

# **ROLE OF NETWORKING IN MANAGING MIGRATION OF HUMAN RESOURCES FOR HEALTH IN THE PHILIPPINES**

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## **INTRODUCTION**

Globally, there are challenges facing the health care systems and threatening the attainment of the Millennium Development Goals due to inequitable distribution of Human Resources for Health (HRH). In the Philippines the problem of migration of Filipino HRH is compounded by inequitable distribution with most of them concentrating in highly urbanized areas. These HRH problems are not new and have been existent for several decades now. There are efforts of the Philippine government to address these issues but the problem lies on the lack of structure that is responsible for HRH development in the Philippines. Several government agencies have different mandates and functions but there is no overseeing organization that harmonizes the policies and programs on HRH.

In 2006 the Department of Health (DOH) recognizing the problem of lack of structure spearheaded the creation of the Human Resources for Health Network (HRHN). During this time there is renewed interest in migration due to the emergence of the nurse medic phenomenon wherein doctors go into nursing as a means of working abroad. The HRHN is seen as a mechanism that will address the problem of lack of structure and at the same time serve as the most doable strategy of managing migration by bringing together the action of all agencies and organizations involved in HRH development. Based on the performance of the HRHN for less than two years of its existence, it has attained remarkable achievements in its initiative to manage migration even if the network faces the challenge of its own sustainability.

This paper aims to present the existing HRH problems exemplified by migration in the light of other related issues such as the nurse medic phenomenon, foreign doctors taking up residency training, quality of nursing education, paradoxical enrollment trends in nursing and medicine and the effects of migration on health service delivery. Painting a true picture of HRH migration and its accompanying issues will hopefully provide policy and decision makers a better understanding of the complexity of managing migration in the Philippines and the need for concerted efforts of government agencies and other organizations to address this problem through sound policies on migration and evidence based HRH planning. It is also important to depict HRH development in the Philippines highlighting the different functions and mandates of all government agencies involved in it in order to appreciate the significance of collaborating and creating partnerships among these organizations. This paper also looked into the earlier initiatives to create a similar organization in the past as part of the historical perspective of networking in the Philippines.

Prior to the creation of the HRHN and up to the present, there are HRH experts who still advocate for the establishment of a commission in order to address the lack of structure and

at the same time HRH issues. The Health Human Resource Development (HHRD Plan) Plan in 1995 recommended the creation of a commission that will oversee HRH development in the country [1]. A recent paper on nursing crisis in the Philippines proposes the establishment of a National Commission on Health Human Resources Development [2]. With this scenario, this paper would like to determine the organizational effectiveness of HRHN at its formative stage in achieving the goals of supporting HRH development and addressing persistent issues such as unmanaged migration. In case the HRHN is already effective as an organization in achieving these goals, there is no need to create another layer of bureaucracy in order to solve the problem of lack of structure solely devoted to HRH development.

For the data sources, review of literature on migration particularly Philippine experience is utilized to gather information and give a comprehensive background on this problem. The available documents at the DOH on Health Human Resource Policy and Program Development Project provided information on the historical perspectives of networking in the Philippines. The first hand information and documents regarding the creation of the HRHN as well as its projects and activities like minutes of meeting, Memorandum of Understanding (MOU) and other forms of documentation serve as good sources of data in evaluating the effectiveness of networking in managing migration in the Philippines and other persistent HRH issues.

For the analytic framework, this paper evaluates organizational effectiveness of the HRHN at its formative stage through a set of variables pertaining to input, output, outcome and impact with corresponding performance indicators. Input refers to the structure and other components of the network such as membership, competency of the members, funding which are needed to come up with the expected outputs. For the output variables, it refers to the products of the network which will be used to manage migration like policies and integrated database. Impact, on the other hand pertains to the desired goals of the network which are possible consequences of the output such as migration management and workforce retention. Outcome is the final or end goal of the network in relation to migration management which is in this case, increased number of competent HRH that are equitably distributed all over the country.

Another tool to further analyze the network's effectiveness is by evaluating the different variables using the SWOT analysis in determining the strengths, weaknesses, threats and opportunities pertaining to the structure of the HRHN and the network's significant environment. It will also help the readers to understand where the HRHN is presently situated in terms of its growth as an organization by looking at the phases of establishing a network or its life cycle based on the experiences of the HRHN.

## **GLOSSARY OF TERMS AND ABBREVIATIONS:**

**Association of Deans of Philippine Colleges of Nursing (ADPCN)** – a non-government organization composed of deans of the different colleges of nursing in the Philippines with a goal of upholding the quality of nursing education through continuous improvement of nursing curriculum.

**Association of Philippine Medical Colleges (APMC)** – a non- government organization that upholds quality medical education in the country.

**Civil Service Commission (CSC)** – considered as the central personnel agency of the Philippine government.

**Commission on Higher Education (CHED)** – a government agency that is tasked to oversee both public and private higher education institutions in the Philippines.

**Commission on Filipinos Overseas (CFO)** – a government agency that is responsible for promoting the welfare of Filipinos overseas.

**Department of Budget and Management (DBM)** – a government agency in the Philippines that manages proper utilization of government resources including budget and human resource.

**Department of Foreign Affairs (DFA)** – a government agency in the Philippines that promotes foreign relations and upholds Philippines' foreign policies through its embassies and consulates abroad.

**Department of Health (DOH)** - the lead government agency in health that is equivalent to the Ministry of Health in other countries. The Department is composed of the Central Office located in Manila, several Regional Offices found in different areas of the country and DOH retained hospitals which are under the management of the Department even after the devolution.

**Department of Interior and Local Government (DILG)** – a government agency in the Philippines that assists the President in the management and supervision of **local government units (LGU)**. The LGU includes provinces, municipalities, cities and barangay. Barangay is the smallest unit of government in the Philippines.

**Department of Labor and Employment (DOLE)** – a government agency in the Philippines that is responsible for promoting job opportunities, protecting workers' rights, managing labor disputes and human resource development.

**Department of Trade and Industry (DTI)** – a government agency in the Philippines that promotes consumers' welfare and coordinates the efforts of all agencies regarding trade, industry and investments.

**Executive branch** – branch in the Philippine government that is composed of the Office of the President and the Vice-President.

**Health human resource-** an earlier term pertaining to health care workers.

**Health human resource development-** same term as human resources for health (HRH) development. It concerns three aspects particularly planning, production and management of HRH.

**Health Human Resource Development Bureau (HHRDB)** – bureau within the DOH that is mandated to ensure quality of training and health human resource development at all levels of the health care system.

**Health Human Resource Development Plan (HHRD Plan)** – an extensive plan developed in 1994 by the DOH that involved several strategies and mechanisms to support and manage health human resource development in the country.

**Health Human Resource Policy and Program Development Project** – the DOH undertook this project in 1993 with a goal of coming up with an assessment of health human resource development situation in the country. The report of this project was used to draft the HHRD Plan.

**Human Resources for Health (HRH)** – a universal term for health care workers.

**Human Resources for Health Network (HRHN)** – a multi-sectoral organization composed of different government agencies as well as non-government organizations with an aim of supporting HRH development in the Philippines.

**Human Resources for Health Master Plan (HRHMP)** – a 25-year plan with a goal of providing the Philippine health care system with an adequate number of competent HRH that are equitably distributed all over the country.

**Institute of Health Policy and Development Studies- National Institutes of Health (IHPDS-NIH)** – a unit within the National Institutes of Health of the University of the Philippines in Manila that is involved with researches and development of health policies.

**German Technical Cooperation (GTZ)** – a German funding agency that promotes sustainable development with offices worldwide including the Philippines.

**Government Service Insurance System (GSIS)** – a government agency that manages social security benefits of government employees in the Philippines including retirement benefits and pension.

**Labor Code of the Philippines** – a law that provides the rules and regulations on employment practices as well as employees' rights and benefits in the Philippines.

**Legislative** – branch of Philippine government that pertains to the Senate and Congress of the Philippines.

**Local Government Code of 1991** – a law that describes the jurisdiction of power of the LGU and the basis for the transfer of certain services which are usually provided by the national government including health to the LGU.

**Memorandum of Understanding (MOU)** – the document signed by the head of all member organizations of the HRHN which serves as the legal basis for the existence of the network.

**National Commission on Health Human Resources Development** – this is the proposed structure of one study to support HRH development in the Philippines.

**National Economic Development Authority (NEDA)** – a government agency in the Philippines that oversees planning, coordination and policy making for social and economic development of the country.

**Nurse medic phenomenon** – a recent trend in the Philippines wherein doctors go into nursing as a means of working abroad especially in the United States.

**Oversight Committee** – is composed of heads of all member organizations and acts as the decision making body of the HRHN.

**Overseas Filipino Workers (OFW)** – refers to Filipinos working abroad.

**Overseas Workers Welfare Administration (OWWA)** – an attached agency of DOLE that promotes and protects the welfare of OFW and their families.

**Plantilla positions** – refers to permanent positions in the Philippine government.

**Philippine Nursing Board Examination** – licensure examination given to graduates of nursing in order to become registered nurse in the Philippines.

**Philippine Overseas Employment Administration (POEA)** – an attached agency of the DOLE that oversees recruitment and employment of Filipinos abroad. This agency also regulates private recruitment agencies in the Philippines.

**Professional Regulations Commission (PRC)** – government agency that regulates the practice of profession in the Philippines. This agency is also responsible for giving licensure examinations to graduates of certain professions including health.

**Public Services Labor Independent Confederation (PSLINK)** – is an umbrella organization of workers' union in the Philippines wherein members are government employees from the national government, LGU, state universities and government owned corporations.

**Republic Act No. 2382, "The Medical Act of 1959"** – a law governing education and practice of medicine in the Philippines.

**Republic Act No. 7305, “Magna Carta of Public Health Workers”** – a law enacted in 1992 that upholds the rights and benefits of public health workers from the national government up to the LGU. With the devolution of certain services including health to the LGU as mandated by the Local Government Code of 1991, not all benefits such as hazard pay are given to public health workers.

**Residents** – refers to physicians who are undergoing residency training in hospitals. In the Philippines, a physician after obtaining his or her license to practice can pursue further specialization in pediatrics, medicine, surgery and other medical fields which is known as residency training.

**Secretariat** – main function is to perform administrative work for the HRHN such as setting of meetings, managing of important logistics and circulation of information and documents among members. The DOH through the HHRDB acts as secretariat for the network.

**Social Security System (SSS)** - a government agency that administers social security benefits to private employees in the Philippines including retirement benefits and pension.

**SWOT analysis** – is a useful tool in determining the strengths, weaknesses, opportunities and threats of an organization in relation to a given project or business venture. It also evaluates the internal environment which usually concerns the organization and the external environment which refers to factors that are external to the organization but can exert effects on it.

**Technical Working Group (TWG)** – each member organization of the HRHN is represented in the technical working groups. The HRHN is composed of the three TWG namely the TWG on Entry, TWG on Workforce and the TWG on Exit. Their main function is to draft policy recommendations on important HRH issues and problems for the approval of the Oversight Committee.

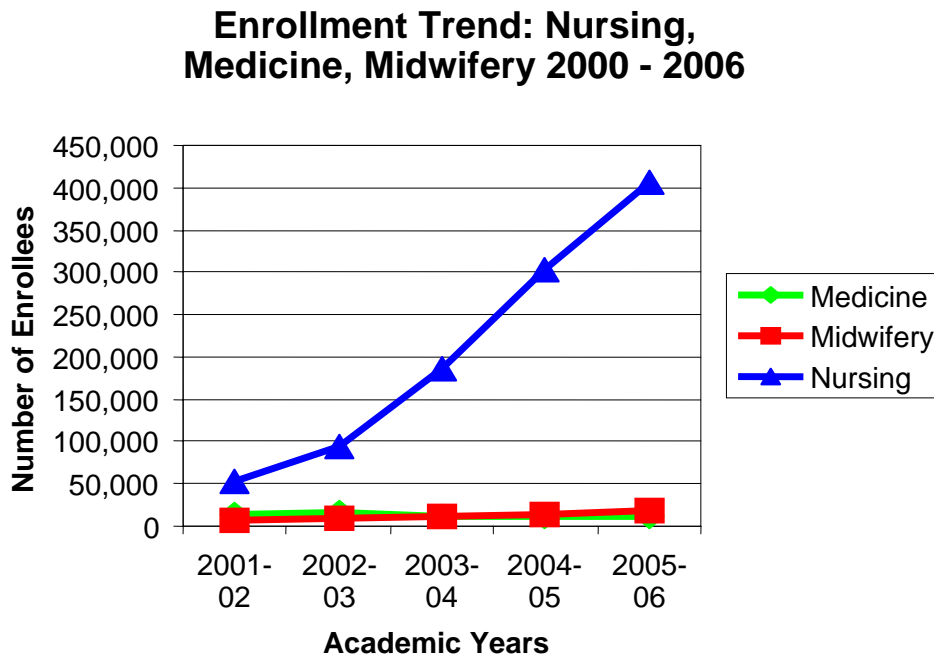
**Technical Education and Skills Development Authority (TESDA)** – a government agency in the Philippines that promotes skills development and also manages technical vocational institutions in the Philippines. This agency is responsible for giving certification examinations to graduates of technical vocational courses.

## HRH MIGRATION ISSUES

The problem of migration is not new since Filipino doctors started to work in the United States (US) as part of the exchange visitors' program in the 1950s [3]. From 1950s onwards, there is continuous outflow of Filipino HRH to other countries particularly in North America and Middle East. The presence of ageing population accompanied by declining interest in the health profession in developed countries has resulted to shortage of HRH mostly nurses in recent years. In order to fill the gap, countries like US actively recruit nurses from developing countries such as the Philippines and offer them opportunities of permanent migration by granting immigrant visa. The prospects of permanent migration attracted Filipino doctors to go into nursing. The phenomenon of doctors becoming nurses started in 1999 as a consequence of US granting immigrant visa to Filipino nurses and their families [4].

Although there is no exact figure to show how many doctors have left the country, one report revealed that around 3,500 doctors went abroad to work as nurses since 2000 [5]. This phenomenon is compounded by the fact that there is a decreasing trend in enrollment in medical schools (see Figure 1) as well as decrease in the number of residents in both private and government hospitals. Some hospitals even started hiring foreign doctors to fill the vacancies of resident doctors. Although foreigners are allowed to study medicine in the Philippines, they are not permitted to practice their profession in the country except for certain exemptions as cited in Republic Act No. 2382, "The Medical Act of 1959". The hiring of foreign doctors is not a welcome idea based on the restrictions of the existing laws but it is being resorted to by hospitals as a means of augmenting their pool of medical doctors particularly residents.

**Figure 1.** Enrollment Trends of Nursing, Medicine and Midwifery in a Five-Year Period, 2001-2005



Source: HRHN-TWG on Entry Policy Brief, "Production of Human Resources for Health and Migration Management"

In contrast to medicine, there is increasing trend in enrollment and mushrooming of nursing schools all over the country [6]. In spite of adequate production of nursing graduates, only a small percentage usually pass the board examination and eventually become licensed nurses (see Table 1). The low passing rate does not only reflect the quality of nursing education in the Philippines but it also takes a toll on the health care delivery system. Although the Philippines produces more nursing graduates, only those licensed can be hired by hospitals and other health facilities to do nursing care because of hospital licensing requirements. This dilemma further contributes to the problem of fast turn over of skilled nurses due to migration. At the rate the country is producing licensed nurses; it is difficult to augment the loss of skilled and experienced nurses. One study stated that the loss of skilled nurses results to delay as well as postponement of major surgical procedures [3].

**Table 1.** Passing Percentage of Examinees in the Philippine Nursing Board Examination from Year 2001 to 2006

| Year | Number of Examinees | Number of Passers | Passing Percentage |
|------|---------------------|-------------------|--------------------|
| 2001 | 8269                | 4430              | 53.57 %            |
| 2002 | 9449                | 4228              | 44.75 %            |
| 2003 | 15611               | 7528              | 48.22 %            |
| 2004 | 25221               | 12581             | 49.88 %            |
| 2005 | 49676               | 25951             | 52.24 %            |
| 2006 | 80444               | 37030             | 46.03 %            |

Source: Professional Regulations Commission

The phenomenon of doctors becoming nurses and shortage of skilled nurses severely affect Philippine health care delivery system. Some even predict that the health care system will collapse in due time if the government and other important stakeholders will not immediately respond to the problem of migration. There are efforts to manage migration on the part of the government such as the establishment of the Philippine Overseas Employment Administration (POEA) in 1997 which is considered as the one of the best examples of state managed migration in the world [7]. However, the creation of the POEA did not solve the problem of migration especially of Filipino HRH because of certain peculiarities of HRH development in the Philippines.

## **PRESENT HRH DEVELOPMENT IN THE PHILIPPINES**

HRH development which pertains to planning, production and management is unique in the Philippines [8]. There is no single government agency that is mandated to handle HRH management and development in both private and public sector. Several government agencies have different mandates on HRH development. For HRH planning, no organization is religiously overseeing it unlike other developed countries such as Australia. In Australia, the Health Workforce Principal Committee (HWPC) oversees and coordinates HRH planning at the national level [9]. Although human resource development in the Philippines is within the mandate of the Department of Labor and Employment (DOLE), workforce planning and projection of HRH is not being done by the said agency. The DOH knowing that the shortage of HRH will affect health care delivery system attempted planning through the

HHRD plan in 1995 and the Human Resources for Health Master Plan (HRHMP) in 2005. However, the limitation of the HHRD plan and the HRHMP lies on the fact that these plans were developed based on limited HRH data. At present, there is no organization that is documenting the number of HRH and their distribution in the country. Up to the now, there is no comprehensive database that contains relevant HRH information from production, deployment, utilization, migration up to retirement. Each agency has its own database providing HRH information that is needed and specific to the particular agency. Because of this set-up, information varies from one agency to another depending on whose collecting it.

Regarding HRH production, the government agencies with mandates include the Commission on Higher Education (CHED), Technical Education and Skills Development Authority (TESDA) and Professional Regulations Commission (PRC). The mandates on HRH production of these agencies are mostly regulatory in nature such as CHED ensuring quality of higher education including health science programs, PRC on the licensure and regulation of the practice of medical and allied medical professions and TESDA on ensuring quality of health related technical and vocational courses. But production of HRH is mainly market driven. The local and international demands dictate the number of HRH produced in the country. The global shortage of nursing and the US opening its doors to Filipino nurses resulted to significant increase in nursing schools from 170 in 1999 to 470 in 2005 with corresponding rise in enrollment and number of nursing graduates [6].

Local deployment of HRH is not also regulated and systematic. In the Philippines hospitals and health care facilities are being run by both government and private sector. Based on the 2005 available data, there are 702 government and 1136 private hospitals and health facilities in the Philippines [10] This figure does not include rural health units, municipal and city health offices, private clinics, free-standing clinical and other types of laboratories. It shows that health care facilities are mostly privately owned. Recruitment of HRH to these health facilities are being done by the facility itself. Even government owned facilities do not have a centralized system of recruitment. Medium of recruitment is usually through publication in newspaper and other print ad materials. This system of announcing vacancies is limited in nature. In 2007 the DOH as a means of organizing recruitment of HRH to both government and private sector developed the *Ejobs for Health*, a web-based job posting that is free to use by those who would post vacancies as well as for the job seekers. However, only few use the *Ejobs for Health* due to lack of advocacy and campaign especially to owners of health care facilities.

In contrast to local deployment, international deployment of HRH is more organized in the country. Certain government agencies have mandates on it such as the POEA, Overseas Workers Welfare Administration (OWWA), Commission on Filipinos Overseas (CFO), Department of Foreign Affairs (DFA) and Department of Trade and Industry (DTI). The POEA regulates international recruitment and deployment of HRH. Aside from this function, the POEA as well as DTI and DFA also protect the interest and welfare of the country and Filipino migrants by undergoing bilateral and or multilateral agreements with other countries needing Filipino HRH. The DFA through its embassies, CFO and OWWA are mandated to look after the welfare of Filipino migrants abroad.

Once the HRH has already entered the workforce, different agencies have mandates on compensation and benefits, learning and development, employees' rights, working conditions and career development. Because of the devolved set-up, the DOH manages the HRH that are employed in the Central Office, its Regional Offices and DOH retained hospitals while the local government units (LGU) handle those employed in the provincial,



municipal and city health offices and other health care facilities under the LGU. The Department of Interior and Local Government (DILG) oversees and monitors the implementation of the Local Government Code of 1991 to the LGUs. As such, the DILG provides policy directions promoting the welfare of the HRH to the LGUs. One example is the issuance of Memorandum Circular no. 2006-67 that reiterates to LGUs the implementation of Republic Act no. 7305, "Magna Carta of Public Health Workers". At present many LGUs still do not implement the benefits included in the Magna Carta such as hazard pay.

In terms of employees' rights and benefits, the DOLE promotes the welfare of employees in the private sector through the Labor Code of the Philippines. The Labor Code contains provisions on recruitment and termination of private employees, their benefits as well as working conditions. In the public sector, the Civil Service Commission (CSC) provides the rules and regulations on hiring, employment, promotion, benefits and incentives of government employees including HRH. The creation of plantilla positions which refers to permanent positions in the government and management of compensation and position classification are within the mandates of the Department of Budget and Management (DBM). And when the HRH is about to retire from the service, the government agencies responsible for the pension and welfare of the retirees are the Government Service Insurance System (GSIS) for the public sector and the Social Security System (SSS) for the private sector.

The presence of several agencies with different mandates on HRH development resulted to lack of clear policies on HRH. In spite of the problem of migration, the different agencies concerning HRH do not have a unified stand on this matter. This lack of stand is further aggravated by the fact that the government has the tendency to ignore it because of the billion dollar remittances brought about by the Overseas Filipino Workers (OFWs) including skilled HRH. Because of this unique set-up of HRH development in the country, the issues existing during the crafting of the HHRD Plan in 1995 are still the same up to the present such as no official national policies on HRH, lack of HRH planning, no comprehensive database on relevant HRH information and no specific agency or organization responsible for HRH development in both private and public sector.

## **EARLIER INITIATIVES TO CREATE A MULTI-SECTORAL BODY**

As early as 1993 the DOH already recognized the problem of HRH imbalance exemplified by the 271 municipalities without a physician. As a mechanism to provide concrete solutions to long-standing HRH problems, the Department initiated the creation of the Health Human Resource Policy and Program Development Project. The Health Human Resource Policy and Program Development Project was conceived to formulate policies on planning, production and management of HRH. Prior to drafting of policies, a situational analysis was conducted to determine the present HRH condition in the country. At that time the significant problems include no official national policies on HRH, no HRH planning, no government agency responsible for HRH development and no reliable and accurate data on HRH [8].

In 1995 the Health Human Resource Policy and Program Development Project came up with the HHRD Plan. Aside from policies on HRH, the said plan mentioned networking as a strategy to form partnerships with others stakeholders. Although networking is the strategy for collaborative action among stakeholders, the creation of a commission is the proposed

structure that will sustain HRH development planning at all levels. The HHRD Commission will be composed of representatives from different sectors such as health, education, labor, local government and other stakeholders concerning HRH. The main role of the commission is to coordinate the different functions on HRH that are being done by several government agencies [1].

Other than the commission, there are two proposed structures that were mentioned in the HHRD Plan which include the HHRD Advisory Body and Regional Planning and Steering Committees. The primary role of the HHRD Advisory Body is to recommend policies and programs that will support HRH development to the Secretary of Health. The Regional Planning and Steering Committees, on the other hand, will be present in all regional offices of the DOH and will be composed of members coming from different sectors. The main function of the Regional Planning and Steering Committees is to ensure implementation of the HHRD Plan at the regional level [1]. Unfortunately, the proposed HHRD Commission, the HHRD Advisory Body and the Regional Planning and Steering Committees were never created and the HHRD Plan did not materialize.

### **CIRCUMSTANCES LEADING TO THE ESTABLISHMENT OF THE HRHN**

A decade after the proposed HHRD Plan, the Philippines is still confronted with long-standing HRH problems magnified by the fast turn over of skilled nurses and the phenomenon of doctors becoming nurses. The DOH in partnership with the World Health Organization (WHO) developed the HRHMP in 2005. The HRHMP is a 25-year plan that is divided into three planning frames; Short term plan- 2005 to 2010, Medium term plan- 2011 to 2021 and Long term plan- 2022 to 2030. The HRHMP serves as a conceptual framework and road map that will support HRH development and management in the Philippines. The HRHMP recommends the creation of a network of different organizations with stake on HRH that will facilitate the implementation of programs, projects and activities needing multi-sectoral coordination [11]. The HRHN is originally conceived to achieve such purpose and to ensure that the HRHMP will be able to attain its goals.

Aside from facilitating the programs in the HRHMP, an organization is needed to coordinate the functions of different government agencies on HRH in order to come up with doable solutions to persistent problems such as migration. One of the recommendations in the Working Paper of the International Labour Office (ILO) on the *Migration of health workers: Country case study Philippines* is the establishment of a network among different organizations that will support HRH development through policies and programs and at the same time act as an instrument in migration management [3].

In 2006 the DOH invited different government agencies and other organizations concerning HRH to a series of organizational meetings in preparation for the establishment of the network. The invited organizations recognized the need to create a network and heeded the call of the DOH. On October 25, 2006, the Human Resources for Health Network (HRHN) was formally established through the signing of the MOU among its member organizations. At present the HRHN is composed of fifteen member organizations which include eleven government agencies, three are members of the academe and one represents the workers' union. The member organizations are the following:

- Department of Health (DOH)
- Department of Foreign Affairs (DFA)

- Department of Interior and Local Government (DILG)
- Department of Labor and Employment (DOLE)
- Philippine Overseas Employment Administration (POEA)
- Overseas Workers Welfare Administration (OWWA)
- Technical Education and Skills Development Authority (TESDA)
- National Economic Development Authority (NEDA)
- Commission on Filipinos Overseas (CFO)
- Commission on Higher Education (CHED)
- Professional Regulations Commission (PRC)
- Institute of Health Policy and Development Studies- National Institutes of Health (IHPDS-NIH of UP Manila)
- Association of Deans of Philippine Colleges of Nursing (ADPCN)
- Association of Philippine Medical Colleges (APMC)
- Public Services Labor Independent Confederation (PSLINK).

## **ORGANIZATIONAL STRUCTURE AND FUNCTION OF THE HRHN**

The HRHN is composed of three Technical Working Groups (TWG) and one Oversight Committee (see Figure 2). The three technical working groups are composed of the TWG on Entry, TWG on Workforce and TWG on Exit. The concept of the three TWG are adapted from the WHO working lifespan strategies of the “Working Together for Health”, the World Health Report, 2006. The WHO working lifespan strategies encompass the different aspects of HRH from the time he enters health related education and training, during his employment up to his retirement. Each TWG tackles HRH problems and issues pertinent to their TWG with the TWG on Entry on matters concerning planning, education and recruitment; TWG on Workforce on issues involving supervision, compensation, systems support and lifelong learning and the TWG on Exit on career choice, health and safety, migration and retirement [12]. The main function of the TWG is to prioritize HRH issues and problems as well as draft policy recommendations and or develop programs that are suitable to the prioritized HRH issues.

The policies and programs drafted by the TWG are then recommended to the Oversight Committee which is composed of the head of different member organizations. The members of the Oversight Committee are the decision makers who can translate the recommended policies and programs into reality. Since most member organizations are line agencies, meaning these are departments of the executive branch of the government, majority of policies and programs can be at the department level and be adopted and implemented by the concerned agencies. However, for those policies beyond the control of the HRHN member organizations such as those for the legislative branch, the HRHN can still recommend and advocate it to the Senate, Congress and other appropriate body.

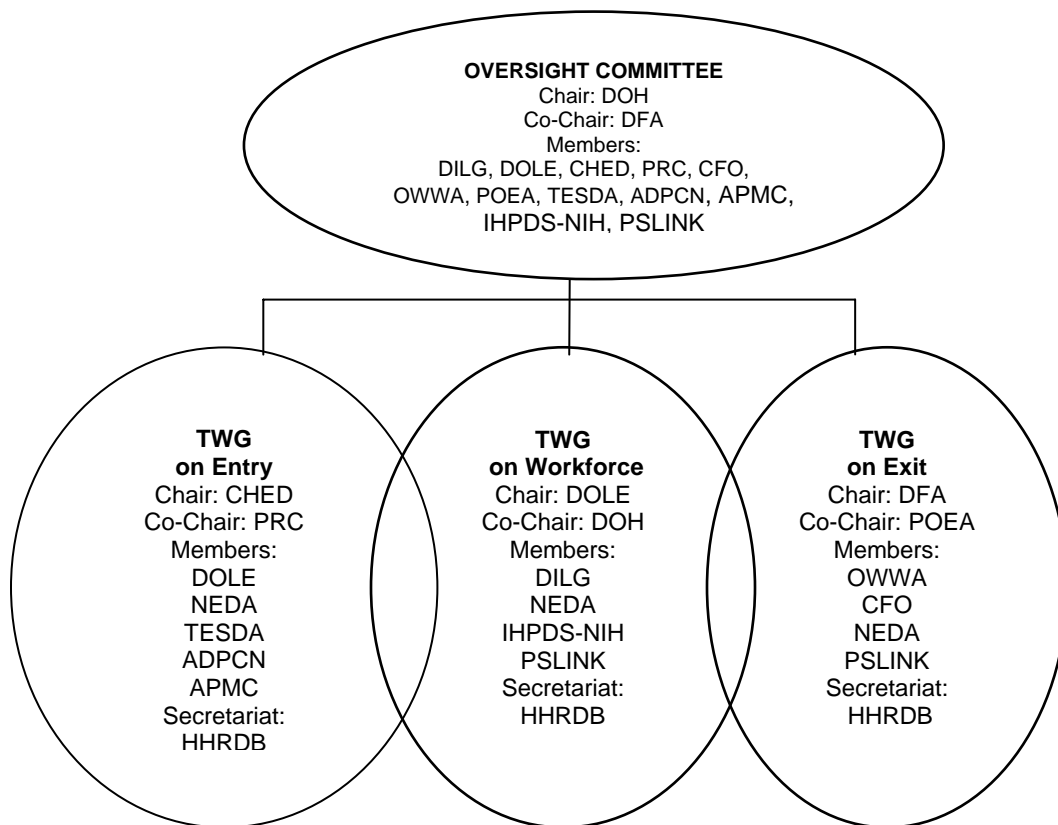
## **ANALYSIS OF ORGANIZATIONAL EFFECTIVENESS OF HRHN**

### **Growth of HRHN as an Organization**

Prior to analyzing the organizational effectiveness of HRHN, it is better to understand where the HRHN is situated in terms of its growth as an organization. The HRHN has already

passed the phase of organizing and mobilizing based on its life cycle (see Figure 3). The member organizations have already drafted and signed the MOU last October 25, 2006. The MOU provides the legal basis for the existence of the network and at the same time contains provisions on membership, organizational structure, function and roles and responsibilities of each member organization. On its first year, the HRHN has already set its directions by formulating its own vision, mission and goals that are aligned to support HRH development and its strategic and operational plan. For the first five years, each technical working group has defined their priority projects and activities. The common projects among the three technical working groups include review and harmonization of HRH policies among member organizations and setting up an integrated database that will contain relevant HRH information. In relation to the integrated database, the member organizations still need to define important HRH indicators that can be used for evidence based HRH planning and policy making.

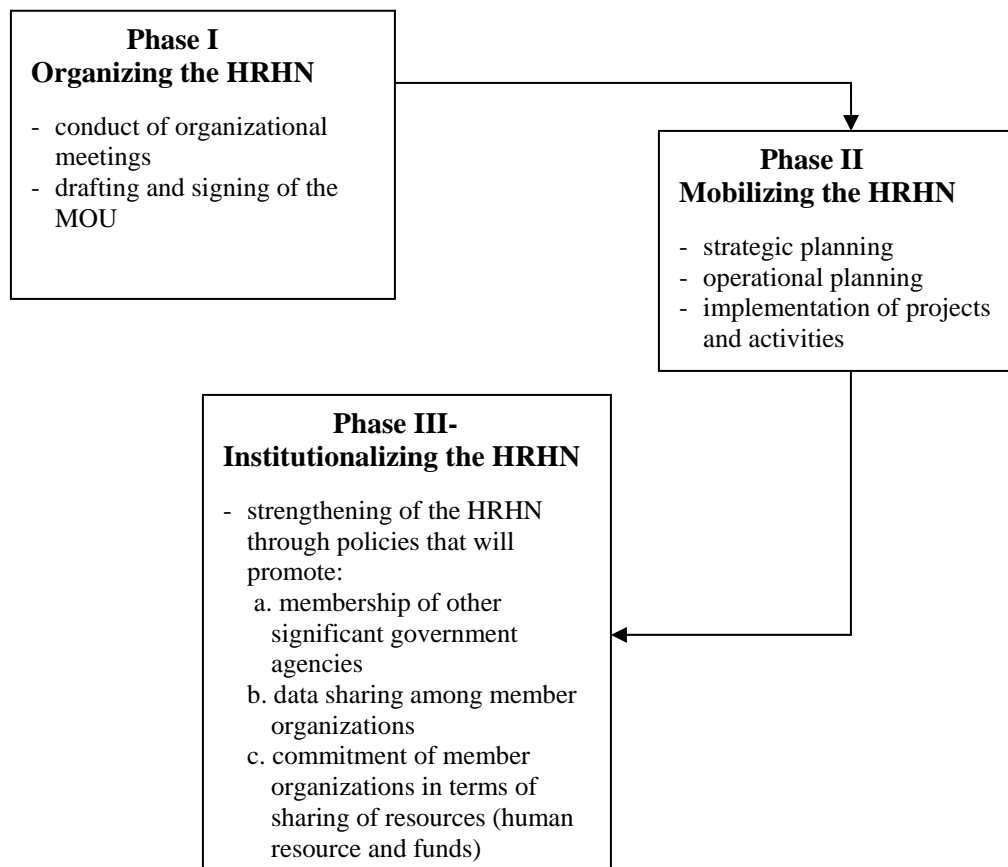
**Figure 2.** Organizational Structure of the HRHN



Regarding its priority projects and activities, the HRHN has already drafted a policy agenda that will manage migration in a holistic manner. The TWG on Entry has come up with policies that will uplift the quality of medical and allied medical education as well as vocational courses in the Philippines and increase HRH production as a stop gap measure to augment the loss of HRH due to migration. The TWG on Workforce, on the other hand, works on policies that will manage migration through workforce retention. These policies

deal with better compensation and benefits and more favorable working conditions as strategies to retain the existing workforce. Lastly, the TWG on Exit manages migration by promoting ethical recruitment policies, protection of migrant workers' rights, mutual benefits and reciprocity between the Philippines and receiving countries and re-integration mechanisms through future bilateral and multilateral agreements.

**Figure 3.** Life Cycle of the HRHN as an Organization



These policy agenda were contained in three policy briefs that were produced by the three technical working groups. As an advocacy mechanism, these policy briefs were presented to major stakeholders and other decision makers outside the network during the 1<sup>st</sup> HRH Policy Forum with a theme of managing migration last November 2007. There was unanimous support to the policies presented during the forum. The challenge for the HRHN is to draft and implement these policies especially at the level of the concerned agencies. For those policies beyond the control of the network, the HRHN will still advocate it to the proper body such as the legislative and executive branch of the government. Since the conduct of the 1<sup>st</sup> HRH Policy Forum has been successful, it will be a yearly event of the HRHN which will serve as an advocacy mechanism and a venue to present not only HRH policies but also promote HRH development in the Philippines.

The HRHN has already gone a long way in terms of mobilization. The problem of the HRHN lies more on how to strengthen and institutionalize it as an organization. Although the MOU provides the basis for its existence, a stronger and more long-term law such as an executive order or legislative bill is needed that will require mandatory membership of all government agencies with mandates on HRH development, compulsory submission of important HRH data by member organizations for the integrated database and sharing of resources in terms of budget and human resource as mechanisms to sustain the network. At present, the DOH is the lead convener and acts as the secretariat for the network. Aside from these roles, the DOH also shoulders the budget for the HRHN activities. For other major projects like the conduct of the 1<sup>st</sup> HRH Policy Forum, one of the developmental partners of DOH, the German Technical Cooperation (GTZ) provided the funds for the said activity. The HRHN is on its way to its institutionalization but it has to be supported by an appropriate executive and or legislative bill to strengthen it as an organization and at the same time sustain its existence.

### **Determining Organizational Effectiveness of HRHN Using a Set of Variables and SWOT Analysis**

For the input variables (see Table 2), the HRHN has a clear and well defined set of goals that are accepted by all member organizations. Based on the signed MOU, the objectives or goals of the HRHN include the following:

- a. Facilitate implementation of programs of the HRHMP that would entail coordination and linkage of government agencies and organizations;
- b. Provide policy directions and develop programs that would address and respond to HRH issues and problems;
- c. Harmonize existing policies and programs pertaining to HRH among different government agencies and non-government organizations;
- d. Develop and maintain an integrated database containing pertinent information on HRH from production, distribution, utilization up to retirement and migration;
- e. Advocate human resource development and management in the Philippines.

Aside from these goals or objectives, it is clearly stated in the signed MOU the specific roles of each member organization that are aligned to the objectives of the HRHN. Regarding working agreements, the duties and responsibilities of each member organizations are included in the MOU. Having well defined goals and clear duties and responsibilities are strengths of HRHN as an organization.

At present the funds needed for the HRHN activities are part of the budget of the Health Human Resource Development Bureau (HHRDB) of the DOH which also acts as the secretariat for the network. Although there is enough budget allocated for the projects of the HRHN, there is difficulty in mobilizing it because of the usual government procedures. In this case, funding is considered as a weakness of the network. But it is also an opportunity for funding agencies to support HRH development in the Philippines through the HRHN. Like in the case of the GTZ, this funding agency supported activities of the network leading to the development of policy briefs on migration management of the three technical working groups and the conduct of the 1<sup>st</sup> HRH Policy Forum.

Regarding human resource, each member agencies are represented by middle level managers such as directors and division chiefs with the necessary technical expertise on HRH. Although the members of the technical working groups are competent, the HRHN still

**Table 2.** Evaluating Organizational Effectiveness of HRHN in Managing Migration Using a Set of Variables and Its Corresponding Performance Indicators

| System Variables for Evaluating Effectiveness of HRHN in Managing HRH Migration  | Performance Indicators  |
|--|---|
| <p><b>1. Input</b></p> <p>Clear set of goals</p> <p>Working agreements</p> <p>Adequate funding support</p> <p>Competent human resource</p>   | <p>Defined set of goals clearly understood by all member organizations through MOU</p> <p>Defined working agreements including roles and responsibilities of member</p> <p>Proof of adequate funding support for the HRHN priority projects and activities</p> <p>No. of capability building activities for HRHN members and secretariat</p>  |
| <p><b>2. Outputs</b></p> <ul style="list-style-type: none"> <li>- Harmonized HRH policies drafted by the HRHN on : <ul style="list-style-type: none"> <li>• migration (ethical bilateral and multilateral agreements</li> <li>• workforce retention (better compensation, improved working conditions, wider career opportunities)</li> <li>• education, training, licensure and tests for production and supply</li> </ul> </li> <li>- Established integrated information system containing relevant HRH information for evidence based HRH planning</li> <li>- Improved political commitment and support to the HRHN for managing migration</li> </ul> | <p>No. of HRH policies drafted/implemented/ advocated by the HRHN on workforce retention</p> <p>No. of bilateral and or multilateral agreements with provisions on ethical recruitment, protection of migrant workers and mutual benefits and reciprocity</p> <p>Single integrated information system containing relevant HRH information</p> <p>No. of HRH policies sponsored by legislators at the Congress and or Senate</p> |
| <p><b>3. Outcome</b></p> <p>Increased workforce retention</p> <p>Managed migration through promotion and implementation of ethical recruitment practices, protection of migrant workers' rights, mutual benefits and reciprocity between sending and receiving countries and established reintegration mechanisms</p>  | <p>Decreased attrition rate due to migration</p> <p>Slower turn over of HRH in health facilities</p> <p>Decreased number of cases of breach of contract</p> <p>Decreased no. of cases of violation of migrant workers' rights</p> <p>- Increased no. of migrant HRH returning and absorbed to work in Philippine health facilities</p>  |
| <p><b>4. Impact</b></p> <p>Increased number of competent HRH that are equitably distributed in the Philippines</p>   | <p>Adequate number of HRH working in health facilities based on available standards and per population ratio in every province or region</p>  |

conduct capability building activities for the members and the secretariat. Since the DOH is the lead convener, the secretariat is lodged within the organization and there is a specific division, the Planning and Standards Division, of the HHRDB that acts as the secretariat. The secretariat is composed of technical staff knowledgeable on the concepts of HRH development and management as well as inter-sectoral coordination. The human resource variable pertaining to members of the technical working groups and the secretariat prove to be strengths of the HRHN as an organization.

However, one of the present problems of the HRHN is membership. Not all government agencies with mandates on HRH development like the CSC, DBM, SSS and GSIS are members of the HRHN. This has implications on policies needing the cooperation and support of these government agencies. In order to require membership of all government agencies with HRH mandate, the drafting of an executive and or legislative bill that will strengthen the network in terms of membership and sharing of resources is being undertaken and prioritized by the HRHN.

For the output variables (see Table 2), the HRHN is in the process of drafting the proposed policies that will manage migration. Since most of the policies of the TWG on Entry and Exit are agency specific, these policies will be easily drafted and adopted by the concerned government agencies. For the TWG on Workforce, most of the policies on workforce retention need legislative machinery such as the proposed government compensation and classification act which will markedly increase the salary of government employees and higher entry level position and wage for HRH. Although legislative bills usually entail too much effort and time, the HRHN has already created HRH champions in the senate and congress who are willing to sponsor the bills drafted and advocated by the HRHN. For HRH policies on migration management, the commitment of the members of the technical working group and the presence of a functional secretariat are considered as the most advantageous factors that will facilitate the drafting, advocacy and implementation of these policies.

Regarding the integrated database project, there were several activities done by the HRHN such as presentation of the different information systems concerning HRH lodged in different government agencies as well as determination of relevant HRH data that should be present in the proposed database. The problem lies on lack of funding needed to develop it and acquire the necessary equipments. The secretariat aside from its usual functions is also active in pursuing possible funding agencies that can support this project. Although funding is considered as a weakness of the HRHN, a functional secretariat that is active in searching for funding agencies is considered as strength of the HRHN while the possible support from prospective funding agencies is considered as an opportunity for the network.

As mentioned earlier, there are already HRH champions in both the senate and congress that show improved political commitment to the HRHN for managing migration. The conduct of the 1<sup>st</sup> HRH Policy Forum played a major role since it did not only serve as an advocacy mechanism for the policy agenda on managing migration but it also increased the awareness of major decision and policy makers regarding the need to support HRH development in the Philippines through the HRHN. Aside from the legislative branch of the government, the executive branch as represented by the president is also willing to support the initiatives of the HRHN in managing migration as proven by the speech of the president which was delivered by the labor secretary during the conference on migration sponsored by the Scalabrini Migration Center last November 2007. The improved political commitment and



support to the HRHN and its initiatives are opportunities for the network to propagate its cause and achieve its goals or objectives as an organization.

Although outcome variables such as workforce retention and migration management are too early to determine at this moment, these outcomes are most likely to be attained by the HRHN if the necessary outputs will be delivered by the network. Aside from the outputs, other factors that will favor or hinder workforce retention and migration management include the receiving countries' policies on HRH employment and migration and international events. With globalization, Philippine experience on migration cannot be treated solely on the context of national policies. One good example is the United Kingdom (UK) experience. In the 90's, UK became a favorite destination of Filipino nurses. But after UK employed strategies such as increasing their HRH production followed by the establishment of the European Union (EU), deployment of Filipino nurses to UK slowed down. The policies of receiving countries as well as international events that can affect recruitment and deployment of Filipino HRH can either be a threat or opportunity to manage migration and retain the existing workforce. Another factor that can pose as threat to the HRHN in achieving the desired outcomes is the changing political environment. The present HRH champions in the senate, congress as well as the president have limited term of office and their successors might not be supportive of the initiatives of the network.

**Figure 4.** SWOT Analysis of HRHN as an Organization

|   |  |
|---|--|
| <p><b>OPPORTUNITIES</b></p> <ul style="list-style-type: none"> <li>- Support from funding agencies</li> <li>- Improved political commitment as manifested by the willingness of HRH champions in the senate, congress and executive branch to sponsor HRH policies</li> <li>- Policies on recruitment and hiring of Filipino HRH of receiving countries</li> <li>- International events that can affect recruitment and deployment of Filipino HRH</li> </ul> | <p><b>STRENGTHS</b></p> <ul style="list-style-type: none"> <li>- Well defined set of goals</li> <li>- Clear roles and responsibilities</li> <li>- Competent and committed members of Technical Working Groups</li> <li>- One organization acting as lead convener and providing the secretariat</li> <li>- Functional secretariat</li> </ul> |
| <p><b>THREATS</b></p> <ul style="list-style-type: none"> <li>- Policies on recruitment and hiring of Filipino HRH of receiving countries</li> <li>- International events that can affect recruitment and deployment of Filipino HRH</li> <li>- Changing political environment</li> </ul>  | <p><b>WEAKNESS</b></p> <ul style="list-style-type: none"> <li>- Funding for HRHN projects and activities</li> <li>- Membership since not all government agencies with mandates on HRH development are members of the HRHN</li> </ul>   |

Lastly the desired impact of increased number of competent HRH that are equitably distributed in the Philippines will take several years or even decades before it can be achieved. Attainment of this impact may be fast or slow depending on several factors such as political environment, continuous existence of the HRHN as a functional organization or a

similar structure and support from other significant stakeholders and partners in HRH development.

## **CONCLUSION**

Based on the analysis of the different variables used to determine the organizational effectiveness of the HRHN, the network proves to be the most doable strategy even if it is still at its formative stage to address the lack of structure solely devoted to HRH development in the Philippines. The strengths of the HRHN as an organization lie on its well defined goals, clear duties and responsibilities of each member organization, competent and committed members of the technical working groups and one government agency acting as lead convener and providing a functional secretariat. Such organizational set-up makes the HRHN work effectively even in a short period of time. Although funding and membership are weaknesses of the HRHN, these concerns can be properly addressed by a more long term law in the form of an executive order and or a legislative bill that will strengthen and institutionalize the HRHN.

Presently, the main roles and functions of the HRHN involve policy making and policy advocacy. In the future when the integrated database has already been set-up and gaps in HRH data have been resolved, the HRHN should also undertake evidence based HRH planning on a regular basis. Although DOH attempted it through the Health Human Resource Development Plan and the Human Resources for Health Master Plan, these plans were based on limited data. Besides HRH planning should be done in close coordination among different government agencies and other organizations involved in production, deployment, migration and retirement.

Aside from HRH planning, the HRHN should also take charge of monitoring and evaluation of HRH policies. There must be a periodic review in order to determine which policies are already obsolete and needs revision and to monitor its implementation. Presently, there is no government agency or any organization that is tasked to monitor and evaluate HRH policies. In an attempt to harmonize the existing HRH policies among the member organizations of the HRHN, a review of these policies were undertaken as one of the projects of the HRHN.

The HRHN proved to be a practical alternative to the problem of lack of structure since it did not entail a lot of resources that will be necessary in establishing another government agency as in the case of a commission. In a country like the Philippines wherein there is already too much bureaucracy, creating another government agency might not be best solution as shown by the experiences of the HRHN.

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## **ACKNOWLEDGEMENT**

The author would like to thank Prof. Ma. Lourdes G. Rebullida for her valuable comments on the paper.