



# Canadian Society for International Health A Canadian Voice for Global Health

La Société Canadienne de Santé Internationale

## Partnerships for Health Planning: Strengthening Local Capacity for Health Equity Reform in the Philippines 2003-2005

In the late 1990s, the Filipino government launched the Health Sector Reform Agenda (HSRA) to improve the way health care was delivered in the Philippines. The HSRA sought to address inequities in how health services were provided, funded, and regulated, and to eliminate discrimination and bias in policies and decisions about resource allocation. It included five major reforms which were to be implemented as a package:

1. Government hospital fiscal autonomy.
2. Secure funding for priority public health programs.
3. Development of effective local health systems.
4. Strengthened health regulatory agencies.
5. Expanded National Health Insurance Program (NHIP) coverage.

Ultimately the HSRA aimed to improve the health status of Filipinos through greater and more effective coverage of national and local public health programs, increased access to health services especially by the poor, and reduced financial burden on individual families. However, while the HSRA addressed resource *mobilization* and local health systems *development*, it did not address *resource allocation and planning* issues such as how to define priorities, or how to integrate non-health considerations into health programming and spending decisions.

While key health indicators had improved significantly in the Philippines since the 1980s, large variations existed across population groups, income classes and geographic areas. While many Filipinos had poor health because they had no means to pay for health care, those who lived in rural and isolated communities also received fewer and lower quality health, water, sanitation, transportation and other public services.



CSIH's Health Equity Reform (HER) project addressed those weaknesses by integrating into the health planning process the concepts of health equity (i.e. fairness not equality) and the determinants of health (i.e. factors outside the health care sector which ultimately impact on health, often to a greater degree than health care services themselves). It sought to build an understanding among health planners not just about how and why health services must be allocated on the basis of equity, but also on how the distribution of the determinants of health impact on health status, access to services, and ultimately health outcomes - and therefore why efficient and effective resource allocation decisions must be based on more than considerations about health services.

Project activities focused in a pilot site in the province of Capiz. The project began with an environmental scan of the existing resource allocation process, capacities, and donor activities in the province. This step was critical to better understand what resources were available for the health sector and how they were distributed throughout the province. Training activities were then designed to increase knowledge and awareness of health equity, resource allocation, and health planning among health sector decision-makers. The project team developed and administered a health indicator survey to compile accurate and recent local health information, developed a computerized database to store collected information, and designed and distributed large chalkboards (called Community Monitoring/Data Boards) to Barangay Health Stations and Rural Health Stations to display statistics on local health indicators.

The project also fostered local ownership and awareness through a series of advocacy training sessions for health care personnel. "Negotiation" workshops for resource allocation were held in the project sites, allowing community leaders the opportunity to commit resources for specific interventions and lobby local chief executives for budget allocations responsive to these health-related concerns.

During its implementation of the project, CSIH utilized a "Training-of-Trainers" (TOT) approach, by which CSIH experts provided skills-building to a local training NGO, which in turn developed the capacity to carry on and replicate the project with increasingly less Canadian technical assistance. The involvement of stakeholders in health care delivery at all levels in the identification of priorities for health planning and commitment building also provided a sense of ownership to, and responsibility for, the proposed community-based actions.

The following results were noted by the end of the project:

- The Gerry Roxas Foundation (GRF), CSIH's local partner, developed its capacity to design a provide training on decision support tools for resource allocation.
- Institutional and individual capacity and political will to apply concepts of equity and population health to resource allocation decision-making was clearly demonstrated at the barangay, municipal and inter-local health zone levels.
- Planners in the project pilot sites are now able to critically analyze and use relevant data, which was collected in a timely fashion at the barangay level, to identify and determine priority health interventions that considered the community's actual needs and preferences.
- Barangay health workers committed to implement a community-led advocacy and networking plan that will influence public policy and mobilize citizen participation for health equity reform over the longer term.

The alliances forged by GRF with private and public health service providers opened avenues for networking, resource sharing, and advocacy for the use of health equity principles in resource allocation and decision-making. This included the potential mainstreaming of the HER Project into the revised National Health Sector Reform Agenda and the integration of its health information component into the Capiz Integrated Health Services Council



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