

A stakeholder-based approach to assessment of barriers to Climate Change Adaptation (CCA) of local health systems in an at-risk province in the Philippines

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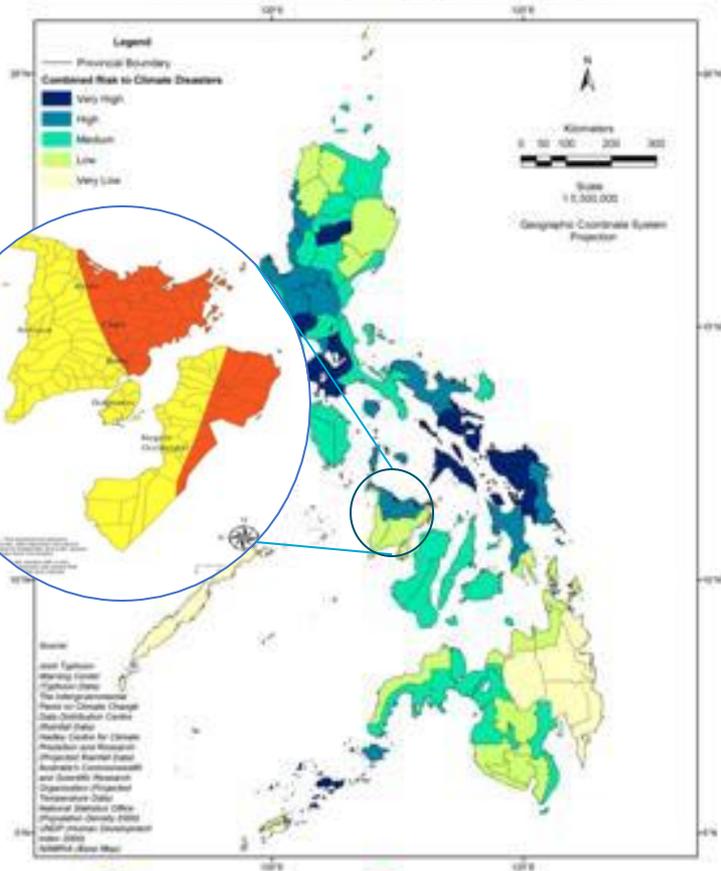
THINKWELL

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CLIMATE CHANGE AND HEALTH: A MULTI-SECTORAL ISSUE

- Climate change differs from many traditional health issues:
 - it acts over long periods and subject to multiple uncertainties
 - is strongly mediated by social and economic determinants, and
 - causes diverse and interacting health impacts.
- **Health system adaptation to Climate change (CAH)** requires a response that builds on core health system functions, but also works with actors outside the health sector to ensure coordination and synergies, and address the root causes of health risks.
- Building resilience to climate risks and adapting to climate change is therefore part of the wider effort to improve and sustain the **social and environmental determinants of health**.
- CAH presents an entry point to implement a **“health in all policies”** approach, requiring the health system to work in a coordinated manner with other stakeholders, often under a single climate change strategy and coordinating mechanism
- **Stakeholder mapping and analysis** facilitates a better grasp of CAH as a multi-sectoral issue and enables multi-actor interactions, knowledge transfer, and building common views and resilience goals for the health system

Combined Risk to Climate Disasters



PROVINCE OF ANTIQUE, PHILIPPINES

- Global Climate Risk Index 2020: Philippines 2nd among countries most affected by climate change in 2018 (from 20th in 2017)
- Fifteen of the 18 towns of Antique are coastal and are at risk of being impacted by extreme weather events (e.g. tropical cyclones, storm surges)
- Gradual effects of climate change on ocean acidification and sea level rise affect rich fishing grounds in Cuyo East Pass, Sulu Sea, and other municipal waters.
- Agriculture-based livelihoods of most upland communities are vulnerable to risks associated with climate variability and extremes.
- Early indicators of climate change impact on the health of the communities in the region:
 - **Direct:** increases in annual numbers of hospitalizations due to extreme heat
 - **Indirect:** Increased incidence of dengue outbreaks in the Western Visayas region where Antique is located; increased tempo of cholera outbreaks due to El Nino
 - **Long term effects:** Persistence of under five chronic malnutrition in farming and fishing communities

STUDY OBJECTIVES



To **map the health system stakeholders** involved in climate change adaptation in health (CCAH), including their roles, knowledge level, interest, position and ability to mobilize resources



To **understand the dynamics and relationships** between the different CCAH stakeholders



To **identify the barriers and facilitators** to implementing CCAH strategies in a provincial health system



To **propose recommendations** in strengthening health system awareness and action towards CCAH

DATA COLLECTION



Participatory stakeholder mapping with key CCAH process owners (Provincial Health Office-Antique)



Clustered snowball sampling of stakeholders in each sector for validation interviews (n=42)



Cognitive interviewing technique to elicit barriers to CCAH and recommendations



Documents review to assess regional, and local CCAH efforts from 2010- 2020

ANALYSIS

Stakeholder matrix analysis for:

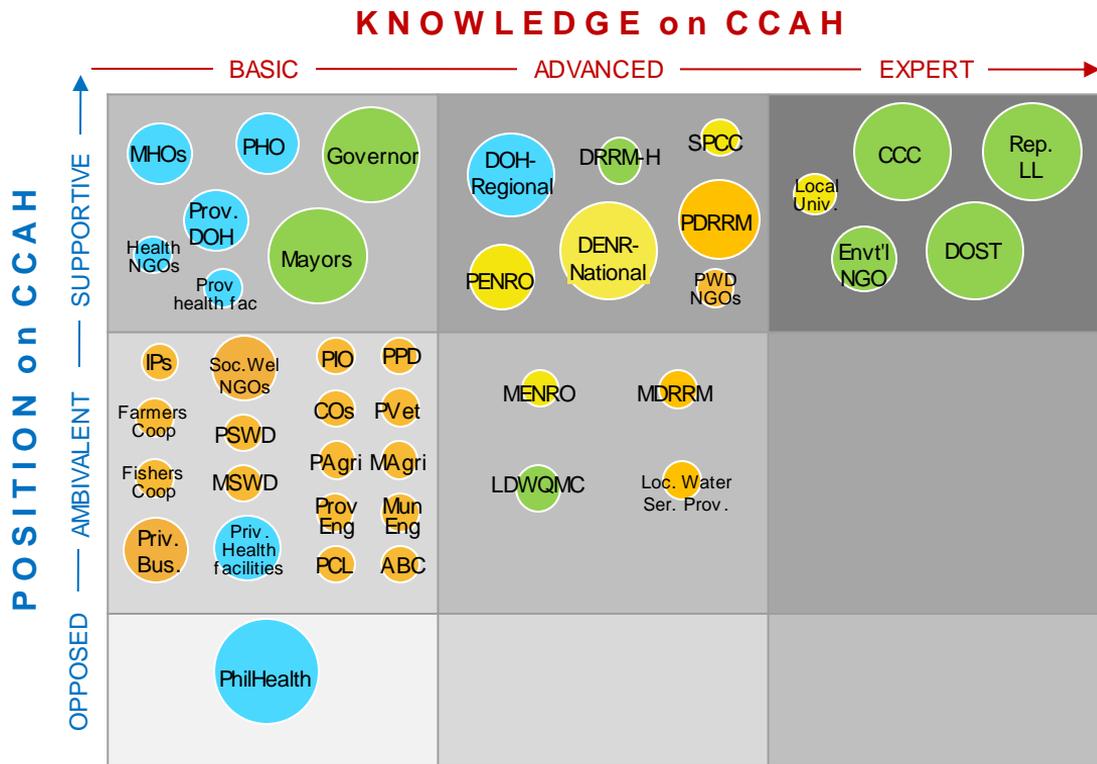
- Knowledge x Power x Position
- Knowledge x Power x Resources
- Power x Resources x Position

Qualitative social network analysis to understand flow of information and financing between stakeholders

Thematic analysis using NVivo 12 and **force field analysis** to assess drivers and barriers to CCAH implementation

FINDINGS

Stakeholder Knowledge x Position x Resources Matrix



- Critical role of **CCAH policy champions** (Rep LL) in bringing in allies at various levels and mobilizing external and internal cooperation
- **CCAH agenda largely driven by DRRM and environment sectors**, with health and other sectors falling behind in terms of knowledge level and committed resources.
- In general, **health and other sectors remain ambivalent towards CCAH**, largely driven by lack of awareness, but are immediately mobilized for acute climate events such as cyclones.
- **Vulnerable population groups** are equipped with limited knowledge, capacity, and sense of urgency towards CCAH.

LEGEND

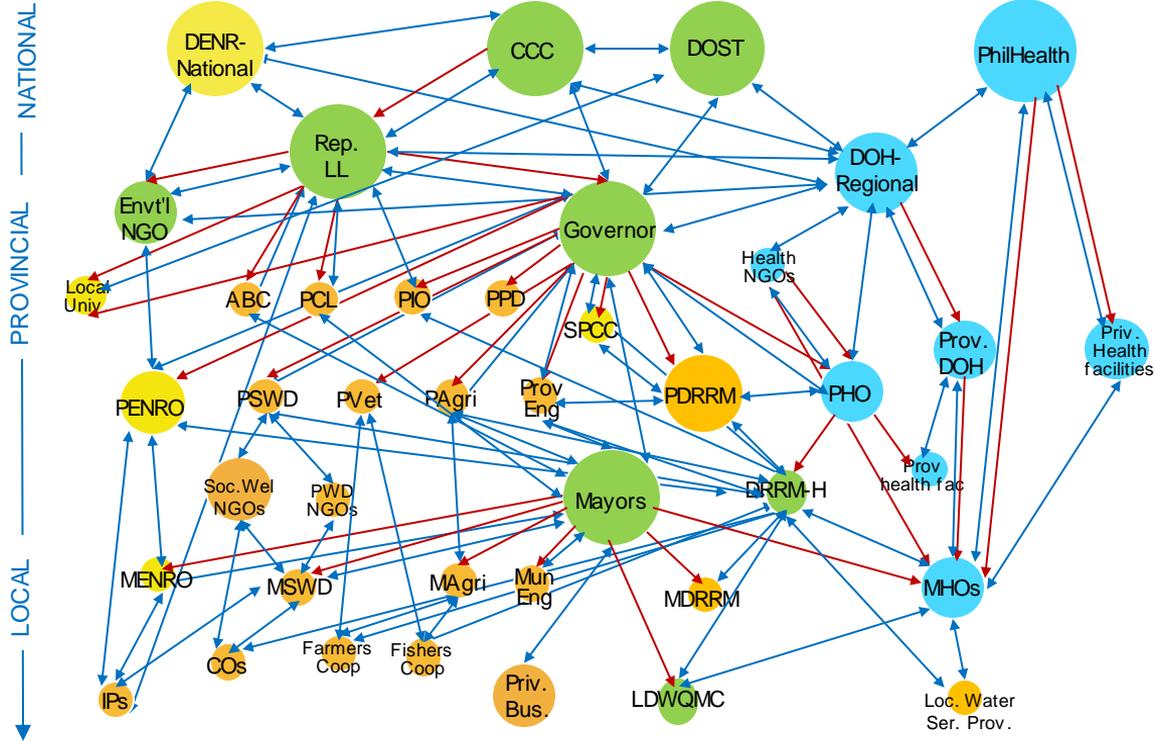
Minimal Resources
 Moderate Resources
 Maximal Resources

Environment Sector
 Health Sector
 Financial flows

Environment + Health
 Other Sectors
 Information flows

FINDINGS

Qualitative Social Network Mapping



- Minimal interfaces among sectors, reflects 'turfig' and 'hands-off' stance (NIMBY)
- Inter-sectoral cross-talk is diminished as you go down the devolved system
- Convergence of influence at the DRRM and Health (DRRM-H) Unit at and DOH-Regional Offices
- Pooling of influence and funds at through the executive offices (Rep. LL, Governor and Mayors)
- Minimal flows of influence from the academe and science sectors, and the private sector with all other stakeholders
- Minimal fund flows to vulnerable sectors

LEGEND

Minimal Resources	Moderate Resources	Maximal Resources	Environment Sector	Health Sector	Financial flows
Environment + Health	Other Sectors	Influence flows			

AN APPROACH TO ASSESSMENT OF BARRIERS TO CLIMATE CHANGE ADAPTATION IN HEALTH SYSTEMS IN AN AT-RISK PROVINCE IN THE PHILIPPINES

FINDINGS

Barriers and Facilitators to CCAH

Barriers and facilitators to implementing CCAH strategy were explored across these six themes generated from NVivo Analysis of the interviews (n=42):



Strengthening multi-sectoral coordination for CCAH at all levels of governance



Developing policy instruments to be responsive to the health impacts of climate change



Mobilizing resources and **securing financing for CCAH**



Reorienting and **capacitating health providers** to be climate-change responsive



Establishing CCAH Monitoring & Evaluation to support evidence-based policy and planning



Improving community awareness and health resilience to climate change

Facilitators and Barriers to CCAH

Champions who are strong environmental advocates with multiple links at all levels & sectors

Creation of a **provincial, multi-sectoral body** on climate change adaptation

Significant role of locally-present NGOs in driving inter-sectoral participation and commitment

COVID-19 pandemic as an impetus for sectors to work together at the interface of environment, climate change and health

THEME 1



Strengthening multi-sectoral coordination for CCAH at all levels of governance

'Turfing' and **'Hands-off'** stance between agencies prevents proactive initiation of multi-sectoral CCAH efforts

Lack of awareness between the specific linkages and entry points between CC, health and other sectoral concerns

Devolution of mandates amidst political divides create conflict and poor coordination bet. provincial & local levels

Private sector participation is not harnessed due to their perceived low value proposition of engaging in CCAH

Facilitators and Barriers to CCAH

THEME 2



Developing policy instruments to be responsive to the health impacts of climate change

Numerous laws, policy frameworks & standards enacted at the national & local level

Alignment with international policies and guidelines on climate change and health

Provincial representative to the congress a key national figure in environmental issues; Antique as staging ground for many policies

Policy instruments are outdated, too broadly stated & not easily translatable to strategy and actionable measures

Top-down approach to policy development and limited trickling down/ mainstreaming to local implementors

Minimal to absent policy monitoring with ineffective incentives (or disincentives) to facilitate compliance

Lack of evidence to inform policy development and prioritization; 'Copy-paste' practice leads to 'well-written' policies but not contextualized

Facilitators and Barriers to CCAH

THEME 3



Mobilizing resources and **securing financing for CCAH**

Financing and resource mobilization from local and int'l development partners

Existing and extensive financial support for DRR initiatives a window of opportunity for co-financing

Recently enacted Universal Health Care Law provides for increased financing of public health services (May include CCAH)

No specific policy exists on financing CCAH initiatives; no empiric evidence base to support such policy

Limited financial resources sidelines CCAH in favor of other priorities; **no financial accountability** within and between sectors

Available financing is used up for disaster response with little allocation to CCAH adaptation and preparedness

PhilHealth still adamant in expanding benefit packages to address CC-related and sensitive diseases

Untapped resources from other sectors, the private sector and the community; CCAH financing seen as 'aid'

Facilitators and Barriers to CCAH

THEME 4



Reorienting and **capacitating health providers** to be climate-change responsive

Numerous laws, policy frameworks & standards enacted at the national & local level

CC vulnerability assessment of hospitals and health facilities spearheaded by DOH-HEMB

Local and international trainings abound on CCAH and DRRM-H

Limited awareness and responsiveness of health professionals towards 'adaptation' and 'preparedness'; focus remains on treatment and response

Most trainings stop at 'basic orientation'; limited impl'n of re-entry action plans; CCAH is abstract; misconceptions persist

Retro-fitting/climate-proofing health facilities as 'overly expensive'; form over function stance; perception of 'low ROI'

Investments and capacity building in primary care lag behind that of higher levels of care

Health system response more reactive than proactive; Investments in absorptive capacity remain limited

Facilitators and Barriers to CCAH

Widely available global and local CC data for reference; strong global research on CCAH

Improved capacity on disease surveillance with **PIDSR;** monitoring at the national level

High uptake of the use of technology on information management system at regional/local levels

M & E indicators for CCAH have been identified; design for early warning systems developed

THEME 5



Establishing CCAH Monitoring & Evaluation to support evidence-based policy and planning

Few local studies on CCAH; research agenda not clear and calendared; **CC burden of disease studies lacking**

Fragmented M & E at the subnational and local level causes delays and ineffective response

Inconsistencies and poor quality of disease surveillance and reporting prevents correlation with CC parameters

Digital divide and connectivity issues in geographically isolated and disadvantaged areas

Limited resources to conduct regular M & E; **Early Warning systems are delayed and reactive**

Facilitators and Barriers to CCAH

Numerous laws, policy frameworks & standards enacted at the national & local level

Critical role of development partners and NGOs in community capacity building

Community trainings abound on CCAH and DRRM-H

Recently enacted UHC Law provides for strengthening of health promotion initiatives

THEME 6



Improving community awareness and health resilience to climate change

Limited awareness and responsiveness of communities towards 'adaptation' and 'preparedness'; focus remains on acute disaster events and response

Most trainings stop at 'basic orientation'; limited impl'n of re-entry action plans; CCAH is abstract; misconceptions persist

Limited engagement of vulnerable sectors; lack of understanding of specific risks to CC; no sense of urgency

Untapped commitment from the community; CCAH financing seen as 'aid'

Larger socio-economic determinants of vulnerability to the health impacts of climate change unaddressed

RECOMMENDATIONS

- **Awareness and Capacity building** must be strengthened across all sectors and all levels. Interprofessional CCAH education is recommended.
- **Specific linkages and entry points between CCAH and other sectors** must be identified to anchor concrete multisectoral collaborations
- **Value proposition for sectoral engagement may be better communicated** by demonstrating co-benefit, cost-savings and return of investment to CCAH.
- **Investment in data and decision support systems** as the foundation for evidence-based policy development and program planning.
- Strengthen efforts to **address larger socio-economic and environmental determinants risks** of health due to climate change.

MARAMING SALAMAT!

