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Research Article

Transformative Approaches to Universal Health Care: Towards Achieving Health Equity Framework in the Local Government Level

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ABSTRACT

Universal Health Care (UHC) is one of the critical policies ensuring the equitable access to quality health services without experiencing financial hardship. In the Philippines, UHC was institutionalized through Republic Act No. 11223 and reinforced the role of the Local Government Units (LGUs) in implementing health reforms and modification responsive to the community needs. This study evaluated the transformative approaches to Universal Health Care (UHC) towards the development of a health equity framework in the local government level. It utilized the convergent mixed-method research design combining quantitative analysis of health outcome indicators across selected Local Government Units implementing UHC integration sites along with qualitative interviews with local health officers, policy implementers, and community stakeholders. The premise of the exemplified transformative approaches in the utilization and implementation to UHC in the local government ensure the provisions of comprehensive delivery of health services, health financing, governance and leadership. The major themes that emerged from the study were: (1) primary healthcare orientation, (2) equity-oriented health system, (3) multi-sectorial collaboration, (4) financial protection mechanisms and (5) continuous monitoring and evaluation. The manifested themes from this study supplemented the health equity framework in the local government level to strengthen the health system, institutionalize health regulation, ensure the stability of the health services, and provide equity-oriented healthcare system. The findings were indicative of health policy reforms, governance mechanisms and strategies, and tools that could be put in place by local government to further the UHC and health equity particularly in the district hospitals, health centers and local communities. The proposed Health Equity Framework offers a policy and practice roadmap for local governments and the Department of Health to institutionalize equitable, efficient, and resilient health

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systems aligned with the goals of Universal Health Care providing health equity to the local government level.

Keywords: *health equity, transformative approaches, universal health care (uhc)*

Introduction

Universal Health Care (UHC) is an extremely important goal of health systems in all countries to cover everyone with the access to health services and refrain from suffering to financial hardship in any sense. The United Nations Sustainable Development Goal (SDG) 3.8 explicitly identifies UHC as a cornerstone of global health security and sustainable development, emphasizing equitable access to essential health services and financial risk protection (United Nations, 2015: World Health Organization [WHO], 2021). Despite the significant progress in terms of expanding the health coverage worldwide, disparities among populations, socioeconomic status, geographic location, and other variations in health system capacity.

Health inequities in the assessment of the World Health Organization continue to be the major challenge, with the differences on health results observed within and between countries. Just in the case of high-income nations, low- and middle-income economies pursuing the UHC different approaches to mobilize resources, commit politically to health policies, and implement effective macronational reforms according to their structures and resources (Ehsani et al., 2018). Transformative approaches — including the establishment of primary health care, strengthening health and social services, adopting digitalized health technologies and improving community participation have significantly improve healthcare accessibilities and reduce the health inequities (Awoonor-Williams et al., 2013; Macinko et al., 2017; Vijaya et al., 2024).Positive outcomes experiences in countries such as Brazil, Ghana, India, and Kenya exemplify that locally responsive health and decentralized approach interventions contribute significantly to improved health outcomes and more equitable service delivery.

Local government units (LGUs) are essential players in these transformation processes, as well as the UHC that through these decentralized health systems, health services become responsive and accountable. Since LGUs better understand and have the mandate to cater to the specific health needs of their communities, they require the resources and capacities to be effective (WHO, 2016). Successful collaborations in the local health sphere, such as community health workers programs in Rwanda and Brazil, demonstrate the importance of community engagement and customized interventions. These have undoubtedly improved health outcomes by rendering vital local services and health education (Rwanda Ministry of Health, 2019; Brazil Ministry of Health, 2018).

In the Philippines, the enactment of Republic Act No. 11223 or the Universal Health Care Act institutionalized the comprehensive reforms in health services. This law mandated that all Filipinos should have access to the healthcare services that are quality and cost wise respectively. It prescribed that all health services would be in line with the various financing and service delivery mechanisms employed in the Philippines (WHO: Western Pacific Philippines, 2019). The transformation routes represented by the UHC in the Philippines deal with various approaches in addressing the systemic challenges and the disparities of the accessibility of the healthcare and outcomes, one of which is the expansion of the PhilHealth coverages as to the UHC tenets. The Philippine government has made great strides in expanding the PhilHealth membership among the informal sectors, the vulnerable sectors, and the elderly, thereby keeping the tenets of the Universal Health Coverage into focus. The law introduced automatic membership in the National Health Insurance Program, strengthened primary care, established integrated healthcare provider networks, and enhanced health financing mechanisms through collaboration among the Department of Health, the Philippine Health Insurance Corporation (PhilHealth), and local government units (Villaverde et al., 2022). Since the

implementation of the UHC Act, LGUs have assumed expanded responsibilities in health governance, service delivery, resource management, and intersectoral collaboration.

During the pandemic underscored the necessity for resilient local health systems. LGUs had been at the frontlines in the pandemic response, implementing localized lockdowns, mass testing and vaccination campaigns, and providing social support to communities affected by the pandemic. The experiences of LGUs in combating the pandemic were lessons for strengthening the health systems and preparedness for future health emergencies (DOH, 2021). Despite these improvements, challenges still remain. Many LGUs do not have the sufficient resources and health infrastructure thus, they are faced with shortages of health professionals to attain UHC. Sustained effort was needed to invest in resources, build capacity, and to develop intersectoral collaboration in response to the LGUs. These included engaging community stakeholders and fostering public-private partnerships to strengthen the effectiveness and sustainability of the local health programs (Varkey et al., 2022). At this point the indispensable role of the LGU were further highlighted particularly in the effective implementation of UHC.

Although an extensive number of researches is available concerning the various aspects of UHC, the localized research dealing with the specific hurdles and their solutions in implementing the UHC appear to be lacking. Existing studies tend to generalize the varied contexts and to explain the manifold factors behind the relationships with the UHC outcomes at the local government relatively few investigations have focused on how transformative approaches adopted by local government units contribute to achieving health equity within specific local contexts. Prevailing literature generally emphasizes national policy implementation while providing limited empirical evidence on how local governance, innovation, stakeholder collaboration, and community participation collectively influence equitable healthcare outcomes at the municipal or provincial level. Furthermore, there remains insufficient understanding of how contextual factors shape the success or limitations of UHC implementation across different LGUs.

Guided by the Social Determinants of Health (SDOH) framework, this study acknowledges that health outcomes are shaped by healthcare services as well as broader social, economic, environmental, and governance conditions. The SDOH framework offers a comprehensive perspective for analyzing how local government initiatives address these determinants through health system transformation and equitable service delivery. Although the SDOH framework emphasizes the importance of local action, variations in governance capacity and resource availability among local government units (LGUs) suggest that transformative strategies may yield disparate outcomes, warranting further investigation.

Within this evolving health system, this study examines the transformative approaches employed by local government units in implementing Universal Health Care and their contribution to advancing health equity. Particularly, it seeks to identify strategies that strengthen healthcare accessibility, improve service delivery, and address social determinants of health within local contexts. Through the development of a localized Health Equity Framework, the study seeks to expand the evidence base on decentralized health governance and offer practical policy recommendations for strengthening UHC implementation at the local government level in the Philippines.

Materials and Methods

Research Design

The study on transformative approaches to Universal Health Care towards achieving health equity in the local government utilized a convergent mixed-methods design integrating quantitative and qualitative methods to provide a comprehensive understanding of transformative approaches to UHC. Quantitative and qualitative data were collected concurrently, analyzed separately, and integrated during interpretation.

Study Setting and Participants

The study was conducted in ten district hospitals and the Provincial Health Office in Pampanga, Philippines. Quantitative respondents included ninety (90) healthcare providers, ten (10) hospital administrators, twenty

(20) Provincial Health Office personnel, and eighty-eight (88) patients, totaling to 208 respondents.

Qualitative participants were purposively selected among UHC implementers, healthcare providers, and service beneficiaries to attain in-depth insights regarding implementation experiences.

Data Collection

A validated researcher-made survey questionnaire was used to measure utilization and implementation dimensions of transformative approaches. Semi-structured interviews and focus group discussions were conducted to comprehend stakeholder perspectives. Documentary analysis of health policies and program reports supplemented primary data sources and foundations.

Data Analysis

Descriptive and inferential statistics were utilized to analyze quantitative data. Qualitative data were processed through thematic analysis. Findings from both approaches were integrated to generate comprehensive conclusions and formulate the Health Equity Framework.

Result and Discussion

Utilization of Transformative Approaches to UHC Table 1 presents the emphasis on the measures that aim to prevent illnesses, detect health problems early, and promote healthy lifestyles to improve public health outcomes. The respondents' understanding to Preventive Healthcare is reflected through the table:

Table 1. Utilization of the Transformative Approaches towards UHC According to Preventive Healthcare

Indicators	Mean	SD	Verbal Description
1. Launch healthcare campaigns to raise awareness.	3.28	0.63	Always utilized
2. Ensure equitable access to vaccines.	3.14	0.74	Often utilized
3. Implement routine screenings for common diseases.	3.22	0.55	Often utilized
Grand Mean	3.21	0.64	Often utilized

Preventive healthcare appeared as the highest-rated dimension of transformative UHC utilization. Respondents recognized the effectiveness of local government health campaigns, medical missions, routine screenings, and immunization programs in promoting positive health outcomes. These initiatives contributed significantly to health awareness, disease prevention, and community health promotion.

Table 2. Utilization of the Transformative Approaches towards UHC According to Accessibility

Indicators	Mean	SD	Verbal Description
1.Establish more community health centers.	3.13	0.60	Often utilized
2. Implement outreach programs to deliver primary and preventive health care.	3.09	0.75	Often utilized
Indicators	Mean	SD	Verbal Description
Grand Mean	3.11	0.68	Often utilized

Accessibility and resilience recorded the lowest mean scores among utilization dimensions. Respondents highlighted the need for stronger health infrastructure, improved policy support, and greater adaptability of health programs to local contexts. These findings show persistent barriers affecting service accessibility and health system responsiveness.

The results further revealed that equity, accessibility, affordability, preventive healthcare, empowerment, and resilience function as interdependent dimensions necessary for successful UHC implementation. Positive insights were observed regarding PhilHealth expansion, targeted health programs, and public-private partnerships. Respondents also recognized the importance of care coordination in improving patient outcomes and reducing healthcare costs.

Implementation of Transformative Approaches

Health Financing. Health financing indicators generally received positive assessments. Automatic PhilHealth enrollment and financial protection initiatives were seen as important contributors to healthcare access. However, respondents identified the lack of workforce, technological gaps, and telehealth implementation challenges as persistent issues requiring policy attention and reform.

Service Delivery. Service delivery indicators illustrated positive perceptions regarding preventive health education, community engagement, and outreach programs. Counseling services and supportive health environments were considered moderately effective but requiring further enhancement to expand public participation and awareness.

Governance and Leadership. Governance and leadership were characterized by strong policy monitoring, transparency initiatives, and health literacy programs. However, feedback mechanisms and telemedicine implementation received lower ratings, indicating opportunities for improving responsiveness and community participation.

Relationship Between Utilization and Implementation

Significant relationships were observed between utilization and implementation dimensions of transformative approaches to UHC. The strongest relationship was identified between resilience and health financing, highlighting the importance of sustainable financing mechanisms in strengthening health system resilience. Preventive healthcare also established significant associations with financing, emphasizing the role of resource allocation in sustaining preventive interventions. Equity and accessibility showed moderate-to-strong correlations across financing, service delivery, and governance dimensions.

Stakeholder Perspectives

The thematic analysis generated five major themes and as follows:

Theme 1: Deficient Healthcare Orientation. Participants underscored the lack of comprehensive healthcare orientation among both providers and patients. Limited time for patient education, inadequate health information dissemination, and insufficient understanding of UHC reforms were found to impede accessibility and equity in service delivery. This deficiency results in poor patient engagement, weak preventive care, and fragmented awareness of available services.

Theme 2: Uneven Allocation of Healthcare Resources. Respondents identified disparities in financial, human, and material resource distribution across regions and sectors. Marginalized populations—especially those in far-flung and impoverished areas—face greater barriers to accessing care. These inequities reinforce health disparities and limit the transformative intent of UHC to provide inclusive, need-based health services.

Theme 3: Fragmented Governance and Institutional Silos. Stakeholders reported poor interagency coordination among health, social welfare, and local government institutions. Overlapping responsibilities and inconsistent directives between national and local levels cause confusion, duplication of efforts, and inefficient program implementation. This fragmentation diminishes the effectiveness of collaborative health initiatives and weakens system integration, which is central to the transformative vision of UHC. It also limits accountability mechanisms, delays service delivery, and reduces the overall efficiency of health governance structures significantly. Improving coordination mechanisms and clarifying roles can strengthen collaboration.

Theme 4: Inadequate Funding and Fiscal Constraints. Limited financial resources emerged as a significant barrier to service delivery and system improvement. Budget constraints restrict hospital operations, delay equipment upgrades, and limit the availability of medicines and laboratory services. Health workers expressed frustration over being unable to provide adequate care despite their competence and commitment. Fiscal insufficiency therefore undermines both service quality and staff morale.

Theme 5: Non-Interoperable Health Information Systems. Participants highlighted inefficiencies in data management and reporting due to non-integrated and outdated information systems. Manual record-keeping and inconsistent data formats between facilities lead to duplication, inaccuracies, and delays in decision-making. The lack of an interoperable health information system impedes coordination, monitoring, and evidence-based planning—key elements of transformative UHC implementation.

The findings highlight the importance of preventive healthcare as a foundational component of UHC implementation. Solid community-based interventions, health education campaigns, and routine preventive services contributed significantly to healthcare utilization and health outcomes. These findings align up with international evidence emphasizing primary healthcare as the cornerstone of equitable health systems.

The lower evaluation for accessibility and resilience suggest continuing structural blockage affecting service delivery. Geographic disparities, infrastructure limitations, and workforce shortages remain significant challenges in decentralized healthcare systems.

The significant relationships between financing, governance, service delivery, and utilization dimensions support institutionalized systems-based approaches to health reform. Effective UHC implementation requires coordinated investments across multiple areas rather than isolated interventions.

The qualitative findings provide further insight into persistent barriers. Deficient orientation, fragmented governance, inadequate funding, and information system challenges collectively weaken the transformative potential of UHC. These findings reinforce the need for institutional integration, resource redistribution, and digital transformation within local health systems.

Proposed Health Equity Framework

The proposed Health Equity Framework consists of five interrelated pillars:

a.) Primary Healthcare Orientation
b.) Equity-Oriented Health Systems
c.) Financial Protection Mechanisms
d.) Multisectoral Collaboration and Community Engagement
e.) Continuous Monitoring, Evaluation, and Learning

These pillars function within a governance environment that engages in equitable access, responsive service delivery, sustainable financing, and resilience-building. The framework emphasizes addressing social determinants of health and reducing disparities among vulnerable populations.

Conclusion

The following conclusions were drawn from the findings of the study: Local government units demonstrate a strong capacity to meet localized health needs, particularly excelling in the utilization of preventive healthcare strategies.

The localized health financing, service delivery, governance and leadership enhanced the confidence in health policies and trust in the health care system.

The health services coverage and equity were dependent on the proper utilization and implementation of the transformative approaches to UHC.

The perspective of the stakeholders on the health system were based on their roles, interests and experiences. Their unique insights on the challenges, opportunities and necessary changes required to effectively implement UHC gave concrete strategies, a holistic approach and ways to health equity in the local government level.

Transformative approaches to UHC provided a significant impact in formulating a health equity framework at the local government level particularly in the primary healthcare orientation, equity-oriented health system, multisectoral collaboration, financial protection mechanisms, continuous monitoring and evaluation.

Recommendations

Based on the conclusions drawn, the following recommendations were offered:

1. LGUs should formulate and implement measures to guarantee equity-oriented health system and strong commitment to UHC with budgetary allocation and

resources for continuity of the health services.
2. Transformative approaches to UHC in the local government should be plan and strengthen the health system by regular assessments in health financing, service delivery, leadership and governance.
3. To guarantee the expansion of health financing, the continuous health service delivery, and the exemplary governance and leadership the proper adaptation of policies and strategies and the continuous support to programs and advocacies in the local government health needs should always be complied and maintained.
4. The perspectives of the stakeholders contributed significantly to enhance what need to be defined, modified and done in terms of achieving health equity and a stronger health system in the local government.
5. The health equity framework created could further modified to the landscape of the countries health issues that changes so fast and demands an unwavering commitment, continuous adaptation and resilience.
6. Future studies on transformative approaches to UHC could explore various dimensions or issues in the local governance and health policy implementation, the social determinants of health at the local level and developing frameworks or tools to measure health equity in the local government level.

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