WWW.IJRPR.COM

International Journal of Research Publication and Reviews

Journal homepage: www.ijrpr.com ISSN 2582-7421

Hesitancy on Universal Health Care (UHC) Implementation among Hospitals: A Review

Jennefer V. Mugas, MD [1.2], Rylan Howell Superiano, MD [1.3], Jose A. Torres III, MD [1.4], Leslie Marie L. Rosario, MD [1.5], Dinah Jo C. Nicer, MD [1.6], Remnel Jay E. Lim, RN [1.7], Richard Jay T. Guzman [1.8], Erwin M. Faller, PhD.[1]

1 Graduate School, St. Bernadette of Lourdes College, Quezon City, Manila, Philippines
2 Head Medical Division, Megawide Construction Corporation-Citicore Construction Corporation Incorporated-Arayat Mexico Solar Farm Project, Asistensi, San Juan, Metro Manila, Philippines
3 Internal Medicine Department, Occidental Mindoro Provincial Hospital, Occidental Mindoro Philippines
4 Primary Care Physician, Maxicare Primary Care Health Services
5 Health Emergency Management Bureau, Dr. Jose N. Rodriguez Memorial Hospital and Sanitarium, Caloocan City, Metro Manila, Philippines
6 General Medicine (Pediatric Department), Carigara District Hospital, Provincial Health Office of Leyte, Philippines
7 Emergency Department, Cotabato Puericulture Center and General Hospital Foundation Inc., Cotabato City, Philippines
8 Hospital Operations Head, Butuan Medical Center, Butuan City, Agusan Del Norte Philippines

ABSTRACT

Access to quality and affordable healthcare, being one of our basic rights has been a clamor of everyone and is predominantly famous among citizen of third world country where poverty is rampant. Without access to affordable health care the out-of-pocket expenditure would be a burden to all. Hence, the implementation of Universal Health Care is one of the thrusts of the World Health Organization. Most articles published tackles on the challenges faced during the UHC implementation due to various factors such as lack of funds, political will, coordination between public and private entities however very few to none have been cited regarding the hesitancy among health care workers and hospitals in the implementation of UHC. This literature review was conducted as there is not much information about if there was indeed hesitancy in UHC implementation among hospitals and what are the factors causing such. Summary of this review presents the various challenges faced by the countries who have implementing UHC such as weak system links pointing largely to basic governance issues, harmonization of the critical laws affecting the health workforce and the local government code, enhancement of devolution through additional non-earmarked funding for local governments, weak relationships with local government units, the private sector, and community group engagements, re-examination of the integration approach, in terms of the technical capacities for planning and evidence-based management greatly affects the smooth implementation of Universal healthcare. Therefore, efforts should be geared on resolving issues such as those mentioned to boost the confidence of UHC implementers at the grassroots level.

Introduction

Health systems are not just about improving health, but also about ensuring that people are protected from the financial consequences of illness, and especially the financial consequences of having to obtain medical care. One widely used definition of universal health coverage (UHC) is, therefore, "a situation where all people who need health services (prevention, promotion, treatment, rehabilitation, and palliative) receive them without undue financial hardship" (WHO 2010). A recent WHO/World Bank Group proposal is that by 2030 everyone should have 100 percent financial protection from out-of-pocket payments *(WHO/World Bank Group 2014)*.

The 2019 Philippine Universal Health Care Act (Republic Act 11223) was set for implementation in January 2020 when disruptions brought on by the pandemic occurred.

The dominance of the DOH and PhilHealth is predictable given that the law can be seen as their mission to acquire higher income resources and conduct extensive health sector changes to achieve or advance toward universal health coverage. The third-most frequently used tag, "contracting," describes a tool or method that the main agents will use to communicate with other agents. *(Capuno J.J.,2021, et al)* Human resources in the field of health, LGUs, and the demand side of health care that incorporates health benefits were the least tagged, or what was thought to be less addressed by the law. With the post-COVID-19 lens in mind, three topics emerged as essential to the UHC implementation. Involvement and contracting with stakeholders, as well as the capacities and instruments for coordination, are all examples of national-local interactions. *(Tangcalagan K.,2019, et al).* With these concerns, the hospital stakeholders, specifically the hospital administrators of both private and public hospitals, have hesitation in the implementation of Universal Health Care.

Method

A search of literature on various journal databases as well government issuances were done online based on the keywords hesitancy, and UHC Implementation. Though there were many articles regarding UHC implementation not much were found on the hesitancy of its implementation. Most articles encountered discuss the challenges encountered in various areas.

This review paper summarizes all the related studies we have encountered through our readings particularly on the challenges encountered by countries who have implemented Universal health care in the past.

A review of article method was used to analyze, discuss, and compare the results of all the reviewed papers. In this type of review, a comprehensive, critical, and objective analysis of the current knowledge on a topic is done. This is an essential part of the research process and helps to establish a theoretical framework and focus for our research.

A summary of the results was presented in table form.

Review of Literature

UHC was signed as legislation or R.A. 11223, signed into law by the former president Duterte in February 2019, ushers in significant reforms to the Philippine health system with the key elements being an increase in population, service, and financial coverage through several health modifications. There are three thrusts of UHC – (1) financial risk protection through expansion in enrollment and benefit delivery of the National Insurance Program (NHIP), (2) better access to quality hospitals and health care facilities, and (3) accomplishment of health-related Millennium Development Goals (MDGs) (MDGs). The WHO Constitution from 1948 forms the foundation of UHC. This affirms that having access to the best possible level of health for everyone is a fundamental human right. WHO suggests refocusing health systems on primary care (World Health Organization, 2010).

Thus, the adoption of the Universal Health Care (UHC) Act of 2019 is a ground-breaking health reform that guarantees Filipinos have fair access to high-quality, reasonably priced healthcare services and are safeguarded from financial hazards. By incorporating local health systems into province- or city-wide health systems (P/CWHS) and adhering to the principles of primary health care, the health sector will achieve the goals of the UHC (Gwatkin, 2020, et al). To deliver seamless healthcare services, it is imperative that providers and facilities be grouped into primary care provider networks and connected to secondary and tertiary care facilities as networks. *(Dayrit, M. 2018 et al).* This is a massive undertaking that must be completed to integrate into P/CWHS. Additionally, it entails distinguishing between individual and population-based healthcare services and bolstering the fundamental public health duties including epidemiology, DRRM-H, and health promotion.

The UHC Law mandates the institutionalization of cooperative intergovernmental decision-making and implementation, particularly in areas such as health impact assessment, health professional education, and monitoring and evaluation of health system performance. The private sector is also enjoined to respond to service delivery needs as health care provider networks, and to generate evidence together with the academe through data sharing and commissioning of relevant health policy and systems studies. *(Kayes N., Shun-King M., 2020).* Through these more inclusive and regular stakeholder engagement processes, strategic complementation with partners within and outside government is encouraged. Still, differences in perspectives and interests are among the greatest hurdles that affect cooperation and resource allocation. For one, adequacy of PhilHealth benefit package rates are continuously criticized, particularly by for-profit private facilities that do not enjoy the government subsidy afforded to public facilities. Even between government units, changes in processes meant to improve the efficiency of one agency may result in negative effects for another. When the Department of Budget and Management (DBM) transitioned to a new budgeting mechanism, it resulted in a 28% decrease in DOH appropriation from 2018 to 2019. *(Nuevo, 2021, et al)*

As a result, investments would entail making the most of available resources, such as those from official development assistance (ODA) and other types of international assistance, to support efforts being made by local and national health agencies to achieve this integration goal. The *Administrative Order (AO) 2020-0005* or the Philippine Health Development Cooperation Framework and the Administrative Order (AO) 2020-0021 or the Guidelines on Integration of the Local Health Systems into Province-wide and City-wide Health Systems (P/CWHS) are examples of existing policies that acknowledge that the international health partners (IHPs) should respect the local government units' priorities for health reform in their efforts to implement the UHC Act's provisions *(DOH Administrative Order s.2020).*

Table 1. Summary of Results

Author	Title	Country	Results
Yibeltal Assefa,a Peter S Hill,a Charles F Gilks,a Mengesha Admassu,b Dessalegn Tesfaye,c and Wim Van Dammed (September 2020)	Primary health care contributions to universal health coverage, Ethiopia	Ethiopia	Key challenges: inadequate coverage of services, inequity of access, slow-health system transition for services involving non-communicable diseases, inadequate quality of care, high out-of-pocket expenditure.

Sooyoung Kim, Tyler Y. Headset, Yesim Tozan (August 2022)	Universal healthcare coverage and health service delivery before and during the COVID-19 pandemic: A difference-in-difference study of childhood immunization coverage from 195 countries	Unspecified	20,230 country-year observations, countries with a high UHC Index (>= 80) had 2.70% smaller reduction in childhood immunization coverage during the pandemic 2020 compared to countries with UHC index of <80.
WHO (October 15, 2019)	SDGs and progress towards universal health coverage. New Delhi: World Health Organization Regional Office for South-East Asia; 2017	India	Regional average for UHC essential services is 61% in 2019 compared with 46% in 2010. Only 5 member states may reach >80% coverage by 2030 unless there is significant acceleration. 3 member states (Bhutan, Indonesia, Maldives) showed improved financial protection from catastrophic health expenditure.
Naoki Ikigami (2016 Feb 25)	Achieving Universal Health Coverage by Focusing on Primary Care in Japan: Lessons for Low- and Middle-Income Countries	Japan	Clinic-based physicians focusing on primary care tend to have higher income than hospital-based specialists because the specialists' organizations have remained comparatively weak.
Haile Negusse, Elisha McAuliffe & Malcolm MacLachlan (August 24, 2007)	Initial community perspectives on the Health Service Extension Program in Welkait, Ethiopia	Ethiopia	Although Health Extension Workers (HEWs) had visited them less frequently than planned, participants generally found the program to be helpful. Despite this, their basic health knowledge was still quite poor regarding the major communicable diseases and their vectors. Participants felt the new HESP represented an improvement on previous health provision. HEWs were preferred over Traditional Birth Attendants for assistance with labor
Matthew Sunil George, Rachel Dave's, Itismita Mohanty, Penney Upton (June 26, 2020)	Everything is provided free, but they are still hesitant to access healthcare services": why does the indigenous community in Attapadi, Kerala continue to experience poor access to healthcare?	India	The health system provided a comprehensive financial protection package in addition to a host of healthcare facilities for the indigenous communities to avail services. Despite this, they resisted attempts by the health system to improve their access. The failure to provide culturally respectful care, the discrimination of the community at healthcare facilities, the centralization of the delivery of services as well as the lack of power on the part of the indigenous community to negotiate with the health system for services that were less disruptive for their lives were identified as the barriers to improving healthcare access. The existing power differentials between the community and the health system stakeholders also ensured that meaningful involvement of the community in the local health system did not occur.
Tuba I. Agartan (January 9, 2020)	Politics of success stories in the path towards Universal Health Coverage: The case of Turkey	Turkey	The article's main findings demonstrate the ways in which international actors and national policymakers engage in policy work and use their relationships, global policy ideas and experiences to build legitimacy

			and support for their respective agendas. Reforms in Turkey were proposed and implemented before the rise of UHC in the global agenda, suggesting an ex post facto rebranding of its reforms as UHC. For Turkey's policymakers, rebranding worked to tie their policy solutions, summarized in the HTP, to UHC as a widely accepted cultural symbol. The Ministry of Health's deliberate strategy to encourage data collection and monitoring was also a key part of its efforts to construct a success narrative in collaboration with global policy actors. For the global-level advocates of UHC, Turkey provided evidence that UHC works. Before it became a target under the health-related Social Development Goals (SDGs), advocates needed to demonstrate that they had the right framing and metrics for a UHC agenda. After 2015, successful examples have served as strategic tools for building support and political momentum as the agenda was diffused, and as these diverse agendas and interests overlapped.
Carol Vlassoff, Marcel Tanner, Mitchel Weiss, Shobha Rai (April 2010)	Putting People First: A Primary Health Care Success in Rural India	India	According to the WHO Report, health systems in developing countries have not responded adequately to people's needs. People in the study area did not expect the health system to provide an enabling social and normative environment as prescribed by the WHO. They were content to have their basic health needs addressed. However, our in-depth observations revealed substantial progress in several areas, including in family planning, safe deliveries, immunization, and health promotion. Satisfaction with services in the study area was high. Adequate primary health care is possible, even when all recommended WHO reforms are not fully in place.
Jorge Mendoza Aldana, Helga Piechulek, & Ahmed Al-Sabir (2001)	Client satisfaction and quality of health care in rural Bangladesh	Bangladesh	The most powerful predictor for client satisfaction with the government services was provider behavior, especially respect and politeness. For patients this aspect was much more important than the technical competence of the provider. Furthermore, a reduction in waiting time (on average to 30 min) was more important to clients than a prolongation of the quite short (from a medical standpoint) consultation time (on average 2 min, 22 sec), with 75% of clients being satisfied. Waiting time, which was about double at outreach services than that at fixed services, was the only element with which users of outreach services were dissatisfied.
Ramey Moore, PhD, Rachel S. Purvis, PhD, Emily Hallgren,	"I am hesitant to visit the doctor unless absolutely	Unspecified	Nearly half (42.66%) of the participants in this sample are between 30 and 49 years of

PhD, Sharon Reece, MD, CCFP, Alan Padilla-Ramos, MD, Morgan Gurel-Headley, BS, Spencer Hall, MA and Pearl A. McElfish, PhD, MBA (August 2022)	necessary": A qualitative study of delayed care, avoidance of care, and telehealth experiences during the COVID-19 pandemic		age. Participants were diverse, with 70.41% identifying their race and ethnicity as non-Hispanic White and 17.14% identifying as Black/African American. Most of the participants identified as women (70.42%) and described their yearly income as $50,000 per year or less (66.77%). More than a quarter of participants reported their education attainment as a four-year university degree (36.23%). The sample is diverse regarding race and ethnicity but is over-representation of women compared to the population of Arkansas. Participants recounted experiences of delayed health care, avoidance of health care, and experiences with telehealth during the COVID-19 pandemic. Experiences of delayed health care include the extrinsic factors: care delays and scheduling difficulties. Avoidance of health care includes the intrinsic motivators to not seek care during the COVID-19 pandemic, as well as fear of COVID-19 and changed health-seeking behaviors. Finally, participants described both positive experiences and negative experiences with telehealth. Within the primary theme of avoidance of health care, participants described fear of COVID-19 infection as the primary reason for changes to their health-seeking behaviors. Participants indicated that fear of COVID-19 influenced health care decision-making about routine/wellness care, preventive care, emergency care, and surgical interventions. This is consistent with studies finding that fear of COVID-19 affects health-seeking behaviors in adult.
Lorenzo Jaime Yu Flores, Ramon Rafael Tonato, Gabrielle Ann dela Paz, Valerie Gilbert Ulep (September 9, 2021)	Optimizing health facility location for universal health care: A case study from the Philippines	Philippines	The choice of metric posed a tradeoff between optimizing for one localized population center (Metric 1) versus multiple population centers (Metric 2), while the choice of demand readjustment depended on which one weighs more in decision-making: prioritizing populations without RHU access (Method A) or including populations in areas where RHUs was insufficient to meet demand (Method B). Results that placed RHUs close to existing facilities also opened the possibility of expanding current RHUs instead of building new ones. These results differed based on the number of facilities to be constructed or upgraded. Ultimately, policy makers must weigh the issues of equity when deciding which outcomes to optimize for.
Humphrey Cyprian Karamagi, Prosper Tumusiime, Regina Titi-Ofei, Benson Droti, Hillary	Towards Universal Health Coverage in the WHO African Region: Assessing	Africa	The conceptual approach together with the methods, have been validated, strengthening confidence in the results. The four capacities

Kipruto, Juliet Nabyonga-Orem, Animata Binetou-WahebineSeydi, Felicitas Zawaira, Gerard Schmets, Joseph Waogodo Cabore (March 2021)	health system functionality, incorporating lessons from COVID-19		used to construct functionality appear to be adequate and accurate at this, and the system functionality index is a stronger predictor of desired health service outcomes captured in the universal health care index but not for other outcomes influenced significantly by actions in our sectors. The access to essential services capacity is quite low in most countries and is of concern, despite the current emphasis placed on addressing financial barriers. It shows that the move towards universal health care, even with good financial access, remains difficult when populations still have very low levels of physical access.
Tomoyuki Takura, Hiroko Muira (February 18,2022)	Socioeconomic determinants of Universal Health Coverage in the Asian Region	Unspecified	The results showed that GDP and health expenditure were significantly positively correlated with the SCI ($p < 0.01$). The panel data analysis results showed that GDP per capita was a factor that greatly influenced the SCI as well as poverty (partial regression coefficient: 0.0017, 95% CI: 0.0013–0.0021). The results of the performance analysis showed that the Philippines had the highest scores (GDP: 1.84 SCI score/USD per capita, health expenditure: 1.04 SCI score/USD per capita) and South Korea the lowest. We conclude that socioeconomic factors, such as GDP, health expenditure, unemployment, poverty, and population influence the progress of UHC, regardless of system maturity or geographic characteristics. The examination of the effects of socioeconomic factors on the development of UHC, GDP, and government health expenditures showed a statistically significant positive correlation of these factors with SCI. However, the unemployment rate and poverty rate had negative relationships with progress toward UHC. In addition, according to the performance analysis, which is broadly a cost-effectiveness analysis, the performance of the Philippines was relatively better than that of other countries, despite its short-term constraints. This approach also suggested that regardless of the maturity of the system or the size of the economy, the status of UHC activities in each country could be evaluated based on the displacement of economic and SCI levels achieved.
Arianna Maever L. Amit, Veincent Christian F. Pepito, Manuel M. Dayrit (September 05, 2022)	Advancing Universal Health Coverage in the Philippines through self-care interventions	Philippines	Advances in institutionalizing self-care and providing evidence of its effectiveness have been made in developed countries, particularly in the Americas and Europe. However, lower-income countries and other regions are lagging. In Europe, self-care is viewed as a necessity and is promoted by national governments. In the Philippines, per

			capita health expenditure as of 2020 amounted only to around USD 430 (adjusted for purchasing power parity), highlighting the gap between the resources needed to make UHC work and the country's ability to make such investments. Globally, self-care increases cost savings up to USD 119 billion and productivity by 40·8 billion days, and saves time spent by patients and physicians by 11 and 1·8 billion hours, respectively. Self-care also has the potential to improve quality of life from 22 million QALYs to 39 million QALYs in the future.
S. Katrina Perehudoff, Nikita V. Alexandrov, Hans V. Hogerzeil (June 28, 2019)	The right to health as the basis for universal health coverage: A cross-national analysis of national medicines policies of 71 countries	Unspecified	Of the 80 full text NMPs we initially retrieved, nine were excluded due to language restrictions or incompleteness. We included 71 NMPs published between 1990 and 2016. Our sample has a higher proportion of NMPs published before 2004 (≤2003 n = 32/47, 68% vs. ≥2004 n = 39/88, 44%) and by low-income countries (n = 35/46, 76%) than middle- and high-income nations (n = 35/132, 27%). The essential medicines and human rights principles included in each NMP are presented in Table 2 (https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0215577#pone-0215577-t002). No NMP includes all the 12 principles. NMPs with examples of innovative ideas are listed in Table 3 (https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0215577#pone-0215577-t003) and the full text of these examples is available in the online S2 Appendix (https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0215577#pone.0215577.s002). The following subsections highlight the most relevant descriptive data for each principle.
Guixia Fang, Diling Yang, Li Wang, Zhihao Wang, Yuanyuan Liang, Jinxia Yang (July 22, 2022)	Experiences and Challenges of Implementing Universal Health Coverage with China's National Basic Public Health Service Program: Literature Review, Regression Analysis, and Insider Interviews	China	The program provided full life cycle service to the whole population with an equitable and affordable financing system, enhanced the capability and quality of the health workforce, and facilitated integration of the public health service delivery system. Meanwhile, there were also some shortcomings, including lack of selection and an exit mechanism of service items, inadequate system integration, shortage of qualified professionals, limited role played by actors outside the health sector, and a large gap between the subsidy standard and the actual service cost. The Join point regression analysis demonstrated that 13 indicators related to program implementation showed a significant upward trend (P<.05) from 2009 to 2016, with

			average annual percent change values above 10% for 6 indicators and below 6% for 7 indicators. Three indicators (coverage of health records, electronic health records, and health management among the elderly) rose rapidly with annual percent change values above 30% between 2009 and 2011 but rose slowly or remained stable between 2011 and 2016. In 2016, the subsidy standard per capita in the eastern, central, and western regions was equivalent to US $7.43, $7.15, and $6.57, respectively, of which the national-level subsidy accounted for 25.50%, 60.57%, and 79.52%, respectively.
Naser Derakhshani, Mohammadreza Maleki, Hamid Pourasghari &, Saber Azami-Aghdash (July 22, 2021)	The influential factors for achieving universal health coverage in Iran: a multimethod study	Iran	Finally, 33 studies were included. Eight hundred two factors were extracted through systematic review and 96 factors through FGD and interviews (totally, 898). After refining them by the experts' panel, 105 factors were categorized within the control knob framework (financing 19, payment system7, Organization 23, regulation, and supervision 33, Behavior 11, and Others 12). Most of the identified factors were related to the "regulation and supervision" dimension, whilst the "payment system" entailed the fewest. The political commitment during political turmoil, excessive attention to the treatment, referral system, paying out of pocket (OOP) and protection against high costs, economic growth, sanctions, conflict of interests, weakness of the information system, prioritization of services, health system fragmented, lack of managerial support and lack of standard benefits packages were identified as the leading factors on the way to UHC.
Chhabbi Lal Ranabhat, Chun-Bae Kim, Ajanta Singh, Devaraj Acharya, Krishna Pathak, Basundhara Sharma & Shiva Raj Mishra	Challenges and opportunities towards the road of universal health coverage (UHC) in Nepal: a systematic review	Nepal	We found 14 studies that were related to legal assurance, risk pulling and financing of health service, 11 studies associated with UHC service coverage status and, 7 articles linked to government stewardship, health system and governance on health care. Constitutional provision, global support, progress on the health insurance act, decentralization of health service to the grass root level, positive trends of increasing service coverage are seen as opportunities. However, existing volunteer types of health insurance, misleading role of trade unions and high proportion of population outside the country are main challenges. The political commitment under the changing political context, a sense of national priority and international support were identified as the facilitating factors towards UHC.
Chukwudi A. Nnaji, Charles S. Wiysonge, Thobile Malinga &	Implementation research approaches to promoting	Africa	The database search yielded 2153 records. We identified 12 additional records from

Abdu A. Adamu, Joseph C. Okeibunor, Prosper Tumusiime & Humphrey Karamagi (May 03, 2021)	universal health coverage in Africa: a scoping review		hand search of reference lists. After the removal of duplicates, we had 2051 unique records, of which 26 studies were included in the review. Implementation research was used within ten distinct UHC-related contexts, including HIV; maternal and child health; voluntary male medical circumcision; healthcare financing; immunization; healthcare data quality; malaria diagnosis; primary healthcare quality improvement; surgery and typhoid fever control. The consolidated framework for implementation research (CFIR) was the most frequently used framework. Qualitative and mixed-methods study designs were the most common methods used. Implementation research was mostly used to guide post-implementation evaluation of health programs and the contextualization of findings to improve future implementation outcomes. The most reported contextual facilitators were political support, funding, sustained collaboration, and effective program leadership. Reported barriers included inadequate human and other resources; lack of incentives; perception of implementation as additional work burden; and socio-cultural barriers.
Linghan Shan, Qunhong Wu, Chaojie Liu, Ye Li, Yu Cui, Zi Liang, Yanhua Hao, Libo Liang, Ning Ning, Ding Ding, Qingxia Pan, Liyuan Han (June 02, 2017)	Perceived challenges to achieving universal health coverage: a cross-sectional survey of social health insurance managers/administrators in China	China	There was consensus among the respondents on the performance of the current health insurance system in terms of its role in UHC, regardless of who they were and what responsibility they held in their organization (i.e., policy development, managing fund transactions, and so on). Overall, about 45% of the respondents believed that there is a long way to go to achieve UHC. The low rating was found to be associated with limited financial protection (OR=1.656, 95% CI 1.279 to 2.146), healthcare inequity (OR=1.607, 95% CI 1.268 to 2.037), poor portability (OR=1.347, 95% CI 1.065 to 1.703) and ineffective supervision and administration of funds (OR=1.339, 95% CI 1.061 to 1.692) as perceived by the respondents.
Monserrat Guingona, Servando Halili, Fortunato Cristobal, Torres Woolley, Carole Reeve, Simone Jacquelyn Ross, and André-Jacques Neusy (April 29, 2021)	A Curriculum for Achieving Universal Health Care: A Case Study of Ateneo de Zamboanga University School of Medicine	Philippines	Local community members, community leaders, and health staff consistently reported examples of ADZU-SOM students and graduate doctors developing health infrastructure and providing health education, health promotion, and disease prevention activities accessible to all population groups. Students and graduates suggested these impacts were due to several factors, including how ADZU-SOM's sandwich model of longitudinal community-engagement culminating in 10-months continuous community placement in the

			final year helped them develop a strong motivation for community service, the teachings and curriculum activities that focused on public health and the social determinants of health, and faculty's commitment and ability to operationalize ADZU-SOM's mission and values. Staff also reported impacts were driven by integration of regional and national health priorities as core curriculum and involving local stakeholders in curriculum development.
Runguo Wu, Niying Li, Angelo Ercia (March 19, 2020)	The Effects of Private Health Insurance on Universal Health Coverage Objectives in China: A Systematic Literature Review	China	Coverage prevalence of private health insurance gradually increased but it was unequally distributed across regions and populations. The expansion of social health insurance has enhanced the total aggregate premium of private health insurance but has had a mixed impact on the take-up of private health insurance. Private insurance beneficiaries were found to limit their utilization of healthcare services and there was no evidence that it ensured financial protection.
Alireza Darrudi, Mohammad Hossein Ketabchi Khoonsari, Maryam Tajvar (March 08, 2022)	Challenges to Achieving Universal Health Coverage Throughout the World: A Systematic Review	Unspecified	Of the 26 included studies, 7 (27%) were reviews, 6 (23%) were reports, and 13 (50%) had another type of study design. The publication dates of the included studies ranged from 2011 to 2020. Nine studies (35%) were published in 2019. Using the World Health Organization conceptual model, data on all the challenges related to UHC in terms of the 4 functions of health systems (stewardship, creating resource, financing, and delivering services) were extracted from the included studies and reported.
Nisperos, G.A. et. al., Social Medicine Health for All, Volume 15, No.2, 2022	The Philippine Health Care Law: A Differing View	Philippines	Universal Health Coverage does not at all ensure health for all. On the contrary, health insurance schemes that are promoted by governments in pursuit of Universal Health Coverage are excluding most of the people, “leaving the poor behind”. The poor quality of services due to insufficient health workers, medicines, and equipment continues to afflict countries implementing Universal Health Coverage, resulting in further disparities in health services across socio-economic groups. The privileged tend to prefer and receive higher quality healthcare from private and higher institutions, while the poor and underprivileged have much less options and are left with low quality care.
Minh, H.V. et. al., Global Health Action, Volume 8, 2014	Progress towards Universal Health Coverage in ASEAN	ASEAN	ASEAN countries have made good progress toward UHC, partly due to relatively sustained political commitments to endorse UHC in these countries. However, all the

			countries in ASEAN are facing several common barriers to achieving UHC, namely 1) financial constraints, including low levels of overall and government spending on health; 2) supply side constraints, including inadequate numbers and densities of health workers; and 3) the ongoing epidemiological transition at different stages characterized by increasing burdens of non-communicable diseases, persisting infectious diseases, and reemergence of potentially pandemic infectious diseases.
Thapa, B. et. al., Volume 56, Issue S2, 2021	Does Progress on Universal Health Coverage Explain COVID Cases and Deaths?	Unspecified	· There is a positive and strong association between UHC-SCI and COVID outcomes. This is counterintuitive, and likely suspected due to the dependency of testing for the actual ascertainment of cases and deaths. The coefficient on the interaction term (between SCI and social capital), however, is negative and statistically significant.
Yue-Chune Lee, Yu-Tung Huang, Yi-Wen Tsai, Shuih-Ming Huang, Ken N Kuo, Martin Mckee, Ellen Nolte (2010)	The impact of universal national health insurance on population health: the experience of Taiwan	Taiwan	Deaths from amenable causes declined between 1981 and 1993 but slowed between 1993 and 1996. Once NHI was implemented, the decline accelerated significantly, falling to 5.83% per year between 1996 and 1999. In contrast, there was little change in non-amenable causes (0.64% per year between 1981 and 1999). The effect of NHI was highest among the young and old, and lowest among those of working age, consistent with changes in the pattern of coverage. NHI was associated with substantial reductions in deaths from circulatory disorders and, for men, infections, whilst an earlier upward trend in female cancer deaths was reversed.

Conclusion

There was not much research and related articles were found particularly tackling the hesitancy on UHC Implementation.

Though this was the case, drawing from various viewpoints, a robust content analysis uncovered tendencies towards centralization. Factors such as weak system links pointing largely to basic governance issues, harmonization of the critical laws affecting the health workforce and the local government code, enhancement of devolution through additional non-earmarked funding for local governments, weak relationships with local government units, the private sector, and community group engagements, re-examination of the integration approach, in terms of the technical capacities for planning and evidence-based management greatly affects the smooth implementation of Universal healthcare. Therefore, to efficiently maneuver the implementation of Universal Health Care, efforts should be geared towards resolving the issues stated above which would in turn decrease the hesitancy level among UHC implementers. Lastly, innovations in governance areas, such as public–private partnerships, and the smarter allocation of tax-based sources, contracting and allocation arrangements can improve the quality and efficiency of decision-making in the UHC system.

References:

World Health Organization. (2010). *Monitoring the building blocks of health systems: a handbook of indicators and their measurement strategies*. https://apps.who.int/iris/handle/10665/258734

Kutzin, J. (2013). Health financing for universal coverage and health system performance: concepts and implications for policy. *Bulletin of the World Health Organization*, *91*(8), 602–611. https://doi.org/10.2471/blt.12.113985

World Bank Open Data. (n.d.). World Bank Open Data. https://data.worldbank.org/indicator/NY.GDP.PCAP.CD?locations=PH

Philippine Statistics Authority | Republic of the Philippines. (n.d.). https://psa.gov.ph/pnha-press-release/node/165216

Capuno, J. J., Kraft, A. D., & O'Donnell, O. (2021). Filling Potholes on the Road to Universal Health Coverage in the Philippines. *Health Systems and Reform*, *7*(2). https://doi.org/10.1080/23288604.2021.1911473

World Bank Open Data. (n.d.-b). World Bank Open Data. https://data.worldbank.org/indicator/SH.UHC.SRVS.CV.XD?locations=PH

A look into the UHC Advanced Implementation Sites (AIS) rollout | CurAlly. (n.d.). https://www.curally.ph/blog/67

World Bank Group. (2021, June 29). PHILIPPINES: Mandanas Ruling Provides Opportunities for Improving Service Delivery Through Enhanced Decentralization. *World Bank*. https://www.worldbank.org/en/news/press-release/2021/06/10/philippines-mandanas-ruling-provides-opportunities-for-improving-service-delivery-through-enhanced-decentralization

Assefa, Y., Hill, P. S., Gilks, C. F., Admassu, M., Tesfaye, D., & Van Damme, W. (2020). Primary health care contributions to universal health coverage, Ethiopia. *Bulletin of the World Health Organization*, *98*(12), 894-905A. https://doi.org/10.2471/blt.19.248328

Kim, S., Headley, T. Y., & Tozan, Y. (2022). Universal healthcare coverage and health service delivery before and during the COVID-19 pandemic: A difference-in-difference study of childhood immunization coverage from 195 countries. *PLOS Medicine*, *19*(8), e1004060. https://doi.org/10.1371/journal.pmed.1004060

World Health Organization. Regional Office for South-East Asia. (2019). *Monitoring progress on universal health coverage and the health-related sustainable development goals in the South-East Asia Region: 2019 update*. https://apps.who.int/iris/handle/10665/326828

Ikegami, N. (2016). Achieving Universal Health Coverage by Focusing on Primary Care in Japan: Lessons for Low- and Middle-Income Countries. *International Journal of Health Policy and Management*, *5*(5), 291–293. https://doi.org/10.15171/ijhpm.2016.22

Negusse, H., McAuliffe, E., & MacLachlan, M. (2007). Initial community perspectives on the Health Service Extension Programme in Welkait, Ethiopia. *Human Resources for Health*, *5*(1). https://doi.org/10.1186/1478-4491-5-21

George, M., Davey, R., Mohanty, I., & Upton, P. (2020). "Everything is provided free, but they are still hesitant to access healthcare services": why does the Indigenous community in Attapadi, Kerala continue to experience poor access to healthcare? *International Journal for Equity in Health*, *19*(1). https://doi.org/10.1186/s12939-020-01216-1

Agartan, T. I. (2021). Politics of success stories in the path towards Universal Health Coverage: The case of Turkey. *Development Policy Review*, *39*(2), 283–302. https://doi.org/10.1111/dpr.12489

Vlassoff, C., Tanner, M., Weiss, M. J., & Rao, S. (2010). Putting people first: A primary health care success in rural India. *Indian Journal of Community Medicine*. https://doi.org/10.4103/0970-0218.66896

Moore, R., Purvis, R. S., Hallgren, E., Reece, S., Padilla-Ramos, A., Gurel-Headley, M., Hall, S. R., & McElfish, P. A. (2022). "I am hesitant to visit the doctor unless absolutely necessary": A qualitative study of delayed care, avoidance of care, and telehealth experiences during the COVID-19 pandemic. *Medicine*, *101*(32), e29439. https://doi.org/10.1097/md.0000000000029439

Flores, L. J. Y., Tonato, R. R., Paz, G. a. D., & Ulep, V. G. T. (2021). Optimizing health facility location for universal health care: A case study from the Philippines. *PLOS ONE*, *16*(9), e0256821. https://doi.org/10.1371/journal.pone.0256821

Perehudoff, K., Alexandrov, N. V., & Hogerzeil, H. V. (2019). The right to health as the basis for universal health coverage: A cross-national analysis of national medicines policies of seventy-one countries. *PLOS ONE*, *14*(6), e0215577. https://doi.org/10.1371/journal.pone.0215577

Fang, G., Yang, D., Wang, L., Wang, Z., Liang, Y., & Yang, J. (2022). Experiences and Challenges of Implementing Universal Health Coverage with China's National Basic Public Health Service Program: Literature Review, Regression Analysis, and Insider Interviews. *JMIR Public Health and Surveillance*, *8*(7), e31289. https://doi.org/10.2196/31289

Derakhshani, N., Maleki, M., Pourasghari, H., & Azami-Aghdash, S. (2021). The influential factors for achieving universal health coverage in Iran: a multimethod study. *BMC Health Services Research*, *21*(1). https://doi.org/10.1186/s12913-021-06673-0

Ranabhat, C. L., Kim, C., Singh, A., Acharya, D., Pathak, K. P., Sharma, B., & Mishra, S. R. (2019). Challenges and opportunities towards the road of universal health coverage (UHC) in Nepal: a systematic review. *Archives of Public Health*, *77*(1). https://doi.org/10.1186/s13690-019-0331-7

Nnaji, C. A., Wiysonge, C. S., Okeibunor, J., Malinga, T., Getso, M. I., Tumusiime, P., & Karamagi, H. (2021). Implementation research approaches to promoting universal health coverage in Africa: a scoping review. *BMC Health Services Research*, *21*(1). https://doi.org/10.1186/s12913-021-06449-6

Shan, L., Wu, Q., Liu, C., Li, Y., Cui, Y., Liang, Z., Hao, Y., Liang, L., Ning, N., Ding, D., Pan, Q., & Han, L. (2017). Perceived challenges to achieving universal health coverage: a cross-sectional survey of social health insurance managers/administrators in China. *BMJ Open*, *7*(5), e014425. https://doi.org/10.1136/bmjopen-2016-014425

Wu, R., Li, N., & Ercia, A. (2020). The Effects of Private Health Insurance on Universal Health Coverage Objectives in China: A Systematic Literature Review. *International Journal of Environmental Research and Public Health*, *17*(6), 2049. https://doi.org/10.3390/ijerph17062049

: *Journal of Preventive Medicine and Public Health*. (n.d.). https://www.jpmph.org/m/journal/view.php?number=2203

Nisperos, G. A. (2022, June 1). *The Philippine Universal Health Care Law: A Differing View*. https://www.socialmedicine.info/index.php/socialmedicine/article/view/1405

Van Minh, H., Pocock, N. S., Chaiyakunapruk, N., Chhorvann, C., Duc, H. D., Hanvoravongchai, P., Lim, J., Lucero-Prisno, D. E., Ng, N., Phaholyothin, N., Phonvisay, A., Soe, K. T., & Sychareun, V. (2014). Progress toward universal health coverage in ASEAN. *Global Health Action*, *7*(1), 25856. https://doi.org/10.3402/gha.v7.25856

Thapa, B., Ossimetha, A., Rahman, M., & Galárraga, O. (2021). Does Progress on Universal Health Coverage Explain COVID Cases and Deaths? *Health Services Research*, *56*(S2), 37–38. https://doi.org/10.1111/1475-6773.13771

Lee, Y. C., Huang, Y., Tsai, Y. W., Huang, S., Kuo, K. N., McKee, M., & Nolte, E. (2010). The impact of universal National Health Insurance on population health: the experience of Taiwan. *BMC Health Services Research*, *10*(1). https://doi.org/10.1186/1472-6963-10-225

Dongarwar, D., & Salihu, H. M. (2020). COVID-19 Pandemic: Marked Global Disparities in Fatalities According to Geographic Location and Universal Health Care. *International Journal of MCH and AIDS*, *9*(2), 213–216. https://doi.org/10.21106/ijma.389