

LOCAL HEALTH POLICY DEVELOPMENT FRAMEWORK
Anchored on Evidence-Based Legislation
and Participatory Decision-Making for TB Control Implementation

SUMMARY

The local health policy development framework suggests that in real life, the process of policy development does not flow in a simplistic, linear motion, but rather operates in a continuous, dynamic and circular procedure. It also proposes that the policy-making environment at the local level does not function in a vacuum; instead, it operates in the context of a larger universe where various stakeholders of the local community participate, although not all within the formal structures of governance and not all with the same degree of involvement, in the different stages of policy development.

The **local policy environment**, in terms of strictly formal institutions, is composed of three major policy-making actors – the **local chief executive** (LCE), the *sangguniang panlalawigan/panlungsod/bayan* (provincial/city/municipal legislative council), and in the case of health polices, the **local health board** (LHB). Each of these three policy entities is supported by their respective technical staff or technical committees. From this institutional structure emanates the policies recognized by law: executive issuances in the case of the LCE; ordinances, resolutions and appropriations in the case of the sanggunian; and implementing guidelines or legislative/budgetary recommendations in the case of the LHB.

There are other actors of decision-making that contribute to the policy process through the pursuit of their own agenda and/or advocacies – the LGU constituents, national government agencies or NGAs (in our case, the Department of Health), regional bodies (in this case, the DOH regional offices), non-governmental or people’s organizations (NGOs/POs), and the private sector.

In the real world, the policy process may be jump-started by any of the policy actors at any given time. For instance, an individual citizen may file a petition with the office of the mayor or with the sanggunian regarding a policy concern in his/her neighborhood. Or the DOH RO and/or the LHB may provide the local government unit concerned with policy recommendations that the latter may adopt as draft policies. Or the LCE may meet with sanggunian members about an urgent matter that will require legislative action.

However, to simplify the presentation and analysis of the policy procedure, the framework assumes that the process usually begins with the **secondary actors** (constituents, NGAs, DOH RO, NGOs/POs and private sector) conducting preliminary research, surveys, special studies, etc., and then providing the local policy environment with inputs and feedback about the locality, the population, the health problems of the community, the LGU’s available resources, and other related data and information (**this is Step 1 in the chart**).

In response, the LCE and the sanggunian ask their respective technical staff to perform data gathering/analysis/validation (**Step 11**) as well as policy tracking, monitoring/evaluation (**Step 12**). Then

the LCE sends policy issues/proposals to the local health board (**Step 2**), and/or the sanggunian requests the LHB to track the executive implementation of existing health legislation and policy (**Step 2**).

To fulfill its mandated functions under the Local Government Code, the LHB will have to collect, collate and analyze all health-related data and information (**Step 3**). The purpose of this step is to recommend appropriate executive action on the part of the LCE, and give advisory assistance for appropriate legislation on the part of the sanggunian (**Step 4**).

The LCE, the sangguniang panlalawigan/panglungsod/bayan, and the LHB (whether jointly or separately) will examine in detail the collected items of evidence to determine problems, form inferences about possible solutions to these problems, and make conclusions as to the best course of action. This will now be translated into concrete action, consisting of specific decisions and strategies designed to address the identified problems. The LCE defines his/her executive agenda as input to the Executive-Legislative Agenda or ELA (**Step 5**), while the sanggunian defines its legislative agenda as input to the same ELA (**Step 7**). Meanwhile, the LHB transmits the collectively determined agenda for legislation to the sanggunian (**Step 6**).

The formal procedure of introducing, deliberating and approving an ordinance, a resolution, or an appropriation is then undertaken by the sanggunian (**Step 8**). Depending on the nature of the measure and/or the urgency of the subject matter, public hearings or consultative committee meetings may be conducted by the local legislative council.

The enacted ordinance or resolution involving substantial matter of public interest is now submitted to the governor or mayor (**Step 9**) for his/her consideration and possible exercise of the veto power.

Under **Step 10**, the LCE enforces or executes the approved policy/legislation, subject to legal requirements on legislative review by higher-level sanggunian, posting and publication. Implementation may consist of a direct administrative action by the LCE and the concerned local executive offices or the issuance of rules, regulations or guidelines designed to execute the policy/legislative policy. This may come in the form of executive orders, administrative orders or memorandum circulars.

The collective output of the local policy environment is the body of **ordinances, resolutions, executive issuances and implementing rules** all addressing a problem or issue, which in our case, is the local program on TB control. Thereafter, an **evaluation** is conducted, which is the assessment of the effectiveness of the program of action taken, and an appraisal of the environment as to whether there has been a positive change in it that is directly attributable to said program of action. This is represented as **Health Outcomes** in the chart.

But notice that the arrows in the framework are interlocked in a circular motion arrangement. This suggests that in reality, policy development is a dynamic, constantly functioning process. This means that after evaluation, a second level of observation, data gathering, and analysis may be performed, leading to a new course of policy action. Another round of evaluation will then have to be conducted, which may again require a third round of observation, data gathering, analysis, and still a newer course of policy action, and so on and so forth.