SP4PHC
Strategic Purchasing for Primary Health Care

PROVINCIAL FAMILY PLANNING LANDSCAPE: EXPERIENCES AND INSIGHTS FROM ANTIQUE AND GUIMARAS

THINKWELL

The Strategic Purchasing for Primary Health Care (SP4PHC) project aims to improve how governments purchase primary health care services, with a focus on family planning (FP) and maternal, newborn, and child health. The project is supported by the Bill & Melinda Gates Foundation and implemented by ThinkWell in collaboration with country governments and local research partners. The SP4PHC project is focused on purchasing reforms in five countries: Burkina Faso, Indonesia, Kenya, the Philippines, and Uganda.

In the Philippines, the project provides technical assistance to national and local governments to strengthen health purchasing policies and practices in support of the implementation of the Universal Health Care (UHC) Law enacted in 2019. To demonstrate applicability, incubate innovative ideas, and generate evidence, ThinkWell supports UHC Integration Sites in the provinces of Antique and Guimaras.

This brief takes a closer look into the delivery of FP services in the SP4PHC partner provinces, Antique and Guimaras. As the UHC Law initiates a shift to province-led health systems and presents an opportunity to contextualize policies according to each provinces' health needs, a detailed understanding of the FP context can help provinces design responsive interventions and contribute to the achievement of the country's UHC goals.

INTRODUCTION

The provinces of Antique and Guimaras belong to Region VI or the Western Visayas Region of the Philippines. The two provinces comprise 7.7% (610,348) and 2.3% (183,846) of the region's population, respectively. Antique, one of the four provinces located in Panay Island, consists of 18 municipalities, 17 of which are in the mainland, and one is an island municipality. Guimaras is an island province located southeast of Panay Island with five municipalities (Figure 1). The 2015 population census shows that Antique has a larger land area (2,731 km^2) with lower population density (213 persons/km^2) compared to Guimaras (612 km^2 and 285 persons/km^2). From 2010 to 2015, the annual population growth rates in Antique (1.22%) and Guimaras (1.33%) were both lower than the country's growth rate at 1.72%. Both have high literacy rates, with Guimaras at 99.3% and Antique at 97.7% (PSA 2015). The 2015 poverty census shows that Antique had the highest poverty incidence in Western Visayas at 26.0%, while Guimaras had the lowest at 5.2% (PSA 2016).

Figure 1. *Map of Western Visayas Region, Philippines*

Antique and Guimaras are among the first 33 provinces in the Philippines that committed to be UHC Integration Sites in 2019. As supporting policies for the UHC Law are still being developed, these sites provide an opportunity to demonstrate applicability, incubate innovative ideas, and generate evidence towards more inclusive and progressive policies through modeling efficient and needs-responsive province-wide health systems. In these two provinces, the ongoing work towards province-wide integration of health systems and formation of health care provider networks (HCPNs) aims to ensure access to and delivery of appropriate and quality FP services.

This brief takes a closer look into the delivery of FP services by the local health sector of Antique and Guimaras. The team gathered data through desk reviews, followed by rapid validation interviews. The main sources of data are the Field Health Services Information System (FHSIS) reports published annually by the Department of Health (DOH) which are collated from program indicators collected at the provincial, regional, and national levels. To provide more depth and context to the data collected, the team conducted rapid validation interviews with FP coordinators of the provincial health offices, the provincial population officers, select municipal health officers, and a few private pharmacies at the capital of each province. The provincial FP program coordinators and provincial population officers employed by the provincial local government units (LGUs) link upward to the DOH regional office and the Commission on Population and Development (POPCOM)[1] regional office, respectively and downward to the designated counterparts in the municipalities to facilitate implementation of FP program.

IMPLEMENTATION OF FAMILY PLANNING PROGRAM IN THE PHILIPPINES

The DOH oversees the implementation of the country's National Family Planning Program (NFPP). The NFPP aims to increase the national modern contraceptive prevalence rate (mCPR)[2] to 30% among all women of reproductive age (WRA) and to reduce the unmet need for modern FP[3] to 8% by 2022 (DOH n.d.). The DOH promotes contraception that is medically safe, legal, non-abortifacient, effective, and culturally acceptable, within the context of a locally devolved health system. LGUs receive support from the DOH through the distribution of free FP commodities, technical and financial assistance for FP implementation, and mainstreaming of demand generation efforts. Additionally, the DOH issues certificates of competency to service providers upon completion of required FP trainings and post training evaluations (PTEs). This certification is a requirement in applying for Philippine Health Insurance Corporation (PhilHealth) accreditation.

Together with the DOH, other national government agencies (NGAs), such as PhilHealth and POPCOM, work with LGUs to ensure financing and provision of health care services, including FP. PhilHealth, the country's national health insurance, pays for the provision of some FP services in accredited public and private facilities. The FP benefit packages (Table 1) include counseling, provider's professional fee, and FP commodity, if any, but does not include removal of long-acting reversible contraceptives (LARCs). In support of the NFPP, POPCOM facilitates demand generation activities for couples and parents to contribute to improving health outcomes, such as, but not limited to, development and dissemination of advocacy materials and conduct of classes or sessions in

[1] POPCOM is a government agency under the National Economic Development Authority mandated to formulate and adopt coherent, integrated, and comprehensive long-term plans, programs, and recommendations on population and FP as it relates to economic and social development.

[2] DOH FHSIS defines mCPR as the number of adolescent women (aged 10 and 14 years old) and WRA (women aged 15 and 49 years old) who are using or whose partners are using any modern FP method at a given time. This **includes** users of traditional FP methods, which is contrary to global best practice.

[3] WRA with unmet need for modern FP are defined as individuals who are fecund and sexually active, and report not wanting any more children or wanting to delay the next pregnancy but are not using any modern method of contraception. This **does not** include those who express desire to shift from traditional to modern FP methods.

barangays (POPCOM n.d.). At the local level, LGUs are responsible for the implementation of the NFPP by virtue of the country's devolved health system. As such, implementation capacity and financing for health including FP services varies across LGUs.

Table 1. *PhilHealth benefit packages for FP services* in Philippine Peso (PHP).

Service	Case rate	Facility*
Non-scalpel vasectomy (NSV)	PHP 4,000 (US$ 80)	1, 2
Bilateral tubal ligation (BTL)	PHP 4,000 (US$ 80)	1
Subdermal contraceptive implant (SDI)	PHP 3,000 (US$ 60)	1, 2, 3, 4
Intrauterine device (IUD) insertion	PHP 2,000 (US$ 40)	1, 2, 3, 4

*Facility: 1 - hospitals and ambulatory surgical clinics; 2 - primary care facilities; 3 - birthing homes or lying-in clinics; 4 – rural health units (RHUs)

Sources: PhilHealth 2008, 2015a, 2015b, 2018

FAMILY PLANNING LANDSCAPE IN ANTIQUE AND GUIMARAS

There continues to be unmet need for FP among WRA in Antique and Guimaras. As reflected in Table 2, the mCPR in both provinces have been steadily increasing through the years with Antique at 27.9% and Guimaras at 35.0% in 2019. Despite this, however, 2019 data show that there are 30,456 (21.4%) WRA in Antique and 3,090 (6.8%) in Guimaras whose FP needs are unmet. Reducing the gaps between demand and service delivery remains a challenge. Findings from the 2017 National Demographic and Health Survey show that in Region VI, the mean ideal number of children is 2.7 but total fertility rate is 3.0. Specifically, 13.4% of married women and 9.3% of unmarried women interviewed have an unmet need for FP (PSA and ICF International 2018).

Table 2. *Selected FP Indicators in the Philippines, Region VI, Antique and Guimaras, 2019.*

	Antique	Guimaras	Region VI	Philippines
Total population	610,348	183,846	7,877,110	108,020,395
Estimated WRA	142,178 (23.3%)	45,521 (24.8%)	1,933,097 (24.5%)	27,939,132 (25.9%)
mCPR	39,701 (27.9%)	15,950 (35.0%)	532,401 (27.5%)	6,841,581 (24.5%)
WRA with unmet needs	30,456 (21.4%)	3,090 (6.8 %)	-	-

Note: mCPR and WRA with unmet needs adjusted based on global best practice[4].

Sources: DOH 2020; DOH CHD VI 2020

While the provinces' mCPR have reached the national target, short-acting contraceptives remain the method of choice. In 2019, pills and injectables, both short-term methods, are the preferred methods of contraception both in Antique and Guimaras (Figure 2). Despite the cost-effectiveness and higher success in preventing unintended pregnancies of LARCs, such as IUDs and SDI, and permanent contraception such as sterilization (FHI 2008), these are currently underutilized (DOH 2020).

For both provinces, teenage pregnancy and childbirth have been declining, similar to the national trend. Data in 2019 show that 803 adolescents aged 15-19 years old from Antique and 311 from Guimaras gave birth, corresponding to adolescent birth rates (ABR)[5] of 28.0 and 37.6, respectively. Although the trend is decreasing, these are still remarkably high in comparison to the national ABR of 14.7 (DOH 2020). According to the FP2020 collaborative, high adolescent birth rates may be linked to social stigma, health care provider bias, and policies limiting access to contraceptives for this age group.

[4] For uniformity with global practice, users of traditional FP methods were included in the computation for total WRA with unmet need and excluded in the adjusted mCPR.

[5] ABR refers to the number of births among adolescent women aged 15-19 years old per 1,000 women in the age group.

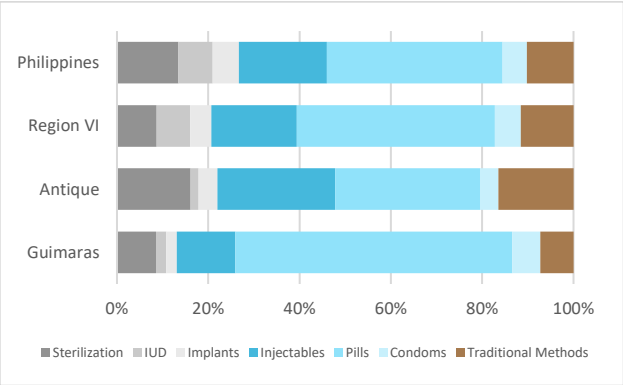

Figure 2. *Method mix of contraceptives[6] among WRA in the Philippines, Region VI, Antique, and Guimaras, 2019 (DOH 2020).*

FACTORS AFFECTING PROVISION OF FAMILY PLANNING SERVICES IN ANTIQUE AND GUIMARAS

FP, including informed choice and access to quality services, is recognized as a foundation for economic growth and equality, especially for women and girls in poor households. Antique and Guimaras have both undertaken several efforts and programs to advance FP services and indicators, yet there is room for further improvement, especially with the advent of the UHC Law. Reducing gaps in access to FP services may hinge on service delivery structure and network, timely provision of commodities and services, and especially provider capacity and motivation. Locally appropriate behavior change communication can help increase demand for FP in general and for the most effective methods in particular (DOH 2019). This section discusses good practices and challenges encountered in ensuring FP provision in the two provinces.

LIMITED ACCESS TO FAMILY PLANNING SERVICES

FP services are available and offered free of charge at government health facilities in every municipality, but this is subject to both commodity availability and health worker capacity to deliver. FP services such as fertility awareness and FP counselling and screening, provision of FP commodities (condoms, pills, and injectables), and management of complications should be provided by trained midwives at barangay health stations, the first level of care. Subject to limited resources and health worker capacity or expertise in the barangay health stations, a referral is made to the next level of care, the RHU, where additional FP services like IUD and SDI insertions should be provided by trained midwives, nurses, and physicians.

Service delivery for LARCs is limited by insufficient training of health workers. Health workers must complete trainings conducted by DOH-accredited training providers to qualify as FP providers. These trainings include a basic competency course that covers the different FP methods included in the NFPP and FP counseling, which is a prerequisite for IUD- and SDI-specific courses (DOH 2014; DOH 2018). In Antique, all facilities have at least one health worker trained in basic FP services and provide short-acting methods. For LARCs, five RHUs provide IUDs while 13 facilities offer SDIs (Figure 3). The RHU of the municipality of San Jose, the capital of Antique, has been catering to clients coming from other municipalities and performs an average of five IUD and fifteen SDI insertions a week. Service provision in other RHUs varies from one to five SDIs per week. In the case of Guimaras, RHU doctors in the five municipalities are trained in SDI but are not providing the service because of incomplete PTEs. Albeit the lack of PTE, IUD insertions are still performed in the RHUs by at least one trained midwife because of past FP trainings and practice. In most cases, clients for LARCs are referred either to the provincial hospital where two doctors are designated to perform LARCs by appointment, or to FP service providers outside the province. For both provinces, clients requesting sterilization are referred to higher level facilities, such as a hospital within the province. In 2019, the provincial hospitals of Antique and Guimaras performed a total of 222 and 9 BTL procedures, respectively.

[6] **Long-acting methods** (grey shade) include sterilization (BTL and NSV), IUDs, and SDIs; **short-term methods** (blue shade) include injectables, oral contraceptive pills, and condoms; **traditional methods** (brown shade) include cervical mucus, basal body temperature, sympto-thermal method, standard day method, and lactational amenorrhea method.

	ANTIQUE[1]	GUIMARAS[2]
Trained, service provider, PhilHealth accredited		
IUD	2	0
SDI	5	0
Trained, service provider, **NOT** PhilHealth accredited		
IUD	2	5
SDI	8	0
Trained, **NO** service provision, **NOT** PhilHealth accredited		
IUD	1	0
SDI	4	5
NOT trained, **NO** service provision, **NOT** PhilHealth accredited		
IUD	13	0
SDI	0	0

[1]Antique RHUs: 17 (no data for one RHU); [2] Guimaras RHUs: 5

Figure 3. *LARCs training, service provision, and accreditation status of RHUs in Antique and Guimaras (PhilHealth 2021; interviews)*

Private clinics and practitioners that offer long-acting FP services within the provinces are limited. In Antique, only one private hospital in the municipality of Bugasong provides FP services, specifically BTL. Services are offered with additional fees even for PhilHealth members. In Guimaras, there are no private clinics or practitioners that offer FP services. To augment the FP services in the province, the provincial health office accesses itinerant teams formed from the partnership of DOH VI with a local non-government organization and facilitates missions for LARCs insertions and BTLs. A total of 94 clients from the municipality of Jordan were provided with SDI insertions through this initiative in 2019 based on facility records.

STOCK-OUTS LIMIT SERVICE QUALITY AND DRIVE-UP OUT-OF-POCKET EXPENSES

Commodity security is still highly dependent on FP supplies procured by the DOH which are then distributed to various service delivery points in the country, including the provinces. At the local level, the provincial FP coordinators receive, allocate, and distribute these commodities to the different government health facilities in the province to ensure availability of stocks. Commodities provided by national government agencies are mostly pills and condoms and possibly influenced the uptake of these methods rather than LARCs which have limited supplies and limited health workers who can provide the service. In terms of couple-years of protection, IUDs and pills dominate (Figure 4). Furthermore, the current supply in the RHUs can only provide one-year protection to 43.4% and 11.6% of the current users in Antique and Guimaras, respectively.

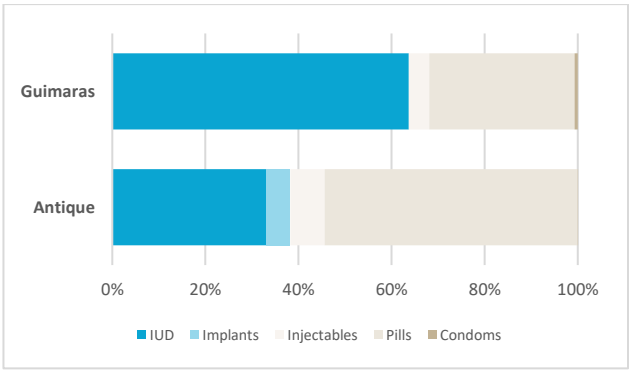

Figure 4. *Couple-years of Protection of DOH-procured FP commodities in Antique and Guimaras as of December 2019. Source:* Authors' computation based on DOH FP Commodity Inventory and Consumption Report (DOH n.d.).

Stock-outs of FP commodities directly impact the access to FP services and drive-up out-of-pocket payments for clients. In 2019, health facilities in both provinces reported stock-out for all types of FP commodities at least once (Table 3). Stock-outs reduce client choice, force clients to choose methods they do not prefer, or even result in no method being used (FHI 2008). FP coordinators of each province within the Western Visayas region have developed an internal mechanism to trade or exchange FP commodities and other soon-to-be expiring commodities supplied by the DOH to ensure availability of commodities. However, when supply is not available or clients prefer a specific brand, health workers advise clients to purchase condoms, pills, or injectables from private pharmacies and offer to provide the service for free.

Short-term contraceptives such as pills, condoms, and injectables are sold over the counter in private pharmacies around Antique and Guimaras at varying price points (Table 4). According to the 2017 National Demographic and Health Survey, more than half of WRA surveyed (55.6%) refer to the public sector as the main source of modern contraceptives. The remainder point to the private sector, with 30.2% referring to private pharmacies as the source for pills and condoms. In Antique and Guimaras, private pharmacies source out commodities from regional suppliers and sell to walk-in clients. Further investigation is needed to

study WRA access of FP commodities from private pharmacies at the provincial level.

Table 3. *Stock-out status snapshot of FP commodities in Antique and Guimaras health facilities, December 2019.*

FP Commodity	ANTIQUE[1]		GUIMARAS[2]	
	With stock-out	% of health facilities	With stock-out	% of health facilities
LONG-ACTING				
Progestin SDI	13	72%	5	100%
IUD TCU 380-A	10	56%	1	20%
SHORT-TERM				
Depo Medroxyprogesterone Acetate (DMPA) contraceptive injection	7	39%	2	40%
Combined Oral Contraceptives (COC)	0	0%	1	20%
Progestin Only Pills (POP)	16	89%	2	40%
Male Condoms	10	56%	2	40%

[1] Antique RHUs: 18; [2]Guimaras RHUs: 5

Source: DOH FP Commodity Inventory and Consumption Report (DOH n.d.)

Table 4. *Cost of select FP commodities in select private pharmacies in Antique and Guimaras.*

FP Commodity	Iloilo City	Antique	Guimaras
Pills (1 cycle)			
Diane (COC)	PHP 690 (US$ 13.8)	PHP 673 (US$ 13.5)	PHP 672 (US$ 13.4)
Lady (COC)	PHP 51 (US$ 1.0)	PHP 43 (US$ 0.9)	PHP 47 (US$ 0.9)
Trust (COC)	PHP 56 (US$ 1.1)	PHP 48 (US$ 0.9)	PHP 55 (US$ 1.1)
Daphne (POP)	PHP 148 (US$ 2.9)	PHP 127 (US$ 2.5)	PHP 153 (US$ 3.1)
Condoms (3pcs/box) (Trust)	PHP 34 (US$ 0.7)	PHP 23 (US$ 0.5)	PHP 32 (US$ 0.6)
Injectables (1 vial) (DepoTrust)	PHP 134 (US$ 2.7)	PHP 118 - 133 (US$ 2.4 - 2.6)	PHP 139 (US$ 2.8)

Source: Interviews with pharmacy staff

MISSED OPPORTUNITIES IN FINANCING

Across the country, consistently low utilization of PhilHealth FP packages has been reported. The DOH noted that this may have risen from differing interpretations in the implementation of guidelines among patients and providers (DOH 2019). A 2018 study showed that despite having dedicated FP packages, the integration of these services can still be a challenge due to issues that involve unauthorized fees, lack of capacity, and limited political will (Ross, Fagan, and Dutta 2018). Thus far, only five RHUs in Antique and none in Guimaras are PhilHealth accredited FP service providers (Figure 3). Three out of five RHUs are accredited for both the SDI and IUD insertion package.

Non-accreditation of health facilities and low motivation of providers to get accredited by PhilHealth limit the provinces' sources for financing of FP commodities and services. In both provinces, health workers are trained in the provision of FP services, some continue to provide services, but most are not PhilHealth accredited. Strict guidelines and accreditation requirements from PhilHealth and low provider motivation to be accredited were cited as blocks in pushing through with the process. PhilHealth requires health workers to undergo DOH-certified FP trainings (Table 5) and corresponding PTEs for accreditation. For SDI, nine new insertions and one reinsertion (preferably with removal) should be performed and validated by DOH-accredited training providers to receive the certification issued by the DOH regional office. Complying with these will call for increased demand generation to gather enough clients who will be given the FP service.

Aside from the competency requirements, providers are not as keen to apply for accreditation because of their negative experiences in filing and managing reimbursements from other PhilHealth packages. The poor electronic data management integration between DOH and PhilHealth was also cited as contributory to the discouragement felt by the service providers. In cases of approved and paid claims, there is also some contention as to how the reimbursements are utilized at the facility level. PhilHealth claims submitted by public health

facilities are reimbursed to the corresponding LGU trust funds and are not retained at the facility. Funds from PhilHealth claims are still used for health-related expenses, however it is up to the LGU as owners of the facilities to authorize the use of such funds. In 2019, accredited RHUs in Antique only submitted 20 claims for the SDI package, 19 of which were paid. As for the BTL package, only three out of the five claims submitted by the provincial hospital of Antique were paid. While in Guimaras, all three submitted claims for BTL were paid (PhilHealth 2020).

Table 5. *PhilHealth benefit packages and provider training requirements for FP services.*

Service	Approved Service Provider	Training Requirement
NSV	Physicians only	Training on NSV
BTL		Training on BTL
SDI	Physicians, nurses, and midwives	Training on SDI insertion and removal
IUD insertion		FPCBT 2*/ Comprehensive FP Course

*FPCBT: Family Planning Competency-Based Training Level 2
Source: PhilHealth 2008, 2015a, 2015b, 2018

Provincial and municipal local governments should budget and allocate for the FP needs of their community, but this is not a prevailing practice. Other than the DOH provision, local health offices occasionally budget for the procurement of FP commodities subject to the approval of the local chief executives and the legislative body. In some cases, client preference influences budget allocation for FP commodities. The municipal LGUs of Jordan and Nueva Valencia in Guimaras for instance purchased pills in 2019 since a considerable number of clients prefer a specific brand over those provided by DOH. The Antique provincial government has a standing budget of PHP 400,000 (US$ 8,000) for DMPA (or injectables) while Guimaras purchased 1,230 cycles of pills worth PHP 80,000 (US$ 1,600) in 2019. This number will provide only 82 couples with one-year protection. Funds allocated by the LGUs for FP commodities are usually only utilized as a last resort when supplies are not anymore available from DOH. To augment, San Jose de Buenavista municipal LGU in Antique linked with a local non-government organization and was able to source out 470,520 PHP (US$ 9,410) for the purchase of 3,500 vials of DMPA and 36,000 units of condoms translating to an estimate of 875 and 240 couples with one year protection, respectively.

DEMAND GENERATION NOT OPTIMIZED

Initiatives for collaborative FP information and education campaigns guided by NGA mandates have been undertaken by the provinces and can be strengthened. FP-specific demand generation activities are spearheaded by LGU-hired population officers or designated officers with assistance from the regional office of POPCOM as part of the agency's mandate in implementing the NFPP (POPCOM n.d.). POPCOM also flows funds through the population office of the provinces for incentivization of client referrals for FP services. RHU midwives mainly contribute to the demand generation for FP by advocating services to WRA accessing care within the health facilities. Community outreaches are also jointly done at least once a month with LGU social welfare representatives, health workers, and population workers through family development sessions, which are especially targeted for indigent couples or couples-to-be (DOH 2019). These three campaign initiatives are borne out of specific NGA mandates and not necessarily from a well-coordinated targeting system.

OPPORTUNITIES TO STRENGTHEN FAMILY PLANNING SERVICES WITH THE SUPPORT OF THE UHC LAW

The Philippines' UHC Law aims to reform the way health services are accessed through province-wide health systems with HCPNs that put primary care at the forefront. Optimization of FP service integration and continuum of care for WRA can potentially be addressed in well-defined HCPNs. Public-private complementation can be further explored here to address limitations to access and service quality mainly due to lack of health manpower capable and willing to perform LARC services. There is also an opportunity to study how private sector arrangements can be made sustainable in the province-wide health system HCPN.

It is critical that provincial governments strengthen their capacity for stewardship for health, especially towards sustainable and strategic investment planning and financing for FP commodity security. The UHC Law and the Special Health Fund joint memorandum circular stipulates that health funds intended for health services, both population- and individual-based; health system operating costs; capital investments; remuneration of additional health workers, and incentives for all health workers will all be pooled to the Special Health Fund. This fund pool is to be managed by the provincial health board, together with its management support unit. The current mandate points to DOH as the main purchaser of FP commodities and may have contributed to the LGUs learned dependency from continued supply of contraceptives to LGUs from DOH. Under the UHC Law, FP services are categorized as individual-based services and will be financed by PhilHealth (DOH 2020). As such, LGU political commitment to FP accreditation of all facilities in the HCPN will be needed to maximize funds that can be obtained from PhilHealth. There is also an opportunity to flesh out finance flow mechanism scenarios, particularly in the purchase of FP commodities.

Building up demand strategically, especially for LARCs, can be best anchored on evidence-based analytics on the health needs of the WRA population and awareness of their health-seeking behaviors. LGUs should consider revisiting WRA mapping strategies and particularly looking into how to promote post-partum FP uptake and LARCs. High adolescent birth rates demand strengthening of service delivery approaches to include changing behaviors and influencing social norms around adolescent sexual and reproductive health. Under the UHC Law, demand-generation activities are considered population-based services and will primarily be financed by LGUs with support from national government. Current incentivization comes from POPCOM and most FP-related health promotion activities are integrated with other vertical programs that target WRA. As such, HCPN and health stewardship will greatly influence how the provinces will ensure sustainability for demand generation.

CONCLUSION

FP indicators are improving and a strengthened provincial health system under the UHC Law can sustain and further push improvements. The provinces of Antique and Guimaras have already started work in terms of province-wide health system integration. Ongoing review and assessment of the HCPNs, including the FP service delivery network, shows that access and quality are highly dependent on health worker capacity and motivation. Levelling up the public sector for health is a primary concern of the local health teams but assistance to bringing in the private provider complementation in the network is also welcome. More proactive profiling of unmet need can be maximized in the provinces, especially in identifying limiting or spacing goals of WRA. In turn, this could give a better picture of the method mix supply to be invested in by the LGUs and an initial step to shifting commodity security dependence from DOH.

ThinkWell, through its SP4PHC project, supports national and local government efforts in improving payment mechanisms for primary care services, with a focus on FP and maternal, newborn, and child health. The team works closely with the DOH, PhilHealth, and the local governments of Antique and Guimaras to develop and implement rules and regulations for operationalizing the reforms of the UHC Law which aims to improve access to quality primary care by aligning purchasing schemes. Lessons from these pieces of work will not only support in the improvement of health outcomes in the Philippines but will also contribute to the global discussion on UHC and health systems development.

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For questions, please write to us at **sp4phc@thinkwell.global**.

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