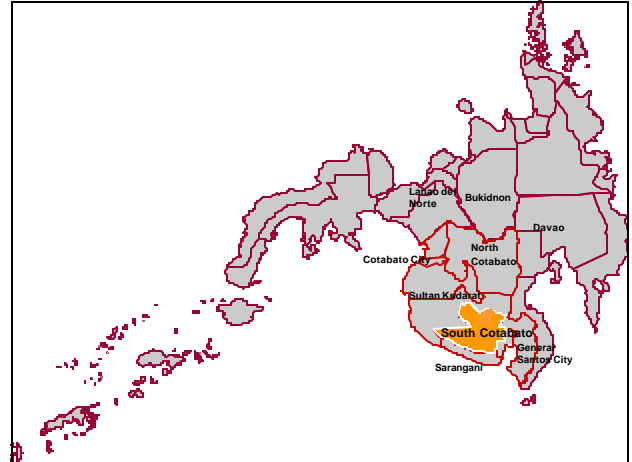
| Reform Area | Performance Indicators | Targets by 2004 | Results to date |
|----------------------|---|-------------------------------|--------------------------------------|
| Public Health | No. and % of municipalities with increasing budget for health (9) | 20 municipalities 5 cities | 20 municipalities 5 cities - 100% |
| | Others | | 13 SS certified |

| Inputs | Facilitating Factors | Hindering Factors | Next Steps |
|--|---|---|---|
| <ul style="list-style-type: none"> ➢ Counterpart for MGP. ➢ Hospital endowment ➢ Increase health manpower ➢ Capital outlay ➢ Upgrading of health facilities for SS from 5 – 13 mun. | <ul style="list-style-type: none"> ➢ Commitment of LGU ➢ Acknowledgement of good health as good politics. ➢ Capitation | <ul style="list-style-type: none"> ➢ Budgetary constraints ➢ Other priorities | <ul style="list-style-type: none"> ➢ Lobby to SP for prov. counterpart. ➢ Advocate for SS movement. ➢ Propose for others |

| Inputs | Facilitating Factors | Hindering Factors | Next Steps |
|--------|----------------------|-------------------|--|
| | | | <ul style="list-style-type: none"> ➢ Fund source ➢ Inc. no. of mun. for capitation ➢ Training on CDSS ➢ Computerized HIS |

The Health Sector Reform Agenda
Convergence Strategy and
Best Practices

*A SOUTH COTABATO
experience*



Geography

- **LOCATION**
 - ❑ Southern part of the island of Mindanao
- **BOUNDARIES**
 - ❑ East & South - Province of Sarangani
 - ❑ North & West - Province of Sultan Kudarat
 - ❑ Latitude of about $0^{\circ} 15'$ and about 125° longitude
- **TOPOGRAPHY**
 - ❑ Generally flat
 - ❑ Prominent landmarks - Mt. Matutum & Mt. Parker
 - ❑ Inland bodies of water - Allah, Banga, Silway & Marbel rivers



Geography

- **CLIMATE**
 - ❑ Typhoon free
 - ❑ March to June - hottest months
 - ❑ December & January- coolest months
- **POLITICAL SUBDIVISIONS**
 - ❑ 10 Municipalities & 1 City, Koronadal - capital
 - ❑ 198 Barangays
 - ❑ 2 Districts
- **LAND AREA**
 - ❑ Total Land Area of 3,706 km²



Major Crops Production

| TYPE | (M.T.) | HAS |
|-----------|---------|---------|
| RICE | 374,239 | 81,328 |
| CORN | 498,620 | 130,520 |
| PINEAPPLE | 601,627 | 14,000 |
| COPRA | 25,591 | 24,136 |
| ASPARAGUS | 6,407 | 1,500 |



Brief History of Health Sector Reform in South Cotabato

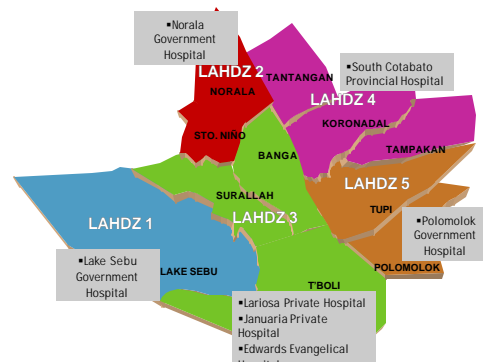
-1992 Devolution & its effects

- > LGUs not prepared
- >demoralized personnel
- >disintegrated referral system
- >effect on procurement of drugs
- >physical deterioration of health facilities

-Rapid Appraisal Assessment of SC (1993, USAID)

- Project Proposal by PHO (1994)
- ICHSP Initial Preparation for Entry (1994)
- LPP Implementation (1994)
- ICHSP Re-launching (1997)
- LAHDZ Organization (1999)

The LAHDZ areas in South Cotabato , their Core Referral Hospitals and Catchment areas.



The Convergence Strategy

2nd Health Congress Workshop Outputs, July 11, 2001

>Participated by PHO, MHOs, LGU officials, DOH Region, PHIC, CHD, MSH and NGOs

| Social Health Insurance | Local Health System | Hospital Reforms | Drug Management | Public Health |
|--|--|---|--|---|
| <ul style="list-style-type: none"> • 60% of population Health Passport holder • 50% of Health Passport holders availing of increasing benefits • All health facilities PHIC accredited (4 gov't hospitals, 11 RHUs) | <ul style="list-style-type: none"> • 5 fully functional and provincially integrated LADHZ • all facilities SS Accredited <ul style="list-style-type: none"> ▪ 4 hospitals, ▪ 11 RHUs, ▪ 25% of BHS | <ul style="list-style-type: none"> • Fiscal autonomy for all public hospitals – income retention, sub-allotment • QA Benchmark fully implemented resulting in quality service provision • Hospitals upgraded – SCPH as medical center, NDH as secondary hospital | <ul style="list-style-type: none"> • Pooled procurement system for the province & all towns • Provincial formulary developed • 5 functional Therapeutic Committees • Essential & PDI drugs available at health facilities • 50% of in knowledge, attitude and skills on RDU by clients • Standard Treatment Guidelines | <ul style="list-style-type: none"> • All 11 RHUs & 25% of BHS SS certified • 90% of HH w/ safe water supply & sanitary toilets • 60% of health personnel trained on IMCI • ↓ cases of infectious diseases: TB, DD, ARI, filariasis • ↑ing budget for public health |

The Pledges/Commitment

- LGUs to prioritize health with budget allocation for Indigent Program
- DOH to provide technical & counterpart support
- PHIC to provide funds, workforce and effort

Activities Per Reform Area

A. Health Financing Reforms

Brief History:

- 1995 - Creation of PHIC (inclusion of informal and indigent sector in the program)
- 1998 – Regional Field Office (RFO) of PHIC established in SC (Reg. 11)
- Indigent program started by central staff
- 1999 - August 16, establishment of RFO Region 12 in Koronadal
- MOA signing of 7 towns
- Gov. de Pedro allocates P450,000 for Indigents of SC
- 2000 - 2 LGUs signed MOA for OPB/Capitation Fund Program
- 2001 – All LGUs have enrolled indigents

Social Health Insurance

Facilitating Factors

- >Early advocacy of PHO and NGOs
- >DOH program (healthy passport)
- >LCEs dynamism and political support (Governor/Mayors/ Brgy Chairmen)
- >PRO Strategies (radio program, newsletter (Spirikitik), translated brochures, posters, orientations)
- >Good inter-agency coordination (DOH, PHO, DSWD, LCEs, NGOs (ICHSP, MSH))
- >Pro-active indigent officer/staff
- >Good leadership at PHIC
- >Technical Working Group
- >LAHDZ/Municipal Health Board

Social Health Insurance

Accomplishments:

| | |
|--|--|
| 60% of population Health Passport holder | <ul style="list-style-type: none"> ♦ 8,577 Families; 47,173 Individuals |
| 50% of Health Passport holders availing of increasing benefits | <ul style="list-style-type: none"> ♦ Total amount of claims <u>Php 3,888,635.41</u> ♦ LGU Counterpart <u>Php 1,000,020.00</u> |
| All health facilities PHIC accredited (4 gov't hospitals, 11 RHUs) | <ul style="list-style-type: none"> ♦ 2 hospitals have renewed accreditation ♦ 1- provincial hospital renewed accreditation ♦ 1- district hospital have renewed accreditation ♦ 7- RHU's accredited (4 are servicing) |

Social Health Insurance

Issues and Concerns

- >enrollment of “political indigents”
- >lengthy process from enrollment to ID distribution
- >sustainability of graduated premiums
- >double compensation for physicians

B. Local Health System Development

Backgrounder

>vision of local health providers to integrate health system in the province even before the DOH launched of HSRA in 1998 (consultation between PHO and LGUs, “Initiative to initiate”, decongest the Provincial Hospital)

>In 1999, LAHDZ was formally organized

LAHDZ PLAN

- >defined roles/responsibilities for each level of care
- >Packages of Health Services at the different levels of care
- >Initiate proper referrals & development of referral manual

Demography

POPULATION (Census 2000)

690,728

POP. GROWTH RATE

2.3%

POPULATION DENSITY

186/sq. km.

TRIBAL COMPOSITION



B. Local Health System Development

Facilitating Factors

- >Support of provincial health board (“Health is Good Politics”)
- >LCEs support to LAHDZ
- >SP members important roles in health activities
- >Study tours (Lakbay Aral)
- >Continuity of political support in health (Gov. D.A. Fuentes)
- >Tapping private sectors (private hospitals as referral hospital for Lake Sebu and private practitioners as consultants)
- >Healthsummits

B. Local Health System Development

Accomplishments:

| | |
|--|---|
| 5 fully functional and provincially integrated LADHZ | <ul style="list-style-type: none"> ♦ Functional LAHDZ w/ regular meeting being conducted latest agenda are the following: <ul style="list-style-type: none"> >- LAHDZ I integration, lab & OPD (MOA signed) >- LAHDZ II integration (MOA signed) >- LAHDZ III- coordination between 3 municipalities for the support of Lamian Community Hospital >- LAHDZ IV- proposed the establishment of Provincial Water Testing Lab > LAHDZ V- establishment of community herbal medicine in Brgy. Linan & Tubeng > MOA for RHU Revolving Drug Fund signed by all Mayors and the Governor with ICHSP – AA >Support the establishment of Community Based Insurance Schem |
| All facilities SS – 4 hospitals, 11 RHUs, 25% of BHS | <ul style="list-style-type: none"> ♦ 10 RHU's certified Sentrong Sigla ♦ Lake Sebu assessed last month. Assessment team coming back this month ♦ Pre-assessment of selected BHS for SS assessment by the CHD Staff |

C. Drug Management

Facilitating Factors

- Governor, Legislative Body and LGU concerned Department like Budget supportive
- Innovative PHO
- ICHSP – AA provided Seed Money
- Health Staff supportive

C. Drug Management

Accomplishments:

| | |
|---|--|
| Pooled procurement system for the province & all towns, | Pooled procurement System only in SCPH |
| Provincial Drug Formulary developed | •All hospitals have developed Drug Formulary and submitted to MSH, bookbinded by MSH |
| 5 functional Therapeutic Committees | •Established Therapeutic Committee in all 5 hospitals |
| Essential & PDI drugs available at health facilities | •10 Drugs available at SCPH Pharmacy •Revolving Drug fund for essential drugs in the amount of P100,000/ RHU by ICHSP-AA. Mechanism/guidelines finalized and MOA signed by Mayors and the Provincial Governor |
| 50% increase of in knowledge, attitude and skills on RDU by clients | • Information campaign going on and promotion on parallel drugs of PITC through DTI LAHDZ advocacy on PDI ongoing |
| Standard Treatment Guidelines | •Treatment guidelines still on process by Clinical protocol Advisory Committee (CPAC) |

C. Drug Management

Issues/Concerns;

- > end user's preference delays drug procurement
- >delayed delivery of medicine thru PDI

D. Hospital Reforms

Facilitating Factors

- Cooperative and supportive Members
- Supportive PHO
- LGU Support

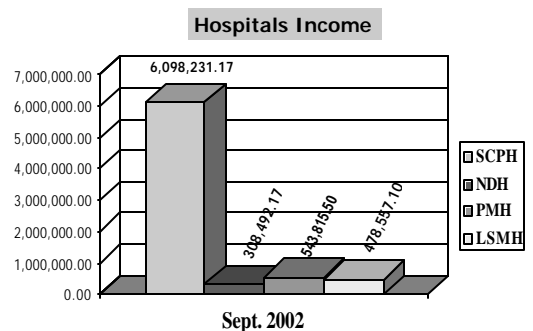
D. Hospital Reforms

Accomplishments:

| | |
|--|---|
| Quality assurance bench book fully implemented to ensure quality service provision | <ul style="list-style-type: none"> • Seminar Workshop for Administrative Officer, Chief Nurse and Chief of Hospital • Formation of Quality Circle (Core Group) • 5 S Committees & Task Forces formed |
| Upgrading of South Cotabato Provincial Hospital as Medical Center and Norala District Hospital as a Secondary hospital | <ul style="list-style-type: none"> • Equipment upgrading through ICHSP AusAID Assisted project (<i>on the process</i>) • JICA equipment on the process • Request for conversion of SCPH into a Medical Center and Training Center (<i>proposal approved by SP</i>) • Construction of 3-Storey Annex Building commenced • Water Refilling Station building completed; equipment – installed |
| Fiscal autonomy for all public hospitals: income retention, sub-allotment | <ul style="list-style-type: none"> • Allowed government hospital to collect, retain and allocate revenue from socialized user fees • For 2003- retention of fees or revenues had been approved |

D. Hospital Reforms

Accomplishments:



D. Hospital Reforms

Accomplishments:

| | |
|-------------------------------|--|
| Hospital Services Improvement | <ul style="list-style-type: none"> • Upgrade of health facilities (ER, new OPD, OR extension, district hospital renovation-----thru ICHSP) • Hiring of private consultants • Strengthening of SCPH Management through Unit Based Management • Completion of RTI, Isolation Wing • Setting up of PMS • Installation of HOMIS |
|-------------------------------|--|

D. Hospital Reforms

Issues and Concerns

- Budgetary Constraints
- Reluctance to Management Changes

E. Public Health

Facilitating Factors

- Supportive LGUs
- Cooperative Health Staff (Hospital and Technical)

E. Public Health

Accomplishments:

| | |
|--|---|
| 90% of Household with safe water supply and sanitary toilets | <ul style="list-style-type: none"> • 73.32% have sanitary toilets • 92.09% have potable water supply |
| Reduced cases of infectious diseases, especially tuberculosis, diarrheal diseases, acute respiratory infection | <ul style="list-style-type: none"> • TB Cure rate increased from 38% in 1998 to 85% in 2001 • Rate of Diarrheal cases in 0-5 yrs. Old decreased from 24.20/100,000 pop. in 2000 to 18.33/100,000 pop. in 2001 |
| 60% of personnel trained Integrated management of Childhood Illnesses | <ul style="list-style-type: none"> • 98% of MHO's, PHN's & RHM's in the 3 pilot RHU's (Banga, Tupi and |
| Increasing budget for public health | <ul style="list-style-type: none"> • There has been a steady increase in the health budget in the past 2 years. Ave. % of IRA allocated to health is 11.26% in 2000 & 11.73% in 2001 |

Lessons Learned

Roles & Expectations of Stakeholders

- Art of partnership
- Active role of DOH regional office
- Clarify and transparency in fund allocation (LAHDZ expansion)

Social Health Insurance

- Lengthy PHIC procedures
- Decentralization of most PHIC functions from central to regional
- Use, monitoring and evaluation of OPB/Capitation Fund program
- Gradation of LGU counterpart for Indigency Enrollment

Drug Management

- Ensure availability of medicines in district hospital
- Increase revolving funds for immediate drug procurement
- Examine end user preference
- Assessment of PDI

Next Steps

1. Regularize M&E of all initiatives/activities currently implemented
2. Strengthen the established partnership with all Stakeholders to support;
 1. The establishment of Community Based Insurance Program
 2. The established Integrated Lab & OPD
3. Establish a sustaining mechanism/s for the newly Ensure technical assistance for the above steps from DOH and other concerned Agencies.
4. Continue study tours and sharing of best practices and lessons learned
5. Address the drug management problems
6. Strengthen system links with public health programs

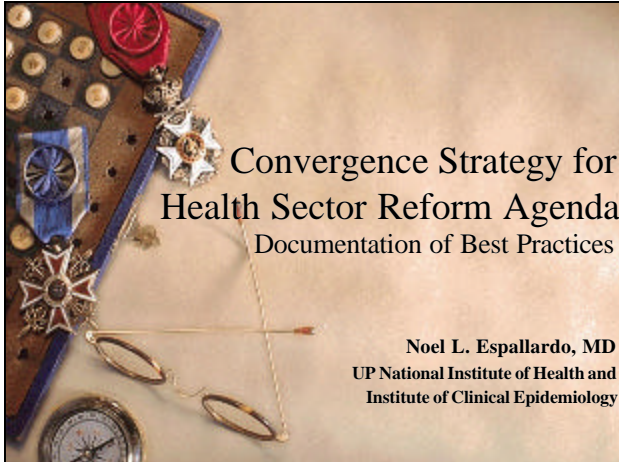
**Tulong-Sulong sa Kalusugan (TSK)
Assessment Form**

Convergence LGU: PASAY

As of October 31, 2002

| REFORM AREA | PERFORMANCE INDICATORS | TARGETS BY 2004 (AS AGREED UPON DURING THE CONVERGENCE WORKSHOP/HEALTH SUMMIT) | RESULTS TO DATE | INPUTS | FACILITATING FACTORS | HINDERING FACTORS | NEXT STEPS |
|--------------------------------|---|--|--|--|--|--|--|
| SOCIAL HEALTH INSURANCE | No. and % of Indigent families enrolled in NHIP | 15,000 indigent families | 2002 TARGET 10,000 individual families | <ul style="list-style-type: none"> ◆ Upgrading of health Center facilities including laboratory ◆ Procurement of Medical supplies and essential medicines. ◆ Capability of Building of Health Personnel | Continuous advocacy during barangay assemblies and pre-post consultation lectures | Unawareness of the expiry date of coverage | <ul style="list-style-type: none"> ◆ Continuous service delivery ◆ Continuous renewal and enrolment of indigent families |
| | No and % of cities utilizing capitation fund | 1 (one) | 1 (one) | Ensure budget allocation as LGU counterpart | Committed Local Chief Executives | | Continuous budget allocation for PHIC |
| | No. and % of PHIC-accredited Health Centers Others | 13 HCs | 11 HCs | Procurement of one new HC | <ul style="list-style-type: none"> ◆ Availability of funds ◆ Commitment and support of LCE | | For PHIC accreditation once renovation is completed. |

| REFORM AREA | PERFORMANCE INDICATORS | TARGETS BY 2004 (AS AGREED UPON DURING THE CONVERGENCE WORKSHOP/HEALTH SUMMIT) | RESULTS TO DATE | INPUTS | FACILITATING FACTORS | HINDERING FACTORS | NEXT STEPS |
|-----------------|--|--|---|----------------------------------|---|--|----------------------------------|
| DRUG MANAGEMENT | Presence of revitalized therapeutics committee (1) | | <ul style="list-style-type: none"> ◆ Implementation of the Contract Delivery System (CDS) ◆ New Hospital Drug Formulary | Training of all Personnel on CDS | <ul style="list-style-type: none"> ◆ DOH initiated strategy ◆ Cooperation of majority doctors | <ul style="list-style-type: none"> ◆ Still some doctors are using branded names. ◆ Some drug companies are sponsoring doctors for seminars /conventions. | Continuous implementation of CDS |
| | Availability of cheap quality drugs in hospitals (2) Others | | | Purchase Order being processed | Allocated Budget | Approved LCE | |



Health Sector

- ◆ **Problems**
 - Inequalities in health due to geographical and financial barriers
 - Heavy burden of disease on the poor sector
 - Emerging health risks

Health Sector Reform Agenda

- ◆ **Elements**
 - Providing fiscal autonomy to government hospitals
 - Securing funding for priority health programs
 - Development of local health systems
 - Strengthening capacities of health regulatory agencies
 - Expanding coverage of the National Health Insurance Program

Health Sector Reform Agenda

```

    graph TD
      HI(Health Insurance) --- Hospital
      HI --- HS(Health Systems)
      HI --- HR(Health Regulation)
      HI --- PH(Public Health)
      Hospital --- HS
      Hospital --- HR
      Hospital --- PH
      HS --- HR
      HS --- PH
      HR --- PH
  
```

Villaverde, 2001

Convergence Strategy

```

    graph TD
      HI(Health Insurance) --- HS(Health Systems)
      HR(Hospital Reform) --- HS
      PH(Public Health) --- HS
      HRG(Health Regulation) --- HS
  
```

Documentation Parameters

- ◆ **Health Insurance**
 - Social marketing
 - Political support
 - Number of enrolled indigents
 - Accreditation of health facilities
 - Quality of care
 - Patient satisfaction



Documentation Parameters

- ◆ Hospital Reforms
 - Fiscal autonomy
 - Income retention
 - Quality improvement structure
 - Facilities upgrade



Documentation Parameters

- ◆ Drug Regulation
 - Selection guided by local formulary
 - Generic preference
 - Management support
 - Functioning therapeutic committee
 - Procurement
 - Pooled procurement
 - Lowered cost of drug
 - Utilization
 - Generic prescription



Documentation Parameters

- ◆ Local Health Systems
 - Formally established (MOA's)
 - Evidence of organizational structure
 - Evidence of function
 - Resource sharing
 - Common activities
 - Referral system
 - Integration with other agencies



Documentation Parameters

- ◆ Public Health
 - Continued implementation of public health programs
 - Upgrading of primary care facilities
 - Structure and services
 - Staff training



Best Practices

- ◆ Health Insurance
 - Multi-sectoral approach to marketing
 - Misamis Occidental, South Cotabato
 - Lead person advocacy
 - Pasay City, Capiz
 - Cost sharing schemes with patients
 - Negros Oriental
 - Public and private sector partnership
 - Pasay City
 - Patient satisfaction
 - Misamis Occidental
 - Patience across time
 - Pasay City, Bulacan, Capiz



Best Practices

- ◆ Hospital Reforms
 - Targeted hospital revenue level
 - Bulacan
 - Income retention
 - Bulacan, Negros Oriental, Pangasinan
 - Efficient billing and collection system
 - Pangasinan
 - San Carlos General Hospital income
 - Efficient bulk procurement process
 - Pangasinan
 - Facilities upgrade and quality improvement programs
 - Misamis Occidental, Negros Oriental, Bulacan and Pangasinan

Best Practices

♦ Drug Regulation

- Functioning therapeutic committee
 - Pangasinan, Capiz, Bulacan
- Income retention of pharmacy sales
 - Pangasinan, Capiz, Bulacan
- Bulk procurement/Parallel drug importation program
 - Pangasinan, Capiz, Bulacan, Nueva Vizcaya
- Drug utilization reviews/advocacy for generic prescription
 - Pangasinan, Capiz

Best Practices

♦ Local Health Systems

- Formally established local health systems with clear organizational structures
 - Negros Oriental (6 formally established zones)
- Resource sharing and common activities
 - Negros Oriental
- Integration of activities with other agencies
 - Misamis Occidental

Best Practices

♦ Public Health

- Special need program prioritization and implementation
 - Capiz (Rabies control program)
- Continued training and capacity building of RHU and staff
 - Pasay City
- Functioning referral system from primary care to secondary or tertiary care
 - Pasay City, South Cotabato, Negros Oriental
- Dedicated and well-trained barangay health volunteers
 - Pasay City

Convergence Evaluation

♦ Scoring System

- 1 policy in place in at least one zone
- 2 strategic activities carried out to implement policy
- 3 Indicators show improvement
- 4 Improvements have affected other aspects of health sector reform

Status of Convergence Activities in each Health Sector Reform Area

| | Health Insurance | Hospital Reforms | Drug Regulation | Health Systems |
|-------------|------------------|------------------|-----------------|----------------|
| Pangasinan | 2 | 4 | 4 | 2 |
| N Vizcaya | 3 | 2 | 3 | 2 |
| Bulacan | 2 | 3 | 3 | 3 |
| Pasay City | 4 | 2 | 2 | 4 |
| Capiz | 4 | 3 | 4 | 2 |
| Negros Or | 3 | 3 | 2 | 4 |
| Misamis Occ | 3 | 3 | 2 | 2 |
| S Cotabato | 3 | 3 | 2 | 4 |

Status of Convergence Activities in each Health Sector Reform Area

| | Mean Score | SD |
|-------------|------------|------|
| Pangasinan | 3.00 | 1.15 |
| N Vizcaya | 2.50 | 0.58 |
| Bulacan | 2.75 | 0.50 |
| Pasay City | 3.00 | 1.15 |
| Capiz | 3.25 | 0.96 |
| Negros Or | 3.00 | 0.82 |
| Misamis Occ | 2.50 | 0.58 |
| S Cotabato | 3.00 | 0.82 |



Conclusion

- ◆ The documentation process we have done is not enough to say (scientifically) that the convergence strategy is effective in implementing health sector reforms
- ◆ The data however show that “it can be done”!



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Tulong –Sulong sa Kalusugan

Convergence LGU: MISAMIS OCCIDENTAL
As of October 31, 2002

HSRA UPDATES

August 23-24, 2001 HSRA Convergence Planning

RESULT : Convergence plan of 5 health reforms such as Health Insurance, Hospital Reforms, Local Health System, Drug Management and Public Health.

Health Summit – Presentation of the targets of the 5 health sector reforms to the Governor, Mayors, SP/ SB members and NGOs.

RESULT : Signing of the Pledge of Commitment of 24 participating LGUs and stakeholders.

SOCIAL HEALTH INSURANCE

| Target to 2004 | Status of implementation |
|--|---|
| <ul style="list-style-type: none"> Quality health services available and accessible to NHIP members and dependents | <ul style="list-style-type: none"> 21,003 indigents enrolled and with IDs – 52.5% |
| <ul style="list-style-type: none"> Collecting agents present in every city/municipality | <ul style="list-style-type: none"> available collecting agency in every city Accredited banks by PhilHealth – 8 banks |
| <ul style="list-style-type: none"> Efficient and prompt processing of claims by PhilHealth within one month (30 days) | <ul style="list-style-type: none"> 40-60 days processing special attention to government hospitals of this province |

HOSPITAL REFORMS

| Target to 2004 | Status of implementation |
|--|---|
| <ul style="list-style-type: none"> Self-sustaining hospital operations : income generation and retention | <ul style="list-style-type: none"> Action Plan Made - adjustment of rates done - endorsement to SP for legal support – 1st reading done for committee hearing |
| <ul style="list-style-type: none"> Upgraded therapeutic and diagnostic capabilities of 6 public hospitals | <ul style="list-style-type: none"> P1M worth of equipments purchased to the devolved hospitals |

DRUG MANAGEMENT

| Target to 2004 | Status of implementation |
|--|--|
| <ul style="list-style-type: none"> Functional and empowered committees in hospitals and health facilities | <ul style="list-style-type: none"> created ILHZ therapeutic committees inputs on the functions/responsibilities of TC-ABC/VEN analysis |
| <ul style="list-style-type: none"> Proper prescribing and dispensing of drugs | <ul style="list-style-type: none"> drug utilization review done to all devolved hospitals and Oroquieta ILHZ. requisition, purchase, prescribing according to Phil. Nat'l. Drug Formulary (PNDF) is followed |

DRUG MANAGEMENT

| Target to 2004 | Status of implementation |
|---|--|
| <ul style="list-style-type: none"> Available cheaper quality drugs through PDI and bulk/pooled procurement | <ul style="list-style-type: none"> Procurement of drugs through PDI Public Pharmacy established in MOPH and DMDTMH; on the process for operation at SM Lao and CDH |

| LOCAL HEALTH SYSTEM | |
|--|--|
| Target to 2004 | Status of implementation |
| <ul style="list-style-type: none"> Four (4) functional ILHZ legal mandate | <ul style="list-style-type: none"> E.O. 05-2002, series 2002 Reorganization of 4 ILHZs in 2002 |
| <ul style="list-style-type: none"> Management <ul style="list-style-type: none"> - structure - referral system | <ul style="list-style-type: none"> ILHZ board and technical management committee created Local health referral system strengthening workshop conducted LHRS manualized LHRS orientation to health personnel conducted. Plans for presentation to ILHZ and SP for legal support. |

| LOCAL HEALTH SYSTEM | |
|--|--|
| Target to 2004 | Status of implementation |
| <ul style="list-style-type: none"> Financing | <ul style="list-style-type: none"> cost-sharing – drug revolving fund |
| <ul style="list-style-type: none"> MOA signed | <ul style="list-style-type: none"> Oroquieta and Ozamis ILHZs |

| PUBLIC HEALTH | |
|---|---|
| Target to 2004 | Status of implementation |
| <ul style="list-style-type: none"> All RHUs are Sentrong Sigla certified | <ul style="list-style-type: none"> 9 out of 14 RHUs are Sentrong Sigla certified 2 out of 3 CHOs are SS certified 4 BHS are SS certified |
| <ul style="list-style-type: none"> All RHUs are PHIC accredited | <ul style="list-style-type: none"> 2 CHOs are PHIC accredited 9 RHUs are PHIC accredited |
| <ul style="list-style-type: none"> 20% of the total budget of the cities/municipalities for health and health-related activities | <ul style="list-style-type: none"> Budget ranges from 5.5%-12.6% |

| PUBLIC HEALTH | |
|--|--|
| Target to 2004 | Status of implementation |
| <ul style="list-style-type: none"> Enactment and enforcement of legislative health ordinances | <ul style="list-style-type: none"> Ordinances on : <ul style="list-style-type: none"> - anti-smoking - ASIN Law - Solid Waste Management and other Environmental Sanitation ordinances - Dog Bites Control |

- ### FACILITATING FACTORS
1. Cohesive, coordinative and synergistic working relationship among DOH, MSH, PHIC, LGUs and NGOs
 2. Supportive and receptive – Local Chief Executives

- ### HINDERING FACTORS
1. Time and schedule constraints
 2. Lead time is long (PDI)
 3. Other agencies not included in the Task Force in the Public Pharmacy
 4. Negative attitude of some mayors, health personnel and head of offices.