

Health

HEALTH AS A RIGHT

A SYSTEM IN CRISIS

In the World Health Organization's Health Development Report (2000), the Philippines ranked 126th out of 191 countries in terms of over-all level of health. This is hardly surprising – in an era of astonishing complex medical and technological advancement, the country's health profile is backward. Indeed, if the health of a nation is reflected in the well-being of its citizens, the Philippines is the metaphorical and literal “sick man of Asia.”

The leading causes of sickness in the country, for instance, are considered avoidable and treatable through proper sanitation, access to clean water, and relevant preventive programs at the community level. The leading causes of death also paint a grim picture of the country's health situation. Tuberculosis, another preventable and treatable disease, still claims the lives of 132 Filipinos everyday. Every hour, four Filipinos die of cancer, with more women than men suffering from the disease. Every nine (9) minutes, a child under the age of five (5) dies of heart disease. Ten women die everyday from causes related to childbirth or pregnancy. TB, cardio-vascular and pulmonary diseases, diabetes are also preventable and treatable illnesses that claim thousands of lives every year because of a mediocre healthcare system. In 2003, the National Statistical Office declared that a child born in the Philippines is at a greater risk of dying than children born in other Southeast Asian countries.

Why a country known for its excellent nurses and doctors fails in terms of healthcare is best explained by the dominance of a neoliberal framework in governance and human development. Instead of fulfilling its obligation to deliver basic social services like healthcare, the State has relinquished its role to the private sector, where market imperatives take precedence over human development needs. Incentives are given to the private sector at the expense of public health. Deregulation, too, has proven to be a bane for the health sector. Since the passage of the Local Government Code, local governments have the burden of delivering healthcare without the necessary resources and capabilities to do it.

AKBAYAN asserts that public health is not a question of market imperatives or trade, where profit dictates over human development and social equity. Our agenda is to put public health back in realm of basic rights and human dignity.

AKBAYAN's thrust in healthcare will therefore focus on the following areas: overhauling the neoliberal project in Philippine healthcare, addressing flaws in the devolution of health service, and attending to a myriad of issues, such as labor migration policies, population growth and the well-being of mothers and children, that ultimately affect the health condition of Filipinos.

THE NEOLIBERAL FOLLY IN HEALTHCARE

The notion that the market is more efficient and competent in delivering social services is evident in all aspects of our health care system, from the meager annual budgetary allocation for health to the lack of regulatory mechanisms for private nursing schools, big pharmaceutical companies, and private hospitals.

On public spending

Public spending for health illustrates best the withering of State support for health care. Since 1998, the share of the health sector in the national budget has not exceeded three percent. From 2.53% at the beginning of the Estrada administration, it had been slashed each year until it reached 1.55% in 2001. It slightly increased to 1.84% a year before the 2004 elections, and it has gone down further to 1.1% in 2005. For the 2007 proposed budget, the health sector is expected to receive P15.5 billion or a meager 1% out of the P1.021 trillion national budget. In contrast, debt interest payment regularly gets a huge chunk of the annual budget; in 2002, for example, debt payment got P204 billion of the P781 billion national budget.

Government spending for health is clearly below global standards. The Philippines' average per capita spending is P95 or less than US\$2, a miserable amount compared to the WHO-recommended US\$30-\$40 to finance minimum health service programs. The WHO also urges developing countries to peg health spending to 5% of the GDP, but the Philippines is spending barely three percent of its GDP for health.

Due to the meager allocation, spending for hospital maintenance and personnel salaries crowd out public health and preventive programs, which receive an average of 14% of the total national health budget. Widespread corruption and political patronage also furthers the deterioration of public health programs. Instead of being spent on crucial programs, funding for health goes to the pockets of corrupt politicians and government officials. Health programs, too, are used as political capital, as seen in the anomalies involving Philhealth cards, which were distributed not according to needs but to gather votes for the incumbent administration.

Market over public health

Preference for greater private sector role in healthcare has resulted in the relaxation of government regulation in health services and in health-related industries. This is evident in the proliferation of private hospitals and clinics in the country: according to the National Statistical Coordination Board, private hospitals exceed government-owned hospitals by almost 100% from 1996 to 2002. The dominance of private hospitals is troubling in a country where poverty incidence remains high and where out-of-pocket or direct payment is still the main mode of financing healthcare – it means that the poor either rely on under-funded public hospitals or do not visit hospitals all together, making sickness truly debilitating.

The exorbitant price of medicines in the Philippines also demonstrates the government's preference for the private sector in an industry deeply imbued with public interest. Despite growing recognition of the primacy of public health over trade policies, government intervention in ensuring access to essential and life-saving medicines remains insufficient.

The price of drugs in the country is second highest in Asia. While selling medicines in the Philippines per se is not an expensive business, most multinational companies spend more capital for promotion. In fact, for every peso of the price of medicines, only 40 cents is spent to buy the components of the drugs from the mother companies abroad. The rest is spent on advertising and marketing: to organize promotional conferences for doctors or to bring them abroad as an incentive for prescribing a particular brand, to give discounts to pharmacies, or to pay for the salaries of medical representatives. Thus, Ventolin, a medicine that is used to treat bronchitis, costs P315 in the Philippines, while in India and Pakistan, where it is sold by the same multinational company, it only costs P132 and P65, respectively.

The disparity in price can be traced to many factors, all of which require the active intervention of the State to challenge the hegemony of branded products. It has to correct a patents law that prevents fair competition in the industry. Price regulation through competition could also be introduced by implementing the generics law and by supporting the establishment of a domestic pharmaceutical industry. The government must also be willing to instigate the production of medicines when public health so requires.

GAPS IN DEVOLUTION

The approval of the Local Government Code has devolved to the local government units (LGUs) the delivery of social service, including healthcare. While decentralization is supposed to make government programs more accessible and relevant to their target communities, it achieved the opposite in healthcare. Unfortunately, with no capacity to finance healthcare or the competence to deliver health services, health programs of many local governments remain mediocre.

The devolution of healthcare has also highlighted the unevenness of development in the Philippines. The LGUs of rich cities like Makati City and Quezon City can afford to invest in health extensively and still enjoy budgetary surpluses. Many local governments, on the other hand, have to contend with meager resources to run local hospitals and implement basic health programs. Even the Department of Health admits that many 4th and 5th class municipalities could not even afford to purchase syringes for immunization programs.

Decentralization is supposed to boost preventive programs by strengthening community-based healthcare. Its importance lies on the fact that interventions at the community-level focusing on primary healthcare, reproductive health, food safety, proper nutrition, sanitation, etc., can effectively lower the cost of financing healthcare by preventing illnesses, thus eliminating hospitalization and medicine expenses. However, if local governments cannot even afford to support their barangay health workers, then the impact of community-based healthcare is also undermined.

HEALTH PERSONNEL

The Philippines is now the number one exporter of nurses, with 70% of nursing graduates working overseas. Next to India, the country is also now the second largest exporter of doctors, with 68% of Filipino doctors working abroad. Since it is easier to look for a job abroad as a nurse, many Filipino doctors have left their profession to become nurses: 3,000 doctors have already left the country to work as nurses; and, from 2003-2005, more than 4,000 doctors took the nursing licensure exams.

The immediate impact of the migration of health personnel is the deficit of doctors and nurses in the country. Nurse to patient ratios in provincial and district hospitals is now 1:40 and 1:60, respectively. Within the past two years, 200 hospitals closed down because there are no doctors and nurses willing to work locally. The lack of health personnel has also forced 800 hospitals during the same period to partially close.

There are many reasons that drive health personnel to leave the country, such as low compensation, family obligations, political instability, and poor working conditions. Instead of addressing these issues, the government has aggressively encouraged the exportation of health personnel to increase the remittances that the country is receiving from its overseas workers.

The so-called brain drain has also resulted in the deterioration of the quality of health personnel that the country produces. To respond to the demand for Filipino nurses abroad, the government has relaxed policies on the regulation of nursing schools at the expense of the quality of nurses that these schools produce. Thus, from 40 nursing schools during the 70's and 170 during the 90's, the number of nursing schools has mushroomed: between 2003 and 2004 alone, the number of schools specializing on nursing jumped from 251 to 370.

As a consequence of the lack of regulation of nursing schools, the performance of nursing graduates in the licensure exam deteriorated. During the 70's and 80's, the passing rate was 80-90%; now, the percentage of nursing graduates passing the licensure exam is not even reaching 50%.

POVERTY AND POPULATION GROWTH

Worsening poverty and the exponential population growth aggravate the health conditions of Filipinos. The government puts poverty incidence at 34% in 2003, though in a poverty self rating survey during the same period, 64% of Filipinos believe that they are poor. Poverty makes healthcare more inaccessible, as poor people find it hard to afford going to hospitals or paying for medicines. Poor families also either go hungry or turn to sodium and carbohydrate-heavy diets (usually noodles and rice), with mothers suffering most because they usually give up their own food for their children.

Population growth also puts pressure on the country's resources. With the absence of a national policy on reproductive health, the 2.36% annual growth rate is unlikely to slow down. A bigger population also strains the country's inadequate healthcare system and provides more reason why reforming the system is urgent and necessary.

The burden is heavier for women, since limited access to reproductive health services exposes them to risks caused by unwanted pregnancy, flawed notions on maternal health, and dangers related to complications arising from childbirth and pregnancy. Furthermore, the government's faith-based approach in addressing population and sexuality issues has increased the vulnerability of women, lesbians and gays, and other marginalized genders to diseases like HIV/AIDS and to sexually transmitted infections.

AKBAYAN'S PLATFORM ON HEALTH

The health problems of the country can only be addressed through an overhaul of the healthcare system. The right to health is an obligation of the government, and AKBAYAN believes that reforms in the health sector can only happen through active intervention from the State.

Our platform on health will focus on the following areas:

A. Greater role of the State in healthcare:

While AKBAYAN recognizes that a Statist framework for healthcare (i.e., dole-outs, etc.) is not a solution to our problems, a bigger government role in healthcare is necessary to address our health problems. Privatization of the health sector has worsened the country's health condition. In fact, as seen in the experience of many countries, strong intervention from the government is necessary to produce the best health indices.

AKBAYAN will consistently push for a bigger budget for healthcare such that spending for health equals 5% of the GDP. The prioritization of social services is affirmed by our constitution and the country's international obligations to meet basic human development standards. The political will to allocate more resources for health should be exercised to ensure that health as a human right is enjoyed by Filipinos.

AKBAYAN shall also:

- » Push Congress to systematize the allocation of a portion of the PDAF for health services at the community level.
- » Work for the enactment of legislation that will limit government's debt-servicing, in order to increase funds for basic and social services
- » Compel a "national accounting" of the state of health in various sectors – including occupational health and environmental health – towards identifying the gaps in implementation of existing laws and programs, and legislating (where needed) the remedial measures.

B. Making devolution relevant by building the capacity of LGUs in financing and implementing health programs

The decentralization of healthcare will work if the capacity of local governments to finance and deliver health programs is strengthened. AKBAYAN will push for a review of the Local Government Code to establish a better distribution of responsibilities between the national government and local governments, especially in areas of procurement of essential medicines and financing hospitals. One formula on financing healthcare that AKBAYAN is seriously studying is for local governments to pool resources for the establishment of regional hospitals. Another is developing health cooperatives at the local level that can negotiate purchase of cheaper medicines.

We shall also:

- » Develop assistance programs for LGUs (especially in less developed areas) to strengthen institutional capacities for health planning, creation of health management information systems, resource mobilization, linkaging with other institutions for technical and financial assistance, etc.
- » Encourage the recruitment of community health volunteers that the LGU, PO, Akbayan and other institutions can support in terms of training, allowances and basic medical supplies (stethoscope, thermometer, blood pressure gauge and weighing scale are usually the most lacking).
- » Negotiate with Philhealth for greater coverage

C. Increasing access to essential medicines

To bring down the price of medicines in the country, AKBAYAN shall:

- » Push for the passage of HB 5718, AKBAYAN bill on essential medicines that amends the Intellectual Property Code to give more powers to the State to regulate the cost of medicines. It will allow parallel importation of cheaper medicines and compulsory licensing to make essential medicines accessible and cheap.



- » Push the national government to implement properly the generics law. We will also push for the review and revision of advertising law and Senior Citizens Act to cut the cost of medicine.
- » Introduce and push for a bill that would institutionalize price control mechanisms for essential drugs.
- » Support the establishment of a local pharmaceutical industry by strengthening traditional medicine, which serves as the foundation for fine chemical industry development.
- » Support the expansion of the presence of Botika sa Barangay.

D. Reversing the brain drain

The market-oriented employment policy of the government encourages the depletion of our health workers. AKBAYAN shall:

- » Continue fighting for an increase in the budgetary allocation for the health sector to introduce competitive salaries for nurses and doctors
- » Support trade unionism among our health workers to organize the sector and to demand for better working conditions
- » Push for a National Health Service Act that would require two years of service for public school graduates of nursing and medicine

E. Focus on prevention through effective community-based health care

Preventive programs and community-based healthcare lower the cost of healthcare delivery. AKBAYAN shall:

- » Push for the full implementation of the Magna Carta for Barangay Health Workers (RA 7883). This includes demanding funding from the local governments and the national government for the said law.
- » Strengthen rural health units to extend the reach of healthcare service delivery to rural areas.
- » Introduce a mechanism for local and community-based insurance system.

F. Aggressive push for primary healthcare

Primary healthcare addresses many health problems, from child malnutrition to maternal health. AKBAYAN will promote the following:

- » Address malnutrition by pushing for feeding programs for children in schools. Such a strategy is found to be effective in encouraging parents to send their children to school and to lowering malnutrition.
- » Maternal healthcare shall be mainstreamed to improve the health of Filipino mothers and children.

- » Breastfeeding for infants and children up to two years old shall be encouraged. AKBAYAN supports increased regulation on the promotion, advertising and marketing of breast milk substitutes.

G. Addressing and prioritizing Reproductive Health

The lack of a national reproductive health policy is a threat to the lives of all Filipinos, particularly women. AKBAYAN will continue to strive for the creation of a comprehensive reproductive health policy in the country. We shall:

- » Push for the passage of the reproductive health bill to provide access to reproductive health information and programs.
- » Campaign for the strengthening and expansion of evidence-based programs to tackle HIV/AIDS.
- » Continue working on the elimination of all forms of gender-based discrimination and abuse, particularly among women, lesbians, gays, bisexuals and transgenders, to create an enabling environment for effective reproductive health interventions

H. Curbing Corruption and patronage in healthcare

Create and establish transparent procurement mechanism for medical equipment and medicines.

Impose a price ceiling on the cost of medicines in Philhealth and other HMOs through centralized procurement.

Depoliticize Philhealth to increase its coverage

I. Promoting patient's rights

- » Push for stringent regulatory mechanism for private hospitals
- » Monitor the implementation of existing laws on the rights of patients
- » Urge the government to develop a mechanism to report abusive hospitals and health personnel