

# Partners in Health

## **Department of Health**

As the lead government agency for health, the DOH carries out the critical function of being the steward of the health sector. “Good stewardship involves setting of health policies, regulation, monitoring and evaluation and exerting influence over the whole sector” (WHO 2000). As a good steward, the DOH constantly works for an environment that is conducive to collaboration, striving to open channels among all members of the health sector for collaborative activity.

The implementation of the 1991 Local Government Code had changed the health service delivery functions and responsibilities of the DOH. As enunciated in the Organizational Performance Indicators Framework (DOH 2000 and 2006), the DOH has to perform these essential functions as “servicer of servicers”:

- 1) Development of health policies and programs;
- 2) Enhancement of partners' capacity through technical assistance;
- 3) Leveraging performance for priority health programs among these partners;
- 4) Development and enforcement of regulatory policies and standards;
- 5) Provision of specific programs that affect large segments of the population; and
- 6) Provision of specialized and tertiary level care.

As a result of mandated policy shift, the Department's constituency has shifted from the level of “individuals” to “partners” for health such as LGUs, development partners, NGOs, POs, and civil society (Reengineering for Reforms 2000). The DOH specifically works hand in hand and ensures commitment of support to health initiatives coming from the LGUs. Such scheme ensures the synchronicity of local health programs with the national health goals. The DOH highly recognizes local government autonomy which could fuel innovative health program interventions from local partners.

## **Local Government Units**

Under a devolved setting, the LGUs also serve as stewards of the local health system and therefore they are required to formulate and enforce local policies and ordinances related to health, nutrition, sanitation and other health-related matters in accordance with

national policies and standards. They are also in charge of creating the environment conducive for establishing partnerships with all sectors at the local level.

The primary responsibility of the LGUs and its constituent local partners however is on the direct provision of health services. Service provision entails the efficient generation and utilization of three principal resource inputs: human resources, physical capital, and consumables (WHO 2000). Human resource input relates to necessary knowledge and skills transfer to and among health workers complemented by effective personnel motivation tools. Physical capital in health provision pertains to infrastructure necessary in order to deliver the service, be it facilities, equipment and devices. Consumables, on the other hand, pertain to commodities that are vital components of health related interventions, such as drugs, medicines and syringes. Nonetheless, resources can also include expenditure items that have no direct correlation with clinical care. These may be in the form of buildings, vehicles, information materials and other items that are incidental in delivering health and health-related services. Essentially, LGUs are concerned with the following:

- 1) Provision of promotive, preventive, curative and rehabilitative health programs and services;
- 2) Operation and maintenance of health facilities; and
- 3) Establishment of management support systems that will enhance the provision of services.

In the provision of these services, LGUs must ensure that funds are available to undertake all essential health activities. All of the abovementioned inputs have corresponding money values, which are borne by both public and private sources. The sources may be the national government, the LGUs themselves through their Internal Revenue Allotment and other sources. In general, these sources answer for the annual spending for health of the LGUs.

### **Other National Government Agencies**

The DOH works with other agencies of government in achieving optimum positive health outcome. Inter-agency partnerships affect the widest cross-section of health beneficiaries. Of all the line agencies in the executive branch of government, the DOH interrelates most with the following: Department of Social Welfare and Development

(DSWD), Department of Interior and Local Government (DILG), Department of Labor and Employment (DOLE), Department of Education (DepEd), and National Anti-Poverty Commission (NAPC). Inter-agency coordination is also forged with the Department of Budget and Management (DBM), Department of Finance (DOF) and National Economic and Development Authority (NEDA). Each agency mentioned has its own competencies and resources that contribute to the effective and efficient delivery of health services. Partnerships between the DOH and these agencies are crucial most especially in the light of health sector reform.

### **Congress of the Philippines**

The appropriation and allocation of government budget are within the purview of legislative power. Although funding for health operations at the national and local levels receives priority attention from Congress, the challenge is to bring necessary health and health-related programs to the attention of policy-makers. This is where partnerships with senators and congressmen become crucial. Moreover, many of the efforts in Philippine health reforms necessitate the enactment of enabling laws. Thus, to ensure that health legislations are supportive of health sector priorities, Congress opens its doors to operative networks and cooperation venues with DOH and other stakeholders in the health sector. DOH officials and technical staff are invited to participate in public hearings on health and health related legislative bills. On the other hand, legislators and their staff take part in cooperative activities that are facilitated by DOH in order to foster strong alliances. These types of undertakings ensure synchronicity between health laws and health sector priorities.

### **International Organizations**

The assistance of international organizations to the health sector mostly come in the form of grants, loans and technical assistance. For example, a number of infrastructure projects as well as capability building activities for health workers are undertaken through the assistance of international donors and partners. At present, a sector development approach for health (SDAH) between the government and international development partners is being initiated to ensure generation of necessary resources and optimization of investments to move the Philippine health sector forward.

### **Academic and Research Institutions**

Academic and research institutions have been steady partners of the DOH. The necessary knowledge in health service provision sometimes cannot be derived from practice. The pragmatic aspect of learning should also be coupled with the application of accepted principles and theories. Such type of learning can only emanate from partnerships with the academe and research community. Partner institutions can provide evidence through researches and studies that can serve as basis for informed decisions and sound health policies. Also, such partnerships provide opportunities for transfers of technology from both local and international knowledge sources.

### **Non-Government Organizations (NGO), People's Organizations (PO), and Socio-Civic Groups**

NGOs and POs have assumed a broad role in health service delivery through program development, management, policy advocacy and local service delivery. NGOs in the country represent a great force and resource in terms of reaching underserved populations and extending coverage in high-risk areas. Maximizing their potential through different partnership arrangements will answer the issue of limited government resources. These groups have the capacity to organize and mobilize communities and therefore can serve as good advocates of health programs and direct providers of services especially in areas where government personnel and services are inadequate.

### **Media**

Media plays an important role in echoing national programs across the population. The most important aspect of health promotion is ensuring that health information are both collected and disseminated with the widest reach. Such end is achievable only through strong partnership with media entities. In certain situations, the DOH derives feedback from the field and vice versa through monitored reports by the media. Effective media relations are necessary for the health sector to cope up with the dynamism of health service provision.

### **Private Partners**

A major portion of health services in the country is privately provided. Business and industry's role are generally on the production of health goods and services for use by health providers and consumers. As such, one of their crucial responsibilities is to

produce goods and services based on standards set by the government and ensure product safety for all patients and consumers. They also contribute to the protection of health by providing safety measures in work places and maintaining a healthy environment for their workers. Direct private providers of care such as health and allied professionals have the responsibility of providing a whole spectrum of frontline services ranging from promotive and preventive to curative and rehabilitative health services. Thus, forging public-private partnerships are crucial elements in health sector development and in attaining better health outcomes.

### **Individuals and Families**

Individuals and families are key partners in the health sector as they remain largely responsible for ensuring their own personal health as well as maintaining healthy homes and communities. Seeking health services when one needs it most starts with the individual and the family. Practicing healthy lifestyle and healthy habits also rest with them. For these reasons, they are the most crucial partners and stakeholders in attaining the country's health goals.