

**SOCIAL
INNOVATION
IN HEALTH
INITIATIVE**



KALINGA HEALTH, PHILIPPINES

CONTINENT

Asia

COUNTRY

Philippines

HEALTH FOCUS

Tuberculosis

AREAS OF INTEREST

Service delivery, community mobilization, disease control and elimination

HEALTH SYSTEM FOCUS

Service Delivery

KALINGA HEALTH, PHILIPPINES

Kalinga Health is a 360-degree facility providing quality, affordable, and comprehensive TB care.

It acts as an intermediary agency between the public and private sector partners, ensuring continuity of care for patients.

Authors: Pauline Marie P. Tiangco and Jana Deborah B. Mier-Alpaño

This case study forms part of the Social Innovation in Health Initiative Case Collection. This case study was prepared by SIHI Philippines, hosted at the National Institutes of Health, University of the Philippines Manila. Research was conducted in 2022–2023. This account reflects the stage of the social innovation at that time.

SIHI Academic Advisor: Jackeline Alger
Local Academic Advisor: Excelsa C. Tongson

For more information on SIHI and to read other cases in the SIHI Case Collection, visit www.socialinnovationinhealth.org. The SIHI network is supported by TDR, the Special Programme for Research and Training in Tropical Disease, co-sponsored by UNDP, UNICEF, the World Bank and WHO. TDR is able to conduct its work thanks to the commitment and support from a variety of funders. For the full list of TDR donors, please see: <https://tdr.who.int/about-us/our-donors>. TDR receives additional funding from Sida, the Swedish International Development Cooperation Agency, to support SIHI.

SUGGESTED CITATION:

Tiangco, P.M. & Mier-Alpano, J. (2025). *Kalinga Health, Philippines*. [Online]. World Health Organization & UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases, Geneva: Social Innovation in Health Initiative, Available at www.socialinnovationinhealth.org

This work is licensed under the [Creative Commons BY 4.0 License](https://creativecommons.org/licenses/by/4.0/legalcode). To view a copy of the license, visit <https://creativecommons.org/licenses/by/4.0/legalcode>

CONTENTS

ABBREVIATIONS	3
CASE SUMMARY	4
1. INNOVATION AT A GLANCE.....	5
2. CHALLENGE	6
3. INNOVATION IN INTERVENTION	8
3.1 Hub-and-spoke model.....	8
3.2 A non-government organisation intermediary facility	9
3.3 Community engagement through K! Leaders.....	11
4. IMPLEMENTATION	12
4.1 Organisation and people.....	12
4.2 Innovation in implementation	13
5. OUTPUTS AND OUTCOMES	14
5.1 Impact on healthcare delivery.....	14
5.2 Organisational milestones.....	15
5.3 Community perceptions	16
6. SUSTAINABILITY	17
7. SCALING CONSIDERATIONS	18
7.1 Internal scale	18
7.2 National scale.....	18
7.3 Scaling to other countries.....	18
7.4 Considerations	18
8. KEY LESSONS	18
8.1 Implementation lessons	18
8.2 Personal lessons.....	19
CASE INSIGHTS.....	20
REFERENCES.....	21

ABBREVIATIONS

4Ps	Pantawid Pamilyang Pilipino Program
BC	bacteriologically-confirmed
CEO	chief executive officer
DOH	Department of Health
DRTB	drug-resistant tuberculosis
GCARSIH	Gelia Castillo Award for Research on Social Innovations in Health
ICH	Innovations for Community Health
KOL	Key Opinion Leaders
MDR-TB	multidrug-resistant TB
MEE	medical engagement executives
NTP	National Tuberculosis Control Program
PhilSTEP	Philippine Strategic Elimination Plan
PPM	public-private mix
RRTB	Rifampicin-resistant Tuberculosis
RTD	roundtable discussions
SAP	standalone physicians
SOGIE	sexual orientation, gender identity, and expression
TAYO	Ten Accomplished Youth Organizations
TB	tuberculosis
USAID	United States Agency for International Development
WHO	World Health Organization

CASE SUMMARY

In the Philippines, a country where the prevalence of tuberculosis (TB) has been persistently high, several health system factors contribute to the rising number of cases, such as unregulated private practice, fragmented health service delivery, and high healthcare costs in the context of poverty. The increasing number of drug-resistant TB cases, low case detection, poor treatment outcomes, minimal coverage of TB preventive treatment, and challenges in TB notification, also exacerbate the problem. To date, the country has one of the highest per capita burden of tuberculosis in the world, with 500 people affected per 100,000 inhabitants. Acknowledging these challenges, Innovations for Community Health (ICH) established Kalinga Health, a 360-degree facility that utilizes a hub-and-spoke social enterprise model to conduct consultation, diagnostics, treatment, case-holding, and follow-up for patients with tuberculosis. It serves as an intermediary agency for case registration, reimbursement of public and private health insurance, and treatment support for referral partners in the private sector. The link created by Kalinga Health enables both the public and private sectors to capitalize on each other's resources and ensure continuity of care for patients. These are effectively carried out through medical engagement executives (MEEs), who are in-charge of capacity and relationship building with standalone physicians (SAPs) to promote increased uptake of services. Kalinga Health also gives a premium on community participation, engaging volunteers known as K! Leaders to help spread awareness and serve as key persons in the referral system. The initial areas engaged were determined based on the burden of tuberculosis in the area, its existing project portfolio, and the absence of major projects being implemented, leading them to launch Kalinga Health in Marikina City and later in Mandaluyong.

In 2019, cases in the private sector in Marikina City increased by 147%, of which Kalinga Health registered 68.1%. During the first quarter of 2020, Kalinga Health remained the top contributor in the private sector when it recorded 83.3% cases in that quarter. Moreover, there has been an increase in the number of bacteriologically-confirmed (BC) cases in the private sector, which is indicative of better TB diagnosis quality. From April 2019 to February 2023, Kalinga Health has initiated treatment for 1,610 individuals, has prevented 16,100 individuals from contracting TB, assuming that 1 untreated TB patient can infect 10 more individuals, and has saved PHP 6,440,000 (USD 112,165.81), assuming that the total cost of TB treatment is equal to the total PhilHealth case rate for an outpatient TB case amounting to PHP 4,000 (USD 70).

The Kalinga Health case demonstrates an innovation process involving the thorough examination and understanding of the pain points of different stakeholders in the healthcare delivery system, building partnerships and adopting creative public-private mechanisms to ensure sustainability. This can be adopted by other communities that face the same challenges, with the necessary contextualisation adapted to their local setting.



Photo: Innovations for Community Health, Philippines, 2022

1. INNOVATION AT A GLANCE

Organisation details

Organisation name	Innovations for Community Health, Inc. (ICH)
Founding year	2019
Founder name	Jason V. Alacapa, MD, MBA, MHM, MPH
Founder nationality	Filipino
Current head of organisation	Jason V. Alacapa, MD, MBA, MHM, MPH
Organisational structure	Nongovernment organisation
Size	44 employees in the Philippines with: 19 employees working on the project 25 employees in the organisation

Innovation Value

Value proposition	Kalinga Health is a 360-degree facility providing quality and affordable comprehensive TB care. It acts as an intermediary agency between the public and private sectors, ensuring continuity of care for patients in two cities in the Philippines. It has engaged the community with the help of K! Leaders and has established partnerships with private physicians through medical engagement executives.
Beneficiaries	Patients with Tuberculosis Indirect beneficiaries include the patients' family members and the communities to which they belong.
Key Components	<ul style="list-style-type: none"> • Use of the Hub-and-Spoke Social Enterprise model • Utilisation of public-private (PPM) mix strategies • Community participation through K! Leaders

Operational Details

Main income streams	Grants and clinic revenue Their three main funders are WHO, USAID, and DOH.
Annual expenditure	Unaudited expenses for 2022: PHP 43 million (USD 749,573)
Number of beneficiaries	5,928 individuals since the start of operations in 2019
Cost per client	PHP 13,700/USD 234 (PHP 6,200, treatment for 6 months; PHP 7,500, GeneXpert)

Scale and Transferability

Scope of Operations	City of Marikina and Mandaluyong, Philippines
Local engagement	Memorandum of understanding with the Department of Health (DOH) and memorandum of agreement with the local government unit.
Scalability	This model will be effective under the following conditions: <ul style="list-style-type: none"> • A country context with high tuberculosis prevalence and low resources

	<ul style="list-style-type: none"> • A local non-government organisation, private practitioners, and a government willing to adopt the hub-and-spoke social enterprise model • Regulatory frameworks permitting community health workers to monitor and follow up with patients • Political permission and will from the Ministry of Health
Sustainability	Through revenue generation from clinic services and Philhealth reimbursements, Kalinga Health is able to sustain 100% of its operations.

2. CHALLENGE

Globally, approximately 10.6 million people contracted tuberculosis (TB) in 2021, with six million of them being men, 3.4 million being women, and the remaining consisting of children (World Health Organization, 2025). Multidrug-resistant TB (MDR-TB) also remains a public health crisis and a health security threat, with only about one in three people gaining access to treatment in 2020. The reduction in essential TB services due to the imposed lockdowns and the shift of health resources to deliver timely and adequate responses to COVID-19 further contributed to the rising tuberculosis cases. Ongoing armed conflict, worsening food security challenges, and political and economic instability have also led to the reversal of years of progress in combating TB (Bagcchi, 2023). Various organisations, including bilateral and multilateral ones, have been working with governments towards eliminating TB by engaging all sectors of society in TB control efforts, with some investing in research and development of TB diagnostics, drugs, and vaccines, and others focusing on addressing the social determinants, including poverty and malnutrition. However, context-specific approaches that mobilise local resources and integrate community participation are necessary for long-term success and sustainability.

The Philippines has one of the highest per capita burden of tuberculosis in the world, with 500 people affected per 100,000 inhabitants (Lansang, et al., 2021; World Health Organization, 2021). It was one of the five high-burden TB countries that had major shortfall notifications in 2020 and 2021, along with India, Indonesia, China, and Myanmar (Bagcchi, 2023). In 2021, there were estimated to be 591,000 TB cases in the Philippines, but only 46% of these cases were reported, reflecting a 37% drop in the number of notifications compared to the previous year. The decrease in notifications highlights the influence of public perception about respiratory illnesses, limited healthcare access, and a decentralized COVID-19 response in the provision of TB services in the country (World Health Organization, 2021). Moreover, some missing cases represent individuals who have been seeking care but are doing so outside the National TB Control Program (NTP) system (Wells, Uplekar, & Pai, 2015). Apart from challenges in TB notification, the increasing number of drug-resistant TB cases, low case detection, poor treatment outcomes, and minimal coverage of TB preventive treatment persist. These are exacerbated by the long-standing barriers to TB care such as unregulated private practice, fragmented health service delivery, and high healthcare costs, made

more challenging by one of the key drivers of communicable diseases—poverty. In 2021, 18.1% of the country's population lived below the national poverty line, with a threshold of approximately PHP 12,030 per month for a family of five (Philippine Statistics Authority, 2022). This has resulted in the lack of access to resources such as education, housing, and health care. Despite these setbacks, the country is determined to achieve their goals and targets by following through with the

Philippine Strategic Elimination Plan (PhilSTEP), through strengthening coordination and intersectoral collaboration in order to maximise resources and efforts in reducing the burden of TB in the country. It is also important to recognise that apart from improving screening, detection, and treatment, a grassroots approach that offers social protection for the vulnerable populations must also be adopted (Flores, Alberto, Eala, & Cañal, 2022).

3. INNOVATION IN INTERVENTION

Kalinga Health, established by Innovations for Community Health (ICH), was developed through a thorough examination of the pain points of both TB patients and their private providers. For patients, it was their growing distrust towards the public health system due to factors such as stigma, the perception that 'private' care is better care, and the high out-of-pocket costs in private medical care which made access to TB care challenging. For private providers, challenges include difficulty in accessing public goods and services for TB, the fear of 'losing' their patients to the public sector, difficulties in complying with mandatory notification, and the challenge of following up with patients.

Apart from recognising and working around these pain points, ICH also acknowledges the various key actors in the cycle of TB care necessary for crafting a human-centered solution. With this knowledge, their operations were geared towards reforming health markets and health systems through innovation, delivery of high-impact interventions, and the provision of sustainable community health and quality health services at scale.

3.1 HUB-AND-SPOKE MODEL

Kalinga Health is a 360-degree TB DOTS-accredited and PhilHealth-accredited facility that offers consultation, diagnostics, treatment, case-holding, and follow-up. It utilises a hub-and-spoke model, acting as the "hub" where a network of private providers ("spokes") refers patients through a variety of public-private mix (PPM) strategies. These private providers, also known as standalone physicians (SAPs), have partnered with ICH and have access to Kalinga Health's diagnostics and treatment services. Additionally, the Hub acts as a one-stop facility for case registration, reimbursement of public and private health insurance, and treatment support for referral partners in the private sector. It also helps reform health markets and create opportunities for incentivising providers while ensuring the sustainability of the project through PhilHealth reimbursements, non-TB services, and other income streams. All these are geared towards achieving the long-term vision of TB elimination (Kalinga Health, 2023).

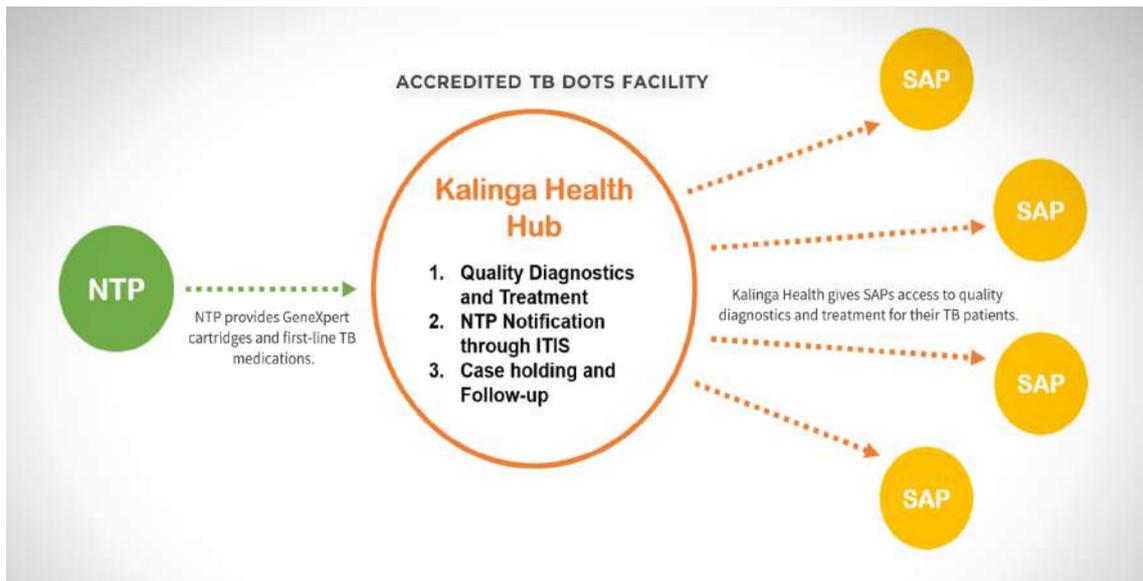


Figure 1. Kalinga Health Hub-and-Spoke Model
(Provided by Innovations for Community Health, Inc.)

3.2 A NON-GOVERNMENT ORGANISATION INTERMEDIARY FACILITY

Considered as the most essential feature of the innovation, the Kalinga Health Hub acts as an intermediary facility between the public National TB Control Program (NTP) and the network of private providers. The NTP supplies the Kalinga Health Hub with GeneXpert cartridges and first-line TB medications. In turn, Kalinga Health offers services to private providers through a variety of public-private mix (PPM) packages. Medical engagement executives (MEEs) are trained to build capacity and relationships with SAPs to promote increased uptake of services.

“We connect the two ends, trying to share resources, trying to make sure that there’s

quality assurance, trying to make sure that there’s mutual trust, because that’s one problem that we have with the public sector and the private sector. They traditionally distrust each other, at least in the Philippines. And then in many LMICs, the public sector thinks that the private sector is always for profit, they will milk customers in the name of money. The other end of the fence, the private sector thinks, the government, they don’t know anything better. But having an NGO in the middle, in this case Kalinga Health, somehow creates that layer of trust, quality assurance, transfer of resources, among others.” (K! Leader, Marikina City)

Regular roundtable discussions (RTDs), along with group capacity-building sessions, are also conducted to invite and capacitate Key Opinion Leaders (KOLs), who have a key role in raising awareness in their respective communities.

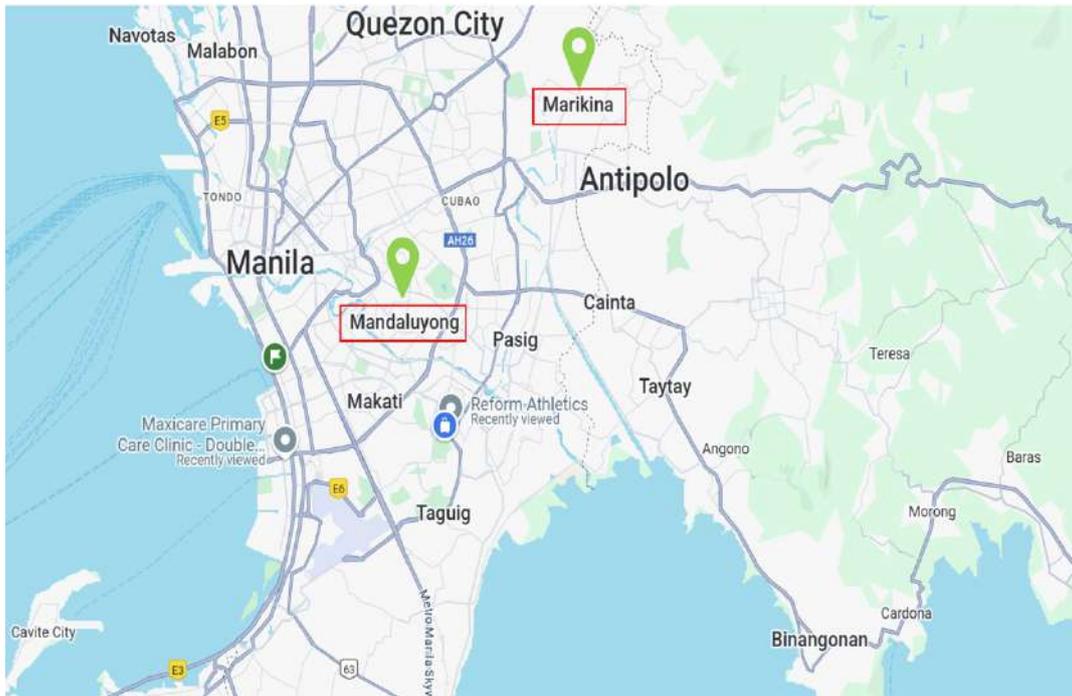


Figure 2. Kalinga Health in two cities in the Philippines

3.3 COMMUNITY ENGAGEMENT THROUGH K! LEADERS

Innovations for Community Health (ICH) recognises the important role of the community in curbing TB. This led them to engage K! Leaders, who are community volunteers initially engaged for the HEARTS project, an ICH initiative promoting cardiovascular health for primary health care. They underwent a series of training sessions and were in charge of taking the blood pressure readings of community members at risk for the said disease. Eventually, they were also involved in Kalinga Health, where they were trained and tasked to conduct house visits for patients who fail to follow up on their scheduled appointments and encourage individuals who have risk factors for or present with symptoms of TB to get tested and facilitate their referral to the facility.

“We really do house to house [visits]. When taking someone’s blood pressure reading, we also ask if they have symptoms of TB or know

anyone who might be affected. We were also vigilant and observant so we can easily identify if someone presents with symptoms and may have the disease. Usually, there are a lot of people who cannot accept that they have tuberculosis. They are ashamed. During some of our blood pressure rounds, we would notice that the individual is coughing and we think it might be TB. You will really learn to build rapport so they will be receptive to the information you are providing and they will freely share their health situation with you.” (K! Leader, Marikina City)

As lay health workers, they were able to encourage community members to seek help in the facility and have cascaded relevant health teachings that have increased the community’s awareness. They are perceived to be more relatable, being one’s neighbour or friend. This familiarity enables the establishment of rapport and trust, making them more receptive to the information provided to them.

K! Leaders are unified in sharing that being one has helped not only the

community members, but also themselves, *“We were happy to serve as the link between Kalinga Health and the community.”* Increased self-confidence, health knowledge, and expanded social networks were some of the benefits that the K! Leaders have derived from their role.

4. IMPLEMENTATION

4.1 ORGANISATION AND PEOPLE



Photo: Innovations for Community Health, Philippines, 2022

The organisation is headed by the chief executive officer (CEO), who oversees the functions of the entire unit, including finance and tax compliance, grants administration and finance, monitoring, evaluation, learning and development, research and communications, operations and field engagement, and medical affairs, operations, and quality. The CEO recognises that organisations generally start out with a top-down approach, but theirs has evolved and resulted in the devolution of roles and culture at the grassroots level. They are comprised of diverse individuals driven and motivated by the same goal and advocacy—to provide innovative and sustainable solutions to long-standing problems. The organisation also gives importance to culture-fit, where individuals embody principles that the organisation values—passion, professionalism, agility, and service—while effectively operating in a

digital culture. They also significantly value mentoring and critical thinking, promoting learning within a culture of camaraderie and openness. Employees are perceived not as resources that can be depleted and easily replaced, but as human capital that should be invested in. They are provided with a breathing space, recognising that each job has a learning curve. In this way, their employees are not afraid to explore and come up with out-of-the-box solutions. Apart from these, the organisation also holds several Sexual Orientation, Gender Identity, and Expression (SOGIE) sessions during their monthly meetings and are inclusive in engaging and hiring individuals with different gender identities.

The Innovator's Journey

Initially, the social innovation was met with a lot of resistance, with most organisations skeptical to understand and support their innovation. As the founder and chief executive officer (CEO) puts it, *“Learning many different things, navigating the political landscape and being an upstart NGO social enterprise, going against the tide, the traditional organisation. There are organisations which are threatened, trying to box us out.”* Since this was something novel, there were also no guiding policies nor was there a manual of procedures, making it challenging for the organisation to move forward. Despite these difficulties, they stayed motivated to achieve their objectives. It is also interesting to note that the organisations which initially resisted their innovation now come to them for help as the former explore new methods or ways of thinking. They have become receptive to new ideas, which is a milestone that has gone beyond what ICH sought to achieve.

One of the challenges they encountered was when one of their biggest funders discontinued their grant, resulting in the termination of some of their employees, as their contracts were linked to the projects being funded by the said

organisation. Administrative issues also started to surface. Nonetheless, over the years, they have been recognised by several organisations and given awards for their innovative initiative.

4.2 INNOVATION IN IMPLEMENTATION

Kalinga Health welcomes patients from all walks of life. Since the start of their operations, they have encountered patients from different socioeconomic classes who put a premium on service quality and comfort. These are individuals who are willing to invest in their health.

One of Kalinga Health's core innovations is its business model, the hub-and-spoke social enterprise model, which serves as the channel that converts inputs into outcomes, resulting in the generation of both social value and economic value. This is unique in that it creates a link between the public and private sector, capitalising on each other's resources for the benefit of the recipients of care.

Selecting the Implementation Site

Kalinga Health selected their key areas based on (1) the burden of tuberculosis in the area, (2) its existing project portfolio, and (3) the absence of major projects being implemented in the area, so as to avoid duplication of efforts. This led them to build their facilities in Marikina City and later in Mandaluyong City.

Engaging Stakeholders and Maintaining Partnerships

Community

The engagement of K! Leaders was expanded from the HEARTS project, which focuses on improving clinical preventive services on cardiovascular health through primary health care, to helping community members access quality tuberculosis care through Kalinga Health. According to one of the K! Leaders, while taking the blood pressure readings of community members, they would also observe the household for

individuals who were at risk or presenting with symptoms of TB. Moreover, their active participation in the social innovation has led not only to the improvement of health outcomes of community members, but has also empowered the K! Leaders themselves. Apart from receiving minimal financial incentives, they also derived satisfaction and a sense of accomplishment from delivering beyond what was expected of them. Moreover, even after their contract as K! Leaders ended, they were still able to apply the knowledge and skills they developed in serving the community. This is reflective of the lasting impact Kalinga Health has on K! Leaders, and the importance and recognition the community ascribes to the K! Leaders.

Private Providers

To engage standalone physicians (SAPs), Kalinga Health capacitated medical engagement executives (MEEs), a group of individuals whose main tasks include sealing partnerships and cultivating trust between Kalinga Health and the SAPs. They also conduct medical detailing by informing SAPs of the services Kalinga Health offers to encourage them to refer their patients to the facility for diagnostics and treatment. The SAPs are also assured that quality care is provided to their patients and that the same patients are instructed to return to their respective clinics once their treatment regimen has been completed. In this manner, no competition between physicians exists, and the patient's health and welfare are prioritised. One of the patients shared how his attending physician referred him to Kalinga Health, *"The doctor was the one who referred me to Kalinga Health. He told me that I won't be spending on medications because I can get them for free there."* This partnership proves to be beneficial for all the stakeholders involved—the patient, the SAP, and Kalinga Health.

Public Sector

Kalinga Health is implemented in close partnership with local government units. As the founder and CEO shared, *“Kalinga Health has a strong partnership with the local government unit. Actually, we have a memorandum of agreement with them. This is also in partnership with the Marikina City office.”* Being TB-DOTS-certified and Philhealth-accredited, Kalinga Health operates under the guidelines set by the Department of Health through the local government unit, city office, and the national program on tuberculosis. As their program manager has shared, *“We’re directly coordinating with the national TB program nurse, medical coordinator of Marikina, and all of the other related programmatic needs, for example, HIV, because we have TB-HIV collaboration. They usually monitor our indicators.”*

Adapting the implementation strategy in communities in other countries will require support from health system actors at different levels. There must be established communication systems and harmonious ties with the local government and private healthcare providers. Alongside stakeholder collaboration, quality and affordable (or free) medications and diagnostic tests must be readily available. Community engagement is also necessary to ensure that community members, even those from far-flung areas or those with poor health-seeking behavior, are reached.

5. OUTPUTS AND OUTCOMES

5.1 IMPACT ON HEALTHCARE DELIVERY

Kalinga Health has been providing affordable and high-quality care to thousands of referrals from the public-private mix network. During the first eight months of implementation, 1,016 patients have been referred to the facility through the different PPM packages offered to its private partner providers. These patients come from different socioeconomic tiers, including indigent patients and the beneficiaries of the Pantawid Pamilyang Pilipino Program (4Ps), a government program that provides conditional cash grants to the poorest of the poor. In 2019, there has been a 13.24% increase in case notification in the private sector in Marikina City. During this time, cases in the private sector increased by 147% (from 123 to 304), of which Kalinga Health registered 68.09% (207 out of 304). During the first quarter of 2020, Kalinga Health remained the top contributor in the private sector when it recorded 83.33% (100 out of 120) cases in that quarter (Kalinga Health, 2023). Moreover, there has been an increase in the number of bacteriologically-confirmed (BC/B+) cases in the private sector for the same city, which is indicative of better TB diagnosis quality.

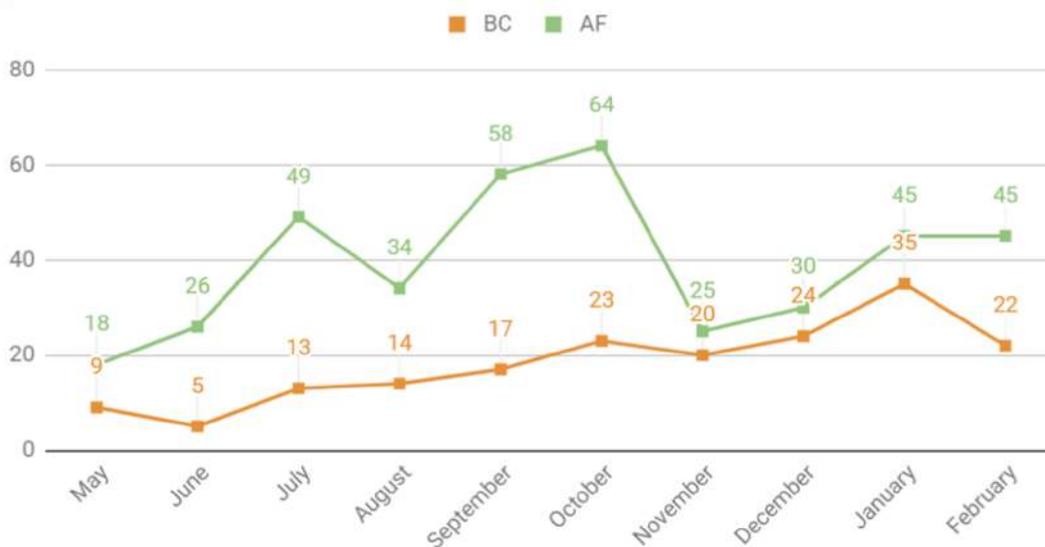


Figure 3. Monthly registered cases by Kalinga Health from May 2019 to February 2020
(Provided by Innovations for Community Health, Inc., 2020)

Note: BC refers to bacteriologically-confirmed cases and AF refers to all forms, including cases that have been bacteriologically confirmed and clinically diagnosed.

The Wave 6 Project has a 60% B+ rate among all diagnosed adult TB cases, and a 63% B+ rate specific to adult private sector cases from the second quarter of 2019 to the first quarter of 2020. This is higher than the private sector data reported through Mandatory Notification in 2019, which had a 24.8% B+ rate. Kalinga Health has also been a key player in detecting Rifampicin-resistant tuberculosis (RRTB) cases in Marikina City. The facility has detected 50% (8 out of 16) and 60% (12 out of 20) of all RRTB cases in Marikina City in the fourth quarter of 2019 and in the first quarter of 2020, respectively. This suggests that there were DRTB patients seen by the private providers but were not previously captured in the NTP reporting.

From April 2019 to February 2023, Kalinga Health has initiated treatment for 1,610 individuals, has prevented 16,100 individuals from contracting TB, assuming that 1 untreated TB patient can infect 10 more individuals, and has saved PHP 6,440,000, assuming that the total cost of TB treatment is equal to the total PhilHealth case rate for an outpatient TB case amounting to PHP 4,000.

5.2 ORGANISATIONAL MILESTONES

Kalinga Health has received several awards over the years. It was a Facility Silver Awardee for bacteriologically-confirmed (BC) treatment enrolment for the second quarter of 2021, the third placer in the Gelia Castillo Award for Research on Social Innovations in Health (GCARSIH) in 2020, and a finalist in the Ten Accomplished Youth Organizations (TAYO) awards in 2021.

Since the start of their operations, ICH has received 11 grants, facilitated 17 projects, secured 18 local and international partnerships, and established 2 operational Kalinga Health hubs in Marikina and Mandaluyong City. Kalinga Health has been operational without grant funding since April 2022. They currently have several income streams and continue to explore ways to establish partnerships and expand their operations through co-location, described as “*partnering with the existing establishment in new expansion sites or new territories. As a co-location site, we will partner with this clinic and of course, empower it.*” (Operations and building agent manager, Kalinga Health)

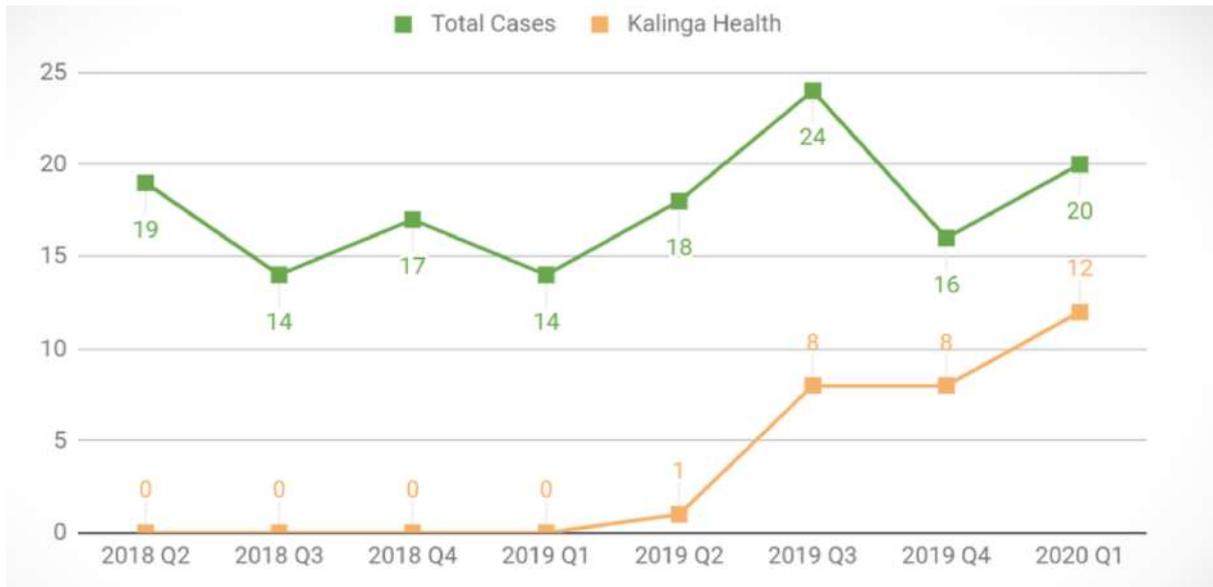


Figure 4. Confirmed Rifampicin-resistant cases diagnosed in Marikina City from Q2 of 2018 to Q1 of 2020
(Provided by Innovations for Community Health, Inc., 2020)

5.3 COMMUNITY PERCEPTIONS

Some patients believe their line of work has made them susceptible to catching the disease, coupled with the physical consequences brought about by working for extended hours to be able to provide for their families. This is a responsibility assigned to men, who are perceived to be providers of the family. This also leads them to delay seeking care, thinking that doing so will result in missed work opportunities and additional expenses. This highlights the intersection of gender and socio-economic status and how this influences their health and their access to health services. Fortunately, patients have access to Kalinga Health, which has helped them recover from the disease and has made them more mindful of their health.

“Kalinga Health has helped me a lot, because first of all, for the average Filipino, these medications are expensive. Instead of buying medications, I get to spend them on other things. Moreover, I was able to recover completely and no longer worry about it. I now

keep track and am more mindful of my health.”
(Patient, Kalinga Health, Marikina City)

Recognising the important role of Kalinga Health in their recovery, one patient shared that he previously referred one of his symptomatic neighbors to the facility so they could have access to affordable, timely, and appropriate treatment. Some patients have also become stewards of health in their communities.

“Having experienced the difficulties of having TB, I made it a point to tell my friend who was afflicted with the same disease to religiously take the medications, because having it is really challenging.” (Patient, Kalinga Health Clinic, Marikina City)



Photo: Innovations for Community Health, Philippines 2024

They also appreciate that the facility offers complete diagnostics and provides free medication, which saves them time and money. Compared to other facilities, patients feel more comfortable and taken care of in Kalinga Health. Relevant and timely information was provided to them and clear instructions were given for their diagnostics and treatment. They also appreciate that the medical doctor checks up on them not only when they come in for a consultation but also when they are scheduled to refill their medications. One former patient shared, *“They are more accommodating and we feel cared for. Compared to other clinics that will ask you to undergo laboratory tests outside their facility. The facilities here are complete.”* They also appreciate Kalinga Health’s initiative to support them as they file for indigency or Philhealth claims, making it possible for them to avail of these services at prices they can afford. Lastly, recipients of care expressed their desire for Kalinga Health to expand its operations by adding more branches in other areas so it can serve more people. This reflects the social innovation’s impact at the individual and community level.

KI Leaders have also expressed their gratitude to Kalinga Health, saying that they have been equipped with the necessary knowledge and resources to keep themselves safe as they fulfil their roles and responsibilities. As one of them shared, *“Kalinga takes good care of us. We had no problems. We returned the favor by working hard, which is reflected by the satisfaction of the community members in the work that we do.”* The facility’s nurse shared her motivation to continue working in Kalinga Health, *“It feels good to see them recover and that I was instrumental in that. That’s what motivates me to continue working in Kalinga Health.”* The facility doctor also mentioned that Kalinga Health shares opportunities with them, such as free workshops and resources. He is also kept up to date with the organisation’s community projects and initiatives.

Through this, he was able to enrich his knowledge not only in the clinical aspect at the individual level, but also its social and cultural implications at the community level. A member of the local government unit at the *barangay/village* level expressed her trust in the organisation’s mandate and recognised its utility and benefit, but suggested that more initiatives be done to introduce Kalinga Health to more communities to increase service uptake.

6. SUSTAINABILITY

One of the driving forces in the creation and utilisation of the hub-and-spoke social enterprise by Kalinga Health is sustainability. Initially, it was grant funding that supported Kalinga Health, but ICH has secured mechanisms to ensure that the operations will continue regardless of external funding availability. These include diversification of services, maximising Philhealth reimbursements, co-location, maintaining strong partnerships with development partners, and maintaining good relationships with key affected populations. Specifically, partnerships with companies for annual physical examination services and HMO claims have been established. Moreover, this model is sustainable in that it can be applied to other diseases. It was meant to allow for flexibility depending on what the specific disease entails.

“This was what I considered to be the most viable solution to TB. It was developed not to replace the existing mechanisms, but was meant to improve the ecosystem. We now have intermediary facilities to catch patients from both sectors and to strengthen and capacitate each other.” (Operations and Building Agent Manager, ICH).

7. SCALING CONSIDERATIONS

7.1 INTERNAL SCALE

As of 2023, the organisation has diversified their services and is now capable of conducting annual physical examinations and providing a wider array of diagnostic tests. It continues to establish and maintain partnerships with various companies to provide these services.

7.2 NATIONAL SCALE

At present, the organisation is engaging in co-location by developing more partnerships with clinics. There are currently 20 ongoing co-location sites, with 10 of them actively referring. They also plan to expand and provide services for HIV care, applying the concepts and principles of Kalinga Health's model. As the founder puts it, *"the value proposition would be elevating health in many aspects. But the main tagline would be 'accelerating access and adherence'."*

7.3 SCALING TO OTHER COUNTRIES

Innovations for Community Health (ICH) aims to expand to underserved areas with a high burden of disease, particularly in Regions 3 and 4A, which are proximal to their existing branch in Marikina. They noted that a number of their patients come from these neighbouring areas, hence, providing timely and accessible services to these areas will benefit a large segment of the population.

7.4 CONSIDERATIONS

After establishing more partnerships and expanding their network, ICH aims to improve their diagnostic capability by adding more services and applying for other certifications and permits. As doing

so entails purchasing more equipment and an increase in operating costs, they are in the process of careful planning and execution. Nevertheless, through revenue generation from clinic services and Philhealth reimbursements, Kalinga Health has been able to sustain 100% of its operations.

Essentially, the model will be effective in a country context with high tuberculosis prevalence and low resources, with a local non-government organisation, private practitioners, and a government willing to adopt the hub-and-spoke social enterprise model. Implementing regulatory frameworks permitting community health workers to monitor and follow up with patients and acquiring political permission and will from the Ministry of Health are also deemed important.

8. KEY LESSONS

8.1 IMPLEMENTATION LESSONS

Getting Started

The founder and CEO of ICH highlighted the importance of capitalising on strengths when planning to start an innovation, *"Step into your advantage. There are a lot of available tools for you to utilize. That can be an efficient way of scaling the operation without the expenses. To summarize that, start with the people. Second, build the right team of people. And then you step into your advantage."* (Founder and CEO, ICH Kalinga Health)

From the beginning, Kalinga Health identified a specific segment of the population they wanted to focus on—individuals who have a preference for quality health care and convenience provided by the private sector at a reasonable price. Hence, understanding the community and knowing your target

participants and users is one of the crucial initial steps. Examining the pain points of stakeholders was also deemed critical in crafting tailor-fit and relevant solutions to these challenges. The application of these lessons is not limited to the local context but can also be applied to other communities globally. Key activities that may have global application include the following: (a) stakeholder mapping to understand what the community needs and learn how to best reach relevant stakeholders; (b) engagement of community health workers to bring health services closer to the people; and (c) the establishment of strong linkages and partnerships with both the public and private sector to provide timely diagnostic and therapeutic services.

Establishing Lasting Partnerships

Dealing with a complex problem requires the development and implementation of a holistic approach through intersectoral collaboration and community engagement. To involve the community, Kalinga Health mobilised its key opinion leaders and engaged K! Leaders. These key persons were instrumental in helping the community understand the social innovation and allowing them to realise its utility and importance. Kalinga Health was also successful in engaging private physicians with the help of the MEEs, perceiving each other not as competition, but as partners for TB care and, ultimately, TB elimination.

Creating a People-centric Culture

It is necessary to imbibe a culture that will attract the right kind of people and

motivate them to stay. One must put a premium on people and perceive them as human capital and not as resources that can be easily replaced.

8.2 PERSONAL LESSONS

Kalinga Health founder and CEO Dr. Jason Alacapa is a well-accomplished medical and public health practitioner whose vast experiences have paved the way to the establishment of a social innovation that is responsive to the needs of the community. During the early days of Kalinga Health, they encountered resistance, but as he shares, *“We really have to be steadfast. If we fail, we fail forward. We learn from our mistakes and we iterate faster. At the end of the day, if you know what you want, you will keep finding ways to achieve it.”* He has also realised that being a founder entails far bigger responsibilities, *“If you’re a founder, and you’re working with a lot of people, it’s not about you anymore, it’s about them. It’s about making sure that they have a sustainable means of livelihood. It’s a daunting task. ICH taught me a lot.”* He also shared his journey as a mentor, being able to wear many hats in the process, *“As a mentor, as a leader, my goal or definition is not to achieve the mission vision, it’s about shining the (light) to them. Training two or three generations of leaders, I’m ready to go. I know someone can take my place and lead ICH.”* The most striking lesson Dr. Alacapa shared was how employees should be perceived and treated, *“Treat each other as equals. Lead by example, lead by culture, lead by showing your vulnerabilities, authentic leadership. Because that’s how you will be able to connect well with these people.”*

CASE INSIGHTS

1. Connecting the private and public sectors is the key to implementing an integrated, community-based social innovation that is responsive to the needs of the community it seeks to serve. This should also be integrated with other activities that support primary health-care services, such as those targeting HIV infection, maternal and child health, and noncommunicable diseases.
2. Engaging and mobilising community leaders is crucial to establish a lasting relationship built on trust and authenticity. This will promote effective communication and participation among community members to generate demand for TB prevention, diagnosis, treatment, and care services.
3. Stakeholder mapping, public-private sector collaboration, and community engagement are key strategies that can be utilised in other communities globally, with room for contextualisation depending on the existing local context.

REFERENCES

- Bagcchi, S. (2023). WHO's Global Tuberculosis Report 2022. *The Lancet Microbe*.
- Flores, G., Alberto, I., Eala, M., & Cañal, J. (2022, January). *The social determinants of tuberculosis in the Philippines*. Retrieved from The Lancet Global Health: [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(21\)00516-7/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(21)00516-7/fulltext)
- Kalinga Health. (2023, April 10). Retrieved from InnovationsCH: <https://innovationsch.org/kalinga-health/>
- Lansang, M.A.D., Alejandria, M.M., Law, I., Juban, N.R., Amarillo, M.L.E., Sison, O.T., Cruz, J.R.B., Ang, C.F., Buensalido, J.A.L., Cañal, J.P.A., Castillo-Carandang, N.T., Cordero, C.P., Gaviola, D.M.G., Ladia, M.A.J., Mantaring III, J.B.V., Mendoza, M.T., Salamat, M.S.S., Lam, H.Y., Tadolini, M., & Garfin, A.M.C.G. (2021, June 4). *High TB burden and low notification rates in the Philippines: The 2016 national TB prevalence survey*. Retrieved from PLOS One: <https://doi.org/10.1371/journal.pone.0252240>
- Philippine Statistics Authority. (2022, August 15). *Proportion of Poor Filipinos was Recorded at 18.1 Percent in 2021*.
- Wells, W., Uplekar, M., & Pai, M. (2015, June 23). *Achieving Systemic and Scalable Private Sector Engagement in Tuberculosis Care and Prevention in Asia*. Retrieved from PLOS One: <https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1001842>
- World Health Organization. (2021). *Global tuberculosis report 2021*.
- World Health Organization. (2025, March 14). *Tuberculosis*. Retrieved from <https://www.who.int/news-room/fact-sheets/detail/tuberculosis>