

The Health of the Filipino People under the Duterte Administration

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Abstract

The Republic of the Philippines is characterized by severe social and economic inequalities, with 26% of the population in poverty. Government spending on health and access to healthcare services has been limited. Garnering the vote of many poor Filipinos, Rodrigo Duterte was elected to the Presidency of the Republic of the Philippines on May 9 and inaugurated on June 30, 2016. In the Western media, he has been vilified for his off-the-cuff remarks as the "Trump of the Philippines" and for the law-and-order policies of his tenure as Mayor of Davao City he has been called "The Punisher" or "Duterte Harry." In reality, however, he is a more complex figure, who made peace with Muslims and Communists while serving as Mayor. Since his election, he has included leftists in his cabinet and declared a unilateral ceasefire with the Communist insurgency. He has vowed to institute social policies to uplift the poor, including improvements in healthcare access. The oligarchy will not give up its privileges and its holdings easily, however. The

health of the Filipino people will be affected by what Duterte is able to accomplish during his six-year term.

Introduction

The election of Rodrigo Duterte to the presidency of the Republic of the Philippines on May 9, 2016 represented a departure from the usual political landscape of the nation. Inaugurated on June 30, 2016, Duterte took over from the Benigno S. Aquino III administration. Will Duterte's administration lead changes in the social and economic order? Will changes in the social determinants of health lead to an improvement in the health of the Filipino people? This editorial briefly reviews the health of Filipinos and salient characteristics of the healthcare system in light of the changes that may be enacted by the new President.

Duterte does not belong to one of the mega-wealthy, hacienda-owning political dynasties that have long controlled regional and national politics in the Philippines. For 22 years he has been the Mayor of Davao City, the country's third most populous municipality, located on Mindanao, the southernmost large island in the archipelago. The law and order policies of his mayoral administration led to a lowering of crime rates. Duterte made peace with armed insurgencies among Muslims and Communists and accorded representation to Muslims and indigenous peoples within the municipal admin-

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istration. Since he assumed the presidency, extrajudicial killing of drug dealers have led to accusations of vigilantism and human rights abuses.

During his presidential campaign, Duterte vowed to improve the lot of the poor. In February 2016, he pledged that if elected president, he would require all private hospitals to set aside 20 to 30 beds for the poor, with their expenses paid for by the government. In a vow that runs contrary to Catholic doctrine, Duterte also pledged to make family planning more available to families that have difficulty raising their children - in order to slow down population growth.¹

Soon after his election, Duterte made an offer to the Communist Party of the Philippines National Democratic Front (CPP-NDF) that the Left could recommend ministers for four positions in his cabinet (initially suggesting social welfare, agrarian reform, labor, and the environment). Given that the CPP has been underground since its founding, this is unprecedented in the history of the Philippines. Duterte has since named members of his administration suggested by the Left. Of note, the post of the Secretary of Health was not offered to the CPP-NDF. The incoming Secretary, Paulyn Jean Rosell-Ubial, was an assistant secretary of health in the outgoing Aquino administration. Duterte suggested in his first cabinet meeting that she travel to Cuba to learn from its health system.

In his July 25, 2016 State of the Nation Address, Duterte declared the following:

With this, my administration shall be sensitive to the State's obligations to promote, protect, fulfill the rights of our citizens, especially the poor, the marginalized and the

vulnerable, and social justice shall be pursued, even as the rule of law shall prevail at all times.

My administration shall implement a human approach to development and governance, as we improve our people's welfare in the areas of health, education, adequate food and water, housing, environmental preservation, and respect for culture.²

This was followed by an announcement of a unilateral ceasefire with the CPP-New People's Army-NDF.

The health of the Filipino people

Classified by the World Bank as a lower middle income country, the life expectancy at birth in the Philippines is 65 for men and 72 for women (2015).³ In the U.S. it is 77 for men, and 82 for women.⁴ The total expenditure on healthcare per capita is \$287 (2013);³ the U.S. spends \$9146 per capita.⁴

Health services and health worker distribution

The low per capita health expenditure is reflected in the general lack of availability of healthcare services. Moreover, existing services are distributed unevenly, with many impoverished, rural, and mountainous areas lacking health workers and therefore health services. Certain social groups such as Muslims and indigenous peoples experience exclusion.⁵ Progressives maintain that seven of ten Filipinos die without receiving medical attention. In addition, many of those who have received medical attention are unable to afford the medications or procedures appropriate for their condition.⁶

The salaries of government health workers are low. In 2012, professional nurses earned an

average monthly wage of 11,488 Philippine pesos (Php), approximately US \$250. Medical doctors earned an average monthly wage of Php 22,870 (approximately US \$497).⁷

Wages that are too low relative to the cost of education and the cost of living prompt many health workers to work overseas. The International Organization on Migration reported that in 2012, 15,655 Filipino nurses were hired abroad.⁸ The Philippines is the country that contributes the largest number of nurses to the rest of the world.⁹ It is third after India and the U.K. in the number of physicians it contributes to the rest of the world.¹⁰

Healthcare financing

The Philippine Health Insurance Corporation (PhilHealth) was established by legislation in 1994 and amended in 2013. Enrollees make contributions to the health insurance parastatal corporation. In order to qualify for benefits, members must have made three monthly payments within the previous six months. PhilHealth then pays health providers and facilities for the costs incurred for medical care. For the indigent patients who had previously received medical attention at nominal or no cost at government facilities, and whose care was therefore funded by the government, PhilHealth shifts a portion of the cost to the user, who must make membership contributions. As more patients utilize private facilities, government funding that previously went to public facilities gets shifted into reimbursements to private providers.

The Aquino administration thus directed more funding to PhilHealth and less to direct service provision at public hospitals.⁵ With the goal of *Kalusugan Pangkalahatan* (or Universal Health Coverage) the Aquino Health Agenda was intended to transform healthcare *financing* such that public institutions are forced to com-

pete with private institutions. As noted by Howard Waitzkin,

Despite its often ambiguous definition, UHC [Universal Health Coverage] usually refers to a financial reform extending insurance coverage in varying degrees to a larger part of a country's population. UHC does not mean "healthcare for all" (HCA) – a healthcare delivery system that provides equal services for the entire population regardless of an individual's or family's financial resources.¹¹

Hospital corporatization and privatization

Under the Aquino administration, a number of hospitals that were formerly government-owned and run have been corporatized or privatized in public-private partnerships (PPP). As corporatized institutions are responsible for their own funding, they focus on admitting higher paying patients; even the poor are charged user fees. For example, the Philippine Heart Center has been transformed to attract private patients. The National Kidney and Transplant Institute has sought to transfer its indigent patients onto PhilHealth. This means, patients must face significantly increased out of pocket expenses for hemodialysis, medications, and hospital admissions. Indigent hemodialysis patients are being encouraged to switch to peritoneal dialysis, which is difficult to conduct if sterility cannot be ensured in the home. While the above institutions are national referral centers, regional centers are also undergoing corporatization and privatization.

The case of the Dr. Jose Fabella Memorial Hospital came to a head during the transition from the Aquino to the Duterte administration. The 700-bed hospital, with "the world's busiest maternity ward"¹² delivers ~60 infants per day in the summer and ~80 infants per day from September to December.¹³ The Health Alliance

for Democracy and the Network Opposed to Privatization of Public Hospitals and Health Care Services have worked to keep Fabella Hospital open by organizing actions in front of the hospital. While the outgoing Secretary of Health, Janette Garin, said that Fabella Hospital will not be demolished, and that all workers will be retained,¹⁴ incoming Secretary Rosell-Ubial has said that she will be reviewing the plans for Fabella.¹⁵

The social determinants of health

Among the social determinants of health that affect the Filipino people are poverty, unemployment, landlessness, geographic remoteness, environmental degradation, vulnerability to disasters, and social exclusion. While the Philippine economy attained a 6% growth rate in 2015, 26.3% of Filipinos (26.5 million of 100.7 million) were living below the poverty line, defined by the Philippine Statistics Authority as the minimum income to meet basic needs, including food. Further, 12.1% (12.2 million) were living in extreme poverty, defined as inability to afford three meals per day. Certain regions are more impoverished. In the Autonomous Region of Muslim Mindanao 59% of inhabitants live below the poverty line and 30.1% in extreme poverty.¹⁶ In 2015 the official unemployment rate was 6.3%, and the underemployment rate was 18.5%.¹⁷

One of the drivers of poverty is landlessness. With land ownership concentrated in the hands of a hacienda-based gentry and, increasingly, with multinational agribusiness and mining interests, the landless peasant is forced to accept meager wages or sharecropping arrangements in which a significant portion of the harvest is turned over to the landowner. Monocropping and the banning of land use for subsistence crops means that the landless peasant is often

hungry. Land grabbing by the gentry and multinationals is often enforced with violence.

As mining interests degrade the environment, not only is farming land lost, but waste products and toxins contaminate the waters and the land. This has consequences for human health.

Potential for changing the social determinants of health

With portfolios such as social welfare, agrarian reform, and labor assigned to the Left, the Duterte administration offers a potential opening for changes in the social determinants of health. On the day of his inauguration, Duterte invited leaders of Bagong Alyansang Makabayan (BAYAN), who were holding a street rally in support, into Malacañang Palace where they presented him with a fifteen point “People’s Agenda for Change” covering the five areas of economy, social policy, governance, peace and human rights, and national sovereignty and foreign policy.¹⁸ One central item is genuine agrarian reform, with the free distribution of land to landless peasants. When he was an Anakpawis (a peasant & labor party) congressman in the House of Representatives, the new Agrarian Reform Secretary Rafael Mariano proposed such legislation.¹⁹ By breaking the hold of large landowners and diminishing practices such as sharecropping, such land reform can be expected to raise living standards and thereby the nutrition and health of the rural poor. Undoubtedly, landed interests will oppose such land reform. Nor is Duterte’s economic team planning drastic steps.

Conclusion

Posed at the beginning of this editorial were the following questions: Will Duterte’s administration lead to changes in the social and economic order? Will changes in the social deter-

minants of health lead to an improvement in the health of the Filipino people?

The answers will depend on whether the Duterte administration has the mandate and the political power to implement the proposed reforms. Duterte's party, the Partido Demokratiko Pilipino-Lakas ng Bayan (PDP-Laban) now controls the Senate and the House of Representatives. Their legislative agendas will have some foci consistent with the agenda of the Left, such as achieving peace accords with the CPP-NDF and ending the labor contracting system by which workers are perpetually temporary workers. However, other Duterte agenda items include establishing a federal form of government and restoring the death penalty.²⁰ Duterte also receives support from the Right, which expect him to continue many of the neoliberal economic policies of his predecessor. Duterte is, however, inclined to act more independently of the U.S. The Philippines is firmly tied to the economic orbit of the U.S. by investor rights ("free trade") agreements, and pharmaceuticals and equipment are largely imported into the Republic. The U.S. government, which also views the Philippines as a strategic bulwark against China, will resist attempts by the Philippines to follow an independent course.

The oligarchy will not give up its privileges and its holdings easily. For example, the Corason Aquino administration instituted its Comprehensive Agricultural Reform Program (CARP) in 1988. With its focus on the compensation of landowners by the tillers of the land, twenty years later 1.2 million hectares of land was undistributed.²¹ In 2012 the Supreme Court ordered the complete distribution of the 6,453 hectare Hacienda Luisita, the estate of the Aquino-Cojuangco family. Under the administration of Benigno S. Aquino III, however,

landless workers continued to till the plantation.²² Under the law and order regime promised by Duterte, even the politically powerful may be made to follow the rules, and Agrarian Reform Secretary Rafael Mariano has vowed to distribute 4,115 hectares of Hacienda Luisita.²³

Except for the period of Imperial Japanese occupation, the Philippines was a colony of the U.S. from 1898 to 1946. The influence of the U.S. continues to be seen in the dominance of a market economy that results in the persistence of severe social and economic inequalities. Healthcare is treated as a commodity rather than a human right. Historically U.S. involvement in the Philippines is in many ways akin to its involvement in Latin America. The efforts of the new Duterte administration to chart an independent course have the potential to effect positive changes for the health of the Filipino people.

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