



# Health Policy Notes

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## Ensure adequacy, quality, and equitable distribution of human resources for health in the country

For health reforms to succeed, the country needs the right number of human resources for health (HRH) in the right place, at the right time and with the right skills, motivation and attitudes. HRH should also be doing the right work under the right working conditions and receiving the just compensation for their valuable services.

The Philippines today is however facing problems of inadequacy and uneven distribution of its already unmotivated HRH. This has been brought about by the global shortage and maldistribution of HRH. On the one hand, the skilled HHR in the country continue to migrate to practice abroad, given the high global HHR requirements, higher compensation and benefits offered by foreign employers. Filipino health professionals continue to migrate to developed countries such as the USA, UK, Canada, Australia and Saudi Arabia. On the other hand, the less skilled HRH remain in the country, facing low compensation, poor benefits, and difficult working conditions in Philippine health facilities and institutions.

### Emigration of Filipino health professionals is high

Data from the Commission on Filipinos Overseas show that among the health professionals who are leaving the country, nurses represent the highest number, followed by doctors. Most of these nurses go to the following countries: Saudi Arabia, the United Kingdom, Ireland, United Arab Emirates, Singapore, Kuwait, USA.

### Production of HRH in the Philippines responds to global demand rather than on local demand.

The increase in the demand for nurses and midwives abroad has resulted in significant increase in enrolment in nursing and midwifery. As shown in **Figure 1**, enrolment in BS nursing has increased by less than eight-folds from academic year (AY) 2001-02 to AY 2005-06. Enrolment in midwifery has

increased. Enrolment in midwifery program has almost tripled in the same period.

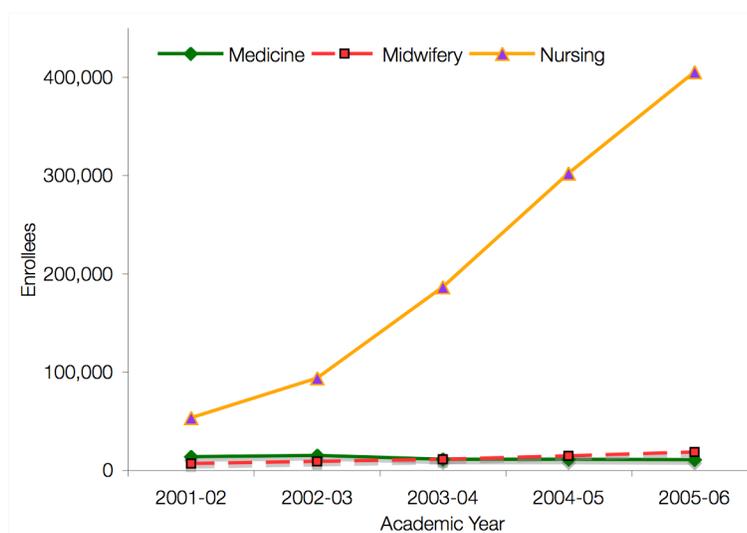


Figure 1. Number of enrollees in nursing, midwifery, and medicine programs, Philippines, AY 2001- AY 2006  
Source of data: CHEd, 2007.

As pharmacists, medical technologists and dentists are also becoming in demand in other countries, the enrollment rate in these programs area also expected to increase.

Despite the undersupply of doctors in the country, the enrolment in Medicine has even declined by less than one-fourth from AY 2001-02 to AY 2005-06.

### The quality of HRH production needs to be ensured

With the recent overproduction of nurses in the country, quality is a major concern. As the number of nursing schools mushroomed from 170 in 1999 to 470 in 2005, the passing rate in Nursing Licensure Examinations has declined by **x% from year to year**.

**'The wide gap between local health professionals' compensation and abroad encourages the exit of HRH**

The biggest challenge for the Philippines is how to retain its HRH especially the physicians. A comparison between the median monthly compensation offered to health professionals abroad and in the country indicates that there is a wide disparity (see **Table 1**). For example, the median monthly compensation for private sector medical doctors in the country represents less than one-third of the median monthly compensation in foreign countries.

Table 1. Median monthly compensation for health professionals (PhP), Philippines and foreign countries, 2006

Health professional	Philippines	Foreign
Medical doctors	18,134	138,549
Dentists	8,944	45,029
Nurses	7,958	33,576

Notes: Data for Philippine median monthly wages in the private sectors only. Data for foreign countries available for selected countries only: medical doctors - 17 countries; dentists - 3 countries; and nurses - 46 countries.

Source of data: DOLE, 2006

The wide disparity in compensation between health professionals abroad and in the Philippines may help explain the difficulty retaining health professionals in the Philippines' health workforce. The difficulty of retaining health professionals in the country is contributing in the uneven distribution of HRH in the country. **Figure 2** shows that....

**Figure 2. Distribution of HRH by region, Philippines**

The low compensation for HRH relative to other professionals in the country discourages entry to local HRH workforce

**Table 2** shows that as that as compared with the other professionals in the private sector in the country, health professionals receive relative low compensation. In 2006, The compensation that nurses receive are much lower than educators and other professionals. The average wage of doctors is only PhP 18,134 while computer programmers doing medical transcription and other related activities are however receiving PhP 19, 657.

As shown in Table 3, the entry-level salary for doctors in private hospitals ranges from PhP 9, 758 -16, 000 compared to public hospitals at PhP 15, 000 - 20, 000 (Table 2). The entry level salary for nurses ranges from PhP 5, 000 - 8, 000 in private hospitals, while this is only P9, 000 to P15, 000 in public hospitals. The Nursing Act of 2004 has increased the entry-level wage of nurses to Salary Grade 15 (PhP 16, 093 per month), however, because of lack of budgetary provisions in the law, this

increase remains to be seen. The DOH and the DILG have commissioned researches to evaluate the implementation of the Magna Carta for Health. Both proved that it is the political will of the Local Chief Executive that determines the release of the complete benefit package to the HRH. While the National Management Health Workers Consultative Council continues to receive complaints on the failure of LGUs to implement the Magna Carta Benefits, the council has stopped meeting for the past year.

Table 1. Entry-level wages of selected health professionals in public and private hospitals (PhP), Philippines, 2004

	Private hospitals	Public hospitals
Doctors	9,758 – 16,000	15,841 - 20,020
Nurses	5,522 - 8,200	9,939 - 15,841
Midwives	4,500- 8,550	7,606 -11,837

Source of data: Department of Labor and Employment, 2004

### **DOH, the department has a key role in ensuring the adequacy, quality, and equitable distribution of human resources for health in the country.**

Although HRH production is not the mandate of the DOH, it has a key role in ensuring the adequacy, quality, and equitable distribution of human resources for health in the country. DOH should pursue policy-related measures to recruit, retain, and regain the skilled health professionals of the country.

As a first step, the Health Human Resource Development Bureau (HHRDB) has developed the HRH Master Plan in 2004. Following the WHO's 'working lifespan framework,' the masterplan addresses issues related to the entry, retention, and exit of health human resources in the country.

Table 2. Average monthly wage rates of selected professions (PhP), Philippines, 2006

Professional categories	Wage
Doctors	18,134
Nurses	8,944
General secondary educator	12,039
Pre-elementary educator	12,389
Civil Engineers	21,192
Computer Programmers (call center activities)	24,700
Computer Engineers (call center activities)	16,900

Source: BLES, 2006

Notes: Wage includes basic pay + guaranteed/ regular cash allowance)

## Encourage the entry of human resources into the health sector.

The HRH Network (HRHN) should take the lead in harmonizing policies to ensure adequate production of competent HRH who will serve the domestic and global markets. Thus far, the HRHN has set its policy agenda that would address some of the issues mentioned above.

The DOH should continue to encourage the training and development of dedicated and competent health professionals which will not only service global demand but also the local demands, especially across the different regions.

The DOH has recently engaged on the ‘Pinoy MD Project.’ In partnership with PCSO, the project provides scholarship to deserving medical students. The project will support/sponsor 100 scholars/year for 6 years. It is now on its 3<sup>rd</sup> year of implementation with a total of 234 scholars. The DOH should ensure that the scholars would indeed serve the country after they become professionals.

## Monitor and evaluate implementation of the Magana Carta for Public Health Workers.

Implementation of the Magna Carta for Public Health Workers should be monitored and evaluated by the Management Health Workers Consultative Council. There is a need to establish this council at the national, regional and other appropriate levels to ensure the full implementation of the law and to recommend amendments of the law when necessary.

A database and an integrated information system should be established between DOH and all the other agencies concerned with HRH to promote evidenced-based HRH planning, production, deployment and re-integration. Program coordinators and implementers as well as licensing officers within the DOH system should also encouraged to give feedback to HHRDB on HRH needs they encounter in the implementation of their programs aside from the usual training needs.

## DOH should establish mechanisms of regulating exit of HRH.

Since retention of health workforce is vital to the adequacy of qualified and competent human resources for health and its distribution to areas in the Philippines, mechanisms to manage the migration of health professionals (HRHN, **year**). DOH should intensify its advocacy for policies toward improving the quality and motivation of local HRH. These policies may include: (1) reducing HRH compensation differentials with other professions’ and HRH compensation abroad; (2) provision of benefits; (3) attracting professionals in remote or under-served areas; (4) enforcing compliance with Labor Code and Occupational Safety and Health Standards (OSHS).

The DOH should continue to pursue advocacy to harness reciprocity and mutual benefits through bilateral arrangements and agreements with foreign countries. Together with POEA,

CFO, OWWA and DFA, DOH has already worked on the following to harness the benefits the Philippine healthcare system could get from the recruitment of our HRH by other countries:

- ethical recruitment for foreign deployment of Filipino human resources for health in bilateral/multilateral arrangements/agreements
- reciprocity and mutual benefits in bilateral/multilateral arrangements/agreements between the Philippines as sending country and countries of destination of Filipino HRH and,
- re-entry and interim service of Filipino migrant HRH (brain circulation)

So far, the country has been successful with the Philippine-Bahrain agreement. Some provinces of Canada and Finland want to enter into a similar agreement with the Philippines as they see the need to support the development of the country’s health system while they recruit HRH from our country.

## Promote equitable distribution of health professionals in the country.

Various deployment and placement programs have been initiated by the DOH to promote a more equitable distribution of HRH in the country such as the *Doctors to the Barrios Program*, the *Medical Pool Placement and Utilization Program*, *Specialist to the Provinces*, and more recently, the *Midwifery Deployment Program*. An online job posting system called “e-jobs for Health” is being advocated for LGUs to post their vacancies. To date, the system has however been utilized only by the DOH system.

HHRDB has started building a database of HRH in both the public and private sectors through its HRH Stock Survey. The regional offices have been instrumental in this survey, which aims to give us data on the number of HRH comprising our workforce and their distribution. This will also help in projecting the country’s need for certain categories of HRH in the next 10 years. To date, the survey has still to be completed in the following regions: NCR, IV-A, VI, VIII, and ARMM.

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**Key messages**