Addendum : Notes on current health and health –related programs in the Philippines – Implications on the Reproductive Roles of Indgenous Women

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The government's allocation for health is now the highest for 2016. However the failure to achieve the MDGs 4 and 5 is attributed to the basic lack of accountability of the government to invest in the long-term benefit of the poor Filipinos through provision of basic necessities to facilitate effective health delivery to Filipinos, especially to the marginalized sector. According to Folger (2015), in her article for aspiring expats to the Philippines:

> *"In the Philippines, the reports notes, the level of per-person healthcare spending is one of the lowest among Southeast Asia's major economies. At 4.6%, the same holds true for spending as a proportion of GDP. Due to weak public financing, that number is expected to drop to 4.5% by 2018. At the same time, the nation's healthcare spending is projected to increase an average of 8% annually, from an estimated $12.5 billion in 2013 to $20 billion in 2018. To address the growing need for improved healthcare coverage, the government in 2013 passed the Universal Healthcare Bill, which promises health insurance for all Philippine nationals, especially the poor".*

Still prevalent up to now is shortage of medical personnel in the Philippines, in general, more so in rural areas. According to Folger (2015):

> *"Another challenge facing many countries in Southeast Asia is the chronic shortage of medical personnel. The average number of physicians in Southeast Asia is 0.6 per 1,000 people; in the Philippines, that figure is slightly higher at approximately one physician per 1,000 Filipinos. Southeast Asia as a whole, including the Philippines, has figures that are substantially lower than those in developed economies such as Germany (3.7 per 1,000), the U.K. (2.8 per 1,000) and the U.S. (2.4 per 1,000). The number of dentists and midwifery personnel in the Philippines are similar, again falling well below the averages of more developed economies"*
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> *"In 2014, Leo Olarte, president of the Philippine Medical Association (PMA), noted that the Philippines has only 70,000 "active" PMA members [physicians] to serve some 100 million Filipinos, adding that "the growth in our population should be complemented by the increase*

in the number of doctors." Part of the problem is that a significant percentage of licensed physicians no longer practice in the Philippines. Of some 130,000 licensed doctors, only 70,000 are still practicing, according to Olarte. "Over the past 10 years, there were around 10,000 doctors who shifted to nursing and then worked in other countries," he said. Others have retired or emigrated".

IBON Foundation conducted a study *" contained in the book "Critical Condition: Privatized health in the Philippines" which was "done among poor families in Sorsogon, Metro Manila, Nueva Ecija, Mindoro Oriental, Eastern Samar, Capiz, Iloilo and Negros Occidenta",* and furthermore, "*Interviewees included Sponsored, Paying and Lifetime patients. Sponsored patients are those whose PhilHealth contributions are paid for by other individuals, the local government or government agencies. Paying patients are usually government or private sector employees and individually enrolled members. Lifetime patients are senior citizens who have paid at least 120 monthly premium contributions".*

In IBON Foundation's research (2015) it was expressed that:

"Many patients expressed dissatisfaction with hospital facilities. They said that not even Cabanatuan City's Paulino J. Garcia Memorial Research and Medical Center, a training hospital, was complete in facilities. Not all hospitals had computerized tomography (CT) scan, ultrasound, 2D echo, X-ray, blood transfusion, caesarian operation, oxygen/ respirator and laboratory tests including those for dengue, blood and urine. Meanwhile, many Sponsored patients said that even though the hospitals were equipped with facilities, use of these would later be billed to them. Others said that they were obliged to spend for tests and procedures outside.

Some patients even had to bring their own bedding, electric fans and bed pans. Almost half of all Sponsored interviewees said that the hospital could not provide the services that they needed while confined. Almost a third of Paying interviewees, meanwhile, said that the same.

Paying patients had a positive attitude towards PhilHealth, yet complained about poor ventilation, lack of cleanliness, noise in the wards, smelly toilets, and lack of beds in health facilities. Sponsored patients meanwhile were critical of hospitals' lack of medicines and

medical supplies, beddings, unsanitary toilets and overcrowded premises.

Sponsored patients also remarked about the lack of doctors, inattentive health practitioners unless the patient had connections with personnel, and discrimination of patients. In addition, Paying patients complained about short visiting hours and long queues for diagnostics and services".

PhilHealth

As reported by Folger (2015):

"The Philippines has a universal health coverage system called PhilHealth (the Philippine Health Insurance Corporation), a government organization attached to the Department of Health. The agency's mandate is "to provide health insurance coverage and ensure affordable, acceptable, available and accessible healthcare services for all citizens of the Philippines." The system is designed to be a way for the healthy to help pay for the care of the sick, and for those who can afford medical care to subsidize those who can't. Premiums vary based on age and income".

According to IBON Foundation (2015):

"In his last State of the Nation Address, President Aquino recalled his 2012 announcement that through the Philippine Health Insurance Corporation (PhilHealth), families belonging to the poorest 20% of the population do not have to pay a centavo when availing of public hospital services. He further said that since 2014, this PhilHealth benefit has expanded to cover the population's poorest 40 percent.

The Aquino government signed the Universal Health Care Law in 2013 as its key to universal health access. Supposedly meant to benefit the poorest of the poor, the law mandates the National Health Insurance Program (NHIP) to facilitate the subsidy of medical care for those who cannot afford it, through PhilHealth"

In the MNCHN report (2015):

"*Given the advantage of PhilHealth's subsidized character, the IP respondents cited that the biggest hindrance that keeps them from becoming PhilHealth members is the lack of documents to submit (50 percent) and lack of funds for the membership free (38.5 percent)"* (NCIP-Region XI. (2015). The State of maternal and Child Health Care of the Subanen in Dumingag, Zamboanga del Sur, p. 29).

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The same gap is also mentioned in the IP-MNCHN Project reports from among the Arumanen, Manobo peoples in North Cotabato, and among the Mangguangan IPs in Compostela Valley.

According to Network Opposed to Privatization (NOP, 2012):

> *"Privatization of health facilities and services, the abandonment of state's responsibility to people's health and allowing private business to take over which makes health a commodity for profits, is definitely an outright and blatant violation of the people's right to health".*

NOP (2012) said on the PPP or Public-Private Partnership among hospitals:

> *"Public-Private Partnership (PPP) is Aquino's centerpiece program for his Philippine Development Plan 2011 – 2016. There are two aspects which distinguish his PPP from that of his predecessors.*
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> 1. *The granting of regulatory risk guarantees, an innovation and vital development to the way privatization projects were handled in the past. These regulatory risk guarantees make sure that the government would pay the private sector the total cost in case external problems arise.*
> 2. *The conscious and systematic inclusion of social services like health in PPP projects.*
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> *With PPP, research and development (R&D) in health has taken a new status. The government has never invested in R&D, now it is even at the forefront of advocating that private sector takes over this very crucial function"* (NOP (2012). Privatization: A Tool of Oppression. Blog entry dated October 17, 2012. Accessed at http://notoprivatization.blogspot.com/2012/10/privatization-tool-of-oppression.html. Retrieved on 24 February 2016.)

However based on a research conducted by IBON Foundation (2015):

> *"Interviews made by IBON in its recent study among PhilHealth beneficiaries however revealed how health services in the country have deteriorated or become more costly for the public. Data from the Philippine Health Nursing Association in 2013, for instance, shows that almost 70% of Filipinos' health spending still had to be shelled out by patients"*

Moreover, IBON Foundation said:

> *"Most interviewees said that they still had to buy medical paraphernalia or equipment which were not provided by the hospital but prescribed by the doctors and nurses. This included breathing tubes, intravenous (IV) therapy paraphernalia such as needles, syringes, dextrose, surgical paraphernalia, birthing paraphernalia, urine bags, catheter, blood-transfusion related paraphernalia, oxygen masks, ampules and vials, gloves, and cleaning implements.*
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> *They also had to shell money out for medicine that were not available in the hospital's pharmacy, such as antibiotics, anti-inflammatory drugs, and drugs for pneumonia, tuberculosis, cough, allergies, dialysis, pain and fever.*
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> *In Nueva Ecija, Sponsored patients complained about the high amounts that they were compelled to shell out for confinement. Some had to borrow money to comply with the hospital's prescription. Other patients said that they had to seek donations from friends and relatives, politicians, government agencies. Some had to resort to borrowing from informal sources or lenders who charge high interest rates. Loan interests range from 10-40% per month. Even if the hospital guarantees reimbursement in part or in full for unavailable paraphernalia and drugs, patients regardless of category said that having to shell out money for their confinement is rather burdensome" (2015)*

Despite the claims of the government on the statistical improvements in healthcare services, especially to the poor, it is still evident that there are still a lot of things to work on, at least in marginalized areas. Folger (2015) said that:

"If you live or retire in the Philippines, you can reasonably expect good, affordable healthcare if you are in the capital city of Manila. Outside Manila, it might be a different story. The U.S. Embassy in Manila notes that "Hospitals

in and around Manila often offer high-quality medical care....Many hospitals outside major urban areas may offer only basic medical care in rudimentary conditions. It is wise to evaluate the standards of medical care at a hospital before contemplating a medical procedure." If you live in a rural area in the Philippines, it's a good idea to research your local options and decide how you'll get to better care – before any healthcare services are needed". (Folger, J. (2015). Can You Trust the Philippines Healthcare System. Investopedia article. Dated: November 10, 2015. Accessed at http://www.investopedia.com/articles/personal-finance/111015/can-you-trust-philippines-healthcare-system.asp#ixzz412qyip9m. Retrieved 24 February 2016.; IBON Foundation. (2015). PhilHealth the myth of universal health care under Aquino. Online article. Dated 31 July 2015. Accessed at http://bulatlat.com/main/2015/07/31/philhealth-the-myth-of-universal-health-care-under-aquino/. Retrieved 24 February 2016).

IBON Foundation further said that:

> *"The interviews revealed an uneven implementation of the program. In Eastern Samar, most patients were given 100% coverage, while in Roxas and Iloilo no one was given 100% coverage. Overall, very few Sponsored patients said that PhilHealth covered 100% of their bills and that they still had to pay the balance of the bill. Meanwhile, Paying patients estimated that PhilHealth covered/ will cover from 26%-75% of their* bills, while no Lifetime member had 100% of their bill covered" (2015)

Furthermore, IBON said that:

> *"IBON's study showed that Aquino's health care program has not improved the public hospital system. Primarily treating health as a commodity rather than a service, the program builds on the progressive privatization of the health sector, implemented through various strategies through the years with the overarching principle of decreased State responsibility and more private role. As of 2013, PhilHealth claims to have already covered 70% of the population, though based on previous estimates, this is the lowest number of beneficiaries since 2011".*

Thus:

> *"Amid the rising cost of health services in the country, PhilHealth has also not guaranteed reduced or no out-of-pocket expenditures. Alongside government's plan to encourage more public-private partnerships in the health sector, PhilHealth is still about profit-seeking at the expense of the public — using the mantra of sustaining,*

> *improving and modernizing health facilities and services. Instead of ensuring the delivery of this crucial social service, it has clearly become an additional burden for a growing population already stricken with persistent joblessness and poverty, hunger and severe malnutrition, among others"* (IBON Foundation, 2015)

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Achievement of the MDGs 4 and 5 in the Context of Indigenous Women and Children

The Millennium Development Goals (MDGs) which ended in 2015 included the reduction of child mortality and improvement of maternal health as its 4th and 5th goals, respectively. Although there is significant decrease in infant and neonatal mortality rate such statistics do not reflect that of indigenous peoples. In a document published by the NCIP-Region XI (2015), "The State if Maternal and Child Health care of the Arumanen Manobo of Carmen, North Cotabato":

> *"The Philippines is mostly on track in achieving its health-related Millennium Development Goals. In 2008, NDHS indicated that the Philippines demonstrated a countrywide decline in infant mortality from the mid-1990s to 2008. Infant mortality rate declined from a value of more than 100 infant deaths per 1,000 live births to a value of around 25. The neonatal mortality rate for the Philippines in 2008 was 16 per 1,000 live births… These data, however are not segregated to reflect the situation of the indigenous peoples"* ("The State of Maternal and Child Health Care of the Arumanen Manobo of Carmen, North Cotabato" report by the National Commission on Indigenous Peoples-Region XI, *p. 21)*

The document further concluded that:

> *"Disaggregated data to determine the exact health status of the IPs should be collected. A Health Disaggregated Management Information System should also be established to help the stakeholders keep track of IP-specific health needs" (Ibid.p. 25)*

Such issue on the lack of disaggregated data regarding the health status of the indigenous populations is also noted in the NCIP's reports among the Subanen in Zamboanga del Sur and the Dibabawon and Mangguangan IPs in Compostela Valley.

*(2015, "The State of Maternal and Child Health Care of the Arumanen Manobo of Carmen, North Cotabato" report by the National Commission on Indigenous Peoples-Region XI)

*(2015, "The State of Maternal and Child Health Care of the Subanen in Dumingag, Zamboanga del Sur" report by the National Commission on Indigenous Peoples-Region XI)

*(2014, "The State of Maternal and Child Health Care of the Dibabawon and Mangguangan Indigenous Peoples of Montevista, Compostela Valley" report by the National Commission on Indigenous Peoples-Region XI)

According to the IP-MNCHN (Indigenous Peoples Maternal, Neonatal and Child Health and Nutrition) Project reports in Mindanao (2015) there is a dilemma on "Unavailability of disaggregated data for the IP's health status" that:

> *"Disaggregated data to determine the exact health status of the IPs should be collected. A health Diaggregated Management Information System should also be established to help the stakeholders keep track of IP-specific health needs. Since there is also a lack of data about the reproductive health of adolescent IPs, data should be gathered to address its absence".*

*(p. 25, 2015, "The State of Maternal and Child Health Care of the Arumanen Manobo of Carmen, North Cotabato" report by the National Commission on Indigenous Peoples-Region XI)

TBAs Call of Integration of Traditional Knowledge and Modern Medicine

"The DOH, through its attached agency, the Philippine Institute for Traditional and Alternative Health Care, supports the integration of traditional and complementary medicine into the national health care system" (p. 23).

*(p. 23, 2015, "The State of Maternal and Child Health Care of the Arumanen Manobo of Carmen, North Cotabato" report by the National Commission on Indigenous Peoples-Region XI)

Despite the claim of support by the DOH on traditional medicine it is still a long way to go. There is an evident need to enhance the capacity of TBAs on practices of contemporary medicine without compromising the use of their traditional knowledge given the situation of IPs in geographically isolated and disadvantaged areas (GIDA) that immediate health provision is not around. The TBAs in communities are willing to learn these and in fact, calls for their training and accreditation by the DOH to service their communities.

The care of TBAs are unprecedented that indigenous women prefer them over the medical staff in the centers. TBAs care for the mother and child even before the delivery and for longer period after the birth. Moreover TBAs, when being compensated, is payed a meagre amount compared to bills in health centers that the family cannot afford. Adding to the cost is the transport to and from the health center.

Lacking of Infrastructures and Facilities for Effective Health Delivery

Many indigenous communities now reside in geographically isolated and disadvantaged areas because of their previous displacement due to the

encroachment of non-IPs in their lands. Since then indigenous communities often reside in far areas where healthcare and other basic social services are nowhere near. Indigenous peoples have to walk kilometers in order to get to the nearest health center.

A research by the Japan International Cooperation Agency (JICA) found that 63 barangays in 3 Cordillera provinces namely, Benguet, Abra and Apayao, "have not allocated for maternal and newborn emergencies in their annual budget" (Lacsamana, Baguio Midland Courier, p. 1). JICA is a donor agency to provide healthcare for Filipinos which also helped in Region XI. The report said, "JICA Systems Science Consultants Inc. Training Management Chief Advisor Fude Takayoshi said this implies that during emergencies in these barangays, women, particularly indigent ones, may encounter lack of support when most needed" and added that "the barangay local government should be in the frontline of emergency measures to ensure the welfare of its constituents" (Lacsamana, Baguio Midland Courier, p. 1).

*("63 brgys allot no funds for maternal, newborn crises". Baguio Midland Courier, Volume LXIX, number 5, January 31, 2016, p. 1-frontpage, Hannah Lacsamana)

It was reported that in certain barangay in Paracelis, Mountain Province, a midwife goes to the IPs community for only once a month for immunizations thus the immediate TBA is sought who uses herbal medicines to indigenous patients. The community worker in such area sought the government for a permanent health worker in their work area but since their request in January 2015, it has not yet been provided.

*Interview with Community Facilitator Assistant of the 4Ps in Barangay Buringao, Paracelis, Mountain Province. Interview held on January 22, 2016.

Adding to this dilemma is the lack of ample healthcare facilities and healthcare providers. Discrimination issues in hospitals and lack of cultural-sensitivity are also issues raised by IPs, themselves.

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