ZUELLIG FAMILY FOUNDATION

HEALTH CHANGE MODEL

The Health Change Model (HCM) was derived from the Bridging Leadership (BL) framework developed by the Asian Institute of Management-Center for Bridging Leadership, specifically designed to address health inequities. It also utilizes the Theory U and Process, a social technology of change and innovation associated with Scharmer, Senge, Jaworski and Kahane.
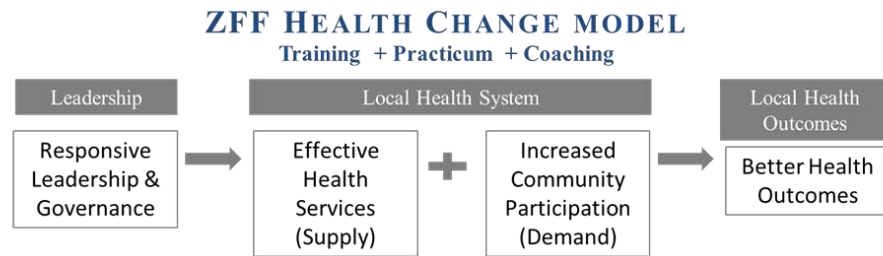

This model is the Zuellig Family Foundation's (ZFF) development strategy in implementing its interventions. ZFF partner municipalities are identified through the following criteria: with committed leaders for health reform and are suffering from significant health burdens. Once determined, local chief executives (LCEs) of these municipalities are then given training on health leadership and governance. The LCE, together with the members of the municipality's health leadership team, will undergo a two-year, four-module face-to-face program. In between modules, the leaders address the building blocks of the health system in a practicum phase. This is being implemented in ZFF municipalities in more challenging geographical areas.

HCM also has a variation being replicated with the Department of Health (DOH). It is a one-year, two-module program in which training interventions are provided by an academic partner, while the coaching of the health leadership team is provided by the DOH regional support group.

THE EVOLUTION OF HCM

In 2008, ZFF shifted its focus to health for the rural poor. In July of that year, with the Amartya Sen's framework on equities as basis, the ZFF Board of Trustees decided to widen the scope of its interventions. This framework reveals that if indicators were to improve, interventions have to be made at different levels: (1) household access, (2) program, (3) institutional arrangements, and (4) leadership and community.
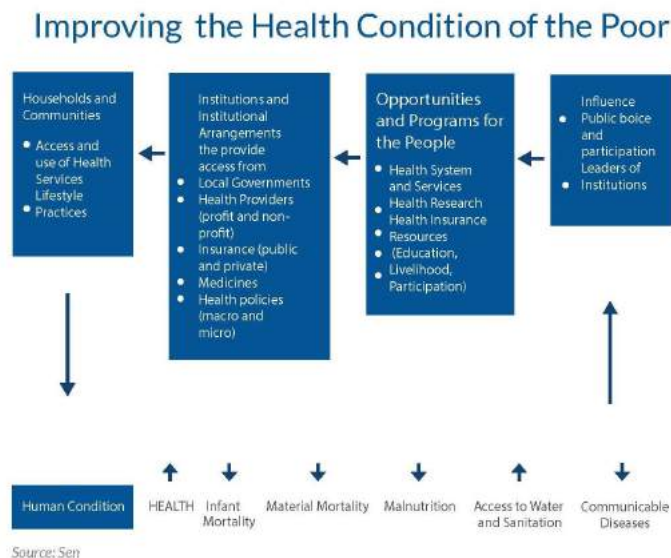
In October 2008, the ZFF Board approved a five-year plan (2009-2015) that called for a participation in the government's "Health Sector Reform Agenda" by helping make access to health more equitable and pro-poor.

Two critical areas for intervention were identified: governance and health service delivery. After determining that health leadership and management training will be prioritized, two major program-interventions were chosen: (1) health leadership training or the "Health Leaders for the Poor," and (2) the "Community Health Partnership Program."

The Foundation's HCM strategy was heavily influenced by Amartya Sen's framework on inequities, as well as former Health Secretary and ZFF trustee Alberto Romualdez's advocacy of reducing health inequities to improve Philippine health indicators.

ZFF's research also showed that a responsive municipal health system is needed for the poor's health to improve. Following the devolution of health services under the Local Government Code of 1991, which makes the mayor key in making the system responsive, ZFF's interventions focused on health leadership and capacity-building for mayors and their health teams.

OPERATIONALIZING THE MISSION

The Foundation also invited two organizations to share their work and experience in leadership training.

On October 17, 2008, the Ateneo Leaders for Health Program (LHP) made an in toto presentation to ZFF of its model. With funding from Pfizer Foundation and Pfizer Philippines, Ateneo LHP started in 2002 the "concept of gathering LCEs, municipal health officers and community leaders as catalysts for improving the health of poor Filipino communities." Through academic interventions, leadership formation and field activities, the tri-leaders were able to make their health services more responsive and engaged the community to change the way they "think, feel and behave about health."

The second presentation was made by the Asian Institute of Management-TeaM Energy Center for Bridging Leadership Center. Started in 2002, it developed a leadership approach to specifically address inequities and social divides through a process wherein the leaders "own" the issue, or acknowledging their participation in the divide and formulating their response to it; "co-own" the issue with other stakeholders; or coming up with shared understanding and responses through trust-building dialogic processes; and "co-create" responses, or producing new institutional arrangements to help reduce the inequities.
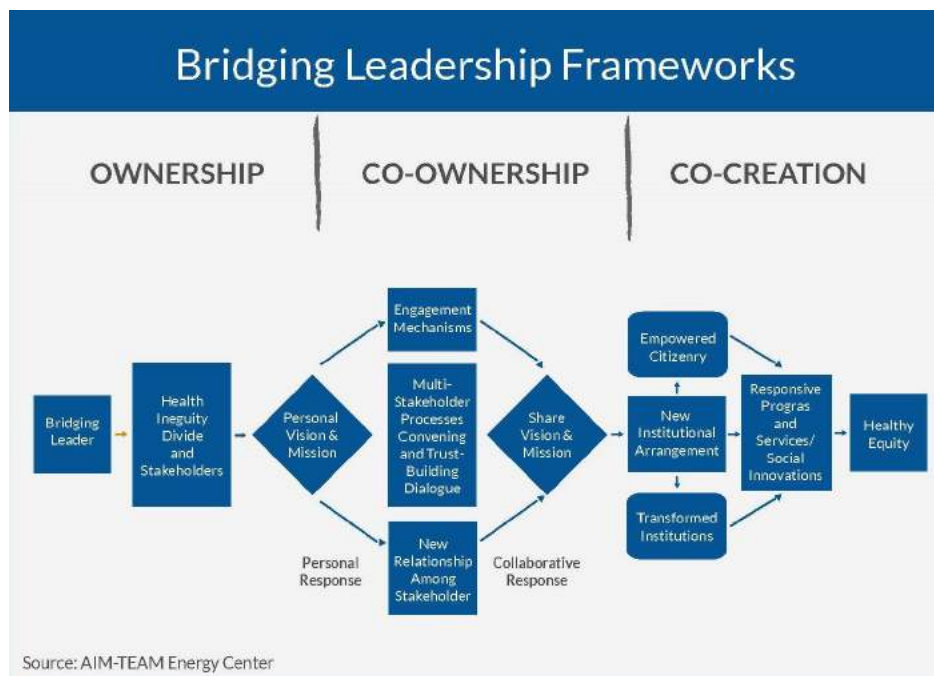

UNIQUENESS OF THE ZFF HCM

The Foundation built its HCM on the BL work of the AIM-TeaM Energy Center for Bridging Leadership. ZFF President Ernesto D. Garilao served as lead faculty of the center since 2002 and was principal in the development of the BL framework and the center's "Bridging Leadership Fellowship Program."

Since health inequities in the Philippines are complex, the ZFF model utilizes established process, the U-process, in addressing tough issues. Central to this is the personal transformation of the mayor: that the mayor connects his life's purpose to the improvement of his constituents' health indicators. This "interior transformation" is deeper, more personal, and has a more lasting impact. Personal "ownership" is, therefore, the necessary prerequisite before mayors are able to convince their health leadership teams and other health actors to address health inequities.

The BL framework requires both internal and external changes. It draws on Theory U and Process, a social technology for addressing highly complex challenges. The process draws heavily on the work of Jaworski (Synchronicity and Presence) on the "interior change" of the leader"; Scharmer (Presence and Theory U) on the Theory U and the U Process ; Kahane on complexity and Change Lab (Solving Tough Problems); and Senge (The Fifth Discipline) on systems thinking . It is also heavy on the use of dialogue processes (Pruitt and Thomas) in effecting interpersonal and community required changes to improve institutional arrangements.
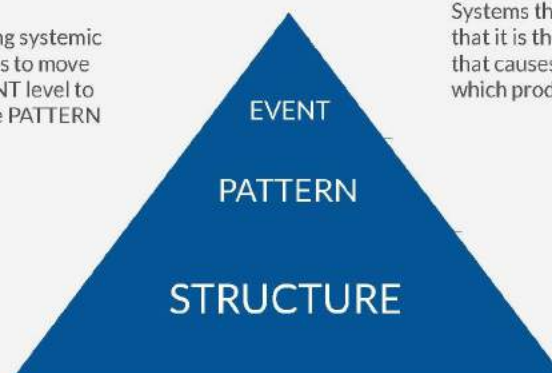
THEORY U

Source: Scharmer (2006)

THE U-PROCESS

Source: Scharmer (2006)
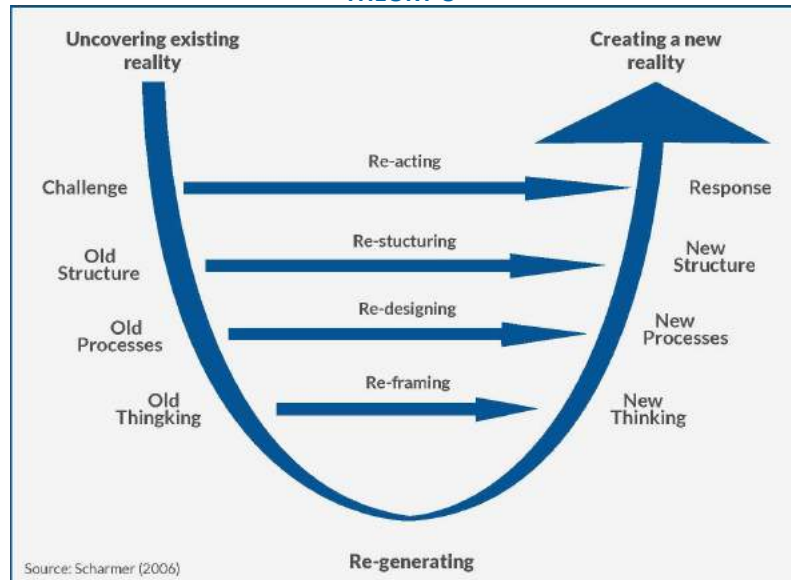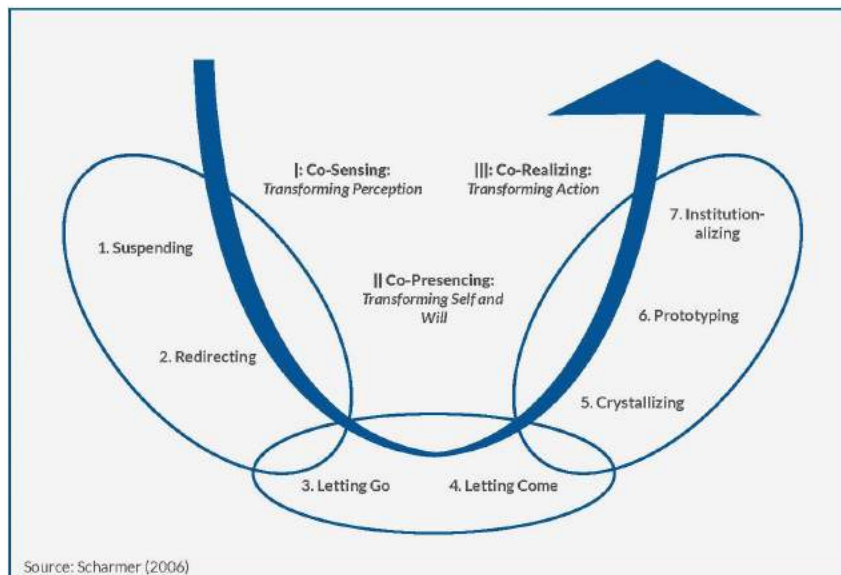
Systems Thinking

The key in comprehending systemic STRUCTURE is to move from the EVENT level to thinking at the PATTERN level.

Systems thinking is thinking that it is the STRUCTURE that causes the PATTERN which produces the EVENT.

EVENT

PATTERN

STRUCTURE

Source: Senge

The design of the ZFF Community Health Partnership Program (CHPP) stemmed from the "Bridging Leadership Fellowship Program" of the AIM-TeaM Energy Center for Bridging Leadership Center, but its uniqueness comes from its creative modifications. The AIM Center fellowship program started in 2006, and is a two-year design with four-module face-to-face sessions. It has a practicum phase in between modules during which the participants work on the "divides" they have identified. It is not an academic program—neither an academic degree nor a certificate is given—but a practitioner's program. It also closely follows Kolb's "adult learning cycle methodology."

The Foundation has adopted other features for its program. It is mayor-centric ("mayor is key"). The mayor, municipal health officer and community leader have similar leadership interventions, but each has defined deliverables. At the same time, the program can be replicated at a lesser time and cost, and can be adapted by mainstream institutions.

Since addressing health inequities requires time, ZFF has adopted a transformational relationship with the municipal health leaders, and has ensured its continuing presence to enable municipalities to develop a sustainable local health system with consistent good health outcomes.

EVOLUTION OF THE ZFF HEALTH CHANGE MODEL (2009-2013)
FIRST PHASE: TESTING THE MODEL

The initial phase of the evolution involved testing the model.

ZFF has ensured that the training and program design for its first set of nine partner-municipalities (Cohort 1) followed the ownership-co-ownership-co-creation continuum of the BL framework. The "tri-leader nomenclature," a term first used by the Ateneo LHP, was used in Cohort 1.

	MODULE 1	MODULE 2	MODULE 3	MODULE 4
OWNERSHIP	• Personal Purpose • Who Are Poor? • Situational Analysis • Primary Health Care Reforms	• Sharing with and Learning From Health Innovations and Reforms of Follow HLP Leaders	• Defining Leadership Brand	Sharing of and inputs on Creating Public Value: • Sustaining Mechanisms • Performance Goverance • Lessons Learned • Action Planning: VMOKRAPI
CO-OWNERSHIP	• Personal Response • Multi-Stakeholder Processes • Social Marketing		• Adaptive Leadership	
CO-CREATION	• Strategic Solutions • Leading and Magniging to Achieve Results • Action Planning: VMOKRAPI	• Innovation on • Monitoring and Evaluation • Resource Mobilization • Proposal Writing • Participatory Governance • Health Financing (PhilHealth) • Action Planning: VMOKRAPI	• Conflict Management • Negotiation • Actiong Planning VMOKRAPI	

By the second cohort, the concept of the "tri-leader" shifted its focus on the essence of the teamwork of the leaders and was aptly called "Health Leadership Team" (HLT). Community representation in the HLT was expanded to include leaders other than those from non-governmental organizations and people's organizations. These leaders included local government officials, like the Sangguniang Bayan health committee chairperson, the president of the Association of Barangay Captains, and the president of the municipal federation of barangay health workers.

The HLT and other important health actors compose a "microcosm of the health system" that needs to be changed. Together, they constitute the simplified Change Lab (Kahane and Scharmer), a multistakeholder dialogic change process designed to generate the shared commitment needed to solve complex challenges.

MODULE 1	MODULE 2	MODULE 3	MODULE 4
O W N E R S H I P			
• The CHPP Roadmap • Philippine Health Situation • The Poor and Their Health Care Predicament • Bridging Leadership • Leadership Journey and Capital • Current / Preferred Future Health Reality	• The ZZF Health Change Model and Leadership Roadmap: Lessons from Cohort 1 • LGU Health Performance Scoredcards • Local Health Systems Accountability Framework • Personal Leadership: MBTI	• Local Health Systems Accountability Framework • Local Health Systems (Levels of Care) • Adaptive and Technical Leadership • Personal Leadership: Revisiting Your Purpose and Connecting to Your Core	• Presentation of Accomplisments • Review of Local Health Systems Development Sustaining Health Gains • Systems Thinking: Social Determinats of Health
C O - O W N E R S H I P			
• Multi-Stakeholder Processes: Dialogue	• Deeping of Dialogue Skills Interpersonal Mastery	• Interpersonla Mastery: Understanding Group and Group Dynamics	• Personal Leadership: Coaching and Dialogue Citizens Charter: Health as a Right
C O - C R E A T I O N			
• Learning and Managing Health Innovations Solutions • Leading and Managing to Achieve Results • Action Planning VMOKRAPI	Leading and Managing Health Innovations: • Social Health Insurance • Maternal and Child Health • Population, Health and Environment • Nutrition Challenges and • Leadership Development • Action Planning: Six Building Blocks	• Partnership Opportunities: WaSH, HIS, Nutriotion, Community Theater and HEAR Radio Advocacy • Conflict Management and Team Coaching Action Planning: Six Building Blocks	• Partnership Opportunities ILHZ • Translating Health Gains into Political Capital • Improving Health Seeking Behavior • Crafting Your Public Narrative • Action Planning: Six Building Blocks

Further changes were implemented in Cohort 2, which started in 2009. The BL framework was fully utilized. The sessions on ownership were made more explicit. Dialogue and dialogic processes were included in the co-ownership section. The CHPP roadmap was also introduced to clearly specify the deliverables of each HLT member, especially the mayor's. The World Health Organization's (WHO) six building blocks were used as the framework for co-creation.

Cohort 3 is composed of municipalities from the Autonomous Region in Muslim Mindanao. While the same learning framework was used, sessions were localized and customized to reflect the Moro context and the non-devolved health system in the region.

Further changes in the design were introduced in Cohorts 4 and 5. The BL competencies were defined. The first four-week program practicum guide was introduced to give clearer focus on the co-creation phase. A workbook on how to analyze local health needs by the mayors was also introduced.

SECOND PHASE: DEVELOPING A (SHORTER AND LESS EXPENSIVE) MAINSTREAM MODEL

While better health outcomes, notably the maternal mortality ratio, were emerging in the cohorts, ZFF saw the need to develop a shorter, less expensive model that can be adapted by mainstream institutions. With a more focused training content, a more defined deliverables roadmap, and better selected training participants, desired health outcomes can be seen within six months after the one-year intervention.

The opportunity to test this abridged model came through a partnership with the University of Makati (UMak). A one-year, two-module program ("Municipal Leadership and Governance Program") was co-developed with UMak for the mayors and municipal health officers (MHOs) of Makati City's sister-cities and municipalities. Participating municipalities (mayors and MHOs) paid a tuition of P10,000 per participant. The university offered it as a certificate course with a colloquium requirement for completion.

MODULE 1	PRACTICUM 1	MODULE 2	PRACTICUM 2	COLLOQUIUM
OWNERSHIP				
Personal Mastery-Purpose	• Values Clarification • Affirmation of Purpose • Acts of Leadership (goverance, disease burden, community participation)	• Change Mastery - Adaptive Leadership • Being Mastery-Resilience • Transformative Leadership - Leader as Coach	Leadership Challenges (Adaptive/ Technical) • Leadership Development Plan • Costs/Benefits of Leadership • Leadership Brand	
CO-OWNERSHIP				
Interpersonal Mastery Facilititating Dialogic Exercise Multi-stakeholder Processes Introduction to Dialogue as a trust building exercise	• Organizational Development • Enchancing Multi-stakeholder Processes • Constituency Building (Barangay Assenblies/ Community Summits)	• Organizational Mastery • Modeling Dialogue as a tool for Multi stakeholder Engagement • Transformative Multi-stakeholder engagement • Teaching Dialogue	• Performance Management • Modeling/Developing other Health Leaders (Coaching and Mentoring) • Nurturing a Learning Organization • Citizen's Charter /Scoredcard • Networking and Partnership • District/Provincial Health Systems Development/ Coalition Building • Resouce Mobilization • Inter-Local Health Zones	• Framing Leadership Stories • Sharing/ Communicating Health Sector Gains- Translating Health Gains Into Political Capital
CO-CREATION				
New Institutional Arrangements Innovative Programs	• Technical Working Groups • Behavior Change Communication • Social Marketing	• Innovative Systems-Technical Value Creation • Transformed Institutional Systems • Improved Health and social outcomes (education, livelihood, etc)	• Institutionalization/ Sustainability Mechanisms	

Innovations were made with the UMAk program. No ZFF or UMAk staff was assigned to do on-site monitoring unless absolutely necessary. Instead, a structured coaching system was introduced. With clear deliverables based on the WHO's six building blocks, the mayors received one-on-one, face-to-face coaching with their mentors in Manila to address their adaptive leadership challenges. Municipal health officers were coached twice a month over the telephone. The UMak model also utilized a web-based platform to monitor health information systems, organize coaching sessions (including coaching documentation of coaching conversations), and provide data analysis for the participants and coaches.

SHARING THE HEALTH LEADERSHIP AND GOVERNANCE MODEL WITH ACADEMIC PARTNERS (2010)

During the course of the partnership with UMak, the Foundation identified other potential academic partners (Aps) that could build BL capacities. These included the University of the Philippines School of Health Sciences (Palo), Ateneo de Zamboanga, and Davao Medical School Foundation-Institute of Primary Health Care. The roster would later be expanded due to the desire of the DOH for a nationwide rollout of the health leadership and governance program to cover the 609 priority National Anti-Poverty Commission (NAFPC) local government units.

But the quality of the nationwide replication depends on the quality of the training intervention provided by the academic partners. Selected regional academic partners then underwent training to build their capacity to run the training programs. ZFF training designs, modules and learning materials are currently made available to the academic partners. There are also opportunities for vetting both content and training methodologies. While existing templates are provided, enhancements due to local context are expected of regional APs.

THIRD PHASE: REPLICATING THE MODEL WITH THE DEPARTMENT OF HEALTH (2013)

In December 2012, then-Health Secretary Enrique Ona invited ZFF to share its health leadership and governance model and leadership approach for implementation in 609 priority municipalities of the NAPC. For this, ZFF adopted a different approach. The Foundation used a replication mode wherein its leadership and capacity-building program, the "Health Leadership and Governance Program" model, was transferred to the DOH at the national and regional levels. It was also transferred to regional APs that will give the training courses to municipal health leaders. The replication mode was most appropriate to mainstream the model to institutions with greater reach and capacity.

Under this approach, ZFF provides the leadership interventions for governors and provincial health officers. DOH Representatives provide coaching for the mayors as part of their technical assistance package.

Given the scale of this program, it is hoped that the health outcomes of the poor in the country will drastically improve.
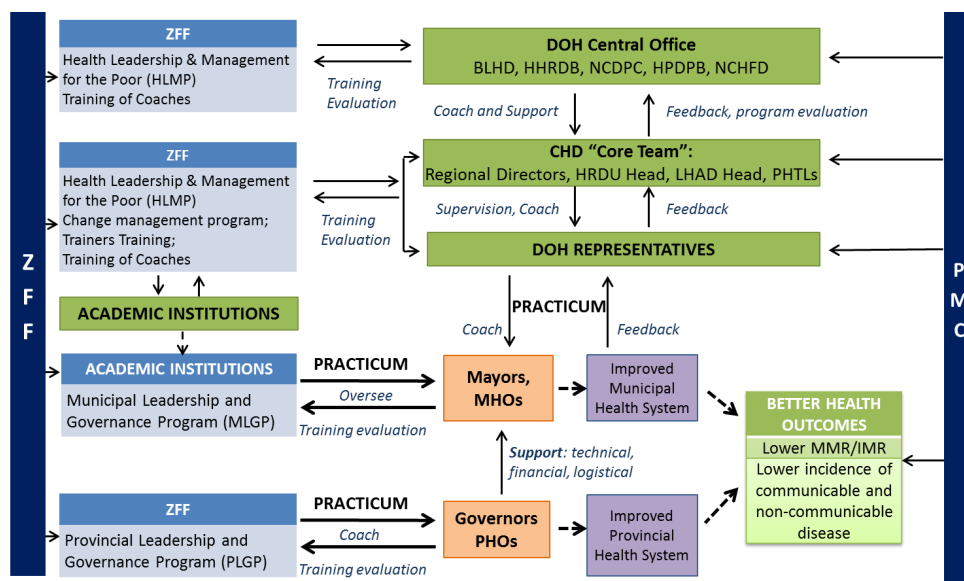
END GOAL: PUBLIC-PRIVATE PARTNERSHIP FOR GOOD LOCAL GOVERNANCE

The task of nation-building calls for good local governance. It is hoped that the experience of ZFF in transforming local leadership and governance using BL and systems improvements will be useful to other partners as they reduce institutional inequities to improve the quality of life of the Filipino.

Acknowledgements