

## RESEARCH ARTICLE

# Analysis of the Philippine's Deployment Cap Policy on Healthcare Workers

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## Abstract

When an increasing number of cases strained the country's healthcare system, the COVID-19 pandemic exposed the Philippines' workforce vulnerabilities even further. The Philippine government responded by imposing a deployment ban for healthcare workers going abroad in 2020, followed by a deployment cap in 2021. This paper focused on the policy development stage, specifically analyzing the factors that influenced the development of the deployment cap to address the Philippines' problem on healthcare worker shortage.

Various sources of information were gathered by conducting a literature and document review, including local main news sources, published literature, government records, organizational documents, position statements, and social media posts from key interest groups such as professional groups and civil servants. The 3I+E (Institutions, Interests, Ideas and External Factors) Framework was used to analyze the factors influencing the policy formulation/development process.

Although worker migration has long been accepted as a means of economic salvation for families in the Philippine labor culture, during the COVID-19 crisis, it was viewed as a significant factor and controlling it appeared to be a viable solution to keeping an adequate number of healthcare workers in the country. The deployment cap policy can be viewed as a decision to strike a balance between workforce availability and economic disruption.

## Introduction

A sufficient size and skill set in the health workforce is critical to achieving any population health goal, as well as the Sustainable Development Goals (SDG). In the Philippines, the problem of healthcare worker shortage was present even before the pandemic started. In 2016, the World Health Organization established a threshold of 44.5 health human resources (doctors, nurses, and midwives) per 10,000 population for SDG achievement. Using this threshold as a base for the required number of health workers, the Philippines estimated a shortage of approximately 290,000 health workers in the country in 2019 (see Figure 1), which was exacerbated by an annual outflow of 13,000 health workers, further increasing depletion (University of the Philippines Population Institute (UPPI) & Demographic Research and Development Foundation, Inc. (DRDF), 2020).

The emigration of Filipino workers was historically triggered by a crisis during the late president Ferdinand Marcos, Sr.'s regime, during which the Philippine government established the Labor Export Policy (LEP) in 1974, which systematized the outflow of

Filipino workers to reduce joblessness and poverty while also reviving the economy through migrant workers' dollar remittances (Balba & Kingan, 2022; Maca, 2018). Although the LEP was intended to be a temporary solution to recover the country's economy, it turned out to be a strategy for economic survival due to two major factors: continued demand in the global labor market and stagnancy in the country's economic development. Succeeding administrations have expressed support for labor migration, and as a result, laws and policies aimed at providing safeguards and promoting the welfare of Overseas Foreign Workers (OFWs) have been enacted. Collectively, they had the effect of institutionalizing international migration as an important part of the country's economic development (Balba & Kingan, 2022). Administrative capacities and bilateral labor agreements with other countries, such as Norway (2001), UK (2003), Spain (2006), Japan (2006), and Bahrain (2007), in support of labor export of Filipino healthcare workers have been created (Makulec, 2015). However, challenges were observed in the subsequent years in terms of

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Figure 1. Human resources for health statistics (Department of Health, 2021)

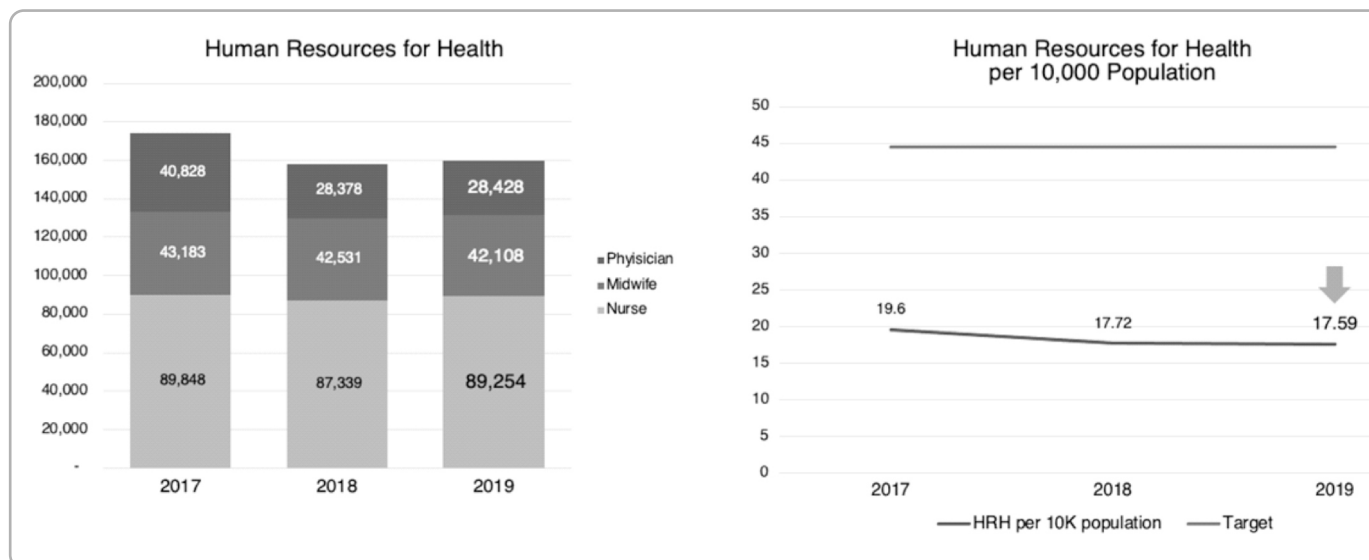
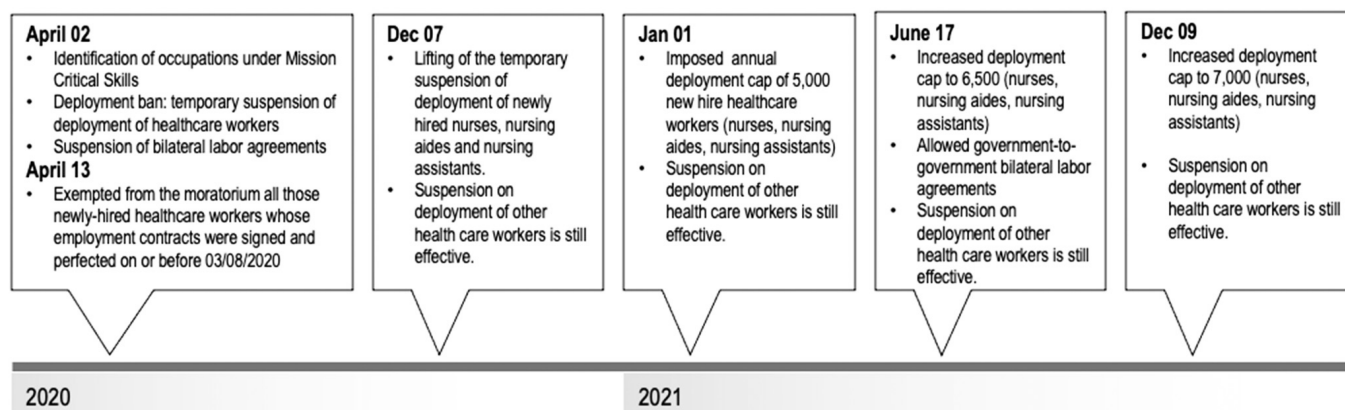


Figure 2. Overview of healthcare worker deployment ban to deployment cap timelines in the Philippines



maintaining a balance between those allowed to migrate and the retention of a sufficient number of Filipinos with mission critical skills (i.e. highly needed on occupations and not easily replaced), resulting in what has been labelled the 'brain drain phenomenon' in the Philippine labor market (Alburo & Abella, 2002).

The COVID-19 pandemic further exposed the Philippine's workforce vulnerabilities when the increasing number of cases strained the country's healthcare system (Hapal, 2020). In 2020, the Philippines had among the highest count of COVID-19 cases (infections and casualties) in Southeast Asia (Reuters, 2022; UPPI & DRDF, 2020). As a response of the government under President Rodrigo Duterte, it imposed a deployment ban of healthcare workers going abroad in 2020, followed by deployment cap in 2021. Once the set deployment cap is reached, the Overseas Employment Certificates (OEC) for

healthcare workers is stopped. The deployment cap started from 5,000 and has been increased to 7,000 before 2021 ended (Figure 2).

This is an interesting topic because, despite numerous pleas to the government by interest groups to address the reasons why most nurses leave the country for work, such as working conditions, the government's immediate response to the nursing shortage was to control the outflow of nurses. Interest groups and nursing organizations continue to criticize this policy, claiming that it fails to address the root cause of nurses leaving the profession and the country. The topic is relevant to helping policymakers and scholars in understanding the dynamics and interactions of factors that have resulted in a policy that aimed to address one of the major issues confronting various health care systems - the shortage of healthcare workforce.

This paper concentrated on the policy development stage, specifically applying the 3I+E Framework in analyzing the factors that influenced the development of the deployment cap to address the Philippines' current human resources for health shortage problem. The analysis aimed to address the following questions: (1) What role did institutions, interests, ideas, and external factors play in the development of the deployment cap policy? (2) Why did the Philippines choose to set a deployment cap for healthcare workers to address the issue of shortage? (3) What are the early indications that this policy will address the human resource for health shortage in the Philippines adequately?

In the Heuristic Stages model, policy formulation is the stage at which various policy options are considered and coalitions of actors work to gain priority for one specific interpretation of both the problem and its solution through advocacy strategies (Benoit, 2013). The formulation process can be influenced by a variety of factors. This is where the 3I+E Framework can help by providing an analytical framework to guide reflection by bringing together the most common explanatory factors that shape policy formulation, development, and choices (Gauvin, 2014; Lavis et al., 2012; Sandhu, Saini & Alvarez, 2021). The following factors are included in this framework: the Institutions, which include government structures, policy networks, and policy legacies; the Interests, which are represented in the agendas of stakeholders (including societal groups, officials, civil servants, and even policy entrepreneurs) who attempt to sway policy decisions to their advantage; and the Ideas, which refer to the evidence, knowledge, and values that influence how the various societal actors define the nursing shortage problem. The connections in the 3I's can be best summarized in the description of Hecló (1994) as cited by Bashir & Ungar (2015) that "Interests tell Institutions what to do"; "Institutions tell Ideas how to survive"; and "Ideas tell Interests what to mean" (p.528). Meanwhile, the External Factors are outside forces that influence policymaking, such as those that raise public awareness and push policy development in response to an urgent problem (Bashir & Ungar, 2015; Gauvin, 2014; Sandhu, et al., 2021).

## Methods

Using key words such as (healthcare OR health) AND (worker OR nurse\* OR physician OR doctor) AND deployment AND (cap or ceiling or quota) AND philippines, key sources of evidence included the following: media coverage/ news articles from main news sources in the Philippines (i.e. searched through Google and Nexis Uni); published literature (i.e. from PubMed, Google Scholar); government records and organizational documents (i.e. Official Gazette, Congressional Records – House of Representatives [https://www.congress.gov.ph/search/], Philippine Overseas Employment Administration, Department of Labor and Employment, Inter-agency Task Force (IATF-EID)

for the Management of Emerging Infectious Diseases); and position statements and social media posts of policy stakeholders.

## Findings

### Institutions

Government structures. The Philippines is a unitary presidential constitutional republic in which the President serves as both the head of state and the head of government (Republic of the Philippines, 2014). The power is equally divided among its with three equal branches: legislation belongs the legislative branch (Philippine Congress comprised of the Senate and the House of Representatives), execution belongs to the executive branch (composed of the president and the vice president), and the settlement of legal controversies belongs to the judicial branch (made up of a Supreme court and lower courts) (Republic of the Philippines, 2022).

The country's fundamental law is the 1987 Constitution. Laws are created through bills; the bills are passed into law when they are both approved by both houses of the legislative branch and the President. A bill may be vetoed by the President, although the House of Representatives may overturn a presidential veto by gathering a two-thirds majority vote; otherwise, if the President does not act on a proposed law submitted by the Congress, it will lapse into law after 30 days of receipt. No bill passed by either House shall become a law unless it has passed three readings on separate days, except when the President certifies to the necessity of its immediate enactment to meet a public calamity or emergency (Republic of the Philippines, 1987).

Policy legacies. The following policies provided interpretive and incentive legacies in support of the deployment cap:

1. In 1987, the Section 15 of Article II in the Philippine Constitution says that it is the state's policy to protect and promote the right to health of the people (Republic of the Philippines, 1987).
2. In 1995, the Republic Act No. 8042, otherwise known as "Migrant Workers and Overseas Filipino Act of 1995", was enacted, and served as one legal basis for decisions regarding deployment termination or ban of Filipino migrant workers "in pursuit of the national interest or when public welfare so requires."
3. In 2016, the POEA's Updated Rules and Regulations, specifically, Section 116 included its capability to impose or terminate a ban of deployment, where the POEA Governing Board may, after consultation with the Department of Foreign Affairs, at any time impose or terminate a ban on the deployment of Overseas Filipino Workers (POEA, 2016).

4. In 2020, the Presidential declaration of the existence of a national emergency arising from COVID-19 was declared through Republic Act No. (RA) 11469 (known as the "Bayanihan to Heal as One Act"), allowing the President to further exercise emergency powers, including temporarily engaging human resources for health such as medical and allied medical staff to complement or supplement the current health workforce or to man the temporary medical facilities.

Both the RA 8042 (1995) and RA 11469 (2020) served as the legal bases for the control of deployment of Filipino healthcare workers to prioritize human resource allocation for the national health care system and control the spread of COVID-19 (POEA Governing Board Resolution no. 09, S 2020).

**Policy networks.** Scholars argued that pluralism better describes contemporary Philippine policymaking (Brillo, 2011), however, President Duterte has made this less likely. During his presidency from 2016 to 2022, Duterte transformed the government into an increasingly authoritarian political system with a formal democratic appearance, while oppressing the opposition and undermining checks and balances (Bertelsmann-stiftung, 2022). Especially during the pandemic, the executive's concentration of power, combined with a generally depicted refusal to consult with stakeholders and a limited capacity to integrate various proposals, prevented the government from mounting a coherent policy response to the crisis (Magno & Teehankee, 2022).

Policy advice takes on formal (with government mandate), and informal (without government mandate) solicited and unsolicited modalities:

- § **Formal Advice:** Formal science advice to the President of the Philippines is provided by the National Academy of Science and Technology (NAST) under the Department of Science and Technology (DOST) by virtue of Presidential Executive Order Number 812. Meanwhile, when it comes to healthcare workforce as a human resource, there is the Human Resources for Health Network (HRHN), which is a Department of Health (DOH) inter-agency policy and program support network. The POEA works closely with HRHN on policies pertaining to the regulation of the deployment of Filipino healthcare workers (POEA GBR 09 S 2020).
- § **Informal Advice:** The OCTA Research Group (composed mainly of academicians from the University of the Philippines and the University of Santo Tomas) has emerged as the leading government science advice actor for COVID 19. The government and the public have relied on OCTA forecasts because of OCTA's increasing presence in broadcast, print, and social media. Local and provincial governments have used their forecasts in deciding quarantine and lockdown policies in their jurisdictions (Vallejo & Ong, 2022).

On decisions regarding temporary suspension of deployment and the implementation of a deployment cap, prior to submitting its recommendations to the IATF-EID, the Department of Labor and Employment - Technical Working Group on Mission Critical Skills (DOLE-TWG MCS) held some consultations through formal and informal networks with stakeholders (such as the Philippine Nurses Association), the Department of Health, and other government agencies (such as the Professional Regulation Commission) (POEA GBR 17 S 2020; POEA, 2021; POEA Advisory 18, S 2022).

## Interests

**Pro-deployment cap interest.** Among the professional groups that shared similar ideology with the government in controlling outflow of healthcare workers were the Philippine Medical Association (PMA) and the Private Hospitals Association of the Philippines, Inc. (PHAPI). In 2021, PHAPI President Dr. Jose Rene de Grano openly expressed their concerns about the shortage of healthcare workers, particularly nurses, through print and broadcast media platforms, and verbalized support for keeping the deployment cap to a minimum (such as 5,000) to ensure the country's supply of nurses (Santos, 2022; Valente & Mendoza, 2021)

**Against deployment cap interest.** On the other hand, some policy actors and interest groups also responded negatively to the 2020 deployment ban. These included the Department of Foreign Affairs Secretary Teodoro Locsin Jr. (Liwanag & Maltem, 2020) and the leftist political coalition, Bayan Muna Partylist whose interest is the advocacy of welfare of health workers. The partylist filed a resolution to investigate the condition of nurses and health workers affected by the ban (House of Representatives, 2020).

The nursing workforce, represented by its professional organization, the Philippine Nurses Association (PNA), and its national labor association of public and private nurses, the Filipino Nurses United (FNU), are among the prominent and organized professional groups who also opposed the deployment cap policy. FNU is one of the interest groups that has been vocal in print and broadcast media outlets such as the Philippine Inquirer, Manila Bulletin, and The Manila Times. Both the PNA and the FNU claimed that the government was making little effort to entice nurses to stay (Dancel, 2021). They have expressed dismay about the policy, and pointed out that, despite the decision to control deployment, the government has yet to address the main issue of healthcare workers' working conditions. Healthcare workers will not be enticed to stay in the country or work for hospital facilities as long as the issues remain unresolved, which include the demand for higher pay, the release of COVID-19 response benefits and allowances, and job

security versus contractual offers made to healthcare workers (Dancel, 2021; Ombay, 2022).

Aside from media platforms, nursing groups expressed their stand during consultations with DOLE. In 2021, DOLE Secretary Silvestre Bello lobbied for the nurses' group and proposed to increase the deployment cap to 10,000, however, this was not granted (Abad, 2021). DOLE, POEA and FNU called for a lifting or amendment of the deployment cap during a House Hearing, however, IATF-EID showed disinterest by not attending on these hearings in mid of 2021. It was an impression that as the IATF-EID remained the authority in imposing measures for COVID-19 suppression, key stakeholders were often not consulted when it comes to appropriate pandemic response, and alternative viewpoints were abandoned as politically motivated (Magno & Teehankee, 2022).

### Ideas

Because the Philippines is heavily influenced by conservative Christian values (Bertelsmann-stiftung, 2022), imposing a deployment cap contradicts Filipino values in which migration is seen as an act of self-sacrifice and patriotism, as many are pushed to leave not only for personal ambitions, but also for fulfilment of familial obligations (Robredo et al., 2022). During the pandemic, the rising rates of joblessness in the Philippines, combined with economic insecurity exacerbated by COVID-19, may have increased some Filipino families' reliance on the cash remittances sent to the Philippines by their OFW relatives to improve their socioeconomic conditions (Balba & Kingan, 2022).

Research also indicates that it is not the deployment ban or cap that will compel healthcare workers to stay or continue working in Philippine hospitals. Poor working conditions, understaffing and low wages have long been identified as push factors for Filipino nurse resignation and migration. These remain the main reasons why nurses still choose not to practice, even if they are unable to leave due to the deployment ban/cap, because of their dismay with the current system (Alibudbud, 2022; Cabico, 2022; Dimaya et al., 2012). Also, most nurses have lost faith in government promises because of the "bureaucratic tangle" that ties up the benefits due them, for example, almost 60% of healthcare workers have not yet received the COVID-19 benefits and compensation as of July 2022 (Cabico, 2022). As described in the qualitative study of Ortiga, Diño, and Macabasag's (2022), it was found that those who chose not to work during the pandemic ("clocking out") were determined never to return, claiming that they had "done enough" for their country as professional nurses and had endured the poor working conditions of Philippine hospitals for long enough, while the government seemed to give them no importance. With this, they are clocking out until they have the opportunity to leave the country for work abroad. However, even though these studies

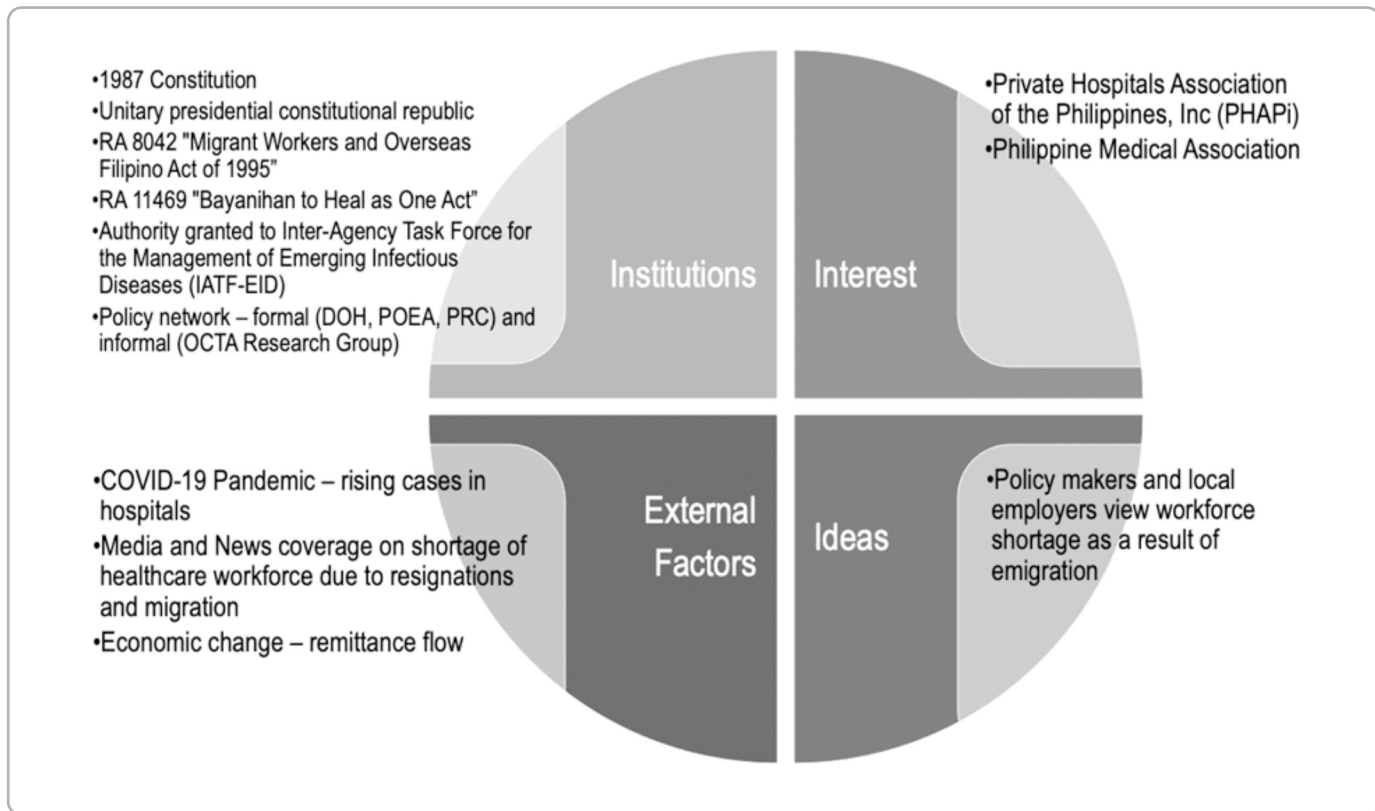
have been available at that time, it is interesting to find out reasons why research evidence was not apparently used or considered in making decision to implement the policy.

On the other hand, the Department of Health attribute the shortage of healthcare workers due to migration of medical or healthcare professionals (SunStar Philippines, 2022). Both the DOH HRHN (in 2020) and the OCTA Research Group (in 2021) highlighted in their data the shortage of health workers in the country amid the COVID-19 bed augmentations that have been done in hospitals. This shortage has been said to be aggravated by the average annual migration of about 13,000 health care workers according to DOH HRHN data (De Vera-Ruiz, 2021; Madarang, 2021; POEA GBR 17 S 2020). The decision for deployment ban in 2020 was based from a devised framework that is used to project shortage of "mission critical skills" (MCS) as a result of outward migration based on the following: (1) local demand for MCS, (2) inventory of qualified employees, (3) number of MCS deployed overseas, and (4) prospective entrants of MCS over a given period of time (POEA GBR 09 S 2020).

### External Factors

The COVID-19 pandemic had a significant impact on the national and local health systems in the Philippines, highlighting the extent of inequity in the system, including bed limitations and maldistribution, as well as a shortage of healthcare workers (Bayod, 2020; Bayani & Tan, 2021). Furthermore, the public awareness of the problem of workforce shortage was magnified by giant media networks such as GMA (Bajo, 2021; Jackson & France-Presse, 2021) and local and international news pages such Inquirer.net (Mayol, Israel & Semilla, 2020), and Manila Bulletin (Bloomberg, 2020) and Reuters (Morales & Lema, 2021) and CNN (Bacani, 2020). According to news reports, the Philippines, as a supplier of nurses to the world, is fighting a battle to manage the rising COVID-19 cases in hospitals while facing a shortage of healthcare workers due to burnout-led resignations and exodus for jobs overseas (Bacani, 2020; Bloomberg, 2020).

Economic changes also played role. According to the COVID-19 impact monitoring survey, when the deployment ban was implemented in 2020, remittances from abroad, which are a lifeline for many Filipino families, were reported to have fallen for two out of every five households that receive remittances. The total remittance sent in 2020 was lower than the previous years and poverty rose from 20.5 percent in 2019 to 22.6 percent in 2020 as a result (Philippine Statistics Authority, 2022; World Bank, 2020). In the following year when the deployment ban was lifted and changed into deployment cap policy, remittances were increased (Reuters, 2021).

**Figure 3.** Summary of explanatory factors found in 3I+E analysis

## Discussion

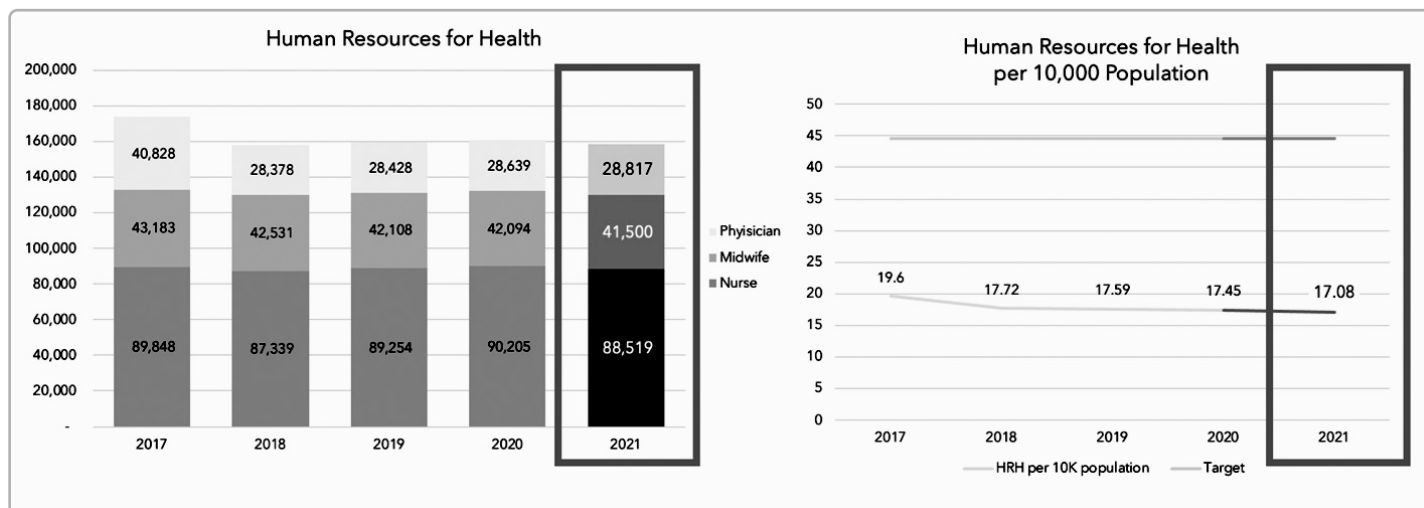
Figure 3 shows the summary of the explanatory 3I+E factors that influenced the deployment cap policy development. The nature of the problem (such as how policymakers perceived it and its causes) highly influenced the policy solution. During the pandemic, the country's dwindling healthcare system was the top priority, and this was severely hampered by a shortage of healthcare workers in hospital facilities, so the government required an immediate solution to address this. The framing of the problem was influenced by how the media reported on and publicized the problem – as a side-by-side image of overflowing cases in hospitals with wards and facilities augmented, but few healthcare workers due to resignation and migration, and another image of dissatisfied healthcare workers who are exhausted and demand better working conditions. However, the decision-makers were drawn to the shortage of healthcare workers in comparison to the number of potential workers leaving the country, as this was apparent on the data that the government monitors. Furthermore, because time was an important factor in determining the most feasible solution to temporarily address healthcare workers leaving for work abroad, a feasible option was a stop-gap measure.

Although migration has long been accepted in the Philippine labor culture as a means of economic salvation for families, it was viewed as a significant factor and most viable solution to keeping an adequate number of workers in the country during the crisis. The current healthcare workforce was an important resource, and the most feasible way to manage the depletion of workforce is to control the outflow from the country. Previous policies provided legal basis and support to this decision. In addition, the institutions, autocratic style by the Duterte administration, and the pandemic as external factor played major roles in the policy development and its implementation.

What are the early indications that this policy will address the human resource for health shortage in the Philippines adequately? During the implementation of the deployment cap in 2021, the data of DOH did not show many differences or improvement in the either the number or ratio of human resources for health per 10,000 population; also, the number of nurses has decreased by about 2,000 (Figure 4). With this, there is still insufficient evidence to conclude that the policy was successful in addressing the shortage of healthcare workers.

It will be interesting to see how the policy may evolve as various factors changed since 2022. Using the same framework, the

Figure 4. Human Resources for Health Statistics in 2021 (Department of Health, 2021)



following can influence any changes in the current policy. In *External Factors*, recent changes in politics brought by the change in administration from Rodrigo Duterte to Ferdinand Marcos, Jr. can imply many possibilities. During his speech in the 100<sup>th</sup> anniversary of the Philippine Nurses Association, the newly elected President included in his agenda the raising of deployment cap, creation of more opportunities within the country and addressing the problems related to insufficient benefits and security of tenure (Cepeda, 2022; Parrocha, 2022). Meanwhile in *Interests*, civil servants including Secretary Susan Ople (Department of Migrant Workers) and Secretary Bienvenido Laguesma (DOLE) object to the implementation of deployment cap on healthcare workers who wish to work abroad, and do not see this policy as a solution to the current problem on shortage (Sarao, 2022). Healthcare workers and nursing professional and interest groups continue raise concerns on improving work conditions instead of limiting work opportunities abroad. In *Ideas*, migration is being introduced as a human right as advocated by a policymaker, the Albay Representative Joey Salceda, who acts as policy entrepreneur on changing the deployment cap policy (Porcalla, 2022). Meanwhile, Senator Imee Marcos, sister of the newly-elected President, pushes to include reforms in nursing profession focusing on policies that address reasons for nursing shortage other than deployment, and including this as part of the incoming agenda and final budget deliberations for 2022 (Casayuran, 2022).

## Conclusion

Using the 3I+E Framework in the case of the development of the deployment cap policy, *Institutions* informed which *Ideas* survived and which *Interests* were heard. The *External Factors*

such as the COVID-19 and economic change also influenced the selection of policy option. The deployment cap policy can be viewed as a decision of a balance between the availability of workforce and the disruption in remittance flows for the economy. This paper can clarify the dynamics and factors affecting policy development during healthcare crisis especially on low- and middle-countries such as the Philippines.

The analysis presented in this paper is limited to the resources that are available online. As a result, additional evidence may be provided in subsequent analyses to support or clarify this initial analysis.

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