

# LEVERAGING PRIMARY HEALTH CARE FOR CASE MANAGEMENT AND INFECTION CONTROL IN TARLAC PROVINCE, PHILIPPINES

## COVID-19 PROMISING PRACTICES

### EXECUTIVE SUMMARY

- The Philippines is a lower-middle income country strongly committed to achieving Universal Health Care (UHC) through the expansion of access to Primary Health Care (PHC) services, as indicated by its adoption of the UHC Act and roll-out of its national health insurance scheme (PhilHealth).
- While the Philippines has over 51,000 confirmed cases of COVID-19, Tarlac Province located in the Central Luzon Region, has only 47 confirmed cases as of 09 July 2020.
- To ensure continued low rates of COVID-19, Tarlac Province is committed to optimizing case management and infection control through grassroots community engagement, utilizing electronic information systems, and continuing to strengthen PHC initiatives throughout the pandemic.

### PHILIPPINES PHC AT A GLANCE



Population: 106.65 M  
GDP/Capita: \$3,102.7 (current USD)  
Human Development Index: 0.712  
Life Expectancy at Birth: 71.1 Years

- The Philippines' PHC system has been decentralized for nearly 30 years and is delivered in municipal health centers, rural health centers, and barangay health stations.
- In 2019, the country adopted Republic Act No. 11223, the UHC Act, and committed to expanding access to PHC services through implementation of PhilHealth, a national health insurance scheme.
- Tarlac Province has been selected as a pilot site for the Philippines' UHC 2020 initiative. This entails the implementation of PhilHealth along with goals to increase health seeking behavior within catchment populations. Additional commitments of the initiative reflect the core of Alma Ata, including increased community engagement to empower individuals and families.
- The Local Investment Plan for Health (LIPH) 2020-2022 was approved by Tarlac's administrative region, Central Luzon, in November 2019. LIPH has outlined several PHC investment strategies. Within the three-year plan, 80% of investments will be initiatives by Tarlac Province, local cities, and barangays for the implementation of hospital and primary health care services.
- With the passing of the Universal Health Care Act, the LIPH was revised to include activities that helped implement UHC in Tarlac. UHC implementation is aligned with the strategic direction of the national government focusing on managerial and technical integration, strengthening service delivery networks, and ensuring strong health governance.

### COVID-19 IN TARLAC PROVINCE, PHILIPPINES



As of 9 July 2020

47

TOTAL CONFIRMED CASES

34

RECOVERIES

8

DEATHS

16 MAR 20

ENHANCED COMMUNITY QUARANTINE, LUZON REGION

26 MAR 20

FIRST CASE IN TARLAC PROVINCE

29 MAR 20

PROVINCE-WIDE ENHANCED COMMUNITY QUARANTINE

While many efforts to combat COVID-19 are centered at the provincial level, the national government has implemented several political strategies to help mitigate the impact of the pandemic. On 16 March 2020, the Philippines declared a National State of Calamity in light of the health and economic burdens of the disease. This allowed for the implementation of price controls, hazard allowances, and other financial relief. The country also passed the Bayanihan to Health as One Act, allowing the president the ability to reallocate the national budget to address COVID-19. PhilHealth, the country's national health insurance scheme, even provided a \$581 Million USD advanced payment to health care providers to mitigate budgetary concerns at the local level. Various quarantine efforts have been established across the country depending on local caseloads, and the national government aided in establishing mass-testing centers to rapidly understand the current situation on the ground.

# COVID-19 IN TARLAC PROVINCE, PHILIPPINES: LEVERAGING PRIMARY HEALTH CARE FOR CASE MANAGEMENT AND INFECTION CONTROL

## AN INTERVIEW WITH DR. RIC RAMOS AND DR. GARY ROLE



*Dr. Ric Ramos is currently a Provincial Health Consultant to the Governor of Tarlac, a former surgeon, and former director within the Department of Health Bureau of Health Facility Development.*



*Dr. Gary Role is a current Provincial Health Officer and former Development Management Officer in Tarlac. He is also former Chief at Luis Tirso General Hospital and Rural Health Physician.*

**Question:** What have been the biggest priorities in addressing COVID-19 in Tarlac Province, Philippines?

**Answer:** The governor of Tarlac Province has repeatedly underscored that the health of residents is among the highest political priorities. As COVID-19 rapidly spread through Wuhan, China and began to appear in the Philippines, Tarlac Province initiated extensive early monitoring. The province used the delayed arrival of COVID-19 to Tarlac as an opportunity to further learn about the virus and better prepare its health workforce through education, training, and procurement of protective personal equipment (PPE). Early measures screened travelers at the provincial border - this included tracking individuals who moved in and out of the area, given Tarlac's position as one of the busiest transit stops en route to the northern Philippines.

Tarlac's PHC system has enabled case management and infection control to be at the core of the province's response to COVID-19. These efforts have been critical in limiting the number of positive cases to approximately 47, while the greater Philippines has confirmed over 51,000 cases thus far. Effective case management and infection control has been achieved through the implementation of coordinated provincial-wide efforts, as well as grass-roots community-oriented strategies.

**Question:** How has case management and infection control been maximized for COVID-19 management in Tarlac Province?

**Answer:** When the first case of COVID-19 was detected in Manila in early March, Tarlac established

a COVID-19 taskforce consisting of provincial government officials, inter-agency representatives, an incident command team representative, hospital chiefs, and communications organizations. This enabled the development of a dynamic team which is able to coordinate and maximize case management and infection control efforts, even as COVID-19 evolves. The interagency and interdisciplinary taskforce is not only able to link case management and infection control to Department of Health protocols, it has also been successful in communicating the need for individuals to cooperate through advocacy campaigns. Linked with the provincial taskforce, Tarlac's Incident Command Team has been crucial in developing region-wide strategies and directions for COVID-19 response.

Not only did the Incident Command Team and COVID Taskforce carefully monitor and manage active cases, they also identified the need to prioritize the protection of health workers to enhance response capacity. Tarlac's commitment to the protection of the health workforce catalyzed the development of stringent PPE and infection control protocols, mobilized necessary funds and infrastructure development, and provoked task-shifting along with the relocation of workforce to enhance case management. During the implementation of the Enhanced Community Quarantine, all residents were instructed to stay at home. Throughout the pandemic, community members have been able to contact the COVID-19 hotline, where trained individuals provide over-the-phone consultation and coordinate the transfer and pick-up of patients to and from their respective homes or hospital to better control the movement of active or suspected cases. Case

management efforts were enhanced with passage of the Bayanihan to Health as One Act which enabled individuals experiencing COVID-like symptoms to access COVID-19 dedicated hospitals for further evaluation and quarantine measures without out-of-pocket expenditures from their hospitalization.

**Question:** How were existing PHC structures leveraged to carry out coordinated and effective case management and infection control across the province?

**Answer:** Given Tarlac Province consists of 17 municipalities and 1 component City and over 500 barangays (villages), the need for a coordinated case management and infection control structure was self-evident. Tarlac was able to leverage its existing PHC electronic health information systems to connect all corners of the province to collectively work towards controlling the COVID-19 outbreak.

**Wireless Access for Health (WAH)**, the provincial information technology system, established in 2009, has been critical in maintaining continuity of patient information as cases move through the province's referral system. In April, Tarlac Province and WAH launched the **COVID Risk Assessment Monitoring and Management System (CRAMMS)**, an application allowing health workers at all levels of the referral chain to track the progress and symptoms displayed by COVID-positive patients, and patients under monitoring. CRAMMS has been critical in coordinating case management and infection control as it allows for the seamless transfer of patient information across the province, from PHC centers in barangays to provincial hospitals. CRAMMS also provides real time data collation and analysis, as well as opportunities for adaptation as COVID-19 progresses. Data from the CRAMMS system has also been used to monitor hospital capacity at dedicated COVID-19 centers to ensure appropriate supplies for case management.

Achieving effective case management and infection control also requires high quality and capable leadership and management. To ensure that local health management was able to effectively understand and coordinate case management and infection control efforts, several education initiatives and briefings were implemented. This includes a provincial orientation meeting with all municipal stakeholders from health and non-health sectors to learn about the epidemiology of COVID-19. Training and the establishment of interdisciplinary

communication channels enabled the appropriate preparation and coordination of local PHC systems for COVID-19 case management and infection control.

**Question:** How did existing PHC structures enable grassroots case management and infection control?

**Answer:** Tarlac's case management and infection control efforts are able to succeed due to the existence of a strong, community-centered PHC system. The Barangay Health System, consisting of 218 Barangay Health Stations and 29 Rural Health Units, is able to provide preventative, promotive, and curative care at the grassroots level. Tarlac's case management and infection control efforts have been rooted in the Barangay Health System and reliant on community engagement and empowerment.

Upon the arrival of COVID-19 to Tarlac Province, barangays were instructed to commence lockdown and establish Barangay Health Emergency Response Teams (BHERT). While the BHERT initiative was established nationally, its implementation varies by province. In Tarlac, Barangay Health Workers and Rural Health Units spearheaded BHERTs and conducted active case monitoring including identification of potential cases, identification of contacts, and documentation of international travel and travel to provinces with high cases. The health workforce would monitor suspected cases for 14 days and facilitate referral to designated COVID-19 health centers or local quarantine facilities for further case management if symptoms worsen. BHERTs were also responsible for documenting information from the community level to the CRAMMS system for province-wide COVID-19 monitoring.

Community engagement and outreach also had a significant impact on Tarlac's case management and infection control efforts. Community Health Officers and Community Health Workers facilitated education initiatives in barangays to inform local communities of signs, symptoms, and management of COVID-19. These educational efforts were launched with the hope of increasing health seeking behavior, creating a shared sense of responsibility, and enabling individuals with the knowledge to identify and act upon one's own risk of COVID-19. Rural health units would actively contact and disseminate infection control information to its catchment populations through paper sources, social media, and even established allotted time for COVID-19 education on a radio station.

**Question:** What do you see as lasting changes to Tarlac's PHC system from its approach to case management and infection control? Do you think the changes made in practice will go beyond the COVID-19 pandemic?

**Answer:** COVID-19 has allowed Tarlac to strengthen several aspects of its PHC system and identify opportunities for future health systems strengthening efforts. Given the province's approach to COVID-19 case management and infection control was heavily reliant on communication across levels of the health system, Tarlac has been able to strengthen its referral system and coordination of electronic health information. Tarlac's PHC system was also able to identify the importance of community engagement and outreach for proper case management, and particularly for infection control. Learning how to empower and enable its citizens allowed for education on PPE, hygiene, social distancing, and nutrition, while increasing awareness and health-seeking behavior.

Given Tarlac's commitment to UHC and increasing access to PHC, it is likely that the improvements made during COVID-19 will last beyond the pandemic. Tarlac Province has been selected by the government of the Philippines as one of the pilot implementation sites of the Universal Health Care Act. In the coming six-years, Tarlac will continue to evaluate its health framework while implementing a new health system rooted in UHC and PHC to

identify best practices prior to nationwide scaling of the act. COVID-19 has been an early test to the ongoing health systems development, and has advantageously revealed opportunities for improvement and strengths within the current structure. As the province continues to innovate and find more efficient mechanisms for delivering high quality primary health care, many of the strategies and lessons learned from COVID-19 can be reused and repurposed for tackling future health emergencies and strengthening the health system as a whole.

## RELEVANT RESOURCES

### RELEVANT IMPROVEMENT STRATEGIES

- [PHC Policies](#)
- [Community Engagement](#)
- [Local Priority Setting](#)
- [Workforce](#)
- [Information Systems](#)
- [Surveillance](#)
- [Innovation and Learning](#)

### GLOBAL LEARNING TOOLS AND RESOURCES

- WHO Resources
  - [COVID-19 Operational guidance for maintaining essential services during an outbreak](#)
  - [Operational considerations for case management of COVID-19 in health facility and community](#)
  - [Considerations in adjusting public health and social measures in the context of COVID-19](#)
  - [Webpage on Community Health Workers](#)
- [PATH Resources to support COVID-19 in LMICs](#)
- [STRATIS - Community-based Care Coordination – A Comprehensive Development Toolkit](#)