POLICY BRIEF
STUDIES ON CURRENT ECONOMIC AND BUSINESS ISSUES
Volume XII, No. 7, 2020
ISSN # 2094-3342
De La Salle University
AKI
Angelo King Institute
for Economic and Business Studies

Allowing Entry of Foreign Health Professionals in Containing the COVID-19 Pandemic in the Philippines

Written by:

Tereso S. Tullao, Jr. [a]
John Paolo R. Rivera [b]
Cynthia P. Cudia [c]

[a] De La Salle University – School of Economics
[b] Asian Institute of Management
[c] De La Salle University – Ramon V. Del Rosario College of Business

Current State of Health

On 30 January 2020, the Philippine Department of Health (DOH) reported the first case of the corona virus disease (COVID-19) in the country (Gregorio, 2020). Then, on 07 March 2020, DOH confirmed the first local transmission (Buan, 2020). Data [1] from DOH reported that as of 03 April 2020, the country's number of confirmed cases reached 3,018, with 136 deaths and 52 recoveries. According to the World Health Organization (WHO), the COVID-19 peak in the country is still unpredictable (De Vera, 2020). Figure 1 plots incremental COVID-19 cases, deaths, and recoveries. We can see that increases in confirmed cases are still steep and deaths are still rising faster than recoveries.

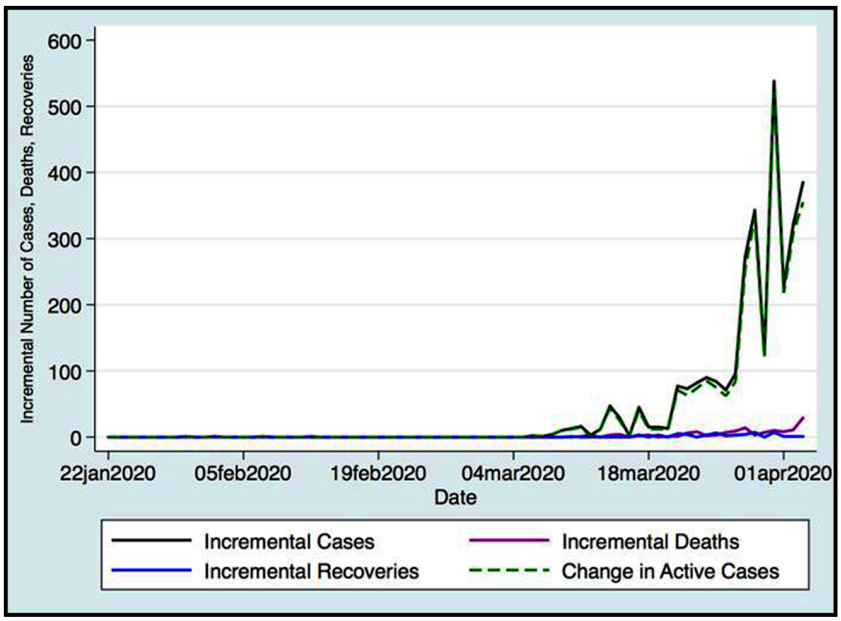

Figure 1. Incremental COVID-19 cases, deaths, and recoveries (22 January 2020 to 03 April 2020).

Data Source: Department of Health.

[1] https://www.worldometers.info/coronavirus/country/philippines/

Meanwhile, according to the Philippine Medical Association (PMA), as of 03 April 2020, 17 Filipino doctors died due to complications from COVID-19 (Nicholls, 2020). This figure does not yet include casualties from other healthcare frontliners (internists, anesthesiologists, nurses, medical technicians, radiologic technologist, pharmacists, and housekeeping staff). Exposure to COVID-19-infected patients, exhaustion and fatigue with the overwhelming and continuously increasing number of patients, overcapacity of hospital facilities, insufficient testing kits, and lack of personal protective equipment (PPE) are blamed for their deaths (Agence France-Presse, 2020; Lema, 2020; Nicholls, 2020). As medical facilities exceed capacity, their productivity declines (Corral, Montoya-Del Rosario & Manalo, n.d.).

In the light of the risks posed by COVID-19 on the lives of Filipino health professionals, we recommend short-term solutions that may support in containing the pandemic and at the same time mitigate these risks. In particular, we recommend:

- Allow entry of foreign health professionals from countries who have successfully "flattened the curve" specifically Taiwan, Canada, South Korea, Georgia, and Iceland (Wilson, 2020) – similar to the deployment of Chinese doctors and public health experts to aid COVID-19 response (Tomacruz, 2020).

- Suspend temporarily, using the emergency power of the President, labor laws and regulatory measures of the Professional Regulations Commission (PRC) on the practice of foreign health professionals in the country.

- If these domestic regulations cannot be suspended, national government can, at least, allow foreign healthcare professionals to advise instead of practice. They can also serve as volunteers without violating the Constitution, the Labor Code, or the PRC Modernization Act that regulates the practice of professions such as medicine and nursing.

The above recommendations are being proposed for various reasons.

First, the magnitude of casualties creates a significant blow on the country's already weakened healthcare system and inadequate stock of healthcare professionals. Latest figure on the doctor-population ratio is at 1:33,000 in 2016 (Sandoval, 2016) and the density of medical doctors (per 10,000 population) in 2010 is at 12.75 (WHO, n.d.). For nurses, the ratio of nurses per 10,000 populations is at 8.67 and 8.53 for 2017 and 2018 respectively (DOH, 2018). Meanwhile, according to Lema (2020), citing WHO reports, the country has 10 beds and 14 doctors per 10,000 people. Similarly, Dayrit, Lagrada, Picazo, Pons, and Villaverde (2018) reported that in 2016, there were 23 hospital beds for 10,000 people in Metro Manila while the rest of Luzon, Visayas, and Mindanao have only 8.2, 7.8 and 8.3 beds, respectively – non-compliant with the 1 nurse for every 3 critical care unit beds standard (Corral et al., n.d.).

Second, the following domestic measures may be inadequate and impracticable at this point in time.

- Providing healthcare professionals adequate incentives, meals, transportation, and PPEs to ease the weight of fulfilling their mission. This does not directly address the risks faced by Filipino health professionals.

- With appropriate incentives, exploring the feasibility of engaging senior students in healthcare academic programs to volunteer in assisting licensed professionals. This may require approval of schools and parents in exposing their students and children to the risks of COVID-19.

- Fast-tracking the conversion of public facilities into COVID-19 quarantine sites (Tan, 2020) and engaging the private sector in providing spaces for Persons Under Investigation (PUIs) and Persons Under Monitoring (PUM) to unburden hospitals with too much patients – Pasig City explored this wherein certain hospitality facilities are being prepared as quarantine facilities (Gotinga, 2020). Although these measures can be done, it does not address the limited stock of health professionals in the country to attend to the increasing number of COVID-19 patients.

- Reducing the burden of hospitals by using private and public health clinics as emergency sites for non-COVID-19 health and medical concerns. The problem with this measure is that most of these clinics are located in major hospitals that are hosting a significant number of COVID-19 patients.

Third, as part of the Association of Southeast Asian Nations (ASEAN), the Philippines signed mutual recognition arrangements (MRAs) with member economies for eight professions, including medical. These are intended to pursue recognition mechanisms (i.e., equivalence of

registration, licensing requirements, and reciprocity requirements) that facilitate regional mobility of professionals within the region and strengthen trade in services (Rivera, Cudia & Tullao, 2019). While MRAs are created to bolster the services sector to permit the movement of professionals and skilled workers within the region (Hamanaka & Jusoh, 2016), there are still limitations with these arrangements on the mobility of health professionals within the region. These are merely for compliance and comparability but not necessarily entry because entry and practice of healthcare professionals are still highly domestically regulated.

It is for this reason why we strongly recommend the President to use his emergency power to temporarily suspend domestic regulations on healthcare professional practice.

Conclusion

The increasing number of COVID-19 cases in the country runs parallel to cases of deaths of Filipino healthcare professionals, further burdening the country's limited healthcare system. Some possible domestic measures on supporting the health professionals are laid down in this brief specifically in the areas of physical, social, and financial support. However, if recommended domestic responses are deemed impractical, an alternative is to appeal to international assistance that can only be pursued in the light of domestic regulations in the practice of medical professions, without prejudice to domestic laws. Otherwise, the President can temporarily suspend these laws using his emergency power. Relaxing regulations on entry of foreign healthcare professionals and making use of their expertise are suggested to immediately ease the tight situation of the country's healthcare system.

While we recognize that some sectors of the economy may raise concerns to challenge the entry of foreign health professionals to contain COVID-19 as recommended, this has to transcend domestic regulations concerns. First, a set of immediate action plans must be prioritized to achieve the ultimate goal of containing the pandemic the shortest possible time to mitigate its negative impacts on the economy. The assistance of foreign healthcare professionals will greatly contribute to addressing the pandemic. Second, learning from the experienced-ASEAN economies that successfully contained the pandemic will also insulate Filipino health professionals from the increasing risks to their health, safety, and lives. Third, welcoming international assistance will address the concern on dwindling Filipino health professional, which will have a long term effect on the capacity of our health care system to address the health care needs of Filipinos in the future.

Disclaimer

The views and policy recommendations herein do not reflect those of De La Salle University and Asian Institute of Management.

References

Agence France-Presse (2020, March 26). 9 Filipino doctors die fighting at front lines vs coronavirus. *Rappler.* https://www.rappler.com/nation/255981-philippine-doctors-die-fighting-front-lines-vs-coronavirus-march-26-2020.

Buan, L. (2020, March 07). DOH confirms 6th coronavirus case in PH. *Rappler.* https://www.rappler.com/nation/253696-doh-confirms-6th-case-coronavirus-philippines.

Corral, R.S.J., Montoya-Del Rosario, M.E., & Manalo, J.A. (n.d.). Study on ratio of physicians and nurses to the existing number of patient's bed in government and private owned hospitals in the Philippines. *Health Systems Research Management.* Department of Health. http://hsrm.doh.gov.ph/researches/view/27.

Dayrit, M., Lagrada, L.P., Picazo, O.F., Pons, M.C., & Villaverde, M.C. (2018). The Philippines: Health System Review. *Health Systems in Transition, 8(2).*

De Vera, A. (2020, April 01). 'COVID-19 peak in PH still unpredictable. *Manila Bulletin.* https://news.mb.com.ph/2020/04/01/covid-19-peak-in-ph-still-unpredictable-who/.

Department of Health (DOH). (2018, March). Database on *DOH Human Resources for Health (HRH) Deployment Program.* Department of Health.

Gotinga, J.C. (2020, March 19). Vico Sotto readies Dahlia Hotel in Pasig as quarantine facility. *Rappler.* https://www.rappler.com/nation/255188-vico-sotto-readies-dahlia-hotel-pasig-quarantine-coronavirus

Gregorio, X. (2020, January 30). Philippines confirms first case of novel coronavirus. *CNN Philippines.* https://cnnphilippines.com/news/2020/1/30/Philippines-coronavirus-case.html

Hamanaka, S., & Jusoh, S. (2016). *The emerging ASEAN approach to mutual recognition: A comparison with Europe, Trans-Tasman, and North America (No. 618).* Institute of Developing Economies, Japan External Trade Organization (JETRO).

Lema, K. (2020, March 27). 'Like wartime' – Philippine doctors overwhelmed by coronavirus deluge. *Reuters.* https://www.reuters.com/article/us-health-coronavirus-philippines/like-wartime-philippine-doctors-overwhelmed-by-coronavirus-deluge-idUSKBN21E1X8.

Nicholls, A.C. (2020, March 31). Medical group cites protective equipment lack for death of 17 doctors. *CNN Philippines.* https://cnnphilippines.com/news/2020/3/31/17-frontline-COVID-19-doctors-dead-due-to-lack-of-PPE-.html.

Rivera, J.P.R., Cudia, C.P., & Tullao, T.S. (2019). *Assessing the readiness of Filipino MRA-supported professions to participate in the mobility of skilled labor in the ASEAN region: Lessons for APEC economies* (Discussion Paper Series No. 2019-12). Philippine Institute for Development Studies.

Sandoval, E. (2016, November 16). Doctor shortage in the Philippines: An analysis. *MIMS Today.* https://today.mims.com/doctor-shortage-in-the-philippines--an-analysis.

Tan, L. (2020, April 01). Gov't fast-tracks conversion of facilities into COVID-19 quarantine sites. *CNN Philippines.* https://www.cnnphilippines.com/news/2020/4/1/Quarantine-facilities-PICC-WTC-Rizal-Memorial.html.

Tomacruz, S. (2020, March 30). PH seeks help of Chinese experts to aid coronavirus response. https://www.rappler.com/nation/256374-philippines-seeks-help-chinese-experts-aid-coronavirus-response.

Wilson, A. (2020, April 02). The countries that are succeeding at flattening the curve. *Foreign Policy.* https://foreignpolicy.com/2020/04/02/countries-succeeding-flattening-curve-coronavirus-testing-quarantine/?fbclid=IwAR2_dBLVQB9Ug4OzzOU3rrLZtx4tYuFkRDVi7rX3YqSnXlbGYTVp7WIk1t4.

World Health Organization (WHO). (n.d.). Global Health Observatory (GHO) data. https://www.who.int/gho/health_workforce/physicians_density/en/

CONTACT INFORMATION

DLSU - Angelo King Institute for Economic and Business Studies (DLSU-AKI)
Room 223, St. La Salle Hall
2401 Taft Avenue
1004 Manila

Angelo King International Center
Corner of Arellano Avenue and Estrada Street
1004 Manila

+63-2-8524-4611 loc. 287,
+63-2-8524-5333, +63-2-85245347 (Fax)
https://www.dlsu-aki.com