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## Why Local Health Policy Systems Research Matter in Local Health Governance.

Julien L. Carandang<sup>1</sup>, Jose Santos Carandang<sup>2</sup> and Dennis Erasga<sup>3</sup>

<sup>1</sup> *Political Science Department, College of Liberal Arts, De La Salle University*

<sup>2</sup> *Scientist in Residence, CENSER, De La Salle University*

<sup>3</sup> *Behavioral Studies Department, College of Liberal Arts, De La Salle University*  
*julien.carandang@dlsu.edu.ph*

**Abstract:** Local Philippine policymakers have yet to fully appreciate how public health research and policy studies translate to good health governance which leads to better health systems. This is seen with persistent technical and conceptual misunderstanding in the health system brought about by vague policies, competing frameworks and inherent socio-cultural biases. More often, this is attributed to the lack of research and data available for effective decision making and efficient service delivery. For the purposes of the study, data from literature reviews and agency reports were validated by key informant interviews and focus group discussions with different stakeholder groups. A previous multi-disciplinary study aimed at identifying the root causes of breast cancer in Bacolod helped confirm what literature suspected as possible reasons why local government units have yet to fully appreciate the value of research and policy studies in the Philippines. Namely, most local governments or health related agencies either (1) failed to recognize the multiplicity of societal actors in health systems, let alone (2) identify and assign the distribution of roles and responsibilities among those societal actors and (3) understand, develop and support their ability and willingness to fulfil their roles and responsibilities, (4) there is limited or no data available- if there were any, these tend to be out dated. Innovations in research and analysis of the inherent local health system issues, the prevailing socio-political power dynamics in the community as well as the perspectives of the health service provider will prove invaluable especially when formulating policies and instituting programs.

**Key Words:** Health Policy Systems Research, Local Health Governance, Local Health Systems

### 1. INTRODUCTION

Health policy systems research is a new field studying how communities understand and

address their health issues. Essentially, by bridging health policy and health systems research stakeholders are able to study how different actors interact in the policy and implementation processes and contribute to policy outcomes, and at



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the same time focus on the effectiveness and efficiency of health systems. This new discipline has proven to be effective in improving health systems abroad.

In the Philippines though, the trend on combining research and policy studies for health has yet to be fully appreciated, especially at the local level. This can be seen in the minimal interest in health financing in the Philippines – a clear sign of a flawed health governance system (3.6% of GDP in 2011), a result of different factors combined: a low tax burden (12.3% of GDP) and a low public budget share of health spending (only 7.6% of the total). It should also be noted that out-of-pocket spending to gain access to health services or medicine, is likewise prevalent in the country.

#### *Limitations in Health Service Provision*

With decentralization, LGUs are now given responsibility for the provision of direct health services, particularly at the primary and secondary levels. Conversely, provincial and district hospitals are under the provincial government while the municipal government manages the RHUs and BHSs. In the Philippines, the nearest services to households are the Barangay Health Stations (BHS). As Table one highlights, there exists a disparity in the distribution of RHUs and BHSs nationwide. Furthermore, Table 2 also notes that the distribution of private and public hospitals nationwide is also uneven with greater emphasis on urbanized and developed regions/municipalities.

This apparent underutilization of health service resources is a significant issue not just for stakeholders as they are the direct beneficiaries, but also to policy makers-especially at the local and regional levels.

Local government units have a harder time to allocate limited resources as their community's inherent limitations and vulnerabilities such as degree of urbanization and development, social and political situations and geographic locations all factor in how they priorities their programs and agendas. To an extent, aside from basic health service provisions already identified and assured

by legislation such as feeding programs, pre and post natal care, lying in clinics and other mother and child related programs, most health services are overlooked or relegated to the side in favour of traditional anti-poverty programs and basic education programs.

Table 1. Barangay Health Stations (BHS) in 2008 and Rural Health Units (RHU) in 2005 (Number and Rate per 100,000 Inhabitants, Rate of BHS per Barangay)

Region	Number of BHS (2008) (a)	Number of RHUs (2005) (b)	Number of Barangays (c)	(a) / (c) (%)	BHS per 100,000 inhabitants	RHUs per 100,000 inhabitants
<b>Philippines</b>	<b>17</b>	<b>2</b>	<b>42</b>	<b>40.5</b>	<b>19.2</b>	<b>2.6</b>
NCR	12	431	2	0.7	0.1	3.7
CAR	599	96	1	50.9	39.4	6.3
I-locos	992	150	3	30.4	21.8	3.3
II-Cagayan Valley	1	97	2	43.3	32.8	3.2
III-Central Luzon	2	265	3	57.9	18.5	2.7
IV-a	2	204	4	54.8	18.7	1.7
IV-b	689	77	1	47.3	26.9	3.0
V-Bicol	1	124	3	32.4	22.0	2.4
VI-Western Visayas	2	146	4	41.6	24.6	2.1
VII-Central Visayas	2	136	3	54.0	25.3	2.1
VIII-Eastern Visayas	883	157	4	20.1	22.6	4.0
IX-Western Mindanao	698	94	2	36.7	21.6	2.9
X-Northern Mindanao	1	94	2	50.8	26.0	2.4
XI-Southern Mindanao	703	65	1	60.5	16.9	1.6
XII-Central Mindanao	957	50	1	80.2	25.0	1.3
XIII-Caraga	432	80	1	33.0	18.8	3.5
ARMM	600		2	24.1	14.6	

Source: Philippine Health Statistics (2011) based on Department of Health

Table 2. Public and Private Hospitals by Region, 2010

Region	Government		Private		Total	
	No.	%	No.	%	No.	%
<b>Philippines</b>	<b>730</b>	<b>40.3</b>	<b>1,082</b>	<b>59.7</b>	<b>1,812</b>	<b>100</b>
NCR	51	27.9	132	72.1	183	100
CAR	38	66.7	19	33.3	57	100
I-locos	41	33.3	82	66.7	123	100
II-Cagayan Valley	45	49.5	46	50.5	91	100
III-Central Luzon	60	30.3	138	69.7	198	100
IVA	67	28.6	167	71.4	234	100
IVB	37	57.8	27	42.2	64	100
V-Bicol	48	44.0	61	56.0	109	100
VI-Western Visayas	62	72.1	24	27.9	86	100
VII-Central Visayas	59	56.2	46	43.8	105	100
VIII-Eastern Visayas	51	67.1	25	32.9	76	100
IX-Western Mindanao	29	42.0	40	58.0	69	100
X-Northern Mindanao	37	33.9	72	66.1	109	100
XI-Southern Mindanao	20	18.2	90	81.8	110	100
XII-Central Mindanao	28	26.4	78	73.6	106	100
XIII-Caraga	35	59.3	24	40.7	59	100
ARMM	22	66.7	11	33.3	33	100

Source: Philippine Health Statistics (2011)



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These disconnect between stakeholders and policymakers needs to be addressed. How is it that most local governments or health related agencies (1) failed to recognize the multiplicity of societal actors in health systems, a one size fits all approach does not always work in local health service provision; (2) underestimate the potential of partnering with societal actors (NGOs, civil society, etc.); (3) limit their own abilities to innovate, by “playing safe” in their policy decisions, and (4) be content to relay on limited and likely out dated information and practices? Promoting health policy systems research, particularly at the local level can help address these nuances in local policy and program execution. But it must begin somewhere.

## 2. METHODOLOGY

Literature survey and review of current legal and fiscal policies pertaining to Health Governance were conducted to find out the current issues and challenges affecting health services and health policy systems in the Philippines. A 2016 CHED-Philippine Higher Education Research Network Sustainability Studies Program study on Breast Cancer prevention and management in Bacolod city was revisited as a case study in health policy systems research.

## 3. RESULTS AND DISCUSSION

### *Responsiveness of the Philippine Health Care System*

To date the Philippine Health Care System has proven to be in large part responsive to the needs of the Filipino on a national level. Although there are perceived variations in responsiveness, these are not unexpected as they are generally attributed to socioeconomic classification of patients, their geographic locations and more so to the availability and affordability of quality health care as provided by public health care providers (HCP) or health care facilities (HCF).

In relation to these findings, is the realization of the disproportionate nature of service

provision, especially towards the indigent members of society. This reality is better exemplified in less developed municipalities where health services are limited and seasonal. An analysis of the 2013 National Demographic Health Survey found that studies of inequalities in service provision in urban slums are still limited. Likewise, the study showed that urban slums have worse health situations than non-slums and even rural areas. The findings to these are seen when comparing post-natal services, facilities and immunization programs.

This is unsurprising given the lack of an institution in the Philippines that is responsible for health policy and systems research, as well as health financing, health technology assessment and outcomes research.

On the local level this becomes more problematic as there are limited opportunities for health service providers and health policy researchers to flourish given the disincentive of low pay, funding and even interest by LGU leaderships in general. An inherent need for improved coordination, sourcing and management of research funds is very much evident.

Despite a growing interest for research and policy studies among policy makers, an apparent trade-off between expertise, resources and capacities of academic institutions occur at the different levels of engagement, e.g. lobbying with policy makers or simple focus group discussions with stakeholders still occur.

### *The Role of Academia*

Conversely, academia has made more progress in health policy systems research than the Department of Health. In this respect, funding and support for research seems to be the key deciding factor.

A previous multi-disciplinary study (Carandang, et.al., 2019) aimed at identifying the root causes of breast cancer in Bacolod helped confirm what literature suspected as possible reasons why health governance is difficult to realize the Philippines. Namely, most local governments or health related agencies either



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failed to recognize (1) the multiplicity of societal actors in health systems, let alone identify and assign (2) the distribution of roles and responsibilities among those societal actors and (3) understand, develop and support their ability and willingness to fulfil their roles and responsibilities, (4) there is limited or no data available- if there were any, these tend to be out dated.

#### 4. CONCLUSIONS

Stakeholders, health service providers and policymakers advocating for improved local health systems in the Philippines should look into the potential of principal-agent relationships among health system actors. Governance analysis need to consider the inherent issues and limitations of the different levels of the health system-including prevailing sociopolitical power dynamics inherent in the local communities, as well as from the perspectives of the health service provider especially when formulating policies and instituting programs. „One-size“ good governance prescriptions will not always work in the health system given the different capacities, attitudes and culture of target communities. Funding for research and continued partnerships with academic and educational institutions should become a priority for LGUs not just for financial advantages but more so for the experience and technical skills of these experts.

Local health policy systems research matter in local health governance given its ability to deliver timely, appropriate and fiscally responsible program and policy recommendations. Furthermore, its consideration of local socio-political and economic situations which promote an environment of cooperation, trust and understanding between the government and the community. Local health systems thrive when the community as a whole work on a collaborative framework of health governance with LGUs. This relationship is further improved when lessons and insights from research and policy studies in health,

wellness and health services are integrated with existing policy and program interventions.

#### 5. ACKNOWLEDGMENTS

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#### 6. REFERENCES

- Carandang JSR, Dadios EJP, Enriquez MLD, Punzalan ECR, Sison-Gareza BP, Teruel RG, Ples MB, Co FF, de Castro MEG, and Carandang JL. (2019). Characterizing the High Breast Cancer Incidence in Bacolod City. Philippines. *Asia-Pacific Social Science Review*. 19(2) 2019: 130-141.
- Carpio, L. P. D. (2018). Are Health Services Reaching Filipinos Living in Slums? Department of Health. Retrieved March 14, 2019, from [https://www.doh.gov.ph/sites/default/files/health\\_magazine/WHRB4.2%20Service%2zDelivery.pdf](https://www.doh.gov.ph/sites/default/files/health_magazine/WHRB4.2%20Service%2zDelivery.pdf)
- Jimeno, K. J. J. M and Onagan, F. C. C. (2018). How responsive is the Philippine Health Care System? Results of the First Health System Responsiveness Survey in the Philippines. Department of Health. Retrieved March 10, 2019, from [https://www.doh.gov.ph/sites/default/files/health\\_magazine/WHRB4.5%20Performance%20Accountability.pdf](https://www.doh.gov.ph/sites/default/files/health_magazine/WHRB4.5%20Performance%20Accountability.pdf)
- Lansang, M. A., Picazo, O. and Quimbo, S. (2018). How can we get quality evidence in the hands of decision makers in a timely manner? Department of Health. Retrieved March 10, 2019, from [https://www.doh.gov.ph/sites/default/files/health\\_magazine/WHRB4.4%20Governance.pdf](https://www.doh.gov.ph/sites/default/files/health_magazine/WHRB4.4%20Governance.pdf)