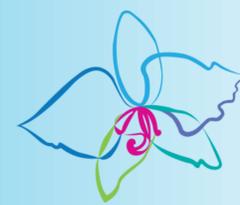


Running Ahead: Scaling Up Primary Health Care Systems in Antique and Guimaras During the COVID-19 Pandemic

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SEVENTH GLOBAL SYMPOSIUM ON HEALTH SYSTEMS RESEARCH

SÉPTIMO SIMPOSIO MUNDIAL SOBRE INVESTIGACIÓN EN SISTEMAS DE SALUD

The impact of the COVID-19 pandemic highlighted the need to strategically invest toward a pandemic-resilient local health system to strengthen the province-wide health system integration in the delivery of primary health care (PHC) services especially on family planning (FP) and maternal, newborn, and child health (MNCH).

INTRODUCTION

The Philippines is an archipelagic country with a highly devolved and fragmented health system. With devolution, municipalities are responsible for providing PHC services in their respective rural health units (RHUs).

Antique and Guimaras are two of the six provinces in the Western Visayas Region of the Philippines. Antique is a mountainous province with eighteen (18) municipalities, while Guimaras is an island province with five (5) municipalities.

The enacted Universal Health Care (UHC) Law outlined the way health services are accessed through province-wide health systems integration that puts PHC at the forefront.

The COVID-19 pandemic has added urgency for a strengthened PHC system to provide comprehensive, continuous, and coordinated care toward health system efficiency and address the impact of the pandemic.

This study assessed the impact of the COVID-19 pandemic in the delivery of PHC services in Antique and Guimaras to generate evidence for local health systems strengthening.

METHODS

Quantitative Data

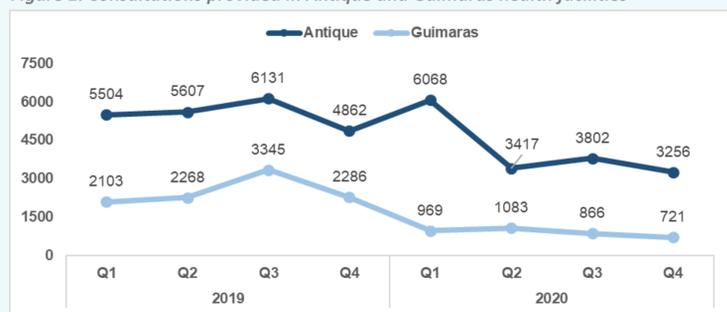
- Secondary quantitative data: Field Health Services Information System reports and consults data on FP and MNCH indicators from RHUs and provincial health offices in Antique and Guimaras.
- Primary quantitative data: Data collection tool shared with health facility heads to inform health facility service capacity, health financing, and health human resources availability.

Qualitative Data

- Focus group discussions (n=5) and key informant interviews (n=6) with health workers and clients to complement quantitative data collected.

RESULTS

Figure 1. Consultations provided in Antique and Guimaras health facilities



UTILIZATION OF HEALTH SERVICES

- Figure 1 shows a sharp decline in the number of RHU consultations attended in Antique and Guimaras between 2019 and 2020.
 - Notable decrease in adolescent care, curative care, tuberculosis (TB) services, and laboratory services in both provinces (Figure 2).
 - Immunization, maternity care, and nutrition services were reduced in Antique, while FP declined significantly by 46% in Guimaras (Figure 2).
- Increase in recorded maternal deaths in Antique and Guimaras between 2019 and 2020 (Figure 3).
- Prenatal and post-partum visits dropped significantly in both provinces during the COVID-19 pandemic. This can be attributed to fear of contagion causing the mothers to avoid or skip medical care (Figure 3).

HUMAN RESOURCE FOR HEALTH (HRH) CAPACITY

- Health workers were already strained pre-pandemic and the burden of the COVID-19 response stretched out their capacity to deliver essential health services. This limitation also stressed the importance of a well-coordinated and strategic approach in health service delivery.
- During the height of the pandemic, medical frontliners manned check points and quarantine and isolation facilities. When vaccines became available, they were tasked to roll out the COVID-19 vaccination program on top of their responsibility of providing routine health services.

HEALTH INNOVATIONS

- Innovations and adaptation to a new normal are being done at the grassroots level of the health care system but are dependent on the leadership and organization of each municipal health facility.
- Select municipal health facilities adapted the approach of bringing the services closer to the people by adopting a community-level approach (i.e., scheduling house visits for prenatal consults, administering routine immunizations, and providing FP commodities).
- Telemedicine or a variation of it (i.e., SMS, calls, messenger apps) was widely used across both provinces to ensure access without the risk of exposure and facilitated referrals as needed.

HEALTH FINANCING

- Financing the COVID-19 response entailed realignment of local government funds for health. Additional funding support was sourced from the national COVID-19 relief fund (Bayanihan Law).
- In select health facilities, partner NGOs were tapped for support like medical supply donations, capacity building, and volunteerism.

Figure 2. Number of clients attended in (a) Antique and (b) Guimaras health facilities by type of service available (2019–2020)

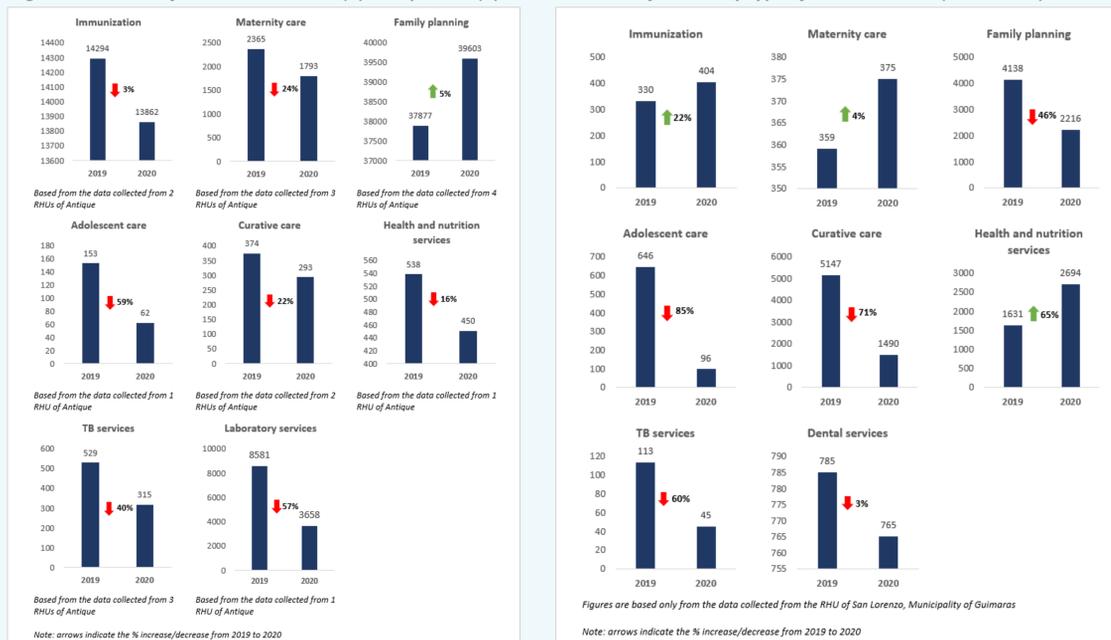
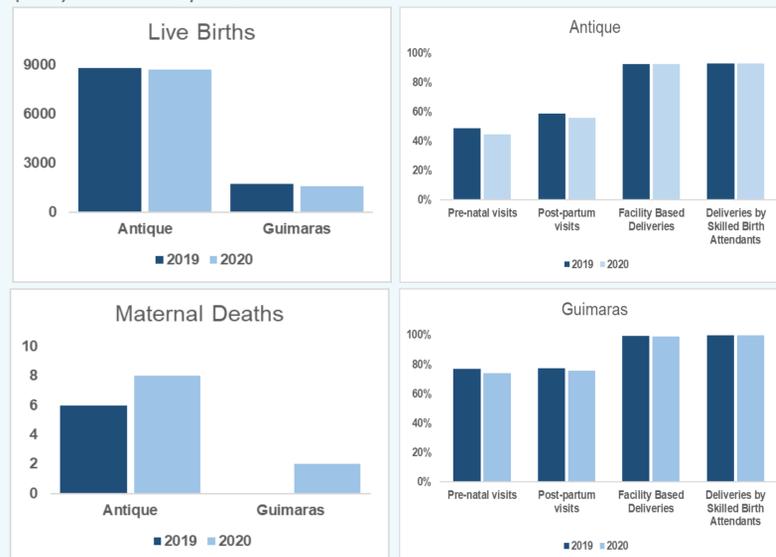


Figure 3. Selected health indicators in Antique and Guimaras before (2019) and during (2020) the COVID-19 pandemic



CONCLUSION

The results of this study shows the impact of COVID-19 to the health systems of the provinces of Antique and Guimaras. It also highlights the importance of increasing the capacity of local health systems in dealing with various kinds of shocks. Furthermore, the COVID-19 pandemic provides a convincing argument for Local Government Units to ensure pandemic-resilient local health systems including improving governance and ensuring flexibility in managing their financing for health interventions.

RECOMMENDATIONS

- Ensure adequate HRH staffing with the capacity to deliver essential health services and augment their number to respond to public health emergencies such as COVID-19.
- Establish referral pathways and transport systems with assigned health workers (midwives) to facilitate coordination in the delivery of essential health services, such as FP and MNCH to the community.
- Explore strategies to institutionalize telemedicine as an alternative for in-person consultations. Good practices such as teleconsultation via text messages or messenger mitigated the risk of infection in crowded health facilities.
- Review and strengthen local health financing strategies to secure investments into functional health information systems and telecommunications infrastructure (i.e., internet connectivity). This will support innovations of local governments in the delivery of FP, MNCH, and other health services.

ACKNOWLEDGMENTS

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