Failing Healthcare

BY CANDY DIEZ

LAST JULY 2007, in her State of the Nation Address (SONA), President Gloria Macapagal Arroyo highlighted four main achievements of her government in relation to its obligation to promote and protect the health and well-being of the people. According to President Arroyo, the government successfully reduced the price of medicines by half of their 2001 prices through its Botika ng Baranggay program and by promoting parallel drug importation. The president also showed off the establishment of a national health insurance program, upgrading of hospitals, and instituting a hunger mitigation campaign, which aims to end malnutrition and reduce hunger incidence.

However, in spite of the rosy picture and optimism of the president’s SONA, the Philippine government’s health program has failed to address issues pertaining to accessibility and affordability of medicines and health services, development of health infrastructure, and the lack of budget for health programs.

Accessibility and affordability of medicines

In a country where deaths are mainly due to non-communicable diseases, specifically of the heart and vascular system, the issue of access to medicines turns into a question of life and death for millions of Filipinos.
To address this issue, the government established the Botika ng Barangay (community pharmacies) program, which aims to reduce the cost of medicines commonly bought by the poor to half of their 2001 price levels. The medicines sold in the Botika ng Barangay (BnB) outlets are amoxicillin, cotrimoxazole, paracetamol, multivitamins for children and other medications sold at a much cheaper price than the branded kind.

However, as of September 2007, there were only 10,000 outlets of these botikas nationwide. This means that out of the 41,995 barangays in the Philippines, only about 20% have access to BnB outlets. Most of the outlets are concentrated in major towns and provinces and not in the far-flung rural areas where most of the poor and marginalized – those who have no access to any form of medical care – reside.

Another shortcoming of the BnB program is the fact that it does not have the capacity to acquire essential medicines needed by the populace due to lack of funds. The seed capital for a BnB outlet which is provided for by the government is P25,000 – a measly amount when compared to the cost of procuring essential medicines. Due to this situation, in some cases certain outlets run out of supplies of medicine or do not have a complete stock of medicine needed by the people.

One of the solutions that the government has instituted in order to procure medicines at a cheaper cost to its BnB outlets is through parallel drug importation. Parallel Drug Importation is the importation and resale of a patented drug marketed in another country by its patent holder. It seeks to import patented drugs sold at a much affordable price in another country.

However, with the monopoly of multinational corporations of the drug industry worldwide, this practice came under fire due to alleged infringement of intellectual property rights and patent laws.

An example of this is the Patent Infringement case filed by drug multinational Pfizer in March 2006 against the Bureau of Food and Drugs (BFAD) and the Philippine International and Trading Corporation.
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(PITC), a private institution established by the government to help in the procurement and distribution of cheaper medicines.

To address this problem, lawmakers introduced the Cheaper Medicines bill that, if enacted into law, will amend provisions in the Intellectual Property Code of the Philippines, the Generics Act of 1988, and the Pharmacy Law. The bill also seeks to establish the Drug Price Regulatory Board.

With the popularity gained by the Cheaper Medicines bill last 13th Congress, a tremendous tide seemingly swept the entire House of Representatives in the first months of the 14th Congress. Various congressional representatives began publicly declaring themselves as advocates of affordable medicines. Different versions of the Cheaper Medicines bill were filed before both chambers of the legislature. Before the House of Representatives reached its second month of session, there were already 21 bills on cheaper medicines with the authors and co-authors reaching to 205.

Political commitments were also in abundance. Pinning hopes on President Arroyo’s pronouncement that the bill was part of the administration’s legislative priority, and the assurance of former House Speaker Jose de Venecia that the bill would be enacted within 45 days from the opening of the 14th Congress, the public eagerly awaited the passage of the Cheaper Medicines bill. A few months later however, the 45-day timeline lapsed but the bill remained pending in the House and Senate Committee on Trade.

Eventually, the names of legislators who have reservations over some provisions of the bill surfaced. Rep. Pablo Garcia of the 2nd District of Cebu repeatedly questioned the need to adhere to the trade-related aspects of Intellectual Property Rights. Minority Leader Rep. Ronaldo Zamora attempted to delete the provision that prevents multinational companies from combining two or more substances or seeing new uses for drugs and medicines that may be used as basis to extend the patent life of the said drugs.

In spite of the stiff criticisms garnered by contentious provisions, the Senate approved in its final reading the Affordable and Quality
Medicines in November of 2007, while the House of Representatives approved its version in December of 2007.

The year ended with the Senate version espousing the Intellectual Property Code amendments, Drug Price Regulation through the President of the country and the strengthening of the Bureau of Food and Drugs (BFAD) in place. The house version of the Cheaper Medicines Bill has a mixture of amendments included – the Intellectual Property Code, Generics Act and the Pharmacy Law amendments as well as the contentious Drug Price Regulatory Board, Non-Discriminatory Clause and the strengthening of the Bureau of Food and Drugs (BFAD). The challenge now shifts to the bicameral Conference Committee, which will be set early 2008.

In response to the proposed generic act amendments contained in the Cheaper Medicines Bill, the Philippine Medical Association in January 2008 called for a nationwide hospital holiday and motorcade in protest of the said provision. Advocates see this move as an attempt to derail the enactment of the cheaper medicines law. They also fear that due to the PMA lobby, most of the members of the bicameral committee will opt for a compromised and watered-down version of the bill.

On the part of the Malacañang, President Arroyo has certified as urgent the passage of the cheaper medicines bill. However, Malacañang has not issued a statement on the PMA threat nor did it issue a clear position on the contested provisions of the bill.

**Lack of budget for development of health infrastructure**

One of the major problems that undermine the health situation in the Philippines is the lack of budget for the development of infrastructure such as hospitals and community clinics, health equipment and facilities, and cost for health personnel.

For 2008, the Department of Health (DOH) is allotted about ₱19.77 billion for its operations. With a projected population of 90.5 million, this translates to a budget of ₱218.45 for every Filipino.
Those who formulated the budget, from the president down to the legislators, crowed over the increase in the DOH budget. Indeed, the health department is on the top ten recipients of the 2008 budgetary pie. But the P19.77 billion allocation is still low, when compared against the budget allotted to the military (P50.93 B) or to the Department of Interior and Local Government (P53.24 B).

A major part of this health budget would go to enhancement and augmentation of health facilities. However, the problem of lack of health facilities is not just a question of quality but also of quantity. According to DOH data, there are only about 1,838 private and government hospitals in the country and most of these are located around urban areas and not in the barrios where health care is urgently needed.

Healthcare providers are sorely lacking. Health Secretary Francisco Duque III said that there is only one doctor for every 28,000 Filipinos. This is aggravated by the fact that the majority of hospitals are owned by private entities whose sole interest is to reap profits rather than to administer to the needs of patients.

This was clearly shown in the middle half of 2007 when the Philippine Hospitals Association of the Philippines (PHAP) threatened to hold a hospital holiday to protest the Hospital Detention Law or Republic Act 9439. This law allows patients who have not settled their bills to be discharged from the hospital by signing promissory notes.

The hospital owners who are members of PHAP were protesting what they said was a biased law that does not protect the interest of hospital owners. The planned hospital holiday was however averted when the DOH conceded to the demands of PHAP, which was then included in the Implementing Rules and Regulations of R.A. 9439.

These demands were the reduction of the prison terms of violators to 6 months from the 20 years provided by the Revised Penal Code. The DOH also increased the hospital or medical assistance of the Philippine Charity Sweepstakes Office (PCSO), from P20,000 to P100,000. DOH also promised to provide private hospitals, particularly those in the provinces, with up to 250 ambulances.
KARAPATAN
SA KALUJSUGAN
IPAGLABAN
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This incident, like the PMA boycott, shows the extent to which the interest of private entities can dictate policies and laws regarding the public health system.

**Nutrition, reproductive health, and infant mortality and morbidity**

In 2000, the population of the Philippines reached 76.5 million and in 2008, the projected population according to the National Statistics Office will reach 90.5 million. With the figure increasing each year, the population problem, like poverty, is likely to plague the nation for years to come.

The United Nations Population Fund (UNPF) predicted that poverty and hunger would worsen if issues on population and reproductive health were not addressed. UNPF records show that in the Philippines, four babies are born every minute. Furthermore, almost half of all pregnancies in the Philippines are unintended, one third of which end in abortion. Such abortions would have been avoided if only women have access to information regarding reproductive health, family planning, and other similar services.

The World Health Organization (WHO) similarly expressed its alarm over the high figures of pregnancy-related and neonatal deaths in the country despite existing government health programs. Dr. Howard Sobel, WHO medical officer, confirmed that about 10 mothers die each day in childbirth; and four out of five maternal deaths were the result of obstetric complications. Sobel added that for infants, 50% die in the first two days of life because of non-skilled attended births and delays in the breastfeeding of mothers.

The latest National Demographic and Health Survey (NDHS) showed that only six out of 10 births were attended by a health professional. Among Filipino women, the lifetime risk of dying from maternal causes is one in 100. Maternal deaths make up less than 1% of the total deaths in the country, but they contribute 14% of all deaths in women aged 15 to 49 years. Maternal deaths are mainly due to postpartum hemorrhage, hypertension and its complications, sepsis, obstructed labor and complications from abortions.
The infant mortality rate among households in the poorest quintile is 2.3 times higher than among the richest quintile, while the under-five mortality rate is 2.7 times higher. This inequality is also shown in the differences in health-seeking behavior between different income groups. Health improvements in poor provinces and regions further indicate unequal healthcare delivery due to continuing differences in access to health care. The poor and marginalized, already burdened by decreased access to sufficient nutrition, are further weakened by limited access to healthcare facilities and services.

In October of 2007, Albay Representative Edcel Lagman proposed an increase of almost six times of the government’s P180 million family planning budget. In spite of opposition from the Catholic Church and pro-life groups on the said budget increase, Lagman remained firm in his stance, clarifying that the said proposal will not be limited for condoms and other artificial and natural family planning methods but for reproductive health programs as well. Such increase will also aid in the phase-out of contraceptive products of the United States Agency for International Development (USAID), the nation’s primary donor.

To further address population issues, Lagman refiled his proposed legislation, House Bill No. 17, which seeks for a national policy on reproductive health, responsible parenthood, and population development.

In November of 2007, the number of patients with Acquired Immune Deficiency Syndrome (AIDS) reached 776 according to the DOH. In September of the same year, 25 individuals were identified positive with HIV (Human Immunodeficiency Virus) in which 92% were men and 2% were women. Since 1984, 66% of the 2,965 HIV patients were male. The primary mode of transmission was still through sexual contact. Out of the 2,965 cited HIV patients, 2,595 individuals reportedly acquired the virus through sexual transmission.

**Malnourishment and poverty**

In certain areas in the country, malnutrition among children persists. The National Nutrition Council (NNC) in Eastern Visayas reported...
a 20.44 percent in malnutrition prevalence rate in 2006. The operation timbang conducted by the NNC-8 indicates that out of the 50,319 children (ages zero to 5 years) weighed, 40,615 children were identified as malnourished.

The 4th Quarter Social Weather Station (SWS) survey on self-rated food poverty conducted over the period of November 30 – December 2, 2007 shows that about thirty-four percent or about 6.1 million Filipino families consider themselves “mahirap” or poor in terms of food.

The same survey found out that severe hunger, referring to families who experienced Hunger “Often” or “Always” in the last three months, is 6.1% among the Self-Rated Food Poor, compared to 1.1% among the Not Food-Poor, and 2.6% among those on the Food-Borderline. It is 5.0% among Poor households, 1.4% among the Not Poor, and 2.4% among Borderline families.

Moderate hunger, referring to families who experienced hunger “Only Once” or “A Few Times” in the last three months, is 20.1% among the Self-Rated Food Poor; 6.2% among the Not Food-Poor; and 11.4% among families on the Food-Borderline. It is 17.5% among Poor households; 8.4% among the Not Poor; and 9.6% among those on the Borderline.

The lack of capacity to buy food adversely affects nutrition and directly relates to issues concerning health and well-being. As a response to this, the government has embarked on a food-for-school program wherein elementary public school students in priority areas are given a kilo of rice in exchange for their attendance in class. The DOH for its part also embarked on a nutrition campaign that aims to educate poor families about alternative medicines, the importance of breast feeding, and other programs regarding nutrition.

However, such measures do not address the root cause of the issue, which is poverty. The government’s framework at its best is but an expression of charity that does not take into consideration the reality that malnourishment, like other health concerns, is linked with the
poverty incidence in the nation. More often than not, Filipinos living below the poverty threshold do not have enough finances to buy sufficient nutritious food for the family.

As in the first half of 2007, the health situation from July to December shows little if no change in the problems undermining the people’s right to health. The measures to protect the people’s right to health seem but mere charity from the government.

From the non-passage of health legislation, to the loopholes found in government health programs, indicators tend to show that the realization of the right to health of Filipinos remains an imperative the government continuously fails to deliver.

**AT A GLANCE**

**Health Facilities and Government Health Manpower**

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<td>2,259</td>
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Source: Department of Health

**REFERENCES:**


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Natividad, Beverly. 3 new AIDS cases bring total to 776. Philippine Daily Inquirer. November 26, 2007. PA3


The author is Assistant Coordinator of the Medical Action Group (MAG). Views expressed in this article reflect the author’s opinions.