



PHILIPPINES

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STATEMENT

by

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Secretary of the Department of Health of the Republic of the Philippines

at the

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Mr. Chairman,

The Philippine delegation warmly congratulates you and the members of your Bureau on your well-deserved election. We sincerely express our full support and commitment to the successful completion of the tasks at hand for this 43rd Session. The Philippines also aligns itself with the statement made by the Group of 77 and China.

Mr. Chairman,

We are very pleased to take part in this session to participate in the much sought discussion and collective adoption of a substantive resolution on the globally pervasive issues of health, mortality, morbidity and development.

Overall Health Indicators. Over the years, the overall health condition of Filipinos has shown improvement as indicated by declining mortality rates and longer life span. Recent data shows that life expectancy at birth increased by four years over the period 1997-2006 (from 67 years in 1997 to 71 years in 2006). Moreover, the crude death rate in the country improved to five (5) deaths per thousand population in 2006 from seven (7) deaths per thousand population in 2000.

Infant and under-five mortality rates have also improved over the years. From 29 infant deaths per 1,000 livebirths in 2003, the IMR in 2008 improved to 24 deaths per 1,000 live births in 2008. Under-five mortality rate also declined from 40 deaths per 1,000 live births in 2003 to 34 deaths in 2008. (2008 NDHS)

Based on 2003 DOH Philippine Health Statistics, diseases of the heart; diseases of the vascular system; malignant neoplasm; accidents; and, pneumonia remained to be the leading causes of mortality in the country. Despite targeted interventions, tuberculosis remained among the top ten killers in the country. Increasing prevalence of non-communicable diseases is becoming a serious health concern which makes the health sector deals with double burden of diseases.

Reproductive Health Concerns. A special concern for health in the country points to the health of the mothers and children. Improving the health of the mothers reflects the bleakest prospect for the country in terms of achieving the Millennium Development Goal (MDG) 5. As of 2006, 162 mothers per 100,000 live births have died due to complications from pregnancy and childbirth. Maternal deaths comprise as much as 14 percent of all death to women of reproductive age. Although this indicates a decline of 10 deaths from the 172/100,000LB maternal mortality ratio in 1998, the slow pace of the decline provides a dim possibility that the country could achieve its target of 52 MMR by 2015. While we are hopeful that we can achieve MDG 4 target of reducing under-five deaths by 2/3, a more focused intervention has to be done to address neonatal mortality. The 2008 National Demographic Health Survey (NDHS) showed that 74% (25/1,000 LB) of deaths among under-five children (34/1,000 LBs) occurred during infancy, of which 64% (16/1,000 LB) occur during the first 28 days of life. The MDG 4 can be achieved if neonatal deaths can be rapidly reduced.

Majority of maternal deaths in the country occurred during labor, delivery and the immediate postpartum period. Studies have likewise shown that Filipino women continue to experience unwanted and unplanned pregnancy due to high unmet need for family planning and poor socio-economic conditions. Unwanted pregnancy also pervades among the young segment of population as indicated by increasing teenage pregnancy. Most women with unwanted pregnancies resort to abortion which put them at risk of dying.

The health status of the Filipinos especially the young is likewise being threatened by the increasing trend in STI and HIV/AIDS prevalence in the country. While the Philippines is considerably a low-HIV-prevalence country with less than 0.1 percent of the adult population estimated to be HIV-positive, data from the Philippine HIV/AIDS Registry recorded 4,567 HIV cases as of January of this year. Of the number, 3,733 (82 percent) were asymptomatic and 834 were AIDS cases. As of February 2010, we have recorded a total of 130 cases which is equivalent to 4 new cases per day, as compared to 2005 where we only register 1 new case every two days. HIV is most prevalent among 25-29 years old and among males. The latest study in the country has likewise exposed an alarming increase of HIV/AIDS among young professionals.

Other Epidemiological Diseases. During this time of uncertain and uncontrollable changes occurring in the environment, our government is continuously challenged to protect the health of its people from other killer diseases such as measles and dengue, among others. The latest data from the Department of Health showed 742 confirmed cases of measles nationwide from January to February of this year which is 234 percent higher than the figures obtained in the same period last year. This is indeed a concern that we have to pour our efforts on. Moreover, while we have ebb the tide of Influenza A (H1N1) through systematic and pro-active measures, we continue to monitor cases of this disease in the country and at the same time, build the capacity of our health providers and health facilities to respond and mitigate its impact.

Mr. Chairman,

We, as a country, recognize the paramount importance of health in development. No other than our Constitution explicitly guarantees the protection and promotion of the right to health of the Filipino people (Section 15, Article II, 1987 Philippine Constitution) being the most vital resource in the country. Within this constitutional policy framework, we relentlessly strive to improve the health of the Filipino people by instituting holistic reforms in the health sector.

In 1999, the Philippines Department of Health took a bold step towards improving the performance of the health sector by improving the way health services are being provided and financed. This program of change, known popularly as the Health Sector Reform Agenda, are directed mainly at a) expanding effective coverage of national and local public health programs; b) increasing access, especially by the poor, to personal health services delivered by both public and private providers; and c) reducing the financial burden on individual families through universal coverage of the National Health Insurance Program (NHIP). It consists of five interrelated health reform areas to include 1) promotion of the development of inter-local health systems; 2) provision of fiscal and managerial autonomy to government hospitals; 3) strengthening the capacity of the DOH to exercise technical leadership in disease prevention and control 4) strengthening the capacities of DOH to exercise its regulatory functions; and 5)

expansion of the coverage and enhancing the benefit package of NHIP. The HSRA was designed to be implemented as a package because the components are highly interdependent.

The current implementing framework and mechanism for the HSRA is the **FOURmula One for Health**. FOURmula One is designed to implement critical health interventions as a single package, backed by effective management infrastructure and financing arrangements. F1 is aimed at four program thrusts: (1) more, better and sustained FINANCING; (2) REGULATION to ensure equality and affordability of health goods and services; (3) ensured access and availability of SERVICE DELIVERY; and (4) improved performance in GOVERNANCE.

Addressing the Socio-Economic Barriers to Health Care. The country believes that socio-economic factors, particularly the income level, provide significant impact on the capacity of individuals and families to satisfy their health needs. As of today, the country is still facing an increasing number of poor and uneducated Filipinos. To slowly remove the economic barrier in accessing health care especially access to low cost medicines among the poor households, the country has implemented several policy measures. The Generic Drug Act of 1986 is the government's first legislative move to provide greater access to affordable medicine – this policy measure is the first of its kind in Asia. This Generics Law allows the production of unbranded drugs, using the same active ingredients and processes as the ones used in branded drugs, thus bypassing the patent system. The law made essential medicines, such as antibiotics, available at lower prices. Furthermore, in 2008, the Universally Accessible Cheaper and Quality Medicines Act was enacted (RA 9502) to make quality medicines available at affordable prices. At present a maximum retail price scheme on essential life-saving drugs have been imposed which reduced the prices of at least 72 drugs by 10 to 50 percent.

More concrete mechanisms are already in place to improve the availability, affordability and accessibility of low-priced quality medicines especially among the poor. This mechanism is operationalized by saturating the market with low-cost essential drug through setting-up easily accessible drug-outlets like the *Botika ng Bayan* and *Botika ng Barangay* (pharmacies in the communities). The private sector has likewise contributed its share in providing alternative outlet for cheaper medicine through the establishments of Generics Pharmacies. In addition, many local government units in the country have already enrolled a substantial number of their indigent constituents in the Philippine Health Insurance Corporation (PhilHealth) to ensure financial protection for the poor.

Recognizing the intricate interrelationships of health and development, program managers continue to design integrated programs for development that considers other sectoral concerns. The poverty reduction programs of the country, particularly its Anti-Hunger Mitigation Program (AHMP) and the Conditional Cash Transfer locally known as Pantawid Pamilyang Pilipino Program (4Ps), aimed to contribute in improving the income level of the poor households and improve their utilization of health, nutrition and education services. These poverty reduction strategies also directly help poor women to access reproductive health information and services such as family planning and maternal health through attendance to responsible parenting and mothers classes.

Improving maternal health. While we strive to deliver quality health care for the Filipino people in general, we would also like to focus our attention to reproductive health concerns which are pulling down the country's achievement of the ICPD and MDG targets.

One of the greatest concerns in the country today points to high incidence of maternal deaths as mentioned earlier. To respond to this issue, the country is embarking toward a vision of rapidly reducing maternal and neonatal deaths through its Maternal, Newborn, Child Health and Nutrition (MNCHN) Program. The national policy works under the principles that all pregnancies must be wanted, planned and supported and that the mother-baby pair will receive quality continuum of care throughout their life cycle. Strategy includes the shift from home-based to facility-based delivery attended by skilled health professionals. This strategy aims to establish strategically located health facilities that can provide emergency obstetric and newborn care. As of now, the country is working on the establishment of 166 Comprehensive EmONC and 1197 Basic EmONC facilities. This effort is likewise being supported by various development partners including the UNFPA, UNICEF, AusAID and WHO through their Joint Programme on Maternal and Neonatal Health (JMNH). This Joint Programme aims to improve provision of continuum of quality health care and services covering pre-pregnancy, antenatal, intra-partum, post-partum and neonatal care.

Within the framework of the national Maternal, Newborn and Child Health and Nutrition Program, the provision of family planning information and services is also being undertaken to assist women of reproductive age and couples achieve their fertility goals and decisions. The family planning program in the country has been made as an integral part of development initiatives not only in maternal health and reproductive health programs but also in anti-poverty efforts. As recent data have shown, the country is still challenged to address the high unmet need of couples particularly of women for family planning. The contraceptive prevalence rate in the country is at a low 50.7 percent in 2008 with a total unmet need of 22 percent, 9 percent for spacing births and 13 percent for limiting births. Unmet need for family planning is particularly high among women who are poor, uneducated and those in the rural areas. Consequently, these women continue to suffer unwanted pregnancy and high fertility level. With large family size, their capacity to provide for the basic needs of their family is impeded.

The interrelationship of poverty and reproductive health and rights has been articulated in the frameworks of the national anti-poverty programs mentioned a while ago. As such, part of these programs is the Responsible Parenthood and the Natural Family Planning (RPM-NFP) initiative that is promoting the empowerment of couples and families and assisting them achieve their fertility goals through responsible parenthood and effective parenting, awareness on fertility, responsible sexuality, birth spacing and natural scientific family planning. The provision of modern artificial family planning methods likewise forms an integral part of the birth spacing strategy through the MNCHN program at the national level and through the comprehensive and integrated family planning and reproductive health programs in the local government units. The national Congress has provided for support funds for the procurement of family planning commodities at the local level in the last two years. However, the country is still in its way of crafting a more responsive and firm policy that could ensure universal access to reproductive health services and availability of RH commodities. Within the context of informed choice, the national government should view family planning and other reproductive health services and

commodities as public health goods and should, therefore, allocate funds to procure needed contraceptives to provide safety nets especially to the poor.

Adolescent health and youth development. The country recognizes the role of youth in nation building as indispensable. As such, the country is committed and doing necessary actions not only to mold the youth as responsible adults in the future but also as productive citizens today. Addressing their needs, including sexual and reproductive needs, remains a priority concern for development initiatives in the country as Filipino youth today remains vulnerable to various threats to their health and well-being.

Teenage pregnancy is becoming an increasingly alarming issue among adolescents as indicated by increasing fertility among women aged 15-19 years. The age-specific fertility rate for this group increased from 46 (per 1,000 women) in 2003 to 54 births in 2008. Teenagers who have begun childbearing have grown from 18 percent to 26 percent in 2003. Moreover, most of the pregnancies among adolescent were unplanned and have resulted to induced abortions, which have been estimated to have reached 473,400 cases among all women in 2008. Lastly, a recent study revealed that, young professionals, especially those in call centers, have become the most vulnerable group in the spread of STI and HIV-AIDS due to their risky sexual behaviors.

As a response, several sectors in the country are implementing integrated programs and initiatives on adolescent and youth health and development, in integrated and complementary manner. The Adolescent Health and Youth Development Program (AHYDP) under the population management program is accelerating effort to provide necessary information and skills among youth and adolescents on matters related to their sexuality, health and development. Modular training packages on parenting adolescents have been developed and rolled-out at the community level to train parents and guardians on educating and guiding their adolescent on responsible sexuality and health.

The DOH recognizes the need to prioritize health problems and geographic areas of coverage, target the unreached sub-sectors of young people, clarify the agency roles and strengthen coordination with its partners (i.e. Sanguniang Kabataan, National Youth Commission, BGOs and other agencies). The agency has also integrated appropriate evidence-based interventions with the adolescents and youth health service package.

At the national level, the Department of Health has initiated the formulation of the Medium-Term Strategic Plan for Adolescent Health and Development to ensure the provision of necessary information and services for the youth and adolescents. In line with this effort is the development and implementation of guidelines and mechanisms for the establishment of adolescent-friendly health services. Behavior change communication strategies are likewise being designed for reducing teen-age pregnancies.

The integration of human sexuality education in the school curriculum is now being pilot-tested both in public and private secondary schools. The NGOs and local government units are likewise continuing its efforts to provide opportunities for health development among adolescents and youth through their various programs including counseling, capacity building,

employment, and the establishment of teen-centers where health and other development-related activities, information and services are being provided for all types of adolescents and youth.

Mr. Chairman,

Considerable improvement in women's status, as reflected in the improved political participation, employment, education, health and decision-making power of Filipino women, are being gradually realized in the country over the years. Yet, the persistent incidence of violence against women in the country, which seriously affect the health and development of women, implies the need for more aggressive effort to protect women's right and health towards gender equality and equity.

Along this concern, the country has instituted several key legislations and programs aimed at empowering women and promoting gender equality. These include the most recent passage of the Magna Carta of Women which provides for the improvement of opportunities for women to have access to health care including maternal health, family planning, and other reproductive health services, among others. Joint Programmes on Violence Against Women is likewise being undertaken collectively by donor, national and local government and non-government agencies.

Mr. Chairman,

The increasing cases of HIV-AIDS in the country is likewise an important and urgent concern for all stakeholders in the country today. While we remain a low-prevalence country, we are taking steps to avert this looming pandemic. Through the Philippine AIDS Prevention and Control Act of 1998, the Department of Health and all other agencies concerned have collectively developed policies and measures for HIV prevention and control in the Philippines. On-going efforts to address this increasingly alarming issue include nationwide information and educational programs; development of 5th AIDS Medium Term Plan; creation of local policies and structures (e.g. AIDS Council and ordinances), provision of appropriate health care and services; and institution of HIV-AIDS surveillance and database system. Joint Programme on preventing and treating HIV/AIDS are also being implemented nationwide. Most recently, the Department of Health made a bold move of distributing condoms to promote awareness on STI and HIV/AIDS prevention and control amidst the strong opposition of certain religious group.

As the impact of this issue is getting across all sectors, stakeholders in the Philippines are gathered at this very moment through the HIV Summit 2010 to inform and discuss with international, national and local leaders the current state of HIV in the Philippines and the need for urgent action towards meeting MDG 6 particularly halting the incidence of HIV in the country. This is likewise an opportunity for all sectors to reach a consensus strategy for preventing and treating HIV.

Mr. Chairman,

In the face of unprecedented events occurring within the natural and political spheres that are undermining the health and development conditions of the Filipino people, the government, NGOs and other stakeholders concerned remain steadfast in improving the health and

development status of the people through its relentless initiatives and measures. Our health conditions reflect serious challenges that we have to collectively workout in precise and purposive manner. Access to quality health care, information and services have yet to be fully provided to the poor and marginalized sector of the society including the children and youth. The prevention and protection from epidemiological diseases is yet to be institutionalized in the communities. We still have mothers, youth, women, and poor people to save from the threats of various and interrelated factors within the environment. As such, we commit to urgently gather all our efforts to have healthy, progressive and empowered Filipinos today and in the future.

Along this concern, we also urge more affluent nations, international donors and other partner countries to assist developing countries to improve the health and development conditions of their people through sustained financing and technical assistance.

Thank you, Mr. Chairman.