
CONFERENCE ABSTRACT**The Zuellig Family Foundation: A Strategic Philanthropic Approach to Integrated Care**16th International Conference on Integrated Care, Barcelona 23-25 May 2016

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In 2008, the Zuellig Family Foundation (ZFF) was established with the aim of improving the health of the rural poor in hard-to-reach areas in the Philippines. At that time, the Filipino rural poor lacked basic medical care, let alone integrated care. Statistics from 2008 underscored the health conditions of the poor: 40% of Filipinos went through life without ever seeing a doctor. UNDP Philippines reported the Maternal Mortality Ratio (MMR) had stalled after reaching 162 in 2006, making it unlikely to reach the Millennium Development Goal (MDG) target of 52. UNICEF estimated that 11 women died every day from complications of childbirth, and that these deaths were mainly of poor women with little or no education. These dire health conditions were not helped by the decentralized health system, which put community health in the hands of politically elected mayors, local health officials and frontline health workers.

Struck by these grim statistics, the ZFF decided to make the MMR the focus of its efforts to improve the health of poor communities. The Foundation developed programs to reduce maternal mortality according to the MDG5 targets, and tracked progress toward them. Drawing on Zuellig Pharma's experience and strengths in creating distribution networks, ZFF set up a network of health centers and services for maternal and child health. These health centers served as nodes, connecting the different health and social services to the surrounding communities. Maternal health was a focal point and also a springboard to improve the health of the poor. Care of infants and children followed naturally, as did other health services including disaster relief and resilience-building.

The connections created by ZFF went beyond the integration of health and social services with local communities. To support this structural integration, ZFF tapped on Zuellig Pharma's management expertise to create a Health Leadership and Governance Program that brought together the different offices and officers in charge of rural health: mayors, health leaders and health providers. The program focused on training the mayors, local health officials and health providers to work collaboratively to improve health outcomes. ZFF also provided a Health Change Program, a roadmap for change that clearly indicated the steps to be taken to improve community health.

From 2008 to 2013, the ZFF reported dramatic reductions in MMR in the municipalities where it worked. The MMR of municipalities in the first training cohort fell from 167 to 42, the

second cohort from 193 to 55 and the third from 141 to 41. As a result of this success, the Philippines Department of Health approached ZFF in 2013 to begin a public-private partnership to scale the program from 94 municipalities to 609. The program was scheduled run from 2013 to 2016 and would include the geographically isolated and even poorer populations. The Foundation accepted the challenge and embarked on an expansion with academic partners and funding from agencies such as USAID.

In its 2014 annual report, ZFF reported that it had worked in 525 partner municipalities and served 26 million Filipinos. To evaluate its impact and further improve scalability of its model and training programs, the ZFF tracked the MMR among its training cohorts' municipalities. At the end of 2014, the MMR of all but one cohort had fallen significantly (e.g., from 225 to 51, and 502 to 227).

ZFF was strategic in its vision and scale. It developed a structured, goal-oriented program that took the local culture into account. It also applied its business knowledge and capabilities to create a strategic, results-oriented program. It also consciously prototyped its programs and adjusted them to suit local conditions. This made the program, scalable and transferable to other regions. This case shows that integrated care need not always be initiated by the government. It is significant that a community organization — in this case, a private family foundation — can bring integrated care to remote, rural and poor populations.

Keywords: philanthropy; poverty; rural health; integrated care; maternal and child health
