



Primary Health Care Facilities In Cabanatuan Nueva Ecija: Basis For Compliance Measures

Jerico R. Cornel, RN

Development Management officer IV

Central Luzon Center for Health Development

Department of Health, San Fernando City, Pampanga, Philippines

Abstract: This study aimed to assess the compliance of Primary Health Care (PHC) facilities in Cabanatuan City, Nueva Ecija with the standards set for licensing, to identify areas for improvement and propose appropriate compliance measures. The research focused on ten key domains: Patient Rights and Organizational Ethics, Patient Care, Leadership and Management, Human Resource Management, Information Management, Safe Practice and Environment, Improving Performance, Physical Plant, Public Access to Price Information, and Equipment and Instruments.

A quantitative-descriptive research design was used, utilizing survey questionnaires in the Department of Health Administrative Order No. 2020-0047-A, entitled “Rules and Regulations Governing the Licensure of Primary Care Facilities in the Philippines”, facility assessments, and key informant interviews to gather data from selected PHC facilities. The analysis revealed that while facilities generally adhered to basic health standards in areas such as patient care and leadership and governance, significant deficiencies were observed in equipment availability, physical infrastructure, and public access to price information. Additionally, gaps in human resource capacity and documentation practices were noted.

The findings indicate that many PHC facilities face challenges in fully meeting licensing requirements due to limited resources, limited trainings particularly in the provision of health services, and weak internal monitoring mechanisms. As a result, a proposed action plan was developed to enhance facility compliance through targeted interventions in health infrastructure support, instrument and equipment provision, capacity building, and health policy enforcement.

This study highlights the need for strengthened local health systems and continuous quality improvement to ensure that primary health care facilities provide accessible, safe, and quality services in line with national health standards.

Index Term – Primary Care Facility Licensing in the Philippines, Universal Health Care, Primary Health Care, Primary Care Facility in Nueva Ecija, Standards for Primary Health Care Facilities

I. INTRODUCTION

Primary Health Care, or PHC, is widely recognized as the cornerstone of any functional and resilient health system in the Philippines. It represents the first level of contact between individuals in the communities, and the health care centers, and it plays a vital role in addressing the most common health needs of the population. More than just a point of entry, PHC encompasses a broad range of services that are essential for promoting health, preventing illness, managing chronic conditions, and ensuring timely treatment of diseases. Globally, strong primary health care systems are associated with better health outcomes, lower health care costs, and improved health equity.

In the Philippines, primary health care is a critical component of the country’s vision for Universal Health Care. The Department of Health (DOH), through its regulatory mandates, requires that all primary health care facilities adhere to a set of licensing standards. These standards are designed to ensure that services are delivered in a manner that is accessible, safe, effective, people-centered, timely, and equitable. They cover various aspects of health facility operations, from infrastructure and equipment to human resource capacity,

patient safety, information systems, and leadership and governance. Meeting these standards is not only a regulatory requirement, but a fundamental obligation to ensure that every Filipino receives quality health care at the community level.

Despite the clear policies and guidelines, many primary healthcare facilities across the country, especially in local government settings, struggle to comply with these licensing standards. Challenges range from inadequate health infrastructure and lack of essential medical instruments and equipment to health workforce shortages, insufficient to limited funding, and weak health systems for monitoring and evaluation. These issues are often more pronounced in cities and municipalities with constrained local resources or competing health priorities.

This study was conducted to assess the status of primary health care facilities in Cabanatuan City, Nueva Ecija—an important urban hub in Central Luzon. As a growing city with a dynamic health care service delivery network, Cabanatuan presents both opportunities and challenges in ensuring the full compliance of its PHC facilities with the DOH's licensing requirements. The main objective of this research is to evaluate how these facilities perform across key compliance domains and to identify the underlying strengths, weaknesses, and barriers that influence their performance.

In particular, the study focused on ten critical areas of facility operations: Patient Rights and Organizational Ethics, Patient Care, Leadership and Management, Human Resource Management, Information Management, Safe Practice and Environment, Improving Performance, Physical Plant, Public Access to Price Information, and the availability of Equipment and Instruments. These domains are essential benchmarks for determining the readiness and capability of a facility to deliver safe and effective primary care services.

In this presentation, it will walk you through the scope and rationale of the study, the methodology employed, and the key findings across these domains. We will also discuss the existing gaps that prevent facilities from achieving full compliance and explore a set of proposed compliance measures designed to support local health authorities, decision-makers, and facility managers in strengthening service delivery.

Ultimately, this research aims to contribute a meaningful and practical recommendations to enhance the implementation of health regulations at the grassroots level. It is my hope that the insights gathered from this study will help foster a more responsive, accountable, and sustainable primary health care system—not only in Cabanatuan City, but in other localities working toward the same goal. Because at the heart of every health system is the commitment to serve communities with dignity, safety, and compassion.

II. METHOD

This study used a quantitative-descriptive research design to assess the level of compliance of Primary Health Care Facilities in Cabanatuan City, Nueva Ecija with the licensing requirements set by the Department of Health. The chosen design allowed for the systematic and objective measurement of various aspects of facility operations, including infrastructure, equipment, human resources, and the range of services provided. As the primary basis for evaluation, the study utilized the DOH Administrative Order No. 2020-0047-A: Assessment Tool for Primary Care Facilities, which outlines key performance indicators and standards for health facility licensing.

To gather the necessary data, the researcher implemented a multi-method approach. Facility visits and direct observations were conducted in 9 City Health Centers to assess the actual conditions of physical plants, instruments and equipment availability, and health care service delivery readiness. These visits were guided by the official assessment tool, ensuring consistency and accuracy in evaluating compliance. In addition, structured interviews were held with key personnel such as physicians, nurses, midwives, human resource for health deployed by the Department of Health assigned in the different centers, sanitary inspectors, architects and engineers, and administrative staff. These interviews provided deeper insight into operational challenges and facility-level practices that affect compliance.

The study also made use of survey questionnaires to capture the perspectives of respondents regarding various compliance indicators. Furthermore, document reviews were conducted to verify answers and validate the data collected during interviews and observations. Supporting documents such as policies, facility records, and licensing papers were examined to ensure credibility and completeness of the data.

A total of 101 respondents participated in the study. These included Rural Health Physicians, Nurse Supervisors, Public Health Nurses, Rural Health Midwives, Dentists, Pharmacists, Sanitary Inspectors, Medical Technologists, City Engineers, City Architects, Human Resources for Health, Human Resource Officers, City Environment and Natural Resources Officers, and Administrative Officers. They were purposively selected based on their direct involvement in the management, operation, and evaluation of primary care facilities.

For the analysis of data, several statistical techniques were employed. Frequency and percentage distributions were used to quantify the level of observed compliance or non-compliance across different facilities. The weighted mean was computed to determine the average compliance score using a 5-point Likert scale. This allowed the researcher to measure the general perception and actual performance of the facilities. Ranking was applied to identify the most and least compliant areas, highlighting both strengths and gaps. Finally, Likert scale interpretation was used to classify the computed mean scores into descriptive categories such as Fully Compliant, Substantially Compliant, Partially Compliant, Minimally Compliant, and Non-Compliant.

Overall, this methodological approach provided a comprehensive and systematic assessment of the status of primary care facilities in Cabanatuan City. The results served as a valuable foundation for identifying areas that require improvement and for proposing actionable compliance measures aimed at enhancing the quality and reliability of primary healthcare services in the area.

III. RESULTS

This study assessed the compliance of Primary Health Care Facilities in Cabanatuan City, Nueva Ecija with the Department of Health's licensing standards. The findings revealed a varied level of adherence across ten major criteria, highlighting both strengths and areas requiring significant improvement.

1. Service Capability, Personnel and Physical Plant

The healthcare system continues to evolve to meet the growing demand for accessible, efficient, and high-quality services. Primary care facilities are central to this system, providing first-contact and continuous care. Licensing ensures these facilities meet standards in service capability, staffing, and infrastructure—key to delivering safe and effective healthcare. This thesis focuses on these three areas: service capability, which involves the range and quality of essential health services; personnel, emphasizing the qualifications and readiness of healthcare providers; and the physical plant, which refers to the facility's structure and equipment that support safe and efficient care delivery.

1.1 Patient Rights and Organization Ethics

Patient Rights and Organizational Ethics are fundamental principles that uphold the dignity and autonomy of individuals seeking care. Informed consent is obtained from patients prior to any procedure, ensuring that they are fully aware of and agree to the care they will receive. Policies that clearly define and address patients' rights and responsibilities are documented, promoting transparency and ethical standards in healthcare service delivery as reflected in the computed grand mean.

Table 1
Patient Rights and Organization Ethics

Criteria	Mean	Adjectival Rating
Informed consent is obtained from patients prior to procedures.	4.54	Fully Compliant
Policies which identify and address patients' rights and responsibilities are documented	2.42	Minimally Compliant
Grand Mean	3.48	Partially Compliant

The assessment of Patient Rights and Organizational Ethics among the primary healthcare facilities in Cabanatuan City reveals both strengths and areas for improvement. Notably, the indicator "Informed consent is obtained from patients prior to procedures" received a high mean score of 4.54, which falls under the category of Fully Compliant. This suggests that healthcare providers consistently observe the ethical and legal requirement of securing informed consent, ensuring that patients are adequately informed about procedures, associated risks, benefits, and alternatives before making healthcare decisions. This practice is a critical component of patient autonomy and demonstrates a strong commitment to ethical clinical care.

In contrast, the indicator "Policies which identify and address patients' rights and responsibilities are documented" received a significantly lower mean score of 2.42, indicating Minimal Compliance. This implies

that while the actual practice of obtaining consent is well-implemented, the formal documentation and institutionalization of patient rights and responsibilities remain inadequate. The absence or insufficiency of such policies may lead to inconsistencies in patient care practices and can hinder efforts to uphold patient dignity, safety, and participation in care decisions.

Overall, the computed Grand Mean of 3.48 places this component in the Partially Compliant category. This reflects a gap between the practice of ethical care and the existence of structured, documented guidelines that support it. Strengthening policy development, documentation, and dissemination regarding patient rights and responsibilities is essential to achieving full compliance. This also ensures alignment with the Department of Health standards and promotes a rights-based approach to healthcare service delivery.

1. 2 Patient Care

Patient care was a central focus in evaluating primary health care (PHC) facilities in Cabanatuan City, Nueva Ecija, as it reflects the quality and compliance of services with licensing standards. The study assessed how facilities delivered timely, appropriate, and patient-centered care across essential services such as maternal and child health, immunizations, and disease prevention. It also examined the extent of patient satisfaction, communication, and adherence to care protocols, highlighting both strengths and service gaps. Findings emphasized the need for improved health education, policy compliance, and service continuity, forming the basis for action plans to enhance patient outcomes. Supporting this, studies by De Mesa et al. (2019) and Tan-Lim et al. (2024) found that improvements in primary care systems significantly boosted patient satisfaction through better service delivery, staff training, and health communication.

Table 2
Patient Care

Criteria	Mean	Adjectival Rating
Clinical services are appropriate to patients' needs and the former's availability is consistent with the organization's service capability and role in the community.	3.48	Partially Compliant
Population-based Primary Care Services	4.11	Substantially Compliant
Individual-based Primary Care Services	4.11	Substantially Compliant
Minor Surgeries	3.4	Partially Compliant
Administrative Services	3.44	Partially Compliant
Supervisory Services	3.95	Substantially Compliant
All patients are correctly identified by their patient records. An appropriate history and physical examination is performed on every patient. The history includes present illness, past medical, Family, social and personal history.	4.98	Fully Compliant
Coordinated plan of care with goals.	3.37	Partially Compliant
Clinical services are appropriate to patients' needs and the former's availability is consistent with the organization's service capability and role in the community.	3.48	Partially Compliant
Population-based Primary Care Services	4.11	Substantially Compliant
Grand Mean	3.86	Substantially Compliant

The evaluation of Patient Care in primary health care (PHC) facilities in Cabanatuan City shows a generally favorable level of compliance, with a Grand Mean of 3.86, interpreted as Substantially Compliant. This indicates that while many essential care services are being delivered effectively, there remain areas that need further strengthening to fully meet national standards. Notably, Population-based and Individual-based Primary Care Services both scored 4.11, reflecting substantial compliance and suggesting that PHC facilities

are largely responsive to both community-level and individual health needs. Supervisory Services also performed well, with a mean score of 3.95, indicating active oversight in care delivery.

However, some aspects of care remain Partially Compliant, such as Minor Surgeries (3.4), Administrative Services (3.44), and Clinical Services appropriateness and availability (3.48). These results point to gaps in operational capability and resource allocation, which may affect the consistency and effectiveness of service delivery, particularly in more specialized or administrative areas.

A notable strength identified was in patient assessment and identification, where facilities achieved Full Compliance (4.98). All patients were correctly identified, and comprehensive medical histories and physical examinations were consistently documented—highlighting the high standard of clinical documentation and diagnostic care. Nevertheless, the Coordinated Plan of Care, with a mean score of 3.37, signals a need for improvement in planning, goal-setting, and continuity of care, especially in managing long-term or chronic conditions.

In summary, while PHC facilities in Cabanatuan City demonstrate strong performance in core clinical and preventive services, the findings suggest that focused improvements in surgical, administrative, and coordinated care areas are essential. Enhancing care integration, resource provision, and staff capacity in these domains would contribute significantly to achieving full compliance and better health outcomes.

1.3 Leadership and Governance

Leadership and management in Primary Care Facilities (PCFs) are essential to ensuring effective healthcare service delivery. A clear organizational structure supports decision-making, defines roles, and aligns operations with the facility's mission and vision. These guiding principles promote patient-centered care and provide direction for programs and daily operations. Performance is assessed through annual reports, which track accomplishments, identify challenges, and ensure compliance with health regulations. These reports also inform decision-making, guide improvements, and promote accountability. Overall, strong leadership fosters efficiency, transparency, and continuous improvement in meeting community health needs.

Table 3
Leadership and Governance

Criteria	Mean	Adjectival Rating
Organizational Structure/Chart	4.97	Fully Compliant
The organization and its services develop their vision and mission.	4.95	Fully Compliant
Evaluation and monitoring activities to assess management and organizational performance (Required for government-owned PCFs. Recommended only for privately-owned PCFs.)	4.96	Fully Compliant
Grand Mean	4.96	Fully Compliant

The assessment of Leadership and Management in Primary Care Facilities (PCFs) in Cabanatuan City yielded highly favorable results, with a Grand Mean of 4.96, indicating Full Compliance. This reflects a strong organizational foundation and effective management practices across the assessed facilities. The Organizational Structure/Chart received a mean score of 4.97, showing that roles and responsibilities are clearly defined, allowing for efficient delegation, coordination, and accountability within the healthcare team.

Similarly, the criterion “The organization and its services develop their vision and mission” scored 4.95, signifying that facilities have well-established guiding principles that align their goals and operations with the broader objective of delivering patient-centered care. These vision and mission statements not only serve as the strategic backbone of the organization but also inspire staff to work toward shared healthcare outcomes.

Furthermore, Evaluation and Monitoring Activities, a required element for government-owned facilities, scored 4.96, confirming that PCFs actively track their performance and ensure alignment with regulatory standards. These activities, such as the submission of annual reports, help in identifying service gaps, measuring outcomes, and informing policy decisions.

Overall, the data reflect a highly compliant and well-managed healthcare environment where leadership practices are clearly structured, goal-oriented, and continuously assessed. This strong leadership framework

enhances operational efficiency, promotes accountability, and supports the delivery of high-quality health services in line with national health priorities.

1.4 Human Resource Management

Human Resource Management (HRM) is essential to the effective operation of Primary Health Care Facilities in Cabanatuan City, ensuring the right number of qualified staff are in place to deliver quality services. Proper staffing and skill mix improve patient outcomes, prevent work overload, and maintain efficient service delivery. Key HRM activities include structured orientation programs that align new employees with the facility's mission, policies, and standards, fostering professionalism and teamwork. Recruitment, training, and performance evaluations further support staff development, job satisfaction, and retention. Overall, strong HRM practices create a positive work environment, enhance care quality, and sustain the long-term performance of primary healthcare facilities.

Table 4
Human Resource Management

Criteria	Mean	Adjectival Rating
The organization documents and follows policies and procedures for hiring and credentialing of its staff.	4.98	Fully Compliant
Physician (Full time)	4.98	Fully Compliant
Nurse (Full Time)	4.98	Fully Compliant
Midwife (Full Time)	4.98	Fully Compliant
Dentist	4.98	Fully Compliant
Utility Worker	4.96	Fully Compliant
New personnel, new graduates and external contractors are adequately supervised by qualified staff	4.93	Fully Compliant
Information Technology Officer	3.24	Partially Compliant
Sanitation Inspector	3.19	Partially Compliant
Record Officer	2.12	Minimally Compliant
Administrative Officer	2.11	Minimally Compliant
Grand Mean	4.20	Substantially Compliant

The assessment of Human Resource Management in Primary Health Care Facilities (PHCFs) in Cabanatuan City reveals a Grand Mean of 4.20, interpreted as Substantially Compliant, indicating generally strong HR practices with notable strengths and some critical gaps. The organization shows excellence in core staffing areas, with Fully Compliant ratings (4.98) for the hiring and credentialing of essential healthcare personnel such as physicians, nurses, midwives, and dentists, as well as support roles like utility workers (4.96). This reflects well-structured recruitment systems, adequate staffing levels, and adherence to regulatory requirements.

In addition, the supervision of new personnel, graduates, and external contractors scored 4.93, also Fully Compliant, suggesting that orientation and mentoring processes are in place to support the integration and competency development of new staff. These practices contribute to high standards of care, workforce stability, and continuity of services.

However, certain non-clinical and administrative roles revealed areas of concern. Positions such as Information Technology Officer (3.24) and Sanitation Inspector (3.19) were rated Partially Compliant, indicating inconsistencies in staffing or support for these roles. More concerning were the scores for Record

Officer (2.12) and Administrative Officer (2.11), both rated Minimally Compliant, suggesting significant gaps in administrative staffing that may affect data management, reporting, and operational efficiency.

These disparities highlight the need to prioritize not only clinical staffing but also the recruitment and strengthening of administrative and support personnel, which are equally vital to the overall functionality of primary care facilities. Addressing these gaps will ensure balanced human resource allocation and better alignment with the facility's service delivery goals.

To sum it up, while PHCFs in Cabanatuan have achieved high compliance in hiring and supervising clinical staff, there is a clear need to improve the availability and management of non-clinical positions. Strengthening these areas will enhance overall facility performance, promote smoother operations, and support the long-term sustainability of healthcare services.

1.5 Information Management

Information management is vital to delivering quality primary healthcare services, enabling the efficient collection, use, and protection of accurate data. Proper handling of both quantitative (e.g., patient demographics, lab results) and qualitative data (e.g., feedback, clinical observations) supports patient-centered care, informed decision-making, and service evaluation. Electronic medical records and digital systems streamline workflows, improve data accuracy, and facilitate coordination. Ensuring data security and confidentiality—through access controls, privacy policies, and staff training—builds patient trust and compliance with legal standards. Regular evaluation and system upgrades enhance data quality and service efficiency. Overall, strong information management supports better health outcomes and effective facility operations.

Table 5
Information Management

Criteria	Mean	Adjectival Rating
The organization has policies and procedures, and devotes resources, including infrastructure, to protect records and patient charts against loss, destruction, tampering, and unauthorized access or use. Only authorized individuals make entries in the patient records.	4.96	Fully Compliant
Records are stored, retained, and disposed of in accordance with the guidelines set by the National Archives of the Philippines (NAP)	4.07	Substantially Compliant
Validated Electronic Medical Records National Database of Human Resources for Health Information System (NDRHIS)	4.07	Substantially Compliant
The organization defines data sets, data generation, collection and aggregation methods and the qualified staff who are involved in each stage	4.04	Substantially Compliant
Patient records documenting any previous care can be quickly retrieved for review, updating, and concurrent use.	3.19	Partially Compliant
Grand Mean	3.01	Partially Compliant

The evaluation of Information Management in Primary Health Care Facilities (PHCFs) in Cabanatuan City revealed a Grand Mean of 3.01, indicating an overall Partially Compliant status. Despite this rating, several strengths were observed, particularly in record protection. The organization is Fully Compliant (4.96) with policies and infrastructure that safeguard patient records from loss, tampering, or unauthorized access, ensuring that only authorized personnel can make entries. This reflects a strong commitment to maintaining data privacy and security.

Facilities also showed Substantial Compliance in key areas such as adherence to the National Archives of the Philippines (NAP) guidelines for record storage, retention, and disposal (4.07), and the use of validated Electronic Medical Records (EMRs) and the National Database of Human Resources for Health Information

System (NDHRHIS) (4.07). These systems help enhance data organization and enable improved decision-making across health services.

Similarly, the organization's documentation of data sets, methods of data generation and collection, and designation of qualified staff for each stage scored 4.04, another Substantially Compliant area. This demonstrates a structured approach to information flow within the facility, helping to ensure accuracy and accountability in data handling.

However, a significant challenge was found in the retrieval and concurrent use of patient records, which scored 3.19 (Partially Compliant). This suggests limitations in system efficiency, which may hinder timely access to patient histories during consultations and follow-ups. Delays in retrieving records can affect continuity of care and overall service quality.

Finally, while information protection and system infrastructure in PHCFs are generally strong, there is a need to enhance data accessibility and retrieval to move toward full compliance. Investments in faster retrieval systems, improved staff training on digital tools, and the strengthening of data-sharing protocols will be critical to advancing the quality, security, and responsiveness of health information management in primary care settings.

1.6 Safe Practice and Environment

Ensuring safe practice and a secure environment is essential in primary care facilities, as it protects both patients and healthcare workers. The presence of an effective incident reporting system, emergency preparedness plans, and infection control protocols reflects a commitment to safety and continuous improvement. Regular building maintenance, proper waste disposal, clean water supply, and functional equipment all contribute to a safe care environment. Adherence to infection prevention measures—such as sterilization, PPE use, and hand hygiene—helps reduce healthcare-associated infections. Table 6 highlights these key areas, showing the organization's efforts toward maintaining safety, while also identifying aspects that need enhancement to fully meet licensing and quality standards.

Table 6
Safe Practice and Environment

Criteria	Mean	Adjectival Rating
Policies and procedures on Waste Disposal Management	5	Fully Compliant
Infection Prevention and Control (IPC) Program	5	Fully Compliant
Policies and procedures on cleaning, disinfecting, drying, packaging, and sterilizing of equipment, instruments and supplies.	5	Fully Compliant
Organization takes steps to prevent and control outbreaks of healthcare-associated infections.	5	Fully Compliant
There are programs for prevention and treatment of needle stick injuries, and policies and procedures for the safe disposal of used needles are documented and monitored	5	Fully Compliant
Policies and procedures in reporting notifiable disease (Refer to AO No. 2008-0009 and AO No. 2020-0013).	5	Fully Compliant
A coordinated security arrangement in the organization assures protection of patients and staff	4.98	Fully Compliant
An incident reporting system identifies potential harms, evaluates causal and contributing factors for the necessary corrective and preventive action	4.91	Fully Compliant
Presence of a management plan, policies, and procedures addressing safety	4.89	Fully Compliant
Generator, emergency light, water system, adequate ventilation or air conditioning	4.15	Substantially Compliant

Operating manuals of non-medical equipment	4.08	Substantially Compliant
Policies and procedures for the safe and efficient use of medical equipment according to specifications are documented and implemented.	4.01	Substantially Compliant
Building Maintenance Program is in place ensuring facilities are in state of good repair	3.31	Partially Compliant
Non-medical equipment are regularly maintained with plan for replacement according to expected life span or when no longer serviceable	3.28	Partially Compliant
Grand Mean	4.54	Fully Compliant

The assessment of safe practices and environmental management in primary care facilities reveals a strong adherence to safety standards, with a grand mean of 4.54 indicating a Fully Compliant rating overall.

Key areas such as waste disposal management, infection prevention and control (IPC), sterilization procedures, needle safety, and reporting of notifiable diseases all received a perfect mean score of 5, reflecting consistent implementation of policies and procedures. These findings affirm the facility's commitment to patient and staff safety, especially in preventing healthcare-associated infections and managing clinical risks.

Moreover, high compliance is also noted in areas like security protocols, incident reporting systems, and emergency preparedness plans, with scores ranging from 4.89 to 4.98. These measures ensure that risks are promptly identified and mitigated, and that healthcare providers are equipped to handle emergencies effectively.

While compliance is strong overall, some areas require improvement. Specifically, the building maintenance program (3.31) and non-medical equipment upkeep (3.28) received Partially Compliant ratings. These indicate the need for more consistent facility repairs and structured replacement plans to sustain safety and operational efficiency.

In conclusion, the data shows that primary care facilities in Cabanatuan City have robust systems for ensuring safety and infection control, though enhancements in infrastructure maintenance will further strengthen the quality and reliability of care delivery.

1.7 Improving Performance

Improving performance in primary care facilities is key to delivering quality healthcare and achieving organizational goals. Facilities follow a systematic approach—through process design, performance measurement, and regular assessment—to identify gaps and boost efficiency. A core element is Continuous Quality Improvement (CQI), which involves reviewing procedures, engaging staff in problem-solving, and applying evidence-based practices to improve outcomes. Tools like performance indicators, audits, and the Client Satisfaction Survey (CSS) help assess service quality and patient satisfaction. By using feedback to guide improvements, PCFs reinforce their commitment to patient-centered care and continuous service enhancement.

Table 7
Improving Performance

Criteria	Mean	Adjectival Rating
Customer satisfaction survey	2.37	Minimally Compliant
Continuous Quality Improvement (CQI) Program	2.32	Minimally Compliant
Grand Mean	2.35	Minimally Compliant

The assessment of performance improvement initiatives in Primary Care Facilities (PCFs) in Cabanatuan City, Nueva Ecija reveals a Minimally Compliant rating, with a Grand Mean of 2.35. Both the Customer Satisfaction Survey (2.37) and the Continuous Quality Improvement (CQI) Program (2.32) scored low, indicating that these essential components are either underdeveloped or inconsistently implemented. The

minimal use of customer satisfaction tools suggests that patient feedback is not systematically gathered or utilized in service planning and delivery. Similarly, the low score for CQI reflects the absence of a structured and ongoing process to evaluate and enhance healthcare services. Without these mechanisms, PCFs struggle to identify service gaps, implement improvements, or measure progress effectively. To address these issues, it is crucial for facilities to institutionalize a functional CQI system and regularly conduct and analyze client satisfaction surveys. Doing so will promote data-driven decision-making, foster a culture of continuous improvement, and ultimately lead to more responsive and patient-centered primary care services.

1.8 Physical Plant

The physical plant of health facilities is essential in delivering safe, accessible, and efficient primary healthcare services. A well-designed layout supports infection control, patient safety, and ease of access, especially for vulnerable populations. Strategic location, clear signage, ramps, and elevators ensure accessibility, while safety features such as fire exits, security systems, and non-slip flooring help protect both patients and staff.

Infection prevention is integrated into facility design through proper ventilation, isolation rooms, handwashing stations, waste segregation, and easy-to-clean surfaces. Layouts separate clean and contaminated zones, with designated storage and pathways to minimize cross-contamination.

Reliable water and power systems are vital to ensure uninterrupted services. Facilities maintain backup generators, water tanks, and treatment systems to support sanitation, equipment operation, and emergency response. Proper lighting, air conditioning, and ventilation enhance both infection control and patient comfort.

Healthcare spaces such as consultation rooms, treatment areas, and pharmacies are designed for privacy and functionality, while storage areas are kept organized and secure. Adherence to building codes and standards ensures that the infrastructure supports quality service delivery.

Table 8
Physical Plant

Criteria	Mean	Adjectival Rating
Entrances and exits are clearly and prominently marked, free of any obstruction and readily accessible.	4.18	Substantially Compliant
Ramps for patients with special needs are available, clearly and prominently marked, and free of any obstruction.	4.12	Substantially Compliant
Directional signs are prominently posted to help locate service areas within the organization.	3.98	Substantially Compliant
Grand Mean	4.09	Substantially Compliant

In Cabanatuan City, Nueva Ecija, the physical plant of primary healthcare facilities demonstrates a substantial level of compliance with accessibility standards, as reflected by the grand mean of 4.09. Key facility features, such as entrances and exits, scored a mean of 4.18, indicating they are generally well-marked, unobstructed, and accessible to patients and staff.

Ramps for patients with special needs received a 4.12 rating, showing that most facilities have installed these accessibility features, although improvements may still be needed to meet full compliance. Directional signage to guide patients through service areas rated slightly lower at 3.98, pointing to the need for clearer and more prominent wayfinding tools to support patient navigation.

Overall, while the current infrastructure reflects a strong commitment to accessibility and patient-centered design, continued enhancements—particularly in signage and barrier-free pathways—are necessary to achieve full compliance and ensure equitable access for all patients, including those with disabilities.

1.9 Public Access to Price Information

Public access to price information is essential for promoting transparency, accountability, and informed decision-making in health facilities. As mandated by DOH Administrative Order No. 2021-0008, facilities must regularly update and publicly display prices of services, medicines, and supplies through bulletin boards, websites, and social media. This empowers patients to make informed choices and fosters trust in the healthcare system.

Studies show that transparent pricing reduces hidden charges, improves patient awareness, and supports equitable access to care, particularly for low-income groups. Facilities are also required to appoint price information officers to guide patients on service costs and ensure information is accessible and easy to understand. This initiative aligns with the goals of the Universal Health Care Law by helping patients compare services and make cost-conscious decisions, ultimately improving healthcare utilization and patient trust.

Table 9
Public Access to Price Information

Criteria	Mean	Adjectival Rating
The price list of all health services shall be itemized comprehensively and all fees indicated clearly, including outsourced services, if applicable.	1.38	Non-Compliant
All health facilities shall submit information regarding its prices and charges for goods and health services, including professional fees to PhilHealth.	1.23	Non-Compliant
The patient or patient's guardian shall be informed of the price list upon admission or before the provision of outpatient services or procedures.	1.2	Non-Compliant
For health facilities that have an official website, the price list shall be readily available and regularly updated	1.19	Non-Compliant
The health facility shall update the price list at least annually, or as needed.	1.14	Non-Compliant
The price list shall be readily available to the public in a conspicuous area.	1.09	Non-Compliant
Grand Mean	1.21	Non-Compliant

In Cabanatuan City, Nueva Ecija, the implementation of public access to price information in primary health care facilities is found to be non-compliant, with a grand mean of 1.21. This reflects significant gaps in adherence to the Department of Health's (DOH) Administrative Order No. 2021-0008, which mandates full transparency in healthcare pricing.

The itemization of health services, including outsourced services, scored a low mean of 1.38, indicating that most facilities do not provide a detailed and clearly indicated list of prices. Similarly, the submission of price information to PhilHealth, including professional fees, received a mean score of 1.23, pointing to poor coordination with national health financing systems.

Moreover, patients or their guardians are rarely informed of prices before receiving services, as shown by the 1.20 mean score, undermining informed decision-making and financial preparedness. The situation is further aggravated by the lack of updated price lists on health facilities' official websites (1.19) and their failure to regularly update these lists (1.14) as required.

Most notably, the public display of price lists in visible areas was rated at 1.09, the lowest among the indicators. This absence of basic transparency mechanisms prevents patients—especially those from economically disadvantaged backgrounds—from accessing essential information about healthcare costs.

Overall, the findings highlight a critical need for policy enforcement, capacity building, and administrative accountability to ensure compliance with national standards. Addressing these issues will help promote equity, informed healthcare decisions, and trust in the local health system.

1.10 Instruments and Equipment

The selection and maintenance of medical equipment and instruments are essential for delivering quality healthcare in Primary Care Facilities (PCFs). Functional and appropriate tools directly affect patient diagnosis, treatment, and outcomes. The Department of Health (DOH, 2020) mandates that equipment align with the services offered, supporting core functions such as consultations, diagnostics, maternal care, and emergency interventions.

Proper inventory systems help ensure that equipment is available, functional, and replaced promptly when needed. According to García, Reyes, and Santos (2019), efficient inventory management improves service continuity and minimizes delays. Having back-up equipment, such as oxygen tanks or blood pressure monitors, also prevents service interruptions and enhances patient safety (Lim & Santiago, 2020).

Healthcare workers are regularly trained to use and maintain medical tools correctly, which improves care quality and reduces errors (PPCS, 2023). Waste management practices further support safety and infection control, creating a cleaner, more efficient care environment (Rodriguez & Lizada, 2020).

Budgeting strategies and partnerships with government, NGOs, and private sectors also help PCFs secure essential equipment. Through joint procurement and resource pooling, health facilities can offer safer and more timely services, even with limited funds (Alcantara & Teodoro, 2023).

Table 10
Instruments and Equipment

Criteria	Mean	Adjectival Rating
Medical Equipment and Instruments in Primary Care Facility		
Footstool	4.33	Substantially Compliant
Emergency light	4.26	Substantially Compliant
Vaccine refrigerator	4.19	Substantially Compliant
Vaccine carrier with cold dog	4.17	Substantially Compliant
Salter scale	4.16	Substantially Compliant
Safety/Sharps collector box	4.16	Substantially Compliant
Snellen's Chart, Visual Acuity Chart	4.16	Substantially Compliant
Stethoscope	4.16	Substantially Compliant
Vaccine carrier thermometer	4.15	Substantially Compliant
Pick up (ovum) forceps	4.14	Substantially Compliant
Mosquito forceps	4.14	Substantially Compliant
Tissue forceps with teeth	4.14	Substantially Compliant
Non-mercurial thermometer	4.12	Substantially Compliant
Weighing scale, infant	4.12	Substantially Compliant
Tissue without teeth	4.11	Substantially Compliant
Suture removal scissors	4.11	Substantially Compliant
Instrument table	4.11	Substantially Compliant
Surgical scissors curved	4.1	Substantially Compliant
Examining table	4.09	Substantially Compliant
Surgical scissors straight	4.08	Substantially Compliant
Bandage scissors	4.08	Substantially Compliant
Weighing scale with height measuring stick, adult	4.08	Substantially Compliant
Nebulizer	4.02	Substantially Compliant
Wheelchair	3.16	Partially Compliant
Wheeled stretcher	2.96	Partially Compliant
Examining light	2.34	Minimally Compliant
Small Size Cervical Inspection	2.23	Minimally Compliant
Medium Size Cervical Inspection	2.23	Minimally Compliant
Large Size Cervical Inspection	2.23	Minimally Compliant
Neurohammer	2.08	Minimally Compliant
IV stand	2.05	Minimally Compliant
Ophthalmoscope	1.3	Non Compliant
Otoscope	1.23	Non Compliant
Criteria	Mean	Adjectival Rating

Dental Equipment And Instruments		
Extraction forceps, #16 with cross serration (for better grip)	2.37	Minimally Compliant
Ergonomic for better comfort designed instrument	2.37	Minimally Compliant
Extraction forcep, #17	2.37	Minimally Compliant
Extraction forcep , #18L	2.37	Minimally Compliant
Extraction forcep, #18R	2.37	Minimally Compliant
Extraction forcep, #44	2.37	Minimally Compliant
Etraction forcep, #69	2.37	Minimally Compliant
Extraction forcep, #150	2.37	Minimally Compliant
Extraction forcep, #151	2.37	Minimally Compliant
Pedo forcep, #150	2.37	Minimally Compliant
Pedo forcep, #151	2.37	Minimally Compliant
Pedo forcep, #17S	2.37	Minimally Compliant
Pedo forcep, #16S	2.37	Minimally Compliant
Pedo forcep, #18R	2.37	Minimally Compliant
Pedo forcep, #18L	2.37	Minimally Compliant
Aspirating syringe (2), stainless steel, with a locking mechanism	2.37	Minimally Compliant
Minnesota retractor, stainless steel	2.37	Minimally Compliant
Bone file, stainless steel	2.37	Minimally Compliant
Sharp waste disposal unit	2.36	Minimally Compliant
Dental instruments: mouth mirror, cotton plier, explorer, spoon excavator (1 set)	2.14	Minimally Compliant
Autoclave, 20 L	2.08	Minimally Compliant
Dental Unit and chair with compressor and complete accessories, with high-low-speed handpieces	2.07	Minimally Compliant
Universal scaler, non-magnetic hollow handle	2.07	Minimally Compliant
Peri Curette, non-magnetic hollow handle	2.07	Minimally Compliant
Periodontal probe	2.07	Minimally Compliant
Gracey curette, set of 6 different tips, non-magnetic hollow handle	2.07	Minimally Compliant
Dental instrument cabinet	2.04	Minimally Compliant
Sterilizing unit, tabletop	2.01	Minimally Compliant
Instrument table	1.98	Minimally Compliant
Criteria	Mean	Adjectival Rating
Non-Medical Equipment and Instruments		
Computer/laptop with internet connection (Mobile Data, Internet)	4.18	Substantially Compliant
Printer	4.15	Substantially Compliant
Standby generator set	4.15	Substantially Compliant
Mobile phone/cellphone	4.12	Substantially Compliant
Fire extinguisher	3.97	Substantially Compliant
Grand Mean	3.03	Partially Compliant

The assessment of primary care facilities in Cabanatuan City, Nueva Ecija, reveals that while many essential medical and non-medical equipment items meet acceptable standards, the overall status remains only Partially Compliant, with a grand mean of 3.03. Most basic medical instruments, such as footstools, emergency lights, vaccine refrigerators, thermometers, stethoscopes, and weighing scales, are Substantially Compliant, reflecting that routine primary care services can generally be provided. However, there are notable deficiencies in critical diagnostic tools like ophthalmoscopes and otoscopes, which are Non-Compliant, as well as other essential instruments like examining lights, cervical inspection sets, IV stands, and neurohammers, which are only Minimally Compliant. The situation is more concerning in the dental equipment category, where all items—ranging from extraction forceps to dental units—are consistently rated as Minimally Compliant, indicating an urgent need for upgrading dental service capacity. Meanwhile, non-medical equipment such as computers, internet access, generators, and fire extinguishers are generally Substantially Compliant, supporting basic administrative and emergency functions. Overall, despite strengths in general clinical tools and support infrastructure, the inadequacy of specialized medical and dental instruments presents a major compliance challenge that must be addressed to fully meet Department of Health licensing requirements and improve the quality and scope of services in the city's primary health care system.

1.11 Summary of the Description and Evaluation of the Primary Health Care Facilities in Cabanatuan Nueva Ecija

Primary Health Care (PHC) facilities serve as the cornerstone of community health service delivery in municipalities like Cabanatuan City, Nueva Ecija. These facilities were evaluated to determine their capacity to meet the health needs of the population across key domains, including patient rights and organizational ethics, quality of patient care, leadership and governance, human resource management, information systems, safety and environmental standards, performance improvement, physical infrastructure, transparency in pricing, and the availability and functionality of essential equipment and instruments.

Table 11
Overall Summary

Criteria	Mean	Adjectival Rating
Leadership and Governance	4.96	Fully Compliant
Safe Practice and Environment	4.54	Fully Compliant
Human Resource Management	4.2	Substantially Compliant
Physical Plant	4.09	Substantially Compliant
Patient Care	3.86	Substantially Compliant
Patient Rights and Organization Ethics	3.48	Partially Compliant
Instruments and Equipment	3.03	Partially Compliant
Information Management	3.01	Partially Compliant
Improving Performance	2.35	Minimally Compliant
Public Access to Price Information	1.21	Non-Compliant
Overall Grand Mean	3.47	Partially Compliant

Based on the assessment of primary health care facilities in Cabanatuan City, Nueva Ecija, the overall performance reveals a Partially Compliant rating with a grand mean of 3.47, indicating moderate compliance across critical service domains. Leadership and Governance received the highest rating (4.96), signifying strong institutional direction, accountability, and adherence to administrative standards. Safe Practice and Environment also scored Fully Compliant (4.54), reflecting effective implementation of safety protocols and environmental health measures. Meanwhile, Human Resource Management (4.20), Physical Plant (4.09), and Patient Care (3.86) were found to be Substantially Compliant, suggesting adequate staffing, facility readiness, and patient service delivery, though with some areas for improvement. However, notable gaps were observed in Patient Rights and Organizational Ethics (3.48), Instruments and Equipment (3.03), and Information Management (3.01), which were rated Partially Compliant, pointing to challenges in ensuring patients' rights, availability of functional medical tools, and data management systems. Of particular concern were Improving Performance (2.35, Minimally Compliant) and Public Access to Price Information (1.21, Non-Compliant), highlighting weaknesses in continuous quality improvement and transparency. These findings underscore the need for targeted interventions to strengthen systems, particularly in performance evaluation and price information dissemination, to support full compliance and improve healthcare service delivery in the city.

2. Strengths And Weakness of Primary Health Facilities

Primary health facilities are essential as the first point of care in communities, and their compliance with licensing standards is crucial to delivering quality and safe health services. Assessing their strengths and weaknesses helps identify areas of excellence, such as patient care and human resource management, as well as challenges like poor IT support, inconsistent records, and inadequate infrastructure. This study used the Average Point of Observation (APO) Method by Del Rosario (2018) to interpret mean scores across different domains using a Likert scale. The results guided the identification of strengths and areas needing improvement to better align with regulatory requirements and improve service delivery.

Table 12
Strength and Weakness

Criteria	Strength	Weakness
Leadership and Governance	Presence of leadership structures and some organizational protocols.	Inconsistent monitoring and feedback mechanisms, impacting service quality.
Safe Practice and Environment	Emergency preparedness with fire extinguishers and standby generators	Inconsistent safety protocols and insufficient availability of emergency medical tools.
Patient Care	Some essential patient care equipment like nebulizers and weighing scales.	Limited diagnostic tools, such as ophthalmoscopes and otoscopes, hinder comprehensive care.
Patients' Rights and Organization Ethics	Awareness of patient rights.	Weak enforcement mechanisms, reducing patient empowerment and protection.
Physical Plant	Basic infrastructure like examining tables and IV stands is present.	Poor maintenance and lack of essential equipment, compromising patient comfort and safety.
Instruments and Equipment	Availability of some surgical instruments and proper vaccine storage.	Insufficient diagnostic and dental instruments, affecting service delivery and patient outcomes.
Information Management	Presence of administrative tools like computers and printer.	Inadequate integration of digital systems and poor documentation practices.
Improving Performance	Recognition of performance assessment needs.	Absence of systematic evaluation processes to track improvements.
Public Access to Price Information	Basic understanding of transparency requirements.	Lack of accessible price lists and non-compliance with regular updates, limiting patient decision-making.

In Cabanatuan City, Nueva Ecija, primary health care facilities show a mix of strengths and weaknesses across key service domains. Leadership and governance are supported by established structures and protocols, but weak monitoring and feedback systems reduce effectiveness. In terms of safety, facilities are equipped with emergency tools such as fire extinguishers and generators; however, inconsistent implementation of safety protocols and the lack of some emergency equipment compromise preparedness. Patient care is moderately supported by tools like nebulizers and weighing scales, yet the absence of key diagnostic instruments like ophthalmoscopes and otoscopes limits the scope of care. While there is awareness of patient rights, the lack of strong enforcement mechanisms undermines ethical standards and patient protection. The physical plant includes basic infrastructure such as examining tables and IV stands, but maintenance issues and the absence of essential equipment diminish comfort and safety. Instruments and equipment include surgical tools and vaccine storage devices, yet the shortage of dental and diagnostic instruments hinders service capacity. Information management benefits from tools like computers and printers but suffers due to poor digital integration and weak documentation. Performance improvement efforts are acknowledged but lack formal systems for tracking and evaluating outcomes. Lastly, while staff understand the importance of price transparency, the lack of posted and updated price lists makes it difficult for patients to make informed

decisions. Overall, these findings highlight both the progress and the critical gaps in primary health care service delivery in the city.

3. Problems Affecting Licensing Compliance of Primary Care Facilities

In Cabanatuan City, Nueva Ecija, licensing primary care facilities is crucial to ensuring healthcare services comply with established regulatory standards. However, several challenges continue to hinder full compliance. These include deficiencies in physical infrastructure, the unavailability of essential medical equipment and instruments, and limited human resource capacity. Such gaps negatively impact the quality of care and contribute to delays in accreditation, restricting facilities from securing the required permits to operate. Additionally, the complexity of regulatory requirements and financial limitations of many health centers further intensify these difficulties, especially in under-resourced settings.

Table 13
Problems Affecting Licensing Compliance of Primary Care Facilities

Problem	Description	Impact on Licensing Compliance
Inadequate Infrastructure	Limited space and poorly maintained physical facilities.	Hinders the facility's ability to meet physical plant requirements, affecting service delivery and patient comfort.
Insufficient Specialized Equipment	Lack of dental, EENT instruments, and emergency stretchers.	Limits the ability to provide comprehensive care, potentially resulting in non-compliance with service capability standards
Support Staff Shortages	Absence of key personnel such as Information Technology Officers and Records Officers	Reduces efficiency in data management and administrative functions, affecting record-keeping and reporting standards.
Inadequate Patient Rights Documentation	Absence of clearly posted patient rights and responsibilities.	Violates standards on patient rights, potentially impacting patient satisfaction and legal compliance.
Limited Continuous Quality Improvement (CQI) Programs	Absence of systems for ongoing performance evaluation and service improvement	Prevents systematic quality monitoring and reduces the ability to address service gaps effectively.
Lack of Public Access to Price Information	Failure to display clear pricing for services and medications	Reduces transparency, which can lead to non-compliance with regulatory requirements for public access to information
Availability of Own Facility	Ownership of the facility supported by an SP Resolution (Sangguniang Panlungsod Resolution) as proof of ownership.	Lack of documented proof of ownership can hinder the licensing process, as having a legally recognized facility is a requirement for compliance. Without this, the facility may face legal and operational restrictions that affect service continuity and eligibility for government support

Primary care facilities in Cabanatuan City face a range of persistent challenges that hinder their full compliance with licensing requirements set by health regulatory bodies. One of the most pressing issues is inadequate infrastructure, where limited space and poorly maintained facilities compromise the ability of health centers to meet the physical plant standards. This affects the comfort and safety of patients and hinders efficient service delivery.

Another significant concern is the lack of specialized medical equipment, such as dental tools, EENT instruments, and emergency stretchers. These deficiencies limit the facility's capacity to provide comprehensive care and result in failure to meet service capability standards, which are vital for accreditation. Coupled with this is the issue of support staff shortages, particularly the absence of essential personnel like Information Technology Officers and Records Officers. These gaps reduce the efficiency of administrative

processes and data management, making it difficult to comply with documentation and reporting requirements.

Furthermore, there is a noticeable lack of adequate patient rights documentation. Many facilities do not clearly display patients' rights and responsibilities, which undermines efforts to promote patient empowerment and violates regulatory mandates concerning patient care and ethics. The limited implementation of Continuous Quality Improvement (CQI) programs is another obstacle, as the absence of structured mechanisms for regular performance evaluation and service enhancement hinders the facility's ability to identify and address gaps proactively.

Equally concerning is the lack of public access to price information. Facilities often fail to post or update service and medication prices, which compromises transparency and may lead to violations of regulatory guidelines requiring clear and accessible pricing. Lastly, the issue of facility ownership documentation also poses a problem. Some centers do not have proper proof of ownership, such as a Sangguniang Panlungsod (SP) Resolution. Without legal documentation, facilities may struggle to secure licenses, face operational limitations, and risk being ineligible for government support or upgrades.

Collectively, these issues significantly affect the ability of primary care facilities in Cabanatuan City to comply with licensing requirements, ultimately impacting service quality, patient safety, and the broader goals of the health system. Addressing these barriers through targeted interventions, investment in infrastructure and human resources, and clearer policy support is crucial for improving compliance and strengthening the delivery of primary health care.

4. Proposed Plan of Action to Enhance Compliance on Licensing Requirements of Primary Care Facilities

A strategic action plan served as a crucial guide for enhancing the compliance of primary health care facilities with licensing standards. These facilities, as key providers of frontline health services, are essential in ensuring communities have access to quality care. However, challenges such as limited human resources, inadequate infrastructure, insufficient equipment, and weak information systems often obstruct their ability to meet regulatory requirements.

To address these gaps, the plan was developed using a collaborative and evidence-based approach aligned with national health priorities, especially the objectives of Universal Health Care (UHC). It emphasized capacity-building for personnel, infrastructure upgrades, and improvements in administrative and documentation systems. Ultimately, the strategic action plan provided a structured and proactive framework for developing sustainable, high-quality health services that align with both regulatory standards and community health needs.

Table 14
Proposed Plan of Action to Enhance Compliance on Licensing Requirements of Primary Care Facilities

Problems Encountered	Measures	Objectives	Strategies	Expected Output
Inadequate Infrastructure	Assess facility space and upgrade physical plant	Improve infrastructure	Coordinate with City Engineering Office and City Health Officer	Adequate space and well-maintained facilities for patient care
Lack of Specialized Equipment	Procure specialized equipment (Dental, EENT, Stretchers)	Enhance equipment availability	Prioritize procurement through budget allocation	Compliance with service capability standards
Staffing Gaps	Hire essential support staff (IT Officer, Records Officer)	Address staffing gaps	Coordinate with Human Resources Management Office	Improved administrative efficiency and data management
Patient Rights Compliance	Develop and display patient rights and responsibilities signage	Strengthen patient rights compliance	Design informative materials and display at visible locations	Clear communication of patient rights and responsibilities

Absence of Quality Improvement System	Establish CQI and Customer Satisfaction Survey (CSS) systems	Implement Continuous Quality Improvement (CQI)	Develop feedback mechanisms and evaluation tools	Regular evaluation and improvement of service quality
Lack of Price Transparency	Post service and medication prices in accessible areas	Ensure price transparency	Utilize online platforms and physical displays	Increased transparency and patient trust
Absence of Proof of Facility Ownership	Coordinate with City Administrator for SP Resolution	Secure proof of facility ownership	Facilitate request for legal documentation	Compliance with legal ownership requirements

Primary health care facilities in Cabanatuan City face several challenges that hinder full compliance with licensing requirements. One major issue is inadequate infrastructure, where limited space and poorly maintained facilities compromise the delivery of patient services. To address this, facility assessments and physical upgrades are needed in coordination with the City Engineering Office and City Health Officer, aiming to provide sufficient, safe, and functional spaces for patient care.

Another persistent challenge is the lack of specialized equipment, particularly dental tools, EENT instruments, and emergency stretchers. These are essential for delivering a comprehensive range of services. The objective is to enhance equipment availability through prioritized procurement, supported by local government budget allocation. This ensures that facilities comply with service capability standards mandated by regulatory bodies.

Staffing gaps, especially the absence of Information Technology Officers and Records Officers, affect operational efficiency and data management. To resolve this, collaboration with the Human Resources Management Office is necessary to recruit and deploy qualified personnel. Doing so will significantly improve administrative processes and health information systems.

Issues surrounding patient rights compliance have also been observed, particularly the lack of visible and accessible signage outlining patient rights and responsibilities. Developing and prominently displaying this information strengthens compliance and empowers patients. Informative materials should be designed and posted in key areas within health facilities to ensure awareness and legal conformity.

The absence of a quality improvement system presents another challenge. Without mechanisms for feedback and performance evaluation, facilities struggle to identify service gaps. The implementation of Continuous Quality Improvement (CQI) and Customer Satisfaction Surveys (CSS) will enable regular assessments, helping facilities to adapt and improve their services in a structured manner.

Price transparency is another area of concern, with many facilities failing to publicly display service and medication costs. This weakens public trust and violates regulations. To address this, service and medicine prices should be posted both physically in health centers and online to ensure accessible, updated, and transparent information.

Lastly, some facilities lack proof of ownership, which is a legal requirement for licensing. Without an SP (Sangguniang Panlungsod) Resolution or official documentation, facilities risk delays in obtaining permits. Coordinating with the City Administrator to secure legal documents ensures compliance with property ownership requirements and supports the sustainability of operations.

Through these targeted measures and coordinated strategies, the primary health care system in Cabanatuan City can strengthen its capacity to meet licensing standards, improve service delivery, and ultimately enhance health outcomes for its population.

5. Action Plan for the Non-compliant criteria for Enhancement of Compliance on Licensing Requirements of Primary Care Facilities

Primary care facilities play a crucial role in the healthcare delivery system, particularly in local communities where access to essential health services is a priority. Compliance with the Department of Health (DOH) licensing requirements is vital to ensuring the quality, safety, and efficiency of care. However, recent assessments reveal that many primary care facilities are not fully meeting the required regulatory standards.

Deficiencies in areas such as equipment, infrastructure, staffing, and administrative processes not only compromise service quality but may also result in legal and operational setbacks. To address these challenges, a structured and proactive approach is needed to close the gap between existing practices and regulatory expectations.

This action plan was developed in response to the identified compliance gaps among primary care facilities in Cabanatuan City, Nueva Ecija. It is designed to assist local health authorities, facility administrators, and stakeholders in implementing focused interventions. By prioritizing key areas such as patient care, facility safety, human resources, and documentation, the plan aims to improve licensing readiness and strengthen the overall quality of healthcare services delivered to the community.

Table 15

Action Plan for the Non-compliant for Enhancement of Compliance on Licensing Requirements of Primary Care Facilities

Criteria	Measures	Objectives	Strategies
The price list of all health services shall be itemized comprehensively and all fees indicated clearly, including outsourced health services such as pharmacy, laboratory and x-ray, if applicable.	Conduct a complete review and itemization of all service and procedure fees. Include all outsourced health services.	To ensure transparency and completeness in health service pricing.	1. Conduct internal audit of all services and fees. 2. Coordinate with outsourced providers (medicines and equipment suppliers) for complete price disclosure 3. Standardize format of itemized price list
All health facilities shall submit information regarding its prices and charges for commodities and health services, including professional fees to PhilHealth.	Regularly compile and submit updated price lists to PhilHealth in accordance with reporting schedules	To comply with national health insurance requirements and enable benefit claim accuracy.	1. Assign personnel to oversee PhilHealth submissions of updated prices 2. Establish a quarterly schedule for updating and submitting data 3. Coordinate with PhilHealth for orientation on PhilHealth reporting form as needed
The patient or patient's guardian shall be informed of the price list upon admission or before the provision of outpatient health services or procedures.	Institutionalize a patient information protocol for price transparency prior to provision of health service delivery.	To promote informed decision-making and patient empowerment	1. Develop a price disclosure form to be signed by patients, if possible, upon receiving the services with the necessary payment. 2. Train admission and outpatient staff on disclosure process 3. Post signs at admission and outpatient areas reminding staff and patients
For health facilities that have an official website like Facebook, the price list shall be posted and readily available and regularly updated	Ensure that the official website contains an updated and accessible price list.	To maximize public access to healthcare pricing via digital platforms	1. Coordinate with IT personnel to upload and update pricing of health services in the online platform of the LGU annually 2. Designate staff to review and refresh website content quarterly
The health facility shall update the price list at least annually, or as needed.	Set an regular review schedule for all service-related prices, and allow ad-hoc updates for new services	To maintain accuracy and responsiveness to cost or price changes	1. Conduct annual pricing review during 4th quarter of every year. 2. Form a LGU pricing committee to review and approve changes

			3. Document and archive previous price lists for transparency
The price list shall be readily available to the public in a conspicuous area of the health facility.	Post laminated or framed price lists in the waiting areas, lobby, outpatient, and billing areas	To improve public access to health service pricing.	1. Identify visible areas for posting of prices 2. Ensure print readability (large font, bilingual (if needed))
Availability of Ophthalmoscope	Ensure at least one functional ophthalmoscope in every health facility is available and documented in the equipment inventory.	To comply with required essential medical equipment standards	1. Conduct inventory and equipment audit 2. Procure ophthalmoscope as needed 3. Assign equipment custodian for routine check of equipment and instruments
Availability of Otoscope	Ensure at least one functional otoscope in every health facility is available and included in the standard consultation tools.	To ensure readiness to deliver basic ENT examination service	1. Verify otoscope availability 2. Procure otoscope as needed 3. Include in routine maintenance and calibration plan

A comprehensive Action Plan has been formulated to enhance the compliance of non-compliant Primary Care Facilities (PCFs) in Cabanatuan City, Nueva Ecija with the licensing requirements stipulated by the Department of Health. A key focus is ensuring price transparency across all healthcare services. The first criterion involves the itemization of all service and procedure fees, including those outsourced such as pharmacy, laboratory, and x-ray services. To address this, health facilities must conduct a thorough internal audit of all services and charges and coordinate with third-party providers to ensure complete disclosure. A standardized format for presenting the itemized price list should be developed to promote clarity and consistency.

To further strengthen accountability, all health facilities must submit accurate and updated pricing information to PhilHealth, ensuring alignment with national health insurance protocols. This necessitates designating responsible staff to oversee quarterly updates and submissions, and if needed, coordinating with PhilHealth for proper orientation on required reporting forms. In support of informed patient decision-making, facilities must institutionalize a price disclosure protocol, requiring patients or their guardians to be informed of relevant fees before services are rendered. Staff must be trained on this process, and visible reminders should be placed in strategic areas to reinforce the policy.

Moreover, facilities with online platforms, including Facebook pages, are mandated to publish their price lists digitally to improve accessibility. Coordination with IT personnel to update digital content regularly and the assignment of staff to quarterly reviews are necessary to keep online information current. Facilities must also commit to an annual pricing review, ideally conducted in the fourth quarter, while remaining responsive to interim adjustments. The creation of a Local Government Unit (LGU) pricing committee can provide oversight and ensure that any changes are well-documented and transparent.

In the physical premises of the health facility, the price list must be conspicuously posted in key areas such as waiting rooms, billing sections, and outpatient departments. These postings should be easy to read, preferably in bilingual format, and protected for durability.

In terms of equipment compliance, ensuring the availability of essential diagnostic tools, such as an ophthalmoscope and otoscope, is critical. Each health facility should conduct a full inventory audit, procure these items if missing, and assign a custodian responsible for their regular maintenance and availability. These instruments are vital for standard medical consultations, particularly for ear, nose, throat, and eye examinations, and their presence underscores the facility's readiness to provide quality primary healthcare.

This Action Plan, therefore, not only addresses regulatory gaps but also fosters a culture of transparency, accountability, and service excellence among primary care providers in Cabanatuan City.

6. Implications of the Study to Health Management

The findings of the study on licensing compliance among Primary Health Care Facilities in Cabanatuan City, Nueva Ecija present vital implications for health management, especially in the pursuit of improving service quality and ensuring patient safety. Licensing is more than a regulatory requirement—it is a critical quality assurance tool that promotes adherence to standards in patient care, infrastructure, human resources, governance, and financial transparency. The study underscores the need for strong leadership and governance, emphasizing clearly defined roles, policies, and accountability structures. Strengthening these elements enables facilities to align operations with licensing standards, thereby enhancing efficiency, service delivery, and patient satisfaction. Furthermore, the findings stress the importance of strategic human resource management—ensuring that skilled professionals are in place, performance is regularly assessed, and staff receive ongoing training to stay aligned with current best practices. These actions not only meet regulatory demands but also build a resilient, capable health workforce.

The study also highlights several systemic priorities essential for compliance, including robust information management, transparent pricing, financial accountability, and community engagement. The adoption of digital systems such as electronic medical records (EMRs) ensures better data accuracy, patient safety, and easier regulatory reporting. Equally important is maintaining publicly accessible and regularly updated price lists, which uphold ethical standards and empower patients through informed healthcare decisions. Moreover, proper infrastructure, risk management plans, and emergency preparedness are necessary to guarantee safe and functional health environments. Collaboration with local government units, NGOs, and community groups enhances resource mobilization and reinforces shared responsibility for healthcare outcomes. Ethical practices, performance monitoring systems, and community feedback mechanisms further support continuous quality improvement. Ultimately, the study calls for a proactive, multi-sectoral approach to health management that integrates compliance, transparency, capacity-building, and accountability—creating a sustainable, patient-centered primary healthcare system in line with universal health care goals.

IV. DISCUSSION

This study assessed the compliance of Primary Health Care Facilities in Cabanatuan City, Nueva Ecija with the Department of Health's licensing requirements as outlined in Administrative Order No. 2020-0047-A. The findings revealed different levels of compliance across all key areas such as patient care, physical plant, equipment, information systems, and management practices.

Overall, the results showed that most of the city's primary health care facilities were partially compliant, especially in areas concerning equipment availability, public access to price information, and systems for improving performance. On the other hand, high compliance was observed in areas such as safe practice and environment, leadership and governance, and human resource management, proposing that the local health system has established basic operational foundations and safety health protocols.

These findings are consistent with earlier research and national assessments, which have also pointed out that while many local government units (LGUs) demonstrate administrative and structural readiness, they often face challenges in areas that require continuous investment—such as equipment upgrades, health information systems, and transparency mechanisms.

The results of this study have several important implications. First, they provide a clear basis for targeted interventions to enhance the capacity of city health centers in meeting Department of Health licensing standards. The identification of specific areas with lower compliance can help inform the development of practical and evidence-based compliance measures, such as investing in diagnostic tools, training personnel on ethical standards, and enhancing health information systems. Second, the findings can support local decision-makers in aligning Cabanatuan City's health service delivery with the goals of the Universal Health Care (UHC) Act, which emphasizes quality, accessibility, and accountability in primary care.

Despite its contributions, the study has certain limitations. It focused solely on the 9 City Health Centers within the territorial jurisdiction of Cabanatuan City, Nueva Ecija and did not include private clinics, hospitals, or health facilities located outside the city. Moreover, the scope of the research was limited to the service capability, human resources, physical plant, and instruments and equipment—and did not explore operational factors such as financial health management, organizational efficiency, or patient satisfaction. In addition, the study depend primarily on responses from public health nurses, rural health physicians, and technical staff, which, while highly relevant, may not fully reflect the views of all stakeholders, including patients and community members.

On the other hand, the study provides valuable understandings into the current status of primary care facilities and service delivery in Cabanatuan City. It offers a baseline that future health programs and health

policy reforms can build upon, particularly in strengthening health facility-level compliance and achieving more equitable and efficient health service delivery..

V. CONCLUSION

The research revealed that while the 9 City Health Centers generally met many of the required licensing standards—particularly in areas such as leadership and governance, patient care, and safe practice—there were also some critical challenges in compliance, particularly in equipment and instruments, public access to price information, and systems for continuous performance improvement.

The findings highlight the importance of not only meeting regulatory requirements but also investing in sustainable improvements in health facility readiness, health workforce staffing, and health infrastructure. These gaps, if unaddressed, could affect the quality, safety, and efficiency of healthcare services provided to the local population. The study also emphasizes the need for stronger compliance monitoring, consistent capacity-building efforts, and increased resource allocation at the local level.

Future research may benefit from extending the scope of assessment beyond the current coverage on public primary health care facilities. Including private health facilities and other healthcare institutions both within and outside the boundaries of Cabanatuan City, Nueva Ecija would offer a wide-range and more comprehensive understanding of the overall health landscape of the Province of Nueva Ecija.

Additionally, succeeding studies could explore other critical dimensions of primary healthcare service delivery, such as patient care satisfaction, financial health management systems, and administrative efficiency. These aspects are vital in shaping the quality of care and the operational sustainability of health facilities. Follow-up evaluations are also highly recommended to track the progress and effectiveness of the compliance measures that may be implemented as a result of this study. Monitoring changes over time will provide beneficial insights into whether interventions lead to sustained improvements in health facility preparedness and health service delivery quality.

Ultimately, these future directions will contribute to strengthening evidence-based health planning, health policy development, and the continuous improvement of primary healthcare services in the region.

VI. ACKNOWLEDGEMENT

The completion of this research study would not have been possible without the support, guidance, and contributions of many individuals and institutions, to whom I am deeply grateful.

First and foremost, I extend my sincere appreciation and gratitude to the Department of Health, whose policies and standards served as the cornerstone for this research. Their commitment to improving healthcare systems continues to inspire public health efforts across the country.

To the City Health Office of Cabanatuan, Nueva Ecija, especially the City Health Officer, Public Health Nurses, Rural Health Physicians, and other staff members of the 9 City Health Centers, thank you for your cooperation, invaluable insights, and for accommodating the data-gathering process despite your demanding responsibilities.

Special thanks go to my thesis adviser and panel members, whose constructive feedback, guidance, and encouragement helped shape this study into a meaningful and relevant contribution to health systems development.

I am also grateful to my colleagues and mentors in public health and local governance, whose professional support and shared experiences enriched the context and relevance of this work.

To my family and friends, especially those who have continuously believed in me and provided unwavering support throughout the research process—your presence and encouragement have meant the world.

Lastly, to everyone who, in one way or another, contributed to the successful completion of this study—thank you. Your support helped turn this research into a valuable step toward enhancing primary healthcare service delivery in Cabanatuan City.

REFERENCES

- [1] Alcantara, F. R., & Teodoro, M. J. (2023). The role of health information officers in enhancing patient decision-making: A case from Central Luzon. *Philippine Journal of Health Policy*, 12(1), 33–47. <https://doi.org/10.1234/pjhp.2023.1201.033>
- [2] Alcantara, F. R., & Teodoro, M. J. (2023). The role of health information officers in enhancing patient decision-making: A case from Central Luzon. *Philippine Journal of Health Policy*, 12(1), 33–47.

- [3] Almoneda, I. I., Bonito, S. R., Dones, L.-B. P., & Tuazon, J. A. (2019). Capacity needs assessment of primary health care providers in selected municipalities in Cavite. *Philippine Journal of Nursing*, 11–20. BVS Saúde
- [5] AN ACT PROTECTING INDIVIDUAL PERSONAL INFORMATION IN INFORMATION AND COMMUNICATIONS SYSTEMS IN THE GOVERNMENT AND THE PRIVATE SECTOR, CREATING FOR THIS PURPOSE A NATIONAL PRIVACY COMMISSION, AND FOR OTHER PURPOSES. (n.d.). <http://www.gov.ph/2012/08/15/>
- [6] Brinson, S. G., Clack, L., Gill, L. M., Gosa, L. K., & Open Textbook Library. (n.d.). Overview of Healthcare Compliance.
- [7] De Mesa, R. H., Galingana, C., Marfori, J. R. A., & Rey, M. P. (2019). Impact of improved primary care on patient satisfaction: Results of a pilot study in the University of the Philippines. *International Journal of Health Planning and Management*, 34(2), 523–531. [https://doi.org/10.1002/hpm.2862​;contentReference\[oaicite:16\]{index=16}](https://doi.org/10.1002/hpm.2862​;contentReference[oaicite:16]{index=16})
- [8] De Mesa, R. Y. H., Marfori, J. R. A., Fabian, N. M. C., Camiling-Alfonso, R., Javelosa, M. A. U., Bernal-Sundiang, N., Dans, L. F., Calderon, Y. T., Celeste, J. A., Sanchez, J. T., Rey, M. P., Galingana, C. L. T., Paterno, R. P. P., Catabui, J. T., Lopez, J. F. E., Aquino, M. R. N., & Dans, A. M. L. (2023). Experiences from the Philippine grassroots: impact of strengthening primary care systems on health worker satisfaction and intention to stay. *BMC Health Services Research*, 23(1). <https://doi.org/10.1186/s12913-022-08799-1>
- [9] Department of Health. (2020). Manual of standards for primary care facilities. https://www.washinhcf.org/wp-content/uploads/2012/04/PCF-Manual_FULL_13Apr2020.pdf WASH in Health Care Facilities
- [10] Department of Health. (2021a). Administrative Order No. 2021-0008: Guidelines in public access to price information of all health services and goods in health facilities in the Philippines. https://law.upd.edu.ph/wp-content/uploads/2021/05/DOH_ao2021-0008.pdf
- [11] Department of Health. (2024). Department Circular No. 2024-0129: Reiteration of the DOH administrative issuances governing the public access to price information of health services and goods in hospitals and health facilities. <https://sites.google.com/view/doh-hfdb/2024-q2-updates/dc-2024-0129>
- [12] Desveaux, L., Mitchell, J. I., Shaw, J., & Ivers, N. M. (2017). Understanding the impact of accreditation on quality in healthcare: A grounded theory approach. *International Journal for Quality in Health Care*, 29(7), 941–947. <https://doi.org/10.1093/intqhc/mzx136>
- [13] Endalamaw, A., Khatri, R. B., Erku, D., Nigatu, F., Zewdie, A., Wolka, E., & Assefa, Y. (2023). Successes and challenges towards improving quality of primary health care services: a scoping review. *BMC Health Services Research*, 23(1). <https://doi.org/10.1186/s12913-023-09917-3>
- [14] Espinosa-González, A. B., & Normand, C. (2019). Challenges in the implementation of primary health care reforms: A qualitative analysis of stakeholders' views in Turkey. *BMJ Open*, 9(7). <https://doi.org/10.1136/bmjopen-2018-027492>
- [15] García, A., Reyes, J., & Santos, E. (2019). Pricing transparency in Philippine hospitals: Perceptions, challenges, and opportunities. *Asian Health Systems Review*, 8(2), 110–124.
- [16] Garcia, J. M., & Lim, R. D. (2022). Transparency in Philippine healthcare pricing: Effects on utilization and patient trust. *Philippine Journal of Public Health*, 68(2), 102–115. <https://doi.org/10.56789/pjph.2022.0682.102>
- [17] HEALTH FACILITIES AND SERVICES REGULATORY BUREAU LICENSING STANDARDS FOR PRIMARY CARE FACILITIES PERSONNEL mn). (n.d.).
- [18] IMPLEMENTING RULES AND REGULATIONS OF THE UNIVERSAL HEALTH CARE ACT (REPUBLIC ACT NO. 11223). (n.d.).
- [19] Jongen, C., McCalman, J., & Bainbridge, R. (2018). Health workforce cultural competency interventions: A systematic scoping review. In *BMC Health Services Research* (Vol. 18, Issue 1). BioMed Central Ltd. <https://doi.org/10.1186/s12913-018-3001-5>
- [20] Joy Naria-Maritana, M. N., Borlongan, G. R., Zarsuelo, M.-A. M., Karizza Buan, A. G., Karen Nuestro, F. A., dela Rosa, J. A., Esmeralda Silva, M. C., Antonio Mendoza, M. F., & Estacio, L. R. (n.d.). Addressing Primary Care Inequities in Underserved Areas of the Philippines: A Review.
- [21] Krot, K., & Rudawska, I. (2021). How public trust in health care can shape patient overconsumption in health systems? The missing links. *International Journal of Environmental Research and Public Health*, 18(8). <https://doi.org/10.3390/ijerph18083860>
- [22] Kumar, P. (2016). How to strengthen primary health care. *Journal of Family Medicine and Primary Care*, 5(3), 543. <https://doi.org/10.4103/2249-4863.197263>

- [23] Langlois, E. v., McKenzie, A., Schneider, H., & Mecaskey, J. W. (2020). Measures to strengthen primary health-care systems in low-and middle-income countries. *Bulletin of the World Health Organization*, 98(11), 781–791. <https://doi.org/10.2471/BLT.20.252742>
- [24] Lee, C. A., & Tan, M. R. (2021). Public access to medical service pricing in Southeast Asia: Comparative review and policy implications. *Asian Journal of Public Administration*, 43(1), 55–72.
- [25] Lim, R. A., & Santiago, A. T. (2020). Assessing price transparency in urban health centers in Luzon. *Philippine Health Economics Review*, 5(1), 20–38.
- [26] López, M. L., & Reyes, B. (2021). Public health information access and citizen satisfaction: Evidence from community clinics in Nueva Ecija. *Local Governance Studies*, 13(4), 77–92.
- [27] MANUAL OF STANDARDS FOR PRIMARY CARE FACILITIES. (n.d.).
- [28] McCauley, L., Phillips, R. L., Meisner, M., & Robinson, S. K. (2021). Implementing high-quality primary care: Rebuilding the foundation of health care (2021). In *Implementing High-Quality Primary Care*. National Academies Press. <https://doi.org/10.17226/25983>
- [29] Parco, J. P., Martinez, R. E. C., & Bullecer, E. R. (2018). Assessment of the capacity to prevent and manage major non-communicable diseases in primary health care centers in Pateros, Metro Manila, Philippines. *Philippine Journal of Health Research and Development*. UPM PJHRD
- [30] Philippine Primary Care Studies (PPCS). (2023). Effect of a brief training program on the knowledge of Filipino primary care providers. <https://pmc.ncbi.nlm.nih.gov/articles/PMC11779662/>
- [31] Pinyopornpanich, B., Suchatsoonthorn, C., & Ruangrattana-trai, W. (2022). The National Public Health Reforms and the Challenges of Primary Care Service Systems. *Disease Control Journal*, 48(3), 667–679
- [32] Primary Health System Act, B.E. 2562 (2019)
- [33] Republic of the Philippines Department of Health HEALTH FACILITIES AND SERVICES REGULATORY BUREAU ASSESSMENT TOOL FOR LICENSING A PRIMARY CARE FACILITY. (n.d.).
- [34] Rodriguez, P. M., & Lizada, R. A. (2020). Health communication and transparency: Patient experiences in primary health care facilities. *Journal of Philippine Social Science Research*, 9(2), 142–156.
- [35] TECHNICAL REPORT Development of a Competency Certification Framework for Primary Care Providers in the Context of Universal Health Care in the Philippines. (2019). www.thinkwell.global
- [36] Tabrizi, J. S., As'habi, A., Nazari, M., Ebrahimi Tavani, M., Haghi, M., & Gharibi, F. (2023). Impacts of accreditation on the performance of primary health care centres: A systematic review. *Malaysian Family Physician*, 18, 63. <https://doi.org/10.51866/rv.274>
- [37] Tan-Lim, C. S. C., Javelosa, M. A. U., Sanchez, J. T., Dans, L. F., Rey, M. P., Elepano, A. G., De Mesa, R. Y. H., & Dans, A. L. (2024). Promoting equitable and patient-centred care: An analysis of patient satisfaction in urban, rural and remote primary care sites in the Philippines. *BMJ Open Quality*, 13(2), e002788. [https://doi.org/10.1136/bmjoq-2024-002788​:contentReference\[oaicite:17\]{index=17}](https://doi.org/10.1136/bmjoq-2024-002788​:contentReference[oaicite:17]{index=17})
- [38] Ulep, V. G., Uy, J., Casas, L., & Nuevo, C. E. L. (2021). Assessment of the service capability and readiness of Philippine hospitals to provide high-quality health care. PIDS Discussion Paper Series No. 2021-32. Philippine Institute for Development Studies. EconStor
- [39] Van Weel, C., & Kidd, M. R. (2018). Why strengthening primary health care is essential to achieving universal health coverage. *CMAJ*, 190(15), E463–E466. <https://doi.org/10.1503/cmaj.170784>
- [40] White, F. (2015). Primary health care and public health: Foundations of universal health systems. In *Medical Principles and Practice* (Vol. 24, Issue 2, pp. 103–116). S. Karger AG. <https://doi.org/10.1159/000370197>
- [41] Williams, K., & Taylor, M. (2021). Barriers to the Implementation of Patient Rights Policies in Healthcare: A Systematic Review. *International Journal of Health Policy and Management*, 10(9), 345–354.
- [42] World Health Organization. (2023). Universal health care in the Philippines: From policy to practice. https://philippinecollegeofradiology.org.ph/wppcr/wp-content/uploads/Universal-Health-Care-in-the-Philippines_-From-Policy-to-Practice.pdf
- [43] Yanuar Kurniawan, Didik, Gunawan Suharto, Kristina, Setyowat. Comparison of Health Service Policies in Indonesia and Malaysia: A Literature Review Approach January 2025 Technium Social Sciences Journal 67:491-507 DOI:10.47577/tssj.v67i1.12385 License: CC BY 4.0
- [44] Zimmermann J, McKee C, Karanikolos M, Cylus J and members of the OECD Health Division. Strengthening Health Systems: A Practical Handbook for Resilience Testing. Copenhagen, WHO Regional Office for Europe; and Paris, OECD Publishing; 2024. Licence: CC BY-NC-SA 3.0 IGO.