

# Aligning Innovation, Implementation, Patient Voice, Institutional Timelines, and Continuity in UHC - Aligned Population Screening

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## The Policy Problem

- Population screening is expanding under UHC
- Innovation often scales faster than health system readiness
- Governments ensure equity, guardrails, and continuity

**Misalignment across stakeholders limits real-world impact**

## Screening Without Alignment

- Diagnosed but untreated populations
- Gaps during political transitions
- Weak multi-stakeholder coordination
- Financing delays, fragmented financing
- Inadequate staffing and HRH planning
- Erosion of trust
- Missed health and economic value
- Policy-implementation gaps

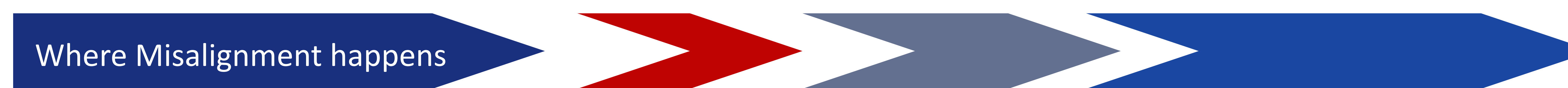
## Aligning Systems

- Sustained PAG involvement in all stages of planning
- Defined referral pathways
- Financing embedded in benefits
- Continuity across transitions
- Coordinated stakeholders
- Shared responsibility among actors, stronger outcomes
- Continuous patient-centered care



Effective coverage depends on pathway completion — not just diagnostic yield

Screening must be linked to **financed, continuous** care pathways



Misaligned timelines disrupt continuity and reduce system value

## 7 Governance Levers Enabling Effective Coverage

 <p>01 <b>Political and Legislative Alignment</b> <i>Sustained policy commitment across transitions</i></p>	 <p>02 <b>Financing and Strategic Purchasing</b> <i>Predictable, pooled, and sustainable resources</i></p>	 <p>03 <b>Government Implementation Capacity</b> <i>Operational systems, data, HRH planning and locality centered capability planning</i></p>	 <p>04 <b>Medical Societies</b> <i>Quality standards and accountable care pathways</i></p>	 <p>05 <b>Civil Society and Patient Advocacy Groups</b> <i>Centered and accepted design, trust, and continuous community voice</i></p>	 <p>06 <b>Industry Partnerships</b> <i>Innovation with public interest and shared value</i></p>	 <p>07 <b>Information Systems and Transparency</b> <i>Coordinated action, learning, and adaptive governance</i></p>
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## Conclusion

- Screening success is not predicted by scale or coverage
- Value depends on system alignment from detection to outcomes
- *Screening is a governance decision - and a policy instrument*



Example of community-based screening implementation context in an LMIC setting