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Zuellig Family Foundation

The Zuellig Family Foundation (ZFF) celebrated last year its 10-year existence as a catalyst for better health outcomes in the Philippines.

ZFF evolved from the corporate CSR foundation in 1997 to a family (of Stephen and Gilbert Zuellig) philanthropic foundation in 2008. The name change coincided with the decision to pursue what it believed was the most effective intervention it could contribute to public health care – the Health Change Model (HCM) which posits that to have better health outcomes, the communities must have access to health services.

A responsive health system, in turn, is transformed and managed by a committed local leadership. Thus, the strategy focused on improving the leadership and governance of health systems by local governments. It was a novel path others were wary of because of the perceived hurdle in dealing with elected local officials, but it strikes at the heart of a systemic issue which, if addressed properly, would have long term positive effect.

Through training, practicum and coaching, the strategy was aimed at enabling mayors and municipal health officers to understand their entire health system in the hope the reforms and programs they carry out would bring health services closer to every constituent. More important it gave them pride of ownership in addressing a fundamental need of their constituents – quality health care. ZFF's initial focus was in reducing maternal death and infant mortality to achieve the country's Sustainable Development Goal (SDG) metrics.

In 2012, the Zuellig family committed P1 billion for the 10-year operation of the foundation. As of mid-2019, the foundation has spent around P627 million.

The Department of Health (DOH) and other development agencies started to partner with ZFF in 2012 to mainstream the leadership and governance program. These partners have provided an additional P593 million to the program as of June 2019. Since no government money goes to us (per governance rules), this figure excludes what DOH had spent for the Health Leadership and Governance Program.

As a result of these partnerships, from the initial cohort of nine municipalities in 2009, ZFF, in partnership with 11 academic institutions, has reached 797 municipalities by the end of 2018. It has trained 3,301 local health leaders and 155 faculty members from different academic partners.

ZFF in the next 10 years

In the next 10 years, the Philippines will deal with the triple burden of disease: communicable, non-communicable, and lifestyle diseases. Household and government expenditures for health are highest for non-communicable and communicable diseases, as well as accidents. With out-of-pocket

expenses comprising the largest source of health expenditures in 2017 at 54.5 percent or P372.8 billion, healthcare can be catastrophic to most Filipinos.

However, under the Universal Health Care (UHC) Act, the current system of service delivery will change in the next decade. Under the UHC Act, every Filipino will be matched with a primary care provider of choice. Local health systems will be integrated into province-wide health systems for provinces and component cities and municipalities; and city-wide health systems for highly-urbanized and independent cities. All funds allocated for health will be pooled in a special health fund managed by provincial and city health boards.

ZFF built its expertise in health leadership and governance and mainstreamed its interventions in support of the government's health care strategy. Continuing its leading edge and relevance required ZFF to learn and innovate its strategies. Thus, the opportunity to redefine governance of health systems under the UHC contextualizes ZFF's approach in the succeeding years.

In the next 10 years, ZFF will contribute to the following outcomes: improved child nutrition through reduction of stunting among young children; improved maternal nutrition and access to health services; reduction of adolescent pregnancies; and reduction of preventable maternal and child mortalities.

Under its current three-year strategy for 2019-2022, ZFF is building leadership and governance models for local governments to effectively transition from existing systems to the UHC, and respond to effective service delivery in the first 1000 days i.e. from conception up to two years of a child's life. Various studies showed nutrition interventions to have most significant impact during this period. For 2022-2028, the bulk of ZFF's work will focus on the diffusion of province wide health systems toward F1KD (maternal and child health, family planning and nutrition) to 10-20 provinces.

ZFF will continue to leverage its resources and partner with international development organizations on diffusion of local government knowledge hubs. Gates Institute's prospective partnership on knowledge diffusion for adolescent sexual and reproductive health. Emerging global knowledge diffusion for the first 1000 days and nutrition governance is with Nutrition International and UNICEF. UNFPA has continued its partnership with ZFF on youth development toward adolescent reproductive health in 50 municipalities in Mindanao.

Within 10 years of employing the health change model strategy, ZFF's intervention moved from a focus on maternal and child health to diseases across a person's lifespan. The program remained centered on strengthening local health leadership and governance in the hope that health systems are reformed, and access to quality healthcare services are made easier for all Filipinos even those living in far flung areas.

I am proud and honored to have been associated with this endeavor. I leave ZFF after 11 years at the helm secure in the knowledge that we have contributed to the welfare of our communities in assisting the government deliver public health care more effectively and on a sustainable basis. I am turning over the chairmanship to ZFF president Ernesto Garilao. As far as I am concerned our success was due to the leadership of Ernie. My only achievement is convincing him to join ZFF.