Unhealthy Conditions

"Mahirap ang panahon ngayon. Bawal magkasakit" goes the slogan of a local TV commercial for a vitamin supplement. This advertisement has been running for quite some time now and it will be replayed throughout the year or, perhaps, for years to come because it echoes the sentiments of poor Filipinos, and describes the situation of their right to health.

In 2004, health programs together with other basic services, took the backseat in government’s order of priorities. To start with, the national health budget decreased from P 10.8 billion in 2004 to P 10.3 billion this year.

The first six months of 2005 witnessed the shooting up of prices of many basic commodities, including health goods and services—access to which has now become more difficult for the poor.

This is a serious threat to the people’s enjoyment of their right to health, especially the 15.2 percent of the population who get by with less than P56 a day. The Arroyo administration’s performance from January to June of 2005 was dismal. Likewise, her government demonstrated lack of political will in addressing some of the perennial woes of the health sector. Worse, healthcare continues to be a non-priority.

Leaving on a jet plane

With the meager salaries they make, many Filipino doctors and nurses have packed their bags to work abroad. The mass migration of Filipino medical professionals to other countries in search of greener pastures continued unabated for the first semester of 2005.

Reports say that about 8,000 nurses leave the Philippines every year to work in hospitals in the United States, Continental Europe, the United Kingdom, Kingdom of Saudi Arabia, and other Middle East countries. About a quarter of them are physicians who took nursing courses to prepare them to work
abroad in exchange for higher salaries. Many of these Filipino specialists do not mind this “downgrading” because they still earn around $8,000 a month, about 16 times more than what doctors in government hospitals in the Philippines make.

The effects of the mass exodus of Filipino doctors and nurses are, in fact, now felt by the country’s health sector.

There is now an even wider gap in the ideal and the actual ratios of doctors to the population. Whereas the ideal ratio is one doctor for every 6,000 citizens, the current ratio is now 1:26,000.

Philippine Medical Association (PMA) President Bu Castro pointed out that in most government facilities in the countryside midwives serving both as doctors and nurses is commonplace. The rapid turnover of doctors and nurses in clinics and hospitals in towns and small cities has likewise elicited complaints from administrators not only due to the cost of training but also because of the poor quality of service such turnover has created.

Maltreatment of patients by doctors sometimes happens because of pressure from huge number of patients to attend to, both in public and private hospitals. Health Alliance for Democracy (HEAD) reported that cases of verbal abuse of patients were prevalent especially in government hospitals where employees are overworked and underpaid.

The PMA added that the most vulnerable to the effects of this trend are the rural areas where most of the country’s poor live and where health care is virtually nonexistent.

Both the World Health Organization (WHO) and the Department of Health (DoH) have warned that the country’s health system would be in great peril if Filipino health workers continue to fly out of the country as this would seriously affect the delivery of timely and quality medical care in hospitals.

Initiatives to avert the flight of Filipino doctors and nurses are now being undertaken by some medical schools. The University of the Philippines—College of Medicine in Manila has implemented a legally binding contract called **Acceptance to Serve and Assumption of Liabilities** (ASAL) that requires students to work in the country for the same number of years they spend in college. Still, enticing the remaining medical workers to stay and work in the country continues to be a huge challenge for the government.

**AIDS: Good and bad news**

The good news is that the Philippines is still among the countries with a relatively low reported cases of AIDS and HIV—2,260 cases as of April 2005. The bad news is that this figure is only the tip of the iceberg.

Based on latest DoH figures, 1,391 (61.5 percent) of the total 2,260 cases reported were acquired through sexual intercourse. Data show that 749
overseas Filipino workers are infected with HIV, of which 268 are seafarers, 126 domestic helpers, 69 employees, 52 health workers and 50 entertainers. About 69 percent of Filipinos with HIV/AIDS belong to the productive age group of 20-39.

Dr. Roderick Poblete of the Philippine National AIDS Council estimates that there could be around 10,000 Filipinos afflicted with the deadly virus. He pointed out that for every reported HIV case, the government could most likely be missing out three or four more cases because of the victims’ refusal to come out in the open, fearful that they might be discriminated against by society.

More than the alarm caused by this estimate is the fact that many Filipinos remain ignorant about HIV/AIDS over two decades after its discovery. There is low level of awareness among Filipinos on how the virus is acquired. Many Filipinos continue to think that HIV, the virus that causes AIDS, is transmitted through mosquito bites and food sharing. The 2003 National Demographic and Health Survey indicated that only 36 percent of women and 30 percent of men are adequately informed that the virus could not be transmitted through either mode.

A 2002 University of the Philippines study also revealed that at least 23 percent of Filipinos between 15 and 24 years believe that they are “invincible” against the virus. About 60 percent believe there is now a cure for HIV/AIDS so they have somehow become complacent in their sexual activities. These figures cause us to worry because 84 percent of recorded AIDS cases were a result of unsafe sexual intercourse.

Experts warn that the number of AIDS cases in the country could reach epidemic proportions if Filipinos continue to be ignorant about the disease.

The lack of knowledge of Filipinos on AIDS/HIV points to a deficiency in government’s efforts to make information concerning health issues accessible to its citizens. But this is not surprising since massive information drives would truly be impossible to pursue and sustain as the government continues to cut down on the health department’s budget.

The country runs the risk of facing an AIDS epidemic as the government fails to take a resolute stand on and provide sufficient support for sexual health issues. For instance, while the DoH acknowledges that condoms prevent the spread of AIDS/HIV, the task of distributing condoms has been assumed and facilitated largely by non-government organizations. The DoH’s distribution of condoms for this purpose has been faltering out of fear of being misconstrued as being part of the population control program. The government chose to heed the ultraconservative stand of the Catholic Church on reproductive health that bans all sorts of artificial contraception.

Malaria, Dengue and Cholera outbreaks

Reports of malaria, dengue, and cholera outbreaks in some parts of the country gripped the public in fear during the first semester of 2005.
While the DoH has declared that there is technically no malaria outbreak in any province but only ‘clustering of cases,’ many are apprehensive in light of the lamentable attention given by the government to fight the disease.

The number of malaria cases is alarming. For instance, in Cagayan Valley alone, between 18,500-36,000 malaria cases have been reported. DoH statistics confirm that there are around 100,000 victims of malaria in the country everyday. Malaria is endemic in 65 provinces in the country.

Even as the DoH has declared malaria a “curable and preventable disease,” it is still distressing to note that it is the 9th most common disease in the country and that many deaths have resulted from it in the past decade.

What is equally disturbing is the fact that DoH has appropriated a measly budget for malaria prevention—P4.3 million for 2005. This translates to four centavos per Filipino per day. Legislators like Palawan Rep. Antonio Alvarez have criticized the insufficiency of the malaria budget saying that it is not even enough to purchase mosquito nets as majority of the budget would be spent for the treatment of those already afflicted with the disease.

According to DoH, 67 percent of the malaria budget is allocated for the purchase of drugs, laboratory reagents, and insecticides, mosquito nets, and indoor residual spraying. The remaining 33 percent will be used for the training doctors and health professionals, policy development, and technical assistance to local government units.

Health officials have declared that the key to combat malaria is education and awareness raising. However, given the abovementioned expenditures in contrast with the ridiculously small budget, many ask whether massive information drives on prevention of the deadly disease could indeed be sustained.

Meanwhile, dengue cases have also been reported in several areas in the country. Dengue cases this year have already reached 3,771 with 53 deaths. The DoH pointed out that dengue cases are usually high in areas where there is water shortage and people have to store their water.

While the DoH insists that these outbreaks are not of epidemic proportions and are under control, the prospect of many Filipinos getting afflicted with malaria, dengue, and cholera remains troubling in light of the fact that many barangays in rural areas do not have potable water supply and proper sanitation facilities. These outbreaks would have been prevented had the government given attention to the development of health and sanitation infrastructures in the rural areas and effectively implemented information drives on the control of diseases in both urban and rural areas.

Debate on reproductive health and population

Public debate on reproductive health and population figured prominently during the first semester of 2005. While the debates ensued, the government
Symptoms of an ailing health sector: Anemic government health interventions, shortage of health practitioners, insufficient medical facilities, emaciated budget for the health department, and unaffordable medicines and medical services. Children, who comprise the bulk of the population, become easy targets of common diseases like diarrhea, respiratory ailments, and other communicable diseases that – with an adequate health program in place – are easily preventable.
failed to take a resolute stand on the matter and the reproductive health rights of Filipino women continue to be disregarded and the population continues to grow faster.

To appease clamors from various sectors over the rapidly increasing population, the Ligtas Buntis Program was launched by the Department of Health (DoH) on February 25, 2005. The National Statistical Coordinating Board (NSCB) predicts that the country’s population would reach 85.2M in 2005.

The Ligtas Buntis program entails the conduct of house-to-house survey on fertility control methods used by couples and popularization of sex education. The program aims to educate some 2M target couples on responsible parenthood.

The program has been berated for its failure to integrate material support for family planning. Among other voices, the Commission on Population assailed the Ligtas Buntis Program as ineffective as it will not be conducted hand-in-hand with the distribution of supplies such as contraceptives thereby leaving frustrated Filipino couples demanding for supplies.

The Arroyo administration has been criticized for its failure to act on the population issues. To date, there is no national population policy in place. The government has, instead, left it to individual local government units (LGUs) to implement their own family planning programs. Likewise, the President has been widely criticized for acceding to the ultraconservative position of the Catholic Church, which bans all forms of artificial contraception. The President has expressed her preference for the natural family planning methods espoused by the Church. The Catholic Church in the country has staunchly opposed the passage of bills that promote reproductive rights of women and population management such as House Bill 3773.

The government’s lack of political will on the issue of population control becomes more evident in the light of a study cited by DoH which points to the Philippine situation as warranting “increased attention and immediate action to strengthen family planning and maternal care program.”

The 2003 National Demographic Health Survey has indicated that about 17 percent of women would like to plan their pregnancy but do not have access to family planning services. In many health centers all over the country, such as those in Manila, there are no birth control pills and condoms available because local executives discourage their distribution and use.

Women’s groups have pointed out that the government’s failure to implement population programs and policies is a clear disregard of their rights as they impinge on the rights of women to make their own decision over their health and bodies.

Reproductive health and population issues become even more salient amid alarming figures regarding women’s health. Statistics show that ten women
die everyday due to pregnancy complications. Maternal mortality rate remains high at 96.13 per 100,000 live births in 2000. A study by the UP Population Institute in 2001 also revealed that an estimated 400,000 women undergo abortion every year due to unplanned pregnancy.

Conclusions

The Philippine government ratified the International Covenant on Economic, Social and Cultural Rights (ICESCR) in 1974. By doing so, it has committed itself to, among others, undertake measures in order that its citizens may enjoy equal access to the highest standards of health and health care. The 1987 Constitution likewise acknowledges the government’s obligations to protect and promote the people’s right to health.

Three decades after its ratification of the ICESCR, the government’s performance in improving the Filipino’s quality of life, in general, and the health sector, in particular, remains wanting.

The first six months of the year bore witness to the resurgence of some of the health sector’s old woes. If the government continues to relegate the people’s right to health as a non-priority, it should be no surprise if the same bleak scenario would prevail until the end of 2005.

If the government continues to cut the national health budget, the perennial dilemma of inaccessible health care, the deterioration of facilities and services, the outbreak of deadly diseases due to poor education drives and lack of support facilities on health sanitation, and the mass migration of doctors and nurses, will continue to persist.

If the government keeps its flip-flopping stand on the reproductive health issue, women’s health and welfare will be sacrificed. As it remains politically blackmailed on the population issue, it shall go on courting the dangers of a population out of control where gaps between demands and supply of social services, as in health, will become even wider.

In the midst of all continuing neglect, just who would ever want to be sick?
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