
Governance

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Overview (Introduction)

Overall governance of the Philippine health system is vested in the national government through its Department of Health (DOH). The DOH is headed by a cabinet-rank Secretary of Health appointed by the President of the Republic of the Philippines and concurred in by the Commission on Appointments of the Philippine Congress (Legislature). It exercises technical supervision over all agencies, institutions, groups, and individuals who provide health services or are otherwise considered as stakeholders of the health system through national health policies, standard setting, and rules and regulations covering the provision of health care. These include entities of the national government, local government health services, as well as private sector health providers including civil society or non-governmental organizations.

DOH is the government's overall policy formulation and implementation agency in health. To support this function, DOH oversees a number of attached agencies responsible for areas of special concern in the health sector in which the Secretary of Health is chair or co-chair of the respective governing bodies. Among these are PhilHealth for health care financing, the National Nutrition Council for nutrition policy, and the Population Commission for population issues and reproductive health.

DOH also directly administers and controls a network of national hospitals that provide tertiary medical care. In addition, it also has technical authority over other national government agencies that maintain facilities that provide health services to particular groups or populations (*e.g.*, Defence and Education Departments and the Judiciary system).

Governance of local government health facilities and services is exercised by DOH through its programs for technical assistance and support as well as by virtue of its regulatory powers and the accreditation process of the Philippine Health Insurance Corporation (PhilHealth). In

addition, DOH serves as a key link with multilateral and bilateral international donors with interests in the health sector.

A major share of the national expenditures on health (about 60%) goes to a large private sector that also employs over 70% of all health professionals in the country. This dominant private sector is also technically supervised through the regulatory agencies of the DOH. The National Health Insurance Program through Philhealth and its benefits programs also has a significant role in the financing of the private hospital system.

As well, DOH has some influence on a largely unseen "informal" health system of alternative health care through the Philippine Institute of Traditional, Alternative and Complementary Health Care (PITAHC).

Key issues and concerns

The lack of a clearly articulated overarching philosophy of health service provision that explicitly addresses the issue of health equity and its social implications is a major deficiency of the Philippine health system and its governance structures. Such a deficit results from a firmly entrenched top-down approach to policy formulation, planning and management of a health care delivery system that is dominantly supply-side driven and provider oriented.

As a consequence, the attempt to introduce participatory processes in health decision-making and policy-formulation with the adoption of the PHC approach in the early eighties faded out with the emergence of "selective primary health care" and the resurgence of technology-dominated vertical approaches. The present governance infrastructure, even as decentralized through devolution, does not allow for effective community participation which was an important element of the Primary Health Care strategy.

Governance Functions within the Health System

The concern for equity and the provisions for community participation should be built into the mechanisms for discharging the core governance responsibilities in health at all levels –from highest central level to the most peripheral units of implementation. In the present Philippine situation, core governance responsibilities (or functions) are currently exercised as follows:

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- Policy formulation and strategy development at all levels -
 - Within the executive branch of government there are a number of mechanisms by which DOH can exercise its health policy and coordination functions. Cabinet meetings provide opportunities for direct interaction with the President and the heads of the other government departments that carry out health or health related activities including other social services such as education, welfare, economic development, and security. Membership of these agencies in other coordinating bodies and attached agencies of DOH provide other venues for policy formulation and coordination of strategies.
 - DOH cooperates and provides technical support to key committees of the two chambers of the Philippines Congress. Through such committees, the health sector provides inputs to legislation on health whenever the two branches of government agree on the need for such.
 - There are presently no formal mechanisms for providing technical health information and communication support for the judicial branch of government.
- Planning of health programs and mechanisms for health service delivery –
 - At the national level, DOH develops plans for supporting priority public health programs such as TB DOTS, Immunization, and Maternal Neonatal and Child Health and Nutrition. It has also formulated the National Objectives for Health that provides inputs to program planning at different levels. The DOH also plans the development of capabilities of national service outlets such as retained hospitals.
 - At the local level, the DOH has developed technology for the formulation of local investment plans for health. Provincial investment plans for health (PIPH) initiated in some provinces have recently been rolled out to all provinces. City and municipal level planning processes are also programmed within the year.
 - In the private sector, the DOH together with local governments can influence planning of facilities and services through regulations on the distribution and location of such facilities and through standard setting and licensing functions.
- Managing the health sector –
 - The DOH hospital system is presently managed through direct interaction between the Secretary of Health and the hospital chiefs. The hospitals also communicate directly with the Budget Department as well as individual congressmen who provide them with additional funds. A policy of fiscal autonomy and income retention has led to unprecedented dependence on user fees for financing resulting in exclusion of non-paying population groups.
 - Management of public health programs (including those of national concern such as communicable disease control) is discontinuous with local governments responsible for implementation at grass-roots level as mandated by the Local Government Code of 1992. As well, direct management of hospital services up to secondary and tertiary levels has been devolve to provincial governments. Although local health boards have been set up at both levels, these have been largely non-functional in practice and even those that do exist lack powers and authority to provide effective consumer and community inputs to governance and management.
- Public accountability and transparency
 - Because of the extremely confused reporting lines, satisfactory public accountability and transparency for health outcomes and key result areas of health programs are nearly impossible. Administrative and financial accountability mechanisms are better developed but still remain out of public reach (at community level).
- Generating and interpreting intelligence and information
 - The present system for data gathering as well as analysis and use of information is antiquated. Information technology is inadequate and inappropriate at all levels but especially at the barangay and community levels.
- Coalition building within and outside health sector
 - DOH and a number of local government health offices maintain close links to established civil society organizations but

these are generally at program level. There are however, no existing mechanisms to seek out and develop such linkages at policy levels. Peoples' and grassroots organizations have only sporadic opportunities to participate in governance functions at any level.

- Coordination of International Assistance
 - DOH through its Bureau of International Health and Cooperation has overall responsibility for coordinating externally funded health activities particularly those undertaken by official multi and bilateral development organizations. DOH is also the official contact of the World Health Organization which participates in international health coordination on the official donor side.

perspectives of the various people-centred domains of health stakeholders.

- Indicators of equity and people participation should be emphasized.
- Assessments should take into account the social determinants of health as factors affecting health equity.

Recommendations for Improving Governance

1. A clear articulation of an overall philosophy of health service provision that explicitly addresses the issue of equity:
 - An executive order addressed to all government agencies concerned with health should be issued. The EO will define health equity as equal and just access to health services for all Filipinos regardless of income. It will also direct the mechanisms to reform the health system to achieve equity in all the six building blocks.
2. Installation of an effective participatory process in decision-making and policy-formulation in health along the lines of the Primary Health Care approach:
 - The system of PHC committees at community, LGU, regional, and national levels in place in the 80s should be revived. These bodies should have real power over health policy formulation, decision-making, and management of health programs and facilities.
 - Additionally, regularly monitoring of public perceptions and opinions on health matters should be a standard component of implementing mechanisms for policies, programs and projects.
3. Development of Indicators of Good Governance in Health
 - The concept of good governance in health is a recent development and there are few established indicators for its measurement. In general, the indices thus far developed are derived from management systems and as such tend to reflect top-down approaches.
 - It is recommended that policy issuances, program performance, and other functions of leadership and management be analyzed and evaluated from the