

**POSITION PAPER of the  
Liga ng mga Barangay  
on Health Care Services  
and the Rationalization of the  
Department of Health**



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## Background:

EO 366 (Oct. 4, 2004) was issued providing for the rationalization of the functions of agencies in the Executive Branch.

Rationalization aims to resolve functional overlaps between and among departments, agencies and instrumentalities of the National Government



EO 444 (July 5, 2005) was issued to support and complement EO 366 were DILG was directed to **conduct a strategic review** on the continuing decentralization and devolution of services/ functions of the National Government to the LGUs.



EO 366 and EO 444

**Desired OUTCOME:**

Better, more efficient and effective utilization of scarce resources and enhanced organizational performance both by NGAgencies and LGUs – good governance overall.



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**Devolution** – each LGU shall be responsible for a minimum set of services and facilities in accordance with established national policies, guidelines and standards.

The transfer of power and authority from the National Government to LGUs to enable them to perform specific functions and responsibilities.



## **Decentralized Health Services (RA7160)**

**WHAT HAS BEEN DEVOLVED at various LGU levels?**

### **For Barangays:**

1. Maintenance of barangay Health & Day Care Center
2. Services and facilities related to general hygiene and sanitation, beautification, and solid waste collection
3. Maintenance of water supply system



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## **Decentralized Health Services (RA7160)**

**WHAT HAS BEEN DEVOLVED at various LGU levels?**

### **For Municipalities:**

- 1. Implementation of programs and projects on primary health care**
  - Maternal & child care, and
  - Communicable and non-communicable disease control services
- 2. Access to secondary and tertiary health services**
- 3. Purchase of medicines, medical supplies, and equipment needed to carryout the devolved health services**



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## **Decentralized Health Services (RA7160)**

**WHAT HAS BEEN DEVOLVED at various LGU levels?**

### **For Municipalities:**

4. Nutrition services
5. Family Planning services
6. Services or facilities related to general hygiene and sanitation
7. Clinic, health centers and other facilities
8. Artesian wells and water supply systems



## **Decentralized Health Services (RA7160)**

**WHAT HAS BEEN DEVOLVED at various LGU levels?**

### **For Provinces:**

Health services which includes hospitals and other tertiary health services

### **For Cities:**

All services and facilities provided by the municipality and the provinces



The review of the state of Health Services was assigned to the Liga ng mga Barangay sa Pilipinas

**The task was for us to –**

- Identify and address common operational and administrative issues related to the implementation of the Rationalization Plans by DOH (EO 366)
- Identify the transition and phased approach to the process of continuing devolution and
- Recommend & provide inputs to DOH Rationalization Plans before submission to DBM and subsequent endorsement to the Office of the President



## **Decentralized Health Services (RA7160)**

**WHAT IS THE CURRENT STATE of decentralization/ devolution of health services? (for the past 14 years)**

- 1. Slow decay & deterioration in delivery of health services in some areas of the country**
- 2. Provision of health services vary in scope and quality across LGU levels**
- 3. Majority of Filipino households visit public health centers than private clinics & hospitals – and barangay health stations capture the most number of clients followed by RHU and Urban Health Centers.**



## **Decentralized Health Services (RA7160)**

**WHAT IS THE CURRENT STATE of decentralization/ devolution of health services? (for the past 14 years)**

**4. There are at least 6 facility levels of health services managed by LGUs.**

1. Barangay Health Unit/ Station (Barangay)
2. Rural/Municipal Health Unit (Municipal)
3. City Health Office (City)
4. District Hospitals (Province)
5. Provincial Hospitals (Province)
6. Regional Hospitals and Medical Centers (DOH)



## Decentralized Health Services (RA7160)

WHAT IS THE CAPACITY/CAPABILITY of LGUs in assuming devolved health services & functions?

Participants of the focused group discussion covered by Liga brought out an observation that approximately **63% of RHU's in 1<sup>st</sup> to 3<sup>rd</sup> class municipalities, and 58% of RHU's in 4<sup>th</sup> to 6<sup>th</sup> class municipalities** have already met the standards prescribed by DOH under the Sentrong Sigla program for health centers and stations



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## Decentralized Health Services (RA7160)

WHAT IS THE CAPACITY/CAPABILITY of LGUs in assuming devolved health services & functions?

There have been pockets of excellence in the delivery of health care services which clearly suggest that the quality of local leadership and civic/citizen collaboration are vital.



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## Decentralized Health Services (RA7160)

WHAT IS THE CAPACITY/CAPABILITY of LGUs in assuming devolved health services & functions?

Capabilities greatly vary across LGU and devolution & decentralization of health care services have aggravated the discrepancies & inequities in the distribution of public goods and services. Low citizen participation and the absence of organized civil society groups or community-based organizations to serve as support system in the delivery of health services seem to differentiate performing & non-performing LGUs in the area of health.



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## Decentralized Health Services (RA7160)

### WHAT ARE THE GAPS?

With RA7160, health staff and infrastructure/facilities were transferred to the care of local officials – who did not have the proper **orientation, administrative/managerial background/ exposure and readiness** – to assume such delegated functions



# Decentralized Health Services (RA7160)

## WHAT ARE THE GAPS?

### Gaps Identified:

1. Absence of strategic plan to introduce devolution and lack of preparation
2. No prior orientation/ training & development of health staff including local executives/ officers for their new roles
3. Loss of regulatory control of DOH
4. Conflict between political & health objectives
5. Fragmentation & lack of integration in services



# Decentralized Health Services (RA7160)

## WHAT ARE THE GAPS?

### Gaps Identified:

6. Underfinancing & lack of resources
7. Health personnel morale & understaffing
8. Poorly maintained equipment & infrastructure
9. Mismanagement and corruption in procurement of medicines & supplies
10. Low priority given to health concerns



## Decentralized Health Services (RA7160)

### COURSES OF ACTIONS & RECOMMENDATIONS?

- **Immediately (in the next 12 months)**
  - Malaria control; eradication of leprosy, filariasis and schistosomiasis.
  - Regulatory functions such as issuance of permits to drugstores, dental and medical clinics
- **Within the next 2 to 3 years**
  - Maintenance of a health information and surveillance system that will immediately attend to the situation at the ground level.
- **Within the next 4 to 6 years**
  - The return to local control and management of renationalized hospitals, particularly those categorized as primary and secondary hospitals



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**DOH** – continue its policy formulation & standard setting functions

- maintenance of national health facilities and hospitals
- administer selected health facilities, training centers, laboratories etc.



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## But needs to:

- Strengthen its role as capacity builder of LGUs, the private sector, NGOs, people's organization in implementing health services
- Make available health information and guides in simple & vernacular/ local dialects format for IEC purposes
- Work at integrating health concerns & services in creative & innovative ways so that there is coherence and coordination in provision of a comprehensive health lifestyle programs that is more preventive and interactive.



## LIGA proposes:

- To reorient local officials on the rationale & advantages of the decentralization/ devolution process
- To develop a set of indicators and or elements with which to identify LGUs in dire need of health services support and assistance from outside or higher LGUs



## LIGA proposes:

- To promote a nationwide initiative targeting a critical mass of LGUs to adopt a comprehensive community building initiative systematically assembling, distilling, analyzing, and disseminating lessons of experience & findings for research to influence health care delivery that is community-driven or neighborhood-based not overly-dependent on government alone.
- To allow LGUs to perform devolved services or functions but with adequate financing or allocation and technical or management support from other sectors and providers of health services



Thank you



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