Universal Health Care Under Republic Act 11223: Strategies and implementation in Oriental Mindoro

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Abstract

Universal Health Care is a newly crafted law signed and approved by President Rodrigo Roa-Duterte on February 20, 2019, relevant in this time of crisis to address the universal health access of every Filipino suffering from any health condition that requires treatment making all for health and health for all possible. Thus the researcher aimed to determine the strategies and implementation of the Universal health care under Republic Act 11223. Specifically, it sought to answer the following: Describe profile of the Organization and its structure in the responsible implementation of the program and the said law: Identify the barriers in the implementation of Universal Health Care, the strategies employed in the implementation of Universal Health Care, the level of implementation of Universal Health Care in Oriental Mindoro in terms of efficiency and effectiveness. This study utilized a quantitative research design with 169 nurses as respondents from two public hospital in Oriental Mindoro who worked under UHC for a year or more and have been oriented about UHC. Quantitative data were generated from a self-made questionnaire with the used of frequency and percentage distribution to describe the profile of the respondents and elements and structures of Universal Health Care Program. Weighted mean and rank were used to determine the (a) barriers encountered and identified (b) strategies applied in the implementation, and (c) level of implementation of Universal Health Care in relation to efficiency and effectiveness. All analyses were performed using SPSS version 25. The researcher found out that there are existing functional facilities with PhilHealth accreditation and existing organization as highly identified available structures for public health services in these two major public hospital in Oriental Mindoro; however, both facilities and human resources are not enough to cater the needs of the clients since there are evidently increased in numbers of clients during the implementation of UHC in Oriental Mindoro. Facilities and human resources are also moderately identified barriers in the implementation of UHC in Oriental Mindoro. It was detected that both facilities and human resources are not enough to cater the needs of the clients since there are evidently increasing numbers of clients since UHC has been implemented. The strategies that are implemented of these two major hospitals

in Oriental Mindoro are to motivate clients to enroll in PhilHealth. the hospitals requested for budget and human resources for improvement and enhancement of the services under UHC for functional capacity. All the staffs including newly hired are trained accordingly about UHC to ensure providing quality services, maintain a healthy and cleaned hospital environment, and practice good governance. The level of implementation of universal health care in Oriental Mindoro is in moderate in relation to efficiency and effectiveness as shown in Table 4 in the Results and Discussion. In relation to this, it was shown that fast access to Phil-health is the highest score since there is PhiHealth personnel inside the hospitals for fast access and process. Followed by no balance billing or zero out of pocket policy as verbalized by the respondents that many indigents had a great privilege and availed a zero balance billing in these two public hospital. However, there is still a need for further research and much improvement needed in the implementation of UHC in Oriental Mindoro since the implementation is in moderate level to achieve the goal of UHC, which is access of all health services to all the populace.

Keywords: universal health care, health strategies; patient care

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1. Introduction

"Health is a fundamental human right; that the existing gross inequality in health status of the people, between developed and developing countries and within them, is unacceptable; that economic and social development, based on a New International Economic Order, is of basic importance to the attainment of health for all (or universal coverage), and to the reduction of the health disparities among and within nations," Alma Ata Primary Health Care noted by Ramon Pedro Paterno. Health is an international concern of all people, certainly in this time of pandemic where health is an essential element that builds the country to facilitate growth, stability, and nation building. There are existing resources around the world to achieve health for all during 2019, until this global pandemic hastens the available possible resources to make it sustainable. It is in this time of COVID 19 in which people appreciate the importance of creating a healthy humanity, thus resolute the country to endure resiliency and tenacity in spite of the global battle of survival in an invisible virus that debilitates human, global economic depression in its sharpest and food insecurity. With this COVID-19 pandemic, there is no assurance on how the life of every individual will be, as the battle continues; unfolding no assurance on when this condition will end until vaccine is discovered. People are now in capsulation of great difficulty where every nation has nowhere to go but there must be rebuilding, innovation in order to manage a new normal of global era, slow down and reality check of how we can survive the health crisis.

During the first execution of Universal Health Care (UHC) in some regions in the Philippines, there is still limited access to healthcare and at some percentage out-of-pocket expenditure. This has meant that sometimes, people have to sell their investments and or look for many means to cover and pay for healthcare, which has kept the citizens in poverty. As such, the common knowledge among Filipino exists that the universal health care system offers a low price health services and might have a less chance of success. This may lead in difficulty to access the health care services that would save lives and achieve the health goal for all Filipinos. The gaps are still observed such as not enough medicines, health workers shortages, inadequate health facilities, lack of equipment, overflowing of patients, less access to emergency services due to remote areas and transportation problems. In addition, it was also identified the negative personality of medical staffs and provided a low quality of care.

Universal Health Care, in a positive note, is a newly crafted law last year of February 20, 2019 signed and approved by President Rodrigo Roa-Duterte, relevant in this time of crisis to address the universal health access of every Filipino suffering from any health condition that requires treatment making all for health and health for all possible. It was during the time of President Benigno Aquino, III when this law was proposed having high hopes to deliver the highest priority in health condition knowing that healthy people will create a healthy government. Despite the national effort of government during 2011, PhilHealth coverage is 51% of the total population, regardless of 1995 PhilHealth law mandating 100% coverage to all Filipinos in 15 years. Passage of UHC law did not materialize during Pres. In Pinoy's term, there is a need for improvement to warrant a comprehensive, practical and feasible UHC, and universal health coverage would eventually achieve. It was during Pres. Duterte's term when the passage of RA 11223 was enacted and signed otherwise known as Universal Health Care Law. Thus, the researcher sought to determine the strategies and implementation of the Universal Health Care in Oriental Mindoro.

Objectives of the study - The researcher aimed to determine strategies and Universal Health Care (UHC) implementation under UHC law in Oriental Mindoro. Specifically, it sought to describe the profile of the Organization and its structure in the responsible implementation of the program and the said law; identify the barriers of UHC implementation, strategies and UHC implementation, implementation level of UHC in Oriental

Mindoro in terms of efficiency and effectiveness.

2. Methods

Research Design - The researcher utilized a quantitative research design in this study. The researcher aimed to determine the strategies and implementation of Universal Health Care under Republic Act 11223 in Oriental Mindoro. Researcher made a descriptive survey questionnaire, specifically it sought to answer the following: Describe profile of the Organization and its structure in the responsible implementation of the program and the said law. Identify the barriers of Universal Health Care implementation, the strategies employed in Universal Health Care implementation, the implementation level of Universal Health Care in Oriental Mindoro in terms of efficiency and effectiveness. The study utilized a purposive sampling. Two major public hospitals were chosen by the researcher to conduct the research. The public hospital had a full implementation of UHC. Based on the 200 total nurse population of both public hospitals, there were 169 nurses who participated, have been oriented about universal Health care and worked at least a year or more in the public hospital. Quantifiable data were generated from 169 valid respondents from two major hospital in Oriental Mindoro and submitted for statistical analysis.

Participants - The study utilized 169 nurses from two public hospitals work under UHC in Oriental Mindoro using purposive sampling. Nurses who were chosen have been oriented about UHC in the Philippine Setting and have been in the professional practiced for a year or more. They were selected regardless of age and sex. Municipal Health level was not included as respondents due to delayed in the approval to conduct the research study from Regional office, Center for Health Department and It was affected by the time limit to do the research study.

Instrument - The researcher used self-made questionnaire that aimed to answer the main problem on the determination of the Strategies and UHC implementation under Republic Act 11223 in 2 major public hospital in Oriental Mindoro. Specifically, answered the following: profile of the Organization and its structure in the responsible implementation of the program and the said law. The barriers of UHC implementation, the strategies employed in UHC implementation, the implementation level of UHC in Oriental Mindoro in terms of efficiency and effectiveness. The researcher secured an informed consent signed by the respondents prior to answering the questionnaire. It was explained comprehensively that participation in the research study is strictly voluntary. An informal and structured questionnaire was distributed to the nurses who work in the two major public hospitals in Oriental Mindoro. Made self-available to motivate respondents and answered any clarification from the questionnaire. The researcher also transcribed questionnaire into Google form since the location of both hospitals are two- hour drive from the residence of the researcher. It was sent personally to the nurses who could not answer at the time the questionnaire was given. The researcher used a 4 points Likert scale.

Data Gathering Procedure - The questionnaire was prepared with the inspiration and guidance of the researcher's adviser. The journals, books, magazine and even the internet were used as reference to make structured questionnaires. After the initial preparation of the survey questionnaire, it was submitted for validation. The questionnaire has been transcribed into test questionnaire's validated by correction and recommendation made. After validation of the questionnaire, the content of the validated questionnaire as survey tool consists of the following.

Part I. Question profile of the Organization and its structure in the responsible implementation of the program and the said law

Part II. Question on the barriers of UHC implementation in Oriental Mindoro.

Part III. Question on the strategies employed in the UHC implementation in Oriental Mindoro.

Part IV. Question on the implementation level of UHC in Oriental Mindoro in terms of efficiency and

effectiveness.

Validation and approval of the questionnaire was done and the research proposal was submitted to LPU board for Ethics Review, which was approved. by the Ethics Review Committee. The researcher personally requested permission to conduct pilot study from the Medical chief and chief nurse of nearest Municipal Health office and District hospital. It was approved and permitted to conduct pilot testing. Pilot study was done to 26 nurses from both public facilities. The researcher had difficulties in conducting pilot study due to the busy schedules of nurses, there were que of many patients that the nurses are catering to every day. The data were submitted to statistician for reliability test. Reliability results showed that the Cronbach's alpha for barriers (0.812), strategies (0.861) and implementation in terms of efficiency (0.815), and in terms of effectivity (0.904) suggesting that the items have high internal consistency.

Researcher reproduced in bulk for distribution in the intended respondents, and, transcribed the questionnaire into online google form for easy access for since the location of both major public hospital in Oriental Mindoro are far from the researcher's residence. The researcher personally secured permission from the Medical Chief and Chief Nurse of provincial hospital and it was approved. At the same day started the distribution of the research questionnaire to the nurses. Informed consent from the participants was secured before answering the questionnaire. The researcher personally ensured that the nurse who participated had an orientation about universal health care and had 1 year or more UHC experienced accordingly. The researcher personally distributed the questionnaire individually and made self available for any clarification and queries. Retrieval of the questionnaire was at the same day since participant took at least 5-10 minutes to answer. Upon retrieval, it was checked for completeness thoroughly. Researcher also shared the google form link of research questionnaire to the nurses who are unable to answer at the time that the questionnaires were distributed. The accomplished questionnaires and google form respondents were tallied and collated. It was submitted to the Statistician for analysis.

Data Analysis - Frequency and percentage distribution were utilized to describe the profile of the respondents and elements and structures of UHC Program. Weighted mean and rank were used to determine the (a) barriers encountered in the implementation, (b) strategies applied in the implementation, and (c) level of implementation of UHC in relation to efficiency and effectiveness. All analyses were performed using SPSS version 25.

Ethical Considerations - The researcher applied and observed the ethical standards in the conduct of research such as voluntary participation, anonymity and confidentiality. Consulted researcher adviser all the time. The researcher submitted to the LPU board of ethics for review and approval. It was approved and received a certificate. Proper communication technique was applied. Permission from the Medical chief and chief nurses were secured and requested prior to the conduct and distribution of questionnaire. Thorough explanation to the respondents was done cautiously. An informed consent was taken and secured. The value of beneficence was properly observed. Ensured participants was safe and no potential harm happened.

3.   Results & discussion

Table 1

Organizational service experience

Nature of government institution	Years of Service	Percentage	RANK
Oriental Mindoro Provincial Hospital	78 years	60.00	1
Oriental Mindoro South District Hospital	54 years	40.00	2

Table 1 presents the demographic profile of the organization in the provision of services to the public. Oriental Mindoro Provincial Hospital has been of service to the general public for 78 years while Oriental Mindoro South District Hospital has been a public service health institution with 54 years of its existence. These

are the two hospitals that have the same dictum of health service delivery and are the major locale of the research.

Both Oriental Mindoro Provincial Hospital and Oriental Mindoro South District Hospital have been categorically serving as the public and government-owned and controlled health and hospital institutions. However, Oriental Mindoro Provincial Hospital is known to be a secondary hospital with capabilities in dealing with semi-specialty services and semi-critical care settings equipped with required facilities as per DOH requirements while the Oriental Mindoro South District Hospital is a primary hospital servicing the primary care service which takes care of preventive and a little of curative aspect of care. Services. Both Services of the hospitals are accredited by PhilHealth to make and provide health services of the people within their reach especially the the indigenous individuals, served and underserved clientele.

Table 2

Frequency Distribution of Nursing Staff according to their Years of Experience Participating in UHC Implementation

Years of Experience	Frequencies	Percentage	Rank
1 to 3 years	69	41.31	1
4 to 6 years	30	17.96	2
7 to 10 years	13	7.78	4
11 years and above	26	15.56	3
Total	167		

Table 2 shows that number of nursing staffs who have the experience of having been involved in the delivery of care were 167. As such highest among the frequencies were found under 1 to 3 years of experience with 41.31 percentage points, followed by 4 to 6 years in service but the lowest amongst under rank 4 gained 7.78 percentage under 7 to 10 years of service. A manifestation of the large disparity of ages of services from 7 to 11 years and above can further create a vacuum of filling up of positions since the required number of years for professional practice abroad is only until 3 years. This might produce shortage or lack of Nursing personnel in the near future while it is known for a fact that Nursing personnel are the most essential element of success in the implementation of UHC being the frontline workers.

Table 3

Number of Clients In Relation to Age Bracket Catered by the Institution per Day

Age of Clients Catered	FREQUENCIES	PERCENTAGE	RANK
1-25	33	19.52	3
26-50	65	38.46	1
51-75	50	29.58	2
76-100	21	12.42	4
Total	169		

Table 3 shows that Number of Clients Catered by the institutions was categorically seen in accordance with their age brackets. Highest among was seen in 26-50 years old with 38.46 % as far as service provided is given. Second among was seen in the age group of 75 with 29.58 % while the least was established among the age group of 76.100 age group with 12.42% of their frequency. It is really true in its principle and guidelines of the UHC that provision of services shall not be denied regardless of age. Under the UHC republic act 11223, every filipinos are automatically eligible into PhilHealth benefits, inclusive of all outpatient health services. PhilHealth will help in alleviating the financial difficulties of all filipinos by paying all kind of health services, such as quality medicines, supplies and equipment, also expenses of every health facilities. This Republic Act 11223 will grant every member an immediate entitlement for health services package under the said law: Provided, that anyone will be able to avail any kind of health services anytime without requiring or showing the philhealth ID

card. furthermore, that health services rendered are free of charge in the emergency or ward room.

Table 4

Illness Category of Clients Catered to in the Hospital

Illness Category	Frequency	Percentage	Rank
Cardiovascular Diseases	56	33.13	1
Respiratory Diseases	35	20.71	2
Endocrine related diseases	11	6.50	6
CNS and Brain related diseases	2	1.18	7
Gastro-intestinal Diseased	25	14.79	4
Kidney Diseases	28	16.56	3
Skin Diseases	12	7.10	5
TOTAL	169		

As seen from Table 4, the cases of Illness were seen under each System Disease Category. Cardiovascular gained 33.13% and highest among the cited diseases. A frequency of 35 from Respiratory Diseases was established with 20.71% and ranks number 2 followed by Kidney Disease which garnered 16.56% but the least among was seen in Central Nervous System and Brain Related Infection with 16.56% and ranked & among the above mentioned Illnesses. All Filipinos are eligible to an immediate access to all kinds of health services such as promotive, preventive, curative, palliative and rehabilitative health services from dental, medical, mental and especially in an emergency health care, also in a community-based health services; Heart Disease or Cadiovascular Diseases as per Centers for Disease Control and Prevention (CDC, 2021) that heart diseases are one of the major cause of mortality of the citizen in America. It was observed that a person dies every 34 seconds from heart diseases and 800,000 people has heart attacks. Cardiovascular disease also is responsible in every 1 out of 5 deaths in the US and took about 700,000 lives yearly. Further, CHRONIC RESPIRATORY DISEASES is estimated that 5% of grown up person are having a persistent illness in the lower respiratory tract including asthma, persistent bronchitis and emphysema or COPD. These health problem are responsible to more then 870,000 ER admission yearly and 152,000 estimated deaths in a year. Asthma and other lower respiratory tract diseases are the 6th cause of death worldwide (Modi, 2023).

Table 5

Elements and Structure of UHC as Defined by the Hospital

Elements and Structure of Universal Health Care Program	Frequency	Percentage	Rank
Has defined Organogram depicting the level of communication and level of authority for smooth functioning	48	28.74	2
Capacitated employees who knew their duties and responsibilities	8	4.26	5
Has enough Human resources to attend to the needs of the clients	7	4.19	6
Has enough facilities to cater the needs of the populace	3	1.79	7
With Public Health Unit in place	20	11.97	4
Has the working support system to all clients of the hospital not to mention the Medical Assistance Program, MALASAKIT Center, No Balance Billing or No out of pocket program and other Government Agencies and Non- Government entities)	2	1.19	8
The hospital has a defined Networking System	1	0.59	9.5
Hospital operates with defined Policies and Guidelines on Universal Health Care	25	14.97	3
The hospital exist with PhilHealth Accreditation	53	31.73	1
The hospital has responsive health system to the needs of the clienteles	1	0.59	9.5

As gleaned from Table 5, the Elements and Structured of the Organization on UHC was also quantified. The highest among the parameters was seen in "The hospital exist with PhilHealth Accreditation" which significantly

an indicators that the hospital is operational in a manner that it can and will provide UHC services among the populace of Mindoro. Second is seen in " Has defined Organogram depicting the level of communication and level of authority for smooth functioning, " as the mandate of the Department of Health and the hospital itself suggested the defined Organogram which depicts the flow of Authority and Communication which are essential to its' functional operation. As being described in accordance to the guidelines, rules and regulation of the UHC and the Department of Health in the Philippines, the health care delivery system elements as the directives from Department of Health (DOH) is incharge of the following: creation and construction of philippine health regulation and policies, manual of standard procedures for health care and programs; Release of regulations and rules, accreditations and licenses; proclaiming of philippine health standards including objectives, prime concerns and indicators; creating of exceptional health projects and programs. Also enhancement of legislation policies and programs for health care (Business Bliss Consultants FZE,November 2018). Liang cited that World Health Organization (WHO) has enumerated 4 essential strategies in achieving UHC includes well organized and systematic health system, inexpensive and fair distribution of finance, access to quality and not expensive medicines and with innovative technologies and facilities , well trained and a strong desire health worker to achieve the goal (Linghan et al., 2019).

Table 6

Identified Barriers in UHC implementation in Oriental Mindoro

Identified Barriers in the in UHC Implementation	WM	VI	Ranking
Unavailability of funding from the support system	2.45	FI	3
No clear guidelines on the implementation of Universal Health Care	2.17	FI	6
No clear communication flow among hospital stakeholders	2.17	FI	6
Misunderstanding on the uses of the financial support for government entities	2.30	FI	4
Unavailability of the needed facilities that will cater the specific needs of the people	2.83	MI	2
Non-accreditation of the hospital and doctors to Phil-health	1.97	FI	9
Irresponsive service delivery network	2.08	FI	8
Non defined leadership and governance	2.14	FI	7
Not enough manpower to facilitate the Universal Health Care benefits	2.92	MI	1
Personal issues from the beneficiaries or patients themselves	2.24	FI	5
Composite Mean	2.3265	Fairly Identified	

Legend 3.25-4 Highly Identified (HI) 2.50-3.25 Moderately Identified (MI) 1.75-2.50 Fairly Identified (FI) 1-1.75 Not Identified At All (NIAA)

Table 6 shows the summary of identified barriers in the implementation of Universal Health care with a composite mean of 2.33 which means all indicators are fairly identified as barriers in the implementation of UHC in the 2 public hospitals. No enough manpower and unavailability of needed facilities that will cater to the specific needs of the clients are moderately identified as barriers of the implementation of universal health care with 2.92 mean score while the Unavailability of the needed facilities that caters the specific needs of the people with 2.83 weighted mean and ranked the second, followed by Unavailability of Funding from the Support System which garnered 2.45 mean score. However, the lowest among was seen in the Non-accreditation of the hospitals and doctors with Philhealth which is a positive indication that Philhealth is not a major problem in both hospitals. All the mentioned parameters which gained Fairly Identified in its verbal interpretation. The dictum of the implementation in UHC is governed by necessary action in this transformation is a biggest change in governance standard. The transformation of UHC needs to be more responsible provincial governments for health care of their citizen or communities and good handling of their health care delivery systems. Provincial

Government must lessen the dependence on the present national government aid on human health care distribution, commodities, and facilities investments. They must act to evaluate the advantage of emerging to a province-wide health care delivery systems, health worker networks, and enhance the support from health care workers within the province. Central offices should remain in their role as supervision of health sector, creating a strong policies, and regulation with standard and regulatory thrusts. These new transformations require to be promoted by the DOH, creating a buy-in to other government office to guarantee an authentic approach of whole-of-government (Department of Health, 2019).

Table 7

Strategies Applied in UHC implementation in Oriental Mindoro

Strategies applied in the Implementation of UHC implementation in Oriental Mindoro	WM	VI	Ranking
Motivate constituents to enroll in Phil-health of National Hospital Insurance Program	3.38	HI	1
Screening of beneficiaries of the Phil-health Program	3.27	HI	2
The Hospital submitted budgets for improvement and enhancement of functional capacity	3.19	MI	4
The hospital requested for manpower	3.25	MI	3
The hospital and support services has improved the networking system	3.12	MI	9
People are educated about Universal Health Care	3.17	MI	6
The hospital updating on financial resources are done regularly	3.14	MI	7.5
Cross training of nurses and doctors are done to improve services of the other hospitals	3.14	MI	7.5
Establishing a healthy and clean hospital	3.25	MI	3
Maintenance and sustainability of good governance.	3.18	MI	5
Composite Mean	3.2069	Moderately Identified	

Legend 3.25-4 Highly Identified (HI) 2.50-3.25 Moderately Identified (MI) 1.75-2.50 Fairly Identified (FI) 1-1.75 Not Identified At All (NIAA)

As seen in Table 7, strategies applied in Universal Health Care implementation gained the composite mean of 3.2069 with a verbal interpretation as Moderately Identified. As such, the highest among the parameters was seen in "Motivates the constituents to enroll in PHILHEALTH otherwise known by laymen as National Health Insurance Program with a 3.38 mean score. The second highest and third were identified in the "Screening of beneficiaries of the PhilHealth Program and The hospital requested for manpower with 3.27 and 3.25 mean scores, respectively, with verbal interpretation as Highly Identified. However, fourth was established in "The Hospital submitted budgets for improvement and enhancement of functional capacity with 3.19 mean Score with Moderately Identified adjectival rating. Further, the hospital updating on financial resources are done regularly and Cross training of nurses and doctors are done to improve services of the other hospitals both gained 7.5 ranks with mean score of 3.14 while the least among parameters was seen in, The hospital and support services has improved the networking system which ranked 9 and has the lowest mean score of 3.12 but all with Moderately Identified in verbal interpretation

In the Philippines, the primary barrier to achieve a quality healthcare services is lack of surgical and hospital equipment. Most families live in rural areas where there is no enough licensed doctors and inadequate facilities with insufficient devices. As per Nolte (Nolte et.al, 2022), Priority actions to improve service delivery such as adopting the action plan to completely extend the health services to remote communities, expanding disease-focused health programs to provide a broader essential healthcare priorities, expanding outreach programs and strategies in the communities to reach all groups, building trust in medical staffs and construct a collaboration of multisectoral leadership. Attaining UHC depends on the strengthened sub-national health delivery service.

Table 8 shows the level of implementation of Universal Health Care in relation to efficiency, which gained 2.8824 composite mean with verbal interpretation of Moderately Identified. However, the highest among all parameters was seen in, "There is fast access to National Health Insurance System (Phil-health)" with 3.20 mean score followed by "A No Balance Billing or out of pocket policy is easily applied" with 3.17 mean score. Manifested also that third among was seen in, "patients were discharged within four hours of allowable discharge time due to financial aid given, with mean score of 2.82. As such, least or lowest among was established in, " A cost efficient measures are being enjoyed by the patients." With 2.60 mean rating, hence the

same adjectival interpretation as Moderately Identified.

Table 8

Implementation Level of UHC in Relation to Efficiency

Level of Implementation level of UHC in relation to Efficiency	WM	VI	Ranking
The patients were able to go home within four hours of allowable discharge time due to financial aid given	2.82	MI	3
A No Balance Billing or out of pocket policy is easily applied	3.17	MI	2
There is fast access to National Health Insurance System (Phil-health)	3.20	MI	1
A cost-efficient measures are being enjoyed by the patients	2.60	MI	5
It is observed that fast and available affordable services are provided to clienteles.	2.63	MI	4
Composite Mean	2.8824	Moderately Identified	

Legend 3.25-4 Highly Identified (HI) 2.50-3.25 Moderately Identified (MI) 1.75-2.50 Fairly Identified (FI) 1-1.75 Not Identified At All (NIAA)

Inefficiency is extremely hard to measure, as it depends on the shortfall in the presentation of principle achieved, a concept is evidently exposed to challenge. The common approach to conclude inefficiency is to create an estimated 'health production frontier' (or its analogue the cost function) based on the observed performance seen from exemplar units through observation in this case of health systems (Jacobs,2006). This was the underlying principle utilized by World Health Report 2000 and majority of the following efforts to evaluate the performance of the health system (World Health Organization, 2000). The report of the WHR2000 Scientific Peer Review Group (SPRG) clear out many challenges related to undertaking (Kapor et al., 2002).

Table 9

Implementation Level of UHC in relation to Effectiveness

Implementation Level of UHC in relation to Effectiveness	WM	VI	Ranking
Filipinos has increased trust to health system evidently shown in the increasing number of availment to free hospitalization	2.80	MI	1
Apparently, it helps in the attainment of DOH Vision by improving the health status of all Filipinos	2.59	MI	6
Through the use of Universal Health Care, with impending catastrophes, people protected from health hazards and risks	2.75	MI	2
People can now avail the services they need even without the money especially during extreme emergencies.	2.58	MI	7
Health services enjoyed by the people are in its reasonable prices.	2.60	MI	5
There is an increase satisfaction among clienteles.	2.61	MI	4
Due to the implementation no one is left behind in Health care and services.	2.66	MI	3
Composite Mean	2.6555	Moderately Identified	

Legend 3.25-4 Highly Identified (HI) 2.50-3.25 Moderately Identified (MI) 1.75-2.50 Fairly Identified (FI) 1-1.75 Not Identified At All (NIAA)

As gleaned from Table 9, the Level of Implementation of the UHC in relation to Effectiveness has been assessed and gained a composite mean of 2.6625. Among the highest parameter was noted with 2.80 mean score from Filipinos has increased trust to health system evidently shown in the increasing number of availment to free hospitalization with Moderately Identified in its verbal Interpretation. Through the use of Universal Health Care, with impending catastrophes, people are guarded from health risks and hazards. Because of the implementation no one is left behind in Health care and services rank number 2 and 3 with 2.75 and 2.66 mean score respectively but the same verbal interpretation as above. However, the lowest among the parameters with 2.58 mean score and verbal or adjectival rating of Moderately Identified was noted in the health services enjoyed by people are in its reasonable prices. Binagwaho (2020) explained that when mastered and immersed into a policy and framework of implementation, this research studies of implementation by different countries can help new implementers and policy-makers with necessary knowledge to work regarding UHC together with efficiency and effectiveness, accuracy and sustainability required to achieve viable good health outcomes for everyone. However, work is needed by the research communities to create more research methodologies for enhancement and improvement of the implementation of UHC and also construct capacity to use those research as critical tool

by the other countries on their ways to achieve UHC successfully.

4. Conclusion and recommendations

A number of nursing staff who have the experience of having been involved in the delivery of care are seen with different variances. Number of Clients catered by the institutions was categorically seen in accordance with their age brackets. Meanwhile, the cases of illness were seen under each System Disease Category. Elements and Structured of the Organization on UHC was also quantified, with the highest among the parameters was seen in "The hospital exist with PhilHealth Accreditation". The summary of identified barriers in the implementation of Universal Health are fairly identified as barriers of UHC implementation in the 2 public hospitals. Strategies applied in the Implementation of UHC have verbal interpretation as Moderately Identified. The Level of Implementation of UHC in Relation to Efficiency is Moderately Identified. The Level of Implementation of UHC in relation to effectiveness has been assessed.

A defined Organogram depicting the authorities involved in the implementation of UHC leading to good communication flow, so as the fulfillment of the requirements in the Full Implementation of UHC and smooth procedures of availing of it among people may be reinforced in every hospital to be able to attain the Dictum of UHC that nobody will be left behind and they may enjoy the No Balance Billing. Gap analysis in the implementation of UHC may be carried out by the DOH and the Committees involved together with PHILHEALTH to be able to address the issues, problems and concerns of the hospitals and the Implementors thus attaining the goal of "Kalahatang Pangkalusugan" intended for every citizen of the Philippines. Health Care Delivery System may be improved such as a Referral System, Enhancement of Service, Review of Service prices and Recruitment of more Nurses to work for UHC shall be observed and instituted by the hospital which initiative shall be done by the Department of Health so as not to deny services to people. A Customer satisfaction Report, Monitoring, Service may be done regularly to protect the interests of the people and continuously enhance the performance of Staff in relation to UHC implementation that will yield a positive result in the enhancement of efficiency and effectiveness of the program and the law itself. Future researcher may be encouraged to make studies and researches with this like to have more evidence-based enhancement practices on UHC.

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