



# Health Finance Development Project

A joint project of the Department of Health  
and the U.S. Agency for International Development  
(Project No. 492-0446)

## Consultative Workshop on the DOH Health Policy Agenda

---

Completed under the auspices of the United States Agency for  
International Development (USAID, Manila), Health Finance Development Project  
Project No. 492-0446, and the UPecon Foundation under Cooperative Agreement  
No. 492-0446-A-00-2097-00

**Consultative Workshop  
on the DOH Health Policy Agenda**

August 26-27, 1993  
Subic Bay Free Port, Subic, Zambales

The views, expressions and opinions contained in this report are the author's and not intended as statement of policy either of A.I.D., or the author's parent institution.

CONSULTATIVE WORKSHOP ON THE DOH HEALTH POLICY AGENDA  
26-27 August 1993  
Subic Bay Free Port, Subic, Zambales

## BACKGROUND

The Department of Health (DOH) by virtue of Administration Order 13, s. 1993 is mandated to develop a health policy agenda for legislative, executive and departmental action.

In response to this mandate, the DOH with the assistance of UP Economics Foundation (UPEcon) prepared a summary listing of proposed policy ideas taken from ten sources including the Medium Term Development Plan, special studies, private sector position papers, and the DOH's "23 in 93". This was routed among key DOH officials for comments and further inputs.

To finalize and prioritize these proposed health policy ideas, a Consultative Workshop was deemed necessary. Thus, the DOH requested the assistance of the Management for Human Resource Development Foundation (MHRDF) in facilitating the process of generating consensus on DOH health policy agenda:

## INTRODUCTION

The Consultative Workshop was a joint cooperation of the DOH, UPEcon, and MHRDF. It was a 2-day residential activity held at the Subic Bay Free Port, Subic, Zambales. Key DOH Central and Regional officials, Hospital Directors, UPEcon officers and staff and DOH consultants participated in the Workshop. There were a total of 29 participants (20 from Central Office, 4 from Regional Offices, 2 from Retained Hospitals, 2 DOH consultants, and 1 from UPEcon). Others present in the workshop to help document/facilitate and observe the proceedings came from the USAID (1), UPEcon (2), and DOH-MAS (5).

The major output expected from the Workshop was a validated, reclassified and prioritized DOH Health Policy Agenda with recommendations on the kind of policy actions to be taken for each item in the agenda.

## WORKSHOP OBJECTIVES

1. To validate the agenda items enumerated in "Health Policy Agenda: Initial Specifications";
2. To agree on the major classification or categories of policy issues to be addressed; and,
3. To prioritize the agenda items based on a set of criteria as agreed upon by the group.

## MAJOR WORKSHOP ACTIVITIES

### I. BACKGROUND TO HEALTH POLICY AGENDA DELIBERATIONS

The definitions of health policy, health program, and health intervention were stated to ensure a common understanding of these terms.

An orientation on the nature of health policy proposals was provided at the outset. This included the considerations for processing policy agenda items and criteria for prioritization.

This activity clarified the parameters by which the deliberations on the health policy ideas would take place.

### II. WORKSHOP 1: REFINING POLICY AGENDA

The participants were subdivided into four (4) workshop groups. Each group consisted of Service Directors, Chiefs of hospitals, Regional Directors, including Undersecretaries and Assistant Secretaries.

#### A. Objective of Workshop 1

To arrive at a group consensus on changes and modifications in the policy agenda items, particularly on the following items: sectoral groupings, cluster groupings and proposed policy ideas.

#### B. Workshop Process

Each group was asked to review the detailed listing of proposed health policy items and then undertake the following tasks:

1. Identify areas of agreement and disagreement on the given sectoral groupings, cluster groupings and policy ideas.
2. Give specific suggestions on enhancing the policy agenda items (i.e. add, delete, or recluster specific items).

#### C. Workshop guidelines

1. Each group chose a chairman and a rapporteur.

The Chairman facilitated the discussion.

The rapporteur noted the issues and agreements that surfaced.

2. The following format was used:

Group No: \_\_\_\_\_

Unresolved issues/items	Similarities (retained items)	Differences (added, deleted, reclustered or transferred)

D. Group Presentation

The group representative presented the framework or rationale they used for recommending changes in the policy items.

o Group 1

- discussion centered on the issues pertaining to beneficiaries and resources
- retained all policy items
- added a new sectoral grouping, i.e. on Health and Environment
- re-titled the cluster groupings under the first Sectoral grouping
- transferred some policy ideas from one sector to another sectoral or cluster grouping

o Group 2

- did a situational analysis (e.g. population trends, demographics) as a basis for policy agenda
- added a 6th sector on Essential National Health Research
- looked at Sector 1 as health services and not just disease specific priorities
- stratified the cluster no. 1.2 "Control of disease" into local concerns and national concerns

- transferred some policy ideas under cluster no. 2.1 "Training and education" to the new sector on Essential National Health Research (ENHR)
- on cluster no. 3.1 "New Modes of Public Hospital Operations" they think that hospital issues should be separated from hospital financing concerns
- regarding Sector 5, there should be a policy statement on devolution (similar to that on Primary Health Care)

o. Group 3

- renamed Sector 1 to Preventive and Promotive
- deleted some policy ideas because they think that DOH is not the lead agency.
- modified re-grouped clusters and policy ideas which can fit under one major heading
- there was one unresolved issue regarding cluster no. 3.1 "baby friendly hospital". They were thinking of changing it into "Mother-baby friendly hospital".

o. Group 4

- tried to understand the issues surrounding the proposed policy items and then went into analyzing the priority of sectoral groupings and modified the cluster groupings accordingly
- made many changes on the grouping of policy ideas
- felt the need for more data/information to decide on a better clustering of items
- collapsed, expanded and deleted some policy items

E. Summary of issues/changes raised by the group:

1. change the heading of Sector 1 "Service or Disease Specific Priorities" to these suggested titles:
  - Disease Specific and Beneficiary specific
  - Policies on Health Services

- Preventive/Promotive

2. adding two (2) new sectors on Essential National Health Research (ENHR) and Health and Environment

3. On the proposed additional sector on Health and Environment

a) Rationale

- it is a major emerging concern
- it cannot be clustered in any of the present sectoral groupings or services
- to elevate the Health and Environment concerns because this will have an impact on the work of the DOH in the future
- to create importance/give emphasis on environment concern because this will eventually have an impact on health concerns
- DOH is a major stakeholder on environment concerns
- this is a new priority of DOH

b) Issues raised

- what is the role of DOH on environmental concerns?
- DENR should take care of this and not DOH
- what specific policies will be included under this sector grouping?
- should this be a priority of DOH?

4. On adding a sector on ENHR

a) Rationale

- research is important as a back-up for policy agenda proposals for all sectors
- DOH in relation to devolution requires research, a strong database; need to refine existing data
- at present, DOH is illequipped with research skills
- research is a support to management and operations, and also a means to make innovations
- DOH will be perceived as a technically sound organization because it is research-based

b) Issues raised

- why create a new sectoral grouping on research when this is already stated in Cluster 5.4 - Research, Dissemination and Utilization?
- how different is this suggested new sector to the scope of Sector 5 - Health Sector Management Reforms?

F. Agreements on Sectoral and Cluster Groupings

1. On Sector 1

- they agreed to rename it to "Health Service Priorities"

2. On Sector 2, 3 and 4

- retain the sector/title name

3. On Sector 5

- they agreed to rename it to "Health Sector Organization Management"

G. Comments from Undersecretary J. Galvez-Tan

- o avoid the use of the word "Beneficiary" for a policy agenda because this connotes that the Department of Health will just be providing health services ("one-way"). Instead, we should name this a "Community or People". This is a way of empowering the people.
- o We should be consistent with the response of Department of Health, i.e. "health in the hands of the people".

III. WORKSHOP 2: PRIORITIZATION

In Workshop 1, participants have agreed on changing the titles of sectoral and cluster groupings and added two new sectoral groupings. For Workshop 2, the task was to prioritize the policy ideas/items to be included in the Health Policy Agenda.

A. Objectives of Workshop 2

To identify and prioritize the policy ideas under each cluster grouping and sectoral grouping.

B. Workshop Process

Workshop groups identified in Workshop 1 were retained. Each group was assigned a specific sectoral grouping under which priority policy ideas should be identified. Assignments of groups were as follows:

- o Group 1 = Sector 2 and 6
- o Group 2 = Sector 4 and 5
- o Group 3 = Sector 1
- o Group 4 = Sector 3 and 7

C. Group Presentation

The group representative presented their recommended priority policy items for the specific sectoral grouping. The other groups validated and commented on the recommendations. After some deliberations, they arrived at a consensus on which policy ideas should be prioritized under each cluster and sectoral grouping. These are shown in the succeeding pages.

## Recommended Policy Ideas

## Agreed Policy Priority Items

Sector 1 - Health Service Priorities	Sector 1 - Health Service Priorities
<p>1.1 Family &amp; Community Health/Birth Based Services</p> <ul style="list-style-type: none"> <li>a-h o retained</li> <li>i o National Youth Health Program</li> <li>j o Nutrition Program</li> <li>k o Dental Health Program</li> <li>l o Mental Health Program</li> <li>m o Disability Prevention</li> </ul> <p>1.2 Control and Eradication of Diseases</p> <ul style="list-style-type: none"> <li>1.2a-n retained</li> <li>1.3 Others               <ul style="list-style-type: none"> <li>o Traditional Medicine</li> <li>o Integrated Disaster Mgmt.</li> <li>o Workers Health &amp; Safety</li> </ul> </li> </ul>	<p>1.1 Family &amp; Community Health/Birth Based Services</p> <ul style="list-style-type: none"> <li>1.1.1 MCH/Safe Motherhood /Womanhood</li> <li>1.1.2 Safe Water</li> <li>1.1.3 Immunization</li> <li>1.1.4 Micronutrient Malnutrition</li> </ul> <p>1.2 Control &amp; Eradication of Diseases</p> <ul style="list-style-type: none"> <li>1.2.A Control               <ul style="list-style-type: none"> <li>1.2.A1 TB</li> <li>1.2.A2 ARI</li> <li>1.2.A3 Diarrhea</li> </ul> </li> <li>1.2.B Eradication               <ul style="list-style-type: none"> <li>1.2.B1 Polio</li> <li>1.2.B2 Tetanus</li> <li>1.2.B3 Measles</li> </ul> </li> </ul> <p>1.3 Others</p> <ul style="list-style-type: none"> <li>1.3.1 Integrated Disaster Management</li> <li>1.3.2 Traditional Medicine</li> <li>1.3.3 Worker's Health and Safety</li> <li>1.3.4 Emerging Health Problem</li> </ul>
<p>Sector 2 - Human Resources for Health Initiatives</p> <ul style="list-style-type: none"> <li>1. Planning           <ul style="list-style-type: none"> <li>o Health Human Resource Code</li> <li>o Health Human Resource Commission</li> </ul> </li> <li>2. Production</li> <li>3. Deployment &amp; Utilization</li> <li>4. Management/Maintenance</li> </ul>	<p>Sector 2 - Human Resource and Development</p> <ul style="list-style-type: none"> <li>1. Planning           <ul style="list-style-type: none"> <li>1.1 Rationalizing policies related to planning... (2.2.f)</li> <li>1.2 Health Human Resource Code - 2.6, 2.7, 2.5d</li> <li>1.3 Health Human Resource Commission - 2.4, 2.5b</li> </ul> </li> <li>2. Management/Maintenance           <ul style="list-style-type: none"> <li>2.1 Incentives/benefits for HW's - 2.2b, d, e</li> <li>2.2 Continuing training for health workers and local health</li> </ul> </li> </ul>

Recommended Policy Ideas

Agreed Policy Priority Items

Sector 3 - Hospital Reforms

1. Social responsibilities of hospitals
2. Hospital regulations
3. Hospital operations reforms  
Add: Prosthesis-making Workshop
4. Networking between public and private hospitals
5. New modes of public hospital operations

administrator

- 2.3 Protection of Health Workers - 2.3 & 2.8
- 2.4 Private practice for gov't. physicians - 2.2k
3. Deployment & Utilization
  - 3.1 Health professionals for remote areas 2.2.a,1
  - 3.2 Utilization of auxiliaries and volunteers - 2.2.m,n
  - 3.3 Brain drain control measures - 2.5.a
4. Production
  - 4.1 Basic health sciences education - 2.1.a
  - 4.2 Auxiliary/indigenous workers' training - 2.1.d,1
  - 3.3 Specialist training - 2.1.e,h,j; 2.2.o

Sector 3 - Hospital Reforms

1. Social responsibilities of hospitals
  - A. Regulate deposit requirements admission
  - B. Admission and treatment of emergency case without requiring hospital deposit
2. Hospital regulations
  - A. Hospital Code (amendment)
  - B. Establishing a validated Philippine Hospital Standards
  - C. Briefing of COA, CSC, DBM on hospital operations
3. Hospital Operations Reforms
  - A. Centers of Excellence
  - B. Mother & Baby Friendly hospitals
  - C. Center of Wellness
  - D. Blood bank
  - E. Prosthesis-making workshop

Recommended Policy Ideas

Agreed Policy Priority Items

Sector 4 - Health Financing Initiatives

1. Medicare Program reforms
2. DOH budget reforms
3. Other health sector financing schemes

Add: Hospital Viability

4. Networking between Public and Private Hospitals
5. New Modes of Public Hospitals Operations
  - A. Health Care Providers
    1. Incorporation of bioethics as part of hospital SOP
    2. Revenue retention by the hospital and attending physicians
    3. Socialized public hospital fees
  - B. Health Care Consumers
    1. Patient rights and protection
  - C. Institution level mgnt.
    1. Retained hospital to act as field monitoring units/one-fund concept (sharing)
    2. Cooperative hospitals
    3. Private management of public hospitals

Sector 4 - Health Financing Initiatives

1. National Health Insurance
  - a. More progressive contributions structure
  - b. Consolidate health fund and expand coverage
  - c. Medicare benefits independent of social security package
  - d. Expand capability of PMCC to manage health insurance funds
  - e. Improve benefits for providers as well as subscribers and compliance
2. DOH Budget Reforms
  - a. Increase DOH share in GOP to at least 5%
  - b. To provide more budgetary support

Recommended Policy Ideas

Agreed Policy Priority Items

<p>Sector 5 - Health Sector Organization and Management</p> <ol style="list-style-type: none"> <li>1. Devolution</li> <li>2. Social mobilization</li> <li>3. Provision of health services/special health management services</li> </ol> <p>Add: - National Drug Policy and Pharmaceuticals</p> <p>- Promotion and Protection of Health Workers</p>	<ol style="list-style-type: none"> <li>c. Increase budget for public health expenditures (b+c)</li> <li>d. Establish CSA/HDF to provide support for LGU operations</li> <li>e. Improvement in budget cycle, i.e. preparation, legislation, executive accountability (four processes) synchronize tax collection to budget cycle</li> <li>f. Retention of income by DOH agencies</li> <li>g. Provide funds for the creation of ENHR as a service/division</li> </ol> <p>3. Other health sector financing schemes</p> <ol style="list-style-type: none"> <li>a. Promote alternative health financing scheme</li> <li>b. Hospital viability</li> <li>c. GOP to ensure equitable access in public/private facilities</li> </ol> <p>Sector 5 - Health Sector Organization and Management</p> <ol style="list-style-type: none"> <li>1. Devolution             <ol style="list-style-type: none"> <li>a. Policy statement on devolution of health services</li> <li>b. Operationalization of health programs thru CSA/HDF</li> <li>c. Organizational changes at central/regional DOH</li> <li>d. Augmentation to LGUs is aimed at reducing inequalities in health service delivery by LGUs</li> <li>e. Strengthen LHB operations</li> </ol> </li> <li>2. Promotion and protection of health workers             <ol style="list-style-type: none"> <li>a. 100% implementation of</li> </ol> </li> </ol>
--	---

Recommended Policy Ideas

Agreed Policy Priority Items

Sector 6 - Health and Environment

1.4 a-g - retained

Add: 1.5 - National Anti-Smoking Campaign

- Magna Carte of PHU
  - b. Protection of Neutrality of Health Workers
  - 3. Social mobilization
    - a. Empowerment of LHB, linkages (top & down) improve
    - b. Social mobilization by the DOH should allow consultation/participatory decision-making at LGUs, NGOs, POs, Professional Assoc., Private Sector, Church, Ethno-cultural Group, etc.
    - c. More rationale policies on foreign donations/medical/surgical mission
  - 4. Provision of Health Services
    - a. Redefinition of referral system under devolved health set-up
    - b. Integrated delivery of health services
    - c. Monitoring/Evaluation of health services delivery to ensure adequate standards of health care
  - 5. National Drug Policies & Pharmaceuticals
    - a. PPQRST
    - b. Quasi-judicial powers for BFAD
- Sector 6 - Health and Environment
- 1. DOH as lead agency
    - a) 1.4.h - safe H2O and sanitation
    - b) 1.5 - anti-smoking campaign
    - c) 1.4.c - hospital waste management
    - d) 1.4.d - red tide
    - e) 1.4.p - environmental friendly hospital supplies

Recommended Policy Ideas

Agreed Policy Priority Items

Sector 7 - Essential National Research

1. Health Care Technology
  - Health Product Development
  - Validation and use of alternative forms of medicine
2. Health Service Organization
3. Research Dissemination and Utilization
4. Health Policy Research
5. Health Care Financing Research

Add: 3.6 Hospital Policy Database

2. DOH as support agency
  - Air - 1.4.a and l
  - Land - 1.4.b, e, g, k, o, q
  - Water - 1.4.f and j
  - Waste - 1.4.n
    - Industrial
    - Domestic

Sector 7 - Essential National Research

Cluster 1 - Research Agenda

1. Health Policy Research
2. Human Resources for Health Initiatives
3. Hospital Reforms
4. Health Care Financing Initiatives
5. Health Sector Organization and Management
6. Disease Control Program Oriented Research
7. Environmental Impact on Health
8. Health Care Technology Research

Cluster 2 - Health Research Program Mgmt.

1. Resource Generation and Networking
2. Resource Capacity Strengthening
  - Institutional Capability Building
  - Strengthening of Information Resources
3. Research Dissemination and Utilization

#### IV. WORKSHOP CLOSURE

##### A. Wrap-up

The DOH has declared a vision for the department, i.e.: "Health in the hands of the people". Therefore, the Health Policy Agenda should contain policies to support this vision.

Mario Taguiwalo of UPEcon provided a summary of the characteristics of the proposed Health Policy Agenda. These are as follows:

##### SECTOR 1 - HEALTH SERVICE PRIORITIES

- o Health services to address diseases via intervention, promotion, prevention of causes of illness/diseases, and adequate public finance

##### SECTOR 2 - HUMAN RESOURCES FOR HEALTH INITIATIVES

- o Health workers role in planning, production, deployment and utilization should be rationalized according to national and local mean

##### SECTOR 3 - HOSPITAL REFORMS

- o Hospitals as centers for "wellness"
- o A more responsive HRD system to provide hospital needs
- o A new role of hospitals in relation with devolution and health needs of the poor

##### SECTOR 4 - HEALTH FINANCING INITIATIVES

- o Expansion of Medicare/National Health Insurance
- o DOH budget vis-a-vis the local health budget

##### SECTOR 5 - HEALTH SECTOR ORGANIZATION AND MANAGEMENT

- o Health sector management reforms to include people empowerment in health concerns through devolution

##### SECTOR 6 - HEALTH AND ENVIRONMENT

- o Sustainable development is a health environment

## SECTOR 7 - ESSENTIAL NATIONAL HEALTH RESEARCH

- o Using science for the people in terms of production and use of new alternative medicines and addressing the health needs/problems of the poor.

### B. Closing Remarks by Undersecretary J. Galvez-Tan

The set of proposed DOH Health Policy Agenda has emphasized the emergence of the value given to public health versus private health. There is a peripheral bias to public health and the community workers.

Undersecretary J. Galvez-Tan also noted the importance of the Essential National Health Research policies. He mentioned that "any research which will benefit the poorest of the poor" must be supported.

To generate support for the proposed health policy agenda from the executive, legislative and departmental bodies, there is a need for organized action, political strategy and organizational tactics.

Sectoral Groupings

Sector 1

Group 3

C. Reodica  
S. Pineda  
M. Galon  
M. Alfiler  
J. Rubio  
C. Mariano  
M. Vergara

Sector 2 & 6

Group 1

M. Dayrit  
V. Orias  
Q. Mantala  
Q. Kintanar  
J. Taleon  
C. Te  
J. Ordon

Sector 3

Group 4

E. Nieto  
R. Famaran  
B. Cuevas  
D. Gonzales  
M. Fernandez  
R. Zarco

Sector 4 & 7

Group 2

T. Dela Cruz  
J. Perez  
A. Anden  
A. Azansa  
R. Majarais  
C. Paulino

Facilitators:

Gladys Cortez Violy Umali

Maylene Meniado Dina Tolentino

CONSULTATIVE WORKSHOP ON THE DOH HEALTH POLICY AGENDA  
26-27 August 1993  
Subic Bay Free Port, Subic, Zambales

List of Participants

Central Office

Usec. Teresita dela Cruz  
Dr. Manuel Dayrit  
Dr. Carmencita Reodica  
Dr. Mariquita Mantala  
Dr. Virginia Orais  
Dr. Quintin Kintanar  
Dr. Margarita Galon  
Dr. Juan Perez  
Dr. Divina Gonzales  
Bernadette Cuevas  
Dr. Juanito Taleon  
Dr. Rosario Famaran  
Dr. Ethelyn Nieto  
Dr. Cecilia Paulino  
Dr. Asuncion Anden  
Jose Miguel Vergara  
Ricardo Zarco

Consultants

Dr. Maricon Alfiler  
Dr. Aurora Azansa

MHRDF

Evelyn Mendoza  
Minette Soriano  
Vangie Benavides  
Tess Macatangay

Regional Office

Dr. Milagros Fernandez  
Dr. Juvencio Ordonia  
Dr. Rosalinda Majarais  
Dr. Conrado Marinao

Retained Hospitals

Dr. Juanito Rubio  
Dr. Camilo Te

USAID

Oscar Picazo

UPECON

Tess Fernandez  
Lenny Fernandez

Facilitators

Maylene Meniado  
Violy Umali  
Thiel Manaog  
Gladys Cortes  
Dina Tolentino



HFDP is managed by the Department of Health  
through the Health Policy Development Staff  
and the following collaborating institutions:



---

**UPecon Foundation**  
**Management Sciences for Health**  
**Andersen Consulting**  
**Corporate Assistance and Resource Associates, Inc. (CARRA)**  
**Harvard Institute for International Development**