A Historical Perspective of the Mandatory Service Policy in the Philippines: A Document Analysis

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RESEARCH ARTICLE

Abstract

Background: The Philippines has, mandatory service policies to address the insufficiency and maldistribution of human resources particularly for health services. Despite being perceived as an appropriate intervention to bridge the aforementioned HRH gaps, the past and present implementations of such programs in the country have never been formally studied.
Objective: This paper aimed to present the history of mandatory service programs in the Philippines, look at their natures, and see how their different implementations relate to each other.
Method: Using a qualitative document analysis method, administrative issuances and reports relevant to past and current implementations of mandatory service policies in the Philippines were obtained and reviewed.
Results: Mandatory service programs have been implemented in the country by institutions from both the private and public sectors as early as 1968. The focus of such has been mostly for government positions and specialized professions including physicians and scientists. While extensive efforts have been made through the years, the policies demonstrated fragmentation and recurring gaps in implementation. Such gaps include the lack of enabling policy mechanisms, formal monitoring and evaluation, and program institutionalization.
Conclusion: The historical narrative of return service programs in the country is a potential source for the development of an overarching mandatory service policy framework for human resources in the Philippines, one that is specific to the context and setting of the country. By articulating policy issues identified, this paper provided a stepping-off point for future mandatory service program policy planning, implementation, evaluation, and institutionalization in the Philippines.

Keywords: *Mandatory Service, Human resources for health, Return Service Agreement, Philippines*

Introduction

As early as 1968, the Philippines has been implementing mandatory service policies to address its lack of human resources, particularly for professions relevant to public service [1]. Such policies, also known as Return Service Agreements (RSA), have been employed to address the maldistribution and insufficiency of human resources for health (HRH) in the country, which persist despite the production of seemingly sufficient numbers of health workers [2]. RSA has been widely perceived as an appropriate method to address the aforementioned HRH gaps and, thus, has remained popular as evidenced by the many programs through the years. To date, however, there has been no formal study of the history of mandatory service in the Philippines, more so programs that cover HRH.

This paper aimed to provide a chronological narrative of mandatory service programs in the Philippines as gleaned from the parent study, "Feasibility of a Return of Service Agreement for Selected Human Resources for Health in the Philippines" commissioned by the Department of Health.

Lessons from both non-HRH and HRH-centered programs may provide the key elements to a historical understanding of RSA in the Philippines which could prove invaluable from a policy development and program implementation perspective. The resulting narrative of past and current implementations of mandatory service may inform the development of future HRH policies and provide the framework for the creation and implementation of such programs in the country and in other nations with a similar context.

Methodology

We retrieved documents concerning past and present mandatory service policies and programs in the Philippines using both online and hand search strategies of reports, policy issuances, and white papers, among others, from libraries and offices of various government institutions such as the National Library, Department of Health (DOH) and Professional Regulation Commission (PRC).

There is as yet no standard definition of mandatory service programs so for this study, these were operationally defined as *programs or policies that involved the establishment of a contractual obligation between two parties, usually between an academic institution/ employer/ agency and a service provider/student, where the former compels the latter to fulfill a period of service in exchange for training and/or education.*

The search was conducted in an iterative fashion and, for electronic search, begun with a consideration of the keywords "compulsory service", "mandatory service", "return service agreement", and "health professionals" (including specific categories or titles). Hand search, on the other hand, was initiated through an initial list of known policies or programs provided by the Department of Health. The list of policies or programs was expanded based on references and citations to other policies mentioned in documents that were retrieved by the study team.

Two independent reviewers then conducted a preliminary assessment of the retrieved documents with eligibility and relevance in terms of mandatory service programs and/or policies as their parameters. The documents that were assessed to be fit for study inclusion subsequently underwent a secondary assessment in the form of a full-text review by the authors for features of RSA to further articulate the elements and characteristics of the mandatory service programs and policies that they contained.

To assess these program elements, characteristics, and components, the WHO working lifespan approach was utilized as a guide [3]. The resulting data were encoded in a data abstraction matrix using Microsoft Office Excel. These were then analyzed and organized to create a historical timeline of RSA implementation in the country.

Document acquisition happened from October to November 2016, while the rest of the data abstraction and analysis began in October 2016 and ended by January 2017.

The document review for this study has undergone technical review conducted by a panel convened by the Philippine Council for Health Research and Development (PCHRD Study No. 001050) and subsequently approved by the University of the Philippines Manila Research Ethics Board (UPMREB 2016-360- 01). The study is part of a larger project of the research group which conducted the "Feasibility of a Return of Service Agreement for Selected Human Resources for Health in the Philippines" study.

Results

Figure 1, adapted from Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) [4], documents the procedure of data collection, processing and analysis that was conducted:

Hand and electronic searches of articles and reports pertaining to mandatory service yielded a total of 214 records. Of these, 10 documents were duplicates and 128 were deemed ineligible. Exclusion of duplicated and irrelevant documents resulted in a total of 76 records that were analyzed for information on implementation of mandatory service programs in the Philippines.

Based on the analyzed records, the first mandatory service program described was the mandatory service policy established by the UP Manila College of Medicine in 1915 [5]. However, no document that discussed this policy in detail was available. The earliest document obtained in this study that detailed an RSA was on the Overseas Training/Scholarship Program, a multi-government initiative in 1968. To date, there are a total of 34 mandatory service programs that have been implemented in the Philippines. Thirty three of which have been educationally-linked. The Rural Health Practice Program was the only employment-linked type. Figure 2 presents the mandatory service programs implemented in the Philippines from year 1968 to 2016.

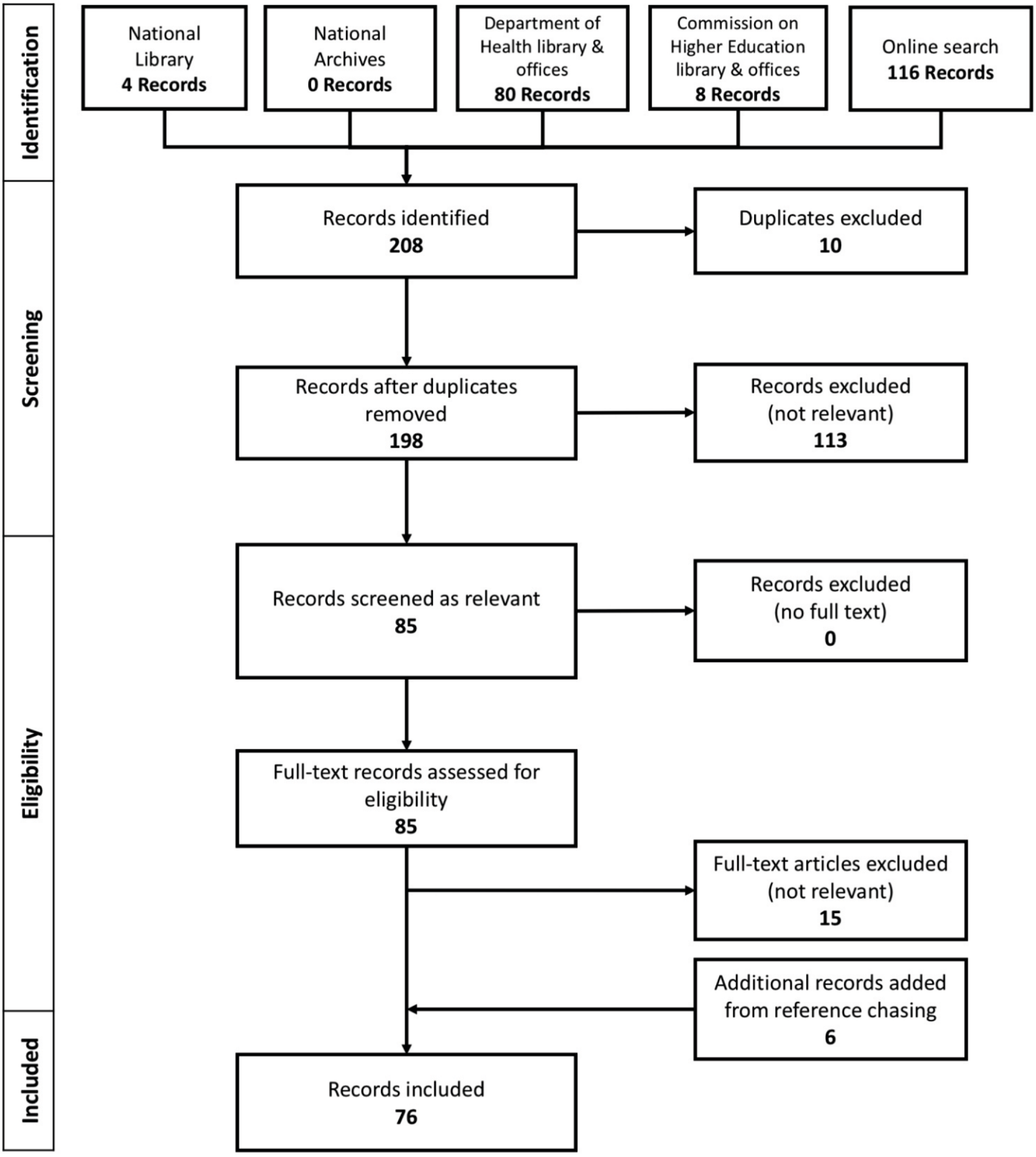

Figure 1. *Study Flow Diagram*

Table 1. *Distribution of documents based on compulsory service type and implementing body*

Type of compulsory service	No. of document
Educationally linked Return of service Undergraduate (including medicine degree) Post-graduate Both	73 73 30 41 2
Employment linked (condition for license to practice)	4
TOTAL	77*
*One document discusses both types of compulsory service	
Implementing body	**No. of document**
Government institution Higher educational institution (HEI) Private HEI Public HEI Non-governmental/non-profit organization	60 8 2 6 8
TOTAL	76

There are three main implementing bodies (see Table 1) that have utilized compulsory service programs: (a) government agencies, namely the Department of Health, Department of Science and Technology, Department of Agriculture, Commission on Higher Education, among others; (b) non-governmental organizations including the First Gentleman Foundation, Inc., Philippine Tropical Forest Conservation, Inc., and Philippine Business for Education; and (c) higher educational institutions, both from public and private sectors. The common rationale for the conduct of mandatory service programs is to address the inadequacy and maldistribution of human resources in different fields. Such professions primarily include human resources for health, followed by teachers/faculty, government employees, scientists, engineers, and agriculture and fishery professionals, respectively. Another common objective of these programs is the capacity and capability development of the said professions.

Majority of the policies were educationally-linked (see Table 1), return of service type of compulsory service program [6]. This type of mandatory service policy, according to Frehywot *et al.*, is when an institution provides scholarship to students in exchange for rendering service after their graduation. In some institutions, additional allowances for basic needs (i.e. books, clothing, transportation) are also given. While generous compensation packages appear to be a staple feature of such during the education of the grantees, there are only a few programs that provided similar incentivization when the grantees enter the formal workforce. Likewise, although the roles of implementing institutions were specified in the terms of provision of educational scholarships/grants, their functions during the actual deployment and employment of the workforce they trained are not elaborated upon. The compliance of grantees to render service is ensured generally through punitive measures, specifically through cash payment of all benefits received. However, the specific procedures for monitoring of compliance are not discussed in the documents. Information on the current status of the mandatory service programs in terms of evaluation and assessment reports were also lacking.

As earlier mentioned, majority of the mandatory service policies in the Philippines are directed towards human resources for health. This is, in fact, the nature of the first compulsory service programs to be implemented. Thus, the focus of the next section is a discussion of how these programs were executed with respect to the period of their implementation, using the relevant implemented health agenda as milestones and arbitrary divisions. The discussion on the mandatory service programs for other professions is presented in the latter part of this section as these were implemented in the later periods.

Mandatory Service Programs for Human Resources for Health

Pre-Primary Health Care Era (before 1978)

The earliest mandatory service policy document obtained that covered HRH was the Rural Health Practice Program (RHPP), enacted in 1976 during the Marcos Regime, following the partial decentralization of government in 1958 [7-9]. The RHPP was created in 1976 by former President Marcos to augment health care delivery in rural areas. Under the RHPP, medicine graduates were mandated to render service in a rural community before being able to obtain their physician licenses [8]. In the same year, the University of the Philippines College of Medicine Regionalization Program (UPCM-RP) was conceived ostensibly with the same purpose as the RHPP wherein medicine students who entered the program were encouraged to practice in their respective home province or region [10]. For more than three decades, the UPCM-RP was

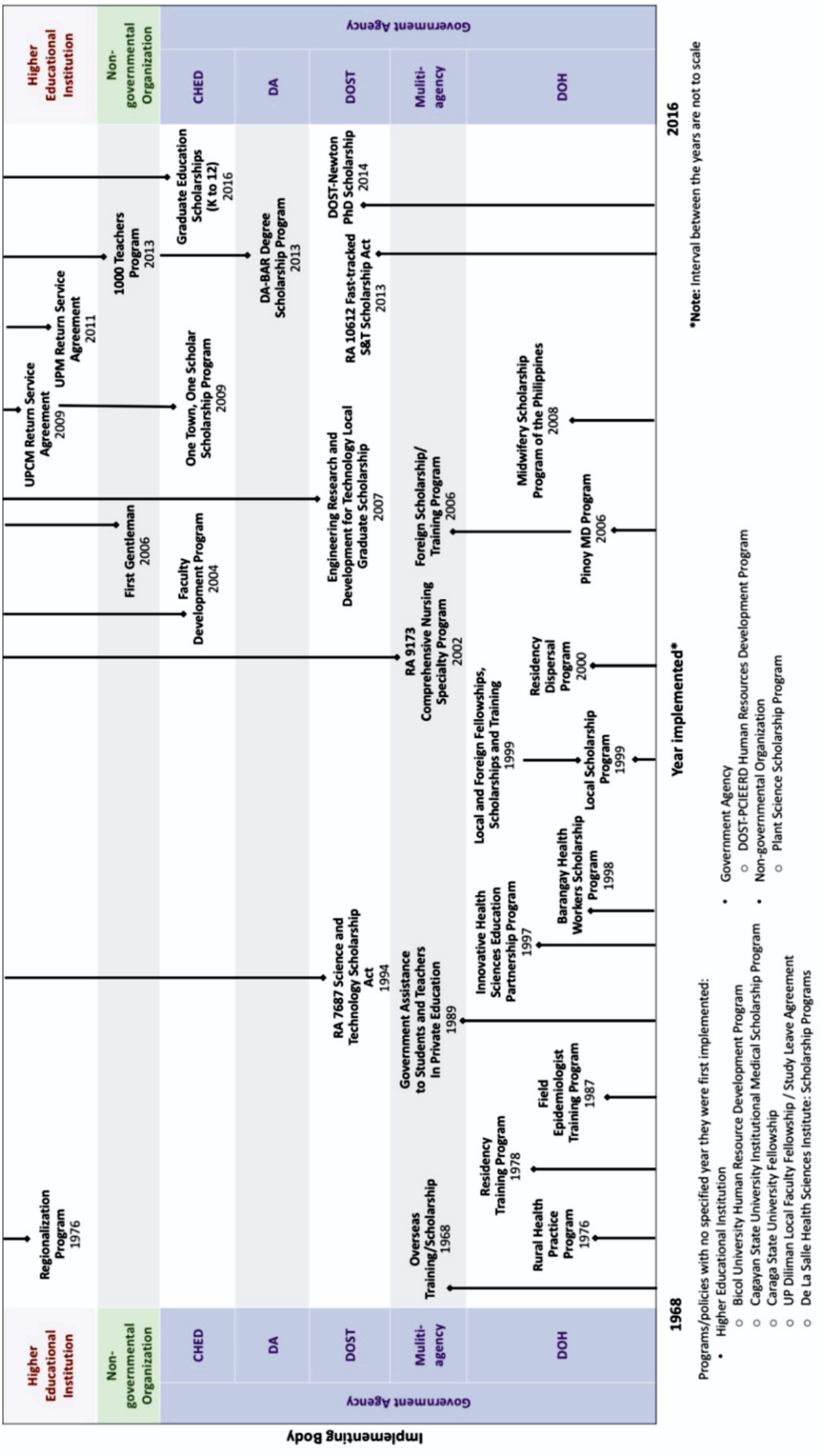

Figure 2. *Timeline of implementation of mandatory service programs in the Philippines from 1968 to 2016*

more of a moral and social contract rather than a formal legally-binding obligation, until 2010 when the social contract to serve was replaced by a legal one. In preparation for this commitment to serve, the UPCM-RP students were given the opportunity of conducting varied community-oriented activities following a structured medicine curriculum through the Summer Immersion Program [10].

Despite the aforementioned efforts to increase and train medical doctors in the country, insufficiency and maldistribution of medical practitioners were still evident. This was due to a surge of outmigration among physicians after completing their residency training [11,12]. Hence, the Residency Training Program in 1978 through Presidential Decree 1424, also known as the Hospital Residency Law, was esatablished. Under this law, upon completion of training, physicians were obligated to serve either in the hospital which recommended him/her for the residency training or in any hospital which the then Ministry of Health determined as requiring his/her services for a fixed period [2,11,12].

Primary Health Care Era (1978) / Local Government Code (1991)

In 1987, the Field Epidemiologist Training Program (FETP) was established with the aim to improve the practice of epidemiology by training government health care professionals on outbreak investigations, disease surveillance reporting and analysis, and utilization of epidemiologic information for evidence-based decision making [13,14]. After a two-year training period, the FETP fellows return to their sending government institution to utilize the training they have acquired. FETP fellows are also deployed to local disease surveillance units in case of outbreaks [13].

The institutionalization of the Local Government Code of 1991 resulted in the devolution of health service delivery among the local government units (LGUs), and, thus, the need for redistribution of human resources for health (HRH) [7]. In response to this, the Department of Health (DOH) developed the Integrated Community Health Service Project (ICHSP), by which three major strategies were formulated to facilitate production of HRH at the local level [15]. The first strategy was the Innovative Health Sciences Education Partnership Program (IHSEPP), formerly called the Partnership for Alternative Health Sciences Education (PAHSE) Program, which started in 1997. The program aimed to remodel the health education in rural areas into "innovative, community-based, and problem-based curriculum". The IHSEPP featured the Step-Ladder Curriculum which inculcates service commitment, values re-orientation and community relevance over academic excellence [16]. The second strategy was the Barangay Health Workers Scholarship Program (BHWSP), in which Barangay Health Workers (BHWs) were entitled to scholarships in Midwifery courses through the IHSEPP [17]. The third strategy was the Local Scholarship Program, which provided in-service scholarship, training and/or fellowship to LGU personnel and staff, hospital-based personnel, and public health workers [15,18,19].

Health Sector Reform Agenda (1999-2004)

The Health Sector Reform Agenda (HSRA) objectives included the strengthening of local health systems through improved public health services [20]. In line with this, the Residency Training Program was revitalized and renamed as the Residency Dispersal Program. The program required physicians to render three- to six-month dispersal service, depending on their area of specialization, to a health facility in a priority region during the last six months of their training period [21].

FOURmula ONE (F1) (2001-2010), Human Resources for Health Masterplan (2005-2030)

In 2002, multiple government agencies implemented the Comprehensive Nursing Specialty Program under RA 9173. Its primary goal was to upgrade the level of skill and competence of specialty nurse clinicians in the country. This program, through the provision of continuing professional education, required the nurses to serve in any Philippine hospital for a period of at least two years of continuous service [22]. However, there is no documentation in the records retrieved for the study whether this program was implemented.

The Pinoy MD Program was materialized in 2006 in line with the Human Resources for Health Masterplan 2005-2030. Under the program, medical students agree to serve in the Philippines for two years for every year of their education in exchange for full scholarship and allowances [23,24]. Also begun in 2006 were the *Bagong Doktor Para sa Bayan* and *Bagong Espesyalistang Doktor Para sa Bayan* programs (also known as the First Gentleman Foundation scholarships), which were implemented by the First Gentleman Foundation, Inc [25]. Both the Pinoy MD and First Gentleman Foundation scholarships were linked to the DOH Doctors-to-the-Barrios (DTTB) Program essentially resulting in a scholarship-to-deployment scheme wherein the graduates automatically entered DOH deployment programs. This scheme served as their avenue to render their return of service to underserved

communities [23-26]. The Regionalization Program of UPCM likewise entered into partnership with the DOH DTTB Program to utilize their graduates in returning to their respective province/region for community practice [10].

In 2008, the Midwifery Scholarship Program of the Philippines (MSPP) offered educational assistance to traditional birth attendants, BHWs, and other volunteer health workers. As payback, the scholars served identified priority areas for four years upon receiving their professional licenses. Priority areas were identified based on their LGU performance in facility-based deliveries, fully immunized child, and contraceptive prevalence rate indices [27].

Aquino Health Agenda (AHA)/Universal Health Care (2010-2016)

The Return Service Agreement (RSA) of the University of the Philippines Manila was initiated in the UPCM in 2009. Upon entering the college, it is an admission requirement for the students to sign a contract stating that they agree to serve in the country for three years within five years of graduating. The UPCM RSA is differentiated from the UPCM Regionalization Program in that the former has become a formal, legally-binding contract wherein every medical student, regardless of regionalization status, is mandated to enter. Upon consultation with the concerned UP College Councils and UP Board of Regents, the RSA expanded to five other UP colleges namely 1) College of Nursing, 2) College of Dentistry, 3) College of Pharmacy, 4) College of Allied Medical Professions, 5) College of Public Health [5].

Mandatory Service Programs for Non-Health Related Professions

Government Employees

Under Executive Order (EO) No. 129 s. 1968, officials and employees of the government, and government-owned or controlled corporations (GOCCs) were entitled to travel abroad to participate in seminars and workshops, on-the-job training, studies for a particular purpose, or observation trips in connection with their current educational grant. The grantee or trainee, upon accepting the scholarship, binds himself to serve the sending office or any other government agency. Failure to render the required length of service will require the grantee to refund in full to the financing agency or office of the Philippine Government the amount that covered his study grant [1]. This program was eventually renamed as the Foreign Scholarship and Training Program in 2006 [28].

The DOST also implements its own Human Resource Development program for its employees in the areas of research, science, and technology [29].

Faculty/Teachers

The government established the Government Assistance to the Students and Teachers in Private Education Program in 1998 which provided scholarships for continuing professional education to faculty members in private academe. The aim of this program was to ensure that quality education is accessible to all citizens of the Philippines [30].

In 2004, the Commission on Higher Education (CHED) developed the Faculty Development Program where faculty scholars are given the opportunity to obtain graduate degrees in identified priority fields. Upon completion of their studies, they are subjected to a repayment obligation in which they are required to return to and teach in their sending institutions. This allowed beneficiary faculty members to contribute to improving student learning with the aim of eventually translating into higher passing rates in professional licensure examinations and greater productivity of graduates [31].

The Philippine Business for Education (PBEd), in collaboration with the Department of Education (DepEd), implemented the 1000 Teachers Program in 2013 to address the inadequacy of teachers among public schools and improve the quality of public school teachers. The recipients of the scholarship are required to teach in public schools in their respective home regions within a period of five years after their completion of the program [32,33].

Due to the transition to the K to 12 Curriculum in 2016, there has been a reduction of the teaching loads of faculty in Higher Educational Institutions (HEIs). In response to this, the CHED opened scholarships in 2016 for graduate studies and fellowships known as the Graduate Education Scholarship Program. The rationale of this scholarship program is to improve the qualifications of the chosen faculty as an investment in the future of higher education. After the higher education faculty finishes the program, a re-entry plan and a return service obligation are required of them as contracted with his/her respective sending institution [34,35].

A number of public HEIs, including the University of the Philippines-Diliman, Bicol University, and Caraga State University, have adopted faculty development programs with similar compulsory policy components and mechanisms [36,37,38].

Research, Science and Technology Professionals

By virtue of RA 7687, the government began to recognize the significance of science, technology, and engineering for development and progress of the country in 1994. In order to promote and strengthen the country's science and technology education, the Science and Technology Scholarship Program was implemented. This program, which is currently governed by the DOST, provides qualified college students of Math, Science, and Engineering courses with scholarships [39]. The Science and Technology Scholarship Act was further expanded in 2013 and was renamed as the Fast-tracked S&T Scholarship Act [40]. In the same year, the Department of Agriculture-Bureau of Agricultural Research (DA-BAR) launched its own scholarship program for professionals in the field of agriculture and fishery [41]. The Newton PhD Scholarship, in collaboration with DOST, was established in 2014 to also promote research and continuing professional development of faculties in various areas of science and technology [42].

Other specialized fields were given focus by other institutions through initiatives like the Engineering Research and Development for Technology Local Graduate Scholarship of Ateneo de Manila University; Plant Science Scholarship Program of the Philippine Tropical Forest Conservation Foundation, Inc.; Information and Communications Technology Scholarship and Training Program of DOST and UP Diliman [43,44,45].

No specific profession

Of the documents obtained, only the "One Town, One Scholar Scholarship Program" had a different rationale for utilizing mandatory service scheme. This program was developed with the objective of ensuring the education of deserving children in every town in the country. Financially challenged public high school students from all municipalities are identified and are given scholarships during their tertiary education.

Discussion

The earliest documented mandatory service policy in the Philippines was implemented for government employees in 1968. The need for compulsory service arose from the apparent increase of emigration and unequal distribution of professionals in the country. Through the initiative of multiple government agencies, government workers, physicians, epidemiologists, and barangay health workers were the first professions identified to render compulsory service. In the succeeding years, mandatory service programs for other specialized human resources such as scientists, engineers, and teachers were developed by other government institutions due to similar reasons. As challenges in human resources persisted, several other programs have been implemented for the same professions. Institutions outside of government including the NGOs and HEIs also began to establish their individual programs in the early 2000s. Majority of the programs implemented were of the educationally-linked type through the provision of educational, whether financial and/or non-financial, assistance to grantees in exchange for return of service.

Despite decades of experience with, and an abundance of, mandatory service policies in the Philippines, the scarcity of human resources in different fields remains to be a problem [47]. The following observed nature and pattern of policies implemented may account for this continuing problem: (a) lack of enabling policy mechanisms for program implementation; (b) absence of formal monitoring and evaluation processes; and © non-institutionalization of the program.

Lack of enabling policy mechanisms for program implementation

No comprehensive stipulation of function and responsibilities of key stakeholders.

While the role of the workforce in the policies was always clear, the functions and responsibilities of other key stakeholders were not usually stipulated. The World Health Report 2006 presented that HEIs play significant roles in the generation and retention of health workforce [3]. These functions include (1) governance on ensuring the quantity and quality of education; (2) orientation of curriculum content and process; (3) selection of quality staff and trainers; (4) adequate financing; (5) development and maintenance of infrastructure and technology for training and learning; and (6) generation of information and knowledge to inform policy and evaluate health workforce production . Inferring from the data obtained, however, it seems that in the Philippines, these six functions are hardly (if at all) attained. The lack of roles is also true with the implementing institutions and facilities where the workforce is deployed.

Limited enabling mechanism for workforce compliance and retention

Despite existing evidence supporting the effectiveness of incentive measures in retaining workforce, mandatory service policies in the Philippines have not yet extensively explored this as an option [6,48-50]. Generally, compliance was ensured through punitive means especially via payback of grant.

However, enabling mechanisms, such as appropriate remuneration, safe living conditions, health facility infrastructure, and continuing professional development were rarely provided. There was also lack of established linkage between education and employment. Ensuring availability of employment after education is vital as it also ensures sustainability of the policy through improved workforce compliance. This was demonstrated by Turkey wherein distribution of physicians among geographical locations improved after the government secured equal placement [51].

Absence of formal monitoring and evaluation processes

Monitoring and evaluation processes are done to assess whether a program was implemented as intended, determine if the program was effective, and if not, identify which program components need cessation or further improvement [52] . Policy documents on mandatory service were able to elaborate guidelines for the implementation proper of the programs but usually failed to articulate procedures for monitoring and evaluation. Without taking into account the lessons from the previous implementation of mandatory service policies, program mistakes and limitations may most likely have been repeated, more so given the context of unrelated, uncoordinated, and fragmented efforts. Thus, this may also possibly explain the iterative nature of program components, elements and characteristics (both good and bad) of the mandatory service policies that have been implemented in the country.

No program institutionalization

Institutions from both the public and private sectors have employed the compulsory service approach for their respective fields and professions. The programs may have demonstrated common goals and objectives – ostensibly to address the issues of inadequacy and maldistribution of the workforce – but they have largely been implemented in isolation. Programs directed towards addressing the human resource problem have been performed independently by different institutions resulting in repetitive, uncoordinated and fragmented efforts. Similarly, human resource issues have been addressed separately without considering the advantage of integrating the programs through a single deployment scheme. Multiple studies provide evidence that “team-based” healthcare worker deployments result in better performance in terms of adherence to standards, reduced cost, and improved patient satisfaction. The WHO Global Strategy on Human Resources for Health also signified that a multidisciplinary approach in managing the health workforce is critical to addressing the needs in primary care level health facilities, and in achieving universal health coverage. The apparent lack of effort to relate, coordinate, integrate or at the very least study past mandatory service programs may explain why such endeavors have rarely been, if at all, institutionalized [46].

As this study only employed descriptive document review, the motivations for effectiveness and impact of programs were not evaluated. Thus, the issues and gaps identified may only provide the initial premise for further investigation of the design, implementation, and Institutionalization of compulsory service programs in the Philippines.

Limitations

Due to the time constraint of conducting this paper's parent study, the completeness and thoroughness of the documents obtained cannot be assured. The documents that were included in the study were limited to those that were obtainable from their respective institutions during the data collection period. There was also a focus on acquiring documents detailing mandatory service policies among health human resources as per the parameters of the Department of Health which was the cooperating agency of the abovementioned parent study.

For due diligence, documents cited or mentioned during the stakeholder meeting organized for the parent study – where government agencies, professional associations, associations of health professions schools, health professions student organizations, and civil society groups were represented – were also included in the document analysis. Given this context, mandatory service programs or policies of implementing agencies that weren't at the stakeholder meeting nor those with no retrievable documentary evidence, would most likely have been excluded. The full text review phase of the parent study provided an in-depth examination and analysis of the documents that were obtained. The primary objective of this paper was to provide a comprehensive discussion of the characteristics and elements of the mandatory service programs reviewed. These could then be used as take-off points for further studies. Neither the effectiveness of the programs nor their impact was assessed.

As a secondary study, this paper aimed to organize the mandatory service programs that were reviewed in the manner that was most consistent with (1) the data and (2) how these were obtained, thus the chronological narrative.

Conclusion

As early as 1968, mandatory service programs have been utilized by various institutions from both the private and public sectors to address human resource maldistribution and insufficiency in the Philippines. Despite having the common objective of addressing workforce gaps in the country, mandatory service programs have largely been implemented in isolation. Learnings, experiences, improvements, gained from RSA program implementations were never documented, thus were never used for future RSA program implementations. As a result, programs were observed to be repetitive in nature across the years, implying that both positive and negative program elements may have also been repeated. Thus, later iterations of mandatory service programs may not be improving on the ones that came before which may offer one explanation for the persistence of the gaps in HRH in the Philippines. By articulating these issues, this paper provided a stepping-off point for future mandatory service policy planning, design, implementation, and evaluation in the Philippines. The historical narrative of return service programs in the country is also a potential source for the development of an overarching mandatory service policy framework for human resources in the Philippines, one that is specific to the context of the country.

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Disclaimer

This report reflects the points of view and thoughts of the authors, and the information, conclusions, and recommendations presented are not to be misconstrued as those of the Department of Health nor of the Philippine Council for Health Research and Development. The material presented here, however is done in the spirit of promoting open access and meaningful dialogue for policy/plan/program improvement, and the responsibility for its interpretation and use lies with the reader.

Conflict of Interest

MMC and ABL were fulfilling their compulsory service program obligation at the time of the conduct of the study. All other authors declare no conflict of interest.

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