

## THE STATUS AND IMPLEMENTATION OF THE HEALTH SECTOR REFORM AGENDA INITIATIVES IN BAGUIO CITY AND PROVINCE OF IFUGAO



generation include systematized collection of hospital service fees and expansion of health insurance coverage for potential patients (users' fees are charged for the once free services offered). However, hospital personnel perceive the charging of fees as a trend towards commercialization of public hospital services but which they have to contend with. Also, the Philippine Health Insurance Corporation (PHIC) reimburses fees for hospital services only to PhilHealth-accredited hospitals.

### PUBLIC HEALTH PROGRAMS



In Baguio City, LGU support is towards preventive health as there is no city hospital. The Ifugao LGU has more hospitals to maintain and support and it deems this necessary to strengthen public health. However, much of the health budget from the Ifugao LGU goes

This evaluation study explored the implementation status of the Health Sector Reform Agenda (HSRA) in Ifugao and Baguio City according to the five HSRA areas: hospital systems, public health programs, local health systems, health regulation and financing health services.

The study identified processes and strategies in the implementation of the five components of the HSRA as it aims to bring about visible improvements in the worsening health situation of the country in general and in the Cordillera Administrative Region (CAR) in particular. It also explored [1] local government unit (LGU) initiatives/strategies to assist the DOH implement and achieve the goals of the HSRA; [2] the constraints seen/experienced by the LGU in the implementation of these components;

and [3] the perceived effects of the implementation of the HSRA components.

Data was collected using triangulation methods: examination and analysis of relevant program documents; focused group discussions among health managers, program implementers, clients, non-clients and stakeholders; key informant interviews (city/provincial health officers, local officials, chiefs of hospitals, municipal health officers); and participant observation.

### The Findings

#### FISCAL AUTONOMY TO GOVERNMENT HOSPITALS

Although hospitals are now financially and fiscally autonomous, an additional concern for them is how to earn money to augment the insufficient budget from the LGUs. Attempts at revenue

to the seven hospitals in the province. To compensate for the lack of budget for promotive and preventive health care, efforts are directed towards the integration of public health programs into the hospital setting. Religious groups, NGOs, GOs, foreign firms and private entities are tapped for funding or provision of supplies. Most rural health unit personnel perceive the HSRA as a commercialization of public health service. They are apprehensive about resorting to fee collection as a revenue measure.

#### LOCAL HEALTH SYSTEMS



Still to be explored is the formation and development of inter-local health zones or district health systems. In Ifugao, only two of the six zones are relatively functional. There is a weak link between the LGU and local health system units (RHUs have not articulated the need for upgrading to meet regulatory and accreditation standards).

#### HEALTH REGULATION

DOH regulation of hospitals poses challenges in terms of delivery and assurance of quality health service. Ill-equipped facilities and medical staff and lack of medicine hinder the upgrading and accreditation of RHUs. In Ifugao there are efforts in the provincial level to assist DOH-CAR in ensuring quality and availability of needed and affordable drugs and medicines. A Provincial Drugs and Therapeutics Committee was set up to assist the Provincial Local Government Unit (PLGU) to improve the process of requisition and procurement of drugs and medicines. The prevailing notion on the

facilitation of genuine upgrading of health facilities and services is that the streamlining, regulation and accreditation should be in consonance with the present capacity of health institutions and the LGU. Additionally, the PhilHealth accreditation scheme is seen as too stringent so HCs and RHUs are unable to comply with requirements.

#### FINANCING HEALTH SERVICES

There is a disparity in PhilHealth Indigent Program membership in the Baguio City and Ifugao LGUs (862 vs. 17,810). A commonly raised concern is the sustainability of the health financing and social insurance scheme. A limitation is the lack of a massive and thorough information campaign on privileges of members, programs and the assumed roles of PhilHealth.



#### **Conclusion**

The study concludes that the HSRA has yet to trickle down to the bottom level as most medical personnel are unaware of the program. Obvious changes since 2001 include increase in personnel staff, a certain degree of autonomy in fund spending and some external infrastructure improvements. RHUs in remote *sitios* and *barangays* have a difficult time with upgrading or accreditation because of meager funds, failure to meet qualification standards, geographic dislocation, understaffing and lack of opportunities for personnel improvement. Positive effects on health interests and efforts have been achieved

initially although much has yet to be done in the other HSRA components, specifically on strengthening the local health systems.

The study enumerates several recommendations. Foremost is for the formulation and implementation of a long-term plan aimed at achieving cost-effective and quality health services of health institutions within inter-local health zones. It also proposes the operationalization of district health systems to strengthen the two-way referral systems between hospitals and RHUs/HCs and networking with other stakeholders.

The study also makes a call for the stronger integration of public health and public health services. There is also the need for a consultation between DOH and PhilHealth on regulation policies and accreditation standards. It is also essential that regulation and accreditation requirements are reviewed vis-à-vis concrete capacities of LGUs and health institutions. The study also recognized the need for an intensified information dissemination on PhilHealth programs and benefit packages in coverage areas.

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