



UNDERSECRETARY AUSTERE A. PANADERO

DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT

**PHILIPPINE NATIONAL HEALTH RESEARCH SYSTEM
(PNHRS) WEEK**

**11 August 2010 Crowne Plaza, Ortigas Center,
Pasig City**

**Theme : Convergence in Divergence Resource
Sharing for More Mileage in Health
Research**

Topic : LGU Resources for Health Research



IMPORTANCE OF HEALTH RESEARCH

- TO PROPEL THE COUNTRY TO THE RAGING REVOLUTION IN HEALTH CARE THERE IS A NEED TO EQUIP AND EMPOWER OUR HEALTH CARE PROFESSIONALS AND MAKE HEALTH-CARE RESEARCH A TOP PRIORITY IN THE NATIONAL AGENDA.
- A RESEARCH BASED HEALTH CARE PROGRAM ASSURES THAT THE QUALITY OF HEALTH CARE SERVICES PROVIDED TO THE POPULACE IS RESPONSIVE AND EFFICIENT .

HEALTH RESEARCH ISSUES

- **Global Perspective:**

- Developing countries, which operate on a limited budget, cannot afford to support expensive health care facilities. A 2005 Study published by the Global Health Forum showed that low and middle-income countries accounted for around 3 % of the \$160.3 billion spent on global health research. Health care innovations should focus on making efficient use of resources and improving outcomes.

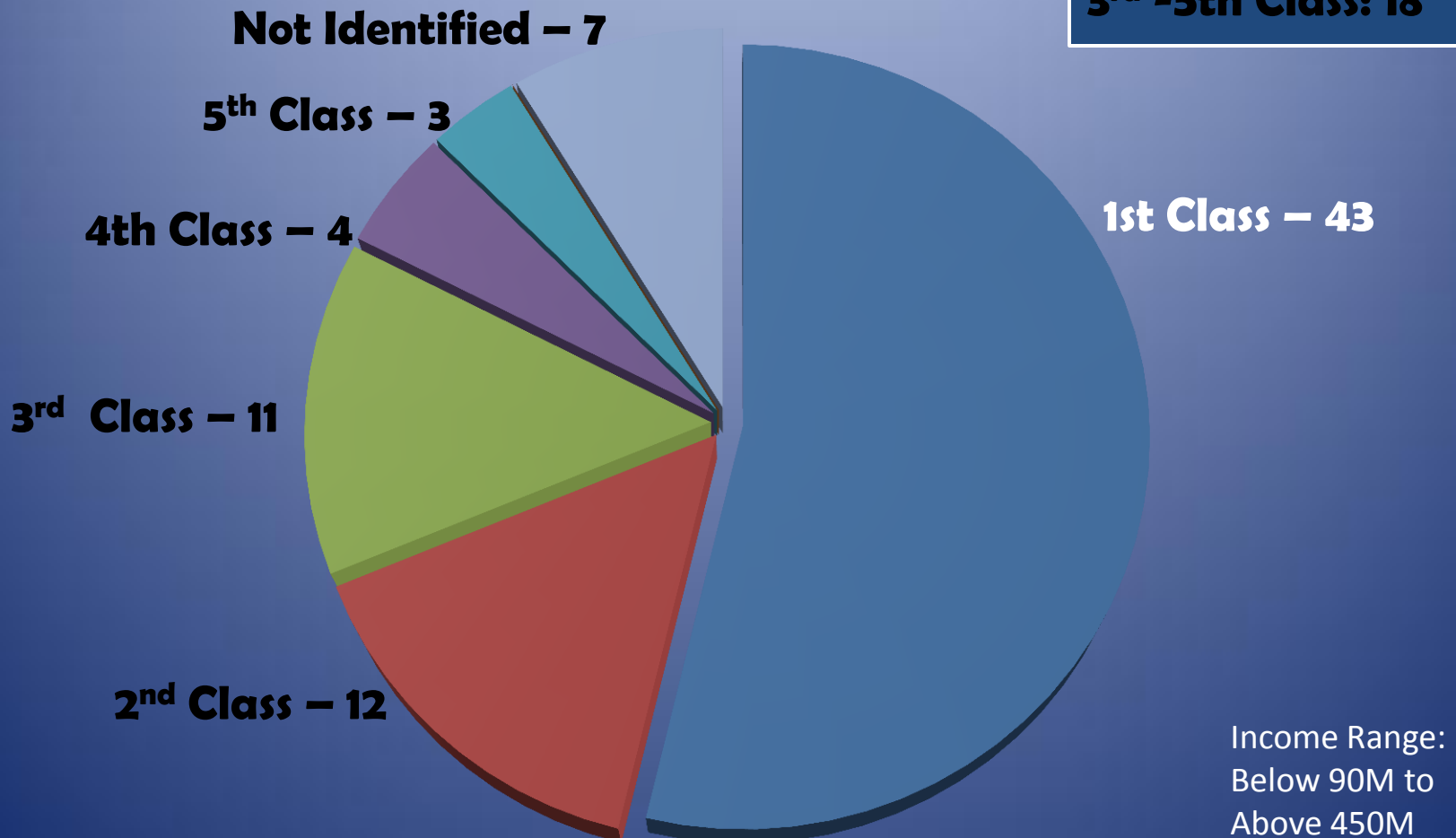


HEALTH RESEARCH ISSUES

- **Local Perspective**

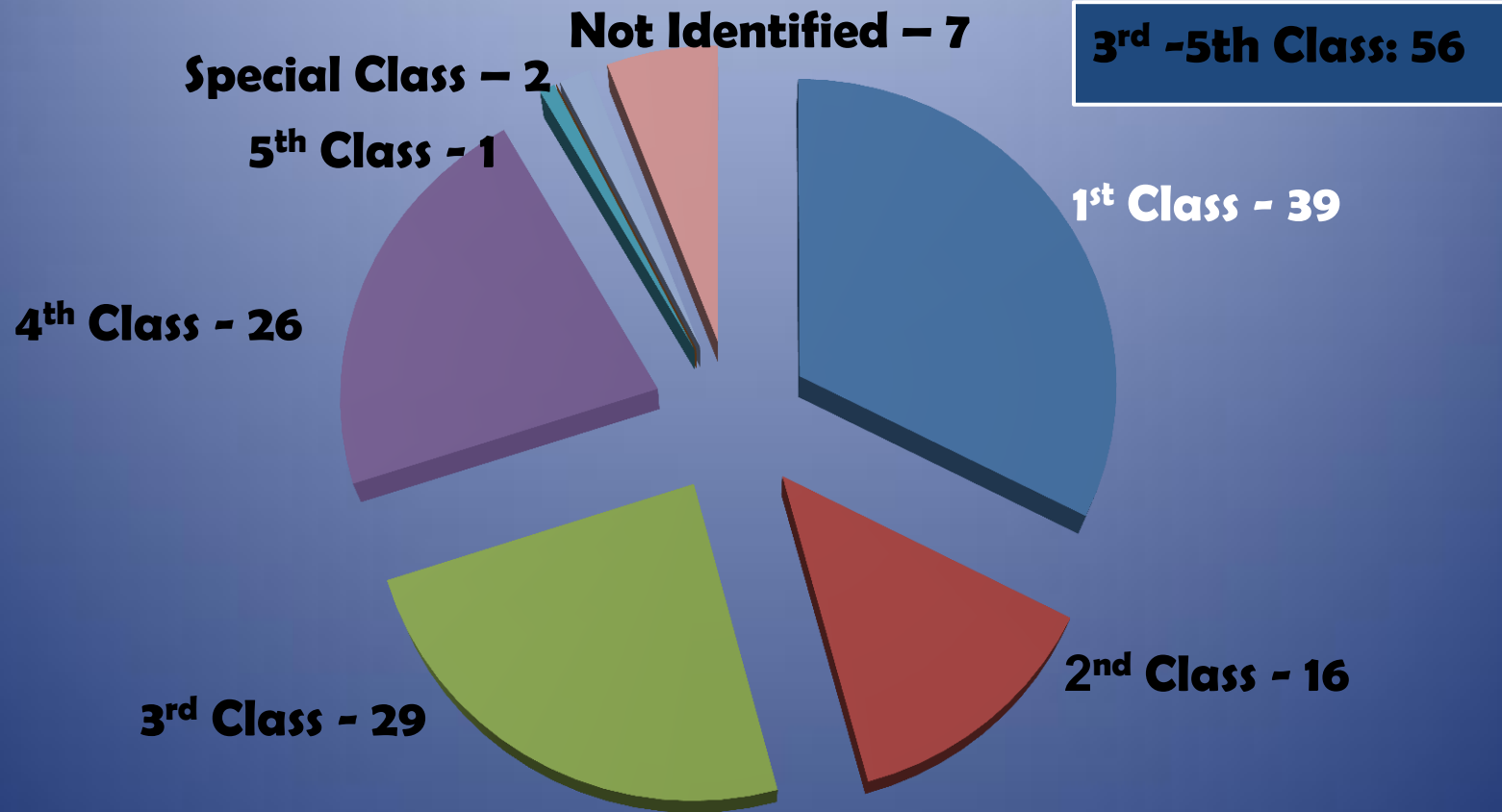
- Filipinos access to health care system, although guaranteed by the 1987 Constitution is still hampered by financial, physical, social and cultural barriers, there is a need to address these issues with remedies that corresponds to modern needs.
- It is important to build the country's capability for research and development because these can fuel the necessary innovation that will lead to responsive and efficient health care system.

Provinces - Income Classification, as of July 29, 2008



Source: DOF-Department Order No. 23-08 dated July 29, 2008

Cities – Income Classification, as of July 29, 2008

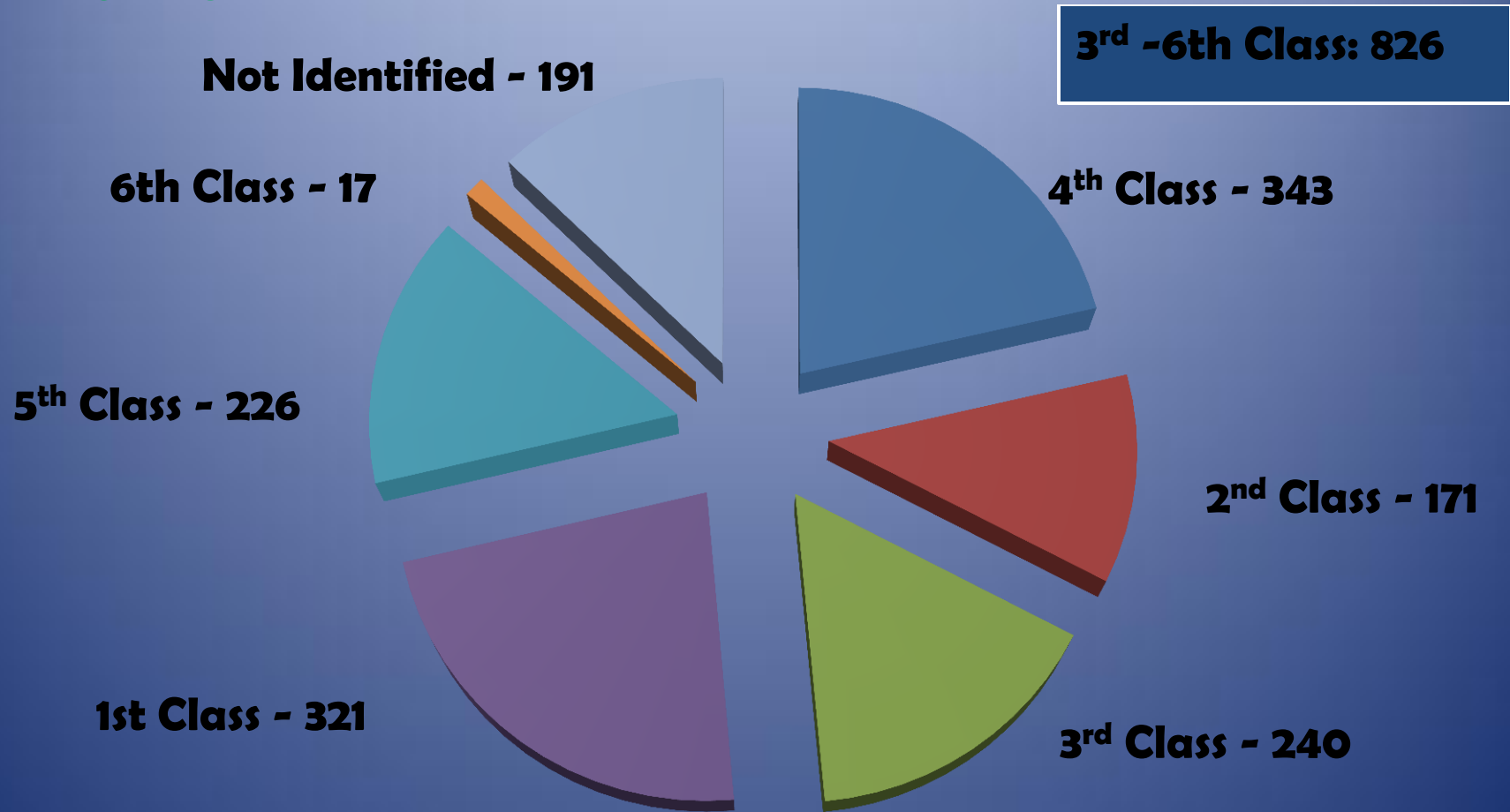


Source: DOF-Department Order No. 23-08 dated July 29, 2008

Income Range:
Below 80M to
Above 400M

Note: Binan City and Dasmariñas City are NOT yet included in the list

Municipalities – Income Classification, as of July 29, 2008



Source: DOF-Department Order No. 23-08 dated July 29, 2008

Income Range:
Below 15M to
Above 55M

Note: 3 Newly Created Mun. in ARMM (Datu Hoffer, Datu Salibo, Shariff Saydona) are NOT yet included in the list



Issues on Magna Carta for Health Workers:

Magna Carta Provides for the upgrade of benefits of public health workers, including the payment of additional compensation, such as (1) Subsistence (2) Laundry (3) RATA (4) Medical (5) Hazard (6) Longevity (7) Remote Allowance B

Benefits under the Magna Carta Law are not fully implemented due to:

(a) Lack of Funds, esp. among the poorer LGUs (b) budget cap on Personnel Services and (c) LCEs low priority for health program and workers



DEVOLUTION ISSUES

- MANY LGUS WERE NOT ABLE TO GRANT FINANCIAL BENEFITS TO OUR PUBLIC HEALTH WORKERS
- THE PRINCIPLES OF LOCAL AUTONOMY, AND BY DEVOLVING MORE POWERS AND RESOURCES TO LGUS
- THE INTERNAL REVENUE ALLOTMENT (IRA) RELEASED BY DBM DIRECTLY TO THE LGUS PROVIDES FOR THE COST OF BASIC SERVICES AND FACILITIES ENUMERATED UNDER THE LG CODE, INCLUDING PAYMENT OF THE MAGNA CARTA BENEFITS OF DEVOLVED HEALTH WORKERS.
- THE DOH PROVIDES FOR MEASURES TO PROMOTE ENFORCEMENT OF THE LAW BY SETTING ASIDE A PORTION OF ITS ANNUAL BUDGET IN ORDER TO INVESTIGATE VIOLATIONS AND ITS NON-IMPLEMENTATION & REGULAR, PROPER & FULL REPORTING OF ACTIONS TAKEN ON COMPLAINTS THEY RECEIVED. THESE FACTS ARE REPORTED EACH YEAR TO MANAGEMENT HEALTH WORKERS' CONSULTATIVE COUNCILS ESTABLISHED UNDER THE LAW FOR RESOLUTION.

DILG'S INTERVENTIONS (WHAT HAVE BEEN DONE?)



- THE DEPARTMENT HAS BEEN ISSUING GUIDELINES AND POLICIES, INCLUDING MEMORANDUMS & CIRCULARS TO LGUS REITERATING IMPLEMENTATION OF THE MAGNA CARTA BENEFITS FOR DEVOLVED HEALTH WORKERS.
- THE DEPARTMENT HAS PROVIDED CAPABILITY BUILDING FOR LGUS TO ADOPT TECHNOLOGIES, STRATEGIES AND TECHNIQUES TO GENERATE RESOURCES AND THEREBY ENABLE THEM TO DELIVER THE MUCH-NEEDED BASIC SERVICES TO THE PEOPLE.



THANK YOU