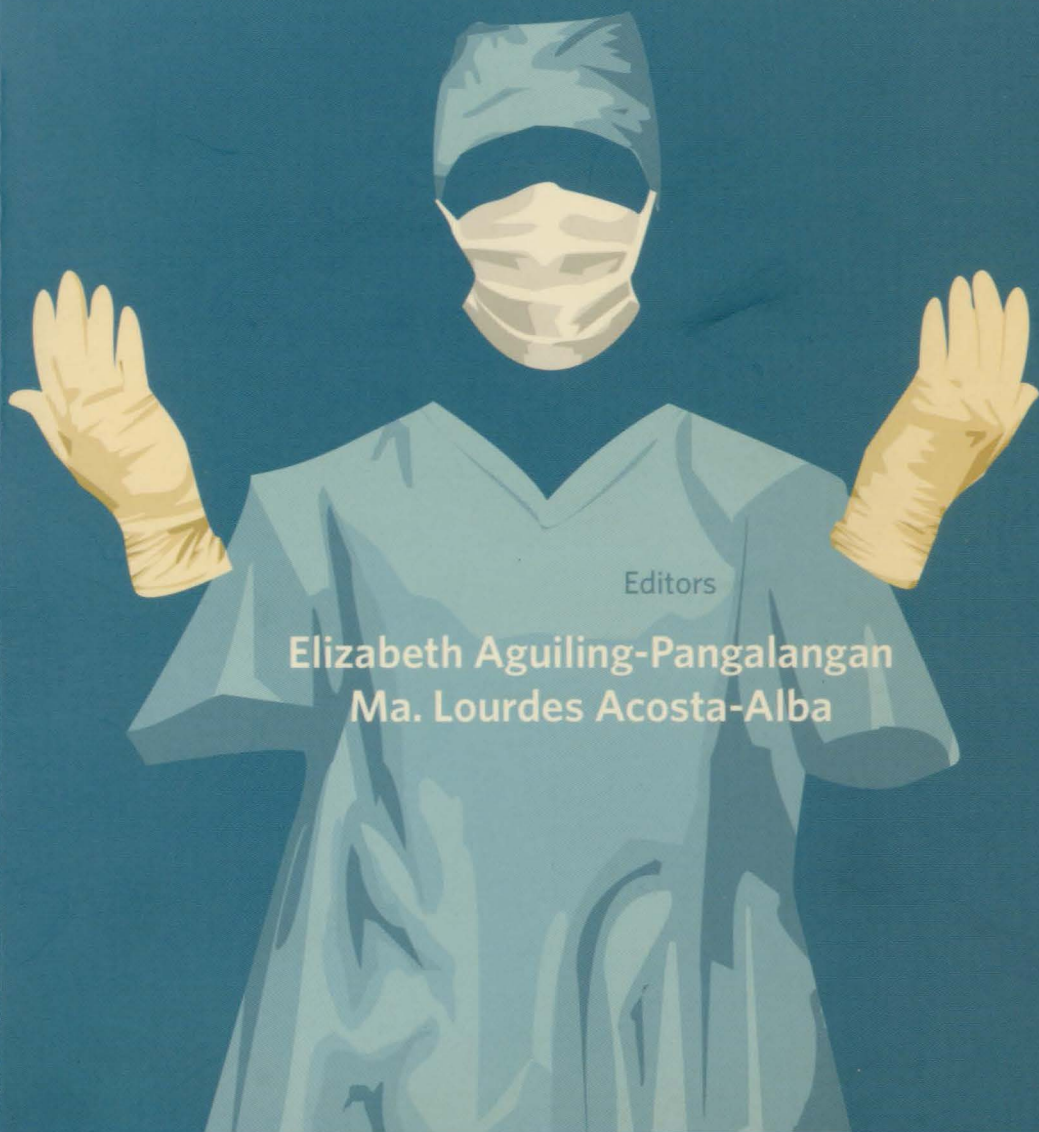


A Policy Dialogue

Conscription in the Health Professions

House Bill 3316



Editors

Elizabeth Aguilin-Pangalangan
Ma. Lourdes Acosta-Alba

Center for Integrative and Development Studies
University of the Philippines



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University of the Philippines

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Foreword

These proceedings of the discussions on House Bill 3316 are valuable because they cover a scope far wider than the original topic of the proposed legislation. The participation of individuals who have been immersed in the problems of human resources for health in the Philippines in their various aspects and manifestations ensured that the issue of medical education, as a means to produce adequate doctors for the Philippines' health sector, was discussed from the perspective of the system as a whole and not just as an issue of conscription or health service requirements.

Indeed, the problem of adequate numbers, appropriate skills, and effective motivation for Filipino health workers is not just a problem in human resources for health. The crisis extends to the entire health system and beyond that to the whole social context of Filipino identity and values. A number of participants in the discussions pointed this out.

As the present discussion illustrate, resolving the crisis requires serious consideration of the context of the health system and values of society. The Philippine health system's major problem is inequity. Health services for those who can afford it are available and, up to now, of good quality. But most Filipinos are poor and have little or no access to services and information. For example, women in the highest income group have an average of only 2 children during their reproductive life while those in the lowest quintile have 6 or 7 – the difference being entirely a function of availability of information and services in reproductive health.

Recently, efforts to reform health systems throughout the world have been influenced by a free-market fundamentalism promoted by institutions like the World Bank, the Asian Development Bank and USAID. It is fundamentalism every bit

as destructive as that of any of the religious varieties because it replaced humane values with monetary gain or profit as the basic motivation of all human interaction, a fundamentalism that promotes selfishness and self-centeredness.

Efforts to resolve our health human resource problem, such as the ideas contained in the legislation just discussed, are unlikely to succeed unless we make a conscious effort to return to old Filipino values of concern for family, community and country – others rather than self.

Alberto Romualdez, M.D.

Former Secretary, Department of Health

Preface

The current health condition of the Philippine health care system is such that some local health experts have described it as one that is 'bleeding to death'. The gravity of the problem largely lies in the massive decline of available doctors and nurses due to unabated out-migration of health professionals thus severely affecting the delivery of and access to health services.

A timely and long-overdue legislative measure, HB 3316 - The Philippine Medical Academy (and Scholarship) Act, seeks to respond to this critical situation by proposing the provision of support to health human resource development (as mandated by Section 12, Article 13 of the Constitution), and the effective and systematic integration of qualified and socially-conscious medical professionals into the public health care system through a national health service program.

A much-needed policy dialogue on the conscription of the health professionals particularly on HB 3316 was convened by the University of the Philippines Center for Integrative and Development Studies (UP-CIDS) in cooperation with the Reproductive Health, Rights, and Ethics Center for Studies and Training (ReproCen-UP Manila) last October 23, 2006 at the Balay Kalinaw, UP Diliman. This special publication contains the proceedings of the said forum where prominent resource speakers such as Dr. Raul C. Pangalangan of the UP College of Law, Dr. Jaime Galvez Tan of the UP College of Medicine, Dr. Fely Marilyn Lorenzo of the UP College of Public Health and Dr. Fernando Sanchez of the Association of Philippine Medical Colleges gave their views and insights from the perspectives of their respective areas of expertise such Constitutional law, local and international context, health policy, and medical education. The author of HB 3316, Rep. Rodolfo T. Albano was also on hand to share the salient features of his bill. Other legislators who gave their response were Rep. Loretta Ann Rosales, Rep. Risa Hontiveros-Baraquel and Rep. Josefina M. Joson.

We believe this relevant publication will serve as a rich resource vis-a-vis urgent efforts towards the development of a comprehensive national policy that will finally address the life-threatening situation of our public health care system.

We are grateful to the CIDS and ReproCen staff (including the creative team) who have labored tirelessly to make this important project come to fruition.

Elizabeth Aguilin-Pangalangan

Executive Director, UP-CIDS

Ma. Lourdes Acosta-Alba

Program Officer, ReproCen

A Policy Dialogue on
Conscription in the Health Professions
(House Bill 3316)

A joint project of the
Center for Integrative and Development Studies (UP-CIDS)
and the Reproductive Health, Rights, and Ethics
Center for Studies and Training (UP-ReproCen)

23 October 2006, Balay Kalinaw, UP Diliman

P R O G R A M

- | | |
|------------|---|
| 8:30 a.m. | Registration |
| 9:00 a.m. | Opening Remarks
Prof. Elizabeth Aguilung-Pangalangan
<i>Executive Director, UP-CIDS</i> |
| 9:10 a.m. | Overview of the Issues
Dr. Raul C. Pangalangan
<i>Professor, UP College of Law</i> |
| 9:25 a.m. | Introduction of the Speaker
Dr. Marita V.T. Reyes
<i>Professor, UP College of Medicine</i> |
| 9: 30 a.m. | Overview of HB 3316, "The Philippine
Medical Academy (and Scholarship) Act"
Hon. Rodolfo T. Albano III
<i>House of Representatives</i> |
| 9:55 a.m. | Introduction of Commentators
Dr. Marita V.T. Reyes
<i>Professor, UP College of Medicine</i> |

10:00 a.m.	Dr. Jaime Z. Galvez Tan <i>Professor, UP College of Medicine</i>
10:20 a.m.	Dr. Fernando S. Sanchez, Jr. <i>Director, Research Institute for Health Sciences UERM</i>
10:40 a.m.	Dr. Fely Marilyn Elgado-Lorenzo <i>Professor, UP College of Public Health</i>
11:00 a.m.	Response from Legislators Hon. Josefina M. Joson Hon. Risa Hontiveros-Baraquel Hon. Loretta Ann P. Rosales
11:40 a.m.	Open Forum
12:10 p.m.	Synthesis Dr. Ma. Lourdes G. Rebullida <i>Convenor, UP-CIDS</i>
12:20 p.m.	Presentation of Certificates Ma. Lourdes Acosta-Alba <i>Program Officer, ReproCen</i>
12:30 p.m.	Closing Remarks Dr. Alberto B. Roxas <i>Dean, UP College of Medicine</i>

OPENING REMARKS

Prof. Elizabeth Aguilino-Pangalangan

Executive Director, UP-CIDS

The Center for Integrative and Development Studies or CIDS is a UP System office established in 1985 and charged with the responsibility of integrating and convening research on various topics such as peace and human rights, globalization, foreign policy, studies on Mindanao, as well as water disaster management, solid waste management, biodiversity, archipelagic and coastal studies. As you can see, it is a rather wide range of themes that we dwell on at CIDS. Thus, CIDS supports advanced research and writing on these areas and at the same time conducts its own research and other activities on pressing national, local and international issues that have serious policy impact on the Philippines.

The Reproductive Health, Rights, and Ethics Center for Studies and Training or ReproCen, for short, on the other hand, began as a joint project of the Colleges of Law and Medicine in 1993. It engaged in research and training of health professionals, law practitioners, social scientists, academics and advocates of reproductive rights, health and ethics. It enjoyed the generous support of the Ford Foundation, which in 2003 conditioned its grant on the institutionalization of ReproCen. Since then, ReproCen has become part of the College of Medicine through the creation of the Social Medicine Unit. In August, the CIDS and ReproCen co-sponsored a policy dialogue on the Mandanas bill on the *Rights of Conscience*. Whether or not and to what extent medical practitioners and hospitals have the right to refuse to counsel or provide service on reproductive rights, family planning and other bioethical issues, were discussed from the medical, legal, ethical and religious perspectives. In that dialogue, we were also privileged to hear the views of

Representatives Mandanas, Joson and Acosta. We gathered the opinions of the speakers and participants in that dialogue and submitted them to Congress – to both the House Committee on Women chaired by Rep. Josefina Joson, a very dependable and strong advocate, and the House Committee on Health chaired by Rep. Antonio Yapha. We hope that our legislators will consider these as valuable inputs into their decisions to pass laws that will truly serve and address the needs of the Filipino people of whatever sex, religious and political belief or status.

In this policy dialogue we look at the issue of conscription of health professionals. We think that this is an important and relevant topic given that “the Philippines, a country of 86 million people, is already the top supplier of nurses to different countries and is next only to India as a provider of doctors,” according to the Philippine Overseas Employment Association (POEA). Filipino nurses can be found in more than 30 countries and many of them have been deployed to countries like the United Kingdom, Kuwait and the United States, and others to Libya, the United Arab Emirates, Israel, Singapore, Taiwan and as far away as Palau, the Bahamas and Trinidad and Tobago.

It is the steady, annual remittances of Overseas Filipino Workers (OFWs) that shore up the Philippine economy. For 2004 alone, the *Bangko Sentral ng Pilipinas* (BSP) expected about \$8 billion of OFW remittances – inflows that account for nearly 85 percent of the country’s gross earnings. This excludes an estimated \$5 billion OFW remittances that pass through informal channels like couriers and moneychangers not booked by the government. Consider further that the OFWs pay an average of \$5 for every \$100 they send home through banks and couriers.

The BSP is counting on higher remittances with the deployment of more nurses and other medical practitioners to

higher paying jobs to make up for the slowdown in foreign direct investments and sluggish exports. Here lies the rub. The government likewise depends on the labor, in many instances underpaid, of the same health professionals it exports, for the health care and well-being of our people. The exodus of our doctors, nurses, therapists and midwives has thus created a chasm in the delivery of basic health services to Filipinos.

I hope that today's forum will be open and forthright. I look forward to a dialogue that is both engaged and engaging. I invite our legislators to share their views and insights with us and I thank them for joining us today, despite the fact that Congress is in recess. We may differ in the way we think the issues of rights and duties should be balanced. However, one thing that can be ascertained by everyone's presence today is that we desire only what is best for our people and that which will bring our country to progress. Thank you so much.

OVERVIEW OF THE ISSUES

Dr. Raul C. Pangalangan

Professor, UP College of Law

During a meeting of the board of the Malcolm Trust Foundation, one of the foundations assisting the UP College of Medicine, one of the members, Washington Sycip, said, "You know, I want to establish a foundation in the College of Medicine but I want to impose a condition that they (*the graduates*) will not migrate." He said, "I do not know why we keep on subsidizing the American health system. We are a poor third world country and we are subsidizing these rich countries." Then he added, "India has already negotiated a deal or is negotiating a deal with the United States for the US to pay back the country of origin for the hidden subsidy from Indian doctors migrating to the United States." The reaction around the table was silence. After a few awkward seconds someone asked, "Is this a forever kind of ban?" Washington Sycip said boldly, "Yes, they want to accept the scholarship, they should promise to stay home." Then someone said, "Maybe you can allow them to refund if they change their minds." In this policy dialogue, I will present why in fact the escape clause actually has both a legal and policy effect. Let me start.

The power to regulate the movement of people across national borders is a power exercised by national governments. The proposed bill, HB 3316, is of the power being exercised by the country of origin, the Philippines. But there is also the flipside - the power of the state of destination, the host country, to exercise that regulation. Until today the typical scenario had been regulation by the country of destination, hypothetically the United States regulating the entry of Filipino doctors through immigration quotas and visa regulations. That is part of the exercise of their (*the US*) sovereignty. However, the effect is they regulate the demand for Filipino health professionals from

the outside. And for as long as regulation is done from the outside, the outflow of Filipino medical professionals is not open-ended, it is not runaway, and consequently, it has not triggered off any alarm from outside.

The pressure for out-migration has now shifted. It has changed directions. Among the many reasons are the domestic shortage of qualified health professionals in many of the world's developed economies, the increased "pull" factor for Filipino health professionals and, as host state regulations are let loose, the exodus of Filipino doctors, nurses and therapists which has alarmed groups in the country. Thus the proposed regulation under the bill.

The first rationale is that when the out-migration has reached a critical stage, then it has affected the delivery of health services within the Philippines. The second is what I have already mentioned – the hidden subsidy. When they, the US for instance, hires a Filipino doctor or nurse fully grown, that is to say, without making the necessary social investments in their preparatory education and training, they enjoy a hidden subsidy from the Philippines. This hidden subsidy is most stark in the UP graduate because the taxpayer's money that went in to the training of that doctor, that nurse, that occupational or physical therapist can be quantified. However, the hidden subsidy argument is not limited to the graduates of state universities and colleges (SUCs). It applies to private schools as well because in effect it takes a whole social infrastructure to produce a 26-, 27-, 28-year-old doctor, nurse or therapist. Now when the burden to regulate shifts back to the country of origin, in this case the Philippines, then we will have to reckon with the Philippine Constitution and the Philippine Human Rights treaties that we have signed.

I have identified three major issues in this bill - the who, how and what. Who is imposing the regulation – is it the state

or is it the private entities like Washington Sycip? There is a whole world of difference between the two. How will it be imposed - is it by law or by contract? What is the form? What is the legal way in which we make this return service, this requirement, mandatory? And what is the content - is the service a requirement in terms of how long, is it forever and who are the persons covered?

A. Who is imposing the regulation, the state or private entities?

The Universal Declaration of Human Rights states that everyone has the right to leave any country including his own. This is also reflected in the International Covenant on Civil and Political Rights (ICCPR) - everyone is free to leave any country including his own. In terms of history, the ICCPR was written in the backdrop of the cold war and was meant to allow political refugees to escape from the Soviet block. Meanwhile, the Philippine Constitution says that every Filipino has the right to travel and this right to travel may be impaired only in the interest of national security, public safety or public health. However, this constraint applies only to the Philippine government. It is called the state action requirement in constitutional law. Therefore, a right to leave and to return is a right enforceable against the Philippine government and is subject only to the limited threefold exception already mentioned. The hidden subsidy argument will not meet any of the exceptions, although the alarming loss of critical medical personnel may satisfy the public health rationale under the threefold exception.

If it is not the state imposing it, then who can impose it? Private parties like schools, scholarship donors, or professional regulation societies can impose a return service requirement and not be burdened by the state action requirement nor by the Philippine constitutional provisions and the civilian political rights covenant.

Note that the right to leave has been interpreted by the Supreme Court only once. That is in *Marcos vs. Manglapus*. Marcos wanted to return to the Philippines and Manglapus, the Secretary of Foreign Affairs at that time, refused to allow Marcos to return. The Supreme Court upheld the claim of Manglapus, saying that the executive power includes the power to exclude a threat to national security like Marcos. An interesting footnote is that Marcos came to the port twice. The first time he wanted to return, the court said, "You cannot." The second time, he was dead already and the court said he cannot return even as a corpse because the threat was the same - the threat to the fledgling democracy of Corazon Aquino. In that case the right to travel involved the right to return, not the right to leave.

B. What is the form and in what legal way will the return service requirement be made mandatory?

The typical legal form to make anything mandatory in a constitutional democracy like ours is through the constitution, an act passed by Congress. Congress may pass a law that requires graduates of medical and nursing schools and other health related institutes to render a few years of service before they can receive their degree or certain certifications. On the other hand, my submission is if the return service requirement is imposed purely as an academic requirement, then perhaps an act of Congress is not needed. A Commission on Higher Education (CHED) issuance mandating the inclusion in the syllabus of a one-, two-semester return service requirement may be enough. Therefore, before the students receive their degree they already render some form of return service. But again, for the likes of Washington Sycip who are thinking of something longer, a CHED regulation will not suffice. It would require a law. Congress may further enable the government to carry out this constraint via immigration regulations. In other words, we face the rather painful, perhaps embarrassing scenario of doctors

being checked at the visa counter at the Ninoy Aquino International Airport (NAIA) if they have met some of these requirements.

The other legal form is through contracts, wherein the return service is a clause that the student voluntarily accepts in exchange for certain benefits like a scholarship or any other form of subsidy - for lack of a better term, the Washington Sycip option. Mr. Sycip said, "I give a scholarship and the student then voluntarily undertakes a return service requirement in exchange for that scholarship or for any other form of education subsidy." Then this option does not implicate the state action requirement; it does not implicate the freedom to leave and to return; and to top it all, it is purely voluntary.

There are many criticisms to the voluntary mechanism. The chief is that if it is left to the market to enforce this obligation, then essentially it becomes a burden on poor and lower middle class Filipino students. Only they will have to reckon with this painful dilemma. The wealthier students will be free to enroll and eventually to leave, and thereby to ignore the social investment in their education.

C. What is the content of the “return service” requirement, in terms of its period and the persons covered?

I deal with two points of the content. The first is, again, the possibility of a total ban. If students accept government subsidies for their education, then they should promise to stay home and render service. If the ground for regulation is public health - the alarming rate of out migration and the critical loss of medical services - then we can invoke the public health exception and there will be a constitutional ground for it. To make the scenario a bit easier, suppose the constraint is limited to a six-year period, fixed term, or maybe five, ten years after graduation. In this case, the public health exception may not

even be needed. To illustrate, let me cite the return service requirement of UP for faculty members who leave for studies abroad. The formula is two years of service for every year of subsidy. Hypothetically, if their study is five years then their return service requirement is ten years. After a certain period has been rendered, it becomes negotiable. In other words, there is a refund which is then prorated for the period that has been rendered and for the period which has been left unserved. These are the fine-tuning of the return service requirement if it is limited to a fixed term. In the Sycip discussion it was a total permanent ban. However, there is an escape clause which means that at any time in their career, if after twenty years they decide to migrate, there will still be some obligation to refund.

The other issue is whether only graduates of SUCs will be regulated or whether it will also apply to private schools. The economists' argument is that it should apply to both because of the social investment entailed. However, from a purely legal standpoint, it is easier to apply the regulation to graduates of SUCs. Law regulates these entities. They do enjoy and they do give a subsidy to their students, thus, they can require a return service as a precondition to their students who enjoy subsidized tuition.

By way of closing, I just want to emphasize the larger social issues. My one concern is that, purely as an economic matter, we must allow people to seek the best value for their talent. If that logic is followed, then people should be completely free to seek greener pastures abroad. There is that escape under the Philippine Constitution which allows us to regulate for grounds of public health, though not for grounds of hidden subsidy. My other concern is that confining out-migration very strictly means that we might end up with very talented, very bright, highly motivated but potentially low paid professionals. And that is a fertile hunting ground for future terrorists. I am not saying that our doctors are future terrorists.

However, there is a level of frustration that we have to pay attention to. That is why this policy dialogue is vital. This is the time when we fine-tune the regulation to balance all these competing interests - the rights of the doctors, nurses and other health professionals as individuals, their own aspirations and dreams without setting aside, without ignoring, the social investment of the Filipino people in their education, and of course our interest in the able and efficient delivery of health services to our countrymen. I close on that point. Thank you for your attention.

MAIN PRESENTATION

Hon. Rodolfo T. Albano III

Representative, 1st District of Isabela

When House Bill 3316 or The Philippine Medical Academy (and Scholarship) Act) was first introduced, it was named Philippine Medical Scholarship Program. However, that was not my vision. What I really wanted was to pattern my bill after the Philippine Military Academy: they get a pool of students and train them as soldiers, then for every year of scholarship they require two years of service to the country. That was my vision, not to produce scholars but to produce a pool of doctors whose minds and hearts would be attuned to the goals and problems of the medical profession.

Filipino health professionals are leaving the country in droves. With regards to doctors and nurses, the diaspora has reached critical proportions that indicate a slight to a pervasive absence of, or access to, the services of these medical professionals nationwide, especially among the poor who constitute the majority of the populace and whose medical and health service needs are the functional linchpin of the Philippine health system. In addition to the lack of doctors to sufficiently meet the requirements of our public health system and the continuing drain from the ranks of doctors presently in the system of migration, there is no incentive among new medical professionals to be part of the system in delivering health services to the Filipino people. For those in the system, availability of and access to opportunities for professional growth promotion and continuing education are at best meager and worse, subject to the vagrancies of political patronage rather than considerations of merit and fairness.

The resistance to engage as health professionals in the public health system and the lure of migration to foreign

countries among doctors are attributable to the following principal causes: 1) higher compensation and benefit packages; 2) better working conditions; 3) more and better employment opportunities; 4) employment mobility in pursuit of more economic rewards; and, 5) more and better opportunities for professional growth and development, trainings, promotions, continuing education, etc. In reality, public funds that can be channeled into the public health system will never suffice to provide our doctors and medical professionals with the level of salary increases and benefits as well as working conditions that can stop them from leaving for more rewarding jobs abroad. Salary increases may in short term make their employment in the public health system bearable. In the long term however, the lure of more financial rewards abroad may prevail. Resorting to alternative medical and health services may be made as a response to the lack of medical doctors in the public health system. Paramedics, as in paralegals of every form, herbalists, *bilots*, midwives, etc., may be trained or reoriented to provide health services especially in rural areas. In fact, programs to deliver alternative medical services can be implemented alongside mainstream or medical and health services in the system. However, these do not provide a long-term and direct response to the alarming lack of doctors in the public health system.

Our vision or our response is this: to strengthen and build the core of medical doctors in the public health system. Our first goal is to create a pool that will be continually replenished as more graduates of the academy pour into the pool of highly trained, competent, public service-oriented medical doctors who upon graduation will be automatically integrated and engaged in the public health system. The second is to maintain an optimum level of availability of medical professionals to enable the system to respond effectively to the more critical health service needs of the more needy sectors of our society. Those who become part of this pool and who will

be integrated into the public health system will be given higher entry level ranks, compensation and period of service based on automatic promotions. To carry this out, we envision the creation of the Philippine Medical Academy (PHILMEDA hereafter), an institutional mechanism intended and directed solely towards the education and training of competent, public service-oriented medical professionals. Democratization of the recruitment and training of prospective medical doctors is envisioned by allowing more deserving young people nationwide to have access to medical education through scholarships in the PHILMEDA. To date, only those who have the financial means can pursue medical education, which is very expensive. The academy will provide opportunities to the poorest that have the inclination, talent and ambition to become doctors to pursue medical education. The net will be cast wide throughout the country with the assistance of our partners in the local government units to identify, screen and recruit prospective scholars. Those who hurdle the screening will be given a spectrum of scholarship needs. The academy will shoulder expenses for board and lodging, transportation, clothing, books and other allowances in addition to the payment of tuition and other school fees. The academy will also shoulder expenses entailed in taking medical board reviews and exams. The UP College of Medicine shall supervise and manage the operations and implementation of the PHILMEDA and its scholarship program. Through the PHILMEDA, we envision the channeling of more public and private resources to expand, enhance and develop the facilities and other educative capabilities of the UP College of Medicine not only as the premier medical educational institution in the country but also as the premier medical ground for medical professionals in the public health system. Managing the PHILMEDA is thus an additional educative program under the management of the UP College of Medicine to strengthen the public health system and thus is a function of the college educative mandate rather than a restrictive thereof.

Why did we choose the UP College of Medicine as the educational vanguard of the PHILMEDA and manager of its democratized scholarship program? It is the premier medical educational institution in the country. It is where we can hope to realize our vision of competent medical professionals in the public health system. It is an institution that is nurtured by the Filipino people. Every student of UP is an *iskolar ng bayan*. And the very environment of UP is such that it encourages the development of professional virtues attuned to nationalism, social consciousness, service to the people and patriotic commitment to the general welfare. So if we dream of medical professionals who are willing to dedicate their time, talents and energy in the service of the Filipino people, is the UP College of Medicine not the best institution to train and engage these prospective medical professionals?

Through this program, the UP as a university of the people can immensely affect the integrity and viability of our public health system and achieve what we have so far only dreamt of - the democratization of the medical education by making it accessible to the deserving but poor, without sacrificing the demands of excellence, integrity and public service in the medical profession. Moreover, where else should we channel funds for better medical education, better facilities and medical training capabilities but to the medical educational institution of the premier university of the Philippines? There is no other choice.

This proposal is the most effective long-term response to the alarming depletion of the ranks of our medical professionals in the country. It ensures the availability of medical doctors in the system but it does not unduly restrict nor prevent medical doctors who have benefited from the program to seek more rewarding jobs abroad if they want to. It allows the harnessing of the best medical educational institution in the country to build and strengthen a core of competent and public

service oriented medical professionals in the public health system. Furthermore, it opens the floodgate to providing more resources in the allocation of public funds and generating more from private funds to the development and enhancement of the UP College of Medicine's capabilities as an educative institution. I believe in the PHILMEDA vision. I believe that the nitty-gritties of implementation - certainly there are rough spots that need to be addressed - will be resolved through the drafting of the implementing rules and regulations that shall hopefully engage the best and most positive minds in the medical profession.

I was told of some concerns – what do we call the graduates, are they graduates of UP or graduates of PHILMEDA? What if they fail the board exam? It is easy to find a solution if our minds are open. If the UP College of Medicine will be the one to manage, and the screening and recruitment are in accordance with the policies implemented by the institution, then they are graduates of the UP College of Medicine PHILMEDA Program or some such other better applications as may be devised later. What if they fail? Well, some may fail the rest may not. The question is what options will we give those who do not hurdle the board? If the greater percentage of the PHILMEDA scholars fails, perhaps the greater failure is in the mode of standards of recruitment, screening or education. All these concerns can be addressed. They cannot to my mind derogate against nor diminish from the integrity of creating the Philippine Medical Academy and its scholarship program under the auspices of the University of the Philippines as the only realistic long-term response to the alarming depletion of medical professionals in our public health system. I look forward to partnering with you in exploring more and better legislative responses to effectively meet the needs of the Filipino people.

COMMENTARIES

Dr. Jaime Z. Galvez Tan
Professor, UP College of Medicine

A warm and pleasant good morning to all our honorable members of Congress and to everyone concerned about medical education and health services in the country.

There are three parts in this short presentation. The first part is a short history of how I perceive these issues; the second is the ten strategic solutions that I have been proposing for the last four years not only for the medical profession but also, and in particular, for the nursing profession; and the third is a presentation of a research which I have just finished of nine medical schools in the country, from Luzon, Visayas and Mindanao. I did a sampling of medical schools, four are government and five are private, where I asked the first year and the graduating medical students what they think of a national health service. For the first time, this will be publicly presented.

I had always been against medical conscription, particularly because I come from an era of Marcos dictatorship. As UP medical students, we would like to say that we fought the dictatorship and that time we were really against conscription. Despite that, Marcos still had us conscripted for six months after graduation. It started in 1974. Then during the time of President Corazon Aquino and Department of Health (DOH) Secretary Alfredo Bengzon, a committee was formed to review this medical conscription bill. The recommendation was to remove this conscription, again as part of the anti-dictatorship pro-democracy type of movement, and make it voluntary. Thus Secretary Bengzon created a voluntary program for rural health service and provided its according budget. Then during the time

of President Fidel Ramos and Secretary Juan Flavio, and I was Undersecretary then, the *Doctors to the Barrios* program was launched offering double incentives, among others, to 271 communities that were doctorless at that time. Dr. Fernando Sanchez and Dr. Dennis Batangan were then commissioned by the DOH to do a 25-year masterplan. They did this in a span of three years doing nationwide consultations. It was truly a masterpiece and last year Dr. Lorenzo was able to do an update of that 25-year masterplan. I feel that the original by Dr. Sanchez and Dr. Batangan, as well as the updated one by Dr. Lorenzo, should be part of the argument.

As I go around the country nowadays, I truly lament the sad state of health. I have never seen it go back to its original state in the 1970s. Since the 1970s, I have been monitoring the statistics called medically attended deaths. Every year, the National Statistics Office (NSO) looks at the death certificates and finds out how many had been attended by a doctor, a nurse or a midwife. In the 70s, there were seven out of ten Filipinos dying without seeing a doctor, a nurse or a midwife. In the 1990 during the time of the *Doctors to the Barrios* this went down to five out of ten. But now I got the statistics from the NSO and it is back to seven out of ten Filipinos dying without seeing a doctor, a nurse or a midwife. It just goes to show how things are going. Because of these and also because of my travels around Asia as Unicef regional adviser, I have looked at and studied the different systems in other countries and realized, why not medical conscription? In the light of what is happening in the country, it is about time we have a national health service act. The national health service is part of my ten strategic recommendations and is also part of this Philippine Medical Academy being suggested by Rep. Albano. The other part is reforms in the medical education. As an insight, during the first three years of the medical conscription of the Marcos administration, some of my classmates and I did a research of three batches – '74, '75, '76. During the oath taking, we

distributed questionnaires to ask what they thought of medical conscription. Ninety-five percent said they hate it. They said that there were no equipment, no drugs; they were trained on x-rays - at the time there were no ct-scans yet – among other things, and they found the training useless. It was so frustrating being trained in a high technological level and then being sent to the rural areas. My response to that was, reform medical education so that when people go to the rural areas, they will be well-equipped. I want to put that across in the Philippine Medical Academy. It is not just a matter of conscription. You want the conscripted doctors to be happy. And being happy means being trained in Filipino medicine, not in North American high tertiary level type of healthcare which you will not find in Tawi-tawi nor in Ifugao nor Kalinga Apayao. Thus, there must also be curricular reforms, because how do you train Filipino doctors to serve the Filipinos if they do not know the real situation of the Filipinos?

Right now migration has aggravated. It is because of a law in the United States. In 1999, the United States Congress enacted an immigration law providing 50,000 migrant visas to nurses - that includes nurses, their spouses and children. That was the trigger that brought more than a hundred thousand nurses to the US in the last six years. My documentation shows that 9,000 doctors have become or are about to become nurses and 5,000 of them have left for or have entered the United States as nurses. That is why I call it medical brain hemorrhage, no longer a brain drain. When you have 100,000 nurses leaving the country in six years and you have 5,000 doctors leaving as nurses, it is indeed a hemorrhaging situation. In May 24, 2006, in the Senate of the United States, Senator Sam Brownback of Kansas proposed a bill that will give unlimited visas to nurses. The Senate passed this bill and it is now under debate in the US House of Representatives. To trigger the Senate debate, the New York Times did an interview which came out on its front page. When Senator Brownback was asked, “Do you think the

Philippines will suffer?” “Of course the Philippines will suffer, but we need nurses in the USA.” That was his answer. It is as simple as that. Who cares when the Philippines suffer? Nurses are needed in the US. With this news, I now label it the exsanguination of the health human resource of the Philippines. Should this pass, it will no longer be the brain hemorrhage but the exsanguination meaning the bleeding to death of the Philippine health care system.

We need some degree of management - not to stop the migration but to manage it. We need to temper the exodus of health professionals and at the same time have a win-win situation. For example, the agreement with Japan, the Japan-Philippines Economic Partnership Agreement (JPEPA), will not benefit directly the nursing or the care-giving sector but it will benefit the bananas, pineapples and other brands that go into Japan. So in a win-win situation in a bilateral negotiation, there must be direct benefits to the medical and nursing education sector as well as to the medical and nursing services, not just peripheral benefits. It should not be that the other sectors are benefiting but not the medical and education sector. That is also part of my ten strategic solutions.

Let me now present the medical students' perspectives, which tells us what they think about the national health service act.

When students were asked why they are taking up medicine, the main reason they cited was personal choice. It gives them personal satisfaction. Service to the poor is second, parent and relatives' advise is third and economic security is fourth. Prestige and stature is only fifth.

Filipino students agree that there is a lack of medical doctors providing health service because of the economics of the medical profession. So when they were asked about

compensation in the service, 77% of first year students think that it is well compensated while only 65% of the fourth year students think that it is. Then for government service, compensation is perceived to be poor by first year students (at 56%) but graduating medical students think that it is a little bit better (at 67%).

I have a different research showing why doctors are becoming nurses and I have presented that nationwide for the last two years. However, I just want to show that this is what medical students think the reason is for doctors shifting to nursing. They say economic factor is number one, followed by work-related conditions for the first year and personal choice for the graduating students. Family comes in as a factor but political situation is quite low in terms of the “push” factor. It is more of the pull factor here.

Nursing medics is a term coined by one of the first researchers, a non-medical person from the Philippine Health Social Science Association. The nursing medics phenomenon is an interplay of pull and push factors. “Pull” factors pertain to the attractive deals offered by the importing or destination country. While the “push” factors pertain to the reasons that cause the health professionals to leave the exporting or source country. The top three pull factors are high compensation, economic social security and job opportunities. Even the visas seemingly come only as number 5. The push factors are the low salary and benefits, family security, poor working conditions, political instability, high taxes on doctors, among others. The threat of malpractice is also reflected. By the way, the threat of malpractice is the third reason why doctors are becoming nurses, based on my other survey. But from the medical students’ point of view, it is only eighth, so they are very far yet from the reality of malpractice.

What do students think of Filipino doctors who shift to nursing - is it a demotion? Seventy-five percent of first year

students said yes, while fourth year students think less that it is a demotion. Is it a humbling experience? The graduating batches think it is a humbling experience. A brave move? Somewhere in the 60s – 62% for first year students and 69% for fourth year students. A disgrace? For the graduating students it is no longer a disgrace but for the first year students, 60% say it is. Is it a selfish thing? The answer is no for 73% of graduating students. Is it unpatriotic? Still, the answer is no.

What is the impact of this nursing medics phenomenon? Students feel that it has a negative impact. Medical students know. They are highly aware of this problem. In terms of the economic situation, it is slightly positive in the sense that it will improve remittances. So there is a contrast.

The students definitely agree that the government should undertake measures to address this ongoing situation. All medical students, private or public, first year or fourth year, are in favor of some sort of medical conscription. They are now in favor of a national health service act. We are the only country by the way in Southeast Asia which does not have health conscription. Thailand has had since 1972 a three-year conscription. As part of its structure, in Thailand, doctors serve only in the hospitals. The rural health unit is headed by a nurse or a midwife. Never a doctor. Not a doctor. Doctors are always in the district hospital. Thailand has one of the smallest and one of the lowest populations of doctors in the world. That is why they confine them to hospitals. Still, the conscription remains. During the Vietnam War, when there was a strong relationship between Thailand and the US, there was a large migration of Thai doctors. That is why they started the medical conscription of three years. As a result, in a span of 10 years, it showed a four-fold increase in the number of doctors in the rural areas. It is very satisfying for them. There is no shortage of doctors in Thailand, mainly because of this three-year conscription. To add, in Thailand at that time, all medical schools were state

colleges and universities, none were private.

In Malaysia, the conscription period is also three years. Interestingly in Malaysia, whether you graduated from a public or a private school and whether you studied abroad and came back to Malaysia, you are conscripted to serve for three years. During the time of President Mahathir, himself a doctor, even those who graduated abroad had to serve in government for three years.

Meanwhile, Indonesia has one of the most progressive medical conscription policy. They require five years. However, when you look at this five years, for those who serve in a far flung rural area it becomes only one to two years. So the farther you are the shorter the medical conscription, but interestingly, the higher the salary. Suppose, for example, that those in Irian Jaya or Kalimantan, the equivalent of our Tawi-tawi or Kalinga, receive one million rupiah and only serve for one year. If you stay in an intermediate area, you get 850,000 rupiah, but you have to serve for three years. And if you serve in a city like Jakarta, Surabaya, Bali - the choice places - then you have to serve for five years and are given a salary of only 500,000 rupiah. When you look at this progressive structure, it is very fair. The farther you are the higher the salary and the farther you are the shorter the conscription. Another interesting point about Indonesia is that conscripted doctors are immediately guaranteed a position to train as a specialist. However, when they train as a specialist, again, the medical conscription happens. So even obstetricians, pediatricians, surgeons are conscripted again. What usually happens to those who go to the farthest areas is that they become specialists immediately, then get conscripted again to a far out area and then are able to catch up with private sector management. Unfortunately in 1992, because of the dictate of the World Bank and the International Monetary Fund to lessen government bureaucracy, Indonesia had to cut down medical conscription to three years. They

lessened the number of positions as part of the decreasing number of civil servants as part of the contraction of the government, giving in more to the private sector. They have reduced it to three years but the same structure remains.

Thirty percent of the first year students say that this national health service act should be a standard for all. So for the first year, they are open to conscription. However, for the graduating students, they are saying that it should be voluntary. Rep. Albano was saying that the equivalent number of years for PMA is 10 years. However, for medical conscription, only one year is recommended. For the two-year conscription, 24% of first year students are in favor compared to 12% for the graduating students. Therefore, the first years are more in favor of a longer-term conscription while the graduating, the ones who will really be affected, are not in favor anymore.

There is a difference in the perception of first year and graduating medical students on the medical profession. First year students are idealists and fourth year students are pragmatists. By the way, just to inform the body, I also did a cohort study of class 2006 and 2005 in UP. I followed them up from first year to the year they graduated. I presented this as part of the centennial colloquium last year of the UP College of Medicine. Basically, it also shows the same result, that when they are in their first year, it is "Yes! I will serve the country. Yes! I will serve the community." When they reach their fourth year, it is already "I will go to the US." They have become pragmatists. Of the forty who previously want to go into public health and community service, only five are left. I am now tracking the new curriculum of the College of Medicine to find out whether it will produce a different breed of students or not. I am also doing a cohort study of the new curriculum.

I end with the recommendation for the passage of an Act that requires Filipino health professionals to render at least

one year of service within the country prior to employment in foreign destinations.

Dr. Fernando S. Sanchez, Jr.
Director, Research Institute for Health Sciences
University of the East – Ramon Magsaysay

Before I give my reaction, let me emphasize something. When a medical graduate passes the medical examination and takes his/her oath to serve the country, that means he/she has to serve the health needs of the Filipino people first. I took this oath in 1959. I took this to heart. My daughter and my son-in-law, also did just recently. So they go half of the week to eastern Rizal to serve. Having said this, I will focus my comment on the health needs of the people.

Dr. Tan mentioned the experiences in other countries, that we are the only one without conscription. I was also against conscription when it was being revived. I was with the team that reviewed the program utilized during the time of President Ferdinand Marcos. We recommended, again a reaction to the dictatorship, to do away with conscription. But we have changed our minds. If we continue to pursue a purely capitalistic economy, it will be very inefficient as far as the health system is concerned. More than half of our doctors are in private practice and yet, our public system takes care of 70% to 80% of the medical care needs of our people. In the last half of the twentieth century, the stack of physicians kept pace with the expanding population. Because we have increased the number of schools, the geographic maldistribution eased with putting up medical schools all over the country and the need for specialists was met by the formation of specialty programs. This is in the last fifty years and all of this despite the first and second waves of brain drain. Now we have our third wave, this nursing-medic phenomenon.

According to the Philippine Medical Association there are 70,000 doctors . Nearly 10,000 have shifted or are shifting to nursing according to the study of Dr. Tan. The consequence is

the closure of 1,000 out of the 1,700 hospitals, based on the figure of the Philippine Private Hospitals Association. These 1,000 primary hospitals serve the frontline or the grassroots. Where will our doctors in the provinces go? Another consequence is the marked decline in total freshmen admission in the medical schools. Scholarships are not the answer; there are a lot of scholarships with no takers. Do you know that there are ten schools with twenty or less freshmen students this year? We have thirty-six schools; ten have only twenty students, five of which have ten or less, and one school with not even a single applicant. Still another consequence is the dwindling number of graduates seeking specialty training.

The lack of physicians is felt primarily in the less developed provinces. The problem is extreme, complex and difficult to solve. It is not easy. On the comment of Rep. Albano that we are facing a looming crisis, I would like to say that it is not a looming crisis. The crisis is already upon us. The health system has already collapsed in many parts of the country according to the analysis of Dr. Aleli Kraft of UP School of Economics. I congratulate Rep. Albano for being the first to propose a legislation based on Section 12, Article 13 (under social justice and human rights) of the Constitution, which mandates the state to undertake health manpower development. The Constitution mandates it, still, we do not have a health development manpower program. In 1988 we went to the Senate to ask the senators to regulate the scientific diaspora. We were told that the country needed the mighty dollar and we were dismissed together with our dire forecast of what will happen, which is happening now. This problem has been around for so long.

What we need is to be more organized in what we are doing. Not that the bill is not important, but I think the bill will have little effect on the problem we are facing. For example, in the *Pinoy MD*, there were 180 applicants for this year. We even

gave them special examinations for the National Medical Admission Test (NMAT). However, very few reached the limit. We need to make medicine an attractive career again. We have to start when the students are still young. We have to stop the hemorrhaging of the human resources of our country. And we mean hemorrhage, or as what Dr. Tan said, exsanguination. We also need to get thousands of doctors who have left the country to return. We can make use of the services of those Filipino doctors here, although I doubt if they can adjust to the situation here. As I said, this is not going to be easy; it will be very difficult.

We generated a lot of recommendations during the 2005 Philippine Medical Summit. We dissected the causes of the problem. After more than one year of discussions we had a lot of recommendations. An anecdote on the reformation or amendment to the Medical Act: it could not be passed because the doctors and nurses were at odds about the provisions on what is medical practice. And only because of one word “dispense.” The doctors put dispense. The pharmacists objected. The doctors said, “Why do you interfere in our medical act? Place what you want in your pharmacy act.” That is how we are. The problem is multi-faceted. I would like to emphasize that the solution must be comprehensive. To succeed, we must involve all stakeholders. The Department of Health is trying to do this, after yet another summit. However after six months, they are still working on the memorandum of agreement. That is six months already. But what I am afraid of is that what they are doing now will just go the same way as what we did. We worked for three years. We even signed policies and programs. Dr. Flavio and Secretary Ricardo Gloria signed. We brought it to the Department of Labor. Where is it now? It is gathering dust in the Department of Health. Now it is starting again. We Filipinos have the penchant for reinventing the wheel.

My suggestion is to have this enshrined in a law. We

recommend the creation of a commission on health human resource with clear goals and organizational structure, together with the responsibilities for the people involved. It should be nationalistic, not just to earn money. Think about the people - that is what we need to do. Thank you very much.

Dr. Fely Marilyn Elgado-Lorenzo

Professor, UP College of Public Health

I will give my comments from the point of view of health policy especially with what is happening right now in the country. We welcome this bill and it is refreshing to see that finally someone states Section 12 as the basis of a policy like this which tackles the need to undertake appropriate health manpower development and research. No such national effort is happening right now.

The upside of the bill, which is timely and important, is that the World Health Organization (WHO) is also putting a lot of emphasis on health human resource and development. We are now in the decade of HRH - human resources for health development - and a lot of global resources, funds and technical resources will be brought to bear on this issue. While that is being done globally, it is also significant that we are looking at this on the national scale. We can then tap these resources and this initiative to steamroll what we want to happen here in the Philippines. So this bill is aligned with many things. It is aligned first with the mission of the UP system, specifically UP Manila, as we look at what it has been trying to do since 1977. In the 80s, we were part of a team under then the leadership of visionary Dean Florentino Herrera. Even then, we really wanted to come up with serious solutions to the underservedness of the rural areas and the misdistribution of health manpower resources. However, nineteen years after that, we are still in the same rot.

In my perception the situation has become worse, specifically in nursing, and now the other health professions are becoming part of this domino effect. Thus the alignment is welcome. We have the alignment with UP Manila's mission, the alignment with the health human resource master plan of the DOH that is now receiving a lot of funds not only from WHO

but also the Asian Development Bank, World Bank and the European Union, and we are now trying to finalize the external funding for all of these towards including health human resource planning for the country. It is also aligned with the Engineering and Science Education Program (ESEP) of the Department of Health. In addition, an innovative science education program was started around 2000 and we evaluated it recently. The good news is, there are already schools in strategic areas in the Philippines willing to come up with innovative programs much like the UP School of Health Sciences in Palo, Leyte, a school set up in the 1970s. All the students are full scholars and they go through a ladder program, starting as a community health worker until they become doctors of medicine. So far, 95%-97% of its graduates have remained in the Philippines.

What follows are the comments and suggestions that I would like to offer:

First, conscription is not the right term to describe the aim and the bill because conscription brings to mind a lot of negative images that will make a lot of people want to fight the bill. We saw this when congresswomen tried to come up with the conscription bill for nursing last year. We offer the term “service placement” for two reasons. One is that the national health service act is valuable. At the same time, we want to ask them to serve by also putting value for them in this service act. Placement is one such value since nowadays jobs are hard to come by. Two years ago, we tried to come up with a placement program for UP Manila. We asked all the graduating students if they want to be part of a placement program where UP Manila would identify areas that would need them and these areas would provide them with positions and real jobs, not contracts nor volunteer work. We got a very overwhelming response not only from the health sciences schools composed of medicine, nursing, physical/occupational therapy and dentistry, but also

from the arts and sciences. Many agencies around the Philippines also responded. There were also multinational companies like pharmaceutical companies that said yes. If you look at the global trend, even business schools worldwide get high marks because they get involved in the placement of their graduates. So this is a winning combination. We want to get them in areas that need them, but we also want to assure them that they have real jobs with good benefits, and with mentorship added. At that time, the head of Alumni Affairs in UP Manila suggested that we look for mentors in every region so that when medical graduates or new nursing graduates or physical therapy graduates go out, we will pair them with practitioners in those areas and guide them in their practice. Even if we may not be able to provide them residency programs at the outset, at least there are people who will make their way a little bit lighter and guide them in the service that they provide our people. So the focus here is the added value that we can put into the national service act and not just conscription. This can then lead to linking up with the health human resource master plan where we have already done workforce planning. We have identified 180 severely threatened areas. We know now what levels of human resources they need at the provincial level and we were asking each of the provinces within the region to validate this information at the institutional level.

Second, we recommend that we look at the National Health Service Act and this innovative health professions reforms in all the health professions together. One of the unique characteristics of health professionals is that we work as a team. So if we only correct the problems of nurses or we only correct the problems of doctors, we will still find that the problems will seep elsewhere to affect the other professions. This is exactly what happened in the last four to five years. The nurses are the ones targeted for this placement but somehow doctors found a way to be part of it because of the conditions at home. We recommend that we come up with reforms together, probably a

probably a health profession academy or a health professional service act. But certainly a nursing act or a medical service act by itself will not solve the problem.

Third, to add to what Dr. Tan said, the Indonesian strategy became the backbone of the health system of Indonesia for a long time. However, during President Megawatti's regime, because of her preference for democracy and to prove to the world that Indonesia was not dictatorial anymore, she took out the national service. A year later their health services succumbed and many of the areas far from Jakarta suffered because the doctors happily went back to the cities. This is already a feedback that something as important as a national health service act should not be played around with. The Indonesians are thinking of bringing it back because of the effects on their health care system.

The Malaysian strategy also poses lessons for us. I saw the dynamic relationship between production, deployment and career development of health professionals in Malaysia. As Technical Committee Chair of Nursing, I was sent there by the Commission on Higher Education (CHED). We wanted to look at best practices around the world and we started with the countries of the Association of Southeast Asian Nations (ASEAN). I met with Malaysian educators and they told me that there is a very dynamic and strong relationship between production and deployment. Case in point was when they started to discover that in their health sector reform they need more doctors. During the year that they made the decision they talked to all the educators and told them to increase their quota of doctors. At the same time, they talked to their Department of Health to have positions ready for these doctors who are going to be trained in four or five years' time. When we were discussing it, they told me that one of our problems is that we are largely a private school dominated system, while in Malaysia they are public school dominated. And I agree. Our problems in

nursing largely stem from the fact that government regulations and government educational systems are held captive by private businesses, and may I add, politicians, as they pressure the schools to accept a lot of enrollees without having the resources to come up with quality nurses or doctors. That might be something that you might want to put in the bill as well. How do we bring it back so that the state has a little bit more control with health sciences education, not like what it is now?

We called for reforms in nursing education. The private school owners filed cases against us and refused to either close their schools or limit their enrollment. Nothing will happen if all the private school owners will specify is that they have to protect their investments and their bottomlines. Essentially, that is what is happening now. There is no relationship between production and deployment. We overproduce. Around 100,000 will be taking the nursing board exams this year; 45,000 last June in that scandal marred exam and another 60,000 is expected to take it this December. Where will we put all those 100,000? Even if only about 50% will pass, where will we put about 50,000 nurses in our system? That is why we are forced to export them, to actually make up for our balance of payments deficit. That is a sad state of affairs and that is why we are trying to come up with reforms. We can learn from Malaysia. We can come up with a small group. We are proposing a commission on health professionals or a health workforce commission of some sort, to be functional only until we are able to solve this problem of inequitable deployment and migration.

Three years ago, we proposed to President Gloria Macapagal-Arroyo a commission on nursing since we had declared a nursing crisis as early as 2001. She said that a commission might not be a good idea because it costs too much and works so slowly. I told then Secretary Dayrit to just come up with a small conglomeration of line agencies and get them to work together. Nevertheless, I support a suggestion for a

commission or a similar working group to include the Department of Budget and Management (DBM), the Department of Interior and Local Government (DILG), the private and public school systems, and also the local government units. The policy should also include some amount of control over migration. In any commodity, when a country exports its products it has control of what products it will export, how many it will export and at what price it will export. Case in point is oil and what the Organization of Petroleum Exporting Countries (OPEC) countries are doing. The oil prices are going down but the OPEC countries said that they would decrease production to maintain the prices.

Our human resources are very important but we have no control over how many leave and how much benefit they will get abroad. It is very scandalous when we have no control over this. Yes, these foreign countries need us. So we have to be able to say, “we will share them with you but in the amounts that will not threaten our health system and also with certain benefits that we will negotiate for them.” Therefore, we propose that you consider a compensation policy that will be bilaterally determined by the countries of origin and destination. This might benefit the country, but this is a difficult task. I am part of certain groups right now dealing with the nursing migration issue. When we raised this along with certain African countries in one of the International Council of Nurses (ICN) meeting, it was even ICN that told us that the compensation provision in any policy across countries is very difficult and they do not want to go into it. They said that it is very hard for countries to compensate other countries directly for their human resources. Even the Africans were very angry about this. The Africans supported my position and they said that this is a modern form of slavery.

Essentially, many nurses are unhappy in their positions abroad. They are given contracts here that are very juicy; when

they go abroad these are cut severely, by half or more. One UP College of Nursing graduate sent me an email and told me about the sad plight of her contract being sold three times. She went to Minnesota, her original contract, but when she arrived there she was told that her contract had been sold to Mississippi and that she should go there and follow her contract. However, the pay that she was promised here, the one that she signed, could not be maintained by Mississippi, a poorer state than Minnesota. She stood her ground and did not fulfill her end of the bargain because it was not what she signed for. She was forced to go to the Filipino community and wherever somebody could fend for her and her husband, which she had in tow because of the immigration visa that she was given. They finally ended up in California where there is a lot of UP College of Nursing alumni who took care of them. She sent that email to alert me that not all is well in the migration management even in the US. So the government needs to run interference for these migrants that we send abroad. Otherwise, we are sending them to very difficult working conditions. Then for the medical profession, I suggest that we consider the very reasons why doctors have joined nurses in leaving the country. Much of this is due to workplace and work conditions. As presented earlier, even medical students consider economic conditions as a push factor. We have said this in many of the legislations that we have been pushing: if you compare doctors to lawyers for example, doctors do not have living wages after their board exams, unlike lawyers. Lawyers can get married, start raising a family, maybe even buy a car and rent an apartment because they receive an average salary of P50,000. On the other hand, when doctors are doing their residency, what do they get? They get P18,000, P20,000, and the conditions in the training are feudal. It is very mentorship based but the junior doctors cannot see patients or earn their keep from private patients unless their senior doctors allow them to join in the practice.

I suggest that the Medical Practice Act that Dr. Sanchez

was referring to be something that Congress will also support. The medical practice act is so old. The last revision was in the 1960s and there is no provision for specifying that salaries and work conditions of doctors be competitive. That is why doctors leave, aside from assuring career development. With devolution, many doctors feel that they are stuck in the rural areas. Prior to devolution, they could always say that, "I was a good doctor in my province; one day I could become Secretary of Health." Now there is no such link because the central DOH is cut off from local government units. We have to establish that link and a stellar career in public health medicine should bring rewards to the central DOH and maybe, even a career in the World Health Organization (WHO).

Health science education reform is the next suggestion. The state should have more control of that if possible and the quality of health professionals should be the primordial driving force than profit of the schools. It is sinister and also scandalous when health science professional schools do not even care that they will be churning out substandard practitioners. Unfortunately, some Congress people told me that to my face when we asked them to help out in the CHED proposal to close down schools. In a closed-door meeting we were told by a group of doctors that they do not give a hoot about the quality of nurses in the country. What they wanted was for us to give in to the demands of their constituents and the owners of nursing schools so that the owners do not lose their investments. We were bullied no end and we were told that we can come up with high quality nurses but that it will not help the bottomlines of the school owners and that is why they cannot support us. That was a sad day for me. I realized that our national leaders did not even give importance to the need for quality. We even told them, "If you get sick or the members of your family get sick, are you willing to face the possibility that maltrained nurses will be administering to you and they will commit errors? It might cause the death of your loved ones." At that point they stopped

but it is really a sad message that we are getting from Congress right now. If we could do something about the health sciences profession and bring it back to ensure quality, that would be good too.

Finally, I offer suggestions for migration management that were also offered by Dr. Sanchez. In the bill, certain provisions for return migration and brain circulation could be added. Here we look at the shining example of India, as they deal with the return migration of their information technology professionals. In India, they send their young people away for education and more training. However, they also come up with very important incentives to bring them back. As a result of this, India has become a very strong global competitor of IT. They come up with not only positions for these young people but investment kitties at low interest rates for those who put up IT businesses. Probably doctors and nurses and other health professionals who go abroad while they are young - for adventure, training or something else - can be enticed to come back and therefore, bring back their learning and their experiences to strengthen the health care delivery system here. Return migration and brain strategies abound and we can learn from this. We can probably put this in the proposed bill. In migration management, we must not only stop people from leaving but we must entice them to return. We cannot stop them from leaving just because we are just saying "do not go," but we must stop them with incentives to love the work here in the Philippines. Then maybe they do not need to go for such a long time.

To sum up, the health service act is very welcome but more provisions should be included in this act to make it more meaningful. A health workforce commission is especially being espoused and directly engaged to the health human resource master plan that is now being funded multilaterally by donor agencies. This is something that we have to latch on to. I hope

that this will be helpful and we at UP Manila especially the National Institutes of Health and the National Institute of Health Studies are in your service if you need us to help out in the crafting of your bill.

RESPONSE FROM LEGISLATORS

Hon Josefina M. Joson

Representative, 1st District of Nueva Ecija

Good morning everyone. When I first read the bill of Rep. Albano, my first impression was, this is a good bill since there are statistics provided to beef up the claims. However, when I heard the reactions of the three commentators, it has now become complicated. I will base my reaction first on the comments of Dr. Tan who, based on his speech, was obviously a radical in his youth. He considered the rights of graduates; he stood his ground that the government cannot impose on his choice. That was in retrospect. Now, however, he has changed his views since he can see that our health system is suffering.

Dr. Tan's input is informative since we have come to realize that our health care providers need to stay for a while to provide service to the Filipino people. With regard to Dr. Sanchez, he really came on strong. We can really see the difference for someone who has mastered this problem for forty years and yet, until now this remains a problem. His approach was good. The solution to this exsanguination, this bleeding to death, really has to be multifaceted. It has been our objective in the committee of women to clamor for the provision of quality health care services, especially for women. There is the magna carta, a comprehensive health care service which the Catholic Church opposed just because it has a provision there on family planning to recognize the rights of women. And, in accordance with our Constitution, this proposed bill definitely would not legalize abortion. We do not intend to legalize abortion.

I recall one experience with a radio station that was asking for a reaction on the WHO report that 50% or five out

of ten Filipinos die without having medical attention or medical consultation. My reaction was that it could be more than that. You do not need statistics. You just have to look around and be sensitive about it and you will know. So I was right, the WHO report was already outdated. These are the considerations that we want to do something about as a legislator.

During my consultations with my OB-Gyne, I always plug House Bill 3773 (Rights of Conscience Act). One time she said, “My school might excommunicate me, but what can I do? I know that it will endanger the patient’s life, will I still let her get pregnant?” So the right of conscience comes in. Then she told me to please, pass that bill because our doctors, our nurses, are already migrating, not as a small percentage but whole classes are leaving together. The trend is very alarming. It has been alarming for a long time. Then there is the Philippine Overseas Employment Agency (POEA), which is a temporary stopgap by the government and should not be permanent. When there was a financial crisis in the region, we needed a stopgap solution. However, up to now it is still there. So I ask, is it good that we are exporting our professionals? Definitely not. As much as possible, most especially those of us in the Committee on Women, we discourage this because women are very vulnerable to exploitation and violence. However, now, the statistics have reversed – we are now exporting more women. The direction is definitely not improving.

What we are saying, what Dr. Lorenzo is saying, is that the government should have jobs available for the 100,000 nurses who graduated. However, if we take a closer look, why nursing? Why do these students take up nursing? Why do doctors want to take up nursing? Because the opportunity is there, the chance to go abroad is there. They know that their chance of landing a job is low but they still choose that profession. So there must be something that attracts them to become nurses and doctors. This is ironic because here, our

health care services is really lacking.

On church pressure, again, politics comes into the scene. Because we are politicians, of course, we will not get into Congress if people will not vote for us. So if our bishops, our priests, tell us that we should not pass the bill or else we will be hearing from the pulpit, then we get pressured. But in fairness to them, most of the members of Congress are very supportive of HB 3773. However, they could not author the bill for political reasons because, again, elections often follow each other so politicking cannot be avoided. We cannot exercise political will anymore, which is what is really needed here. Politicians really have to take into consideration the factors that will bring them to Congress. It saddens me because the government should be responsible enough to address these concerns. But I am glad because this bill of Rep. Albano is a big step towards addressing even just one facet of the problem and it is something on which we can all work together. Thank you and good afternoon.

Hon. Risa Hontiveros-Baraquel

Representative, Akbayan

The first part of my response will deal with facts which health professionals know better than we do at Akbayan. Still, I will discuss them briefly because these are the figures that have alarmed our party. In addition, we based on these our response to the bill of Rep. Albano and also the health platform which we have just formed.

At least 100,000 nurses have already left the country in the last decade. On the average, there are 8,931 documented cases like this every year since 1994. Two hundred hospitals closed down in the last two years because of the simple and stark fact that there are no more doctors and nurses to run these hospitals. Eight hundred hospitals are partially closed or have one to two wards that already closed because of the shortage of doctors and nurses who will manage these. The nurse to patient ratio in the provincial and district hospitals is now 1:40 up to 1:60. These are examples of the data that we got from health administrators. This is just one dimension of what we call the hemorrhage, which may even become an exsanguination, the increasing number of doctors leaving their original profession to work as nurses in other countries.

Around 3,000 have left since year 2000. From 2003 to 2005, more than 4,000 physicians took the nursing licensure exams. At present, 3,000 doctors are enrolled in 45 nursing schools that are offering customized courses for doctors planning to go abroad. Almost 80% of government physicians from different fields of specializations, with women outnumbering men, are enrolled in nursing. Because the work opportunities for nurses are more extensive, there is a decrease in the interest of the Filipino youths in taking up medicine or in becoming a doctor. On the average, there is a 30% decrease in enrollment in medical schools. Since 2004, three medical

schools have already closed. Meanwhile, the number of nursing schools increased, from 40 in the 1970s to 170 in the 1990s and from 2003 to 2004 only, the number of schools which specialize in nursing jumped up from 251 to 370. Thus since the 70s, there has been a tenfold increase in the number of nursing schools. Therefore, labor migration has had an impact on the health care system in the country. Although we are known for our excellent doctors and nurses, on the contrary, the health condition in the Philippines is one of the most abysmal in the whole Asia-Pacific region. The main causes of death in the country, from tuberculosis to the rich man's disease, could have been prevented or avoided if access to health care is developed such that it at least reaches the minimum standards. However, similar to what our resource persons mentioned, roughly 40% of Filipinos cannot afford to have a consultation or a check up with a doctor or any health professional.

One proposal that stands out is that we regulate the migration of our health workers by enforcing a mandatory service for nursing and medicine graduates of state universities of at least two years. In particular, the house bill being proposed by Rep. Albano, HB 3316, follows the same regulatory principle. Those graduates who made use of the taxes of the people should pay for the subsidy that they received by working in a public hospital or clinic for two years. So we ask, will HB 3316 solve our problem or will it be part of the solution? Definitely, it can be part of the solution. On the other hand, we at Akbayan believe that we should really cultivate a national health service program to arrest the migration of our health workers. We also need, for example, this HB 3316 to be part of the strategic solutions to our problems in the health care system. And as our resource persons said, our approach needs to be comprehensive. Therefore, we can add other legislative initiatives so that we can deal with the fundamental solutions. Together with Rep. Albano, we also would like the help of all the stakeholders here in seeking a comprehensive approach or solution. We have filed

a bill similar to the one in Senate, which aims to enhance the access to cheaper medicines through parallel importation and compulsory licensing. We are also looking at a paper by Dr. Tan, which was released last year, his ten strategic recommendations or solutions related to the nursing profession. Furthermore, we would like to work on a bill to make the Philippines a tropical medicinal plant capital of the world. With Rep. Albano, we will look into and support the house bill being developed by UP Manila, including the one mentioned by our resource persons, the medical practice act.

We at Akbayan are not in favor of the directive of the national government which seems to be in contrast with the needs of the health workers and health professionals as against the prerequisites of a good public health care system. We think that the contradiction based on the labor migration policy of the government and the government's refusal to play a bigger role in the delivery of health care services lay at the heart of the problem. It is not enough that the government imposes restrictions on health workers without taking care of their needs, like providing equitable salaries and satisfactory working conditions. This means that no strategy based on coercing our doctors and nurses to stay in the country will be effective if the state does not fulfill its obligation to deliver health care.

In relation to higher and equitable salaries for example, and this is not included in the Akbayan platform but just an indication of how desperate our countrymen consider the whole economic system of the country particularly the public health care system, one who calls himself a failed economist, Thads Bentulan, posted a wild idea on the internet, his theory on the hyperwage. Similar to what one resource person said, that we should recall our thousands of doctors who have gone abroad, Thads Bentulan said that in his opinion, we cannot catch up with the hard industrialization or massive industry industrialization of the western countries and also the other

countries in the Asia-Pacific region like China and India. He came up with the idea of intellectual industrialization. His other idea is the hyperwage, if the government is bold enough to intervene in one aspect of the vicious cycle of the economy. Stop the lame excuse or the easy solution that if salary and wages are increased, there would be plenty of bad effects to the economy. Thads Bentulan suggested that some sectors be given hyperwages to initially attract our intellectual social capital – the doctors, the educators, and other professionals – to come back and then we examine the effects of this on the economy. Again, a little disclaimer, this is not included in the Akbayan health platform but is only an indication of how aware the people are *of the collapse of our health care system and how they see that this is a big part of the employment and economic problem.*

We at Akbayan are in favor of a national health service program and this health service program needs to be based on additional public spending in health care. Our budget for health should really increase from only 2.8% or 3.2% of our gross domestic product, depending on which public official is speaking, up to not less than the 5% minimum set by the WHO as the amount that each country should allocate for health care. Vietnam is spending a bigger percentage of its national budget for health compared to us here in the Philippines. This means that we should increase public spending for health to make the salaries of our public health workers more competitive and more equitable, and to develop, organize and improve the working conditions in our hospitals and health centers. The supplemental budget will fall on or will take effect as additional allowances and support programs for the community-based health workers.

We at Akbayan think that a health program should be *centered on regulating the role of the private sector in health care.* In short, public health care should not be in the hands or control of the market. There should be more or a wider

regulation of private schools offering courses on medicine to reverse the deterioration of the quality of our nurses and doctors. Most of these private schools are focused on ensuring that their graduates get high scores in the licensure exams, that is why they focus more on giving review classes than on imparting knowledge and skills for the betterment of their students. Furthermore, this emphasis on high scores in the licensure exams may pose as an incentive for cheating. We think that the national health service program should be based on the reformation of the errors or the lack of devolution in health care. We are forcing our local health care units to pay for this program while we refuse to see the truth that most of them lack the capacity or the resources to deliver these health service standards. We think that the program should also be part of or should have a part for a stringent review of the local government code. And may this also dwell on the efficient designation of responsibilities in the delivery of the health care system through the government and the local government units.

Last but not least, we have talked about the politics and economics of this conscription of health professions and the other alternatives for this problem. It is also crucial that we consider the cultural aspect of the reform that we are seeking. We should also think of the formation of our youths and our young health professionals on love of country, national unity and duty to our nation. Thank you for inviting Akbayan. You may count on us in this journey.

Hon. Loretta Ann P. Rosales

Representative, Akbayan

I would like to thank Prof. Beth Pangalangan, who represents the UP ReproCen and UP CIDS, for this initiative. The good Lord knows how much we need this. It is very urgent, it is very crucial and I do not think we have to wait another forty years before we do this to solve our problems. I appreciated listening to the resource persons, Dr. Lorenzo, Dr. Tan who has been very steadfast and consistent about the things that have to be done, just like Dr. Sanchez. I just came from New York and I spoke to the nurses there. It is true what they say about modern slavery. The nurses in the meeting told us that they were promised certain indicators of how much they are going to get and then they were left in the cold and they did not know what to do. So I told them that I am going back to Manila to try to work things out and find out what we can do. So these are very immediate questions on labor and the brain drain problem that we are facing right now. May I also thank my dear colleague, Rep. Rodolfo Albano for coming up with a very serious bill and mobilizing just about everybody. Do not worry Rep. Albano, we will give our full support for this.

Dr. Marita Reyes and I used to be together in UPIS. I looked at her and said, "You know, we already know what the problem is." A lot of inputs were given. There is the 2005 Philippine Medical Summit. We have these summits but afterwards, there is no follow through, it is not followed up. That is the problem. I think we have enough research. We know what the issues are and we know what the problems are. This is similar to what we are doing for education right now. Believe me, Congress is not really all that bad. There are some people there who are doing their work. Rep. Josen, for instance, really fought for the Magna Carta for Women. However, it was left behind by the recess. But just the same, we need to support the

Magna Carta for Women because integral to it is the comprehensive health care for women. And if we are going to study the National Health Service Act, integral to this is the advocacy work that has to do with reproductive health care. We have the church against us. We have the president lacking in political will regarding this matter, which is also an obstacle. One day she is in; another day she is out.

What we should do is to organize. We must organize. However, before we organize, we must do our research and our homework. Actually, we have already started studying. What Rep. Baraquel discussed earlier is an initial endeavor on the part of Akbayan to try and figure out how we can contribute to an advocacy campaign for a comprehensive health program in the Philippines. We realized that wherever we go, our citizens are hungry. They mentioned earlier that the rate of those who die without getting medical assistance is 70%. That is horrible. Seventy percent of those who die do not even get medical assistance. The problem is distribution. I hesitate to say that it is a question of oversupply. It is a question of proper distribution of the graduates to 84 million Filipinos and 7,000 islands all over the Philippines. That is the problem, not the oversupply. It is the appropriate distribution, production and deployment points raised by Dr. Lorenzo that have to be addressed. However, you cannot do that if national policy, if Malacañang does not care for that. We do not have a policy for this. The problem is with the Malacañang. Or maybe it is not just with Malacañang, but also with many of us. The University of the Philippines has come up with this. But how many schools do we have? How many state colleges do we have? What about the advocacy work that we are doing in the UP System? This problem needs, as Dr. Sanchez puts it, all stakeholders. However, we have to strengthen research so that facts and figures and analysis of these facts and figures should provide the legitimate basis for coming up with relevant legislation in the House of Representatives and in the Senate and also in the local areas like

ordinances and so on. We should start touching base. These are some of the points and areas that we really should look into. I think the UP College of Medicine can be a powerful force. You are the ones who can lead and have these kinds of initiatives reiterated. We can have a series of these discussions, maybe bigger than a roundtable, and have more and enthusiastic citizens from all over the place, because our people are really looking for solutions.

I just came consultations in Mindanao, and we discussed charter change. Using as a frame of reference what Rep. Albano studied, the article 13 on social justice and human rights which says we should address the public health care system indicate how little the people know about the good things within the constitution, those things that are not studied. This part is only projected because this bill came out. As for me, I am saying this: right now the Supreme Court is in a quandary - the vote is 50-50. Which is funny. Why is the vote like that? The flawed process of obtaining the registered votes is very clear. Even the dead are being included there. This is not a people's initiative but a palace initiative. Every day that God made, there are paid advertisements. So it is very, very clear and yet they are in a quandary. Then when we resume sessions in Congress, the leadership is focused on having the constituent assembly resolution passed. Actually, it is not a constituent assembly. They prefer the people's initiative since it is simpler. All of us will form the interim parliament and then we will go into amending the constitution by the Araullo formula or the Pichay formula, whatever the situation is. What is really being done is, every instrument of government is being used for a specific vested interest. If you study the premise or even the preamble or the provisions and principles of the Article 2 of the Constitution, you will realize that what is happening right now is a gross violation of what the people had committed themselves to work on. The Constitution of 1987 is EDSA I. That has not yet been translated nor concretized. To me that is what it is all

about.

What is happening is bad, really bad. I just want to announce that during our budget hearing, we talked about the JPEPA. Mayong Aguja, the third guy in the triumvirate of Akbayan fought hard against the JPEPA, an accord between Japan and the Philippines providing for the reduction of tariffs on the importation of wastage from Japan that includes clinical hospital waste. We spoke to the Secretary of the Department of Trade and Industry, and he said, "Mark my words, that will not happen. We are just going according to the framework of the World Trade Organization but our specific laws do not allow that." It is on the papers right now. The truth of the matter is there is a larger principle involved here that has united the members of the United Nations that the trading of waste is against the law. This already happened in 1999. Clinical hospital waste from Japan entered the country but we created a furor so it was sent back. These are things that maybe the University of the Philippines should raise their voices for and make it loud and clear. Let us be angry. Let us oppose this. We are in a crisis right now. The positive thing is there are initiatives such as these. Rest assured that Akbayan will be with you in the effort to try and organize. We have to organize. We have to do research work and study our lessons. We need to do more of these roundtable discussions. Let us make an advocacy campaign to make sure that the public health service system operates in the Philippines. Much of this has to do with ensuring that our social capital, our human resources within the medical profession do their job in reaching out to the people and giving service to the people, as it should be. Thank you very much.

OPEN FORUM

Prof. Rudyard Avila III (College of Law, U.P. Diliman):

Good morning. I came here this morning initially opposed to the bill of Rep. Albano. After reading it thoroughly I thought that it was a general conscription program but there is a scholarship that goes with it so there is a benefit. However, I have reservations about conscription of medical professionals, based on several grounds. One is equal protection and due process because whenever you conscript doctors and nurses only, they are going to complain as to why other professions are not being conscripted since there are also deficiencies in other professions like engineers, etc. The other reason is economic. In 1979, as a new graduate of medicine, we were among the Marcos conscripted doctors. There were two waves. The second was towards the later part of the 70s. We were asked to serve one year of service in the rural areas prior to getting our license. We were allowed to take our medical exam and then we were given licenses only after we have presented to the Professional Regulation Commission (PRC) certificates that we have completed the procedure. Of course we were paid. For those who were assigned to rural areas, like me, I was assigned to Dumalneg in Ilocos Norte which people hardly hear of. We were paid P2,500 per month. That was good enough at that time for a young doctor. But we were only paid for the first four months. After four months the government ran out of funds. They said we would be paid later on. It never came. We were more eager to get our certificates rather than to get paid, and they never paid us after the four months.

During the last (controversial) nursing exam, there were 17,000 nurses who were supposed to pass the exam. So that is times two because we have two nursing exams every year. That is 34,000 new nurses each year. If you conscript them for three years that is 102,000 per year. Assuming you let them all work for the government at a wage of P15,000 per month, that would

be P1.53 billion per month and P18.6 billion per year. These are only for new nurses alone and I am pegging it at P15,000, which is not even a decent wage. That is P18.1 billion. It does not even include those already working here in the Philippines, and it does not include the doctors. So you can see how much the cost of this program is going to be. Like most legislation, we are fond of coming up with a lot of good laws. One glaring example is the Magna Carta for Health Workers which has never been fully implemented because there are no funds. What more a national conscription bill in which case we will be forced to pay an average of 102,000 nurses every year. At a total of P18.6 billion it is very, very expensive.

The third reason is political. The government has no political will to police migration because they call all of the Overseas Filipino Workers (OFWs) heroes, and for good reason. The reason why we are not collapsing economically is because of the export of professionals. So the government has no political incentive to back up something like this. I think it will be very difficult because we will be putting our money where our mouths are; we cannot conscript them without paying them. *Apart from due process and equal protection* there is also the fact that you are asking them to render service without paying them. And years ago, in the first few years of the Marcos regime when the economy was fairly good, they could not even pay for the doctors who get conscripted.

Dr. Marita V.T. Reyes (College of Medicine, UP Manila):

Would you have an alternative?

Prof. Avila:

Well, it is not an alternative. I think the suggestion of Prof. Lorenzo is fairly good. The only thing that you can do is to improve the entire medical system first. Because it is not merely a question of fielding professionals; it is a question of adequate medical care. Not even good medical care but

adequate medical care. These people will be going to fully staffed hospitals for a heart attack, for a stab wound, and then they will wait without medical care because the doctors are asking them to buy the sutures, which is a phenomenon we see everyday. So all of us have nice solutions but it is all economic and unless the government has the political will to back this up, all of these would just be grandiose and will fall the way the Magna Carta has fallen.

Dr. Marita V.T. Reyes:

Dr. Romualdez, would you like to say something?

Dr. Romualdez (Former DOH Secretary):

First, I would like to congratulate Rep. Albano and his colleagues, the ladies of Congress. I always had high esteem for the people in Congress. In 1988 when the Generics Act was being debated, a representative of the German company Boehringer-Ingelheim, complained during a committee hearing that the people from the DOH are giving very emotional reasons for passing the generics law. One of the congressmen raised his hand and said, "Mr. Chairman, when it comes to the health of the Filipino people and the lives of children, I believe we should be emotional." For me, this shows that there are enough sensible people among our politicians and that there is still hope for a rational health system.

The Generics Law itself did not change much in the way the pharmaceutical industry did business here. They are still making scandalous profits and so forth. But at least it provided that framework to educate the people to change the way in which prescriptions are written.

And I think the idea behind HB 3316 has the potential of doing the same thing. But I would like to remind people that it will not be enough, it will never be enough. The main way will be to change the way people, both in and out of the health

professions, think about health. We had a good idea in Palo, Leyte, the School for Health Services (SHS) program. We thought that that idea was going to be the answer. I think it still can be part of the answer except that we need to have the political will to change the U.P. College of Medicine in that direction. Because I think one of the problems in fact is the U.P. College of Medicine. I had my time and I was given a chance to try and change it and unfortunately one of my failures was the UP College of Medicine. I think most of our friends here in the health professions business know where I stand. But I am very happy that we are now at least talking to the sensible people in Congress. Thank you.

Gloria Armariego (UP-PGH):

I would like to say that we should look at what the real problem is. What is happening right now is that *ang tubo may butas, tinatagpitagpian lang natin. Hindi po natin sinasara yung gripo para hindi tumulo*. What we are discussing here is the conscription of graduates to provide service. Maybe we should also think of those who stay here and work, people like me, for example, I am already 20 years in service and I am not leaving. In other words, we should also think of incentives so that our people will not leave. In 2004, a study was done by the Public Services International where health workers were asked why they are leaving. The main reason that they gave was financial. However, they were also saying that they would not leave if they are given living wages, not dying wages. That is all they are asking. *Mababaw lang po ang kaligayahan ng health workers*. We have been raised and taught to provide service to the people. However, what is happening is that we serve but the government does not seem to notice those who serve. For example, the Magna Carta for Health Workers has, up to this time, no full implementation yet, especially with the devolution. At that time, we were not able to anticipate the local government code and it has caused further delays which has further demoralized the devolved health workers.

Another thing is the Nursing Act which was approved because we were able to anticipate the shortage of our nurses. However, it was approved only in principle. Up to now, it is still not implemented. We have all these house bills and republic acts, and we are good in conceptualizing but we are sorely lacking in implementation. I also would like to add that to implement these laws, we also need financial support. Availability of funds always becomes a problem. That is why majority of health workers are disappointed. They feel that they are given no choice but to go abroad. We really should prioritize health. Even in our budget, health is just a very small percentage. Then on public service, in nursing for example, in PGH, we have three-year contracts. That is opposed by the College of Nursing because they want to be exempted from it. However, they should be the ones to serve longer because they are from UP, *iskolar ng bayan*. It is a three-year contract because the entry point is NII (Nurse II). Experience is required so they have to start at N1 level. Two years after NI is when the main contract starts..

I am happy that there are a lot of you here today. I hope that we can open our eyes to what is really happening. In a 2004 study, it was found that those who are leaving would really choose to stay if they have enough to feed their families. That is all that we health workers are asking for. We should answer the present problem. *Isarado natin yung gripo para hindi siya tumulo. Hindi yung patsipatsi lang yung pagresolba ng problema.*

Dr. Aguirre (Faculty of Medicine and Surgery, University of Santo Tomas):

First of all I would like to agree with Dr. Sanchez that values is very important. Professionals like us who had opportunities to stay abroad came home because our parents inspired us to go ahead, spread our wings but come home and serve our own people. So we cannot underestimate the role of

the family in inculcating the value of serving one's community.

Next is the poor pay. We know for a fact not only for the public but also for the private sector that nurses and doctors, especially during training, are underpaid and overworked. That is the primary reason why they go elsewhere. So maybe that can be addressed if this money that will be used for this particular bill can be used to improve the working conditions. I think during Sec. Romualdez's start as DOH Secretary, I read a very touching article written then which narrated how, when they were medical students, they had to pay for laboratory tests and medications of the poor patients in UP PGH. This is still going on up to this time because we have students who are taking or going to UP and that is their frustration. I am sure you know the doctors started *Lingkod ER* and eventually came to our institution and that was the source of their frustration: poor patients unable to be taken cared of because of lack of funds.

The other thing is allocation of scarce resources. I went to General Santos City a few years ago and visited a government hospital there. They had a beautiful conference room like this, which was over furnished, but due to lack of funds, they had no chest x-ray, no ECG, no laboratory. Their patients had to go to a private facility for these. That is true not only in the provinces but also for Metro Manila. We know of government hospitals with no working x-rays and they had to send their patients elsewhere. So why should we not spend this money on just improving the services?

About the lamentation on medical schools, I am not so sure that I am unhappy about it because the medical schools that are closing down are schools that should probably not have existed to begin with. At the University of Santo Tomas, for the first time, we have 420 medical students. Our quota used to be 350, now we have 420. We are not lacking quality medical

students. Regarding the opportunities for improvement, I think that this is a common problem, because the doctors who go to the far-flung provinces feel they rot there. Nobody is interested in their continuing medical education. So who will take care of that? Even students from Indonesia come to the Philippines because they lack postgraduate training there. They come here and train with us and then go home and serve their own people. I think we should do the same in our country.

Regarding the point that Dr. Tan brought up on the problem of these caregivers, we should not overlook the fact that the reason why Europe and America are in need of caregivers is because of their graying population, which is an offshoot of active population control. The reason why so many caregivers are needed is because the older population in these countries is already growing because of improved health care, and there are less young people to take care of them. They depend on us. According to Dean Vargas of UST, the reason why health workers are enticed to go there is that here they are paid a measly \$200 while there they are offered \$4000-\$5000. How can we compete? We really have to improve our working conditions and the salary of our workers.

The other reason, a practical reason which is not included in Dr. Tan's research on why doctors prefer to go abroad as nurses, is that, if they are a new graduate, they have to pay P300,000 in order to pass the medical board exams in the US? They have to take three parts of an exam and that costs P300,000. How many medical students can afford that? So they would rather go there as nurses or as workers and probably save on the money until they are able to pay for the exam. The other thing is, older graduates who want to seek greener pastures, they will have a hard time to pass three parts of an exam. So doctors going abroad as nurses is also due to practical reasons. However, if they are given enough incentives, they would probably stay home. I mean, we are not the only ones who love

our country. Everybody has that tinge of desire for service. Let us just give them the opportunity to develop themselves at home. Thank you.

Rep. Albano:

I want to give my reaction on the problems that they mentioned, about the lack of facilities in the province. I experienced this before as a mayor. They say that some hospitals have no x-ray machines, etc., but the problem is, there are no x-rays because there are no graduates to man the x-ray machines. So how can we buy these machines? Even the ECGs. We had a lot of donations because every year, these Las Vegas people go on a mission to our town. They wanted to donate these equipment, radiology, MRI, etc., but we did not have people to man these machines. So this is a chicken and egg syndrome. Which comes first, the chicken or the egg? Now, even if we fund, if we cannot produce graduates to operate these, nothing will happen. If there are no hospitals, no schools that will produce doctors and nurses, nothing will happen. What is happening is basic brain drain. Let us already accept this as a fact that we really cannot compete with other countries. It is already a given. For one, the peso is 50 against a dollar. Whatever we do, we really cannot cope up. That is why I want this Philippine Medical Academy to be in UP. UP produces people who are nationalistic. We need to produce people who, even with a small salary, have their minds and hearts attuned to the problem. You would be surprised, even the rich people, they give up their wealth to serve the country. You just have to give them some dignity. That is why what I want for this bill is to give some dignity to our doctors so that whatever incentives are offered to them, they will still choose to stay in the country. Like what is happening to the PMAers. Out of 100 graduates, only one or two leave the country. They can choose to work as security in Iran or Iraq. Do you know how much ex-soldiers who serve as security are paid in Iran or Iraq? They are entitled to \$20,000 to \$30,000 month. So the bill also incorporates the

values formation that was pointed out.

As for the chicken and egg syndrome, at least, we now know what the problem is. Now it is up to the policymakers, to us, not Malacañang. Malacañang only executes the policies of Congress. If only we have the will in Congress to budget, to make priorities like that for the armed forces. Fifty-four billion is allotted for the armed forces. Even these soldiers need doctors. And yet, the budget allotted for them is 54.6 billion, way above the budget allotted for health. It is really simple economics - you either go for guns or butter. What I see right now is that the government provides more for guns than for butter. Health is included in the butter. So that is simple Economics 101 which we studied in college. If only we redirect our resources towards that butter, we increase the budget for health. Anyway, what is 100 million? We can even provide 200 million or 300 million. That is easy. The pork barrel of the congressmen is very big. If each of us gives one million from our pork barrels, we would already have 235 million. What more if we give five million each? And yet, even if we give one billion here, if we cannot produce the needed graduates, the money would be useless.

I think this is a good start. Let us not ask who is to blame, why did this happen, why did that happen. Let us not go back to that chicken and egg syndrome. I am sorry that that is what happened to the life of Dr. Sanchez, his frustration of 40 years. But we also have to think, the teachings of Jesus Christ has been around for 2000 years, up to now, nothing has happened to it. But it will be a good starting point. What I mean is, our religion has been trying to change our values, but up to now, nothing has happened to our country. What I am saying is, why should we listen to the church? On reproductive health, for example. First of all, the Vatican is a member of the United Nations. But do you know that the Vatican is not a signatory in the Universal Declaration of Human Rights? Because if they

sign, the infallibility of the pope will be undermined. So for me, let the church be. The church only applies when we die. While we are still living, let the church be. I am becoming an atheist in my views but I am basically a humanitarian. So that is my reaction.

Dr. Edna G. Monzon (Faculty of Medicine and Surgery, University of Sto. Tomas):

Do you envision the development of a new curriculum on top of the ongoing UP curriculum?

Rep. Albano:

No.

Dr. Monzon:

Okay, because if there is no change between the curriculum in what you are trying to implement in your Philippine Medical Academy and the present curriculum of UP and since UP will be the one managing it, why not just increase the number of scholars that you are going to have in UP so that the 100 million that you are appropriating for this bill will be diverted towards increasing the salary of health care providers and the upgrading of the equipment of different hospitals. As they have said, lack of equipment is one of the reasons why doctors are leaving the country.

Second is regarding the non-signing of the Vatican in the United Nations. The reason why the Vatican did not sign is that there are a lot of violations of human rights in that declaration which is hidden and it is the church who knows. For example, what the honorable congresswoman was trying to insinuate, regarding HB 3773, that abortion is not included there. The reason why we are against it is because if you read the CEDAW (Convention on the Elimination of All Forms of Discrimination Against Women) and the Beijing and Cairo conference, reproductive health has been defined and abortion

is one of the requirements in that particular aspect.

The next question that I will ask you is who will be funding this PHILMEDA. You said that there are other funding agencies. So I want to know who are these funding agencies. Because you started talking about HB 3773, and now I am beginning to believe that this is part of the millennium goal of the UN on the reproductive health care implementation in the least developed countries. So this is what I want people to be aware of. You may not know it but the reason why the church is very active on this is that the church knows all these things that are being undermined by some population control groups.

Dr. Alberto B. Roxas (College of Medicine, UP Manila):

The UP College of Medicine was created in 1905. We were created because there was a resolution in the Philippine Medical Association that there was a need for doctors in the Philippines at that time. That was in 1905; it is now 2006. A hundred years has passed and still the problem exists. We still need doctors in the Philippines. My heart pains every time I hear UP being lambasted because our graduates are going abroad. This year, we had a 97% passing rate, we are number 1 in terms of medical schools with the highest passing rate. I understand 50%-70% are leaving the country and it takes two years to do that because there are so many things that have to be done. When you have very good students, very good graduates, you cannot stop them from going where they want to go. The most that we can do is try to manage the brain drain. The brain drain has always been with us for the longest time. The problem is just the severity and I think it is really bad now. To solve this problem with our curriculum is not the answer. The answer is sociopolitical and socioeconomic. If our country, if our situation is just like the US, a first world country, I doubt if our doctors will go abroad. Now, when will we develop our country like first world? Not in my lifetime, maybe not in your lifetime. That will take a long time. So in the meantime, what can we do? Our

students are *iskolar ng bayan*, so we are thinking of maybe a payback scheme for them. I think the College of Medicine is ready to do that. But to do that, we need funding. Otherwise, who will pay for them when they go out and serve?

A good example is during our time, we were forced to go for six months in the rural areas. What did we do? Some were assigned in Malacañang, some were just assigned anywhere. What did they do? They did not do much. It really depends on the individual. What I did was to learn and apply my public health background. I just did diagnoses and tried to help as much as I could the municipality where I was assigned. However, we need more. We need to support our medical graduates. If we have 160 graduates, 160 municipalities can be provided. We can work out a support system for them to serve in the provinces. What do they need there? They need nurses, then we will help them. We provide them. That is what we need. I think I can persuade my college, my graduates, to go and serve for at least two years or maybe three years. That will not be very difficult. It is something that we have to work out in the college. But I cannot do that now. Why? Because if I tell them, ok, you serve - and now we have graduates who are telling me that they want to serve here, in the provinces - what can we do to help them? It is so difficult to get salaries from local governments. We need political will. So our graduates go and serve in the provinces on their own. But they cannot get salaries, so how do you expect them to serve in the provinces? This is something that I think only congressmen can support. You can provide full support. I am happy that you are going to have a scholarship. That is at least one piece. We have indigents, poor students. With a scholarship, we can ask them to serve to pay back the scholarship. But that is one-half of the whole thing. They still have to be supported if they have to be assigned to the provinces. How will we do that? UP College of Medicine does not have the money. We can barely pay our utilities. What can you do with that? Thank you.

SYNTHESIS

Dr. Ma. Lourdes G. Rebullida

Convenor, UP-CIDS

I will highlight the key points of the convergence. Let us take a look at the questions posed initially by Dr. Pangalangan who said that we can configure the discussion in terms of issues, in terms of questions. The discussions this morning provided a response to this in terms of saying that the bill's rationale is based on the shortage of our doctors and nurses as a result of out-migration and the other things mentioned in the explanatory note of the bill which Rep. Albano also mentioned this morning. Dr. Tan highlighted the need for the bill and changed our terms into the push and pull factors which the other speakers also mentioned. The survey he presented as well as the empirical evidence from many of us here show that this bill is really long overdue. In the case of Dr. Sanchez, it is not only long but very, very long overdue. So this is a response to not only a brain drain but to an already bleeding situation. There seems to be no divergence on this particular issue.

On the question of who should be doing the regulation, where should the power come from, or should we be deregulating, we are really talking about the actors that should be involved in the legislation as well as the actors that will be affected by any possible legislation. Generally, the state has the right to do that and the private sector has its own intervention since it is a market driven system which of course our legislators already deplored, saying that it should not be market directed. The public sector can provide its response not only by legislation but also by other interventions. For instance, the national agencies can simply work out administrative issuances or the president may put out an executive order short of legislation. For legislation, it is a long process and it might take a

long time. People realized that although at first glance the bill looks easy to understand, as the discussion continued, they realized that it is not really as simple as they thought it was since there are many other considerations.

The next point is, what should these particular legislation or enactment or intervention contain? There are several terms that came up in the discussion and I think this should be given more study. One is the frequent use of service. What do we mean by service? Dr. Lorenzo suggested that maybe we should say *service placement* instead so that this will be more aligned with human health resources management. While there has been a constant use of the word *conscription* to the point that maybe it is now more favorable than it used to be during the time of Marcos, we may still reconsider this because the term, *conscription* may denote and carry wrong images and meanings. Our congressman said that he started with just the notion of a medical academy and a medical scholarship and the words started to get complicated. But words are very important because these are the concepts which will be fleshed out in any form of legislation. In terms of how, originally there was one proposal and this has already evolved to other versions - the substitute to the original and the substitute to the substitute to the original - and it will matter most if we look at the comparison of the changes. However, how can we look at the different provisions of the proposed bills when the very basic issues of concepts, meanings and the context of what will be written in the bill still need a little bit more of elucidation and analysis. Like what our legislators said, they need to really sit down and study the data given. So aside from legislation and administrative issuances mentioned earlier, our other resource persons, especially Dr. Sanchez and Dr. Lorenzo, emphasized the need to look at the health human resource master plan to see an integration, to make sure that the plan is in accordance with the law. Some mentioned the more macro reason which prompted Rep. Albano to ask where do we start, the chicken or

the egg, the part or the whole? Some say the economic system, the market, the medical educational system – so which among these should we address so that we can really achieve the answers to our problem in health human resources?

Let me emphasize that if we are going to review the bill we should analyze the experiences of other countries. However, we should take care that we do not just copy because the parameters are not the same. The health human resource development (HHRD) master plan also has to be reviewed. What are the other reforms on education that were mentioned here by representatives of educational institutions? And of course other surveys aside from those of Dr. Tan should be compiled and put together so that reviewers can take a look. In terms of policy content, there is an emphasis on deciding whether it should be voluntary given all the constitutional parameters or whether we will require service of at least one year within the usual academic framework. Again, other questions are on logistic issues, how comprehensive is it, and of course, how do we answer the real problem? That is why the problem statement of the bill is very important. We need to do policy analysis that is more in depth rather than just cursory discussions. In addition to these three bills, Dr. Lorenzo also mentioned that they are percolating some other bill. So some group might want to take this up to see how the proposals can be reconciled. Do you really want the creation of a medical academy, should it include scholarships and service programs and what are the terms in the appropriation of funds? These are the three critical elements of the bills as it now stands. I think we all agree with the rationale, the push and pull factors, the crises in health services due to the unabated migration of health and medical professionals, the lure of higher salaries, better working conditions and more opportunities for professional growth in foreign countries. There are already closures of hospitals and of course there is the negative impact on the poor and the needy population.

So as we close, we are saying that we should situate this bill in terms of health human resources and development instead of manpower because manpower development is already an old concept. What are really the health needs and what are the mechanisms? Should it be an educational intervention, or like what others have said, intervention in terms of incentives for those who are in service so that they will not desire to go out of the country anymore? Then last, the specific provisions of the law were not really discussed today. But if you look at the bill, what is being said about the specific provisions of the law? So in summary, is it an academy, what are the qualifications of candidates, the conditions for admission, the actual logistics of the service program? What should be the name of the institution? If you look at the bill, there are different names for the institution. So what is it really that will be enacted, and what should be the content of this enactment? Towards the last part of the three bills, the programs, the compositions and the functions of the board are given. And the last substitute to the original bill talks about the commitment of the local government unit which was not discussed today. The appropriation is 100 million pesos and donations and grants are allowed. Then how will the implementing rules and regulations be done and what is the effectivity? So the specific provisions of the bill were not discussed because it looks like we are still in the more fundamental principles of the bill and on what should be the content of the bill.

With that, I hope that we are just kicking off the steps to start with so that in the end we will have a more long-term solution in the form of a legislation. Thank you for everyone's contribution.

CLOSING REMARKS

Dr. Alberto B. Roxas

Dean, UP College of Medicine

In behalf of the organizer, I would like to thank everyone who came here this morning. I think it has been a very fruitful meeting. We still have to get our acts together. I think the bottom line is we should have one commission, whatever you want to call it, to address this serious problem. I think the government should do that. It is very crucial. And, of course, I agree with the bill. As long as there are scholarships coming in to our college I will appreciate it. I am sure our students would pay back and provide service to our countrymen. There are still a lot of things to do and I am sure Congress will do something about this. With that, thank you very much.

About the Speakers

Raul C. Pangalangan is a Professor at the College of Law, University of the Philippines where he served as Dean from 1999-2005. Dr. Pangalangan earned both his Master of Laws (LL.M.) and Doctor of Laws (S.J.D.) from the Harvard Law School where he was a Visiting Professor in 1998. He was amicus curiae before the Supreme Court in the impeachment case against Chief Justice Davide and was lead counsel in *Randolph David vs. Macapagal –Arroyo* challenging the President's proclamation of a State of Emergency. Dr. Pangalangan is also an opinion writer for the Philippine Daily Inquirer.

Rodolfo T. Albano III is the Representative of the 1st District of Isabela, a position he also occupied from 1998 to 2001. He served as Executive Director of the Joint Congressional Power Committee from 2002-2004 and as Mayor of Cabagan, Isabela from 1988-1998. Rep. Albano has a degree in Political Science from De La Salle University.

Jaime Z. Galvez Tan is a professor at the UP College of Medicine and the President of Health Futures Foundation, Inc. He was Vice-Chancellor for Research of UP Manila and Executive Director of the National Institutes of Health, Philippines. He served as regional adviser in health and nutrition for East Asia and the Pacific region of UNICEF in Bangkok in 1996, as Department of Health Secretary in 1995 and as Undersecretary and Chief of Staff from 1992 to 1994. Dr. Tan does clinical practice combining North American medicine with Asian and Filipino traditional medicine.

Fernando S. Sanchez, Jr. is the Executive Director of the Association of Philippine Medical Colleges Foundation. He is also the Director of the Research Institute for Health Sciences of the University of the East – Ramon Magsaysay Memorial Medical

Center (UERMMMC), where he also served as Dean and as Vice President for Academic Affairs. Dr. Sanchez was the Interim President of the Association for Medical Education in the Western Pacific Region from 1984 to 1988 and was a member of the Executive Committee of the World Federation for the Western Pacific Region, which planned the First World Summit in Medical Education.

Fely Marilyn “Lyn” Elgado-Lorenzo is a professor at the College of Public Health, University of the Philippines Manila. She has worked as lead person in the project on human health resource development in the Philippines in her capacity as Director of the Institute of Health Policy and Development Studies at the National Institutes of Health in UP Manila and has taught at the pioneering School of Health Sciences in Palo, Leyte that the University of the Philippines set up in the 1970s. Dr. Lorenzo holds a Doctor of Public Health Degree major in Health Policy and Administration from the University of California Berkeley School of Public Health.

Josefina “Josie” M. Josen is the Representative of the 1st District of Nueva Ecija. She serves as Adviser to the Samahan ng Pagkakaisa ng Kababaihan ng Nueva Ecija and as Secretary to the Central Luzon Congressional Caucus (CLCC). She is also a member of the North Luzon Alliance and the Philippine-Japan Parliamentarians Association. Rep. Josen has a degree in Pre-Medicine from the University of the Philippines.

Ana Theresia “Risa” Hontiveros-Baraquel is a Representative of the Akbayan Party-List, of which she is also a founding leader. She has had a long involvement in the peace initiatives, having been the Secretary-General of the Coalition for Peace since 1998. In 2001, she received the Ten Outstanding Young Men (and Women) Award for Peace Advocacy from the Philippine Jaycees. She was also a media practitioner for 15 years, and in 1994 was awarded the KBP golden Dove Award as Best Female Newscaster. Rep. Baraquel graduated *cum laude* with a bachelor’s degree in Social Sciences from the Ateneo de Manila University.

Loretta Ann P. Rosales is a Representative of the Akbayan Party-List. She is a founding chair of the Alliance for Concerned Teachers (ACT) Philippines, which was instrumental to the passing of the Salary Standardization Law. She also served as Director of the Popular Struggles Commission (PSC) under the Bagong Alyansang Makabayan (BAYAN) and was elected Executive Director for the Institute for Political and Electoral Reform (IPER) in 1994. Rep. Rosales graduated with a degree in Foreign Service from the University of the Philippines, where she also took her MA in Asian Studies.

About the Editors

Elizabeth Aguilin-Pangalangan is a law professor at the University of the Philippines. Prof. Pangalangan is also the Executive Director of the Center for Integrative and Development Studies (CIDS), a UP System office and the Program Director of the Reproductive Health, Rights and Ethics Center for Studies and Training (ReproCen), UP College of Medicine. She earned her A.B. and LL.B. degrees from U.P. Diliman, and her Master of Laws (LL.M.) at the Harvard Law School. She was a Visiting Scholar at the East Asia Legal Studies Program of Harvard and a Fellow of the International Family Planning Leadership Program of the International Health Programs and the University of California.

Ma. Lourdes Acosta-Alba is the Program Officer of the Reproductive Health, Rights, and Ethics Center for Studies and Training (ReproCen) at the UP College of Medicine. She has an MA in Sociology from the Indiana University of Pennsylvania, and has earned 36 units under the masteral program of the Department of Women and Development Studies, UP College of Social Work and Community Development. She was a 1994 Fellow of the 21st Century Trust (London) on gender and development.

About the Sponsors

UP-CIDS

The University of the Philippines-Center for Integrative and Development Studies (UP-CIDS) was created in 1985 as a system-wide unit for policy research. The Center has now become the UP's institution for integrative and collaborative research. UP-CIDS is mandated to mobilize the university's multidisciplinary expertise for research on critical areas of national policy; organize, and participate in local and international networks of scholars, experts, and advocates that address issues of national, regional, and international significance; as well as provide a venue for discussion and debate on burning social, political, and economic issues, theoretical perspectives, methodological positions, and policy choices. It has engaged in policy studies that have facilitated the passage of laws and introduction of national policies and new paradigms. It has published research findings which have been disseminated widely to academic and key sectors of the larger community and which received various awards and distinctions.

UP-ReproCen

The Reproductive Health, Rights, and Ethics Center for Studies and Training (ReproCen) was established in 1993 as a joint project of the College of Law and the College of Medicine of the University of the Philippines System with support of the Ford Foundation. It was created to encourage the multidisciplinary discourse and research on reproductive health and rights by involving the disciplines of law, medicine, the social sciences, and philosophy. Through the years, ReproCen's work has been geared towards integrating the perspectives of ethics,

Gender, and human rights in curricular development, training, service delivery, research, and advocacy in the fields of medicine/health care, law, and the social sciences. In 2002, ReproCen became an integral part of the UP College of Medicine as a section of the Social Medicine Unit, the establishment of which it spearheaded. With sustained partnership with the UP College of Law, ReproCen seeks to continue serving as a resource center on reproductive health, rights, and ethics within and outside the university.

[Annex A]

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro manila

THIRTEENTH CONGRESS
FIRST REGULAR SESSION

HOUSE BILL NO. 3316

Introduced by Hon. RODOLFO T. ALBANO

EXPLANATORY NOTE

Section 12, Article XIII (Social Justice and Human Rights) of the Constitution provides as follows:

Sec. 12 The State shall establish and maintain an effective food and drug regulatory system *and undertake appropriate health manpower development and research, responsive to the country's health needs and problems.* (Underscoring supplied)

The country currently faces a looming crisis in health services due to the unabated migration of health and medical professionals lured by higher salaries, better working conditions and more opportunities for professional growth in foreign countries. The Philippines now holds the dubious distinction of being the top exporter of nurses. Doctors are also leaving the country in droves. Of late many doctors have even opted to go back to school to become certified nurses just to get out of the country to work elsewhere.

Reports are rife that hospitals in rural areas in Visayas and Mindanao face imminent closure because of the lack of doctors and nurses. Even prestigious medical institutions find it difficult to attract fresh graduates to fill up slots for doctors. The government has acknowledged the reality that, indeed, the

country is facing an alarming shortage of medical doctors and other medical professionals.

Since medical doctors constitute the core of a country's public health service system, the shortage of doctors severely prejudices the capacity of government to deliver timely, adequate, competent and affordable medical and health care services to our people, especially the poor who direly need such services but can hardly afford them, and whose only access to such services is through the public health service system.

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro manila

THIRTEENTH CONGRESS
FIRST REGULAR SESSION

HOUSE BILL NO. _____
(Substitute Bill to HB 3316)

Introduced by Hon. RODOLFO T. ALBANO

**AN ACT
CREATING THE PHILIPPINE MEDICAL
ACADEMY
AND ESTABLISHING THE PHILIPPINE
MEDICAL ACADEMY SCHOLARSHIP AND SERVICE
PROGRAM AND APPROPRIATING FUNDS
THEREFOR**

Be it enacted by the Senate and House of Representatives of the Philippines in Congress assembled:

Section 1. **Short Title.** – This Act shall be known as the “Philippine Medical Academy [**AND** Scholarship] Act.”

Sec. 2. Declaration of Policy. – It is the policy of the State to undertake health manpower development responsive to the country's health service needs. Towards this end, the State shall establish mechanisms inclusive of creating educative institutions and scholarship programs to enable deserving and qualified individuals to pursue education and training in the field of medicine, and shall formulate and implement such policies and programs to systematically integrate these individuals, upon qualifying as doctors of medicine, into the public health care system.

SEC. 3. The Philippine Medical Academy. There shall be created a Philippine Medical Academy [PMA] (PHILMEDA) which shall be the primary educational institutional mechanism For the sustained human resource development for the Philippine public health care system. The government, on its own and, when feasible, in partnership with other lawful entities in the public And private sectors, shall provide and undertake measures to generate the necessary financial, Technical, physical and other resources needed to efficiently and effectively man, equip, manage And develop the U.P. College of Medicine as the institutional core of the [PHILIPPINE MEDICAL ACADEMY] PHILMEDA. Upon fulfillment of prescribed conditions as may be required by the Philippine Medical Academy and Scholarship AND SERVICE Board [(PMASB)] (PHILMEDASSB), other colleges or medicine may be accredited and integrated into the [PHILIPPINE MEDICAL ACADEMY] PHILMEDA as adjunct educative institutions that will provide training and education in the field of medicine to qualified entrants to the [PHILIPPINE MEDICAL ACADEMY] PHILMEDA.

Sec. 4. Medical Scholarship – There shall be an annual selection, through Appropriate examinations and screening processes, from among qualified graduating students Of appropriate courses in colleges and universities nationwide[.]. [t] Those who shall be admitted to the [PHILIPPINE MEDICAL

ACADEMY (PHILMEDA) [TO] SHALL be known as THE “medical academy scholars” and [WHO] shall be granted scholarships in medicine. [that] THIS MEDICAL SCHOLARSHIP shall cover expenses for, among others, tuition, matriculation and other school fees, prescribed textbooks, supplies and equipment, board and lodging expenses; clothing and uniform allowances, traveling expenses and other related miscellaneous living allowances: [Provided] **Provided**, [t]That at least five [(5)] candidates per region, or when practicable, one [(1)] candidate from every province and **EVERY** city shall be chosen to participate in the annual selection[.]; [Provided further] **Provided further**, [t]That at least fifty (50) candidates shall be selected as “medical academy scholars” annually.

Sec. 5. ***Qualifications of Candidates.*** – Candidates for admission into the [PHILIPPINE MEDICAL ACADEMY] **PHILMEDA** [AND FOR] medical scholarship grants shall possess the following minimum qualifications. a. Must belong to the top Thirty Per Centrum (30%) of their respective graduating classes and must be competing undergraduate courses identified by the [***PMASB***] ***Philippine Medical Academy Scholarship and Service Board*** as a prerequisite course to the pursuit of studies in the field of medicine. Family and or personal incomes are not sufficient to finance their education in the field of medicine; Must be in good health and of good moral character; Must Not be more than twenty-five (25) years of age and a natural born citizen of the Philippines, and **MUST BE ENDORSED OR RECOMMENDED BY THE LOCAL GOVERNMENT UNIT (LGU), WHERE HE/SHE IS A BONAFIDE RESIDENT, OR IN THE CASE OF MINOR APPLICANT/S WHERE HIS/HER/THEIR PARENT/S ARE BONAFIDE RESIDENTS.**

Sec. 6. General Conditions For Admission to the [Philippine Medical Academy] PHILMEDA and for the Scholarship Grant. – A medical academy scholar, HEREINAFTER REFERRED TO AS SCHOLAR, shall receive and continue to enjoy the benefits of the scholarship until he/she completes his/her course, subject to the following conditions:

a. He/she pass the entrance/ admission examinations and related requirements of the College of Medicine of the University of the Philippines;

b. He/she shall enroll in the University of the Philippines College of Medicine and carry the full load of subjects prescribed per semester by the said medical school, and shall, under no circumstance, drop a course which will result in under-loading; and

c. He/she shall be allowed, for valid reasons preventing his/her enrolment, to defer [availing] **AVAILMENT** of the scholarship and/or to file a leave of absence for a period equivalent to and/or not exceeding one school year;

d. He/she shall, prior to the grant of medical scholarship, sign an agreement stating the terms and conditions of the scholarship on a form prescribed by the Philippine Medical Academy Scholarship **AND SERVICE** Board [PMASB] **PHILMEDASSB**;

e. He/she shall repay the full amount of scholarship funds and benefits received and spent for his/her benefit, and the scholarship shall be terminated in the event the grantee accepts another scholarship from other government or private agencies or entities; and

f. He/she shall also repay the full amount of scholarship funds and benefits received and spent for his/her benefit in case of failure to complete the medical course without valid cause[:]; [Provided that,] **Provided, That** if such failure is due to academic [failings] **REASONS**, physical and mental abilities and completes another course to qualify him/her as a medical service practitioner, he/she may choose, instead

of repayment of scholarship benefits, to render services and be integrated into the public health service system for a period equivalent to **[TWO (2)] ONE** year[s] of service for every year of scholarship availed **OF**.

Sec. 7. – **Medical Service Program.** – The scholar shall, pursuant to the agreement Provided in Section 6 (d) hereof, render services and be integrated into the public health service system as medical doctor, with the appropriate rank and salary upon his/her passing of the medical board examination[:]; [Provided] **Provided**, [t]That such service and integration in**TO** the public health service system shall be mandatory for a period equivalent to at least **[TWO (2) ONE** year[s] per year of scholarship availed **OF** and within which period, the scholar is granted periodic promotion and advancement in rank and salary grade at least one rank higher at least every three years in the service[: and]: (Provided, further] **PROVIDED FURTHER.** [t]That he/she shall undertake post graduate internship in a public health or medical Institution and such internship shall be part of the mandatory service and integration into the Public health service system

Sec. 8. Philippine Medical Academy Scholarship AND SERVICE Board (**PMASB**) (PHILMEDASSB). There is hereby created a Philippine Medical Academy [AND] Scholarship AND SERVICE Board [PMASB)] (**PHILMEDASSB**) which shall administer the [Philippine Medical **ACADEMY AND THE** Scholarship and Service Program [PMSSP)] **PHILMEDASSP** And shall be empowered to formulate, consolidate, integrate, systematize and implement all Policies, rules and regulations and programs related thereto and intended to enhance the Effectiveness thereof. {[The[MSSB] **PMASB** shall be composed of he Chairperson of the Commission on Higher Education, the Secretary of Education, the Secretary of

Health, the Secretary of Budget And Management, the President of the University of the Philippines System, the Dean of the College of Medicine of the University of the Philippines and the Chairpersons of the committees on Health and Higher Education of the House of Representatives and the Senate. The members of the [MSSB] **PMASB** shall be entitled to reasonable amounts of per diems, **REPRESENTATION, TRAVEL** and transportation allowances. The Chairman of the Commission on Higher Education shall be the Chairman of the Board.}

Sec. 9. Functions of the Board. – The [PMASB] **PHILMEDASSB** shall have the following functions:

a. Determine, formulate and promulgate the appropriate policies, measures, rules and regulations necessary to operate, manage, maintain, and enhance the effectiveness of the [PMA] **PHILMEDA** and the scholarship and service programs integral to its operations;

b. Establish cooperative and coordinative linkages with other educational and related institutions in the public and private sectors to ensure the effective operation, management and development of the [PMA] **PHILMEDA** and the scholarship and service programs;

c. Prescribe such tests, standards and/or criteria for the selection of medical scholars; and the relevant and appropriate terms and conditions governing the availment of scholarship grants and the integration of qualified medical scholars into the public health service system;

d. Determine the various expenses to be covered by the scholarship, and approve the timely payment thereof to medical scholars from such sums appropriated by law and such other funds available for the purpose;

e. Approve the staffing pattern and salary and/or compensation of officers and personnel of the Secretariat;

f. Conduct regular meetings at least twice a month, or

upon the call of the Chair[man]**PERSON** of the Board; and

G. Perform such other duties and functions as hereinafter be assigned to it by the President of the Philippines.

SEC. 10. COMPOSITION OF THE PHILIPPINE MEDICAL ACADEMY SCHOLARSHIP AND SERVICE BOARD (PHILMEDASSB), THE PHILMEDASSB SHALL BE COMPOSED OF THE FOLLOWING:

1. PRESIDENT OF THE UNIVERSITY OF THE PHILIPPINES (UP) SYSTEM, CHAIRPERSON;
2. CHAIRPERSON OF THE COMMISSION ON HIGHER EDUCATION (CHED), CO-CHAIRPERSON;
3. SECRETARY OF THE DEPARTMENT OF HEALTH (DOH), VICE-CHAIRPERSON;
4. SECRETARY OF THE DEPARTMENT OF EDUCATION (DEPED), MEMBER
5. SECRETARY OF THE DEPARTMENT OF BUDGET AND MANAGEMENT (DBm), MEMBER
6. DEAN OF THE COLLEGE OF MEDICINE OF THE UNIVERSITY OF THE PHILIPPINES; MEMBER;
7. CHAIRPERSON OF THE COMMITTEE ON EDUCATION, ARTS AND CULTURE OF THE SENATE; MEMBER;
8. CHAIRPERSON OF THE COMMITTEE ON HIGHER AND TECHNICAL EDUCATION OF THE HOUSE OF REPRESENTATIVES, MEMBER;
9. CHAIRPERSON OF THE COMMITTEE ON HEALTH OF THE SENATE, MEMBER;
10. CHAIRPERSON OF THE COMMITTEE ON HEALTH OF THE HOUSE OF REPRESENTATIVES, MEMBER;
11. SECRETARY OF THE DEPARTMENT OF INTERIOR AND LOCAL GOVERNMENT (DILG), MEMBER;
12. PRESIDENT OF THE PHILIPPINE MEDICAL ASSOCIATION, MEMBER; THE MEMBERS OF THE

PHILMEDASSB SHALL BE ENTITLED TO REASONABLE AMOUNTS OF PER DIEMS, REPRESENTATION, TRAVEL AND TRANSPORTATION ALLOWANCES.

SEC. 11. COMMITMENT OF THE LOCAL GOVERNMENT UNIT.- THE LOCAL GOVERNMENT UNIT (LGU), WHICH SHALL ENDORSE/RECOMMEND THE APPLICANTS FOR MEDICAL SCHOLARSHIP GRANT/S SHALL PROVIDE THE NECESSARY SUPPORT SYSTEM TO THEIR GRADUATE/S BY HIRING HIM/HER/THEM AFTER GRADUATION TO ENSURE HIS/HER/THEIR INTEGRATION INTO THE PUBLIC HEALTH SERVICE SYSTEM AS MEDICAL DOCTOR/S AND THE RETURN OF SERVICE, WHICH SHALL BE ONE YEAR FOR EVERY SCHOLARSHIP YEAR AVAILED OF, AS STIPULATED IN SEC. 6(F).

Sec. [10]. 12. Secretariat. – There shall be a Secretariat to provide administrative and technical assistance to the [PMASB] PHILMEDASSB. It shall be headed by an Executive Director, and its staff shall be recruited preferably from qualified professionals from the academe and the medical profession.

Sec. [11] **13. Appropriation.** – The sum of One Hundred Million (P100,000,000.00) Pesos is hereby authorized to be appropriated to constitute the initial [PMSSP] PHILMEDASSP Fund. Thereafter, such additional sums as may be necessary shall be included in the annual General Appropriations Act.

Sec. [12] **14. Donations, Grants, etc.** – the [BOARD] PHILMEDASSB may accept donations, legacies, grants

and other contributions to form part of the Medical Scholarship Fund: **Provided**, That such donations, legacies, grants and contributions shall be exempt from Taxation and shall be allowable deductions for income tax purposes. Proceeds from at least two [(2)] draws of the Philippine Charity Sweepstakes per year shall also be allocated to finance the **[PMA] PHILMEDA**, and the scholarship and service programs.

Sec. [13] **15. Implementing Rules and Regulations.** – The [Chairman of the Commission on Higher Education] **PRESIDENT OF THE UP SYSTEM**, in coordination with the **CHAIRPERSON OF THE CHED, THE** Secretary of Education, the [President of the University of the Philippines System and] the Chairpersons of the Committees on Health [and Education] of the House of Representatives and the Senate, **AND THE CHAIRPERSONS OF THE COMMITTEES ON HIGHER AND TECHNICAL EDUCATION OF THE HOUSE OF REPRESENTATIVES AND THE COMMITTEE ON EDUCATION, ARTS AND CULTURE OF THE SENATE** shall issue such rules and regulations as may necessary for the effective Implementation of this Act within sixty (60) days from the effectivity thereof.

Sec. [14]. **16. Effectivity.** – This Act shall take effect fifteen (15) days following its publication in at least two [(2)] national newspapers of general circulation.

Approved,

MATRIX ON HB 3316
 AN ACT CREATING THE PHILIPPINE MEDICAL ACADEMY AND
 ESTABLISHING THE PHILIPPINE MEDICAL SCHOLARSHIP [AND SERVICE]
 PROGRAM AND APPROPRIATING FUNDS THEREFOR

H.B. No. 3316 (Hon. R.T. Albano)	Substitute Bill on HB (Hon. R.T. Albano)	Substitute Bill to the Substitute Bill to HB 3316
An Act Establishing the Philippine Medical Scholarship and Service Program and Appropriating funds therefore Be it enacted by the Senate and House of Representatives of the Philippines in Congress assembled:	An ACT CREATING THE PHILIPPINE MEDICAL ACADEMY SCHOLARSHIP [AND SERVICE] PROGRAM AND APPROPRIATING FUNDS THEREFOR Be it enacted by the Senate and House of Representatives of the Philippines in Congress assembled:	An ACT CREATING THE PHILIPPINE MEDICAL ACADEMY AND ESTABLISHING THE PHILIPPINE MEDICAL ACADEMY SCHOLARSHIP AND SERVICE PROGRAM AND APPROPRIATING FUNDS THEREFOR Be it enacted by the Senate and House of Representatives of the Philippines in Congress assembled:
Section 1. Short Title – This Act shall be known as the "Philippine Medical Scholarship and Service Act."	Section 1. Short Title – This Act shall be known as the "Philippine Medical ACADEMY AND Scholarship [and Service] Act."	Section 1. Short Title – This Act shall be known as the "Philippine Medical Academy [AND Scholarship] Act."

Section 2. Declaration of Policy – It is the policy of the State to undertake health manpower development responsive to the country's health service needs. Towards this end, the State shall provide scholarship grants to deserving and qualified individuals to pursue education and training in the field of medicine, and shall formulate and implement such policies and programs to integrate these individuals, upon qualifying as doctors of medicine, into the public health care system.	Section 2. Declaration of Policy – It is the policy of the State to undertake health manpower development responsive to the country's health service needs. Towards this end, the State shall ESTABLISH MECHANISMS INCLUSIVE OF CREATING EDUCATIVE INSTITUTIONS AND [provide] scholarship [grants to] PROGRAMS TO ENABLE deserving and qualified individuals to pursue education and training in the field of medicine, and shall formulate and implement such policies and programs to SYSTEMATICALLY integrate these individuals, upon qualifying as doctors of medicine, into the public health care system.	Sec. 2. Declaration of Policy – It is the policy of the State to undertake health manpower development responsive to the country's health service needs. Towards this end, the State shall establish mechanisms inclusive of creating educative institutions and scholarship programs to enable deserving and qualified individuals to pursue education and training in the field of medicine, and shall formulate and implement such policies and programs to systematically integrate these individuals, upon qualifying as doctors of medicine, into the public health care system.
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	SEC. 3. THE PHILIPPINE MEDICAL ACADEMY – THERE SHALL BE CREATED A PHILIPPINE MEDICAL ACADEMY (PMA) WHICH SHALL BE THE PRIMARY EDUCATIONAL INSTITUTIONAL MECHANISM FOR THE SUSTAINED HUMAN RESOURCE DEVELOPMENT FOR THE PHILIPPINE PUBLIC HEALTH CARE SYSTEM. THE GOVERNMENT, ON ITS OWN AND, WHEN FEASIBLE, IN PARTNERSHIP WITH OTHER LAWFUL ENTITIES IN THE PUBLIC AND PRIVATE SECTORS, SHALL PROVIDE AND UNDERTAKE MEASURES TO GENERATE THE NECESSARY FINANCIAL, TECHNICAL, PHYSICAL AND OTHER RESOURCES NEEDED TO EFFICIENTLY AND EFFECTIVELY MAN, EQUIP, MANAGE AND DEVELOP THE U.P. COLLEGE OF MEDICINE AS THE INSTITUTIONAL CORE OF THE PHILIPPINE MEDICAL ACADEMY UPON FULFILLMENT OF PRESCRIBED CONDITIONS AS MAY BE REQUIRED BY THE PHILIPPINE MEDICAL ACADEMY AND SCHOLARSHIP BOARD (PMASB), OTHER COLLEGES OF MEDICINE MAY BE ACCREDITED AND INTEGRATED INTO THE PHILIPPINE MEDICAL ACADEMY AS ADJUNCT EDUCATIVE INSTITUTIONS THAT WILL PROVIDE TRAINING AND EDUCATION IN THE FIELD OF MEDICINE TO QUALIFIED ENTRANTS TO THE PHILIPPINE MEDICAL ACADEMY.	SEC. 3. The Philippine Medical Academy There shall be created a Philippine Medical Academy (PMA) (PHILMEDIA) which shall be the primary educational institutional mechanism for the sustained human resource development for the Philippine public health care system. The government, on its own and, when feasible, in partnership with other lawful entities in the public and private sectors, shall provide and undertake measures to generate the necessary financial, technical, physical and other resources needed to efficiently and effectively man, equip, manage and develop the U.P. College of Medicine as the institutional core of the (Philippine Medical Academy) PHILMEDIA. Upon fulfillment of prescribed conditions as may be required by the Philippine Medical Academy and Scholarship AND SERVICE Board (PMASB) (PHILMEDASSB), other colleges of medicine may be accredited and integrated into the (Philippine Medical Academy) PHILMEDA as adjunct educative institutions that will provide training and education in the field of medicine to qualified entrants to the (Philippine Medical Academy) PHILMEDA.
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Sec. 3 Medical Scholarship – There shall be an annual selection, through appropriate examinations and screening processes from among qualified graduating students of appropriate courses in colleges and universities nationwide, those who shall be granted scholarships in medicine to be known as "medical scholars," which scholarships shall cover expenses, such as, among others, tuition, matriculation and other school fees; prescribed textbooks, supplies and equipment; board and lodging expenses; clothing and uniform allowances; traveling expenses and other related miscellaneous living allowances, Provided, that at least five (5) candidates per region, or when practicable, one (1) candidate from every province and city shall be chosen to participate in the annual selection, and Provided further, that at least fifty (50) candidates shall be selected as "medical scholars" annually.	Sec. [3] 4. Medical Scholarship – There shall be an annual selection, through appropriate examinations and screening processes, from among qualified graduating students of appropriate courses in colleges and universities nationwide. Those who shall be ADMITTED TO THE PHILIPPINE MEDICAL ACADEMY TO BE KNOWN AS MEDICAL ACADEMY SCHOLARS AND WHO SHALL BE granted scholarships in medicine [to be known as "medical ACADEMY scholars", which scholarships] THAT shall cover expenses FOR [such as], among others, tuition, matriculation and other school fees; prescribed textbooks, supplies and equipment; board and lodging expenses, clothing and uniform allowances; traveling expenses and other related miscellaneous living allowances, Provided that at least five (5) candidates per region, or when practicable, one (1) candidate from every province and city shall be chosen to participate in the annual selection, and Provided further, that at least fifty (50) candidates shall be selected as "medical ACADEMY scholars" annually.	Sec. 4. Medical Scholarship – There shall be an annual selection, through appropriate examinations and screening processes, from among qualified graduating students of appropriate courses in colleges and universities nationwide. Those who shall be admitted to the Philippine Medical Academy (PHILMEDA) [TO] SHALL be known as the "medical academy scholars" and [WHO] shall be granted scholarships in medicine. [that] This MEDICAL SCHOLARSHIP shall cover expenses for, among others, tuition, matriculation and other school fees; prescribed textbooks, supplies and equipment; board and lodging expenses; clothing and uniform allowances; traveling expenses and other related miscellaneous living allowances: [Provided] Provided, [t]That at least five [{5}] candidates per region, or when practicable, one [{1}] candidate from every province and EVERY city shall be chosen to participate in the annual selection[.]. [Provided further] Provided further, [t]That at least fifty (50) candidates shall be selected as "medical academy scholars" annually,
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Sec. 4. Qualifications of Candidates - Candidates for medical scholarship grants shall possess the following minimum qualifications: Must belong to the top twenty five per centum (25%) of the respective graduating classes and completing undergraduate courses identified by the board as prerequisite course to the pursuit of studies in the field of medicine; Family and or personal incomes are not sufficient to finance their education in the field of medicine. Must be in good health and of good moral character; and Must be not more than twenty-five (25) years of age and a natural born citizen of the Philippines	Sec. [4] 5. Qualifications of Candidates. - Candidates for ADMISSION INTO THE PHILIPPINE MEDICAL ACADEMY AND FOR medical scholarship grants shall possess the following minimum qualifications: Must belong to the top [twenty five per centum (25%)] THIRTY PER CENTUM (30%) of their respective graduating classes and MUST BE completing undergraduate courses identified by the [Board] PMASB as a prerequisite course to the pursuit of studies in the field of medicine; Family and or personal incomes are not sufficient to finance their education in the field of medicine; Must be in good health and of good moral character; and Must be not more than twenty-five (25) years of age and a natural born citizen of the Philippines.	Sec. 5. Qualifications of Candidates - Candidates for admission into the [PHILIPPINE MEDICAL ACADEMY] PHILMEDA [AND FOR] medical scholarship grants shall possess the following minimum qualifications: Must belong to the top Thirty Per Centum (30%) of their respective graduating classes and must be completing undergraduate courses identified by the [PMASB] PHILIPPINE MEDICAL ACADEMY SCHOLARSHIP AND SERVICE BOARD as a prerequisite course to the pursuit of studies in the field of medicine; Family and or personal incomes are not sufficient to finance their education in the field of medicine Must be in good health and of good moral character; and Must not be more than twenty-five (25) years of age and a natural born citizen of the Philippines; AND MUST BE ENDORSED OR RECOMMENDED BY THE LOCAL GOVERNMENT UNIT (LGU), WHERE HE/SHE IS A BONAFIDE RESIDENT, OR IN THE CASE OF MINOR APPLICANT/S, WHERE HIS/HER/THEIR PARENTS ARE BONAFIDE RESIDENTS.
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Sec. 5. General Conditions of the Scholarship Grant. – A medical scholar shall receive and continue to enjoy the benefits of the scholarship until he/she completes his/her course, subject to the following conditions: He/she shall pass the entrance/admission examinations and related requirements of the College of Medicine of the University of the Philippines; He/she shall enroll in the University of the Philippines College of Medicine and carry the full load of subjects prescribed per semester by the said medical school, and shall, under no circumstance, drop a course which will result in under-loading; and	Sec. [5] 6. General Conditions FOR ADMISSION TO THE PHILIPPINE MEDICAL ACADEMY AND FOR [of] the Scholarship Grant. – A medical ACADEMY scholar shall receive and continue to enjoy the benefits of the scholarship until he/she completes his/her course, subject to the following conditions: He/she shall pass the entrance/admission examinations and related requirements of the College of Medicine of the University of the Philippines; He/she shall enroll in the University of the Philippines College of Medicine and carry the full load of subjects prescribed per semester by the said medical school, and shall, under no circumstance, drop a course which will result in under-loading' and	Sec. 6. General Conditions for Admission to the [Philippine Medical Academy] PHILMEDA and for the Scholarship Grant. – A medical academy scholar, HEREINAFTER REFERRED TO AS SCHOLAR, shall receive and continue to enjoy the benefits of the scholarship until he/she completes his/her course, subject to the following conditions: He/she shall pass the entrance/admission examinations and related requirements of the College of Medicine of the University of the Philippines; He/she shall enroll in the University of the Philippines College of Medicine and carry the full load of subjects prescribed per semester by the said medical school, and shall, under no circumstance, drop a course which will result in under-loading; and
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C.He/she shall be allowed, for valid reasons preventing his/her enrolment, to defer availing of the scholarship and/or to file a leave of absence for a period equivalent to and/or not exceeding one school year;	C.He/she shall be allowed, for valid reasons preventing his/her enrolment; to defer availing of the scholarship and/or to file a leave of absence for a period equivalent to and/or not exceeding one school year;	C. He/she shall be allowed, for valid reasons preventing his/her enrolment, to defer [availing] AVAILMENT of the scholarship and/or to file a leave of absence for a period equivalent to and/or not exceeding one school year;
D.He/she shall, prior to the grant of medical scholarship, sign an agreement stating the terms and conditions of the scholarship on a form prescribed by the Medical Scholarship and Service Board (MSSB);	D. He/she shall prior to the grant of medical scholarship, sign an agreement stating the terms and conditions of the scholarship on a form prescribed by the Philippine Medical Academy Scholarship and Service Board [(MSSB)] (PMASB);	D. He/she shall, prior to the grant of medical scholarship, sign an agreement stating the terms and conditions of the scholarship on a form prescribed by the Philippine Medical Academy Scholarship AND SERVICE Board (PMASB) (PHILMEDASSB);
E.He/she shall repay the full amount of scholarship funds and benefits received and spent for his/her benefit and the scholarship shall be terminated in the event the grantee accepts another scholarship from other government or private agencies or entities; and	E. He/she shall repay the full amount of scholarship funds and benefits received and spent for his/her benefit and the scholarship shall be terminated in the event the grantee accepts another scholarship from other government or private agencies or entities; and	E. He/she shall repay the full amount of scholarship funds and benefits received and spent for his/her benefit and the scholarship shall be terminated in the event the grantee accepts another scholarship from other government or private agencies or entities; and

F. He/she shall also repay the full amount of scholarship funds and benefits received and spent for his/her benefit in case of failure to complete the medical course without valid cause. Provided that, if such failure is due to academic failings, physical and mental disabilities and incapacities, and such other reasonable causes, and he/she pursues and completes another course to qualify him/her as a medical practitioner, he/she may choose, instead of repayment of scholarship benefits, to render services and be integrated into the public health service system for a period equivalent to four (4) years of service for every year of scholarship availment.	F. He/she shall also repay the full amount of scholarship funds and benefits received and spent for his/her benefit in case of failure to complete the medical course without valid cause, Provided that, if such failure is due to academic failings, physical and mental disabilities and incapacities, and such other reasonable causes, and he/she pursues and completes another course to qualify him/her as a medical SERVICE practitioner, he/she may choose, instead of repayment of scholarship benefits to render services and be integrated into the public health service system for a period equivalent to [four (4)] TWO (2) year of service for every years of scholarship [availment] AVAILED.	F. He/she shall also repay the full amount of scholarship funds and benefits received and spent for his/her benefit in case of failure to complete the medical course without valid cause[.] Provided, That is such failure is due to academic [failings] REASONS, physical and mental disabilities and incapacities, and such other reasonable causes, and he/she pursues and completes another course to qualify him/her as a medical service practitioner, he/she may choose, instead of repayment of scholarship benefits, to render services and be integrated into the public health service system for a period equivalent to [TWO {2}] ONE year[s] of service for every year of scholarship availed OF.
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Sec. 6. – Medical Service Program . – The medical scholar shall, pursuant to the agreement provided in Section (d) hereof, render services and be integrated into the public health service system as medical doctor, with the appropriate rank and salary upon his/her passing of the medical board examination; Provided, that such service and integration in the public health service system shall be mandatory for a period equivalent to at least three (3) years per year of scholarship availment and within which period, the medical scholar is granted every opportunity to be promoted and to advance in the service; and Provided, further that he/she shall undertake post graduate internship in a public health or medical institution and such internship shall be part of the mandatory service and integration into the public health service system.	Sec. [6] 7 – Medical Service Program . – The [medical] scholar shall, pursuant to the agreement provided in Section [5] 6 (d) hereof, render services and be integrated into the public health service system as medical doctor, with the appropriate rank and salary upon his/her passing of the medical board examination; Provided, that such service and integration in the public health service system shall be mandatory for a period equivalent to at least [three (3)] TWO (2) years per year of scholarship [availment] AVAILED and within which period, the medical scholar is granted [every opportunity to be promoted and to advance] PERIODIC PROMOTION AND ADVANCEMENT IN RANK AND SALARY GRADE AT LEAST ONE RANK HIGHER AT LEAST EVERY THREE YEARS in the service; and Provided, further that he/she shall undertake post graduate internship in a public health or medical institution and such internship shall be part of the mandatory service and integration into the public health service system.	Sec. [6] 7 – Medical Service Program . – The scholar shall, pursuant to the agreement provided in Section 6 (d) hereof, render services and be integrated into the public health service system as medical doctor, with the appropriate rank and salary upon his/her passing of the medical board examination; <i>Provided</i>, That such service and integration INTO the public health service system shall be mandatory for a period equivalent to at least [TWO (2)] ONE year[s] per year of scholarship availed OF and within which period, the scholar is granted periodic promotion and advancement in rank and salary grade at least one rank higher at least every three yeasers in the service[; and]: Provided further [t]That he/she shall undertake post graduate internship in a public health or medical institution and such internship shall be part of the mandatory service and integration into the public health service system.
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Sec. 7. Medical Scholarship and Service Board (MSSB) – There is hereby created a Medical Scholarship and Service Board (MSSB) which shall administer the Philippine Medical Scholarship and Service Program (PMSSP) and shall be empowered to formulate, consolidate, integrate, systematize and implement all policies, rules and regulations and programs related thereto and intended to enhance the effectiveness thereof. The MSSB shall be composed of the Chairperson of the Commission on Higher Education, the Secretary of Education, the Secretary of Health, the Secretary of Budget and Management, the President of the University of the Philippines System. The Dean of the College of Medicine of the University of the Philippines and the Chairpersons of the Committees on Health and Higher Education of the House of Representatives and the Senate. The members of the MSSB shall be entitled to reasonable amounts of per diems and transportation allowances. The chairman of the Commission on Higher Education shall be the Chairman of the Board.	Sec. [7] 8. PHILIPPINE Medical ACADEMY Scholarship [and Service] Board [(MSSB)] (PMASB). – There is hereby created a PHILIPPINE Medical ACADEMY AND Scholarship [and Service] Board [(MSSB)] (PMASB) which shall administer the Philippine Medical ACADEMY AND THE Scholarship and Service Program [(PMSSP)] and shall be empowered to formulate, consolidate, integrate, systematize and implement all policies, rules and regulations and programs related thereto and intended to enhance the effectiveness thereof. The [(MSSB)] PMASB shall be composed of the Chairperson of the Commission on Higher Education, the Secretary of Education, the Secretary of Health, the Secretary of Budget and Management, the President of the University of the Philippines System. The Dean of the College of Medicine of the University of the Philippines and the Chairpersons of the Committees on Health and Higher Education of the House of Representatives and the Senate. The members of the [(MSSB)] PMASB shall be entitled to reasonable amounts of per diems, REPRESENTATION, TRAVEL and transportation allowances. The Chairman of the Commission on Higher Education shall be the Chairman of the Board.	Sec. 8. Philippine Medical Academy Scholarship AND SERVICE Board (PMASB) (PHILMEDA,SSB) – There is hereby created a Medical Academy [AND] Scholarship AND SERVICE Board (PHILMEDASSB) which shall administer the Philippine Medical Academy and the Scholarship and Service Program [(PMSSP)] PHILMEDASSP and shall be empowered to formulate, consolidate, integrate, systematize and implement all policies, rules and regulations and programs related thereto and intended to enhance the effectiveness thereof. {The PMASB shall be composed of the Chairperson of the Commission on Higher Education, the Secretary of Education, the Secretary of Health, the Secretary of Budget and Management, the President of the University of the Philippines System. The Dean of the College of Medicine of the University of the Philippines and the Chairpersons of the Committees on Health and Higher Education of the House of Representatives and the Senate. The members of the PMASB shall be entitled to reasonable amounts of per diems, representation, travel and transportation allowances. The chairman of the Commission on Higher Education shall be the Chairman of the Board.}
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Sec. 8. <i>Functions of the Board. – The MSSB shall have the following functions:</i> A. Determine, formulate and promulgate the appropriate policies, measures, rules and regulations necessary to implement, maintain, and enhance the effectiveness of the PMMSP; B. Establish cooperative and coordinative linkages with other educational and related institutions in the public and private sectors to ensure the effective implementation of the PMSSP; C. Prescribe such tests, standards and/ or criteria for the selection of medical scholars; and the relevant and appropriate terms and conditions governing scholarship availments and integration of qualified medical scholars into the public health service system;	Sec. [8] 9. <i>Functions of the Board. – The [MSSB] PMASB shall have the following functions:</i> A. Determine, formulate and promulgate the appropriate policies, measures, rules and regulations necessary to OPERATE, MAN-AGE [implement], maintain, and enhance the effectiveness of the [PMMSP] PMA AND THE SCHOLARSHIP AND SERVICE PROGRAMS INTEGRAL TO ITS OPERATIONS; B. Establish cooperative and coordinative linkages with other educational and related institutions in the public and private sectors to ensure the effective [implementation of the PMSSP] OPERATION, MANAGEMENT AND DEVELOPMENT OF THE PMA AND THE SCHOLARSHIP AND SERVICE PROGRAMS; c. Prescribe such tests, standards and/ or criteria for the selection of medical scholars; and the relevant and appropriate terms and conditions governing THE AVAILAMENT OF scholarship GRANTS [availments] and THE integration of qualified medical scholars into the public health service system;	Sec. 9. <i>Functions of the Board. – The [PMASB] PHILMEDASSB shall have the following functions:</i> A. Determine, formulate and promulgate the appropriate policies, measures, rules and regulations necessary to operate, manage, maintain, and enhance the effectiveness of the [PMA] PHILMEDA and the scholarship and service programs integral to its operations; B. Establish cooperative and coordinative linkages with other educational and related institutions in the public and private sectors to ensure the effective operation, management and development of the [PMA] PHILMEDA and the scholarship and service programs; C. Prescribe such tests, standards and/ or criteria for the selection of medical scholars; and the relevant and appropriate terms and conditions governing scholarship grants and the integration of qualified medical scholars into the public health service system;
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D.Determine the various expenses to be covered by the scholarship, and approve the timely payment thereof to medical scholars from such sums appropriated by law and such other funds available for the purpose. E. Approve the staffing pattern and salary and/or compensation of officers and personnel of the Secretariat; F. Conduct regular meetings at least twice a month, or upon the call of the Chairman of the Board; and G. Perform such other duties and functions as hereinafter be assigned to it by the President of the Philippines.	D. Determine the various expenses to be covered by the scholarship, and approve the timely payment thereof to medical scholars from such sums appropriated by law and such other funds available for the purpose. E.. Approve the staffing pattern and salary and/or compensation of officers and personnel of the Secretariat; F. Conduct regular meetings at least twice a month, or upon the call of the Chairman of the Board; and G. Perform such other duties and functions as hereinafter be assigned to it by the President of the Philippines.	D. Determine the various expenses to be covered by the scholarship, and approve the timely payment thereof to medical scholars from such sums appropriated by law and such other funds available for the purpose. E. Approve the staffing pattern and salary and/or compensation of officers and personnel of the Secretariat; F. Conduct regular meetings at least twice a month, or upon the call of the Chair[man] PERSON of the Board; and G. Perform such other duties and functions as hereinafter be assigned to it by the President of the Philippines.
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		SEC.10. COMPOSITION OF THE PHILIPPINE MEDICAL ACADEMY SCHOLARSHIP AND SERVICE BOARD (PHILMEDASSB)- THE PHILMEDASSB SHALL BE COMPOSED OF THE FOLLOWING: PRESIDENT OF THE UNIVERSITY OF THE PHILIPPINES (UP SYSTEM), CHAIRPERSON; CHAIRPERSON OF THE COMMISSION ON HIGHER EDUCATION (CHED), CO-CHAIRPERSON; SECRETARY OF THE DEPARTMENT OF HEALTH (DOH) VICE-CHAIRPERSON; SECRETARY OF THE DEPARTMENT OF EDUCATION (DEPED), MEMBER; SECRETARY OF THE DEPARTMENT OF BUDGET AND MANAGEMENT (DBM), MEMBER; DEAN OF THE COLLEGE OF MEDICINE OF THE UNIVERSITY OF THE PHILIPPINES; Sec. [10]. 12 Secretariat – There shall be a Secretariat to provide administrative and technical assistance to the [PMASB] PHILMEDASSB. It shall be headed by an Executive Director, and its staff shall be recruited preferably from qualified professionals from the academe and the medical profession.
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		MEMBER; CHAIRPERSON OF THE COMMITTEE ON EDUCATION, ARTS AND CULTURE OF THE SENATE; MEMBER CHAIRPERSON OF THE COMMITTEE ON HIGHER AND TECHNICAL EDUCATION OF THE HOUSE OF REPRESENTATIVES, MEMBER; CHAIRPERSON OF THE COMMITTEE ON HEALTH OF THE SENATE, MEMBER; CHAIRPERSON OF THE COMMITTEE ON HEALTH OF THE HOUSE OF REPRESENTATIVES, MEMBER; SECRETARY OF THE DEPARTMENT OF INTERIOR AND LOCAL GOVERNMENT (DILG), MEMBER; PRESIDENT OF THE PHILIPPINE MEDICAL ASSOCIATION, MEMBER; THE MEMBERS OF THE PHILMEDASSB SHALL BE ENTITLED TO REASONABLE AMOUNTS OF PER DIEMS, REPRESENTATION, TRAVEL AND TRANSPORTATION ALLOWANCES.
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		SEC. 11. COMMITMENT OF THE LOCAL GOVERNMENT UNIT. – THE LOCAL GOVERNMENT UNIT (LGU), WHICH SHALL ENDORSE/RECOMMEND THE APPLICANT/S FOR MEDICAL SCHOLARSHIP GRANT/S, SHALL PROVIDE THE NECESSARY SUPPORT SYSTEM TO THEIR GRADUATES BY HIRING HIM/HER/THEM AFTER GRADUATION TO ENSURE HIS/HER/THEIR INTEGRATION INTO THE PUBLIC HEALTH SERVICE SYSTEM AS MEDICAL DOCTOR/S AND THE RETURN OF SERVICE, WHICH SHALL BE ONE YEAR FOR EVERY SCHOLARSHIP YEAR AVAILED OF, AS STIPULATED IN SEC. 6(F)
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Sec. 9. Secretariat – There shall be a Secretariat to provide administrative and technical assistance to the MSSB in the implementation of the PMSSP. It shall be headed by an Executive Director, and its staff shall be recruited preferably from qualified professionals from the academe and the medical profession.	Sec. [9] 10. Secretariat – There shall be a Secretariat to provide administrative and technical assistance to the [MSSB] PMASB [in the implementation of the PMSSP]. It shall be headed by an Executive Director, and its staff shall be recruited preferably from qualified professionals from the academe and the medical profession.	
Sec. 10. <i>Appropriation</i> – The sum of One Hundred Million [P100,000,000.00] Pesos is hereby authorized to be appropriated to constitute the initial PMSSP Fund. Thereafter, such additional sums as may be necessary shall be included in the annual General Appropriations Act.	Sec. [10] 11. <i>Appropriation</i>. – The sum of One Hundred Million (P100,000,000.00) Pesos is hereby authorized to be appropriated to constitute the initial PMSSP Fund. Thereafter, such additional sums as may be necessary shall be included in the annual General Appropriations Act.	Sec. [11] 13. <i>Appropriation</i> – The sum of One Hundred Million (100,000,000.00) Pesos is hereby authorized to be appropriated to constitute the initial PMSSP Fund. Thereafter, such additional sums as may be necessary shall be included in the annual General Appropriations Act.
Sec. 11. Donations, Grants, etc. – The Council may accept donations, legacies, grants and other contributions to form part of the Medical Scholarship Fund: Provided, that such donations, legacies, grants and contributions shall be exempt from taxation and shall be allowable deductions for income tax purposes. Proceeds from at least two (2) draws of the Philippine Charity Sweepstakes per year shall also be allocated to finance the PMMSP.	Sec. [11] 12. <i>Donations, Grants, etc.</i> – The [Council] BOARD may accept donations, legacies, grants and other contributions to form part of the Medical Scholarship Fund: Provided, That such donations, legacies, grants and contributions shall be exempt from taxation and shall be allowable deductions for income tax purposes. Proceeds from at least two (2) draws of the Philippine Charity Sweepstakes per year shall also be allocated to finance the [PMMSP] PMA, and the Scholarship and Service Programs.	Sec. [12] 14. <i>Donations, Grants, etc.</i> – The [Council] BOARD may accept donations, legacies, grants and other contributions to form part of the Medical Scholarship Fund: Provided, That such donations, legacies, grants and contributions shall be exempt from taxation and shall be allowable deductions for income tax purposes. Proceeds from at least two (2) draws of the Philippine Charity Sweepstakes per year shall also be allocated to finance the PMA, PHILMEDIA, and the Scholarship and Service Programs.

Sec. 12. <i>Implementing Rules and Regulations.</i> – The Chairman of the Commission on Higher Education in coordination with the Secretary of Education, the President of the University of the Philippines System and the Chairpersons of the Committees on Health and Education of the House of Representatives and the Senate shall issue such rules and regulations as may be necessary for the effective implementation of this Act within sixty (60) days from the effectivity thereof.	Sec. [12] 13. <i>Implementing Rules and Regulations.</i> – The Chairman of the Commission on Higher Education in coordination with the Secretary of Education, the President of the University of the Philippines System and the Chairpersons of the Committees on Health and Education of the House of Representatives and the Senate shall issue such rules and regulations as may be necessary for the effective implementation of this Act within sixty (60) days from the effectivity thereof.	Sec. [13] 15. <i>Implementing Rules and Regulations.</i> – The [Chairman of the Commission on Higher Education] PRESIDENT OF THE UP SYSTEM, in coordination with the CHAIRPERSON OF THE CHED, THE Secretary of Education, the [President of the University of the Philippines System and] the Chairpersons of the Committees on Health [and Education] of the House of Representatives and the Senate, AND THE CHAIRPERSONS OF THE COMMITTEES ON HIGHER AND TECHNICAL EDUCATION OF THE HOUSE OF REPRESENTATIVE AND THE COMMITTEE ON EDUCATION, ARTS AND CULTURE OF THE SENATE shall issue such rules and regulations as may be necessary for the effective implementation of this Act within sixty (60) days from the effectivity thereof.
Sec. 13. <i>Effectivity.</i> – This Act shall take effect fifteen (15) days following its publication in at least two (2) national newspapers of general circulation. Approved	Sec. [13] 14. <i>Effectivity.</i> – This Act shall take effect fifteen (15) days following its publication in at least two (2) national newspapers of general circulation. Approved	Sec. [14] 16. <i>Effectivity.</i> – This Act shall take effect fifteen (15) days following its publication in at least two (2) national newspapers of general circulation. Approved

[Annex C]

PARTICIPANTS

Academe

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Commission on Population	Jackylin D. Robel
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Office of Congresswoman Josen	Scheree Herrera
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Office of Congressman Bobbitt Carlos	Norman Gabriel
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Philippine Legislators' Committee on Population and Development Foundation	Caroline Rubio
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Likhaan	Lalen C. de Vela Junice L.D. Melgar
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