

# UHC & Primary Health Care

*One Province, One City, One Community at a Time*

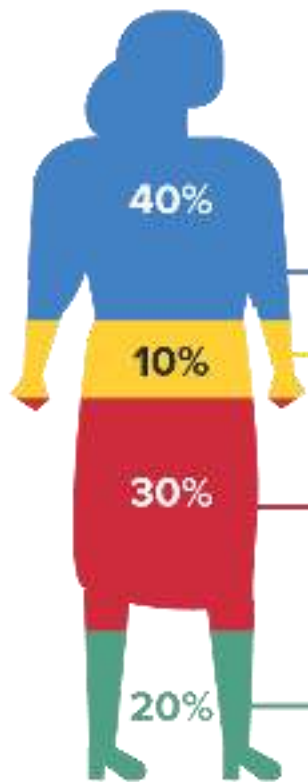






Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complete Problems (October 2014)





Multi-Sectoral

Protecting and enabling  
Filipinos to care  
*for self & community*

Taking care of Filipinos  
*when needed*

Health Sector

Source: Institute for Clinical Systems Improvement, *Going Beyond Clinical Walls: Solving Complete Problems* (October 2014)



## *people-centered primary care*

Every Filipino family is matched to a **primary care provider\***, who ensures they receive **appropriate services** in facilities within **healthcare provider networks** without experiencing **financial hardship**.



# Why primary care?

*A clear interest and priority for financing by governments towards UHC*

- Addresses more than 80 percent of people's common health needs throughout their lives.
- Is efficient, detecting, preventing and managing people's illnesses before they become expensive to treat.
- Is fair and equitable, providing all people with access to essential health services in their communities.
- Protects global health security, helping communities detect and stop local outbreaks before they become global epidemics
- Saves and improves lives, with fewer children dying before their fifth birthday, and more people living longer, healthier lives.



# UHC & Primary Health Care

*Aspiring to benefit patient & providers alike*

## FOR THE PATIENT

## FOR THE PROVIDER

ENVIRONMENT  
CAPACITY  
SERVICES

- Reduce risk; choice architecture
- Increase health literacy
- Increase access & affordability
- Improve quality & responsiveness

- Enabling environment
- Increase system literacy
- Decent, predictable pay
- Learning opportunities



HEALTH OUTCOME  
FINANCIAL  
PROTECTION  
RESPONSIVENESS

- **Happier & Healthier**
- **Worry-free**
- **Satisfied / Fulfilled**



# Primary Health Care *Enablers*



Republic of the Philippines  
**Department of Health**



# 1a. Improving health literacy & choice architecture for healthy behaviors



## Diet and Exercise

Enabling improved nutrition and increased physical activity



## Environmental Health

Minimizing environmental and climate impacts on health



## Vaccines and Immunization

Reducing deaths and disabilities from vaccine-preventable diseases



## Substance Use

Preventing tobacco, illicit drug use & binge drinking



## Mental Health

Increasing psychosocial and mental well-being



## Sexual and Reproductive Health

Promoting positive sexual and reproductive behavior



## Violence and Injury Prevention

Fostering safe and inclusive communities



# 1b. Organizing Communities for/within Settings



Healthy  
Communities



Healthy Learning  
Institutions



Healthy  
Workplaces



Healthy Clinics &  
Hospitals

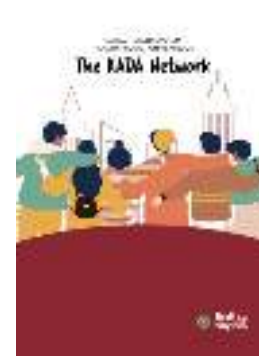
50% of **our** total waking hours  
spent in schools & workplaces



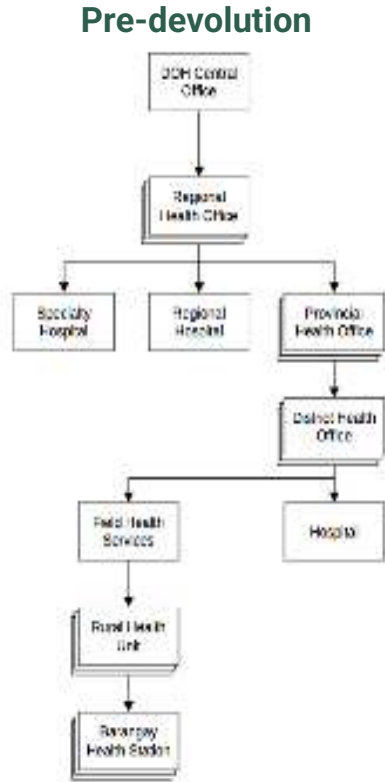


Healthy  
Pilipinas

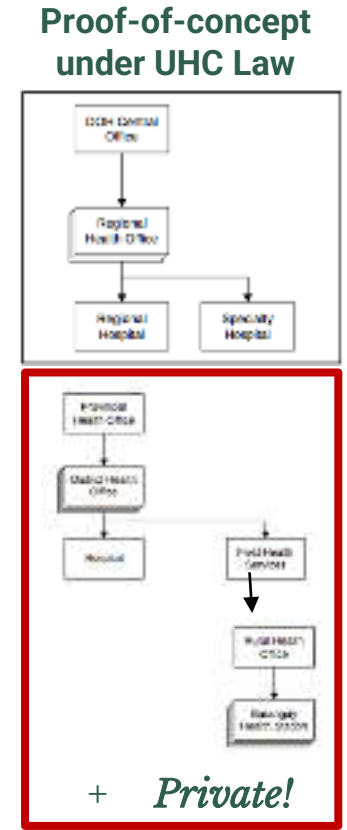
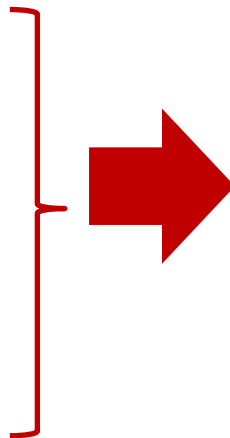
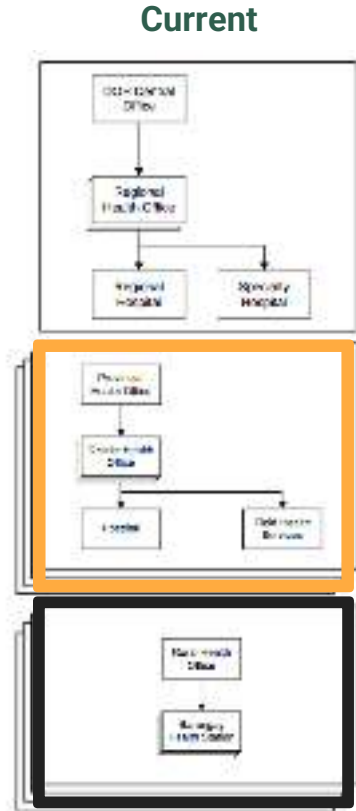
## Health Promotion Playbook for Communities 2021



# 2. De-fragmenting the local health system



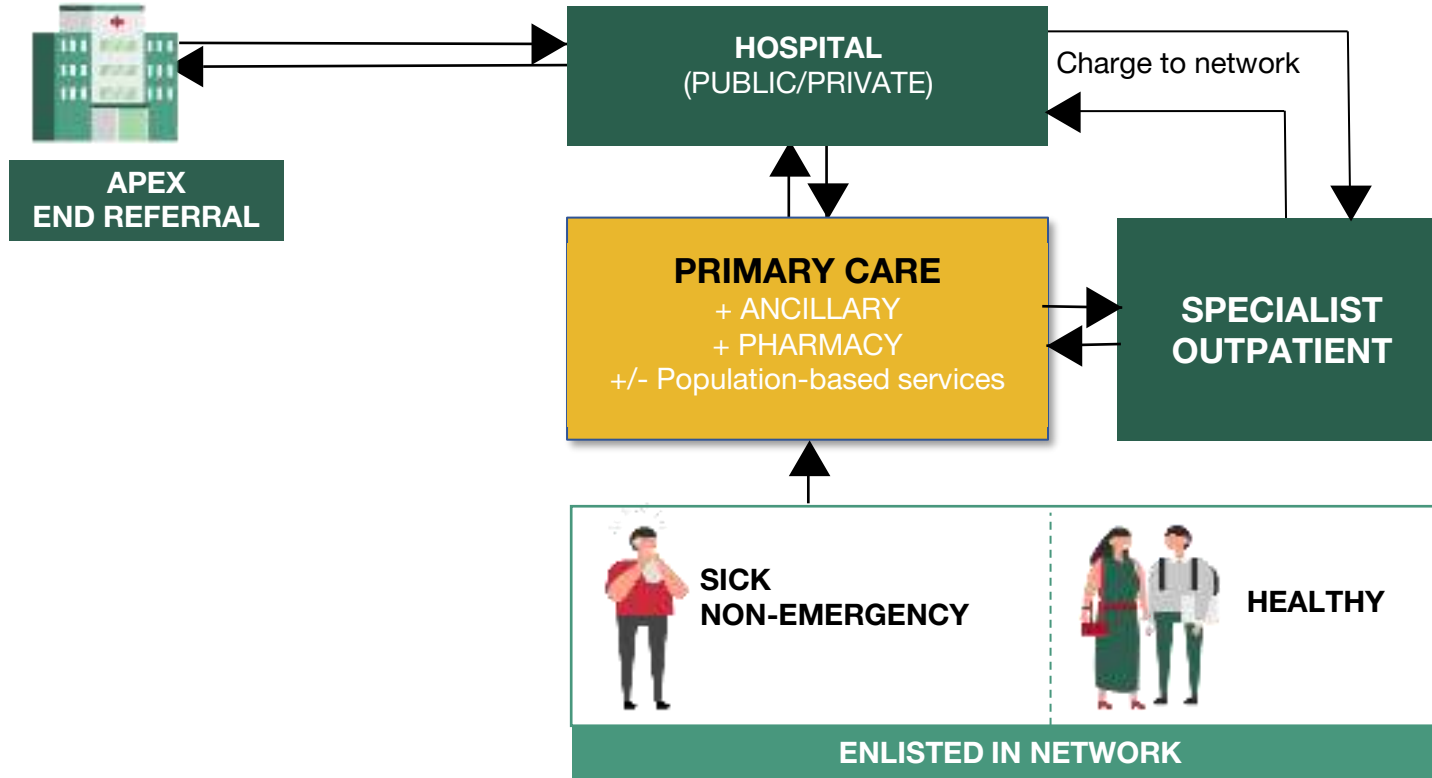
Source: UCH (2002)



*Enabling Primary Care*



*“through **integrated** provider network  
with primary care provider as the navigator”*



# 3. Philippine Health Facility Development Plan

## Primary Care Facilities

- CURRENT
  - RHU/HC: **2,593**
  - Private PCF: **1,265 (est)**
- TARGET by 2040
  - **6,900**
- SHORTFALL
  - **~3,042**

Sources:  
National Health Facility Registry, 2019  
Philippine Health Facility Development Plan  
(PHFDP)

	Low Capacity	High Capacity
High Gap	<b>CATEGORY 1</b> Low Capacity High Gap	<b>CATEGORY 3</b> High Capacity High Gap
Low Gap	<b>CATEGORY 2</b> Low Capacity Low Gap	<b>CATEGORY 4</b> High Capacity Low Gap



# 4. Primary Care Worker Competencies

## Individual-Based



1. Providing First Contact Care



2. Providing Comprehensive Care



3. Providing Continuing Care



4. Coordinating Care



5. Managing Patient Records

## Population-Based



6. Promoting Health

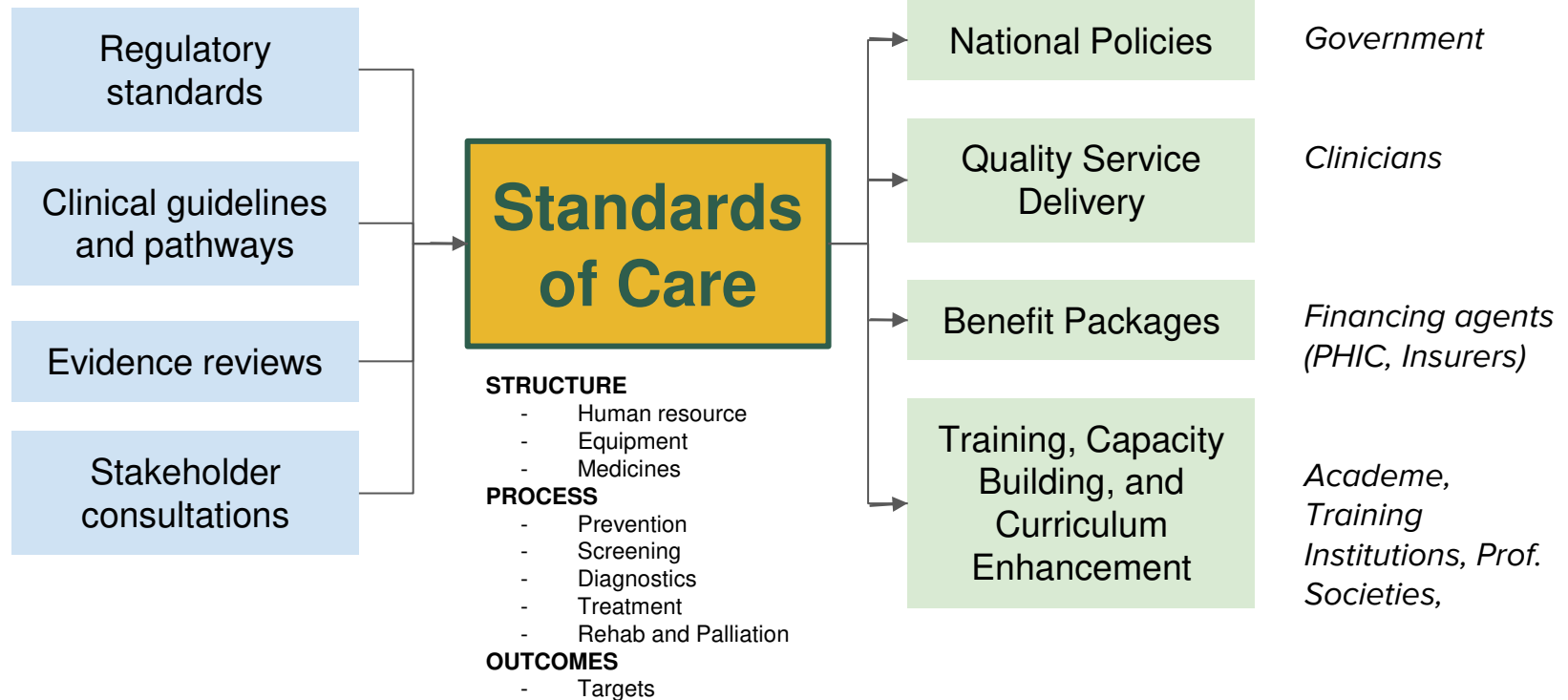


7. Implementing Public/Population Health

\* Applied for all presenting conditions at all life stages.



# 5. Standards of Care: WHO sees/does WHAT





## 6. Aligning Incentives

### 1. **Comprehensive Outpatient Service Coverage [PRIORITY]**

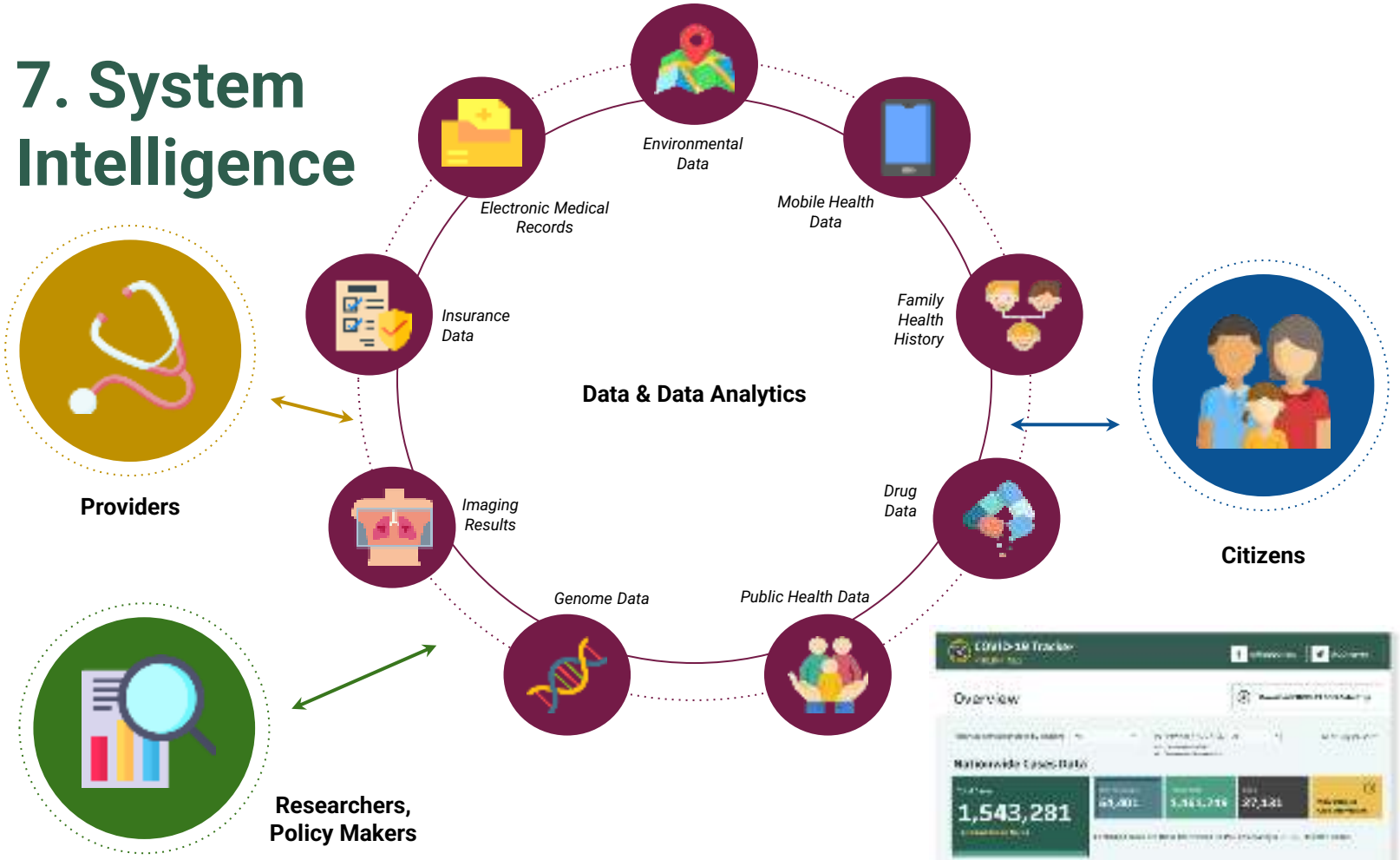
- General and specialist primary care services
- Address multiple risk factors
- Encompass various conditions - “disease agnostic”

### 1. **Comprehensive Inpatient Service Coverage**

- DRG-based global budget mechanism



# 7. System Intelligence



# THANK YOU

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Republic of the Philippines  
**Department of Health**