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**DEPARTMENT OF HEALTH**

**DEVELOPMENT OF AN AGENDA  
FOR PUBLIC-PRIVATE SECTOR COLLABORATION  
OCTOBER 1991**

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**FINAL REPORT**

**A Project of THE CHILD SURVIVAL PROGRAM**



**MANAGEMENT SCIENCES FOR HEALTH**

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## EXECUTIVE SUMMARY

### BACKGROUND AND OBJECTIVES

The rationale behind public-private sector collaboration (PPSC) in health care stems from the need to augment the government's limited resources and prioritize these resources to achieve wider coverage, put in place a more efficient and effective system, and undertake sustainable and focused efforts in program delivery.

Private sector participation in health programs/services can be in the form of inputs provision, service delivery, support activity, or financing. It can range from a simple transaction involving contract of goods or services to a relationship based on mutual empowerment and critical partnership whereby joint efforts on planning, execution, and evaluation are made.

This report is one of eight benchmarks under the health care financing component of the Child Survival Program of the Department of Health (DOH), a project funded by the United States Agency for International Development (USAID).

The objective of this report is to develop a written agenda for PPSC, including the documentation of PPSC opportunities, prioritization of opportunities, and plans for implementation.

### METHODOLOGY

The documentation of PPSC opportunities was generated primarily from survey questionnaires accomplished by 19 DOH public health programs/services and interviews conducted with respondent program managers and 10 commercial and non-commercial private organizations.

To bring out various perceptions on PPSC, what roles the CHS, DOH program managers and private sector play in PPSC, and the factors encouraging and limiting PPSC, a series of consultative meetings was held. The prioritization of opportunities as well as the implementation plan, on the other hand, were based on the results of an interactive process involving small group discussions conducted with the CHS and a select group of program managers and members of the Technical Assistance resources or study team.

## LEGAL BASIS FOR PPSC

Public-private sector collaboration in health care delivery is rooted in the government's commitment to improve the health and nutritional status of the population and contribute to the achievement of health for all.

The Constitution of the Republic of the Philippines, as well as recent policy pronouncements, make up the necessary policy and regulatory environment for the promotion of health and public-private sector collaboration in health care. Mechanisms for ensuring regular consultation between the public and private sectors as well as facilitating coordination at the national, regional, provincial, and community levels are articulated in the Medium-Term Development Plan for 1987 to 1992 and Board Resolution No. 2 of the National Economic Development Authority (NEDA).

Executive Order No. 119, mandating the DOH to be the government agency responsible for health care, tasks the DOH with the regulation and encouragement of providers of health goods and services including the private sector. The same Executive Order designates the CHS to be the Staff Support Service that will formulate and implement plans for coordinating with local governments and non-government organizations in health-related activities, programs, and projects. A subsequent Administrative Order was issued expanding the mandate of CHS to include the role of organizational unit tasked with ensuring, strengthening, and sustaining PPSC in DOH activities.

## EXISTING AREAS OF PUBLIC PRIVATE SECTOR COLLABORATION

Collaboration can come in various forms and levels and involves both private commercial and non-commercial organizations. Commercial organizations are those which are oriented towards the maximization of sales or profits. Clear examples of these are manufacturing companies and advertising agencies.

Non-commercial organizations, on the other hand, are those oriented towards social development, relief and rehabilitation, and community organizing and development. Non-commercial groups include:

- o Social development agencies
- o People's organizations
- o Socio-civic groups
- o Religious organizations
- o Foundations
- o Professional/trade associations
- o International funding agencies (if assistance is in the form of a grant)

The various areas and modes of PPSC within DOH programs/services can be classified according to the following:

### **Inputs Provision**

Both commercial and non-commercial organizations provide supplies to public health programs. Supplies provided by commercial firms are those which were developed within the company and offered to the DOH for evaluation of public acceptability and/or subsequent distribution to target beneficiaries. One example is Organon, Phils., which supplies oral contraceptives for the Family Planning Program.

On the other hand, supplies provided by non-commercial organizations come from external sources which are capable of manufacturing/producing the required goods. These goods are bought by the participating non-commercial organizations and donated to the DOH. Examples of these are Rotary International, which donated polio vaccines to the Expanded Program on Immunization (EPI) and the Philippine Jaycees, which provided the Environmental Health Service with deworming tablets for food handlers.

Based on the survey results, only non-commercial organizations provide equipment and treatment facilities to DOH public health programs. Equipment provided by private organizations are either used in service delivery, such as mollusciciding equipment for Schistosomiasis Control, or in support activities, such as transportation vehicles and microcomputers for use in the Tuberculosis Control Service.

### **Service Delivery**

#### **Case Finding/Treatment and Follow-up**

Case finding activities are conducted by private non-commercial organizations for programs such as Cancer Control and Tuberculosis Control. The Eduardo J. Aboitiz Cancer Center (EJACC) in Cebu renders breast and cervical cancer detection tests for a fee, while the Philippine Tuberculosis Society receives voluntary cash donations for services such as sputum collection, staining, and microscopy.

Collaboration in case treatment and follow-up results from a referral system between private organizations and the DOH. Cancer and schistosomiasis patients are referred to private clinics/hospitals for treatment or follow-up. On the other hand, the Foundation for the Assistance of Hansenites (FAHAN) provides treatment and follow-up services to referred leprosy patients.

## **Counseling**

Only non-commercial organizations are currently involved in counseling. Kabalikat assists in the counseling aspect of clinical care for AIDS patients while the Family Planning Organization of the Philippines (FPOP) provides counseling in the areas of family planning and maternal and child health.

## **Environmental Sanitation**

Private sector assistance in environmental sanitation lies in the identification and development of water sources and the inspection of food establishments. Collaboration in environmental sanitation is currently limited to non-commercial organizations.

## **Manufacture and Sale of Health-Related Goods**

The production of health-related goods is unique to commercial firms. Firms such as Union Ajinomoto and Hoechst Far East Marketing Corp. have both assisted in the development and manufacture of Vitamin A-fortified MSG for the Nutrition Program and insecticides for the Malaria Control Program, respectively.

## **Support Activity**

### **Research Assistance**

Research assistance comes from both commercial and non-commercial groups, and is used as inputs either to the development of IEC materials or to planning for program implementation. The results of KAP research studies on target groups done by Asia Research Organization and Trends, Inc. were used to develop brochures, posters, and TV ads for the AIDS Control Program.

On the other hand, findings for studies done under the Primary Health Care Operations Research Project (PRICOR) were used to resolve operational problems affecting service delivery in the Nutrition Service.

### **Personnel Training**

Personnel training is offered by professional societies such as the Philippine Pediatrics Society, Philippine Association of Nutrition, Philippine Council of Surgeons and the Philippine Pharmaceutical Association through scientific meetings and fora. Product orientation workshops, on the other hand, are conducted by Organon, Phils. for the distributors of Marvellon oral contraceptives.

## Monitoring

Project monitoring is conducted by private groups such as Organon, Phils. for the Family Planning Program, Helen Keller International for the Nutrition Program, and the Advisory Council for the Cancer Control Program. Monitoring activities provide a venue for regular consultation and establish a feedforward/feedback system for the DOH and the private sector.

## Health Education/Development of IEC Materials

The development of IEC materials involves a high degree of participation on the part of the private sector. Commercial advertising firms such as Campaigns, J. Romero and Associates, Well Advertising, and Image Advertising develop and produce IEC materials based on research findings of other private groups such as Trends, Frank Small and Associates, and Consumer Pulse.

Aside from providing continued training to health providers, private sector also organizes health education activities for communities. Part of the IEC campaign of FAHAN on leprosy was the holding of home visits and film presentations. On the other hand, the Institute for the Development of Educational and Ecological Alternatives (IDEA), a non-commercial organization, participated in the health education campaign on TB conducted in Surigao del Norte.

## Product Testing

Hoechst Far East Marketing Corp. and Mitsui Toatsu participated in the Malaria Control Program by developing insecticides and offering them to DOH for testing in pilot projects.

## Administration of Funds

To circumvent the government bureaucratic process, private organizations such as Family Health International, Economic Development Fund, and Kabalikat have been tapped by DOH units to manage grants provided by funding agencies.

## Enhancement of School Curricula

In connection with the CDD Program, professional societies such as the Association of Philippine Medical Colleges, Philippine Association of Colleges of Pharmacy, Association of Deans of Nursing Colleges in the Philippines, and Association of Philippine Schools of Midwifery collaborate with the DOH for the inclusion of new CDD methods and technologies in the curricula of various medical schools.

## **Financing**

Financial assistance usually comes in the form of grants from multilateral and bilateral agencies. Aside from this, technical assistance is also received from commercial and non-commercial groups. Funding is currently received for the following activities:

- o Case prevention
- o Case finding
- o Case treatment
- o Environmental sanitation
- o Counseling
- o Research
- o Personnel training
- o IEC materials development and dissemination
- o Health education
- o Product development and testing
- o Monitoring and supervision
- o Program evaluation

## **PUBLIC-PRIVATE SECTOR COLLABORATION OPERATING FRAMEWORK**

The PPSC operating framework (POF) was developed from an interactive process participated in by the Working Committee composed of the CHS, program managers, and the Technical Assistance resources.

A necessary initial step was to define collaboration within the context of DOIH activities. As developed by the Working Committee, collaboration is defined as follows:

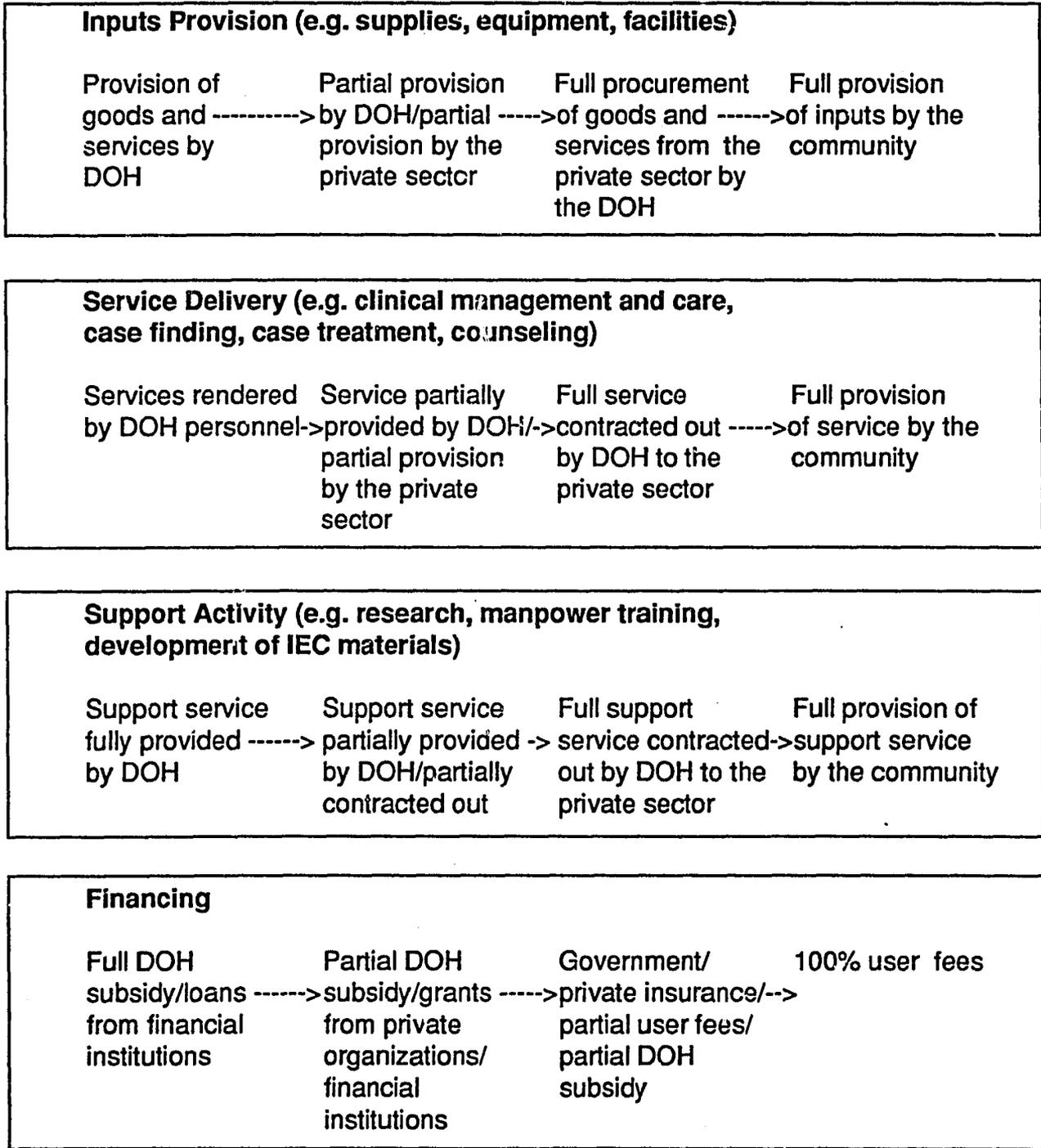
"a dynamic process of linkages, networks, and partnerships between and among the Department's units and services, other government agencies, local government units and the private commercial and non-commercial sectors whereby the parties work together for their mutual benefit to accomplish shared goals. The process entails the groups in collaboration planning and charting together courses of action, sharing resources, discussing relevant issues, assuming definite roles and functions, and implementing agreed programs. The parties are guided by the principles of critical partnership, cooperation, trust, integrity, commitment, and respect."

The POF is an analytical framework which provides a structure for determining desired forms and levels of public-private sector collaboration in public health programs. The underlying assumption behind the POF is that collaboration between public and private sectors should provide and sustain a more efficient and more effective system for the delivery of health care services.

To facilitate analysis, POF looks at public health programs in terms of four possible modes of collaboration, namely, inputs provision, service delivery, support activity, and financing.

The range of possibilities for PPSC in health care is shown in the Figure below.

PUBLIC -----> PRIVATE



In more specific terms, the desirability of collaboration can be assessed on the basis of the following indicators:

<u>Mode of Involvement</u>	<u>Indicators</u>
Inputs Provision	Decreased dependence on DOH inputs Redistribution of DOH resources to priority areas Increased community participation
Service Delivery	Increased coverage More effective delivery Improved quality of service Higher utilization rate Increased community participation
Support Activity	Decreased dependence on DOH-provided support facilities and services Redistribution of DOH resources to priority areas Increased community participation
Financing	Reduced DOH allocations/expenditures Lower costs More beneficiaries per unit cost spent Prospect of cost recovery

### Reasons for Involvement

While the DOH and the private sector share common positive expectations of PPSC, a unique set of factors motivates each sector to collaborate with the other. The motivating factors for PPSC are as follows:

#### Private Sector

- o Provide needed resources
- o Share expertise
- o Achieve greater efficiency
- o Boost sales and/or profit
- o Fulfill social responsibility
- o Build on existing DOH image and network
- o Use available required health-related products within the private organization
- o Provide employment
- o Acquire knowledge/develop skills

- o Provide forum for expression of beneficiaries' opinions and needs
- o Realize positive results
- o Comply with organizational mandate
- o Serve minority tribes in hard-to-reach areas

#### DOH

- o Augment government resources
- o Tap non-commercial organizations' existing network and available resources
- o Circumvent government bureaucratic process
- o Recognize openness of private sector to collaborate
- o Fulfill DOH mandate
- o Achieve positive program results
- o Reinforce accountability/responsibility over program delivery
- o Attain mutual empowerment

#### Reasons for Non-Involvement/Minimal Involvement

Despite the potential benefits to be derived from PPSC, both the DOH and the private sector are discouraged to collaborate because of the following reasons:

#### Private Sector

- o Lack of a defined common goal
- o DOH bureaucracy
- o Negative attitude of some DOH personnel
- o Conflict of interests
- o Lack of coordination/layered coordination

#### DOH

- o Negative attitude of private sector towards DOH
- o Private sector concern for profit
- o Conflict of interest
- o Radical views of some private groups
- o Private sector's limited view of the total health needs of the country
- o Fear of undesirable outputs
- o Perceived additional work by DOH units
- o Unhealthy competition

## IDENTIFIED OPPORTUNITIES

Information on identified PPSC opportunities was gathered from survey questionnaires retrieved from 19 DOH program managers as well as key informant interviews conducted with them. This section also incorporates the results of the consultative meeting with CHS, DOH program managers and private sector representatives.

### Inputs Provision

An opportunity for intensified PPSC lies in the area of provision of supplies of medicine and supplies for IEC materials production. Sharing of transportation and communication facilities is also an area for greater PPSC.

### Service Delivery

The area of service delivery provides many opportunities for PPSC. Lack of funds within the DOH and existing private sector capability make PPSC in these areas promising. The following are identified opportunities for PPSC in service delivery:

- |   |   |   |
|---|---|---|
| o | Reconstructive surgery                          | - Leprosy   |
| o | Clinical care                                   | - AIDS  |
| o | Snail control                                   | - Schistosomiasis   |
| o | Case finding and treatment                      | - Cancer, Tuberculosis, Leprosy, Schistosomiasis          |
| o | Sharing of technical expertise                  | - Cancer, Cardiovascular Diseases                         |
| o | Laboratory services                             | - AIDS  |
| o | Distribution of contraceptives                  | - Family Planning   |
| o | Manufacture and sale of health-related products | - Malaria, Schistosomiasis, Nutrition                     |
| o | Environmental sanitation                        | - Environmental Health, Schistosomiasis, Malaria          |
| o | Inspection and monitoring                       | - Occupational Health, Bureau of Licensing and Regulation |
| o | Socioeconomic and psychosocial rehabilitation   | - Leprosy, Sexually Transmitted Diseases, AIDS            |

## **Support Activity**

The following support activities are areas for new or intensified PPSC:

- o Database management
- o Enhancement of school curricula specifically for AIDS
- o Development of IEC materials particularly for AIDS and Non-Communicable Diseases
- o Transportation
- o Training through sharing of expertise or community education
- o Research

## **Financing**

Financial assistance from the private sector and other government groups can be increased for the following:

- o Sourcing of cobalt supplies for cancer control
- o Reconstructive surgery for cured leprosy patients
- o Case finding and treatment
- o IEC materials development and production
- o Personnel training
- o Research
- o Advertising
- o Transportation.

## **PRIORITIZATION OF OPPORTUNITIES**

To serve as framework for assessing the desirability of private sector involvement in public health programs, a set of criteria for prioritization of PPSC opportunities was drafted by the Working Committee. In their suggested order of importance, the criteria include the following considerations:

1. Responds to the needs of priority groups or areas and supports the equitable distribution of resources.
2. Represents areas where DOH is considered "weak" or does not have resources and/or expertise.
3. Helps achieve effectiveness in program delivery.
4. Attains efficiency in program delivery.
5. Carries a development perspective.

6. Possesses opportunities for replicability.
7. Ensures public support and acceptability.

While PPSC opportunities have been identified and a set of criteria for the prioritization of opportunities has been developed, the actual ranking of opportunities against the criteria does not appear to be a straightforward task. First, the opportunities were based on responses from 19 programs/services. Thus, available information comprises a subset of a larger database of collaborative activities in public health. Second, to some extent, all the identified opportunities meet the criteria and therefore further screening and evaluation of activities have to be undertaken for prioritization purposes.

### IMPLEMENTATION PLAN

To promote and intensify private sector involvement in DOH programs/services, a set of strategies for increasing private sector participation was drawn up, as follows:

1. An important initial step to PPSC advocacy and support in the Department is to clarify the definition and perceptions of PPSC among DOH personnel. This move is needed to have a common understanding of PPSC and erase any doubts on the objectives, processes, and outputs of collaboration.
2. Implementing guidelines for the Administrative Order on PPSC have to be issued to inform not only CHS but all other DOH services about their respective roles and responsibilities in PPSC.
3. To establish an effective structure for PPSC, a PPSC coordinator from each Service has to be nominated. The PPSC coordinator shall liaise with and update CHS of PPSC activities occurring within each DOH service or program, as well as monitor, evaluate, and ensure the implementation of PPSC opportunities within each DOH unit.
4. By actively and regularly disseminating PPSC opportunities between and among CHS, other DOH services, other government organizations and the private commercial and non-commercial sectors, all the parties interested to collaborate will know the exact needs of the DOH and will be able to assess the form of assistance required to meet these needs.
5. Regular planning and consultative meetings between and among the CHS, program managers, and representatives from the public and private sectors will provide appropriate fora for discussing goals and objectives and opportunities for collaboration.

6. To minimize, if not eliminate bureaucracy at the DOH, PPSC processes and procedures will have to be streamlined and systematized. This move is expected to encourage private sector to be more involved in DOH activities.
7. To effectively carry out the PPSC functions, training programs on interpersonal skills, attitudes, and values would have to be offered to DOH personnel.

Corollary to intensification of private sector participation is the reduction of public sector involvement in DOH programs/services where private sector initiatives have proven adequate. The proposed strategies for decreased public sector involvement are as follows:

1. A necessary first step is to regularly identify in which areas or programs/services private sector involvement is desired. These would have to be agreed on and policy statements on these will have to be issued by the DOH.
2. The DOH should deliberately avoid participation in activities where private sector is strong. In this manner, the DOH can channel its resources to other groups or activities needing its assistance.
3. The DOH can encourage the private sector to actively participate in activities with high cost recovery potentials that is, activities which the public can financially support through user fees.
4. Another posture DOH can take is to assume a supporting role to organizations willing to serve hard-to-reach areas. The DOH can provide incentives to private sector for initiatives to serve far-flung or inaccessible areas.
5. PPSC should be advocated in the light of mutual empowerment and enhanced private sector capability. The DOH may have to emphasize that the long-term target is to build private sector self-sufficiency and sustainability in health care.

#### INITIAL PROGRAM OF ACTIVITIES FOR CHS

The functions of CHS in PPSC are as follows:

1. Prepare reports, recommendations, draft guidelines and plans that would integrate public-private sector collaboration as an essential process in policy formulation and program implementation;

2. **Set priorities for identifying, developing, and implementing changes in DOH processes that would facilitate effective collaboration;**
3. **Test, document, and evaluate specific approaches that feature collaboration as a central strategy;**
4. **Provide technical, logistical, and administrative support to entities working to strengthen collaboration in and with the DOH; and**
5. **Institutionalize successful modes, vehicles, and techniques that induce effective collaboration.**

In line with these functions, the CHS drafted an initial program of activities as a first step to carrying out their PPSC mandate. The activities are as follows:

1. **Survey, inventory and review existing collaborative efforts and activities between the Department and external agencies, organizations or institutions. Review of DOH programs/services with such collaborative efforts shall initially be done on the following:**
  - o **Polio Immunization;**
  - o **Acute Respiratory Infection;**
  - o **Family Planning;**
  - o **Hospital Networking;**
  - o **Control of Diarrheal Diseases;**
  - o **Nutrition (Food Fortification); and**
  - o **Prevention of Blindness.**
2. **Establish a database to include data on non-commercial and commercial organizations involved in health and documentation/consolidation of efforts on public-private sector collaboration on health.**
3. **Establish a Public-Private Sector Collaboration Desk (PPSC Desk) at the Central Office, Regional, Provincial and District Health Offices for information and resource accessing, sharing, mobilization and utilization by all sectors concerned. The PPSC Coordinator shall be responsible for the PPSC Desk.**
4. **Undertake a Network Development Program. The CHS, in collaboration with all concerned DOH services, units and field offices shall conduct appropriate and necessary conferences, fora, seminar or workshops to**

encourage the sectors mentioned to participate in the Department's programs and services.

5. **Mobilize Resources.** The CHS shall facilitate resource identification, accessing, mobilization and sharing to support health and health-related programs/services of other DOH offices/units, other government agencies and private organizations.

The CHS will also liaise with the proposed Health Policy Development Staff (HPDS) who will review and consolidate all policy issues coming from within and outside the DOH.

Also, future activities of the CHS would have to consider the implications of the Local Government Code which seeks to promote more private sector participation in health.

## INTRODUCTION

### BACKGROUND

Public-private sector collaboration (PPSC) in the Department of Health (DOH) occurs in various activities, levels, and degrees. Private sector involvement in health programs/services can be in the form of inputs provision, service delivery, support activities or financing and can range from a simple transaction involving contract of goods or services to a relationship based on mutual empowerment and critical partnership whereby joint efforts on planning, execution and evaluation are made.

In support of the general posture of Government to harness PPSC and ensure multisectoral consistency and support in attaining an efficient, effective, equitable, and sustainable health care delivery system, the DOH thought it best to designate a unit in the Department which can ensure, strengthen, and sustain PPSC in the health field. The designation of the Community Health Service (CHS) as the lead unit for PPSC is expected to promote awareness and advocacy of PPSC within and outside the DOH.

This report entails the development of an agenda for public-private sector collaboration in the provision and financing of health services. It is one of eight benchmarks under the Health Care Financing Component of the Child Survival Program of the DOH, a program funded by the United States Agency for International Development (USAID).

### OBJECTIVES

The objective of this report is to develop a written agenda for PPSC including the documentation of PPSC opportunities, prioritization of opportunities, and plans for implementation.

### METHODOLOGY

The documentation of PPSC opportunities was generated primarily from the interviews conducted with 19 DOH programs/services and 4 private commercial and 6 private non-commercial organizations. The private organizations surveyed were those that were mentioned by respondent program managers as currently involved in public health programs/services. The respondents from the DOH and the private sector are shown in Annex A.

A series of consultative meetings was conducted to bring out various perceptions on PPSC, what roles the CHS, program managers and private sector play in PPSC, and the motivating and deterring factors in PPSC. The first meeting was with the CHS - Dr. Teresita Bonoan and her core staff; the second was with CHS and a select group of DOH program managers/representatives; and the third was with CHS, DOH program managers and private commercial and non-commercial organizations.

The prioritization of opportunities and implementation plan, on the other hand, involved an interactive process. Between the consultative meetings, small group discussions were held with by the PPSC Working Committee composed of Dr. Teresita Bonoan and her core staff at the CHS, a select group of DOH program managers/representatives and members of the Technical Assistance resources or study team.

## STUDY LIMITATIONS

The study documents the responses of the managers/representatives of 19 public health programs/services in the Department of Health and ten private organizations engaged in health care services. The respondent base for the study could have been stretched to include more organizations from the private sector had time and availability of target respondents allowed. Coverage of the study was confined to public health programs/services as another study focused on the privatization of hospitals.

This study attempted to document the nature and degree of private sector involvement in DOH public health programs/services as gathered from the survey and informant interviews conducted. It is hoped that this report will form the groundwork for future studies on PPSC.

## POLICY AND REGULATORY FRAMEWORK

The rationale behind public-private sector collaboration in health care delivery is rooted in the government's commitment to improve the health and nutritional status of the population and contribute to the achievement of health for all. The Constitution of the Republic of the Philippines as well as recent policy pronouncements make up the necessary policy and regulatory environment for the promotion of health and public-private sector collaboration in health care. The relevant sections in the Constitution and other government pronouncements are presented below.

### THE CONSTITUTION OF THE REPUBLIC OF THE PHILIPPINES, ARTICLE XIII, SECTION 11

The Constitution declares that the government "shall adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health, and other social services available to all the people at affordable cost. There shall be priority for the needs of the underprivileged, sick, elderly, disabled, women, and children. The State shall endeavor to provide free medical care to paupers."

### MEDIUM-TERM PHILIPPINE DEVELOPMENT PLAN (1987-1992)

The Medium-Term Philippine Development Plan (1987-1992) likewise emphasizes the need to establish an accessible, equitable, and responsive health care delivery system by adopting the following measures:

- o Improved provision and utilization of accessible, appropriate, and adequate basic health, nutrition, and family planning services especially to the poor, unserved, underserved and high-risk groups specifically through the institutionalization of the Primary Health Care approach and the upgrading of the capacity of hospitals and other health facilities;
- o Integration of efforts within the health, nutrition, and family planning sector, ensuring multi-sectoral consistency and support;
- o Promotion of individual and collective responsibility for health, nutrition, and family planning;
- o Strengthened and sustained effective collaboration with the private sector;
- o Greater emphasis on and more vigorous implementation of preventive and promotive health and nutrition measures;
- o Strengthened promotion of family planning as a component of comprehensive maternal and child health.

The Medium-Term Development Plan also states that opportunities for public-private sector collaboration will be explored while existing areas of collaboration, such as sharing of resources, community health services, and health education will be expanded. In order to strengthen collaborative efforts towards effective health care delivery, the government will develop mechanisms for regular consultation between the public and private sectors, facilitate coordination at the national, regional, provincial, and community levels and provide appropriate incentives for private sector initiatives.

#### **NATIONAL ECONOMIC DEVELOPMENT AUTHORITY BOARD RESOLUTION NO.2**

Board Resolution No. 2 of the NEDA also encourages private sector participation in government programs as cited in the following:

"To systematize and facilitate government organization(GO)/non-government organization (NGO) partnership, each department/agency should task a specific unit or a person in coordinating with NGOs at both the national and regional levels, and where feasible at subregional levels. These subregional units should be given the authority to negotiate and collaborate with the NGOs operating at the local level. There should, however, be a mechanism within the department/agency whereby the central office can periodically assess GO-NGO collaboration at the local levels.

As a general rule, NGOs should be informed of and consulted on major policy and program decisions, and proposed legislative programs/agenda that concern them. GOs and NGOs shall exchange newsletters and tap existing talk shows/public affairs programs to disseminate information towards improving GO-NGO collaboration. Follow-ups to consultative meetings between NGOs and GOs including the Armed Forces of the Philippines should be undertaken to sustain interest and to maximize gains generated from such initiatives."

#### **EXECUTIVE ORDER NO. 119**

The implementing structures needed to establish an efficient and effective health care delivery system are formalized and institutionalized in E.O. 119, mandating the DOH to be the government agency mainly responsible for health care. The DOH's mandate as indicated in Section 3 of E.O. 119 is as follows:

"The Ministry [DOH] shall be primarily responsible for the formulation, planning, implementation, and coordination of policies and programs in the field of health. The primary function of the Ministry is the promotion, protection, preservation or restoration of the health of the people through the regulation and encouragement of providers of health goods and services."

E.O. 119 also designates the CHS to be the Staff Support Service that will formulate and implement plans for coordinating with local governments and non-government organizations in health and health-related activities, programs, and projects. A subsequent Administrative Order expands the mandate of CHS to include the role of organizational unit tasked with ensuring, strengthening, and sustaining PPSC in DOH activities.

#### **PROPOSED HEALTH POLICY DEVELOPMENT STAFF**

The proposed Health Policy Development Staff (HPDS) within the Management Advisory Service will be the organizational unit in the DOH that will review and consolidate all policy issues emanating from within as well as outside the DOH. Within this overall mandate, HPDS will summarize and evaluate all policies on PPSC and liaise with the CHS on matters related to PPSC.

## EXISTING AREAS OF PUBLIC-PRIVATE SECTOR COLLABORATION

The documentation of existing areas and modes of public-private sector collaboration was generated mainly from interviews conducted with 19 DOH programs/services and 4 commercial and 6 non-commercial private organizations.

### AREAS AND MODES OF INVOLVEMENT

The parties referred to in PPSC consist of two main sectors, namely:

1. Public sector
  - o DOH units/services
  - o Other government agencies
  - o Government corporations
  - o Local government units
  - o State colleges and universities
  - o International lending institutions (if assistance is in the form of a loan to be paid by the Philippine government)
2. Private sector
  - o Commercial/business organizations
  - o Non-commercial organizations

Commercial organizations are those which are oriented towards the maximization of sales or profits. Clear examples of these are manufacturing companies and advertising agencies.

Non-commercial organizations, on the other hand, are those oriented towards social development, relief and rehabilitation, and community organizing. Non-commercial groups include:

- o Social development agencies
- o People's organizations
- o Socio-civic groups

- o Religious organizations
- o Foundations
- o Professional/trade associations
- o International funding agencies (if assistance is in the form of a grant)

Research organizations and academic institutions can either be commercial or non-commercial.

The following discussion presents the various areas and modes of private sector involvement in the surveyed DOH programs/services classified according to the following types: inputs provision, service delivery, support activity, or financing.

Other areas of private sector participation which were identified in the survey but which were not elaborated on are presented in summary tables following each discussion.

## **Inputs Provision**

### **Provision of Supplies**

One of the major beneficiaries of pharmaceutical supplies from the private sector is the Expanded Program on Immunization (EPI). In line with a 5-year vaccination program in 1979, Rotary International provided a \$760,000 grant for the acquisition of oral polio vaccine. In 1986, the program was extended for another 3 years with a grant of \$892,000; and in 1988, it was renewed for five more years with a grant of \$1.48 million. The program was implemented by DOH personnel as well as several Rotarians who assisted in public announcements and community dialogues for correcting misconceptions on immunization.

The Family Planning Program, on the other hand, relies on Organon, Phils. for facilitating the supply of Marvellon, an oral contraceptive. The collaboration between the Family Planning Program and Organon, Phils. began when DOH submitted a proposal to the United Nations Fund for Population Activities (UNFPA) for the introduction of Marvellon in the country. The UNFPA coordinated with the Dutch government for the purchase of Marvellon supplies from Organon in Holland, using funds from the UNFPA and the Dutch government. These were transported to the DOH Central Office for distribution to regions 3, 7, 10, and 11. Organon Phils. was tapped by the Dutch Embassy to assist in the distribution of Marvellon in the country. Organon Holland sales were credited as sales of its branch in the Philippines.

The Malaria Control Program also receives insecticides for testing in vector control from two commercial/business firms, Mitsui Toatsu and Hoechst Far East Marketing Corp. Mitsui Toatsu provided the Malaria Control Program with an insecticide it developed to replace DDT. It offered the insecticide for testing against vector mosquitoes and for evaluation of public acceptability. Hoechst Far East Marketing Corp. also supplied the Malaria Control Program with two types of

insecticides for testing: one for treating mosquito nets and the other for residual house spraying.

Other programs which receive supplies in the form of donations from private agencies are: the Nutrition Program, which obtains food commodities from CARE, Phils. and vitamin A capsules from Helen Keller International (HKI); the Tuberculosis Control Program, which obtains drugs through the Italian Cooperation for Development (ICD); and the Environmental Health Program, which sources deworming tablets from the Philippine Jaycees.

#### Provision of Equipment/Treatment Facilities

Private sector assistance in the provision of equipment and treatment facilities is not as extensive relative to the provision of supplies.

One noteworthy case of collaboration in the provision of equipment is that of the Sasakawa Memorial Health Foundation, which donated snail control equipment for mollusciciding to the Schistosomiasis Control Program. Sasakawa's assistance in mollusciciding has increased the coverage of the program since current DOH budget is able to reach only five per cent of endemic areas.

Equipment used for the Tuberculosis Control Program, such as transportation vehicles and microcomputers, is provided by the ICD. This provision is part of a three-year grant of \$10 million given by the ICD beginning 1989.

A list of the inputs provision activities involving the private sector in specific DOH programs/services is presented in Table 1.

Table 1  
Inputs Provision Activities  
By Program/Service and Organization

Activity	Program/Service	Organizations Involved	Commercial/ Non-commercial
1. Provision of supplies	CARI	United Nations International Children's Fund	Non-commercial
	Environmental Health	Philippine Jaycees	Non-commercial
	EPI	Rotary International	Non-commercial
	Family Planning	Organon, Phils.	Commercial
	Malaria Control	Mitsui Toatsu Hoechst Far East Marketing Corp.	Commercial Commercial
	Nutrition	CARE, Phils. Helen Keller, International (HKI)	Non-commercial Non-commercial
	Tuberculosis Control	Italian Cooperation for Development Iglesia ni Kristo	Non-commercial Non-commercial
2. Provision of treatment facilities	Schistosomiasis Control	Sasakawa Memorial Health Foundation	Non-commercial
	Tuberculosis Control	Medicine Sans Frontiers Youth With a Mission Veterans Memorial Medical Hospital	Non-commercial Non-commercial Non-commercial

Source: Field Interviews.

## Service Delivery

### Case Finding

Private sector assistance in case finding activities comes in the form of laboratory services and examinations. At present, the Eduardo J. Aboitiz Cancer Center (EJACC) in Cebu offers examinations for breast cancer detection and prevention and pap smear tests for cervical cancer detection and prevention. The examinations are conducted by oncologists, physicians, and volunteer workers for a fee.

The Philippine Tuberculosis Society (PTS) participates in the TB Control Program by providing technical and administrative assistance in case finding through sputum collection, staining, and microscopy. These tests are given for free. Patients, however, may give voluntary cash donations. The DOH in turn provides PTS with the necessary drugs and financial assistance amounting to \$7 million every year for its case finding activities. Around 25 per cent of the organization's budget is funded by the DOH.

Case finding activities in the Leprosy Control Program are also carried out with the assistance of the Foundation for the Assistance of Hansenites (FAHAN). FAHAN refers people suspected of leprosy to DOH clinics for confirmation.

Non-confirmatory screening for the AIDS virus is rendered by DOH-accredited private hospitals and clinics for a fee. As of now, however, only the DOH can conduct the confirmatory test for the AIDS virus. High costs of equipment and low expected profits have discouraged the private sector from investing in the latest technology for AIDS detection.

#### Case Treatment and Follow-up

FAHAN is involved in the treatment and follow-up of patients for the Leprosy Control Program. FAHAN also provides their patients with supplementary vitamins and medicines.

Collaboration for case treatment and follow-up also exists between private practitioners and the Cancer Control Program, and private hospitals and clinics and the Schistosomiasis Control Program.

#### Counseling

In support of the AIDS Control Program, Kabalikat offers counseling service to HIV-infected individuals. This service is regularly monitored by the DOH. Kabalikat assists in the counseling aspect of clinical care since they are more experienced in dealing with members of social groups who are commonly afflicted with the AIDS virus: drug dependents, homosexuals, prostitutes, and overseas workers.

The Family Planning Organization of the Philippines (FPOP) has established clinics providing consultation/counseling services in the areas of family planning and maternal and child health. At present, FPOP is experimenting on ways of attaining self-sufficiency by asking for minimal contributions or "donations" for their services.

#### Environmental Sanitation

For the Environmental Health Program, DOH obtained the assistance of Tulungan sa Tubigan in identifying and developing water sources and in training beneficiaries on how to maintain developed water sources in Tawi-Tawi.

Non-commercial organizations such as the Association of Food Owners and Association of Bakery Owners, on the other hand, assisted in the inspection of food establishments in selected areas.

**Manufacture and Sale of Health-Related Goods**

DOH has also attempted to collaborate with private manufacturing companies for the production and sale of health products. For instance, the Nutrition Program invited Union Ajinomoto to participate in its food fortification project by producing Vitamin A-fortified MSG. DOH selected MSG because the product is widely consumed by almost all age groups and social classes. The collaboration did not last long, however, as Vitamin A-fortification in MSG caused product discoloration. At present, the Nutrition Program is looking at iodized salt as another product that can be used for its Vitamin A-fortification program. DOH is continuously identifying ways through which popular food products can be made more nutritious.

Hoechst Far East Marketing Corp., on the other hand, collaborated with the Malaria Control Program in the manufacture of K-Othrine 2.5 WP and K-Othrine 2.5 EC insecticides for malaria vector control. After the manufacture of these insecticides, Hoechst Far East Marketing Corp. continued its participation in the Program by conducting product testing activities and providing technical assistance in the Program's trial projects.

The service delivery activities involving the private sector are listed in the table below.

Table 2  
Service Delivery Activities  
By Program/Service and Organization

Activity	Program/Service	Organizations Involved	Commercial/ Non-commercial
1. Case finding	AIDS Control	Private Hospitals and Clinics	Commercial
	Cancer Control	Eduardo J. Aboitiz Cancer Center (EJACC)	Non-commercial
	Leprosy Control	Foundation for the Assistance of Hansenites (FAHAN)	Non-commercial
	Tuberculosis Control	Camillus Polyclinic Italian Cooperation for Development Philippine Tuberculosis Society	Commercial Non-commercial Non-commercial
2. Case treatment and follow-up	Cancer Control	Private Practitioners Advisory Council (Industry Experts)	Commercial Non-commercial
	Leprosy Control	FAHAN	Non-commercial
	Schistosomiasis Control	Private Hospitals and Clinics	Commercial
		Ambassadors of Bukidnon	Non-commercial

Activity	Program/Service	Organizations Involved	Commercial/Non-commercial	
3. Counseling	AIDS Control	Hired Professionals Kabalikat	Commercial Non-commercial	
	Family Planning	Family Planning Organization of the Phils. (FPOP)	Non-commercial	
	Maternal and Child Health (EPI, CARI, CDD)	FPOP	Non-commercial	
4. Environmental sanitation	Environmental Health	Tulungan sa Tubigan Association of Food Operators Association of Bakery Owners Local NGOs	Non-commercial Non-commercial Non-commercial Non-commercial	
		Schistosomiasis Control	Community Members	Non-commercial
		5. Manufacture and sale of health goods	Nutrition	Union Ajinomoto
Malaria Control	Hoechst Far East Marketing Corp.		Commercial	

Source: Field Interviews.

### Support Activity

Private sector involvement in DOH programs/services appears to be most extensive in support activities. These include:

#### Research Assistance

Several public health programs rely heavily on assistance from private research institutions for the conduct of studies used as basis for other program activities such as case finding and treatment, monitoring, and planning.

The AIDS Control Program has collaborated with two commercial/business organizations for its research needs - Asia Research Organization and Trends, Inc. Using funds from World Health Organization (WHO), Asia Research Organization conducted a research study on AIDS-related knowledge, attitudes and practices (KAP) based on a random sample from the general population. Funding from WHO was also used to tap the services of Trends, Inc. to carry out another KAP study using different target groups as respondent base. These target groups were composed of homosexuals, prostitutes, drug dependents, and overseas workers. Studies on other

population segments not as susceptible to AIDS, such as students, were also conducted. The results of the study were used as inputs for the production of brochures, posters, and TV advertisements in the AIDS information campaign.

Aside from these commercial firms, the AIDS Control Program also coordinated with Kabalikat for its research requirements. With the assistance of the Research Institute for Tropical Medicine (RITM) and funding from the DOH/GOP, Kabalikat conducted an establishment-based KAP study, including health education interventions, on high-risk groups for sexually transmitted diseases (STD) and AIDS specifically commercial sex workers and homosexuals.

The Center for Human Services, USAID, under the Primary Health Care Operations Research Project (PRICOR) extended research assistance to the Nutrition Program in 1989 when it conducted the following operations research (OR) studies for the Nutrition Program:

- o OR on the effective use, care, and maintenance of weighing scales;
- o OR on weighing and recording;
- o OR on interpretation of the growth curve; and,
- o Systems analysis on Operation Timbang.

In this collaboration, the following terms of reference were agreed upon:

- o PRICOR will improve the Program's capabilities in system analysis and OR;
- o PRICOR will provide funds for the accomplishment of its objectives; and,
- o The Nutrition Program will implement the project, in the process resolving important operational problems affecting service delivery.

In connection with a \$10 million grant, the Italian Cooperation for Development currently provides research assistance to the Tuberculosis Control Program. This is supplemented by further research activities of the Philippine Tuberculosis Society.

The Occupational Health Program obtains findings from research studies conducted by organizations such as the Mindanao Small Miners' Association (MISMA) and the Safety Organization of the Philippines. These are provided to the DOH for free.

In an effort to conduct an inventory of existing IEC materials agencies, the Family Planning Program collaborated with the Development Training and Communication Planning (DTCP), the Development Research and Resource

Productivity, Inc. (DRRP), and a group of government organizations (GOs), socio-civic groups, and academic institutions. Using funds from the DTCP, the DOH set the terms of reference for the research while DRRP conducted the inventory of family planning IEC materials, agencies and resource needs.

### **Training of Personnel/Health Providers**

The training of health providers is usually done through fora conducted by various professional groups such as the Philippine Pharmaceutical Association and the Philippine Pediatrics Society (PPS). These training venues are held to update DOH personnel and other health providers on current medical methods and advancements in their respective fields. PPS is heavily involved in conducting training for the Child Survival Intervention Programs, namely, CDD, CARI, and EPI. To formalize PPS's participation, a memorandum of agreement (MOA) between PPS and DOH is currently being developed, covering the transfer of ₱1 million from the Child Survival Program to the PPS for the holding of scientific fora and monitoring/supervision activities for the CDD program.

The Philippine Association of Nutrition (PAN) conducts and sponsors scientific meetings and conventions for the continuing education of personnel in the Nutrition Program. The PAN also regularly publishes newsletters on current field developments for distribution to the Nutrition Program personnel.

In Sorsogon, Lingap Para sa Kalusugan ng Sambayanan (LIKAS) trains DOH barangay health workers (BHWs) in community health service. After the training, LIKAS staff and DOH BHWs work together in various areas of community health such as sputum collection and provision of toilet facilities.

Aside from guidance on medical developments, personnel training also includes product orientation seminars. For instance, Organon Phils. holds orientation workshops on Marvellon contraceptives for upper management and regional coordinators. These workshops, which cover product briefings and distribution standards, are actually training for trainers activities. Knowledge is passed on to provincial and barangay health officers and Family Planning counselors from NGOs tasked with the distribution of the new oral contraceptive.

### **Monitoring**

For the Family Planning Program, representatives of Organon, Phils. help monitor the distribution of Marvellon supplies. This is specially beneficial in regions where monitoring has become difficult on the part of DOH.

On the other hand, Helen Keller International assists in the monitoring and impact evaluation of the Nutrition Program's project on the control and prevention of Vitamin A deficiency.

For the Cancer Control Program, monitoring is done in coordination with an Advisory Council composed of industry experts who also assist in the planning activities of the Program.

### Health Education

Private organizations provide significant support to public health programs by assisting in health education. FAHAN, for instance, assists in the social preparation activities of the Leprosy Control Program by organizing community assemblies, conducting home visits, and film presentations to inform community members about the nature of leprosy.

Rotary International, on the other hand, organizes annual regional workshops with the DOH and other socio-civic organizations to discuss the EPI. The Philippine Cancer Society and the EJACC likewise assist the Cancer Control Program by organizing seminars and lectures. For the Tuberculosis Control Program, the Institute for the Development of Educational and Ecological Alternatives (IDEA) participated in the health education campaign on TB conducted among minority tribes in Surigao del Norte.

### Development of Information, Education, and Communication (IEC) Materials

The private sector is also active in IEC materials development and production. Private organizations collaborate with the DOH in IEC materials conceptualization and distribution. Printing, however, is handled by private printing companies.

The DOH information campaign on measles was implemented with the cooperation of Trends, Inc. and professional advertising companies. DOH commissioned Trends to do a series of surveys on measles. The survey findings were used by advertising companies as inputs to develop materials for an awareness campaign on measles. Campaigns, Inc., on the other hand, assisted in the development of the AIDS Control Program's information campaign for television and radio using the results of KAP studies. For the CURE TB Program, Dow Chemicals bought air time from radio stations to broadcast messages on tuberculosis control.

The Philippine Leprosy Mission (PLM) assists the Leprosy Control Program by developing IEC materials to cultivate an awareness of leprosy all over the country. The PLM helps disseminate information on leprosy through the creation of comic books and other materials published in different dialects. The materials cover basic facts about the disease and also serve as a campaign for the social rehabilitation of cured lepers.

As part of its advocacy program, Likas/Health Alternatives for Total Human Development (HEALTHDEV) assisted the National Drug Policy in the early phase of

the implementation of the Generics Act. This was carried out through the production and distribution of IEC materials.

The Public Information and Health Education Service (PIHES), on the other hand, relies heavily on the services of commercial research and advertising agencies, as shown below:

- o Tuberculosis Control
  - Research: Frank Small and Associates
  - Advertising: J. Romero and Associates
  
- o CDD
  - Research: Consumer Pulse
  - Advertising: Well Advertising
  
- o EPI
  - Research: Trends
  - Advertising: Image Advertising

The PIHES collaborates with these agencies in each stage of IEC materials creation: development of materials, pretesting, production, distribution, and evaluation.

#### Product Testing

Hoechst Far East Marketing Corp. and Mitsui Toatsu participated in the Malaria Control Program by developing insecticides and offering them to DOH for testing in pilot projects.

#### Administration of Funds

To avoid project delays due to bureaucratic processes associated with the disbursement of funds, several DOH programs have tapped private organizations to manage grants given by international agencies.

One such program is the STD Control Program, which has two nonprofit organizations as conduits of program funds. Funding from the USAID is coursed first through Family Health International and then through the New Tropical Medicine Foundation. The New Tropical Medicine Foundation purchases case finding supplies and equipment and delivers these to the DOH.

Other DOH programs whose funds are administered by private entities are the Family Planning Program, which enlisted the services of the Economic Development Fund (EDF) and the CDD Program, which sought the assistance of Kabalikat. The Schistosomiasis Control Program is currently planning to have its funds managed also by Kabalikat.

### Enhancement of School Curricula

In connection with the CDD Program, professional societies such as the Association of Philippine Medical Colleges, Philippine Association of Pharmaceutical Colleges, the Association of Deans of Nursing Colleges in the Philippines and the Association of Philippine Schools of Midwifery collaborate with the DOH for the inclusion of new CDD methods and technologies in the curricula of various medical schools.

Table 3 presents a summary of the support activities involving the private sector.

Table 3  
Support Activities  
By Program/Service and Organization

Activity	Program/Service	Organizations Involved	Commercial/Non-commercial
1. Research assistance	AIDS Control	Asia Research Organization	Commercial
		Kabalikat	Non-commercial
		Trends, Inc.	Commercial
	CARI	Kabalikat	Non-commercial
	CDD	Kabalikat	Non-commercial
	EPI	Kabalikat	Non-commercial
	Family Planning	Development Research and Resource Productivity	Non-commercial
	Nutrition	Phil. Thyroid Association	Non-commercial
		Phil. Society of Nutritionists and Dietitians	Non-commercial
Helen Keller International (HKI)		Non-commercial	
Center for Human Services, USAID		Non-commercial	
Occupational Health	Mindanao Small Miners' Association (MISMA)	Non-commercial	
	Safety Organization of the Philippines	Non-commercial	
Tuberculosis Control	Philippine Tuberculosis Society	Non-commercial	
2. Training of health providers/personnel	Cancer Control	Philippine Council of Surgeons	Non-commercial
	CDD	Rotary International Philippine Pharmaceutical Association	Non-commercial Non-commercial



Activity	Program/Service	Organizations Involved	Commercial/Non-commercial
	Tuberculosis Control	Dow Chemicals Institute for the Development of Educational and Ecological Alternatives (IDEA)	Commercial Non-commercial
6. Product testing	Malaria Control	Hoechst Far East Marketing Corp.	Commercial
7. Administration of funds	CDD	Kabalikat	Non-commercial
	Family Planning	Economic Development Fund	Non-commercial
	STD Control	Family Health International New Tropical Medicine Foundation	Non-commercial Non-commercial
8. Enhancement of school curricula	CDD	Association of Philippine Medical Colleges	Non-commercial
		Philippine Association of Colleges of Pharmacy	Non-commercial
		Association of Deans of Nursing Colleges in the Philippines	Non-commercial
		Association of Philippine Schools of Midwifery	Non-commercial

Source: Field Interviews.

## Financing

A significant part of the financing requirements of public health programs are met by funds from international agencies such as the World Bank, WHO, and UNICEF. Other sources of program funds are local private organizations.

For purposes of this section, financial assistance is classified as follows:

- o Grant - if assistance is only in the form of funding
- o Technical assistance (commercial) - if assistance is provided by a commercial organization and includes participation in implementation
- o Technical assistance (non-commercial) - if assistance is provided by a non-commercial organization and includes participation in implementation

Approximately seven out of ten financial assistance programs received by surveyed DOH programs/services for their activities are in the form of grants. Donor agencies include multilateral agencies such as the World Health Organization (WHO), International Agency for Research in Cancer (IARC), UNICEF, UNFPA and the World Bank and bilateral agencies consisting of the United States Agency for International Development (USAID), Italian Cooperation for Development (ICD), and Medicine Sans Frontiers.

Aside from funding, technical assistance is also provided by a number of non-commercial organizations. For instance, the Cancer Control Program is assisted by non-commercial organizations such as the Eduardo J. Aboitiz Cancer Center (EJACC), the Philippine Cancer Society, the Society of Oncologists, and the Philippine College of Surgeons in activities such as case prevention, IEC materials production, personnel training, and research. Non-commercial organizations such as Tulungan sa Tubigan, the Association of Food Operators, and the Association of Bakery Owners participate in the Environmental Health Program by providing funds for and assisting in water supply sanitation, food sanitation and IEC projects. Technical assistance by other non-commercial groups is also provided to Programs such as Leprosy Control, Malaria Control, and Nutrition.

Commercial private organizations likewise provide technical assistance to public health programs/services. Dow Chemicals extended financial assistance to the Tuberculosis Control Program through its participation in the planning and IEC development aspect of the CURE TB Program from 1988 to 1989. Dow Chemicals provided financing and was involved in the actual campaign on TB awareness while DOH handled the other aspects of the program such as implementation and logistics. On the other hand, Hoechst Far East Marketing Corp. and Mitsui Toatsu provided the funding for the development of insecticides for the Malaria Control Program. Their involvement also included product testing in trial projects.

Table 4 summarizes the forms of financial assistance provided by the private sector as gathered from the results of the survey with program managers and/or their representatives.

Table 4  
Financial Assistance  
By Program/Service, Activity and Funding Organization

Program/Service	Activity	Funding Organizations	Mode of Financing
1. AIDS Control	Research	WHO	Grant
2. Cancer Control	Cancer prevention (pap smear)	EJACC	Technical assistance (non-commercial)
	IEC materials production	Phil. Cancer Society	Technical assistance (non-commercial)
		Society of Oncologists	Technical assistance (non-commercial)
	Personnel training		
	- on cancer research	IARC	Grant
	- on cancer relief	WHO	Grant
	- seminars for physicians	Phil. College of Surgeons	Technical assistance (non-commercial)
	Research	IARC	Grant
- on screening for cervical cancer	EJACC	Grant	
- on screening for breast cancer	IARC	Grant	

Program/Service	Activity	Funding Organizations	Mode of Financing
3. Cardiovascular Disease Control	Case finding	WHO	Grant
	IEC materials production	WHO	Grant
	Personnel training	WHO	Grant
	Research	WHO	Grant
4. CARI	IEC materials production	UNICEF USAID WHO	Grant Grant Grant
	Personnel training	UNICEF USAID WHO	Grant Grant Grant
5. CDD	Case treatment	WHO	Grant
	Personnel training	WHO	Grant
	- medical schools - nursing schools - midwifery schools - training in planning		
	Research	WHO	Grant
	- household surveys - provincial reviews - cost effectiveness study		
6. Environmental Health	Inspection of water sources	Tulungan sa Tubigan	Technical assistance (non-commercial)
	IEC dissemination	Association of Food Operators Association of Bakery Owners	Technical assistance (non-commercial) Technical assistance (non-commercial)
	Construction of toilet facilities	Philippine Jaycees	Technical assistance (non-commercial)
	Food sanitation	Association of Food Operators Association of Bakery Owners	Technical assistance (non-commercial) Technical assistance (non-commercial)
	- deworming of food handlers - provision of deworming tablets		
7. Family Planning	Research	UNFPA	Grant
	Personnel training	USAID	Grant
8. Leprosy Control	Case finding	FAHAN	Technical assistance (non-commercial)
	- contact examination		
	- skin clinic consultation		
	- school children examination		
	- referrals and notification		

Program/Service	Activity	Funding Organizations	Mode of Financing
	Case treatment	PLM	Technical assistance (non-commercial)
	- dispensing of blister packs	Sasakawa Memorial Health Foundation	Technical assistance (non-commercial)
	- management of reactions and other complications		
	- monitoring drug compliance		
	- follow-up		
	IEC materials production	PLM	Technical assistance (non-commercial)
	Health education	PLM	Technical assistance (non-commercial)
	- social preparation		
	- radio interviews/plugging		
	Personnel training	PLM	Technical assistance (non-commercial)
9. Malaria Control	Product development and testing	Hoechst Far East Marketing Corp. Mitsui Toatsu	Technical assistance (commercial) Technical assistance (commercial)
	Case finding	Jaime V. Ongpin Foundation (JVOF)	Technical assistance (non-commercial)
	Case treatment	World Bank	Grant
	Dispensing of drugs	JVOF	Technical assistance (non-commercial)
10. Nutrition	Food and micronutrient supplementation	USAID	Grant
	Integrated community-based delivery systems for Vitamin A deficiency	HKI	Grant
	Social marketing	HKI	Grant
	Personnel training	Center for Human Services, USAID (under the Primary Health Care Operations Research Project) WHO	Technical assistance (non-commercial) Grant
	Research	UNICEF WHO	Grant Grant
11. Occupational Health	Research	WHO Japan International Cooperation Agency UNICEF	Grant Grant Grant
12. PIHES	Planning and research	USAID WHO UNICEF	Grant Grant Grant

Program/Service	Activity	Funding Organizations	Mode of Financing
	Photography and audiovisual work	USAID	Grant
	Post-production work	USAID	Grant
13. STD Control	Case finding	USAID	Grant
	Case treatment	USAID	Grant
	Counseling	USAID	Grant
	Personnel training	USAID	Grant
14. Tuberculosis Control	Case finding	ICD Medicine Sans Frontiers	Grant Grant
	- sputum collection		
	- staining		
	- microscopy		
	Case treatment	ICD	Grant
	Health education	IDEA	Grant
	IEC materials development	ICD Medicine Sans Frontiers Dow Chemicals	Grant Grant Technical assistance (commercial)
	Personnel training	ICD WHO	Grant Grant
	Research	ICD WHO	Grant Grant
	Monitoring/supervision	ICD	Grant
	Program evaluation	WHO	Grant

Note: Financial assistance for DOH activities as presented in this table was limited to private sector involvement. Funds from the GOP and foreign loans were excluded.

Source: Field Interviews.

## REASONS FOR PRIVATE SECTOR INVOLVEMENT

### DOH

According to DOH respondent program managers, the main reason for involving the private sector in their activities is the lack of financial and manpower resources. The need for funding, additional supplies and equipment, and trained personnel encourages the DOH to seek the assistance of private groups.

PPSC is also considered to increase, if not attain, efficiency in health care delivery. Private sector expertise in areas such as research and IEC materials development is seen as an important element in project implementation. Private

sector access to far-flung, inaccessible areas and target social groups (e.g., prostitutes, drug dependents, students), on the other hand, facilitates service delivery. Also, bureaucratic processes are avoided by tapping the assistance of private organizations in areas such as administration of funds.

### **Private Sector**

Private sector groups are motivated to participate in public health programs for various reasons. Some private groups see involvement in DOH programs as a means to comply with their organizational mandate while others consider assistance in public health efforts as a fulfillment of their social responsibility and commitment to public welfare.

Commercial considerations also encourage private organizations to participate in DOH public health programs. Manufacturing companies who supply the DOH with health-related products view this assistance as a way to enhance public image and boost sales.

### **REASONS FOR PRIVATE SECTOR NON-INVOLVEMENT/MINIMAL INVOLVEMENT**

Private organizations covered by the study consider PPSC in health care as a rewarding experience, but most of them cited several factors that limit their participation in the DOH programs.

One factor is the lack of a coordinating unit for PPSC in the DOH, hindering consultation/communication between DOH and participating private organizations. Another factor is frequent project delays caused by the centralized system and bureaucratic processes in the DOH.

Another reason for minimal private sector involvement in DOH programs is the lack of a common vision and agreement on methodology and implementation procedures. Differences in priorities and implementing strategies discourage public and private sectors from working together.

Finally, the private sector is hindered from maximizing involvement in DOH by time and budget constraints. Involvement in service delivery and support activities entails high financial investments and requires time for frequent consultation, coordination, monitoring, and evaluation.

### **EMERGING PATTERNS**

Based on the interviews conducted with the DOH program managers and a select group of private sector representatives, various patterns of collaboration and conclusions from the documented findings on PPSC can be derived, as follows:

### **Activities Participated In by Commercial and Non-Commercial Organizations**

The common areas of involvement of commercial and non-commercial organizations in DOH activities are as follows:

- o **Inputs Provision**
  - Provision of supplies
- o **Service Delivery**
  - Case finding
  - Case treatment and follow-up
  - Counseling
- o **Support Activities**
  - Research
  - Training of health personnel
  - Monitoring
  - IEC materials development and production
- o **Financing**
  - IEC materials development and production

Survey results show that non-commercial organizations participate in more health care services than commercial organizations. The other areas where non-commercial organizations participate are in:

- o **Inputs Provision**
  - Provision of equipment and treatment facilities
- o **Support Activities**
  - Administration of funds
  - Enhancement of school curricula
- o **Financing**
  - Case finding
  - Case treatment and follow-up
  - Environmental health
  - Training of health personnel
  - Research

However, unique to commercial organizations is their participation in the manufacture and sale of health-related goods and product testing.

It is apparent that participation of commercial organizations in health can still be intensified. For instance, opportunities for financing some of the DOH activities in case finding, case treatment and follow-up, and training and research can be tapped by commercial organizations given their large resource base.

This lack of involvement of commercial organizations in DOH activities could have stemmed from the lack of a coordinating structure in the DOH that can actively pursue and advocate public-private sector collaboration and the lack of initiative on the part of DOH to invite private sector to participate in its programs.

By institutionalizing PPSC in the Department and by designating an organizational unit, specifically CHS, to ensure, strengthen, and sustain effective PPSC, more private groups, hopefully commercial organizations, are expected to be involved in health care.

#### **Sources of Funds**

Fourteen out of the 19 DOH programs or services covered by the survey are recipients of private sector financial assistance, as follows:

- o AIDS Control
- o Cancer Control
- o Cardiovascular Disease Control
- o CARI
- o CDD
- o Environmental Health
- o Family Planning
- o Leprosy Control
- o Malaria Control
- o Nutrition
- o Occupational Health
- o PIHES
- o STD Control
- o Tuberculosis Control.

In these 14 programs/services, majority of financial assistance comes in the form of grants. Technical assistance, which involves assistance in both funding and implementation, mostly comes from non-commercial organizations.

### **Key Success Factors for PPSC**

Although the DOH and private organizations have obvious differences in perceptions, both have nevertheless shown the capability to transcend these differences and work together for their mutual benefit and the common good. The following appear to be the key factors contributing to successful PPSC efforts:

- o a defined common goal
- o clearly defined roles
- o sharing of resources and responsibilities
- o effective coordination of activities through regular communication and consultation
- o respect for each other.

## PUBLIC-PRIVATE SECTOR COLLABORATION OPERATING FRAMEWORK

### INTRODUCTION

Numerous views on the definition and policy implications of public-private sector collaboration have been elicited within the DOH. On one hand is the traditional view of PPSC which connotes joint efforts of the DOH with only non-commercial organizations. On the other hand is the neo-social view of PPSC which expands the definition of the private sector to include non-commercial as well as commercial organizations.

Traditionally, PPSC is viewed primarily from a micro perspective, that is on the basis of one activity or program at a time. In recent years, however, PPSC has taken on a holistic viewpoint, taking into account maximization of social benefits from the overall DOH and health sector standpoints.

Collaboration can come in various forms and levels and at varying extents. At one end of the spectrum of possibilities is private sector participation in the form of contracts for the supply of goods and services. At the other extreme is collaboration defined as a continuing partnership founded on the principles of cooperation and mutual empowerment.

The Working Committee defines collaboration as a "dynamic process of linkages, networks, and partnerships between and among parties willing to work together for their mutual benefit to accomplish shared goals. The process entails the groups in collaboration planning and charting together courses of action, sharing resources, discussing relevant issues, assuming definite roles and functions, and implementing agreed programs. The parties are guided by the principles of critical partnership, cooperation, trust, integrity, commitment, and respect."

In view of the many perceptions regarding PPSC, an analytical framework for assessing PPSC in the context of its desirability in public health programs was developed by the Technical Assistance resources or study team. The resulting draft of the PPSC operating framework was presented to the CHS and a select group of program managers for their comments. The interactive process continued as several discussions among the members of the Working Committee composed of the CHS, program managers, and Technical Assistance resources were held to thresh out divergence in opinions as well as develop a cohesive and complete structure outlining relevant PPSC directions.

### DEFINITION

The POF is an analytical framework which provides a structure for determining desired forms and levels of public-private sector collaboration in public health programs/services. The POF was not designed to provide rigid solutions; it was meant to be a terms of reference against which decisions regarding PPSC are assessed.

Public-private sector collaboration in public health is borne out of the need to streamline the allocation of scarce DOH resources and channel the use of these limited resources to high-impact programs. By involving the private sector in the provision, delivery, and financing of public health services, efficiency through coordinated efforts, focused programs, and competent management of program resources are expected to be attained.

Collaboration is likewise perceived as a means to ensure the congruence and complementarity of the expertise and efforts of the public and private sectors, in the process minimizing the duplication of health services in target areas.

The underlying assumptions behind the PPSC Operating Framework is that any form of collaboration between public and private sectors should provide and sustain a more efficient and more effective system for the delivery of health care services. In addition, collaboration should result in a greater number of people, especially from the unserved and the underserved segments of the population, benefitting from the program and should work towards developing the community to be a self-sustaining unit of society.

An assessment of the desirability of collaboration in public health programs will require an evaluation of private sector involvement in terms of a set of criteria incorporating the general concepts of efficiency, effectiveness, equity, public support and acceptability, and sustainability.

To facilitate analysis, POF looks at public health programs in terms of four possible modes of collaboration, namely:

- o inputs provision;
- o service delivery;
- o support; and
- o financing.

## ISSUES

Analysis of these aspects should be done in conjunction with the following issues:

- o Identified Roles in Collaboration
  - Who provides the inputs?
  - Who delivers the service?
  - Who provides the support activities?
  - Who finances the operations?

- o What is the extent of private sector involvement in:**
  - **inputs provision?**
  - **service delivery?**
  - **support?**
  - **financing?**
  
- o What benefits can be derived from such collaborative action in terms of:**
  - **extent of coverage (by area or number of beneficiaries)?**
  - **effectiveness (meeting targets in terms of quantity and quality considerations)?**
  - **efficiency (adequacy, competence, optimal resource utilization)?**
  - **sustainability (ability to support programs over the long-term)?**
  - **community development?**

In answering these questions, one must remember that there is a range of existing and possible forms and levels of collaboration between and among the public and private sectors. Figure 1 illustrates the range of possibilities for PPSC in health care.

Figure 1  
Range of Possibilities for PPSC in Health Care

PUBLIC -----> PRIVATE

**Inputs Provision (e.g. supplies, equipment, facilities)**

Provision of goods and services by DOH	----->	Partial provision by DOH/partial provision by the private sector	----->	Full procurement of goods and services from the private sector by the DOH	----->	Full provision of inputs by the community
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**Service Delivery (e.g. clinical management and care, case finding, case treatment, counseling)**

Services rendered by DOH personnel	----->	Service partially provided by DOH/partial provision by the private sector	----->	Full service contracted out by DOH to the private sector	----->	Full provision of service by the community
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**Support Activity (e.g. research, manpower training, development of IEC materials)**

Support service fully provided by DOH	----->	Support service partially provided by DOH/partially contracted out	----->	Full support service contracted out by DOH to the private sector	----->	Full provision of support service by the community
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**Financing**

Full DOH subsidy/loans from financial institutions	----->	Partial DOH subsidy/grants from private organizations/ financial institutions	----->	Government/private insurance/partial user fees/partial DOH subsidy	----->	100% user fees
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For each of the identified modes of collaboration - inputs provision, service delivery, support service, and financing - are several types of collaborative activities representing different levels of collaboration.

The levels of collaboration are determined largely by the nature, extent, and duration of private sector participation as well as the degree of involvement of the DOH in inputs provision, service delivery, support activity, and financing.

The intent of PPSC is to minimize DOH involvement in areas where private sector participation is considered adequate, efficient, effective, and acceptable and at the same time maximize DOH participation in activities where private sector competence is lacking and where DOH is strong.

In all modes, types, and levels of PPSC, the objective of collaboration remains the same, which is to maximize social benefits to be derived from working towards an efficient, effective, equitable, and sustainable health care delivery system at the same time freeing limited DOH resources to concentrate on the underserved and unserved areas and sectors of society.

#### MEASURES OF DESIRABILITY

Collaboration is desired when it is associated with a progressive accrual of social benefits in terms of efficiency, effectiveness, coverage, and sustainability in the delivery of public health programs/services. On the other hand, collaboration is not desired when at the end of the undertaking the net social benefits derived are less or equal to the costs incurred or opportunities foregone.

In more specific terms, the desirability of collaboration can be assessed on the basis of the following indicators:

<u>Mode of Involvement</u>	<u>Indicators</u>
Inputs Provision	Decreased dependence on DOH inputs Redistribution of DOH resources to priority areas Increased community participation
Service Delivery	Increased coverage More effective delivery Improved quality of service Higher utilization rate Increased community participation

<u>Mode of Involvement</u>	<u>Indicators</u>
Support Activity	Decreased dependence on DOH-provided support facilities and services Redistribution of DOH resources to priority areas Increased community participation
Financing	Reduced DOH allocations/expenditures Lower costs More beneficiaries per unit cost spent Prospect of cost recovery

One interesting characteristic of the modes is their interrelationship. Often, it is difficult to measure the impact of collaboration on one mode without observing a comparable change on another mode. Frequently, the enhancement of one mode has a direct positive effect on the efficiency or effectiveness of the other modes. For example, a significant increase in the quality of service delivery or input through the provision of more potent medicines or improved methods can speed up the treatment and recovery of a patient, thus reducing total health care cost.

The general factors considered when evaluating desirability of collaboration between the DOH and the private sector are described below.

### **Efficiency In Program Delivery**

Efficiency is probably the most fundamental rationale for collaboration. The basic concept behind collaboration is the optimal use of scarce resources or the maximization of benefits and the minimization of accompanying costs. In addition, by involving private sector in DOH activities, limited DOH resources are freed for other priority programs.

### **Effectiveness**

Effectiveness refers to the attainment of desired results. Desired results can be in the form of serving the intended number of beneficiaries, covering the target service area, or offering better quality inputs, service, or support activity.

### **Equitable Distribution of Resources**

Another factor worth considering in collaboration is the need to equitably distribute limited resources. PPSC should result in a greater number of people, especially from the unserved and the underserved segments of the population having access to and benefitting from the program.

### **Public Support and Acceptability**

PPSC should be pursued if it promotes public awareness, responsiveness, and support of public health programs. For example, if for some reason it is found that the community is more receptive to health care administered by private clinics compared to DOH health clinics, then private sector involvement should be pursued if only to serve more beneficiaries. However, collaboration arising from public acceptability should not prejudice but rather promote the efficiency and effectiveness of service delivery.

### **Sustainability**

Implicit in collaboration is a long-term relationship between the DOH and the private sector whose basic mission is to provide the most efficient and responsive health care services. Collaboration is desirable if it results in a continuing viable relationship. It is only through a sustainable partnership can collaboration have an impact on program delivery.

### **REASONS FOR PRIVATE SECTOR INVOLVEMENT AND NON-INVOLVEMENT/MINIMAL INVOLVEMENT**

The interactive process consisting of the consultative meetings and Working Committee meetings also addressed the issue involving reasons for private sector involvement and non-involvement in health programs. Results of the discussions follow.

#### **Reasons for Private Sector Involvement**

Both the DOH and the private sector essentially view PPSC as mutually beneficial. The expected benefits to the target areas as well as to the collaborating organizations motivate the DOH and the private sector to work together in health care delivery. Through collaboration, both DOH and the private sector gain access to each other's material and manpower resources and skills, and build on each other's existing strengths and capabilities.

Although the DOH and the private sector share common positive expectations of PPSC, a unique set of factors motivates each sector to collaborate with the other. These motivating factors are as follows:

## Private Sector

Private sector representatives cited several reasons for their organizations' involvement in public health programs. These can be generally classified into the following:

### o Provide Needed Resources

The primary problem of DOH public health programs is the lack of funding to support program requirements. The budget shortfalls are usually filled by loans or grants from international agencies such as WHO, UNICEF, and the WB. Local socio-civic and business groups also extend financial assistance to certain programs.

Most programs are beset by manpower shortages, specially in regional offices. Private agencies contribute largely to program operations by allowing their personnel to assist in activities such as monitoring, supervision, and supply delivery.

### o Share Expertise

The sharing of private sector expertise comes in two forms:

- provision of manpower in health care activities (e.g., Kabalikat's assistance in the counseling of patients for the AIDS Control Program), and
- training of DOH personnel by medical specialists (e.g., holding of scientific fora by PPS for the Child Survival Intervention Programs).

### o Achieve Greater Efficiency

Interviews with both program managers and private organization representatives reveal the growing awareness and concern for efficiency. Tasks which are not within the expertise of DOH personnel are given to private organizations such as the Economic Development Fund (for the administration of funds), Kabalikat (for the administration of funds and research projects), and Asia Research Organization (for studies on knowledge, attitudes, and perceptions of AIDS patients). Also, technical knowledge developed by private firms such as Hoechst Far East Marketing Corp. is shared with DOH program personnel to maximize the benefits that can be derived from advanced technologies.

**o Boost Sales and/or Profit**

Commercial/business firms participate in public health programs to boost sales or profits. Involvement in DOH activities is seen as a means to promote the company's products and enhance company visibility in the marketplace.

**o Fulfill Social Responsibility**

Trends Inc., a commercial/business organization, considers the assistance it offers the AIDS Program and the CDD Program as part of the social duty of the firm. As such, Trends Inc. has continued its participation in DOH, despite occasional problems regarding lack of coordination and late payments.

Dow Chemicals also claims that their involvement in the Tuberculosis Control Program supports the firm's policy of active participation in socio-civic activities. After discovering that tuberculosis was among the leading causes of mortality in the country, they contacted DOH to inquire about the possibilities of assisting in the TB Control Program. Through coordination with the DOH, DOW was able to assist in the IEC aspect of the program by developing IEC materials and buying air time from radio stations to broadcast DOH messages.

Similarly, the members of the Philippine Pediatrics Society (PPS) believe that it is their social obligation to assist in DOH programs. PPS' participation in the CDD Program was a response to an invitation by the DOH.

**o Build on Existing DOH Image and Network**

Several private organizations, especially non-commercial organizations, participate in public health programs to take advantage of the DOH's image as a stable and credible organization in the area of health care. Health projects bearing the DOH's name are viewed as more credible, and are therefore more readily accepted by the public. Also, DOH's established organizational network and access to international funding agencies are expected to facilitate project implementation.

**o Use Available Required Health-Related Products Within the Private Organization**

Private companies which manufacture health-related products such as food commodities and insecticides face a ready opportunity to collaborate with the DOH. Previous examples of collaboration between Union Ajinomoto and the Nutrition Program for the production of Vitamin A-fortified MSG and Hoechst Far East Marketing and the Malaria Control Program for the supply of insecticides were brought about by the availability of the required products within these firms.

**o Provide Employment**

Some private organizations are encouraged to participate in DOH programs because it opens up employment opportunities to their members.

**o Acquire Knowledge/Develop Skills**

Private groups view involvement in the DOH as a means to enhance their personnel's knowledge and skills in health-related activities and services. PPSC is thus seen as a venue for training in areas such as community health education and actual service delivery.

**o Provide Forum for Expression of Beneficiaries' Opinions and Needs**

Most private groups, specifically non-commercial organizations, view working with the DOH as an opportunity to express the opinions and health needs of their beneficiaries. Through PPSC, the views of various social groups and income classes are communicated to the DOH.

**o Realize Positive Results**

Most PPSC efforts are initiated and sustained by hopes for positive results. By coordinating their resources, the DOH and the private sector expect to achieve program objectives and at the same time a higher level of efficiency in health care delivery.

**o Comply With Organizational Mandate**

Most non-commercial organizations and some commercial groups such as Dow Chemicals view participation in public health activities as part of their organization's mission and goal.

**o Serve Minority Tribes in Hard-to-Reach Areas**

PPSC is also considered as a means to coordinate resources and streamline efforts of both public and private sectors in health care delivery such that minority tribes and hard-to-reach areas become more accessible to health care providers.

## DOH

DOH program officers and/or representatives also identified several factors that motivate them to tap the participation of the private sector in their programs. These are:

o **Lack of Government Resources**

The most common reason given for involving the private sector in public health programs is the realization that government alone cannot sufficiently meet the country's health needs. The lack of manpower, technical expertise, supplies, equipment, and funding motivates DOH to seek ways to augment its resources.

o **Non-commercial Organizations' Existing Network and Available Resources**

The DOH hopes to build on the strong commitment and technical capability of some non-commercial organizations by involving them in DOH programs. These groups' presence in hard-to-reach areas is expected to widen the coverage of health care delivery. Also, most DOH personnel believe in these organizations' flexibility and ability to immediately respond to pressing health needs.

o **Need to Circumvent Government Bureaucratic Process**

Some DOH programs seek the assistance of private organizations in some of their activities in order to avoid red tape associated with government bureaucracy. The Family Planning Program, for example, has given the Economic Development Fund the task of administering the program's funds. In order to facilitate the implementation of its activities, the CDD program also turned over the management of its funds to Kabalikat.

o **Openness of Private Sector to Collaboration**

The DOH is encouraged to collaborate with private institutions which are able and willing to assist in government activities. The successful collaborations with PPS and Dow Chemicals, for example, came as a result of both groups' openness to share their expertise and financial resources with the DOH programs.

o **PPSC is Seen as Part of DOH Mandate**

The DOH involves the private sector in its activities as part of the government's commitment to strengthen and sustain effective collaboration with the private sector.

o **Positive Results**

DOH is led to work with the private sector by its hopes of positive results such as wider program reach, additional learning for DOH personnel, greater efficiency and public acceptability and support.

o **Accountability**

The DOH views PPSC as favorable because the presence of an external group exerts pressure on them to do their best in program delivery.

o **Mutual Empowerment**

DOH sees PPSC as beneficial to both the public and private sectors because it results in mutual empowerment through an exchange of knowledge and skills. Capabilities are enhanced through the sharing of technical expertise and other resources in collaboration.

**Reasons for Private Sector Non-Involvement/Minimal Involvement**

Despite the potential benefits to be derived from PPSC, both the DOH and the private sector hesitate to collaborate because of a number of reasons. Generally, PPSC is clouded by negative perceptions each sector has of the other. Attitudes such as defensiveness, lack of openness, and inflexibility prevent the DOH and the private sector from initiating a collaborative relationship. Also, anticipated conflicts of interest (e.g., social responsibility vs. profit considerations) limit potential cooperative opportunities between both sectors.

The factors discouraging the private sector and the DOH from collaborating are discussed below.

## **Private Sector**

The private sector gave the following reasons for their noninvolvement/minimal involvement in DOH programs:

- o Lack of a Defined Common Goal**

Private sector representatives feel that collaboration is hindered by the lack of a clearly stated common goal. Policies and guidelines governing public-private sector cooperation are regarded as unclear.

- o DOH Bureaucracy**

The image of DOH as bureaucratic has contributed to the minimal participation of the private sector in DOH programs. Private groups have shown concern over the DOH's stiff procedures, long delays, red tape, lack of coordination and voluminous requirements.

They have also pointed out the disadvantages attached to the centralized system at DOH: decision-making responsibilities are left with only one person, usually the program manager; absence of contact persons in the different DOH units; and inconsistent policy interpretations.

- o Negative Attitude of Some DOH Personnel**

Some private sector groups claimed that some DOH personnel are resistant to collaboration, noting that some are unwilling to be transparent while some are defensive and inflexible.

- o Conflict of Interests**

The private sector identified the problem of conflicting interests as one of the factors that discourages the private sector from participating in DOH programs. Non-involvement is usually opted to avoid possible tension and friction during the working process.

**o Lack of Coordination/Layered Coordination**

Several private organizations are discouraged by the lack of coordination within the DOH. According to them, poor communication within the department contributes to long delays and difficulties in project implementation. Also, activities on the provincial level are poorly coordinated with those on the central level.

**DOH**

DOH representatives identified the following factors which hinder the DOH from involving the private sector in its programs:

**o Negative Attitude of Private Sector Towards DOH**

The DOH has not actively involved the private sector in its programs because of the negative attitude of several private groups towards the DOH system. DOH personnel feel that since the private sector does not have an adequate understanding of the DOH bureaucratic system, private groups maintain inflexible and critical attitudes when working with the DOH.

**o Private Sector Concern for Profit**

One factor that hinders the DOH from involving the private sector is the fear that there will be personal gain from the relationship on the part of the private organization. The DOH is hesitant to collaborate with an organization that might be driven mainly by the motive to gain profits from the partnership.

**o Conflict of Interests**

The DOH has also not actively sought the involvement of the private sector because of differences in principles, methods, and approaches which may cause tension during the collaborative process.

**o Radical Views of Some Private Groups**

According to some DOH representatives, the DOH is hindered from collaborating with the private sector because of the radical inclinations of some private organizations. For example, some non-commercial organizations use activities such as counseling or the formulation of IEC materials to declare their views on social ideals and political structures. To avoid the controversy arising from this,

some DOH programs choose to conduct a number of their activities independent of the private sector.

**o Private Sector's Limited View of the Total Health Needs of the Country**

Some DOH personnel feel that the private sector does not have a complete understanding of the total health needs of the country. Thus, private organizations sometimes pursue goals and implement methods that do not coincide with those of DOH. PPSC is therefore limited by the lack of a common goal and methodology.

**o Fear of Undesirable Outputs**

One concern that hinders the DOH from involving the private sector in its programs is that the outcome from the collaboration may not turn out to be better than the output that can be realized if DOH or the private sector were engaged in the project independently. Uncertainty about efficiency and effectiveness contributes to DOH's hesitance to work with the private sector.

**o Perceived Additional Work by DOH Units**

Some DOH programs are hesitant to enter into collaboration with the private sector because they perceive this to entail additional paperwork on their side. Collaboration to them also implies extra efforts to establish rapport with the private groups involved as well as orient or introduce them to the structures and system of the DOH.

**o Unhealthy Competition**

Some DOH personnel feel that collaborating with private groups gives rise to unhealthy competition between the two parties. It is feared that productivity of the workers will be adversely affected by the concern each party has over which party will get the credit after the task is completed.

## IDENTIFIED OPPORTUNITIES FOR PUBLIC-PRIVATE SECTOR COLLABORATION

Identified opportunities for public-private sector collaboration are discussed in conjunction with the four modes of collaboration in public health programs/services, namely: inputs provision, service delivery, support activity, and financing. Information presented in this section was gathered from survey questionnaires retrieved from 19 public health programs/services, key informant interviews with program managers and private sector groups collaborating with the DOH, and results of the consultative meetings conducted in the course of the study.

A summary table outlining the potential areas for public-private sector collaboration is shown at the end of the section.

### INPUTS PROVISION

#### Provision of Supplies

A number of public health programs currently receive drugs from private sources. While opportunities for collaboration remain in the supply of required medicines, other potential areas for private sector involvement lie in the provision of supplies for IEC production.

#### Provision of Facilities and Equipment

The DOH is currently building cancer control and treatment capabilities in existing medical centers in Cebu, Davao, Baguio, Rizal, and Manila (Jose Reyes Memorial Hospital). The high cost of equipment has hampered this undertaking and the DOH is seeking the assistance of private hospitals to build up these capabilities.

Sharing of transportation and communication facilities especially in far-flung areas, has likewise been identified as a potential area for PPSC.

### SERVICE DELIVERY

#### Clinical Management and Care/Case Treatment

The Leprosy Control Program, along with the Philippine Leprosy Mission recognizes the need for PPSC in the performance of reconstructive surgery for hansenites. They are one in assessing the need for cooperation since government expertise in this field is very limited and that the high costs involved in reconstructive surgery leaves hansenites, who are normally very poor people, with no recourse.

In the AIDS Control Program, private sector participation in clinical care can be intensified as it has been observed that patients are more receptive to private health clinics than government-run clinics. Another reason cited is the lack of experienced manpower in government clinics to handle AIDS cases.

The Schistosomiasis Control Service recognizes the need for collaboration in discovering new and more effective methods of snail control and case finding and treatment. For case finding and treatment, the opportunity for collaboration stems from the need to identify other sources of funds in the event World Bank withdraws funding assistance in five years' time.

### **Sharing of Technical Expertise**

Due to the apparent shortage of technical expertise in health care delivery, a few public health programs notably from the Non-Communicable Disease Programs - Cancer Control and Cardiovascular - mentioned sharing of technical expertise as another area of collaboration. This may be explained by the shortage of physicians in the fields of cancer and cardiovascular diseases serving in government hospitals.

### **Laboratory Services**

The AIDS Control Program considers provision of laboratory services as a potential area for collaboration. They cite high cost of investments in laboratory services as the main reason for PPSC desirability and also the reason for private organizations current non-involvement. Private sector involvement is desirable in this respect because of the high profit potential for laboratory services and the patients' favorable attitude toward payment of user fees.

### **Distribution of Contraceptives**

An interview with the Family Planning Program revealed that the largest opportunity for private sector involvement in the Program is in the distribution of contraceptives. It is expected that compared to DOH, the private sector will encounter less opposition from religious groups if it were to handle the distribution of contraceptives. If private practitioners and plant-based clinics participate more actively in this area, the distribution of contraceptives would be facilitated and majority of the target market would be reached.

### **Manufacture and Sale of Health-Related Products**

The current technology and facilities of the private sector provide another area of increased PPSC. The Malaria Control Program or the Schistosomiasis Control Program can coordinate with pharmaceutical/chemical companies for the manufacture and sale of drugs/insecticides (and impregnated nets for malaria) to be used for program activities and in endemic communities. The Nutrition Program can also collaborate with food manufacturing firms for the production of nutrient-dense food commodities.

### **Environmental Sanitation**

Another area for PPSC is environmental sanitation. Various consumer groups and non-commercial organizations can assist the Environmental Health Program by assisting DOH personnel in the inspection of the working conditions and goods sold in food outlets and establishments and reporting those that do not meet accepted standards. Other socio-civic groups and environmentalists, on the other hand, can participate in the inspection of water sources in communities where they are based.

Snail control in the Schistosomiasis Control Program was also cited as a potential area for PPSC. However, private sector support for this activity is not expected to be strong, since the program has not been given adequate publicity.

Another opportunity for PPSC lies in spraying operations for malaria control for various logging companies.

### **Inspection and Monitoring**

The inspection and monitoring of work environments, especially in hard-to-reach areas such as mining and logging sites is another potential area for collaboration. Recognizing the need for occupational safety and the difficulty involved in the inspection and monitoring of these sites, the Occupational Health Program is hopeful that private sector will become more involved in these support activities.

The Bureau of Licensing and Regulations, on the other hand, cites inspection and monitoring of hospitals and health clinics as areas for private sector participation.

### **Socioeconomic and Psychosocial Rehabilitation**

Private sector can be involved in socioeconomic and psychosocial rehabilitation. Private sector involvement in this area is actually needed in the Leprosy Control Program where patients after having been cured need to be reintroduced into the mainstream of society. Counseling service to STD and AIDS patients also provide

areas for private sector involvement especially to private practitioners in the fields of psychology and psychiatry.

In addition, both the Leprosy and AIDS Programs recognize the need for social rehabilitation specifically in developing new sources of livelihood for the patients.

## **SUPPORT ACTIVITY**

### **Database Management**

The private sector can also be involved in the database management concerns of public health programs through development and installation of information systems and the management and maintenance of required databanks. Private sector assistance in this area is invaluable considering the lack of trained manpower within the DOH in this area.

### **Enhancement of School Curricula**

One area for increased PPSC is the enhancement of school curricula, which has already been undertaken by the CDD Program. It is also recommended that education on AIDS be integrated in the curricula of different professional courses and that basic curricula be upgraded to include skills training in different medical schools.

### **Development of Information, Education, and Communication (IEC) Materials**

Private sector participation is desired in the IEC aspect of all public health programs mainly because IEC considerably impacts on the behavior of the target population. Moreover, manpower expertise for IEC materials development lies mainly within the private sector. The private sector also has a wider access to print and broadcast facilities for the reproduction and dissemination of health materials and information.

The AIDS Control Program recognizes the immense opportunity for PPSC in information and education. They regard collaboration in this area as significant due to the impact it has on disease prevention and control. The Program has looked into the possibility of tapping private manufacturing companies to help them in the IEC area.

The Non-communicable Disease Control Program, on the other hand, sees information sharing among health providers and health education through broadcast media as possible areas of collaboration.

## **Transportation**

Transporting and handling of supplies (food or non-food) were also cited as opportunities for collaboration. It was mentioned that this activity could be given to professional transportation, moving, and handling companies.

## **Training**

The private sector can provide training in at least two ways:

- o sharing of professional expertise
- o community organizing.

As currently undertaken by the Philippine Pediatrics Society, professional and medical societies can hold workshops and scientific fora as venues to transfer scientific knowledge and skills to other health providers, particularly those at the regional and community levels.

Also, socio-civic groups such as Rotary International can implement community-organizing activities to mobilize and train community members on health care.

## **Research**

Most of the research requirements of DOH programs are carried out by private institutions. Private organizations can utilize their experience, skills, and facilities for research capability building activities within the various public health programs.

## **Others**

Other suggested modes of private sector involvement are immediate disaster response and private sector representation in various DOH programs/units such as citizen boards in hospitals at all levels.

## **FINANCING**

Due to the lack of financial resources and limited sources of funds in government, private funding assistance will remain crucial in all public health programs, specifically in the areas of:

- o sourcing of cobalt supplies for cancer control;
- o reconstructive surgery for cured leprosy patients;
- o case finding and treatment;

- o IEC materials development and production;
- o personnel training;
- o research;
- o advertising; and
- o transportation.

Table 5 presents a list of identified PPSC opportunities by program/service.

Table 5  
Opportunities for New and Intensified PPSC

Program/Service	Opportunity
<b>New Opportunities for PPSC</b>	
1. AIDS Control	Enhancement of school curricula
2. Cancer Control	Financing for sourcing of cobalt supplies Sharing of transportation and communication facilities
3. Cardiovascular Diseases Control	Sharing of information through record-keeping
4. Quarantine	Manpower provision (e.g. janitorial services)
5. Others (no program specified)	Database management
<b>Opportunities for Intensified PPSC</b>	
1. AIDS Control	Information, education, and communication Clinical management and care Laboratory services Socioeconomic and psychosocial rehabilitation
2. Cancer Control	Case treatment Sharing of technical expertise Information, education, and communication
3. Cardiovascular Diseases Control	Sharing of technical expertise Health education through broadcast media Information, education, and communication
4. Environmental Health	Inspection of water sources and food establishments
5. Family Planning	Distribution of contraceptives
6. Leprosy Control	Socioeconomic and psychosocial rehabilitation All areas in service delivery Reconstructive surgery
7. Malaria Control	Transfer of knowledge on vector control to community Production of insecticides and mosquito nets Spraying operations in logging sites
8. Nutrition	Delivery activities in hard-to-reach areas Production of nutritionally adequate food products Monitoring Transportation and handling of food donations
9. Occupational Health	Health examination of work environment in mining companies
10. Licensing and Regulations	Inspection and regulation Financing for advertising and transportation needs

Program/Service	Opportunity
11. Schistosomiasis Control	Snail control Case finding and treatment Manufacture and sale of health-related products
12. STD Control	Socioeconomic and psychosocial rehabilitation
13. Others (no program specified)	Provision of supplies Provision of facilities and equipment Manufacture and sale of health-related products Information, education, and communication Transportation Personnel training Research Disaster response Private sector representation in various DOH programs/units (e.g. citizen boards) Financing for: <ul style="list-style-type: none"><li>o case finding and treatment</li><li>o IEC materials development and production</li><li>o personnel training</li><li>o research</li><li>o advertising</li><li>o transportation</li></ul>

Source: Field Interviews.

## PRIORITIZATION OF OPPORTUNITIES

The criteria for prioritization of PPSC opportunities and the accompanying implementing strategies for promotion of these strategies were developed by the PPSC Working Committee. These criteria and strategies also contain the comments given by a select group of program managers.

### PRIORITIZATION CRITERIA FOR PPSC OPPORTUNITIES

As expressed during the discussions of the PPSC Working Committee, opportunities for collaboration can be prioritized according to the following considerations:

1. Responds to the needs of priority groups or areas and supports equitable distribution of resources.

Collaboration that addresses the needs of priority groups and supports the equitable distribution of DOH's limited resources was accorded highest priority by the Working Committee.

It recognized that PPSC is most preferred when DOH resources are freed for other priority programs and when the most needy and depressed segments of the population benefit from such collaboration.

2. Represents areas where DOH is considered "weak" or does not have resources/expertise.

The next area of priority refers to collaboration that responds to the inadequacy of the Department in terms of resources and capabilities. By tapping private sector organizations to provide resources and expertise unavailable or lacking in the DOH, the Department is able to concentrate on areas where it is considered strong.

3. Helps achieve effectiveness in program delivery.

Another criterion high on the list is effectiveness in program delivery or the attainment of desired results. Collaboration is desired if it proves successful in serving the intended number of beneficiaries, covering the target service area, or offering better quality inputs, service, or support.

4. Attains efficiency in program delivery.

Efficiency in program delivery is likewise considered important as it ensures the optimal use of scarce resources and the maximization of benefits.

5. Carries a development perspective.

Another consideration is the hope that through collaboration, self-sufficiency of the community in health care and in other basic services is attained. Through collaborative efforts between public and private sectors, the community benefitting from the program should be empowered to address some of their health concerns.

6. Possesses opportunities for replicability.

Collaboration should work towards generating a model that can be adopted and that can serve as a vehicle for policy reforms in other target areas or programs.

7. Ensures public support and acceptability.

After all other criteria have been met, collaboration can only be considered successful if it is supported and accepted by the public.

While PPSC opportunities have been identified and a set of criteria for the prioritization of opportunities has been developed, the actual ranking of opportunities against the criteria does not appear to be a straightforward task. First, the opportunities were based on responses from 19 programs/services. Thus, available information comprises a subset of a larger database of collaborative activities in public health. Second, to some extent, all the identified opportunities meet the criteria and therefore further screening and evaluation of activities have to be undertaken for prioritization purposes.

## IMPLEMENTATION PLAN

To identify, develop, provide, and implement opportunities for PPSC, new strategies for strengthening existing collaborative undertakings and promoting areas of cooperation were developed by the CHS along with the Technical Assistance Resources and a select group of program managers.

The Implementation Plan consists of two parts. The first focuses on strategies for increased private sector involvement in predominantly public sector activities, while the second part covers strategies for decreasing public sector involvement where private sector initiative has proven adequate.

## **Strategies for Increased Private Sector Involvement**

1. Clarify the definition and perceptions of Public-Private Sector Collaboration among DOH personnel.

A prerequisite to achieving real collaboration is acquiring a common understanding and perception of PPSC among DOH personnel. Oneness in thought in relation to PPSC is necessary to further the cause of collaboration.

Under the new orientation or thinking, private sector definition is expanded to include not only non-commercial organizations but also commercial organizations providing goods and services to DOH programs.

2. Develop and disseminate appropriate implementing guidelines.

Development of appropriate implementing guidelines for the Administrative Order is necessary for pursuing PPSC opportunities. Implementing guidelines will provide the required direction to CHS, the program managers and other units concerned in PPSC implementation.

3. Designate a PPSC coordinator.

Another important strategy for PPSC is to designate a PPSC coordinator in each service or program. His perceived roles and responsibilities, among others are:

- o Liaise with CHS regarding all PPSC activities. The PPSC coordinator in each program will advise CHS of all existing modes of/opportunities for PPSC within the program. On the other hand, CHS will inform the PPSC coordinator about private sector groups that have signified their intention to collaborate with the program.
- o Monitor, evaluate, and ensure the implementation of PPSC activities in each program.
- o Extend immediate support to identified private sector groups interested in DOH programs and needing assistance.

4. Disseminate PPSC opportunities.

Dissemination of PPSC opportunities through IEC materials is necessary to address the following issues:

- o Need to position and project the CHS as lead unit for PPSC.
- o Importance of informing the private sector about public health programs' needs and requirements and how private organizations can be of help.
- o Need to extensively market PPSC opportunities to private sector groups.
- o Relevance of communicating within the DOH, government, and private sector through a regularly published newsletter and constant dialogues.

5. Conduct regular planning/consultative meetings.

Regular consultative meetings and planning sessions between and among CHS, DOH program managers and representatives from the private sector, especially organizations already collaborating in public health programs will provide appropriate fora for discussing opportunities for collaborative action.

The consultative meetings and planning sessions can cover the following:

- o identification of areas of collaboration;
- o goal/objective setting;
- o strategy formulation; and,
- o development of implementation plans.

6. Streamline business processes in the Department.

The streamlining of PPSC processes and procedures in coordination with the Organization, Methods, and Evaluation Division (OMED) of MAS will encourage private sector to be involved in DOH activities. Private citizens and organizations have always viewed government bureaucracy as an impediment to private sector participation in government programs. By minimizing bureaucracy in the processing of documents, contracts, and payments among others, some organizations and individuals in the private sector will be motivated to assist DOH in its activities.

7. **Develop management training programs.**

Manpower training and development programs is a necessary component of PPSC. To effectively carry out the PPSC function, training programs on interpersonal skills, attitudes, and values should be made available to DOH personnel.

**Strategies for Decreased Public Sector Involvement**

1. **Identify areas where private sector initiatives have proven adequate.**

A necessary step to formulating appropriate strategies for decreasing public sector involvement where private sector has proven adequate is to regularly identify in which areas or programs private sector involvement is desired. The DOH should be able to develop and issue policy statements on this.

2. **Avoid duplication of efforts.**

In view of the limited resources of the Department, the DOH should minimize, if not avoid involvement in public health programs where private sector participation has proven adequate, competent, effective, and efficient. The Department can attain a certain degree of efficiency if it decreases its involvement in these areas or programs and concentrates on priority groups and activities. However, the Department must ensure that its departure from these areas or programs will not deter the delivery of health care services to each individual and that private sector performance remains satisfactory.

3. **Encourage private sector participation.**

The private sector should be encouraged to participate in programs and activities where the public is willing and able to pay for the service. Public sector involvement should decrease especially in activities which have high cost recovery potentials and where self-sufficiency by the community may be attained. In this manner, the DOH could concentrate on hard-to-reach areas and priority groups and undertakings.

4. **Extend support to organizations in hard-to-reach and priority areas.**

Another strategy for decreasing public sector involvement is to support organizations willing to serve hard-to-reach and priority areas. For these organizations, DOH can provide the necessary assistance and incentives to ensure the delivery of health care services in these areas.

**5. Build private sector capability.**

In pursuing PPSC opportunities, the Department should emphasize to willing private organizations that the long-term target is to build the capability of the private sector to attain self-sufficiency in health care. In this manner, the DOH will be able to concentrate on priority areas and ensure that health care services to the majority, if not all the population, are delivered.

**INITIAL PROGRAM OF ACTIVITIES FOR CHS**

The functions of CHS in PPSC are as follows:

1. Prepare reports, recommendations, draft guidelines and plans that would integrate public-private sector collaboration as an essential process in policy formulation and program implementation;
2. Set priorities for identifying, developing, and implementing changes in DOH processes that would facilitate effective collaboration;
3. Test, document, and evaluate specific approaches that feature collaboration as a central strategy;
4. Provide technical, logistical, and administrative support to entities working to strengthen collaboration in and with the DOH; and
5. Institutionalize successful modes, vehicles, and techniques that induce effective collaboration.

In view of the foregoing functions, the CHS drafted an initial program of activities as a first step to carrying out its PPSC mandate. The proposed activities are as follows:

1. Survey, inventory and review existing collaborative efforts and activities between the Department and external agencies, organizations or institutions. Review of DOH programs with such collaborative efforts shall initially be done on the following:
  - o Polio Immunization;
  - o Acute Respiratory Infection;
  - o Family Planning;
  - o Hospital Networking;

- o Control of Diarrheal Diseases;
  - o Nutrition (Food Fortification); and
  - o Prevention of Blindness.
2. Establish a database to include data on non-commercial and commercial organizations involved in health and documentation/consolidation of efforts on public-private sector collaboration on health. Primary data pertinent to community-based collaboration will be part of this data bank. The data shall be updated regularly and information exchange shall be done as part of the data generation. This task shall be done in close coordination with the program managers, Public Information and Health Education Service (PIHES) and Management Advisory Service (MAS).
  3. Establish a Public-Private Sector Collaboration Desk (PPSC Desk) at the Central Office, Regional, Provincial and District Health Offices for information and resource accessing, sharing, mobilization and utilization by all sectors concerned. The PPSC Coordinator shall be responsible for the PPSC Desk.
  4. Undertake a Network Development Program. The CHS, in collaboration with all concerned DOH services, units and field offices shall conduct appropriate and necessary conferences, fora, seminar or workshops to encourage the sectors mentioned to participate in the Department's programs and services. This program shall include the establishment of a resource and consultants' pool for health and development to be accessed and shared by agencies and organizations in need of technical assistance.  
  
CHS, in coordination with the Health Manpower and Development Training Service (HMDTS), shall conduct continuing orientation of DOH Personnel at all levels, so that they will better understand the rationale and nature of working relationships with the public and private sectors.
  5. Mobilize Resources. The CHS shall facilitate resource identification, accessing, mobilization and sharing to support health and health-related programs of other DOH offices/units, other government agencies and private organizations.

The CHS will also liaise with the proposed Health Policy Development Staff (HPDS) who will review and consolidate all policy issues coming from within and outside the DOH.

Also, future activities of the CHS would have to consider the implications of the Local Government Code which seeks to promote more private sector participation in health.

**LIST OF SURVEY RESPONDENTS**

**DOH Programs/Services**

1. AIDS Control
2. Bureau of Licensing and Regulations
3. Cancer Control
4. Cardiovascular Disease Control
5. Control of Acute Respiratory Infection (CARI)
6. Control of Diarrheal Diseases (CDD)
7. Environmental Health
8. Expanded Program on Immunization (EPI)
9. Family Planning
10. Filariasis Control
11. Leprosy Control
12. Malaria Control
13. Nutrition
14. Occupational Health
15. Public Information and Health Education Service (PIHES)
16. Quarantine
17. Schistosomiasis Control
18. Sexually Transmitted Diseases (STD) Control
19. Tuberculosis Control

**Private Sector**

Commercial

1. Mr. Demetrio Salipsip  
Country General Sales Manager  
Dow Chemicals
2. Mr. Pete de Ocampo  
Plantation Sales Manager  
Hoechst Far East Marketing Corp.
3. Ms. Tess Maglaque  
Project Coordinator  
Organon Phils.
4. Ms. Patricia Tiangco  
Project Manager  
Trends, Inc.

Non-Commercial

1. Mr. Wilfredo Tanedo  
Executive Director  
Family Planning Organization of the Philippines
2. Ms. Teresita Marie Bagasao  
Executive Director  
Kabalikat ng Pamilyang Pilipino
3. Dr. Edilberto Concepcion  
Physician  
Lingap Para sa Kalusugan ng Sambayanan
4. Mr. Enrique Grinio  
Executive Director  
Philippine Leprosy Mission
5. Dr. Hermogenes Puruganan  
President  
Philippine Pediatrics Society
6. Mr. Mariano Ilano  
Vice Chairman  
Rotary International

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