

# **POLICY RESEARCH AND GOVERNANCE IN PHILIPPINE HEALTH REGULATORY SYSTEM: A FRAMEWORK (Part 1)**

**Presenter:**

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# PHILIPPINES



Batanes Islands

Babuyan Islands

Laoag  
Vigan  
San Fernando  
Bontoc  
Sagada  
Banaue

PHILIPPINES

Luzon

Philippine Sea

Lubang Island  
Puerto Galera  
Mindoro  
Boracay Island  
Manila  
Lake Taal  
Catanduanes Island  
Puraran  
Mayon Volcano  
Viriato

SOUTH CHINA SEA

Palawan  
Puerto Princesa  
Panay  
Iloilo City  
Negros  
Samar  
Tacloban  
Cebu  
Chocolate Hills

Sulu Sea

MALAYSIA

Zamboanga  
Mindanao  
Mt Apo (2954m)  
Davao  
Lake Sebu

Mindanao Sea

INDONESIA

# Health Management Concern

**“Poor Filipino families have to experience equity and access to critical health services especially during disasters and calamities”**

**Present Concern- Health related policies and laws have to include a comprehensive reform strategies and programs**

## **Constraints-**

- **Public hospitals and facilities continue to suffer in having quality health services and facilities due to the inadequacy of health budgets**
- **Lack of support for efficient and effective management and monitoring of health delivery due to inadequate manpower resources and skills and its compensation**
- **Inadequacies in health regulatory systems to monitor quality standards and information systems to guide planning and implementation of health programs**

# Premises of the Paper

- **Policy research and analysis has to consider the good governance principles for efficient and effective operations as well as the human rights-based approach to development (HRBAD)**
- **Indicators of performance measurements in development programming are periodically reviewed for reforms in the government institutions and sector**
- **One of them is the Department of Health (DOH) which will illustrate in this paper the type and nature of policies issued on hospital regulatory system of licensing involving three stake-holders- (1) the central regulatory bureaus; (2) regional offices or the Center for Health Development (CHD); and (3) regulated government and private hospital industry.**

# Historical Perspectives (1)

- **1990**- Devolution strategy for development caused the fragmentation of health service delivery system i.e. inequality remained high due to unequal distribution of health care facilities
- **1999**- DOH conceived the Health Sector Reform Agenda (HSRA) to help streamline the different areas of reforms (hospital reform, public health reform, local health system reform, health regulation reform, health care finance reform and governance reform)
- **2004**- Asian Development Bank funded the study for the Health Sector Development Program in two phases: policy formulation in support of HSRA and capacity building for the operation of the policies

# Historical Perspectives (2)

- **2005- Development of the FOURmula One as implementation framework of HSRA to streamline policy and refine monitoring system on: (1) public health activities; (2) improved quality of health service delivery; (3) harmonized regulatory procedures (focus of this paper); and (4) increased coverage of beneficiaries under *PhilHealth*, social insurance for Universal Health for All**
- **2005-2010- Medium Term Health Development Plan engages the entire health sector including the public and private sectors, local government units, external development agencies and the civil society with aims to:**
  - **Achieve critical reforms with speed, precision and effective coordination**
  - **Assure access to quality and affordable health products, devices, facilities and services and good governance**

# Study on “Harmonization & Streamlining of Hospital Licensing System”

- **Coverage-** (1) centralized system of licensing (prior 2007); (2) decentralized- implementation in regulation of tertiary hospitals i.e. Levels 3 and 4 (October 2007- September 2010); and recentralized system in regulation of tertiary hospitals (started January 2011)
- **Aims of Study:**
  - Determine the changes brought about by the DOH Admin Orders in the hospital licensing system;
  - Determine the benefits/advantages to as well as the risks/disadvantages of the harmonized, streamlined and decentralized systems on the three major stakeholders;
  - Determine problems and ethical issues in the implementation of the One-Stop-Shop (OSS) licensing; and
  - Recommend health policy/determine program development implications.

# Components of the Study (2)

- **Methodological Framework**

- **Relevant literature shows that there is limited reports and assessment on regulation of hospitals except those procedures followed in the United States on hospital regulatory system in accrediting hospital operations**
- **In the Philippines, health regulation is done to resist extortion, oppression and manipulation related to drug price setting. In addition, it concerns on the fees and charges, better enforcement of quality standard of hospital care, licensing of construction of health facilities and application of initial/renewal license**

**In short, in regulatory governance, the state sets the rules and standards applied to health facilities for sustained and focused control of the activities to serve the public interest or for client satisfaction**

# Components of the Study (3)

- **Participatory governance methodologies to evaluate the hospital system**
  - **Modified Citizen Report Card (CRC) - Focused group discussion and survey were adopted to measure client satisfaction**
  - **Modified Continuous Improvement and Benchmarking (CIB)- Document analysis supported by key informant interview were used to gather feedback and assess the public service from the point of view of the institution**

**Both methodologies used in the assessment was not based only on the perceptions of the different stakeholders but more on the experiences in the process of identifying areas of strengths and weaknesses of the system and areas to review policy performance**

- **National Workshop and Action Planning- Results presentation for validation by the three stakeholders**

# Health Regulation Policies

- **Centralized Hospital Licensing System (2004-2007)-**  
Application for the different licenses was filed at the central regulatory bureaus separately. Based on monitoring & evaluation reports of the DOH, it was recommended that a unified license to operate would be cost effective and client responsive if decentralized at all levels and be managed by the CHD
- **Decentralized Hospital Licensing System (2008-2011)-** In October 2007, DOH issued Administrative Orders 2007-0021 and 0024 to harmonize and streamline the hospital licensing system from levels 1-4 both government and private hospitals including the initial and renewal of licenses. One Stop Shop (OSS) was established
- **Recentralized Hospital Licensing System-(2012-onwards)-**  
Problems were encountered in the implementation of OSS, thus an AO was issued in December 2010 to recentralize the function for levels 3 and 4 (tertiary)

# **Executing Agency of the Study**

**Center for Policy and Executive Development (CPED),  
University of the Philippines- National College of  
Public Administration and Governance (NCPAG)**

- **Policy think tank, research and consulting office on capacity initiatives and institution building programs in the country and other developing countries**
- **Conducts public policy studies and reforms and designs responsive programs on governance through networking and partnerships at all levels**

**Accepted the challenge to conduct the evaluation study as an advocacy commitment to improve the health regulatory policies and refine its concomitant implementation process**