GOVERNANCE, DECENTRALIZATION, AND UNIVERSAL HEALTHCARE A QUALITATIVE STUDY OF COMMUNITY HEALTH WORKER PROGRAMS IN THE PHILIPPINES

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BACKGROUND

Community health worker (CHW) programs are an important resource in the implementation of universal healthcare(UHC) strategies in many low-and middleincome countries^{1-4.} CHWs are often individuals' first point of contact with the health system⁵⁻⁶. However, in countries with decentralized health systems the quality and effectiveness of CHW programs may differ across settings due to variations in resource allocation and local politics^{7-8.}

What are community health workers? Ê^

Community health workers are community members trained in basic healthcare delivery that provide primary healthcare services to their local communities^{1-4.}

What factors influence the success of CHW programs

Governance factors, such as local, regional, and national politics, policies, and resources^{1-4,} as well as sociocultural and individual factors, such as CHWs' motivations, gendered norms around care, and socioeconomic status^{9-11,} impact the success of CHW programs.

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CHWs in the context . of the Philippines

In the Philippines' decentralized healthcare system CHWs are often the front-line of healthcare delivery^{12.} Recent legislation was passed institutionalizing UHC in the Philippines and CHWs play an important role in its implementation^{13.}

> The objective of this research was to explore the governance of CHW programs and lived experiences of CHWs in a decentralized health system and examine the structural and individual-level factors that influence the operations of CHW programs.

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FINDINGS

LIFE CYCLE FACTORS

All CHWs except one were female. 74.3% of participants were 40-69 years old, 47.3% had college/vocational college education, and 39.2% of participants had high school education.

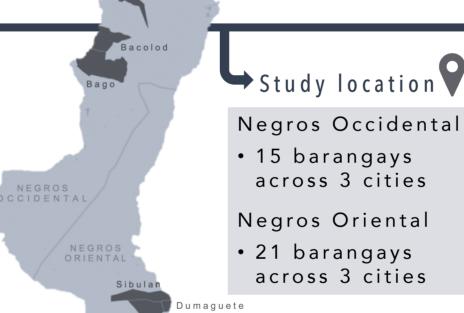
CARE & SOCIAL CAPITAL

Individuals were motivated to be CHWs by their desire to care for their communities. Being patient, compassionate, respectful, dedicated, and approachable, as well as having trusting relationships with the community, were seen as key to the CHW role. Social capital played an important part in recruiting CHWs, with many related to or acquainted with those who recruited them.

"Young people don't \Box want to be trained without an allowance." "It's not about the salary, it's about compassion and care." "They would like to add more CHWs for the loads

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to become easier, lighter, but [...] there's no



METHODS

We conducted 85 semistructured interviews with CHWs (n=74) and administrators of CHW programs (n=11) in two provinces in the Philippines. We used thematic analysis to analyze data.

HUMAN & FISCAL RESOURCES

CHWs' remuneration and workload varied by region depending on the barangay's budget. Non-governmental organizations (NGOs) and individual CHWs also influenced resource availability.

TRAINING LENGTH & PROVIDER

Although there were common types of training provided, length, fees, training providers, and the availability and frequency of supplementary training varied between regions. NGO training often supplemented basic training provided by the local government.

LOCAL POLITICS

CHWs were employed by different levels of government. The positions of CHWs who were employed solely at the barangay or city level were often dependent on their support of the current local political leader. This enhanced their precarity and impacted administrators' ability to provide training.

allowance. That's the ⊥ problem." \supset Т "I asked for a budget ×0 but they said that there is no budget [...] so I R will [continue to] ask [...] ⊼ E I will try, I will try, I will \mathcal{P} \sim try." \geq "Fortunately they were Т \square trained by [an] NGO [...] σ about those diseases and \Box how to assist." σ σ "Job security is relative to your political stance."

DISCUSSION



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Relying on individuals' motivations to care for others as a way to recruit and retain CHWs may create vulnerabilities that impact the sustainability of CHW programs and their effectiveness in implementing UHC in the Philippines.



The implementation of CHW programs can be obstructed by health system decentralization through the uneven operationalization of national priorities at the local level.



There are opportunities for CHW programs in the Philippines to enhance collaboration with non-state actors in the short term while leveraging the ability of a decentralized health system to allow for contextual and responsive healthcare delivery by CHWs in the long term.

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