



Philippines

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The following elements already exist

- HRH Unit
- HRH Master plan
- HRH network



ALL FOR HEALTH

TOWARDS

HEALTH FOR ALL

PHILIPPINE HEALTH AGENDA 2016-2022

PAULYN JEAN B. ROSELL-UBIAL, MD, MPH, CESO II
Secretary of Health





- 1. Make health professions curricula responsive to local and global needs**
- 2. Review government HRH compensation package such that ARMM, IP, GIDA will have highest pay**
- 3. Shift to competency versus profession-based frontline complement**
- 4. Provide scholarships, financial incentives**
- 5. Institute return service schemes**

*clinicians and allied health professionals, managers, researchers and policymakers



Top priorities

- 3.1 institutional mechanisms
- 4.1 registry of health workforce
- 4.2 national health workforce accounts/HW data



- (1.2) halving inequalities to access 2030

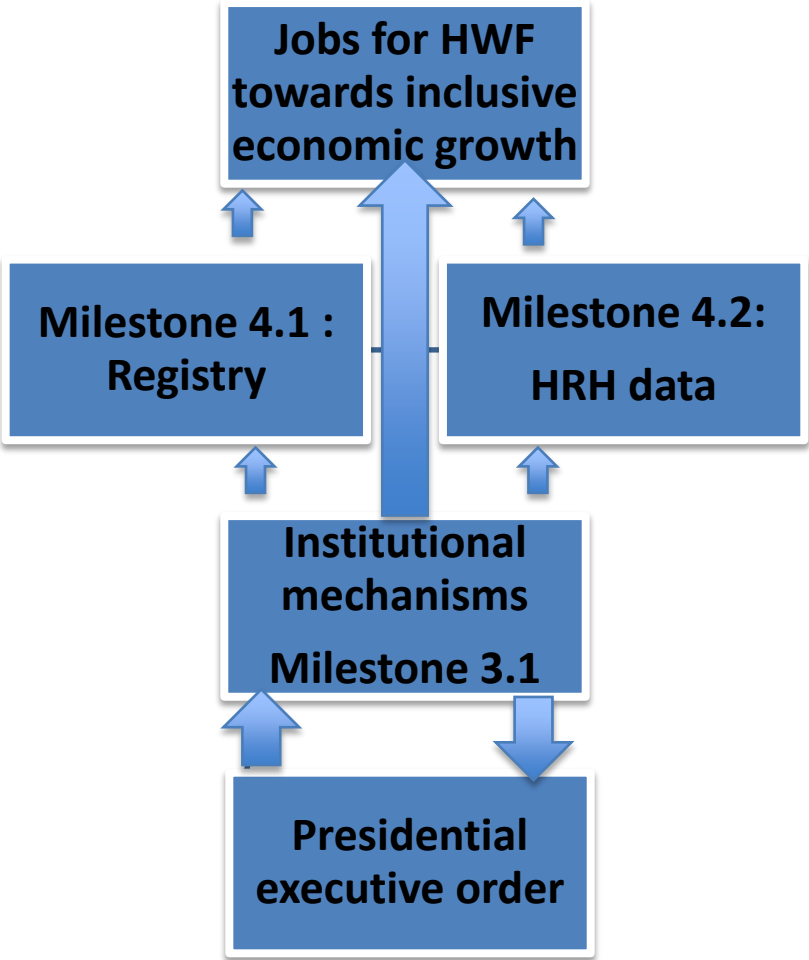


Jobs for Health Workers towards inclusive economic growth

(Milestone 1.2)



Strategic plan





Action	When	Monitored by
		Neda report PDP job creation for Health
Draft Plan for "Jobs for Health Workers towards inclusive economic growth"	January 2017	
a. Creation of research proposal on HR R &D (funding c/o WHO)		
Identification & mobilization of champions among the HR network	January 2017	
Ownership by champions of UN High Level Commission report and National Health Human Resource master plan ver.2	January - February 2017	
Issuance of Presidential EO "Jobs for health workers for Inclusive Growth"	June 2017	
EO includes specific network member agency budget for Network activities and creation of Registry		

Operational plan



Operational plan

Doh budget for HRH increased

Nov 2017 budget DOH HR network cycle

Deliverables

Technical paper on the national registry approved

June 2018

Data needs of national registry identified

(National Registry must be within the context of the National Health information system)

Launch of National registry as basis for planning June 2019

June 2019

Fully functioning National registry June 2020

June 2020



Challenges

- **Weak HRH network**
 - No enforcement of recommendations
 - **No separate budget line** available for the network
 - Individual partners lack accountability towards network functions
 - **Absence of some key stakeholders** e.g. Phil Statistics Authority, some health professional groups
- **Issues regarding HRH data**
 - The perception that **HRH data is of low value** among stakeholders
 - **Different sources**, poor quality and untimely HRH data
 - No data on the private sector



Key success factors

- **Champions** to drive the HRH agenda forward
- Effective support of the **Secretary of Health (Minister)**
- Effective functioning **Secretariat** of the HRH network
- Support of **Office of the President**
- Committed budgetary resources in the **General Appropriations Act**



Salamat po!