

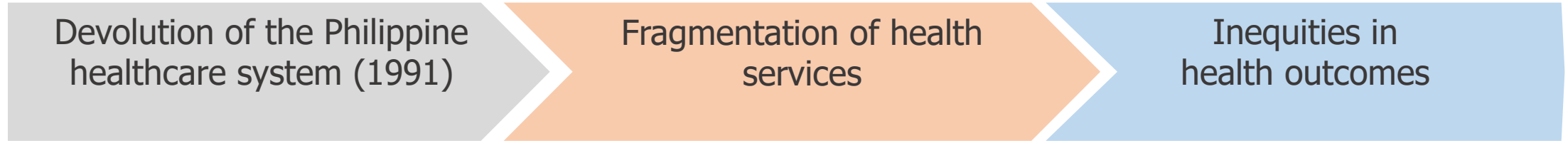


# **ZFF Experience: From Practice to Policy**

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**Vice President**  
**Zuellig Family Foundation**

**Philippine National Health Research System Week**  
08 August 2018 | PNHR Week 2018

# Philippine Health System Challenges



Source: Former DOH Sec. Alberto Romualdez, MD, State of the Nation's Health, UP Centennial Lecture, 2008

**Poor Leadership  
and Governance**

**Local leaders are not prepared for decentralization**

**Inequitable  
Local Health  
Systems**

Inadequate  
financing for  
health programs

No standard  
information  
management and  
reporting system

Insufficient  
number of trained  
Health Human  
Resource

Inadequate  
medical supplies  
and equipment

Fragmentation of  
Health Services

**1901:**

From Switzerland, **Frederick Zuellig** goes to Manila to work in a trading firm

**1916:**

Frederick becomes a partner in another trading firm that he buys six years later to form the **F.E. Zuellig Inc.**

**1943-onwards**

His Manila-born sons, **Stephen & Gilbert**, took over and successfully diversifies and expands the company internationally.

## **BIRTH OF THE FOUNDATION: *The family's initiative in improving health outcomes***

**1997:**

Pharmaceutical Health and Family Foundation established to serve health needs of communities around Zuellig Pharma compound in Canlubang, Laguna

**2001:**

Renamed Zuellig Foundation

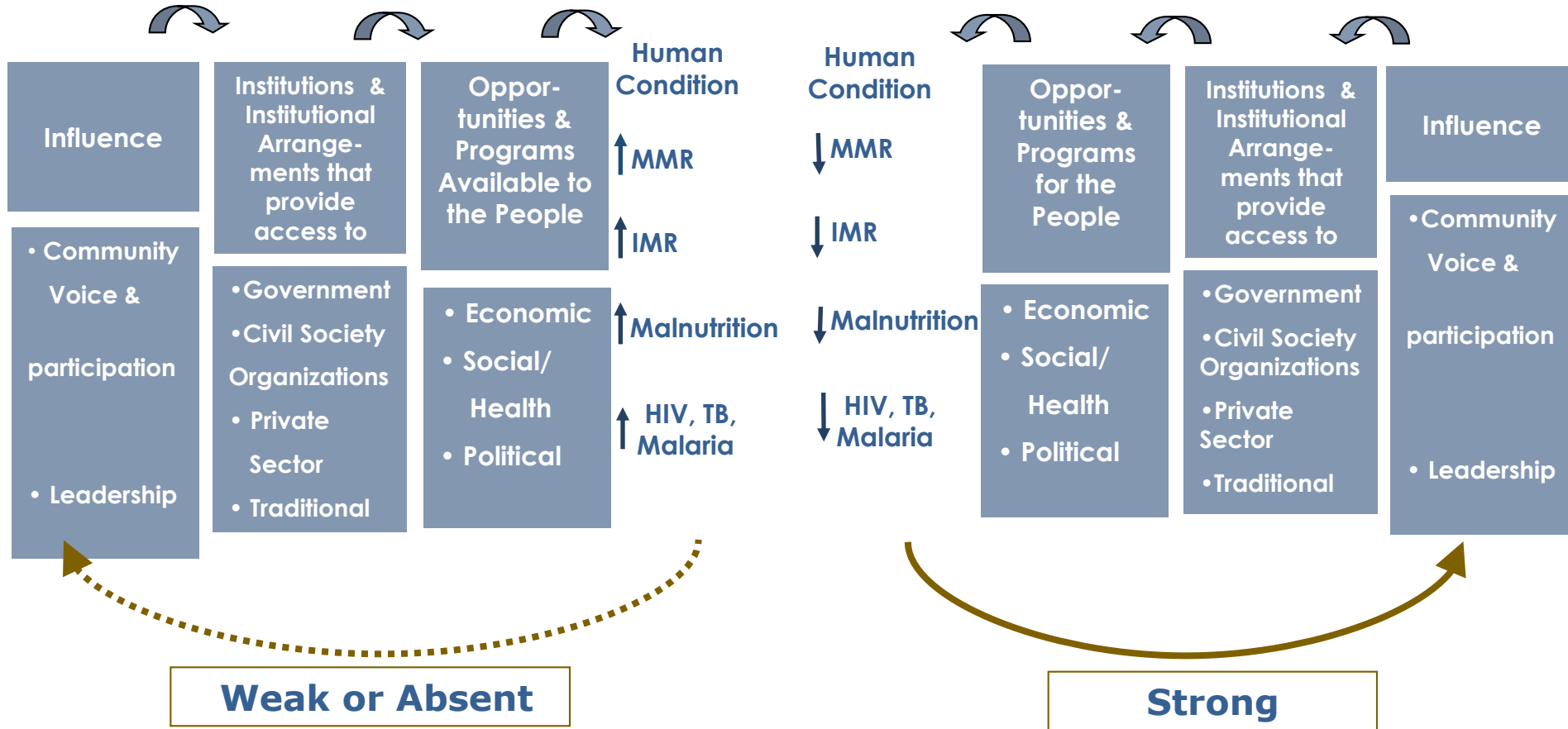
Focused on advocacy for public health policy reforms and training of health leaders and professionals

**2008:**

Focus shifts to **“improving health outcomes for the rural poor.”**

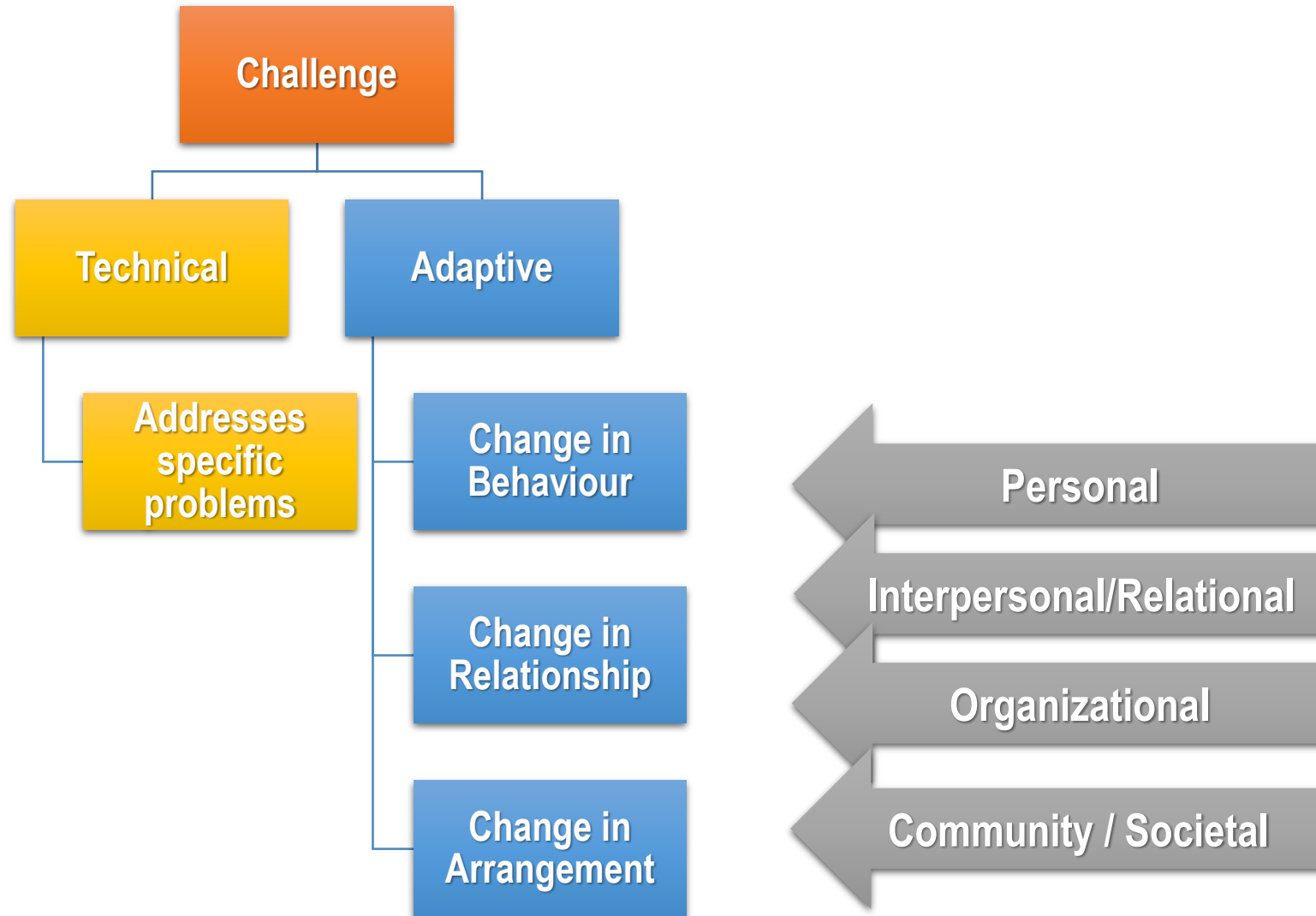
Becomes a Family Foundation, independent of the Zuellig Group's business interests.

# What Explains Health Inequities?

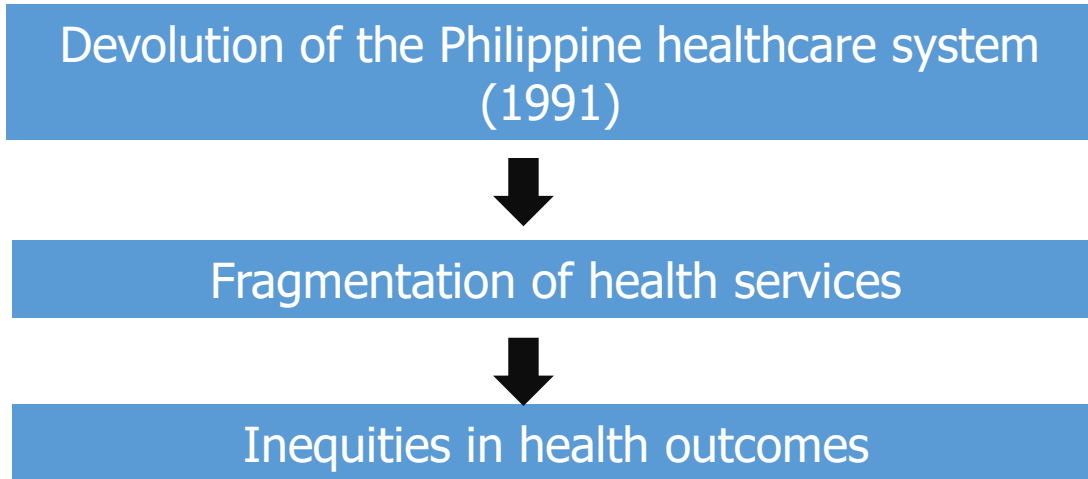


Source: Amartya Sen, as modified

# ZFF Development Strategy: Bridging Leadership Framework



# Evolution of the Development Strategy



Source: Former DOH Sec. Alberto Romualdez, MD, *State of the Nation's Health*, UP Centennial Lecture, 2008

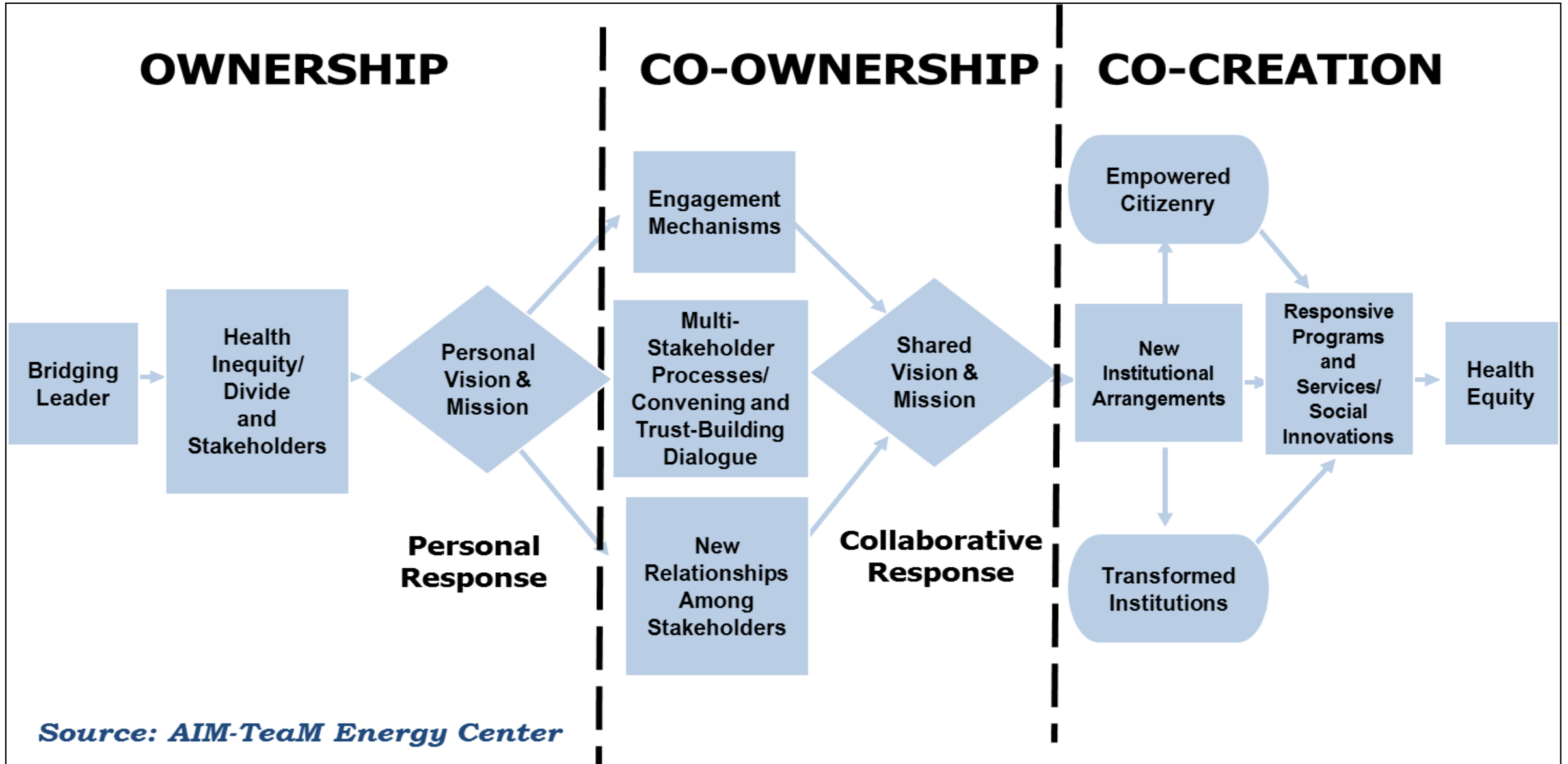
## ZFF HEALTH CHANGE MODEL

Training + Practicum + Coaching



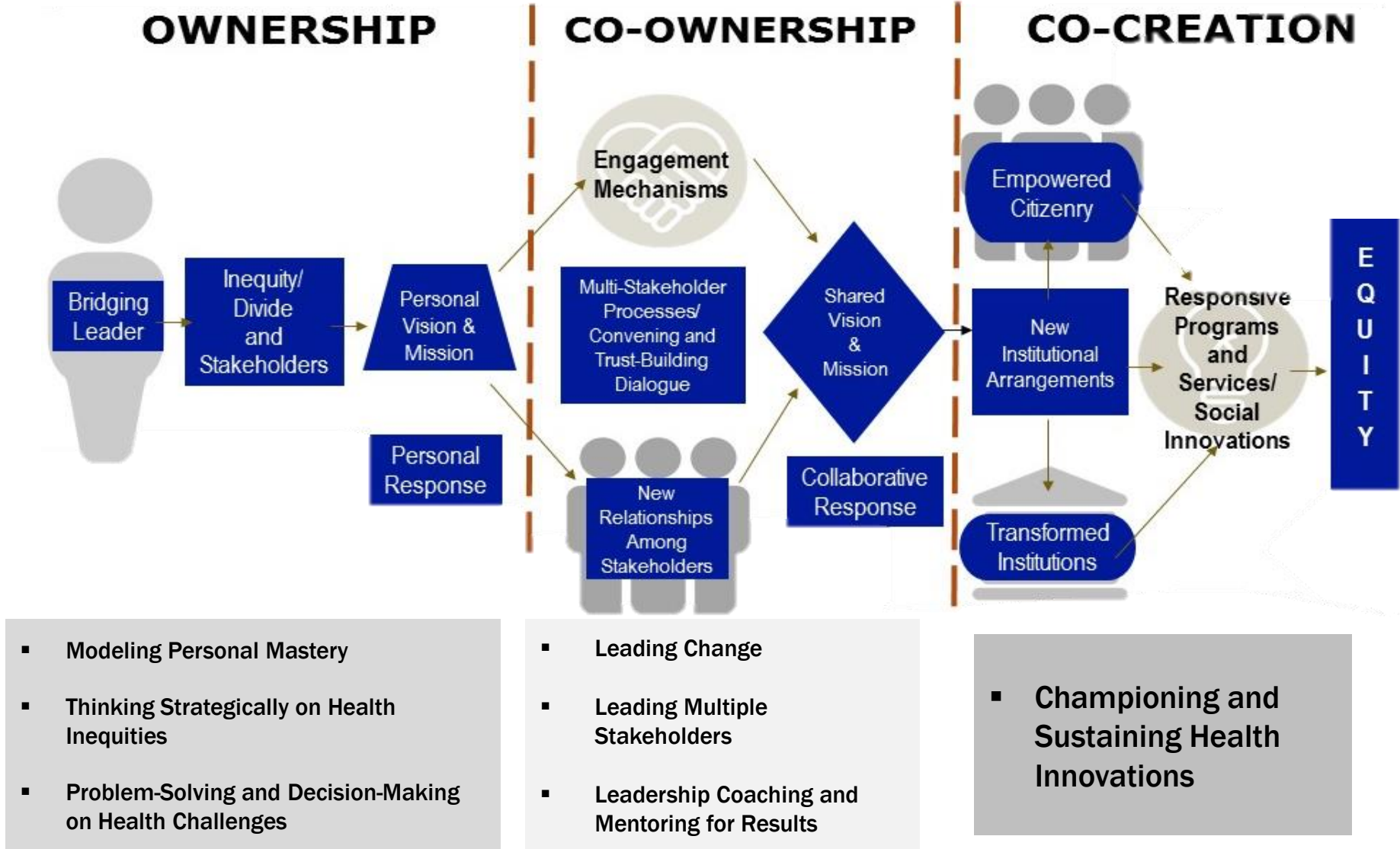
**WHO's Building Blocks for Better Health System**

# Bridging Leadership



*Source: AIM-TeaM Energy Center*

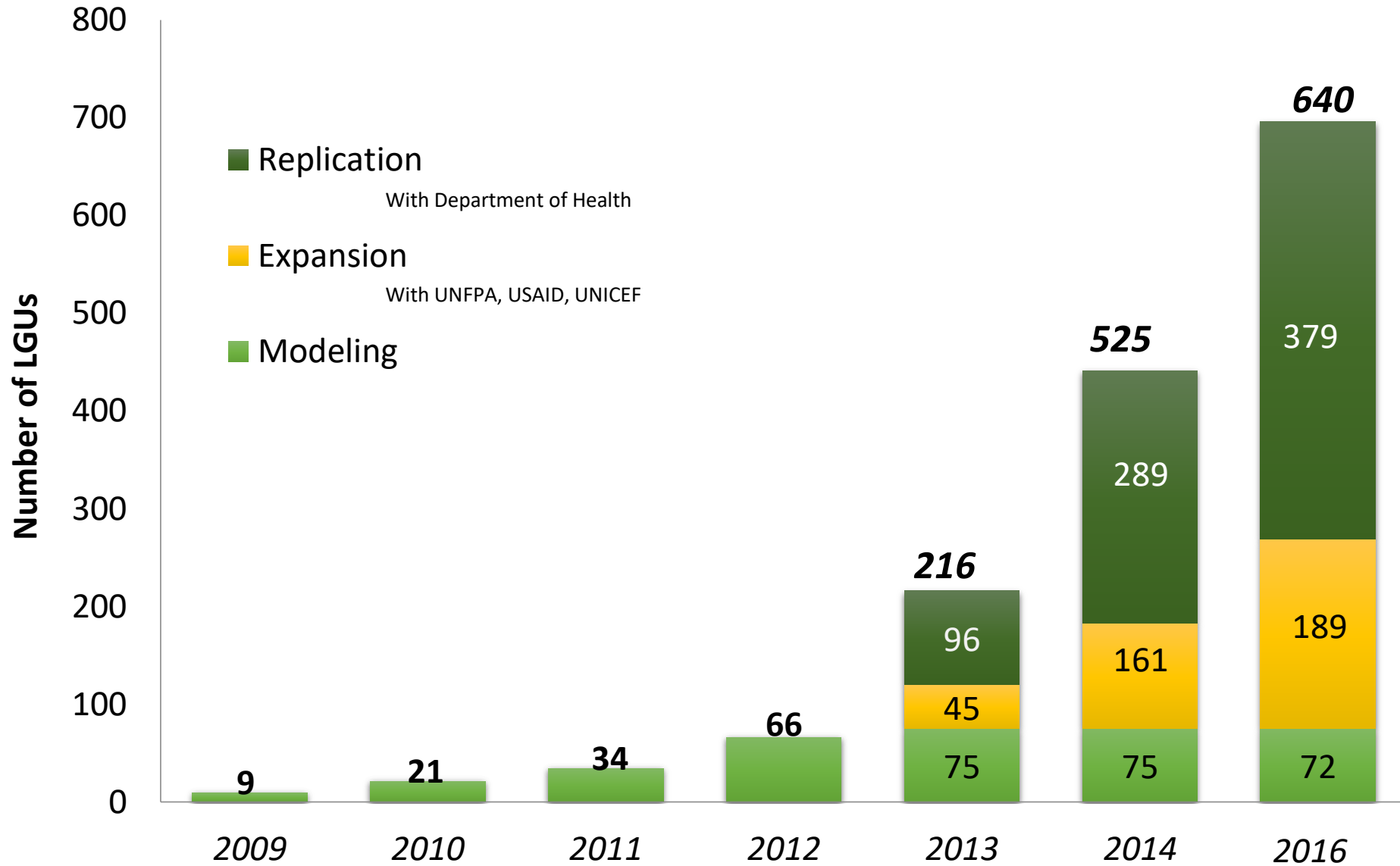
# Bridging Leadership Framework



Source: AIM-Team Energy Center, as modified



## Expanding the reach (end of March 2017, Cycle I)



# Health Leadership and Governance Program (HLGP)

## HLGP Cycle 1 Accomplishments



16 DOH  
Regional  
Offices

543  
Municipalities

32 Provinces

20 Cities

## Scope and Coverage

- Better contribute to the achievement of SDGs and Philippine Health Agenda
- Ensure the institutionalization of HLGP in the DOH central and regional offices
- The HLGP will be implemented by the DOH Central and Regional Offices in partnership with ZFF and Academic Partners in all local governments who commit to actively participate in the program

# HLGP Program Components

Leadership Programs			Participants
Regions	<p>Bridging Leaders Fellowship Program</p> <p>Health Leadership and Management for the Poor Program (HLMP)</p>	<p>One-year, two-module leadership program (Six-month Practicum: Coaching and Monitoring)</p>	<p>DOH Regional Offices, Regional and Provincial Chief of hospital, Academic Partner</p>
Provinces	<p>Provincial Leadership and Governance Program (PLGP)</p>	<p>Two year, three-module program (Six-month Practicum: Coaching and Monitoring)</p>	<p>Governor, PHO, Chiefs of Hospitals, Multi-sectoral team</p>
Municipalities	<p>Municipal Leadership and Governance Program (MLGP)</p>	<p>One-year, two-module leadership program (Six-month Practicum: Coaching and Monitoring)</p>	<p>Mayor, MHO, LHB</p>
Cities	<p>City Leadership and Governance Program</p>	<p>1.5 years, three-module leadership program (Six-month Practicum: Coaching and Monitoring)</p>	<p>City Mayors, City Health Officers and City Local Government Staff</p>
Barangays	<p>Barangay Health Leadership and Management Program</p>	<p>1 week training* Regular monitoring (every 6 months)*</p>	<p>Barangay Officials, (Assigned) Rural Health Midwives, BHWs</p>

Data is subjected to analysis in terms of disparity in access among different villages to determine equity issues

Address system wide issues in local health service access and delivery

Address inequities with direct interventions to the income-poor villages exhibiting high health outcome disparities

## Focus on Health Inequities

City Health Data

Indicators	2012 National Average	2016 National Target	Health Outcomes by Barangays (Arranged Poorest to Riches)								City Ave, 2013	
			POOR BARANGAYS			Poor BGY Ave.	RICH BARANGAYS			Rich BGY Ave.		
			Tam 4	Kal 2	Bag 1		RH- 11	RH- 13	Pob. 5			
Maternal Mortality Rate	163	50	0	5882	0	1960	0	0	0	0	0	128

Source: Equity Matrix of Cotabato City, 2013

*Health inequities are differences in living conditions and access to social and health services between villages whose households live above or below the poverty line. (WHO-SCUHE)*

# Comparison of Selected FP and ASRH Indicators from the Technical Roadmap

City Basic Health System Technical Roadmap (60) - Cagayan de Oro City, 2015									
Leadership & Governance (11)	Health & Social Financing (9)	Health Human Resource (7)	Access to Medicine & Technology (2)	Health Information System (4)	Health Service Delivery (24)	Social Determinants* (3)			
City Governance	City Health Action Plan	City Budget for Health (22% of IRA)	Health Human Resource Adequacy at the Health Center (MHO/Population Ratio = 1:30,758)	Presence of Essential Primary Care Medicines at the Health Centers (Stock Basis)	Electronic Data Management System	Referral System Within the City	City households Served by Solid Waste Management System at least 2x/week		
	Bed Occupancy Rate of LGU Administered Hospitals (236%)	Actual Budget Utilization for Health (100%)	Nurse: Population Ratio of 1: 9,187		Service Health Delivery Infrastructure	Maintenance and Operations of health centers or BHS			
	Satisfaction of 90-100% of Health Service Clients Surveyed	80/80 BGLU Health Budget (5% of Barangay IRA)	Midwife: Population Ratio of 1: 7,860		Quarterly Updated Health Data Board Accomplishment	Utilization		Available and Accessible Transportation for Emergency Sustainable Maternal Health Care Initiatives	
	Operational HEPNRP	IRA Allocation to Health and Other Social Services (40%)*	City HHR Trained on Basic Public Health Programs		Data Collection, Utilization and Information Dissemination	Pre-Metal Services (63%)		Sustainable Maternal Health Care Initiatives	
	Expanded & Functional City Health Board with Registration & Accreditation Committee for BHWs	Full Implementation of Magna Carta For Public Health Workers	Health Center Medicine Tracking & Inventory System			Post-Natal Services (63%)		Facility-based Deliveries (96%)	Exclusive Breastfeeding for Infants (87%)
	Ordinances on Public Road Safety*	25/27 (93%) of Health Centers Accredited for MCP	Health Human Resource Adequacy in BHS (BHW:Household Ratio of 1:20HH)		Drug Management System	Maternal and Infant Care		Sustainable Breastfeeding Initiatives	Elementary Completion Rate (94.14%)
	Ordinances on Preventing Incidence of Crime*	100% of Health Centers Accredited for TB 90/95	All Barangay Health Workers are either registered or accredited			Utilization & Dissemination of DILG & DOH LGU Scorecards		Sustainable Essential Intrapartum and Newborn Care Initiatives	
Creation of Citizens' Charter	Regular IEC for Enrolled Indigent (for Q1 and Q2)	Health Center Medicine Tracking & Inventory System	WASH	Sustainable Infant and Child Care Initiatives	Fully Immunized Child (95%)*	Percentage of NHTS Families (23.30%)			
Voter Participation Rate (80.4%)*	Ordinance & System for Claims Disposition and Utilization Monitoring on PHC	Health Center Medicine Tracking & Inventory System	Communicable Diseases	Under 5 Malnutrition Prevalence Rate (5%)*	Contraceptive Prevalence Rate (65%)				
Barangay Health Governance	Functional Barangay Health Council/ Committee in Barangays with NHTS members (93%)	100% of Health Centers Accredited for PCB-1	Health Center Medicine Tracking & Inventory System	Reproductive Health	Teen-age Pregnancy/Births* (13%)	Economics			
	Health Activities Integrated in the Barangay Annual Plan	100% of Health Centers Accredited for PCB-1	Health Center Medicine Tracking & Inventory System	TB Case Detection Rate (100%)*	TB Cure Rate (91%)*				

City Leadership and Governance Roadmap serves as guide to Local Chief Executives. Based on the six building blocks of WHO.

	Contraceptive Prevalence Rate (National Target 65%)		Teenage Pregnancy Rates (Target less than 4%)	
	2013	2015	2013	2016
Puerto Princesa City	55.4%	67%	21%	29.4%
Tabaco City	48.68	50%	-----	11.87 %

## Poor Health Seeking Behavior

Non-utilization of  
any contraceptive  
method

Low level of  
knowledge on  
HIV/STI

## Policy and Program Barriers

Law requires parental  
consent for clients  
below 18 years old

Low budget  
allocation for ASRH  
Programs

Weak City Service Delivery Network

Lack of Policies for Teen Centers

Data gathering and reporting

## Socio-Cultural Challenges

Poor life skills among adolescents (i.e. decision  
making, life-planning)

Commercial sexual exploitation

Difficulty of parents from far-flung and IP  
communities to attend to ASRH orientation  
programs due to distance and inability to leave  
their work/ livelihood

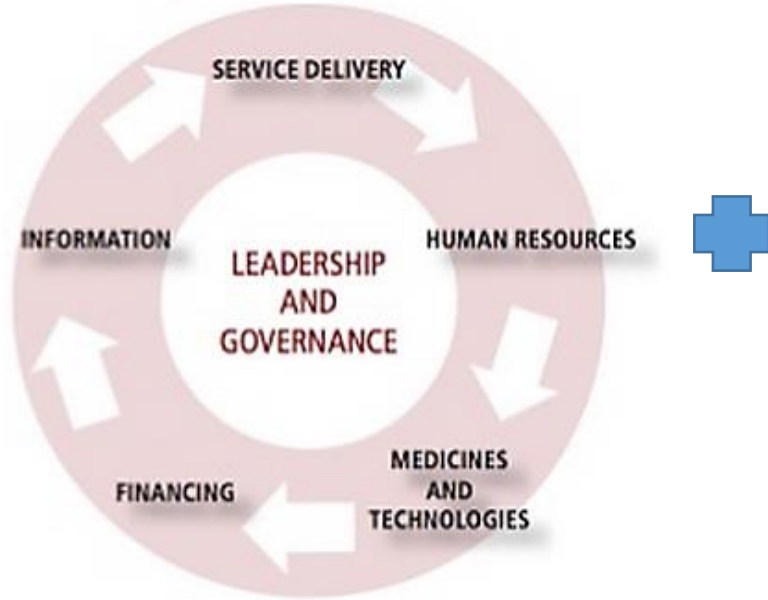
### Policy and Program Development

- Establishment of DOH Registered and PhilHealth Accredited Birthing Facilities
- Usapang Macho (Padyak Driver Sweet Lover) & Usapan Series (Usapang Kuntento Na, Usapang Pwede Pa, Usapang Bagong Maginoo, Usapang Buntis 1 and 2)
- Establishing Youth Ambassadors & Teen Center/ Teen Hub
- Birth planning and family planning (PPIUD)
- Activation of City and Barangay HIV Teams for programming and advocacy initiatives
- Efforts are being made by the city government to forge some partnership with the Catholic diocese
- City Social Welfare Office works closely with the City Health Office in addressing youth concerns and service provision for adolescents, and ASRH advocacy and information dissemination programs on STI/HIV with other organizations
- Conducted Adolescent and Youth Health Summit

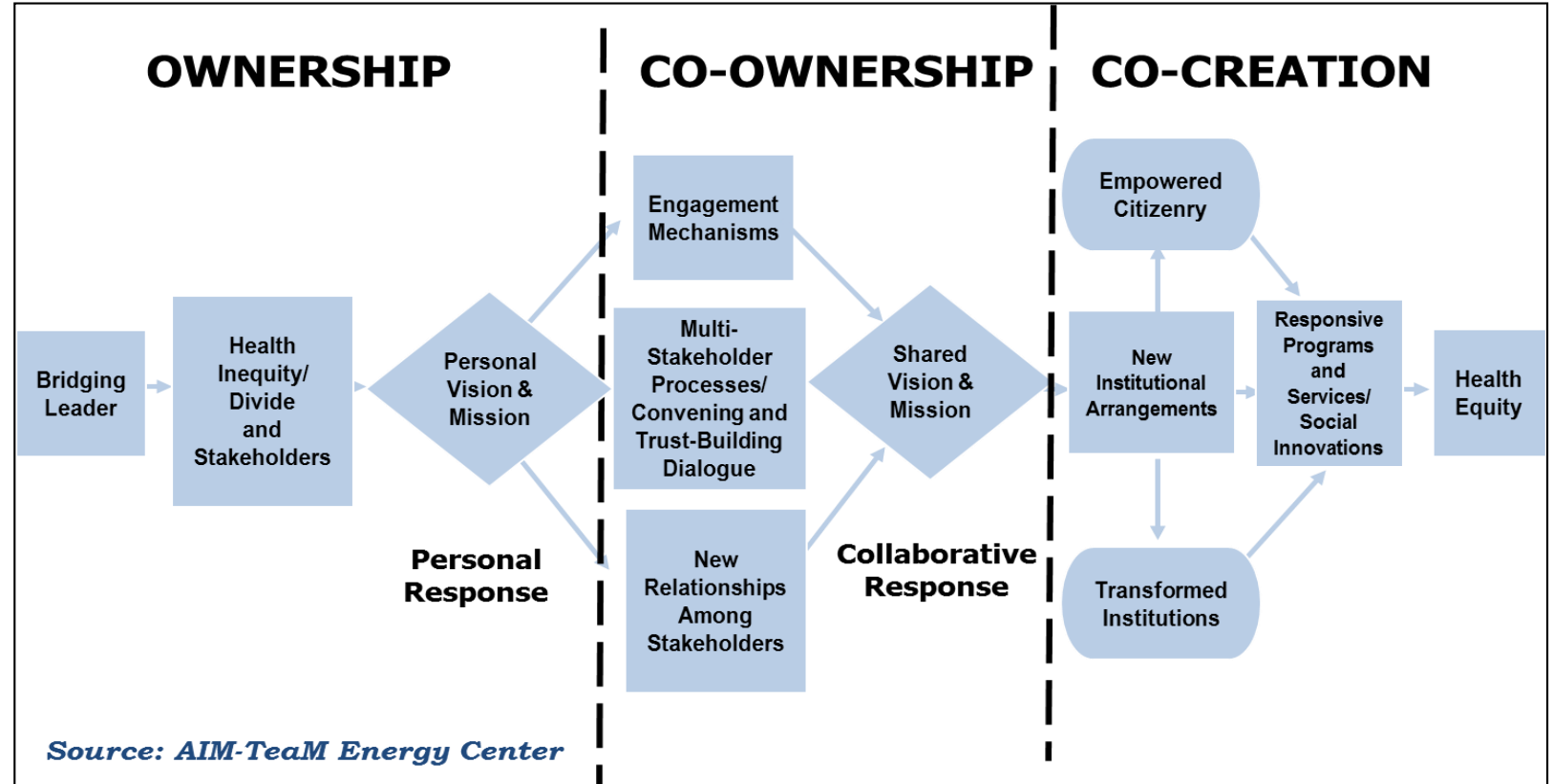
- Leadership of mayors and governors is critical in understanding health challenges and in engaging different stakeholders to address the issues
- Evidence-based analysis of health indicators highlighted need for systemic approach in addressing health challenge
- Systems changes need a longer period of strategic program implementation and cannot be resolved within program period, and even during political administrative term of a municipal mayor
- Community members should be involved from situation analysis to program development and implementation be able to concretize health programs



# ZFF Development Strategy: Applying the Bridging Leadership Framework to Health Systems Development

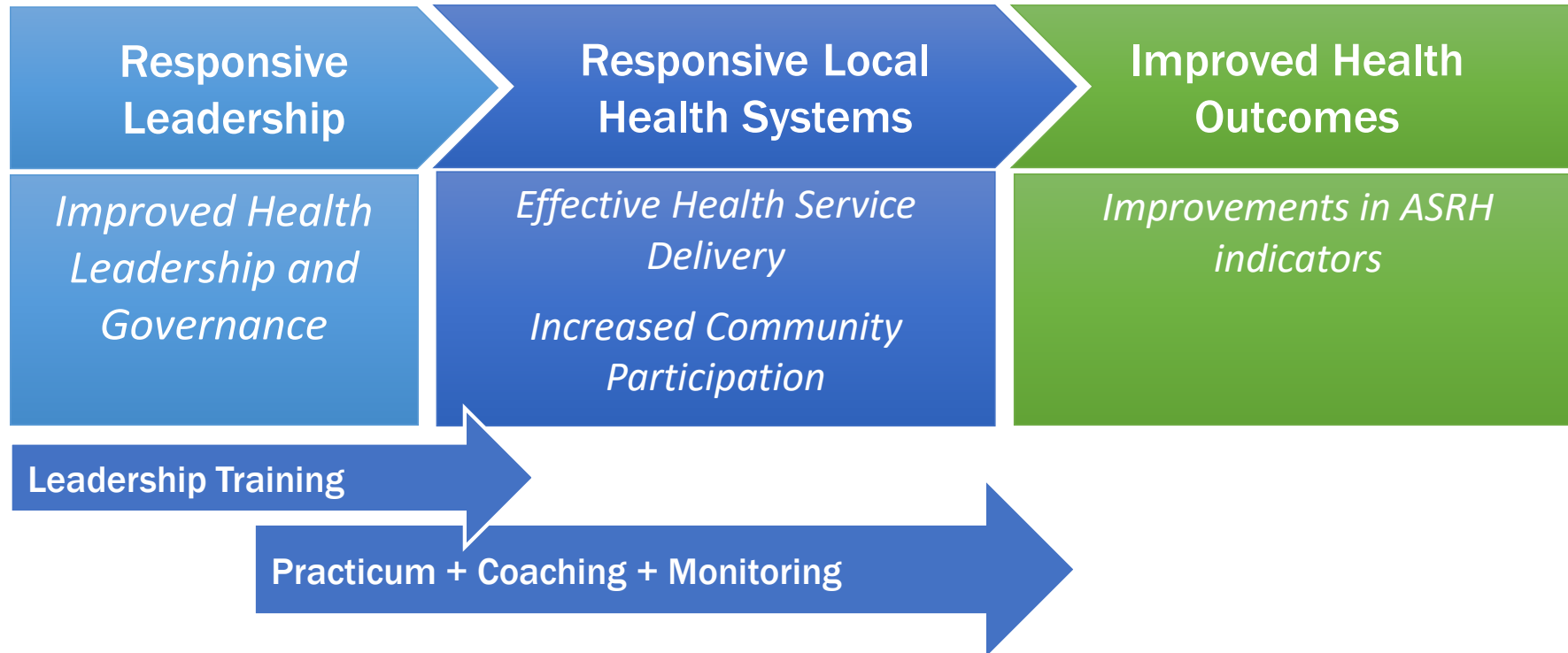


**WHO's Building Blocks for Better Health System**



**Bridging Leadership Framework**

# ZFF Health Change Model



Local Leaders are accountable for the health outcomes of their communities

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