The Right to Health in the Philippines: **Under the weather**

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THERE IS a worn-out saying that goes: "the well-being of a country depends on the health of its citizens". This is quite self-evident: a dynamic nation needs to have its citizens in good health. The progress and survival of a nation hinges on the capability of its citizens to actively participate in the nation's daily life. It is therefore necessary that the government keep its citizens healthy.

This paper looks at some aspects of the right to health vis-à-vis the three-pronged obligation of the state to respect, protect and fulfill the human right to health.

The right to health, as enshrined in various international declarations, conventions and agreements, is a human right of every person without discrimination of race, nationality, sex, age, political or religious beliefs or social status.

The International Covenant on Economic, Social and Cultural Rights (ICESCR), ratified by more than 145 countries including the Philippines, clearly articulates the right to health in Article 12. Article 12 (1) provides that State Parties to the ICESCR recognize "the right of everyone to the enjoyment of the highest attainable standard of physical and mental health." Article 12 (2) enumerates, by way of illustration, the number of steps to be taken by the State Parties to achieve the full realization of this right.[1]

The UN Committee on Economic, Social and Cultural Rights (CESCR) elaborated on the right to health as beyond timely and appropriate health care and includes the underlying determinants of health such as access to safe and potable water and adequate sanitation, adequate

supply of safe food, nutrition and housing, healthy occupational and environmental conditions and access to health-related education and information including on sexual and reproductive health.[2]

The World Health Organization (WHO) described the "right to health as "closely related to and dependent upon the realization of other human rights, including the right to food, housing, work, education, participation, the enjoyment of the benefits of scientific progress and its applications, life, non-discrimination, equality, the prohibition against torture, privacy, access to information, and the freedoms of association, assembly and movement."[3]

The UN CESCR further elaborated that the right to health in all its forms and at all levels has the following interrelated and essential elements:

a) availability
b) accessibility
c) acceptability
d) quality.

The criteria of availability, accessibility, acceptability and quality of health goods, services and facilities are used to evaluate the compliance of the Philippines in its trinity of state obligations to respect, protect and fulfill the human right to health.

Health in numbers and statistics

Cold statistics cannot adequately describe the health status of people in the country; nevertheless, numbers can provide useful indicators by which to gauge the health situation.

GENERAL DATA**	
Annual average family income	US$2,619 (2000)b
Poverty incidence	34% or 25.8 million population (2001) [c]
Total labor force	35 million (2003) [d]
Unemployment rate	10.1 % [d]
Underemployment rate	15.7 % [d]
Budget deficit	US$5 billion or 30% of the national budget (2003)
Proportion of budget going to debt servicing	33.24 % (2005) [e]
Proportion of budget allocated to the Department of Health	1.13% (2005) [e]

Sources: [a]Central Bank of the Philippines (CBP), 2004; [b]Family Income and Expenditure Survey [FIES] in NSO, 2004; [c]National Economic Development Authority [NEDA] in NSO, 2004; [d]Labor Force Survey [LFS], 2003 cited in NSO, 2004; [e] Philippine Headline News Online website (http://www.newsflash.org/2004/02/hl/hl101434.htm).

**Adapted from Galvez Tan, Sanchez and Balanon, The Philippine Phenomenon of Nursing Medics: Why Filipino Doctors Are Becoming Nurses, 2003

HEALTH AND HEALTH CARE STATISTICS**	
Crude birth rate per thousand population	25.16 (2003) [a]
Crude death rate per thousand population	5.72 (2003) [a]
Total Fertility Rate	3.5 (2003) [b]
Infant Mortality Rate	29 (2003) [b]
Under-Five Mortality Rate	40 (2003) [b]
Percent of children who were delivered by a health professional	59.8 % (2003)[b]
Percent of children who were delivered in a health facility	37.9% (2003)[b]
Percent of deaths attended by a health professional	48% (2003) [a]
Percent of children 12-23 months fully immunized	60% (2003)[b]
Contraceptive Prevalence Rate	48.9 (2003)[b]
Physicians per 100,000 people	124 (2002) [c]
Health budget as a proportion of national budget	1.13% (2005) [e]
Health expenditures as a proportion of GDP	3.1% (2002)
Proportion of population covered by national health insurance	60% (2003)
Proportion of national health insurance expenditure to total health expenditure	9% (2002)

Source: [a] National Statistics Office, 2004; [b]National Demographic and Health Survey [NDHS], 2003; [c] United Nations Development Program (UNDP), 2003; [d] Department of Budget and Management, 2004; [e] Philippine Headline News Online website (http://www.newsflash.org/2004/02/hl/hl101434.htm).

**Adapted from Galvez Tan, Sanchez and Balanon, The Philippine Phenomenon of Nursing Medics: Why Filipino Doctors Are Becoming Nurses, 2003

A measly health budget

The World Health Organization recommends the allocation of 5% of Gross National Product (GNP) to the health sector. Such recommendation has been disregarded by the Philippine government through the years.

The 2003 health budget was Php12.981 billion which is 0.4% of the GNP and lower than the 2002 budget which was Php 14.5 billion.[4] From 2002, the allocation for health has been steadily decreasing, rather than increasing.

For 2005, the Department of Health had a budget of Php10.3 billion while the Department of National Defense had Php46.2 billion and debt servicing was allocated Php 301.7 billion or 33% of the total budget.[5] Thus the health budget had only 1.1% of the total budget for the year 2005.[6]

For 2006, the proposed health budget submitted by the President is Php 10.6 billion; quite measly compared to the National Defense allocation

which is Php 46.6 billion. The Freedom from Debt Coalition said that the 2006 budget would only benefit the President, not the people, noting that the budget for debt servicing and the principal amortization (of Php 381.7 billion) would total a very hefty Php 722 billion. According to FDC, "for every peso paid by a taxpayer, 80 centavos would go to the creditors, only 20 centavos remain for the government to finance its operations and for the people to receive much needed services." FDC likewise bewailed the fact that the Arroyo government is seeking to raise the budget of the Department of National Defense by Php 472 million, which is Php 216 million more than the planned increase for the Department of Health.[7]

Given the government's seeming reluctance to spend for the health of its population, it is not surprising that the Philippines is ranked by the WHO as the 50th country whose government spends least on health on a per capita basis.[8]

Inaccessible and expensive medicines

Medicines are available, but economic accessibility is a big problem. So a lot of patients cannot comply with doctors' prescriptions regarding dosage of medicines. How can they, when medicines cost a lot?

Even the 20% discount for medicines of older patients has not helped significantly in getting better compliance among the elderly poor whose families are struggling even to have three meals a day. In April of this year, according to the National Wages and Productivity Commission (NWPC), a family of six in Metro Manila needs to have an income of at least P748 a day (or P22,440 a month) to have a decent standard of living.[9] The minimum wage at that time was P325/day, which is less than half of the family living wage. The approved wage increase of P25 per day would not also suffice to fill the gap, even with two family members working simultaneously for a minimum wage.

The Philippines, next only to Japan, is the site of Asia's second most costly medicines. It is reported that some drugs are priced 5-45 times higher than the same medicines sold in India or Pakistan.[10]

The high cost of medicines is due to several factors: a patent system highly favoring multinational drug companies, pharmaceutical cartel which maintains marketing and distribution strategies that perpetuate myths (e.g. cheaper generic drugs are less effective), and heavy dependence on the multinational companies as sources of medicines.

Multinational drug companies capture 70% of an estimated US$1.9B

Philippine pharmaceutical market.[11] When the Generics Act was passed, it was hoped that this law would help provide cheap but effective medicines to the poor sectors in the country. But the control of the pharmaceutical cartel has served as a barrier to the lowering of drug costs. In addition, the phenomenon of branded generics, which sell higher than generic-generics but lower than the branded non-generic medicines, complicate the situation.

Efforts by the government to lower the cost of medicines are being blocked by big drug companies. Currently, two government agencies, namely the Philippine International Trading Corporation (PITC) and the Bureau of Food and Drugs Administration (BFAD) face court charges for alleged patent infringement because of importation of patented drugs before the patent has expired. The World Trade Organization's (WTO) trade related aspects of intellectual property rights (TRIPS) allow the importation of samples of patented drugs for registration under the purposes as well as parallel importation of a medicine, sold at a cheaper price in another country, without the approval of the patent holder.

Combating TB, HIV/AIDS and other communicable diseases

According to Department of Health Secretary Francisco Duque, "TB kills 75 of our countrymen everyday."[12] Tuberculosis remains the sixth leading cause of illness and death in the country despite the fact that advances in medicine have made this a preventable and curable disease. The Philippines ranks 9th among the 22 "burden countries" in the WHO TB watch list. [13]

The Department of Health (DOH) reports that as of February 2006, there are 2,454 HIV seropositive cases, 840 (34%) of whom were OFWs. The report indicates that of the 840 affected, 294 are seafarers (35%), 142 are domestic workers (17%), 72 are employees (9%), 64 are entertainers (8%) and 56 are health workers (7%). The majority (624 or 74%) of the affected OFWs are males.[14] The coordinator of the DOH HIV/AIDS Program said that as of May 2006, the DOH Registry has recorded 2,484 with an estimated 11,200 unreported cases; yet, the Philippines continues to be classified in the international health community as a low-prevalence country for AIDS.[15]

The mandatory HIV/AIDS testing for prospective and current OFWs is a discriminatory practice, and therefore violates their rights. It must be noted that epidemiological studies "on HIV transmission and natural history show that allowing HIV infected migrants into a country does not create additional risk to the local population."[16] Furthermore, there are

no adequate pre-test and post-test counseling to assist OFWS. Although the government offers free medicines for HIV carriers in the country,[17] there is no systematic program to provide health care among OFWs throughout the whole moving continuum even if the incidence of AIDS is quite high among them.

Safe drinking water and sanitation

Access to safe drinking water and sanitation remains as a major problem in the country, especially in urban areas.

Government data show that up to 68% of the country's ground water is contaminated, causing diarrhea, cholera, dysentery, hepatitis A and other diseases. The World Bank cited in 2003 that approximately 31% of the nation's diseases monitored for a 5-year period were water-borne diseases.[18]

Setback in women's health

In a 2004 Report to the Nation, the National Commission on the Role of Filipino Women (NCRFW) declared that it has achieved gains in women's economic empowerment, respect for women and girls' human rights and gender-responsive governance. But the commission also recognized a major setback in women's reproductive and sexual health rights. Reproductive health has not received appropriate political and financial support, even if the Department of Health has already adopted, in 1998, a broader concept of reproductive health that encompasses "all aspects of sexuality and reproductive health needs throughout the life cycles of women and men".[19]

In 2003, the fertility rate of Filipino women aged 15-49 years was 3.5, still a far cry from the targeted fertility rate of 2.1. Huge needs for family planning and reproductive health remain unmet.[20]

An NGO report in 2004 concluded that the Arroyo administration "has outrightly exhibited violations of FP (Family Planning) as a right," as exemplified by the following examples:

- continued banning of artificial contraceptives in some local government units, as in the case of Manila, Laguna and Palawan;
- banning of Postinor (i.e. a "fertility regulating method that has not been proven contrary to law") since 2001 on grounds that it is an abortifacient;
- depriving people of basic FP services by diverting money intended for contraceptives to the Natural Family Planning (NFP)-only program;

- discrimination against users of artificial contraceptives by pushing solely for NFP.[21]

A rights based approach to health requires attention to the vulnerable sectors of society. Research shows that women coming from the poorest sector "have 20% less chance of keeping to their desired number of children." The poorest women have their demand for Family Planning (FP) satisfied by 60% while the wealthiest women have their demand for FP satisfied by 80%.[22]

Maternal mortality rates are decreasing but remain high: 209 per 100,000 births in 1993, 180 per 100,000 births in 1995, and 172 per 100,000 births in 1998.[23] These should not be a reason for complacency by the government. In 2001, the Population Commission (POPCOM) said that approximately 10 women die every 24 hours from pregnancy related causes. Most of those who do not survive their pregnancies are young women. The POPCOM said that pregnancies of young women account for 3 out of every 4 maternal deaths in the Philippines recorded in 2002.[24]

The National Demographic and Health Survey of 2003 shows that only 59.8% of the women delivering are attended to by a health professional. There is disparity of access to health professional services by women delivering, based on economic status. The poorest would only have about 23% of the women delivering attended to by a health professional while the wealthiest would have a 90% access. "The wealthiest women have a 67% lead over the poorest in skilled attendance,"[25] the survey found out.

A study on unintended pregnancy and abortion[26] noted the following statistics and observations:

- an estimated 473,000 abortions occur yearly in the country
- 1 out of 3 women who have unintended pregnancy usually end it with abortion
- 8 in 10 women who succeed in ending their pregnancy have health complications, more than half of these with severe complications
- an estimated 800 women die from complications of unsafe abortion per year.

Poor and rural women often lack access to safer methods, better health facilities and competent services. It was noted that "abortion is a reality for women from all walks of life" and a "host of barriers keep women from preventing unintended pregnancy and induced abortion." Criminalizing or outlawing abortion will not decrease the incidence of

abortion. "What will reduce abortion is helping women and couples get better information about sexuality, reproductive health and contraception, and better access to modern contraceptives, to prevent unintended pregnancies." [27]

So much food, but nothing to eat

One of the underlying determinants of health is adequate supply of safe and nutritious food.

The National Statistical Coordination Board (NSCB) estimates that 1 out of 10 families and 14 out of 100 individuals were food poor in 2003. Furthermore, the 6th national Nutrition Survey showed that in 2003, for every 100 children 0-5 years old,

- 27% were underweight
- 30% were stunted
- 5% were wasted.

It was estimated by the Food and Agriculture Organization (FAO) that in 2000-2002, there were 17.2 million Filipinos or more than 22% of the population who were undernourished.[28] And this situation is not because of absence or lack of food in the country. No less than NSCB stated that excess food supply in the country was almost 100% of actual consumption in 2003.[29] It was because the individuals and families cannot afford to buy adequate and nutritious food which are just around the corner. Again, inaccessibility of food was related to resources, income and work.

A Social Weather Station survey in March 2006 reported that hunger hit an all time high of 16.9%, which means about 2.8 million families experiencing hunger in the first quarter of the year. At least 5,000 school children in North Cotabato and Sultan Kudarat were noted to be malnourished.[30] Not surprisingly, most of the malnourished come from impoverished areas in the provinces.

The United Nations Children's Fund (UNICEF) recently ranked the Philippines as 9th among 10 developing nations with the most number of underweight children.[31]

Government reports improvements in nutrition statistics in the country but these are very slow and insignificant. Neighboring Asian countries, including smaller ones, are doing better. According to figures by the FAO, the proportion of malnutrition in the country was lower than in Cambodia, Vietnam, Laos and Thailand (1990-1992 figures). But in 2000-2002, only Cambodia had a higher proportion of undernourishment than the Philippines.[32]


Emergency Room


MITSUBI

Bagong bayani (modern day heroes) in distress

Overseas Filipino workers (OFWs) are hailed as *bagong bayani* in the Philippines. This is because they have kept the economy afloat through the years with their dollar remittances. In 2005, OFW remittance was pegged at US$10.689 million. These dollar remittances support millions of impoverished families in the country. About 90% of the total remittances (or 9.019 million US dollars) came from land-based workers, most of them women. As of 2004, there are now about 8 million OFWs in 193 countries all over the world.

One of the important and growing challenges to health, in the context of globalization, is migration or the movement of people from one area to another for varying periods of time. The UN Special Rapporteur on the Right to Health and the UN Special Rapporteur on the Human Rights of Migrants noted that these migrants "often face serious obstacles to good health due to discrimination, language and cultural barriers, legal status, and other economic and social difficulties."[33]

The right to health is also a right codified in the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families.[34] It has eight (8) articles regarding health and related rights of the migrant workers. Its provisions are very critical considering the health hazards that migrant workers are exposed to in their occupation and the irregular availability of and access to appropriate quality health care in a country, not their own, hosting them as workers.

Vulnerable and marginalized population groups requiring priority attention in the context of migration range from forced and undocumented migrants lacking access to basic health services to poor populations left behind by the "brain drain" as health professionals in poor countries migrate to richer ones.[35]

A review of 236 individual client files of Kanlungan Center Foundation for the period 2003-2005, shows that 126 clients or 53.38% had health problems.[36] Maltreatment is the most common complaint of migrant workers with 64 (63 women and 1 man) individuals affected or 50.79% of the total in the years 2003-2005, followed by rape, with 11 individuals affected or 8.73% of the total. Both maltreatment and rape are work and migration related. 57 of those maltreated were domestic workers, 2 were caregivers, 2 were tailors, 1 sorter and 1 factory worker. 36 of those maltreated (or 57%) were also not paid their salaries, while 3 were unilaterally terminated earlier than the contract period. Of the 63 women, one developed psychosis. Three women domestic workers could no longer take the maltreatment and escaped from their employers by

jumping from the building where they worked. They sustained severe injuries and bone fractures. One of the women was comatose when she returned to the Philippines. Two of the three women are now disabled.[37]

The same research also noted that access to health care was difficult for domestic workers, who are usually women, because their contracts state that their health care will be the responsibility of the employers. This practice of the government allowing employer-dependent health care has resulted in delayed or erratic health services to the OFWs that vary depending on the whims and wishes of the employers. Thus a female domestic worker may have access to quality health services only if the employer is compassionate and recognizes the right to health care. If not, then the women domestic workers suffer in silence when they become ill.

Even as the government hails them as *bagong bayani*, a lot of our OFWs are really fed to the wolves and left to fend for themselves. There is inadequate protection for many of them, so they suffer from physical and psychosocial abuse resulting in incapacitation, infirmity and sometimes death.

Imminent collapse of the health system

The out migration of health workers is also taking its toll on the health of people and communities and the nation as a whole.

The Philippines is now acknowledged as the major exporter of nurses to the world and the second major exporter of physicians, second only to India. Sixty eight per cent (68%) of Filipino doctors were working outside the Philippines during the mid-seventies while very recent studies show 70 percent of all Filipino nursing graduates are working overseas. The high demand for nurses in the US and UK has enticed many physicians in the country to become nurses through abbreviated courses and seek employment overseas. Jaime Galvez Tan, a former Secretary of Health calls this an "out of the box" phenomenon in health human resources development which has not been seen in the country before.[38]

According to the WHO regional director for the Asia-Pacific, Dr. Shigeru Omi, more than15,000 nurses, many of them the best educated and most experienced, are lost by the Philippines yearly through overseas migration. This outmigration of nurses results in "a critical shortage of qualified specialty nurses" in the country.[39] He also observed that about 1/4 of all licensed physicians in countries like Australia, Canada, the United Kingdom and the United States originally come from the developing world. Most of them come from India, the Philippines and Pakistan. In effect, according to the WHO director, "developing countries

are providing a reverse subsidy, in which the costs of the global mobility of health workers are being shouldered by poorer source countries, while the benefits are concentrated in wealthier recipient countries. The result: Asia has about three health workers for every 1,000 people, less than one-tenth the ratio in North America."[40]

The WHO director concluded that the unchecked migration of doctors, nurses and other health professionals from developing countries to other countries "has created a health work force crisis… and the day may not be too far off when the quality of health care will be jeopardized in many countries."41

The health human resource crisis comes at a time when developing countries like the Philippines are confronted with traditional diseases, such as malaria and tuberculosis, and modern-lifestyle related diseases, such as diabetes and heart disease. The WHO director stressed the significant role of health professionals and workers not just in health but on the broader life and development of a nation, because "health workers are not just the cornerstone of health systems. By improving the quality of life of others, they enable them to be fuller members of society. In countries with inadequate numbers of health workers, national productivity suffers and the fabric of society is weakened." He attributes the current health crisis to "decades of budget cuts and under-investment."[42]

Other problems

Other gaps in government actions on health include the following:

- the needs of the older persons have not been given special attention;
- differently abled persons continue to be disregarded in many health programs;
- environmental and occupational health hazards remain on the sidelines; special needs of women, particularly those pregnant and lactating, are often not factored in.

When will the policy makers listen and give attention to all these?

Conclusion

Considering the government's seeming reluctance to provide for the health of its citizens, it is therefore not surprising that the country's development remains stunted. No matter how clichéd, the fact still remains that the health status of the Filipino people greatly determines the development of the entire nation. No amount of development planning, not even vast natural resources, will propel the development of a country if its human resources are underfed, malnourished and sickly.

FOOTNOTES:

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13 Ibid.
14 National HIV Sentinel Surveillance System (NHSSS), National Epidemiology Center, Department of Health, HIV and AIDS Registry, February 2006, San Lazaro, Sta. Cruz, Manila.
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20 Ibid, page 1.

21 Likhaan and Arrow, State of Filipino Women's Reproductive Rights: 10 Years Post Cairo Shadow Report, Philippines, page 10.

22 Junice Demeterio-Melgar, Reproductive Health Inequities in the Philippines: Effects on Poor Women, Powerpoint presentation, Population Leadership Fellows' Conference, 31 July 2006.

23 National Demographic Survey (NDS) and National Demographic Health Survey (NDHS) cited by The Philippine *NGO Beijing +10 Report Team, Beijing+10*: Celebrating Gains, Facing New Challenges, A Report of Philippine NGOs, Section on Women and Health, February 2005 page 3 and Likhaan and Arrow, State of Filipino Women's Reproductive Rights: 10 Years Post Cairo Shadow Report, Philippines, page 20.

24 Cited by The Philippine NGO Beijing +10 Report Team, Beijing+10: Celebrating Gains, Facing New Challenges, A Report of Philippine NGOs, Section on Women and Health, February 2005, page 3.

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28 Roderick T. dela Cruz in "NSCB: 14% of Pinoys undernourished", Manila Standard Today, March 14, 2006, B4.

29 Ibid.

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41 Ibid.

42 Ibid.