

In coma

Healthcare under GMA



BY **CANDY DIEZ**

WHILE THE Arroyo government remained preoccupied with the series of political crises that hounded its administration, healthcare, just like the rest of the social services that should be prioritized by the state, was swept aside.

The Philippines' health situation suffered a seizure under the Arroyo government. Within almost a decade-long tenure of office, GMA's healthcare program seemingly went into coma. Measures supposedly addressing healthcare barely made a dent on the problems of accessibility, affordability and quality of services, and at times even exacerbated the dismal health situation.

MDG compliance

In the United Nations Millennium Development Goals, reduction of child and maternal mortality was prioritized along with the universal access to reproductive healthcare and combating HIV, malaria and other diseases.

Statistics from the National Statistical Coordination Board (NCSB) reveal the probabilities of achieving the said goals. Goal No. 4 which aims to reduce child mortality through the decrease in under-five mortality rate and infant mortality gained a high level of probability in being attained. Latest data from the National Statistics Office (NSO) show that infant mortality rate went down, from 28.7% in 2003 to 24.9% in 2008. Under-five mortality similarly decreased from 39.9 % in 2003 to 33.5% in 2008.



Improving maternal health as stipulated in Goal No. 5 has a lower chance of being achieved. The maternal mortality ratio of 0.014 falls short of the required annual rate of – 0.031. Proportion of births attended by skilled birth personnel reached 67% in 2005, the actual average annual rate at only 0.008, significantly lower than the required annual rate of 0.40.

While the level of attaining Goal No. 5 (Reducing Maternal

TABLE 1. PROBABILITY OF ATTAINING THE MDG: GOALS 4 & 5

Goal 4: Reduce child mortality							
Goal/indicator	Baseline 1990	Latest	Source of data	Target (2015)	Actual average annual rate	Required annual rate	
Under five mortality rate (%)	80.0	32.0 (2006)	NSCB TWG on Mortality Statistics & NSO	26.7	-0.038	-0.028	High
Infant mortality rate (%)	57.0	24.0 (2006)	NSCB TWG on Mortality Statistics & NSO	19.0	-0.036	-0.028	High
	77.9	83.7 (2005)	DOH	100.0	0.017	0.040	Low
Goal 5: Improve maternal health							
Maternal mortality ratio (%)	209.0	162.0 (2006)	NSCB TWG Mortality Statistics & NSO	52.3	-0.014	-0.031	Low
	58.8	63.7 (2005)	DOH	100.0	0.008	0.040	Low

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TABLE 2. TRENDS IN CHILDHOOD MORTALITY RATES, WITH STANDARD ERRORS AND CONFIDENCE INTERVALS, PHILIPPINES

Survey Year	Approximate calendar period	Infant mortality				Under-five mortality			
		Rate		95% Confidence Interval		Rate		95% Confidence Interval	
				Lower bound	Upper bound			Lower bound	Upper bound
1993	1988-1992	33.6	-	-	-	54.2	-	-	-
1998	1993-1997	35.1	2.3	30.5	39.7	48.4	2.8	42.7	54.1
2003	1998-2002	28.7	2.3	24.1	33.3	39.9	2.8	34.4	45.5
2008	2003-2007	24.9	2.1	20.7	29.1	33.5	2.5	28.6	38.5

Sources: 1993 National Demographic Survey, 1998, 2003 and 2008 National Demographic and Health Surveys

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TABLE 3. PERCENTAGE OF CHILDREN FROM 12-23 MONTHS WHO RECEIVED SPECIFIC VACCINES AT ANY TIME BEFORE THE SURVEY, PHILIPPINES: 2003 AND 2008 NDHS

Vaccinations	2003	2008
BCG	90.8	93.9
DPT 1	89.9	92.5
DPT 2	85.9	89.6
DPT 3	78.9	85.5
Polio 1	91.3	92.4
Polio 2	87.3	90.0
Polio 3	79.8	85.2
Measles	79.7	84.4
All	69.8	79.5
No vaccinations	7.3	5.6

**TABLE 4. MATERNAL MORTALITY BY MAIN CAUSE:
NUMBER, RATE/1000 LIVEBIRTHS & PERCENTAGE DISTRIBUTION**

Cause	2002			2003*			2004**		
	Number	Rate	Percent	Number	Rate	Percent	Number	Rate	Percent
1. Other complications related to pregnancy occurring in the course of labor, delivery and puerperium	779	0.5	43.3	811	0.5	45.1	844	0.5	46.0
2. Hypertension complicating pregnancy, childbirth and puerperium	533	0.3	29.6	479	0.3	26.6	520	0.3	28.4
3. Postpartum hemorrhage	327	0.2	18.2	319	0.2	17.7	315	0.2	17.2
4. Pregnancy with abortive outcome	161	0.1	8.9	189	0.1	10.5	152	0.1	8.3
5. Hemorrhage in early pregnancy	1	0.0	0.1	-	-	-	2	0.0	0.1

* Percent share to total number of maternal death

Last Update: January 11, 2007

**Percent share to total number of maternal deaths (Total = 1,833)

Last Update: February 12, 2008

Mortality) is low, several improvements were noted such as the increase in percentage of women receiving antenatal care from a health professional, from 87.6% in 2003 to 91% in 2008. The number of births delivered by a health professional also registered improvements from 59.8% in 2003 to 61.8% in 2008.

While these figures reveal statistical improvements in child mortality and maternal mortality rates, actual amelioration, however, is far

**TABLE 5. SELECTED MATERNAL CARE INDICATORS, PHILIPPINES:
2003 AND 2008 NDHS**

Indicators	2003	2008
Percentage of women age 15-49 with one or more live births in the 5 years before the survey who received antenatal care for the youngest child from a health professional ¹	87.6	91.0
Percentage delivered by a health professional among all births in the 5 years before the survey	59.8	61.8
Percentage delivered in a health facility among all births in the 5 years before the survey	37.9	43.8

¹ Doctor, nurse, or midwife

from being felt by the population. Policies that will significantly recognize the right to health of the people remain unlegislated and inefficiently enforced. Worse, policies that greatly undermine the health needs of the public are aggressively implemented.

Such is the case of the Reproductive Rights bill which remains pending at the House of Representatives, in spite of its increasing acceptance among the public. The bill is battling fierce lobbying from the religious Catholic sectors which aggressively launched anti-RH campaigns around the nation.

The Social Weather Stations (SWS) has released the results of a survey conducted in September and December 2008 and another survey done in February of this year. The polls reveal that 68% of Filipinos believe that there must be a law mandating the government to distribute condoms, IUDs and pills. 64% of Manila residents also favored the creation of the said law in spite of the existing contraceptive ban in the city of Manila.

When asked about their position on the existence of a law that mandates the teaching of family planning among the youth, SWS polls reflect that 76% of Filipinos are in favor of such a law. In summary, the SWS polls reveal that 71% of Filipinos are in favor of the Reproductive Health bill.

In the face of increasing lobby efforts from both the Catholic Church and the pro-RH advocates, the Arroyo administration continue to display safe and neutral positions regarding the said bill. In her State of the Nation Address in 2008, the president encouraged natural family planning methods as a means of birth control.

A similar survey was also conducted by Pulse Asia in October 2008. Their 2008 *Ulat ng Bayan* Survey showed that 63% of Filipinos support the RH bill. Despite public support for the bill, the president, through presidential deputy spokesperson Lorelei Fajardo, said that she stands by her position on natural family planning but will consider public opinion when both houses pass the bill to Malacañang for signing.

Another challenge to the respect for reproductive health came in





the form of a nine-year contraceptive ban imposed by then Manila Mayor Jose “Lito” Atienza on the residents of Manila.

Executive Order No. 003 discouraged the use of artificial family planning methods, virtually banning the use of contraceptives within the city of Manila. Because of this ban, women residents of Manila found it difficult, if not impossible, to avail of contraceptives. An NGO clinic promoting artificial family planning was closed down. A case study published by Linangan ng Kababaihan (LIKHAAN) revealed that the said ban affected the relationship of couples, resulting in domestic violence.

EO No. 003 was challenged by 20 Manila residents before the Court of Appeals, who argued that they were deprived of the right to accessible health care. In July of 2008, Mayor Alfredo Lim reversed the contraceptive ban with the issuance of an Executive Order promoting the use of artificial family planning methods.

Spending less for health

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The World Health Organization (WHO) has pegged the ideal percentage of public health spending of developing countries at 5%. Health expenditure in 2005 increased by 9.4 percent, which amounts to P180.8 billion compared to the previous year’s budget of P165.3 billion.

However the share of health expenditure to GDP was reduced. In 2005, it only reached 3.3 percent, compared to 3.4 percent in 2004. This figure is still far from the 5% WHO standard for public health spending.¹

Apart from the low health spending, budget appropriations are often subject to misuse and questionable utilization.

To obtain the much needed funds for social services, the Alternative Budget Initiative (ABI) identified other funding sources in the National Expenditure Programs. These alternative sources are under the discretion of the President and contain vague and sometimes no details or special provisions on how the funds will be utilized.



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According to the ABI, the Special Purpose Funds are included in the alternative sources of funds. Appropriations under the SPF are often subjected to frivolous utilization.

In 2008, ABI proposed the transfer of the SPF items for the target social services such as health. Among the proposed SPF items for reallocation are the Miscellaneous Personnel Benefits Fund which amounts to P 41 billion. Another proposal was to allocate P20 billion of this fund for the benefit of health workers and teachers.

Amidst efforts to improve public health spending, the lack of respect for the right to accessible health care of the Filipinos continues to manifest in the Arroyo government's policy decisions.

One such case involves the budget for tuberculosis control. In 2008, a budget increase for the national TB program was proposed by the ABI-Health cluster along with its ideal funding source – the P 20.3 billion appropriations for debt servicing. The increase of the TB budget from P280 million in 2007 to P400 million in 2008 sought to make TB drugs available to patients.

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The proposal was scrapped by President Arroyo through a direct veto of the fund sources, claiming that the prohibition of disbursements of funds for interest payments before they are renegotiated is a clear encroachment of the constitutional guarantee of non-impairment of contracts.²

Clearly, the health and well being of Filipinos is far from the priority list of the Arroyo administration.

Sending mixed signals

Indeed, the Arroyo administration is insensitive to the health needs of its constituents.

While the passage of laws such as the Cheaper Medicines Law gained the applause of the public, its slow and anemic enforcement is increasing the ire of those in dire need of affordable medicines.

Similar scenarios of inefficient enforcement have occurred in the previous years. Failure to effectively implement the Generics Act of 1988 led to its eventual amendment in a provision in the Universally Accessible Cheaper and Quality Medicines Act of 2008.



The implementation of the Hospital Detention law prompted the Philippine Hospitals Association to threaten the nation with a hospital holiday. Months after the law was passed, reports of hospital detention in both public and private facilities continue amidst the supposed protection granted by the law.

The exodus of Filipino health workers continues by the thousands. To encourage doctors to serve their own country, the DOH has reactivated the Doctors to the Barrio Program, which provides scholarships to medical students in return for services in government hospitals. A similar project was launched for midwives. The DOH is also encouraging midwifery students to avail of the Midwives Scholarship Program to help resolve the inequities of health care delivery in the regions.

Just this month, the Salary Standardization Scheme was passed into law, to the dismay of those in the nursing profession.

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TABLE 6. HEALTH FACILITIES AND GOVERNMENT HEALTH MANPOWER 2001-2006

Item	2001	2002	2003	2004	2005	2006
1. Hospitals	1,708	1,739	1,719	1,725	1,838	1,921
a. Government	640	662	662	657	702	719
b. Private	1,068	1,077	1,057	1,068	1,136	1,202
2. Government Health Manpower						
a. Doctors	2,957	3,021	3,064	2,969	2,967	2,955
b. Dentists	1,958	1,871	1,946	1,929	1,946	1,930
c. Nurses	4,819	4,720	4,735	4,435	4,519	4,374
d. Midwives	16,612	16,534	17,196	16,967	17,300	16,857
3. Barangay Health Stations	15,107	15,283	14,490	15,099	15,436	16,191
4. Rural Health Units	1,773	1,974	2,259	2,258	2,266	...



TABLE 7. DEPLOYMENT OF HEALTH WORKERS ABROAD, 1995-

Year	Doctors	Nurses	Midwives	Caregivers
1995	69	7,584	161	No data
1996	47	4,734	142	No data
1997	82	4,242	113	No data
1998	55	4,591	149	No data
1999	59	5,413	66	No data
2000	27	7,683	55	No data
2001	61	13,536	190	465
2002	129	11,867	312	5,383
2003	112	8,968	276	18,878

Source: Figure derived from POEA, CFQ records, 2005; ILO study, 2004

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In yet another piece of unimplemented legislation, Republic Act 9173 or the Nursing Act of 2002 states that new nurses should be considered at Salary Grade 15 and should be receiving a monthly salary of P25,000.00. Without seeing the improvements brought about by the Nursing Act of 2002, the Salary Standardization Scheme reduced the nurses' salary grade to 11 which pegs a monthly salary of P12,000.00.

Philippine Nurses Association national president Teresita Barcelo said that with the current Nurses to Patient ratio of 1:50, Filipino nurses are burdened with work. A very low salary scheme makes it extremely difficult for nurses to fulfill the financial needs of their families if they continue working within the country.

The absence of the DOH in the entire issue was felt by health workers' groups. Ernie Espinosa, president of National Center for Mental Health Workers Association, said that the DOH secretary and DOH directors did not lobby for the health workers' rights.

Indeed, the state of the Filipinos' right to health under President Arroyo is in a state of coma, awaiting much-needed resuscitation that under the current administration will most likely come too late.

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- ¹ Based on the 2005 Philippine National Health Accounts, Securing Financing for MDGs Amidst Economic Challenges-Alternative Budget for Health-Alternative Budget Initiative Technical paper
- ² Trajano, Rose, Monitoring the 2008 Budget for Tuberculosis Drugs, Alternative Budget Initiative – Health Cluster, February 2009