The Implementation of Universal Health Care in Geographically Isolated Disadvantaged Areas (GIDAs) in Camarines Sur: Basis for a Health Education Guide

Kenny Niño H. Tagum, PhD
Camarines Sur Polytechnic Colleges

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ABSTRACT:
Universal Health Care (UHC) aims to provide equitable access to quality health services, particularly in Geographically Isolated and Disadvantaged Areas (GIDAs). However, barriers such as distance, limited resources, and inadequate manpower often hinder effective program implementation. This study assessed the implementation of UHC programs in GIDAs of Camarines Sur and identified factors affecting service delivery, with the goal of developing a Health Education Guide. A descriptive-survey design was employed using a validated questionnaire administered to health care providers across five districts of Camarines Sur with identified GIDAs. Respondents were selected through Slovin's formula. Data were analyzed using percentages, weighted means, and the Kruskal–Wallis test to determine significant differences in program implementation across districts. Findings revealed that programs under Maternal, Newborn, Child Health and Nutrition (MNCHN), including Safe Motherhood, Immunization, Nutrition and Helminth Control, Adolescent Health, and Family Planning, were very highly implemented. Communicable disease programs such as Tuberculosis and HIV/AIDS/STI prevention were very highly implemented, while Rabies control was highly implemented. For non-communicable diseases, Health and Wellness was very highly implemented and Tobacco Control highly implemented. Health service capacity was rated highly implemented for local health system development and very highly implemented for service delivery. Significant differences were found across districts in the perceived implementation of UHC programs ($p < 0.05$). Barriers included remoteness of facilities (>5 km from RHU/BHS), lack of equipment and medicines, and low community participation. Based on these findings, a Health Education Guide was developed.

Keywords: Implementation, Universal Health Care, Geographically Isolated Disadvantaged Areas, Health Education, Implementation

Introduction

Universal Health Care (UHC) is a cornerstone of public health systems worldwide, ensuring that all individuals have access to quality and affordable health services without financial

hardship. In the Philippines, the passage of Republic Act 11223, otherwise known as the UHC Act of 2019, marked a significant step toward equitable health coverage, particularly for vulnerable populations. However, the realization of this mandate is challenged in Geographically Isolated and Disadvantaged Areas (GIDAs), where communities often face barriers such as limited transportation, poor infrastructure, inadequate health facilities, and workforce shortages. Camarines Sur, one of the largest provinces in the Bicol Region, has multiple municipalities classified as GIDAs. These areas are particularly at risk of being underserved in terms of health care access. While national programs of the Department of Health (DOH)—such as maternal and child health, communicable and non-communicable disease prevention, and health system strengthening—are designed to reach all Filipinos, their level of implementation and effectiveness in GIDAs remain underexplored.

Understanding the extent to which UHC programs are implemented in these areas is crucial. It allows health leaders to identify gaps, address barriers, and design responsive interventions that ensure equity in health care delivery.

More importantly, developing evidence-based health education materials for providers and communities may enhance service utilization and improve health outcomes in these underserved populations.

This study assessed the implementation of UHC programs in the GIDAs of Camarines Sur. Specifically, it examined (1) the level of implementation of UHC programs across districts, (2) differences in program implementation as perceived by health care providers, and (3) factors influencing service delivery such as accessibility, availability, acceptability, and affordability.

Findings of this study served as the basis for the development of a Health Education Guide, intended to strengthen health service delivery in disadvantaged areas.

Methodology

This study employed a descriptive–survey research design to assess the level of implementation of Universal Health Care (UHC) programs in Geographically Isolated and Disadvantaged Areas (GIDAs) in Camarines Sur, Philippines. The study was conducted in selected GIDAs across the five districts of Camarines Sur.

Respondents were health care providers from Rural Health Units (RHUs) and Barangay Health Stations (BHS). The sample size was determined using Slovin's formula at a 5% margin of error. Respondents were purposively selected to include midwives, nurses, and physicians directly involved in program delivery.

Questionnaires were distributed during RHU and BHS visits after permission was obtained from municipal health offices. Informed consent was secured from participants, and confidentiality was maintained.

Results

Level of Implementation of UHC Programs

Overall, UHC programs in GIDAs were rated from *high* to *very high* in implementation.

- MNCHN programs were *very highly implemented.*
- Communicable disease programs: Tuberculosis and HIV/AIDS/STI were

very highly implemented, Rabies Control was *highly implemented.*

- Non-communicable disease programs: Health and Wellness was *very highly implemented*, Tobacco Control *highly implemented.*
- Health Service Capacity: Local Health System Development was *highly implemented*; Service Delivery *very highly implemented.*

Differences Across Districts

The Kruskal–Wallis test showed significant differences ($p < 0.05$) in implementation across

districts in all domains, indicating disparities in program delivery.

Factors Affecting Implementation

Key barriers included:

- Accessibility: facilities >5 km away from many communities
- Availability: inadequate medical supplies and equipment
- Acceptability: limited community participation
- Affordability: procurement challenges for medicines

Development of Health Education Guide

Based on findings, a Health Education Guide was developed to enhance IEC activities and support providers in GIDA

Discussion

The findings indicate that UHC programs in Camarines Sur's GIDAs are implemented at generally high levels, particularly maternal and child health and tuberculosis services. These results align with national priorities and international commitments to reduce maternal and child mortality. The very high ratings for these programs demonstrate the effectiveness of sustained funding and prioritization. However, disparities across districts suggest uneven resource distribution and geographic inequities.

7Programs like rabies control and tobacco prevention received lower implementation ratings, reflecting reliance on local resources compared with nationally funded initiatives. This mirrors trends in other developing countries where vertical disease programs outperform locally driven interventions. Barriers identified—remoteness, insufficient equipment and medicines, low community involvement, and cost issues—are consistent with the "four As" of health service access. Addressing these requires both resource investment and innovative delivery models such as mobile clinics, stronger community engagement, and context-specific IEC strategies.

The Health Education Guide developed in this study offers a practical tool to address gaps in knowledge dissemination and provider–community interaction. By equipping health workers with structured, culturally appropriate materials, the guide may enhance community awareness and participation in health programs.

Conclusion

UHC programs in Camarines Sur's GIDAs are widely implemented at high levels, but district-level disparities and persistent barriers hinder equitable access. Accessibility, availability, acceptability, and affordability continue to challenge effective health care delivery. The Health Education Guide provides a promising intervention to support providers and strengthen UHC implementation in underserved areas.

Recommendations

1. Increase budget allocations for medical equipment, medicines, and supplies.
2. Expand and train human resources for health in GIDAs.
3. Tailor UHC program strategies to the specific needs of each district.
4. Strengthen community engagement through culturally appropriate IEC.
5. Institutionalize the Health Education Guide as a tool for sustained health education.

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