

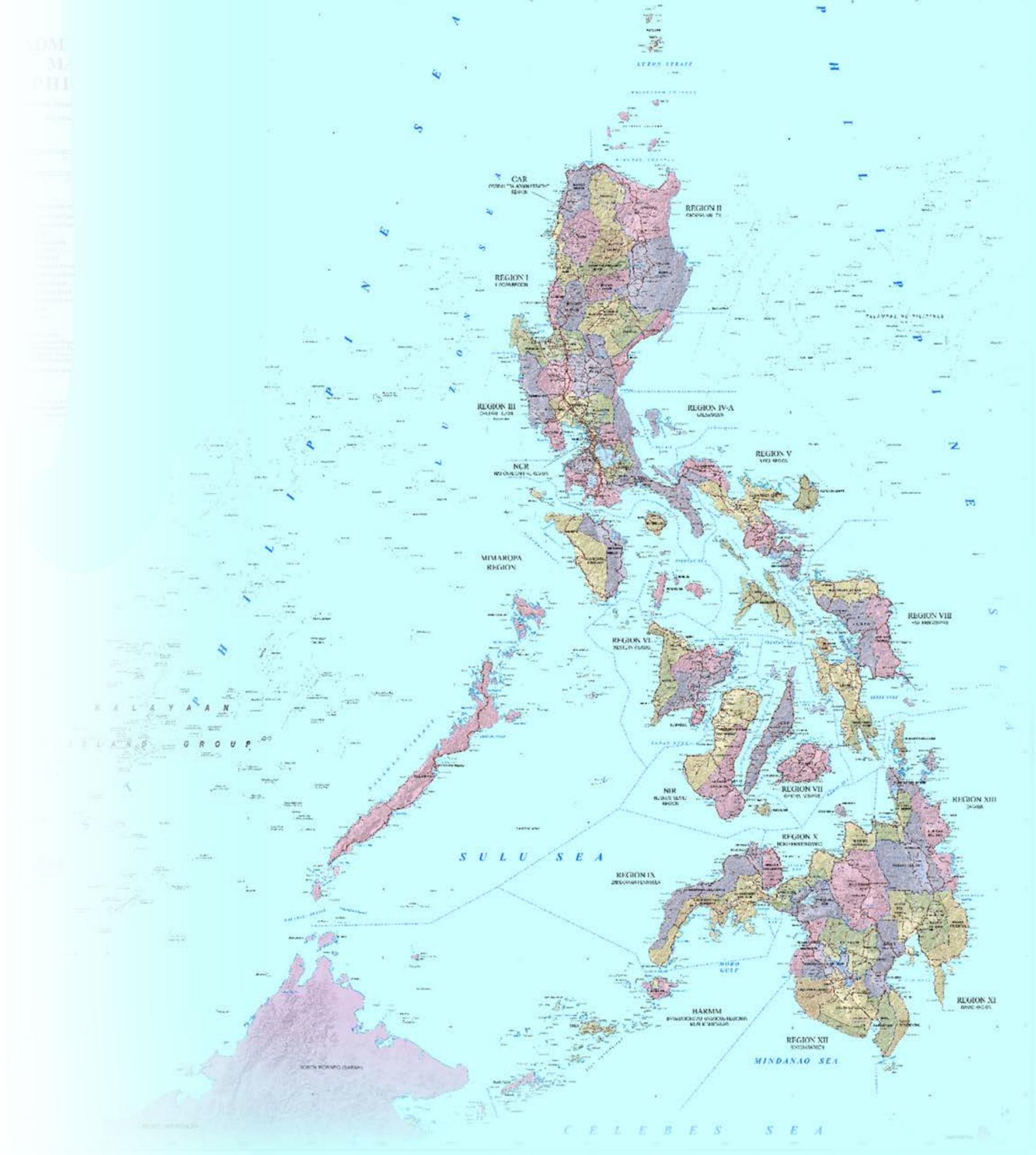


Question 1:

Health and Care Workforce Challenges in a Devolved Health System

Philippine HRH Landscape: 2025 Snapshot

Trends, Gaps, and Opportunities



Philippine Context

- 7,641 islands, devolved health system
 - local government units (LGUs) manage and deliver health services
 - improving local autonomy but contributing to regional disparities and inequities
- 115,377,992 Population (July 2025 projection, PSA)
- Persistent HRH maldistribution
- 52.7% HRH in private facilities;
- 47.3% in public facilities (as of Sep. 2025)
- UHC Law (RA 11223) and NHRHMP as response frameworks

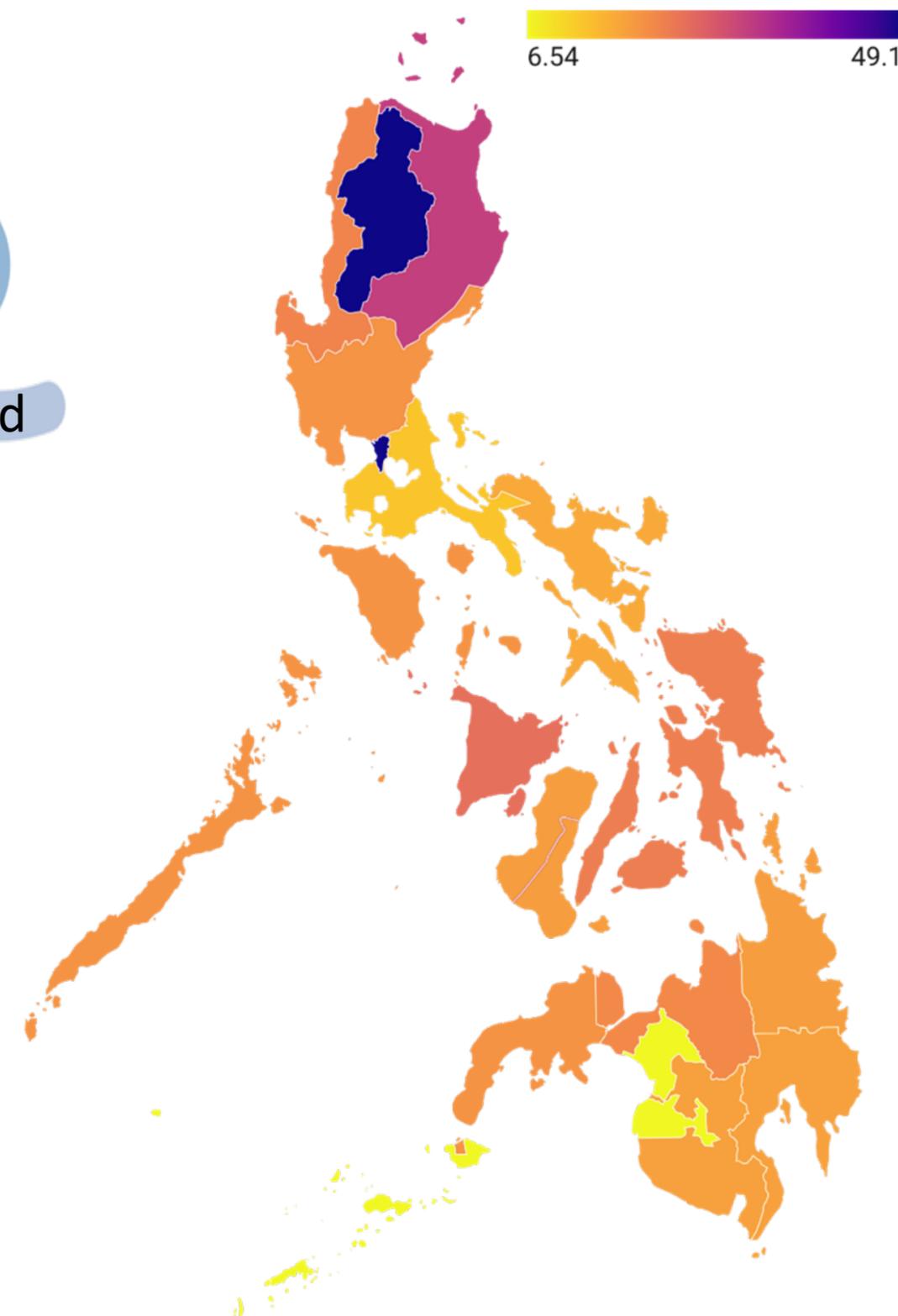


Figure 1. *Regional Distribution (per 10,000 population) of MDs, RNs, and RMs*

Map data: © OSM • Created with Datawrapper



Philippine Health Workforce *(MDs, RNs, and RMs)*

 **Entry/Production: 26,953** newly licensed MD, RN, RM annually
(2020-2024)

 **Employment/Workforce: 251,766** MD, RN, RM in health facilities
21.82 per 10,000 population (target: 44.5) as of Sep. 2025

 **Exit and Re-entry: 50,056** temporary migrant MD, RN, RM annually
(2014-2024)

No. of Accredited HEIs Offering Health and Allied Course (CHED, 2024)

- **Medicine: 79** → Luzon: 49, Visayas: 16, Mindanao: 14
- **Nursing: 358** → Luzon: 228, Visayas: 63, Mindanao: 67
- **Midwifery: 422** → Luzon: 250, Visayas: 73, Mindanao: 99

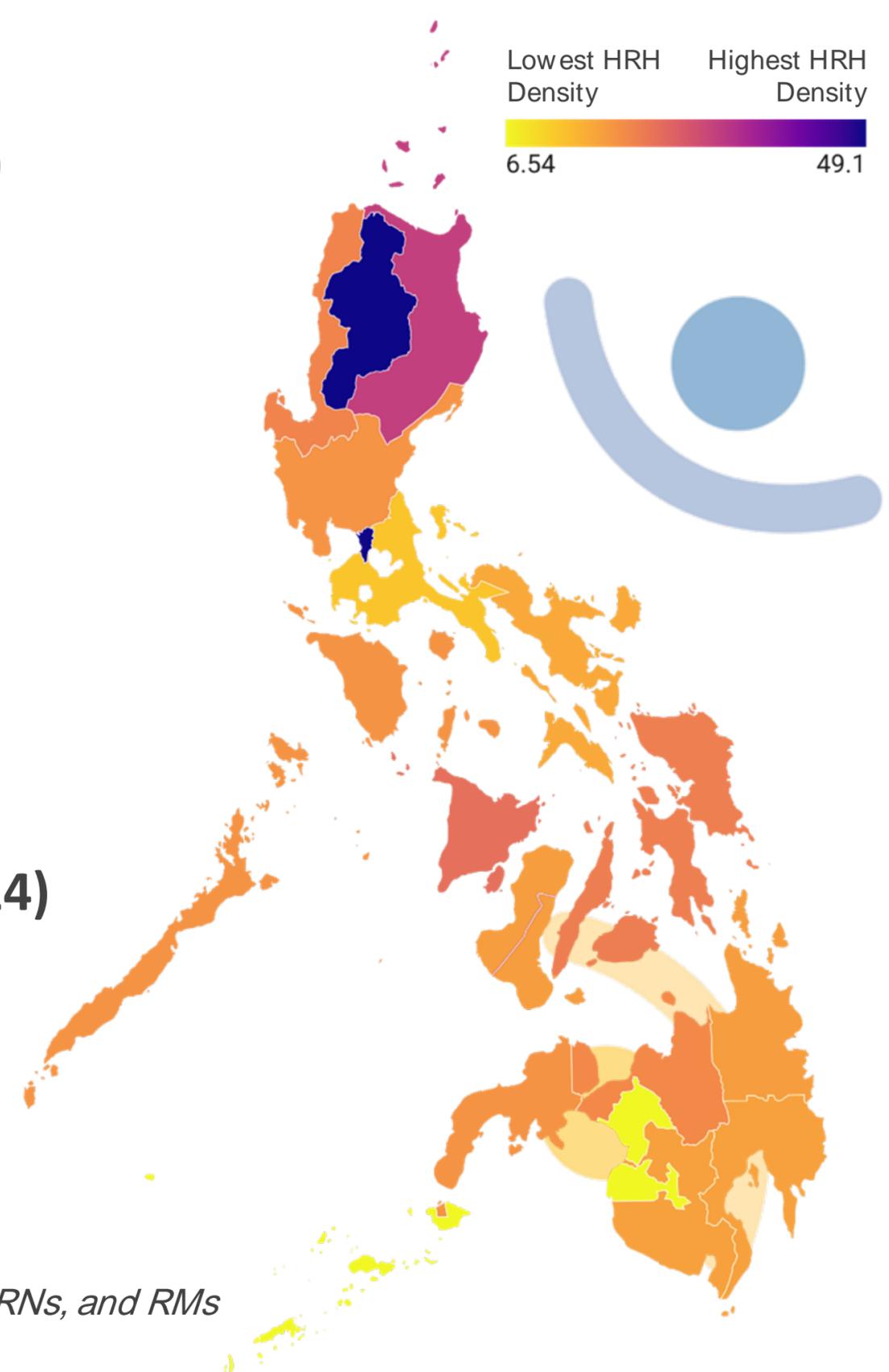
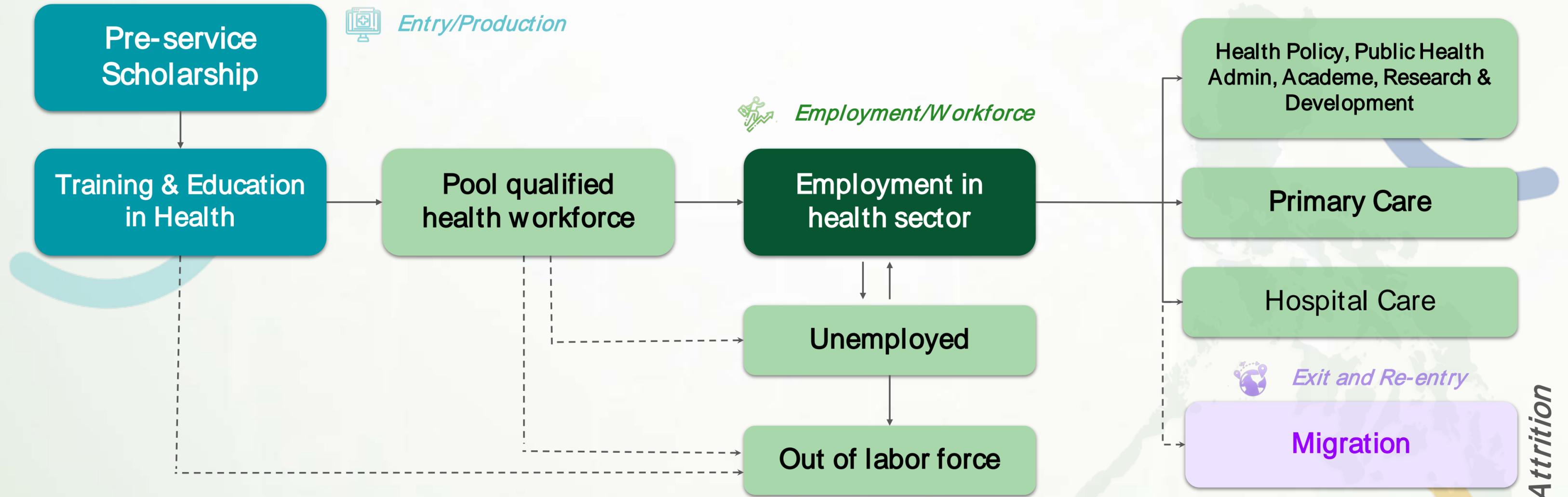


Figure 1. *Regional Distribution (per 10,000 population) of MDs, RNs, and RMs*

Health Labor Market for UHC



National HRH Master Plan
2020 - 2040 Outcomes



Sustainable production



Practice-Ready Training



Job generation
Competitive salaries



Accessibility and
retention mechanisms



Productivity and
career development

Health Workforce Challenges in a Devolved System



Adequacy

- Uneven distribution of health workers across regions
- Shortages in rural and underserved areas

Competency

- Variability in training standards and continuing education
- Limited access to specialization opportunities outside urban centers

Decent Work

- Job insecurity due to contractual arrangements, and limited permanent positions.
- Poor working conditions and limited career progression

Financing

- Fragmented funding between national and local governments
- Insufficient budget for recruitment, retention, and training

Governance

- Weak coordination between national and local health authorities
- Policy inconsistencies and limited accountability mechanisms
- System stewardship gaps



Health and Care Workforce Migration





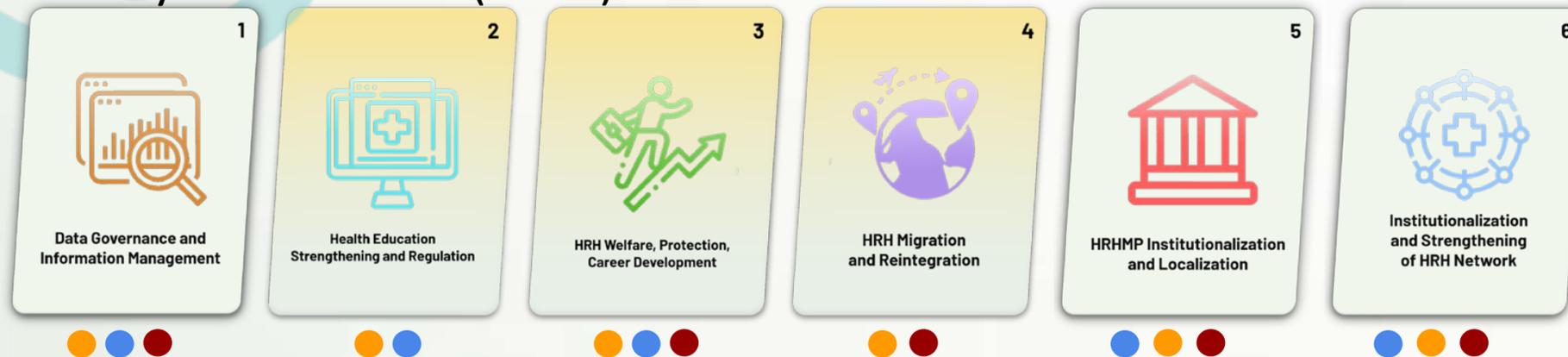
Question 2:

Addressing HRH Challenges in a Devolved Health System

National Human Resources for Health Master Plan 2020 - 2040

A **multi-sectoral Plan** that provides policy and strategic directions to guide the management and development of the country's human resources for health according to the goals of Universal Health Care.

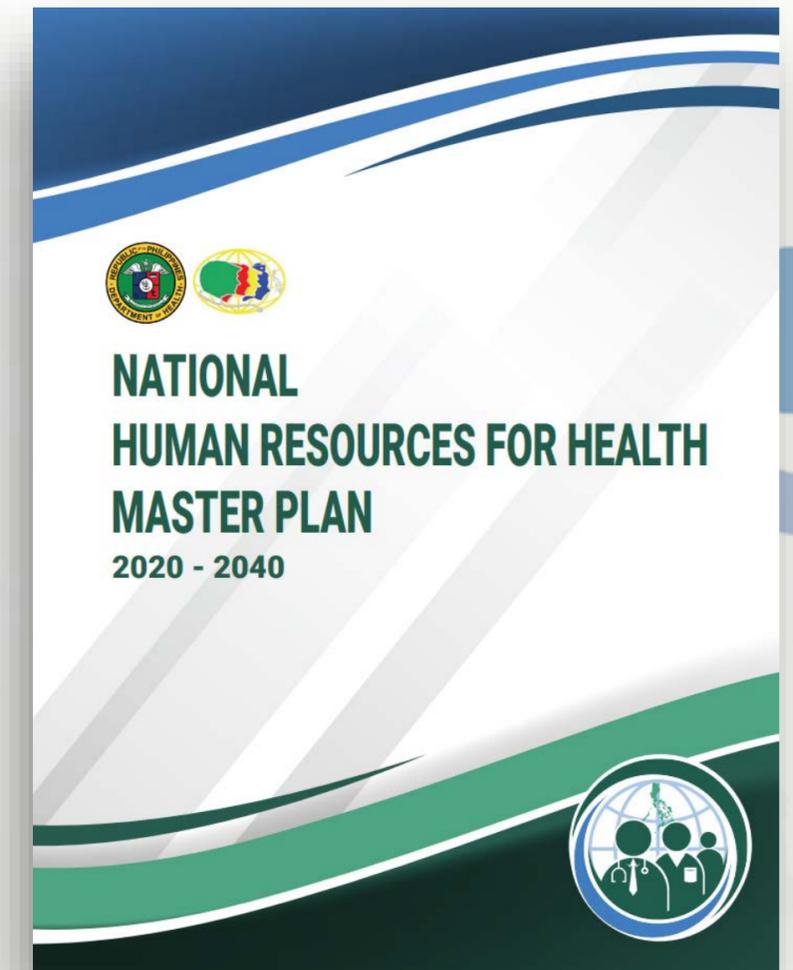
Six Key Result Areas (KRAs):



● Adequacy ● Competence ● Decent Work

KRA: 1, 5, 6
Cross-Cutting Strategies

KRA: 2, 3, 4
WHO Working Lifespan: *Entry, Workforce, Exit and Re-entry*



Download the full publication through <http://bit.ly/NHRHMP> or scan the QR code below

DC No. 2021-0253 -
Dissemination of the NHRHMP
2020 - 2040
(<https://bit.ly/DisseminationMP>)



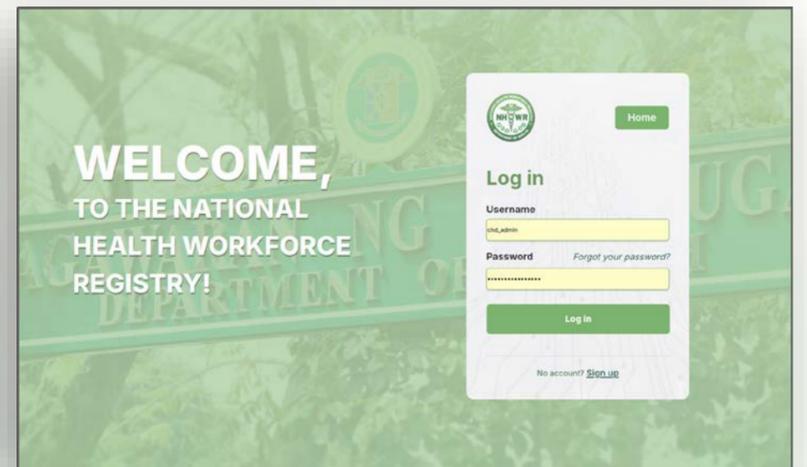
National Health Workforce Registry (NHWR)

- An automated information and communication system designed to collect, store, process, and generate data on the country's medical and allied health professionals
- The **official national database** that provides a clear picture of the health workforce
- Pursuant to the UHC Act, which mandates the PRC and the DOH to establish a registry of medical and allied health professionals *(Section 25 (c) of RA No. 11223, UHC Act)*



PRC and DOH Memorandum of Agreement for the NHWR

Vision: a functional, efficient, self-sustaining, progressively improving, harmonized and interoperable HRH information systems to get accurate, comprehensive, and up-to-date HRH data that would be translated into meaningful information for health labor market analysis, HRH planning, and development of HRH policies and programs



NHWR Public User Interface





The national government is implementing various **pre-service scholarship programs (tied with return service obligations)** for priority health professions such as Medicine (MD), Midwifery (RM), Pharmacy (RPh), and Medical Technology (RMT).



Criteria for selecting scholars
(to promote equity)



Residing in
GIDAs /IP
communities



Among
Indigenous
People



Belonging to low-
income
localities

PSSP Average cost of investment for scholars to complete the program (direct subsidy)

USD 24,929
per MD scholar A.Y. 2024-2025

USD 8,755
per RM scholar A.Y. 2024-2025

USD 18,823
per RPh & RMT scholar

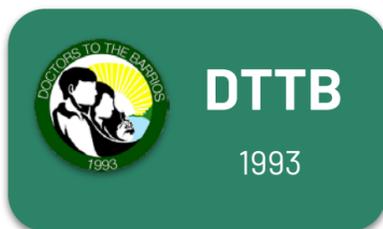
A.Y. 2024-2025



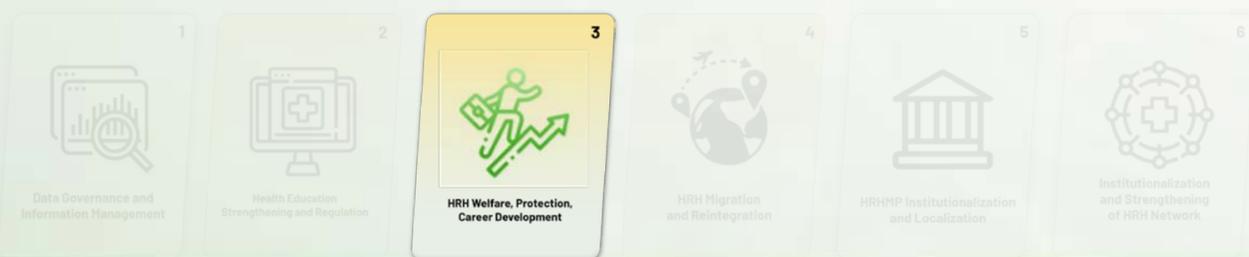


National Health Workforce Support System (NHWSS)

National Government Intervention: Physician Placement Programs



- Mandated by the UHC Act, the DOH is required to deploy a health workforce to augment the needs of local public health systems (*RA No. 11223, UHC Act, Section 24*)
- A strategy of the national government to address the inadequacy of health professionals in priority areas
- Comprises several composite projects and programs that aim to deploy competent and community-oriented HRH





● Magna Carta of Public Health Workers

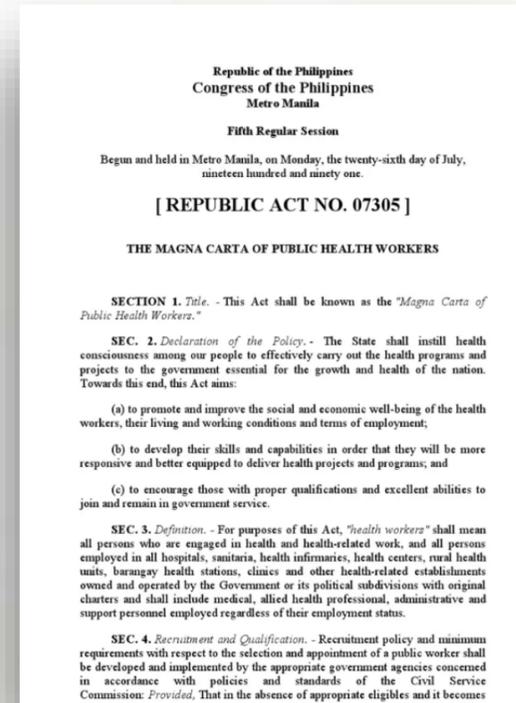
- Special benefits and and incentives package for all health workers in government

● Proposed Salary Standardization Law

- Standardized salary schedule for national and local HCW, regardless of local government income class

● DOH Academy

- Open source platform providing practical and beneficial online courses to all HCW anytime, anywhere



Salary Grade	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7	Step 8
1	12,517	12,621	12,728	12,834	12,941	13,049	13,159	13,268
2	13,305	13,406	13,509	13,613	13,718	13,823	13,929	14,035
3	14,125	14,234	14,343	14,454	14,565	14,676	14,790	14,903
4	14,993	15,109	15,224	15,341	15,459	15,577	15,698	15,818
5	15,909	16,032	16,155	16,279	16,404	16,530	16,657	16,784
6	16,877	17,007	17,137	17,269	17,402	17,535	17,670	17,806
7	17,899	18,037	18,176	18,315	18,455	18,598	18,740	18,884
8	18,998	19,170	19,343	19,518	19,694	19,872	20,052	20,233
9	20,340	20,509	20,681	20,854	21,029	21,204	21,382	21,561
10	22,190	22,376	22,563	22,752	22,942	23,134	23,327	23,522
11	25,439	25,723	26,012	26,304	26,600	26,901	27,205	27,514
12	27,608	27,892	28,180	28,471	28,766	29,065	29,367	29,673
13	29,798	30,111	30,427	30,747	31,072	31,400	31,732	32,069
14	32,321	32,665	33,013	33,366	33,722	34,083	34,449	34,819
15	35,097	35,475	35,858	36,246	36,638	37,035	37,437	37,845
16	38,150	38,566	38,987	39,413	39,845	40,282	40,725	41,172
17	41,508	41,966	42,429	42,898	43,373	43,854	44,340	44,833
18	45,203	45,706	46,216	46,731	47,254	47,783	48,318	48,860
19	49,835	50,374	50,919	51,470	52,026	52,588	53,156	53,730
20	55,799	56,333	56,873	57,418	57,968	58,523	59,083	59,648
21	62,449	63,022	63,595	64,173	64,756	65,344	65,937	66,535
22	69,963	71,029	72,113	73,214	74,333	75,471	76,627	77,801
23	78,455	79,659	80,884	82,133	83,407	84,706	86,030	87,379
24	88,410	89,853	91,320	92,810	94,325	95,865	97,430	99,020
25	100,788	102,433	104,105	105,804	107,531	109,286	111,070	112,883
26	113,891	115,749	117,639	119,558	121,510	123,493	125,508	127,557
27	128,696	130,797	132,931	135,101	137,306	139,547	141,825	144,140
28	145,427	147,800	150,213	152,664	155,155	157,689	160,262	162,877
29	164,332	167,015	169,740	172,511	175,326	178,188	181,096	184,052
30	185,695	188,726	191,806	194,937	198,118	201,352	204,638	207,978
31	273,278	278,615	284,057	289,605	295,262	301,028	306,908	312,902
32	325,807	332,378	339,080	345,918	352,894	360,011	367,272	374,678
33	411,382	423,723						



Department of Health
ACADEMY
PHILIPPINES





KRA 4: HRH Migration and Reintegration

● Joint Memorandum Circular (JMC) on Strengthening Bilateral Labor Agreements (BLA)

- Collaboration between the Department of Health (DOH), Department of Migrant Workers (DMW), and Department of Foreign Affairs (DFA), and other relevant government agencies on review/finalization/negotiation of proposed cooperations/bilateral (health/labor) instruments



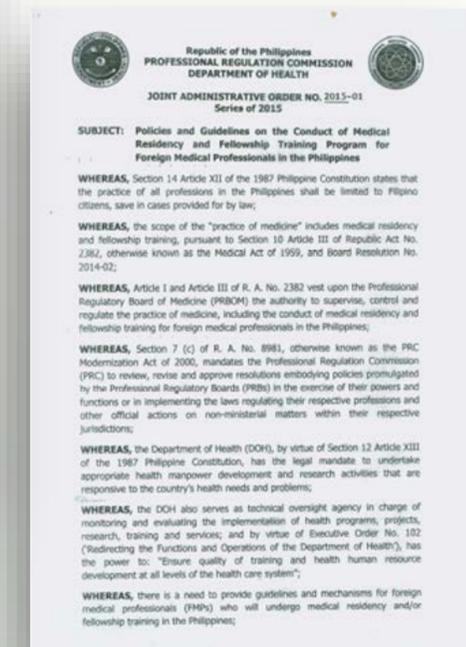
MANAGING INCOMING FOREIGN HEALTH WORKERS

● Employment Regulation:

- Alien Employment Permit (DOLE), Labor Market Test

● Foreign Residency & Fellowship Program:

- DOH–PRC Joint Administrative Order (2015): structured residency/fellowship training for foreign medical professionals, with Qualifying Assessment, exemptions for ASEAN, and strict accreditation of Level 3 hospitals





Health Workforce Planning

Context specific, locally led, and evidenced-based

- Improved resource allocation
- Enhanced workforce management
- Enhanced accountability
- Strengthened health systems





Oversight Committee
Heads of Agencies

Lead Convener and Technical Secretariat

TWC on Data*
Technical Working Committee
on HRH Data and Information



DOH-KMITS, PhilHealth, DOST, PSA, PRC-ICTS, DICT, Info. Dept./Div. of each TWC Member

TWC on Entry
Technical Working Committee
on Entry/Production



CHED, PRC, ADPCN, APMC, DOLE-ILS, DEPDev (formerly NEDA), TESDA, UPM

TWC on Workforce
Technical Working Committee
on Employment/Workforce



DOH, DOLE-BLE, CSC, DBM, DILG, DOLE-BWS, DOLE-OSHC, DEPDev, PNA, PRC

TWC on Exit & Re-entry
Technical Working Committee
on Migration/Exit and Re-entry



DMW, DMW-NRCO, OWWA, POEA, DFA, BI, CFO, DOH, DEPDev, PSLINK, UPM

*recent expansion of TWCs to include dedicated TWC for HRH Data and Information



Key Insights



- **Data is a strategic asset.** Reliable, interoperable HRH information systems are essential for planning, forecasting, and accountability. Workforce managers cannot manage what they cannot measure.
- **Production is necessary but not sufficient.** Without retention, fair deployment, and decent working conditions, increased output does not automatically improve service delivery.
- **Distribution remains the core challenge.** Urban–rural gaps will persist unless incentives, governance arrangements, and local absorptive capacity are strengthened simultaneously.
- **Temporary deployment is not a long-term solution.** Sustainable HRH systems require structured career pathways, predictable financing, and institutionalized support mechanisms.
- **Mobility must be governed, not resisted.** Ethical, coordinated migration policies protect workers while maintaining national service delivery capacity.
- **HRH challenges cuts across sectors; governance is inherently multi-sectoral.** No single agency can resolve workforce challenges alone. Alignment across national and local government, as well health, labor, education, regulation, finance, and migration sectors is essential.





Question 3:

Relevance and Effectiveness of the WHO
Global Code of Practice on the International
Recruitment of Health Personnel



The WHO Global CODE of Practice for the International Recruitment of Health Personnel in the Philippine Context

Relevance

- PHL as one of the major source country of health workers; CODE provides ethical framework for recruitment and protection.
- Aligns with reforms on adequacy, competency, and decent work, guiding national policy.
- Supports multi-stakeholder collaboration (HRH Network) in managing migration.
- Reinforces rights-based approaches to contracts, training, and fair treatment abroad.

Effectiveness

- Raised visibility of health worker migration in national policy discussion.
- Strengthened reporting and monitoring, though compliance remains voluntary.
- Helped shape bilateral agreements, emphasizing mutual benefits and the critical support needed by source countries
- Complements reforms in system stewardship and governance.

