

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

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POLICY AND GOVERNANCE IN PHILIPPINE HOSPITAL LICENSING SYSTEM: A Social Policy Research and Advocacy (Part 2)

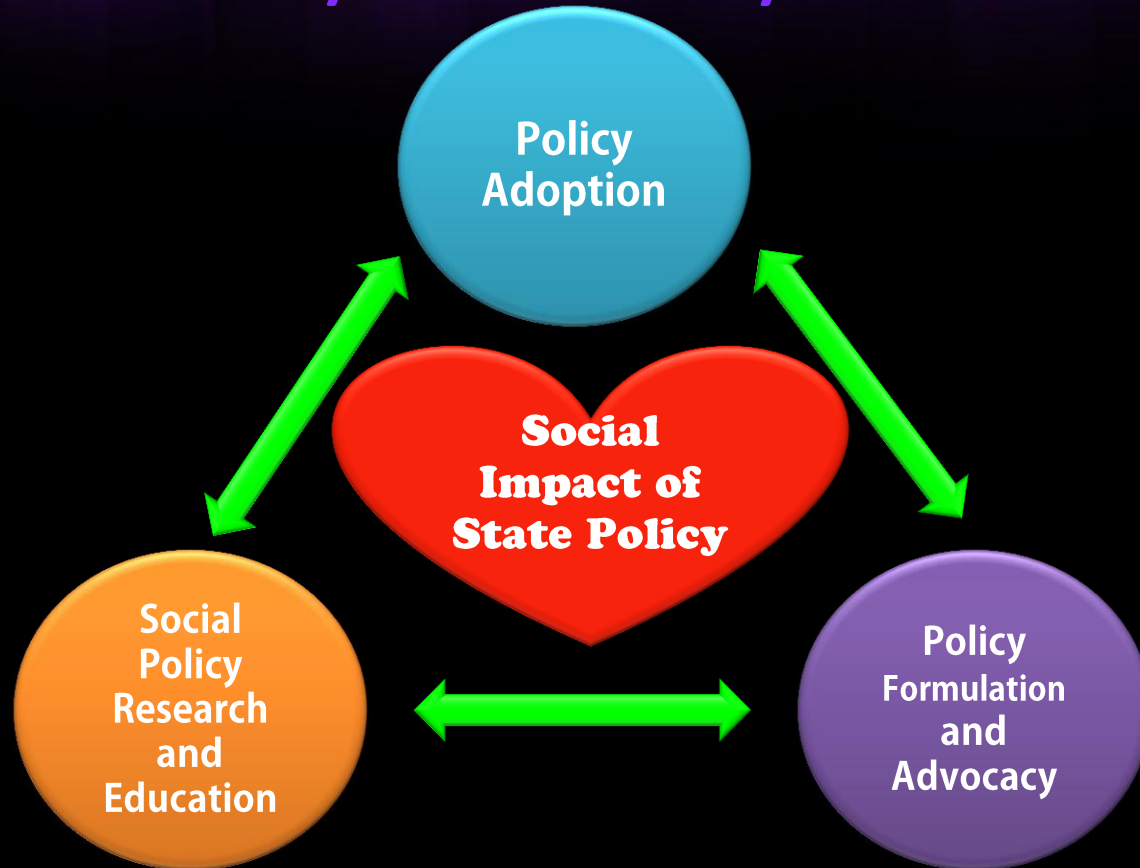
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Social Policy Advocacy and Adoption



Community Powers as the indicator of Participative Governance

- A manifestation of the bottom-up approach in governance where the people are part of the decision-making process for development



Philippine Constitution

ARTIKULO II PAHAYAG NG MGA SIMULAIN AT MGA PATAKARAN NG ESTADO

(Statement of Aims and Policies of the State)

SEKSYON 1. Ang Pilipinas ay isang Estadong republikano at demokratiko. **Ang ganap na kapangyarihan ay angkin ng sambayanan at nagmumula sa kanila ang lahat ng mga awtoridad na pampamahalaan.**

(Governance Authority emanates from the people, and all powers come from their community power)

Local Government Code of 1991

Local Government Code's key principles:

- **Decentralization**
- **Local autonomy**
- **Accountability**
- **Participative governance**

Participatory Governance Framework



**PEOPLE
EMPOWERMENT**

Four Major Periods in an attempt at Autonomy, Decentralization, Participation and Integration

Autonomy 2004



Decentralization 2004-2007



Participation 2008-2010



Integration 2011 to present



The focus of this policy research
and advocacy assessed the
applications for

- (1) Permit to Construct;
- (2) Initial License to Operate; and
- (3) Renewal of License to Operate.

Varied sub-processes in Hospital Licensing

- (1) Referring the Client;
- (2) Checking of application requirements;
- (3) Payment;
- (4) Recording;
- (5) Assignment of Application Forms to Inspection Teams;
- (6) Forwarding of Application to Respective DOH Offices;
- (7) Inspection;
- (8) Preparation of License to Operate; and
- (9) Releasing of License to Operate a Hospital.



Challenges

- Traditional notion of people as passive recipients of development (dole-out)
- Countercurrent politics
- Time and availability of stakeholders

Strengths

- Active involvement and support of Government Leadership and Stakeholders
- The people are both the means and the end of health and welfare development
- The licensing policy with centralized system, OSS and presently recentralized is an attempt to meet the standards of health in view of its health for all mandate
- Sense of “ownership” of the stakeholders

Insights

- What needs to be pointed out, though, is how responsive to the context and needs of stakeholders the policy is?
- This is a question of Governance delivery mechanism. Philippines is an archipelagic nation, the island rural hospitals may not easily access the licensing centers.
- Resources and time are not adequate to meet the requirements of the policy. If their rural health facilities' mandate is to deliver health services immediately to the people, then the licensing policy is a deterrent not an enabling policy.
- While it is our clamor to lessen bureaucratic red-tapes and make the bureaucracy work for our people without sacrificing the standards of excellence in health, the consequent effect is the contrary. It is not bringing the government to the people. It is just the opposite, thus the policy is considered not nurturing, not responsive and an added burden to our constituents.

Points To Consider

- Health problem is a very individualized issue
- The licensing system is a perfect tool and ensures the implementation of the standards of excellence in health service delivery.
- The decentralized licensing system is a much favored policy.
- Technology is a potential key (on-line)

Policy Recommendation: Beyond Theories and Concepts

- COMMUNITY PARTICIPATION be optimized
- Decentralize the hospital licensure system to the CHDs for all hospital levels, initial and renewal LTOs. The Health Central Office needs to do standard setting, monitor the performance of the CHDs, and review their LTO issuances.
- Conduct more trainings to further professionalize the CHD staff and the community especially in the area of information and communication technology (ICT).

Women-led Governance and Health Management



Policy Action and Status

- These recommendations have been formulated and endorsed by regulatory offices of the Central Office and the DOH regions, together with representatives of hospitals in the field who gathered last 22 February 2012 during a National Workshop in Manila.
- A Health Committee is now tasked to formulate the draft towards a more meaningful State policy.

BEING A MIDWIFE: LaoTzu

The wise leader does not intervene unnecessarily
The leader's presence is felt, but after the group runs itself.
Lesser leaders do a lot, say a lot,
have followers and form cults.
Even worse ones use fear to energize
The group and force to overcome resistance
Only the most dreadful leaders
have bad reputations.
Remember you are facilitating
another person's process.
Do not intrude. Do not control.
Do not force your own needs and insights
into the foreground.
Imagine you are a midwife;
You are assisting at someone else's birth,
Do good without show or fuss.
Facilitate what is happening rather than what
you think ought to be happening.
If you must take the lead, lead so that
the mother is helped, yet still free and in charge.
When the baby is born, the Mother will rightly say : "We did it
ourselves!"