



SP4PHC SPOTLIGHT

Supporting the Philippines' journey towards UHC: Reflections from the SP4PHC project

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September marks a turning point for ThinkWell in the Philippines as we wrap up our work on the [Strategic Purchasing for Primary Health Care \(SP4PHC\)](#) project supported by the Bill & Melinda Gates Foundation. And while we in the Philippines continue our work on other fronts, I want to take this opportunity to reflect on what we have achieved under this seminal project and what we have learned along the way.

The journey

In 2018, ThinkWell started working with the Philippines Department of Health (DOH) and PhilHealth, the country's health insurance agency, with the goal of strengthening purchasing arrangements for primary health care services. The timing was fortuitous; the country passed a landmark Universal Health Coverage (UHC) Law in 2019, and we—a small but committed team of health systems specialists from the Philippines—were well positioned to support its implementation.

The UHC Law is ambitious, reimagining health financing functions, service delivery arrangements, and governance structures in the sector. It aims to build up PhilHealth as the main purchaser of individual health services and organize all health facilities into health care delivery networks. It envisions funds from PhilHealth and DOH flowing into new special health funds integrated at the provincial or city-wide level and flowing from there to the networks. It mandates the creation or strengthening of structures at the subnational level to improve the utilization of the funds.

Despite many challenges, including the onset of the pandemic in 2020, ThinkWell has successfully provided technical support to key agencies spearheading the implementation of the UHC Law at the national and provincial levels. Some highlights of our work include the following:

1. *Supporting DOH:* Recognizing our expertise in health systems strengthening and health financing, DOH has repeatedly called on us to provide input on the design and operationalization of the implementing rules and regulations of the UHC Law. Beyond financing, we have provided technical inputs to areas such as [private sector engagement](#), developing [purchasing arrangements for telemedicine](#) services, and strengthening [human resources](#) for primary care delivery.
2. *Supporting PhilHealth:* We have been PhilHealth's trusted partner as it reorients its payment methods towards promoting integrated and [strengthened primary care delivery through the Konsulta benefit package](#). We have provided support in terms of undertaking analytics, support for policy development, facilitating stakeholder consultations, and [capacity building](#).
3. *Supporting provincial governments:* We have had the privilege to work with the provinces of [Antique and Guimaras](#) as they remodel their health system—[technically, managerially, and financially](#)—to provide integrated health services to their constituents.

The learnings

Aside from the technical support, we have invested heavily in [documenting the Philippines' UHC journey](#) and lessons emerging along the way. While we share a curated list of resources below, I want to flag a new resource from the project team and a planned webinar. In the [latest brief](#) that we published, we describe the UHC Law's mandate for the financial integration of local health systems and explain its impact on the flow of funds for health financing in the country. We will explore this topic in more detail at an upcoming webinar in November; stay tuned for more details.

For many of us on ThinkWell's Philippines team, these past five years have opened our eyes to the many intricacies of our health sector that we need to understand further, especially concerning our health financing environment. We are immensely grateful for the chance the project has given us to interact one-on-one with other countries and in global learning forums, to share our experience and learn from that of others.

As we wrap up, I want to offer some key insights I have learned through the project.

1. *There are no silver bullets in health financing or health system strengthening.* Even as we celebrate milestones such as the increase in capitation payment through Konsulta, many issues regarding implementation of the UHC Law remain unresolved. As shown by our experience with COVID-19, new challenges continue to emerge to test the systems' capacity to respond and adapt.
2. *Capacitating local stakeholders is critical to success.* Beyond any project, local stakeholders are left to continue to work on their health system to further goals like improved health outcomes, financial protection, and patient satisfaction. Throughout this project, we have prioritized capacity-building activities and co-designed and co-created all policy analyses and learning resources with our stakeholders. This would not have been possible without the trust and mutual respect that we have established with our stakeholders.
3. *Co-learning is key to health system strengthening.* No stakeholder has sole ownership of the expertise needed to solve complex problems in health financing. Even as we strive to share our knowledge, our various stakeholders also teach us their wisdom gained from on-the-ground experience. Beyond this circle, we have learned the importance of communicating with a broader audience to help temper the highly political environment surrounding health financing reform.

We thank the foundation for supporting this work in the Philippines. I look forward to continuing our work in the Philippines through other projects and engagements, journeying with our country and the rest of the world toward the laudable goal of UHC. Maraming salamat!

NEW RESOURCES

Financial Integration of Local Health Systems as Envisioned in The UHC Law



One of the key features of the Philippines Universal Health Care (UHC) Law is the restructuring and integration of the financing of the province- or city-wide local health systems that will govern health care provider networks comprised of primary to tertiary facilities.

[This brief](#) explores how the financial integration of local health systems, as mandated in the UHC Law, can improve health financing in the country and provides recommendations for its successful implementation.

This is the 7th of our UHC Law Series, a collection of briefs we launched in 2018 to describe health system reforms taking place under the UHC Law, emphasizing the impact these reforms have on health

financing and primary health care. To access the full series click [here](#) and scroll down to the bottom of the page.

Scoping the Digital Landscape of Health Resource Tracking in the Philippines



The complexity of health financing in the Philippines makes it challenging to track resources for health that would lead to better, evidence-informed policies. On the other hand, the progress of digitalization in the country and the mandates of the UHC Law provide opportunities to develop more integrated and reliable information systems that can assist health resource tracking (HRT) and ensure more efficient local health financing processes.

[This case study](#) aims to document information related to (1) the HRT landscape in the country, (2) existing public financial management (PFM) processes and the use of digital PFM solutions, and (3) the potential for introducing digital PFM solutions to improve resource tracking. Insights from this paper were presented in the IHEA pre-congress session last July entitled “Evolution of health accounts to inform health reforms,” which explored how digital innovations can enhance the financing information ecosystem.

Three Decades of Devolution in the Philippines: How This Has Shaped Health Financing and Public Financial Management Reforms



Over the past five decades, subnational government units in most countries around the world have assumed some decision-making authority. Public funds, and the efficient management of them, are crucial in ensuring sustainable health financing for achieving UHC. The World Health Organization (WHO) and ThinkWell jointly developed a [series of case studies](#) to explore the implications of decentralization for health financing, with a focus on PFM. [This case study](#) documents health financing and health-related PFM processes in the Philippines.



Western Visayas Regional UHC Summit

ThinkWell, the Department of Health Western Visayas Regional Office, and the Asian Development Bank (ADB) held the first regional [UHC Summit](#) on July 12, 2023, followed by the two-day Learning Forum. The goal of this event was to harness ground-level insights and best practices that can be shared across local government units as they work towards the technical, managerial, and financial integration at the provincial level as mandated by the UHC Law.

Significant contributions were shared by ThinkWell’s partner provinces, Antique and Guimaras, as they discussed unifying care pathway design within a province-wide health system and the health care provider network referral manual development, analytics of referral forms, setting up the special health fund, and the Konsulta sandbox experience. The event ended with a ceremony celebrating the commitment of health teams and stakeholders to work toward UHC, focusing on important lessons and implementation advancements.



First Steering Committee Meeting for Primary Care Provider Network Contracting

ThinkWell, the ADB and USAID’s ReachHealth and ProtectHealth project assisted PhilHealth in organizing the first Steering Committee Meeting for the sandbox implementation of the primary care provider network contracting on September 20, 2023. The purpose of the meeting was to evaluate the progress made by PhilHealth in contracting networks and the implementation of the special health fund by province and city-wide health systems (PCWHS) as mandated by the UHC Law.

PhilHealth and networks already have systems to implement such a program but must continue refining such mechanisms. Discussions surfaced challenges such as the continued systems re-engineering of PhilHealth and the capacitation needs of PCWHS in managing the funds. Significant lessons were also culled during the event; one is to ensure that PhilHealth's incentives are aligned with subnational public financial management processes so that funds are better executed toward quality delivery of services.

During the event, there was also a ceremonial turnover of the checks for the first few sites that would receive their initial tranche of funding. Lastly, PhilHealth shared the policy that will institutionalize the steering committee composed of representatives from PhilHealth, DOH, pilot PCWHS, private networks, and development partners to ensure sustained efforts to co-design and learn collaboratively from the implementation of primary care network contracting.

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