On the FIRST 100 DAYS OF THE DUTERTE ADMINISTRATION
NO CHANGE IS COMING ON THE HEALTH FRONT !!!

What the health sector did…

June 24 – People's Health Summit --→ People's Health Agenda
June 27 – mtg w DU30 output: kakausapin si Ubial sa Fabella;corporatization=privatization
June 29 – People's Summit (incl 100days Health Agenda)
July 7 - mtg with DOH re: Fabella
July 20 – People's Agenda, People's Health Agenda and the Peace Talks
July 22 – Dialogue with DOH Sec Ubial
July 25 – another copy given to Honeylet; nag-open ng line for scheduling
July 29 – formal letter to DU30 seeking for a dialogue
Aug 22 – Coalition for People's Right to Health formal launching

Some positive pronouncements from Pres. Duterte

1. "All PAGCOR funds will be given to health" ---still for monitoring
2. 1st Cabinet meeting: Du30 orders Sec Ubial to go and study the Cuban health care system --- Sec Ubial and the DOH team went to Cuba for a 3 day visit after presenting to the APEC health committee the Philippine Health Agenda.

Meanwhile with regards to:

The People's Health Agenda:

Working Towards A Free, Comprehensive and Progressive Healthcare Founded on Equity, Social Justice, and People's Rights

Develop a health care system that is comprehensive, progressive and responsive to the health needs of the people instead of Universal Health Care (Universal coverage). UHC is implemented by selling packages of health services to those who can pay instead of providing protection and ensuring health care for everyone even those who cannot pay.

1. Stop privatization/corporatization of public hospitals. Instead allocate sufficient budget for public hospitals to provide free health services and medicines for the poor, as well as affordable medicines for all.

   Response: In the July 22 dialogue, the DOH secretary said "On the privatization of health facilities, there was never a move to privatize. Yes, there was move to corporatize some and not all 72 hospitals. (I recall only 33, which was the bigger and more specialized care hospitals with revenue and income already. But even in a corporatized setting, there will still be subsidy from National Government esp based on the experience of the 4 corporate hospitals of the DOH. The fiscal autonomy of DOH hospitals has been made possible through a provision in the GAA, but this provision can be erased or removed anytime. The passage of a law to corporatize the selected

hospitals can make permanent the arrangement of their full income retention and fiscal autonomy. I have seen a set up where the health system was working through direct government subsidy and it resulted in maldistribution of resources, poor quality services because there no incentive to perform better and disruptive services because there was no clear basis for promotion and additional pay. I know in my 27 years in government work that having fiscal autonomy is better than not having it. It encourages good services and incentivices quality care, the more patients you have the more income the facility has.

2. Stop the transfer and ultimately the corporatization of Dr. Jose Fabella Memorial Hospital which will deprive poor patients of affordable women, maternal and child health care. Improve present structures and develop facilities with government funding.

Response: "I talked to them (AHW)… Tiningnan namin ang kanilang position and I told them we will review the documents, kasi parang, according to them, hindi kailangang lumipat 'yung Fabella. But I still have to look at the report of the city engineer's office (on the structural integrity of the old hospital building)," she said.

She added that as part of her plan of actions, she will also discuss the matter with the Home Guaranty Corporation (HGC) which is reported to be owning the site of the old hospital building to get a clearer picture of the issues surrounding the proposed transfer. (July 7, **- PNA KBAPI)**

On Sept 1 a DOH memo was released. The administrative offices of the Fabella hospital and the midwifery school will have transfer to the Lung Center Building by October 3. Another memo that the AHW got was about the downsizing of patients for the Fabella hospital

3. Upgrade and set up effective public health care system from primary, secondary and tertiary level of care especially in far-flung areas using public funds. Ensure that all public hospitals and centers have enough personnel, medicines, laboratory equipment and supplies.

Ensure an adequate number of health personnel in the healthcare system to approximate the ideal population -to-health personnel ratio. Fill up 22,220 unfilled plantilla positions and create more plantilla positions for public health care personnel. Create additional plantilla positions for doctor and nurses.

Response: In a TV interview Sept 5 - after the Cuba visit and primary health care: “On the Barangay health stations, we intend to incorporate them in the Philippine Development Plan : 1 barangay health station per barangay. There are only 16,000 barangay health stations, and there are 46,000 barangays. In 2015 DOH built some 3, 500 and another 3,500 in 2016 that makes us short of 23,000 and we intend to fastrack it sana. (*However, In the 2017 proposed budget, the DOH has ZERO budget for BHS !)

Re the Cuba’s experience with a very ideal doctor:patient ratio, the DOH secretary had this to say. “And if it’s a doctor at the frontline, or one doctor for every barangay, so that’s 2,000 to

5,000 population, that would cost us around P57 billion additional. But that's only for the salary of the health worker. Now if it's a midwife or a nurse that will be in the frontline per barangay that would be around 25 billion pesos,"

* In the 2017 budget the deployment plan of the DOH has decreased: doctors (from 946-435), nurses (from 15,727-9,349) and dentists (324-243)

4. Provide an adequate health budget that is commensurate to the needs of Filipinos. Allocate at least 5% of the Gross Domestic Product (GDP). Prioritize budget for direct public health services including the provision of free essential medicines and free basic services.

   In 2015, the 5% GDP translate into more or less P600 B. According to the Philippine Statistics Authority, we need not less than P315 B if we want to unburden the citizens of health care costs and guarantee their rights. In the proposed 2017 budget, the budget increased from P124B in 2016 to P 141B in 2017. Philhealth (which for the first time was separated as a budget item) is now almost 1/3 of the total budget, while there is an average of 30% budget cuts for MOOE across all hospitals, a total of P 1.5B

5. Uphold the interest and welfare of the health professionals and health workers.
   - Increase the basic salary of health personnel (P16,000 minimum wage for health workers, P25,000 entry level for nurses, and P50,000 entry level for doctors)
   - Provide the benefits under the Magna Carta of Public Health Workers. Allocate at least P8 Billion for Magna Carta benefits for all health workers under Department of Health (DOH) and Local Government Units (LGUs).

   No move from the Department of Health. Bayan Muna has refiled the bill to increase the Nurses entry level salary to P25,000.

6. Ensure provision of safe, accessible, affordable and essential medicine for the people. Regulate prices of medicines. Remove the value added tax (VAT) in medicines.

   No move from the DOH.

7. Allocate funds to direct public health services instead of allocating huge funds to Phil Health or insurance. PhilHealth is a form of user-fee, making people pay for services. With the cap in benefit package and lack of medicines, supplies and procedures in public health facilities, even poor patients are forced to spend out of their pockets.

   Response: Philhealth (which for the first time was separated as a budget item) is now almost 1/3 of the total health budget, while there an average of 30% budget cuts for MOOE across all hospitals or a total of P 1.5B has been proposed. Philhealth will also get the 60% share of sin taxes .

- Recent IBON surveys found that PhilHealth paid less than half of patients' health expenses and that 7 of 10 PhilHealth sponsored patients were still obliged to buy medical paraphernalia outside the hospital during confinement.
- 65% of Philhealth accredited hospitals are private institutions.

8. End the practice of contractualization, including job-order employment and on-the-job training. Regularize all contractual employees.

   In the last health budget hearing in Congress, it was revealed by Cong Tinio that DOH has the largest number of job orders, a form of contractualization (11,712 in 2016). This practice violates the Admin code that job orders can be done only if : 1) they are temporary and 2) if they are not doing the job of supposed regular positions. For 2017 there will be an additional 19,484 job orders . This is done to save on expenses.

9. Implement the law that requires hospitals to admit patients without compelling them to pay deposits especially for emergency cases.

   There was a meeting with the Philippine Hospital Association held by the DOH and Senate Committee on Health Chairperson Risa Hontiveros. No resolution was done. According to AHW, even some government hospitals require deposits.

10. Provide free immunization to all infants and children and nutrition program to all malnourished children.

    The DOH said it is in the 2017 budget.

CONCLUSION:

NO CHANGE IS COMING AT THE DEPARTMENT OF HEALTH !!!

THE MAIN OBSTACLE:IS THE DOH'S ADHERENCE TO THE NEOLIBERAL POLICIES OF BUDGET CUTS, PRIVATIZATION AND THE UHC BANDWAGON … further turning health services into business, and health workers as cheap labor force.

THE STRUGGLE FOR A FREE, COMPREHENSIVE AND PROGRESSIVE HEALTH CARE CONTINUES!

Health Alliance for Democracy (October 1, 2016)