

Devolution of Health Services in the Time of Pandemic: Implications of Challenges and Strategies to the Philippine Health Devolution

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Abstract

Despite being considered the most aggressive in the Asia-pacific region, the Philippine health devolution has many deficits, particularly financial and personnel resources. Therefore, it becomes a problem to address health issues during the pandemic. This study sought to investigate the implications of challenges and strategies adapted by LGU of the Province of Bukidnon to the nature of Philippine health devolution in the pandemic. This research utilized the qualitative method, conducting open-ended interviews with the provincial health administrator and with the chief of the COVID-19 facility in the province. Also, online news articles and government websites such as their Facebook pages were accessed to provide additional data for the study. The study found that the lack of health facilities is primarily experienced during the pandemic. The mismatch of funding with the cost of the devolved health services and function to the LGUs becomes apparent during this global health crisis. However, the study also revealed that the power and authority to perform specific roles and responsibilities at the local level allow the public health officials to address local conditions. The ability of the local officials to coordinate with private sectors and the other LGUs and their capacity to look into local conditions and have a vast decision space allow them to manage local health problems. This article argues for more effective health governance mechanisms at the local level since devolution itself does not ensure better health-care delivery.

Keywords: *devolution, health service delivery, local government, pandemic*

Suggested Citation:

Lumintao, J. (2021). Devolution of health services in the time of pandemic: Implications of challenges and strategies to the Philippine health devolution. *Langkit: Journal of Social Sciences and Humanities*, 10, 1-14.

Introduction

In the Asia-Pacific region, public health system reforms are steered upon the concept of decentralization (Grundy et al., 2003). The most aggressive is the Philippine health devolution (World Bank, 1994 cited in Cuenca, 2018). By enacting the Local Government Code of 1991, a significant shift in people, healthcare facilities, and money had a massive impact on the healthcare sector (Atienza, 2004). While decentralization is an intricate procedure and challenging to quantity, a useful step in analyzing the concept is by examining the functions that concern decision-making (Liwanag & Wyss, 2020).

Various studies investigate the Philippine public health system in a devolved setup (Atienza, 2004; Cuenca, 2018; Liwanag and Wyss, 2020; Paulino, 2008). More chances to enhance health care at the local level have emerged as a result of devolution (Atienza, 2004). However, before the devolution, there was no capacity-building for local officials and healthcare workers (Cuenca, 2020). There are also several issues, such as poor staff morale and a decline in infrastructure maintenance (Grundy et al., 2003). Cuenca (2020) also analyzed whether greater health decentralization results in better health services. During this pandemic, Bayani and Tan (2021) evaluated COVID-19's influence on the Philippines' healthcare systems. However, no current study is being undertaken to explore the effects of mitigating measures and policies on the country's current devolution setup.

The COVID-19 pandemic has had a significant influence on the country's healthcare system (Antonio, Alinea & Katigbak, 2020; Bayani & Tan, 2021). In fact, the most pressing health need is access to hospital needs, whether mild or severe health services (Naguig, 2020). In response, the Local Government Units (LGUs) adapted mitigation measures for secondary and tertiary care utilizing referral systems and established telemedicine services to decrease face-to-face consultations (Bayani & Tan, 2021). However, the country's poor health infrastructure makes it difficult to respond to the pandemic (Buenaventura, Ho & Lapid, 2020).

The Province of Bukidnon, which has two cities and twenty municipalities, has only one COVID-19 facility as of August of 2021. Despite having eight provincial hospitals, the Bukidnon Provincial Medical Center or BPMC is designated for COVID-19-positive patients in the entire province. On June 7, 2021, Bukidnon was described as a "high risk" province due to an increased infection of more than 200% in May (Lagsa, 2021). Hence, it is necessary to inquire about the implications of challenges and strategies adapted by LGU to the nature of Philippine health devolution. This study focuses on the problems of access to government-owned hospitals and mitigating measures in ensuring that the COVID-19 facility can still accommodate patients.

Review of Related Literature

Philippine Health Devolution

Decentralization entails transferring central government planning, decision-making, and administration to subnational agencies or units (Rondinelli, 1981). By devolution, the central

government relinquishes some duties or creates new government units that are not under its authority (Atienza, 2006). For example, the Local Government Code provides decentralization through devolution, which allows the Local Government units to have power and authority to perform specific functions and responsibilities at the local level (Reyes, 2016). The Philippine government delegated health service management and delivery from the national government to local government entities in 1992 (Grundy et al. 2003; Liwanag & Wyss 2020). Thus, the Philippine health system is decentralized and devolved, with a mix of tax-financed public and for-profit, and non-profit private sector providers (Bayani & Tan, 2021). Health providers are now under the control of local politicians (Atienza, 2004).

Due to devolution, local government units have been given considerable responsibility in providing basic health care. Primary health care and hospital treatment/services are included. The Department of Health (DOH) has emerged as the national authority for health standards, health service planning, and service supply and delivery (Cuenca, 2018). On the other hand, the provincial governor or mayor spearheads the local health board (Dayrit et al., 2018). Furthermore, the devolved health services are generally vested to provinces and municipalities. Provincial governments are responsible for medical, hospital, and support services, as well as ensuring that residents have access to secondary and tertiary care through vertical referrals (Atienza, 2004). Finally, the devolution of health services included the transfer of the Department of Health's data, equipment, and other assets as well as staff to the LGUs in accordance with the devolved authorities, duties, and responsibilities (Local Government Code of 1991, Section 17.i).

There are problems encountered as health services are devolved to local government units. Many LGUs were unprepared for devolution in terms of both financial and human resources. Prior to devolution, the fiscal capabilities of LGUs and the management competence of local chief executives were not considered, and there was no capacity-building for local officials and healthcare workers. Furthermore, the discrepancy between the Internal Revenue Allotment (IRA), and the expense of devolved duties lies on the basis of healthcare funding. Lack of financing may also be linked to a low priority for health due to LGUs' proclivity to spend on infrastructure projects such as road building and gymnasium construction (Cuenca, 2020).

Moreover, Atienza (2004) argues that this has resulted in resource limitations in the construction and improvement of health facilities, health worker benefits, and overall health developments; incompetence and politicization in managing some public health resources, such as medicine procurement; and a general shortage of local government health personnel and facilities. Grundy et al. (2003) pointed out that there were low expenditures on resources to deliver services due to the high expenditure on health personnel. This observation parallels the assertion of Cuenca (2018) that there are high expenditures on the salaries of the national workers devolved to the LGUs because of the Republic Act 7305 of 1992 or the Magna Carta of Public Health Workers.

Cuenca (2020) analyzed if greater health decentralization results in better health services using the difference-in-differences (DID) method. In the study, she argued that greater health decentralization harms access to hospital inpatient services and access to sanitation. Paulino

(2008), on the other hand, asserted that the whole health system was fractured and divided among the three levels of government as LGUs took over organizational/fiscal control over their individual institutions. The barangay health stations, rural health units/health centers, and district and provincial health centers were taken over by the municipal or city administration; while the province took over the district and provincial health facilities. Between 1992 and 1997, this leads to a failure in administration between levels of government, falling usage, notably in the hospital sector, low employee morale, a drop in infrastructure upkeep, and underfunding of operating costs of services (Grundy et al. 2003).

Despite the inherent issues in the devolution of health services, some gains can also be observed. Since devolution has empowered LGUs to make more broad and faster choices, there are greater chances to enhance health care at the local level. This has enabled individuals to become more involved and accountable in the delivery of health care services (Atienza, 2004).

Liwanag (2019) used mixed methods to investigate the relationship between decision space, capacity, and accountability in optimizing decision-making for various tasks. Drawing on the "decision space" concept, her study emphasized the importance of increasing the capacity of local decision-makers to better perform their duties, enforcing accountability mechanisms to promote good decision-making at the local level, and deploying a mix of decentralized and centralized functions that will be most beneficial to the health system (Liwanag, 2019). Moreover, according to Liwanag and Wyss (2020), local health officers' decisions are favored over local politicians. This is because local governments rely heavily on the federal government, and re-centralization is the only way to address the politicization of local decision-making.

In the context of devolution, Atienza (2004) proposed solutions for effective health governance, focusing on the creation of an inter-LGU harmonization approach such as inter-local health zones and other designs of suitable local health systems. Additionally, Dr. Orville Solon, a professor at the UP School of Economics, proposed a complete program basis to solve these issues by matching each problem to the decentralized healthcare delivery system condition. He stressed the benefits of fostering inter-LGU collaboration in funding and delivering health care services to local residents. Inter-LGU cooperation, he added, is linked to the fact that health programs have a big impact because health issues aren't limited to one area. LGUs can also collaborate on laboratories, facilities, and technical services (Philippine Institute for Development Studies, 1999). According to Dorotan and Mogyorosy (2004, cited in Cuenca, 2018), deficiency in synchronization among rural health units and hospitals led to inadequate collection and management of critical health information.

Pandemic and Health Services

The study conducted by Nyasulu & Pandya (2020) using the World Health Organization (WHO) health systems framework assessed the effects of COVID-19 in the South African health system. It demonstrates that the COVID-19 pandemic has had a detrimental impact on its functionality by overstressing the ability of healthcare personnel to perform properly. Between May and July 2020, the World Health Organization conducted a survey in 159

countries. All services were impacted, including critical services for communicable and non-communicable illnesses, mental health, reproductive, maternity, neonatal, child and adolescent health, and nutrition. Staff redeployment to offer COVID-19 relief, unavailability of benefits due to shutdown of health facilities or health services, and supply-chain issues were also highlighted (WHO, 2020). Furthermore, owing to countrywide lockdowns in the first four months of 2020, the coronavirus illness has affected TB services across the world (Migliori et al., 2020).

In the Philippines, several primary reasons revealed why the pandemic affected the country's health services. In terms of the hospital capacities, Dayrit (2018) explained that even if only 1% of the Philippines' 107 million people were infected with COVID-19, assuming a 10% hospitalization rate, it's simple to understand how hospitals will quickly become overrun. In addition, there is limited personal protective equipment or PPE, especially for health workers as the government-imposed measures to contain the virus, rural health units, and hospitals to revise their activities. There are also problems regarding the testing laboratories and the economic impact (Alvior, 2020). Moreover, the restrictions caused by the community quarantine measures have affected patient access and health service delivery which reduced the access to services and health facilities in the earlier phase of the pandemic. Many people died while being taken to the hospital due to travel restrictions, or were turned away by emergency departments of surrounding hospitals because they only accepted COVID-19 patients (Bayani & Tan, 2021).

The government adopted a whole-of-government and whole-of-society approach to combat COVID-19. The Inter-Agency Task Force led the response and mitigation measures on Emerging Infectious Diseases (IATFEID) chaired by the Department of Health. In addition, the Bayanihan to Heal as One Act and Bayanihan to Recover as One Act were two consecutive legislations passed by congress granting the President additional authority and expediting the implementation of measures to address the collateral impact COVID-19 pandemic. Among the plethora of policy measures, the Act allowed the reallocation of budget for fiscal stimulus, social amelioration programs through cash aids for low-income households, hazard compensation for frontline health workers, and laws against hoarding, profiteering pandemic (Bayani & Tan, 2021).

Mitigating measures were also implemented. Governments throughout the world are implementing measures such as triage of health services, telemedicine deployment to replace in-person consultations, and changes in drug distribution procedures (WHO, 2020). In the Philippines, many municipalities implemented telemedicine either through a dedicated hotline for phone or radio-based consultations. Other channels such as social media were also tapped to disseminate information about their community's COVID-19 situation. In addition, Barangay Health Workers and public health nurses played a more active role in the local health system. They delivered prescription medicines and family planning commodities to patients' homes, scheduled vaccination visits, and did prenatal check-ups at the barangay level (Bayani & Tan, 2021).

As a whole, while the devolution of services was done with noble intentions, some issues and challenges plagued the system, resulting in inapt and futile health service

implementation. Consequently, these health system deficiencies pose a fundamental challenge in responding to the pandemic. While decentralization is an intricate procedure that makes it challenging to quantify, studying it according to the functions involved in decision-making would be a helpful step in evaluating the concept (Liwana and Wyss 2020).

Methodology

Research Methods

This study attempts to investigate the implications of challenges and strategies adopted by LGUs to the nature of health devolution in the Philippines. It looks primarily at the problems regarding access to government-owned hospitals in the Province of Bukidnon. It also explores the mitigating measures that ensure the COVID-19 facility can accommodate patients. The Province of Bukidnon was already considered the epicenter of the COVID-19 infection in Northern Mindanao when this research was made. There are 8 provincial hospitals in the province, but this research is focused on the only COVID-19 facility, which is the Bukidnon Provincial Medical Hospital or BPMC, situated in Malaybalay City Bukidnon.

This research utilized a qualitative method of collection of data. Open-ended interviews with the provincial health administrator and the chief of BPMC were conducted. However, it was not in-dept since there is only limited face-to-face interaction due to the ongoing pandemic. Additional data for the study was gathered through online news articles and government websites such as their Facebook pages. Also, relevant data obtained through the literature review were collated and organized in the relevant subsections.

Data Analysis

The challenges faced by the LGUs in terms of the continuity in the access to government-owned hospitals are explored in the study. The country's health service delivery is severely affected during the outbreak of the COVID-19 pandemic (Antonio, Alinea & Katigbak, 2020; Bayani & Tan, 2021). In determining the challenges encountered by government-owned hospitals, the study looks into the effects of the increasing number of COVID-19 patients in the hospital. Additionally, the strategies adopted by the LGUs were explored by determining the mechanisms in ensuring that people can still access these health facilities and the measures to contain the spread of the virus in the province. Lastly, in analyzing the implications of the challenges and strategies adopted by the LGU to the nature of the devolution in the Philippines, the following question was considered: "how is the devolution of powers to the LGU bring more benefits to the community, especially to those who were hospitalized during the pandemic as well as the frontliners?" Thus, this study looks into how autonomy vested to the LGUs and the longstanding challenges of the health devolution shape the decision-making in the health service delivery at the local level during the pandemic.

Results and Discussion

Findings

The Philippine health devolution can be considered one of the most sweeping in the third-world countries regarding the scope of health personnel, finances, facilities, and responsibilities devolved to LGUs (Atienza, 2004). However, many LGUs were still unprepared for devolution in terms of both financial and personnel resources (Cuenca, 2018). It becomes a problem to address health issues during the pandemic because of these persistent problems (Bayani & Tan, 2021). In determining the challenges confronted by the LGUs during the pandemic, the problems regarding access to government-owned hospitals are explored. Also, in determining the strategies the LGUs adopted when faced with the challenges of the pandemic, the study looks into the measures implemented by the province of Bukidnon in ensuring that the COVID-19 facility can still accommodate patients. All of these variables are analyzed in the context of the Philippine health devolution.

At the onset of May of 2021, the only COVID-19 facility in the province experienced overwhelming emergency rooms due to the increasing number of COVID-19 infections. As of June 2020, the BMPC declared that it would no longer accept COVID-19 patients. According to Dr. Tabios, the provincial health administrator, the other COVID-19 patients will need to wait for a vacant room (2021b). These findings imply that the constraints in health facilities, as one of the inherent problems of the Philippine health devolution, are mainly experienced during the pandemic. This observation in the Province of Bukidnon revealed that variables such as the lack of infrastructures and facilities necessary for the efficient and prompt delivery of health services make it hard to respond to the pandemic. Therefore, the BPMC cannot accommodate the increasing infections of COVID-19 in the Province of Bukidnon.

In terms of the several strategies adopted when confronted with the challenge of the pandemic, there was coordination between LGUs and the private hospitals. Dr. Prantilla, chief of BPMC, emphasized that the surge of infection in Bukidnon required local hospitals to respond faster during admissions (Rosete & Lucson 2021). Because of this, the Provincial Governor, Jose Maria Zubiri, advised private hospitals to increase their bed capacities for COVID-19 patients (Lagsa, 2021b). As a result, various private hospitals in the cities of Malaybalay and Valencia, as well as the towns of Don Carlos and Quezon, were also providing assistance to combat the pandemic (Cantal-Albasin, 2021). The findings imply that coordination with the public is seen as an important strategy in combating health problems locally. The results revealed that a multi-sectoral approach is a key to achieving the desired capacities that the devolution of health services is expected to achieve. The involvement of private hospitals to accommodate COVID-19 patients is beneficial, especially since the infections are increasing, and there is only one COVID-19 facility in the province.

Moreover, there was coordination among the provincial health officials and the other LGUs in the province. In fact, the Provincial Health Office urged all LGUs in the province to use their respective COVID-19 patient care centers as temporary isolation facilities until advised by the BPMC that a vacancy is available (Balistoy, 2021). According to Dr. Tabios,

LGUs should exhaust their capacity first to avoid overcrowding at the provincial hospital. Also, the governor urged the City of Valencia, and the towns of Manolo Fortich, Talakag, and Kibawe, to implement stricter quarantine measures as these areas were experiencing a surge of COVID-19 infection (Lagsa 2021b).

In managing patients, for instance, the City of Valencia designated the Valencia City Central School as their COVID-19 facility with personnel to accommodate individuals with suspected COVID-19 cases. This measure adopted by the Province of Bukidnon is similar to the "triage system" proposed by the Duterte government. This proposal means managing patients at the local level or before they reach hospitals. It is among the solutions offered by health workers to provide care in communities and prevent Filipinos from flooding hospitals (Tomacruz, 2021).

The finding implies that inter-LGU cooperation is existing as a measure in facing the challenges of the pandemic. The result revealed that coordination among LGUs is instrumental in addressing local health problems since the spread of the virus cannot be confined to one local area. Urging the other LGUs in the province of Bukidnon by imposing strict quarantine measures in their area of concern will control the spread of the virus. Thus, reducing the number of COVID-19 patients in the BPMC.

The overcrowding of COVID-19 patients in the hospital is due to the increasing number of infections in the province starting May 2021, making Valencia City the new epicenter of COVID-19 in Northern Mindanao. Given this, Governor Jose Maria Zubiri asked the IATF to raise the quarantine status in the province from MGCQ to GCQ. The recommendation is made on June 7, 2021, when provincial health officer Dr. Tabios described Bukidnon as a "high risk" province when it registered an over 200% spike in cases during a two-week period that ended on May 27, 2021. Remarkably, the other four government-owned hospitals in the province face problems due to the increasing COVID-19 case. In particular, the Maramag Provincial Hospital was temporarily closed to the public to prevent the virus from spreading. Dr. Edmundo G. Garcia, chief of the hospital, said that face-to-face consultations are suspended. Instead, he added, patients might use "telemedicine" to consult with the hospital's doctors, or they could simply exchange text messages or contact the doctors (Lagsa, 2021a). Telemedicine allows people to obtain medical advice without having to leave their homes (DOH, 2020). This measure ensures the continuity of service by the government-owned hospitals in the province. In terms of the problems of health facilities, Dr. Prantilla said in a radio interview that they are attempting to manage severe and critical patients by adding extra beds, stretchers, reclining chairs, oxygen supply, and other emergency medical services and equipment units, among other things (Lagsa, 2021a).

These findings imply that local officials consider local conditions that allow them to come up with good decision-making. The results revealed that, during the pandemic, the local health experts' investigation of the local situation provides for an effective and efficient solution to the ongoing problem. As confirmed by the provincial health administrator, the rising number of COVID-19 cases in the province fuels them to seek intervention from the national government. In addition, the finding implies that LGU officials have the autonomy to address the issues specific to their territory. These findings revealed that local officials were

empowered to make wide-ranging and quicker decisions about health concerns. Implementing stricter quarantine measures, telemedicine, and looking for ways to augment their resources proved that LGU officials can be effective local health managers by being capacitated by the powers devolved to them.

Discussions

The lack of health facilities makes it hard for the LGUs to respond to the pandemic. The findings showed that the government-owned hospital could not accommodate the increasing number of COVID-19 patients. Nyasulu & Pandya (2020) assessed that the direct impact of the pandemic on the health system is on functionality, which means overloading the capacity of healthcare workers to operate effectively. This study validates the findings of Cuenca (2020) that greater health decentralization has no positive impact on health services such as access to sanitation and hospital inpatient services. It also confirms the findings of Atienza (2004) that devolution itself does not ensure better healthcare delivery.

This issue of the lack of health facilities is attributed to the mismatch of funding with the cost of the devolved functions or CODEF at the local. These inherent problems in the Philippine health devolution were examined by Cuenca (2018). Her findings in terms of health financing from various studies can be summarized in three aspects. First is that there was lacked financial resources to pay the wages of the devolved national personnel at the expense of adopting the Magna Carta for public health employees as authorized by Republic Act 7305 of 1992, which has not been considered in CODEF's calculation.

Secondly, there was a disparity between the IRA to the cost of devolved hospitals which resulted in lower hospital spending at the provincial level. Prior to devolution, there was a reward structure in place that encouraged legislation to fund the building of local health facilities at the price of the national government. As a result, the total number of devolved hospitals exceeded what the LGUs required, making them irrelevant at the local level. This meant that the provinces with the most hospitals suffered the burden of devolution because operating hospitals necessitated a significant financial investment. Finally, the tendency of LGUs to invest more in infrastructure projects such as the building of roads and gymnasiums can also be linked to a shortage of money for health (Cuenca, 2018).

Moreover, according to Lavado, et al. (2011), the availability, accessibility, and distribution of healthcare provision across the country are all measured by the proportion of beds amongst the population. Despite having the most hospitals compared to the other provinces in the area, with the BPMC together with the seven (7) other provincial hospitals and health stations, Bukidnon is the only province in Region 10 that has not met the necessary ratio. The Department of Health advises that each province have a bed-to-population ratio of 1:1000 (Lavado, et al., 2011). Thus, there was an insufficiency of health infrastructure especially in responding to the pandemic.

Health devolution allows more significant involvement of the private sectors, which was observed during the pandemic. The services offered by private hospitals helped the government-owned hospital by accommodating COVID-19 patients, thus assisting the public

health officials in combating the pandemic. The result supports the findings of Liwanag (2019) that some public and private collaborations in the Philippines have been reported to help enhance service delivery in a devolved system. It is also similar to the findings of Atienza (2004) that health devolution has led to greater involvement of private agencies and organizations. Thus, the role of a private hospital is essential, especially in a public health crisis, since, according to Dayrit (2018), the private sector's share of total hospital beds increased from 46% in 2003 to 53% in 2016.

The coordination among LGUs is seen as a strategy to address local health problems. The finding revealed that the coordination among LGUs as public health managers at the local level is paramount since there is an increasing infection in the province. In the context of devolution, Cuenca (2018) stated that measures for effective health governance would involve creating inter-LGU coordination mechanisms such as inter-local health zones and other models of suitable local health systems. In this pandemic, these health systems are the COVID-19 facilities built by the different LGUs and the mechanisms of transporting COVID-19 patients from the City or Municipal level to the COVID-19 facility in the province. Furthermore, inter-LGU cooperation is related to the reality that health programs have a wide impact because there are health problems that cannot be confined to one local area, according to Dr. Orville Solon, professor at the UP School of Economics, in his presentation of a project on Baseline Research on Health Care Financing Reforms. In this sense, LGUs can share standard inputs like laboratory facilities and skilled services, thereby preventing the underutilization of facilities and helping bring down costs (Philippine Institute for Development Studies, 1999). Further, Dorotan and Mogyorosy (2004, as cited in Cuenca, 2018) explained that poor collection and administration of vital health information arose from a lack of cooperation among rural health units and hospitals.

The devolution of health services allows local officials to develop solutions based on their research about the local conditions. The findings showed that the LGUs take full advantage of their powers to implement mitigating measures to control the infection in the province and look for ways to continue the hospital services for the local citizens. The finding supports the study of Atienza (2004) that because LGUs are already equipped to make broad and faster choices on health problems, devolution has opened up more chances to enhance health care at the local level. Cuenca (2018) explained that hospital reforms were primarily intended to provide government hospitals budgetary autonomy by collecting, keeping, and allocating money through socialized user fees, reducing their need for direct subsidies, and freeing up resources for other objectives. These changes included enhancing essential capacities to embrace economic autonomy, and allowing hospitals to become government companies while being cognizant of their social obligations. The intended outcome was for government hospitals to become more competitive and responsive (Cuenca, 2018).

Finally, the finding showed that the provincial health administrator influences the decision of the governor. The finding validates the study of Liwanag and Wyss (2020) using the "decision space approach" that health officers have a vast decision space for health concerns. The health officer is in charge of collecting timely and reliable data in the community, which is subsequently aggregated at the provincial, regional, and national levels through collaboration with DOH offices at all levels.

Conclusion and Recommendation

The study found that the lack of health facilities is primarily experienced during the pandemic, however, the autonomy of the local health officials enabled them to respond to local health issues. The devolution of health services does not automatically imply a positive impact on health service delivery. The mismatch of funding with the cost of the devolved health services and functions becomes apparent during this global health crisis. Moreover, the power and authority to perform specific roles and responsibilities at the local level allow the public health officials to address local conditions. The ability of the local officials to coordinate with private sectors and the other LGUs makes it possible to become effective and efficient during this pandemic. Also, LGUs' capacity to look into local conditions and have a vast decision space allow them to manage local health problems. Therefore, devolution itself does not ensure better healthcare delivery since there are other intervening aspects that require improved health care (Atienza, 2004). The Local Government Code of 1991 just offers a framework and motivations for LGUs; it does not address budgetary, personnel, or supply issues (Quimpo, 1996 as cited in Atienza, 2004). Thus, this paper emphasized more effective health governance mechanisms at the local level.

The study is only focused on access to one out of eight provincial hospitals in the province, and it is chiefly limited only to the data gathered online. Thus, it is recommended that for future studies, in-depth and extensive interviews will be done with leading health officials and the governor of the province. It is also suggested that the perspective of the citizens will be included in the study to validate the perspective of the government officials.

Acknowledgment

The author would like to express her heartfelt gratitude to her professors at MSU-IIT, Dr. Marilou F.S. Nanaman and to Dr. Hazel D. Jovita-Olvez, for their contribution and guidance in finishing this study.

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