

## The Health Care System in the Philippines

# No Doctors for the Poor

The South East Asian island state is in a crisis: the medical specialist staff emigrates because of low salaries, nurses take over the medical care in the country. After all, there are some lighthouse projects.



Foto: Martina Merten

700, predominantly smaller houses like the Anahawan District Hospital, according to an official information are usually carried from the municipalities. "Often, the money, however, seeps into the bags of the mayors, rather than invests it in the maintenance of smaller clinical complexes", says Nisperos.

A quick look at the Anahawan Hospital suffices to recognize that no more money has been invested in the maintenance of the municipal hospital for years. The equipment is old, the rooms equipped poorly, two old computers are available for the 50-bed house. Dr. Med. Maya de Tesus is one from four doctors who are working in the hospital. In addition, 15 nurses still work here. "I earn 400 dollars monthly after nine-year education and further training", de Tesus explained resigningly. She considers emigrating together with her children to the USA. There, a nurse earns triple of what a doctor earns till now, reason enough why approximately 10,000 Philippine doctors in the Philippines want to leave their country. Many emigrants have still to retrain themselves as nurses or as male nurses before they they go, as nurses get jobs faster primarily in the USA and in Great Britain and earn well. Meanwhile, ten million Filipinos live abroad and contribute 13.5 percent to the national gross domestic product. It is not a surprise that the government does nothing against the background of these numbers to stop the trend. And finally after several unpleasant questions about "why", Labor Secretary Arturo de Brion explains himself: Filipinos are people who enjoy traveling.

**Municipal Hospital in Southern Leyte**  
Why work here as a doctor when abroad a nurse earns higher income?

In front of the Anahawan District Hospital on the Philippine island of Leyte crouched a man, well middle 40s. He looks into the distance with an empty look. On the question whether he waits for a doctor, Romeo shakes his head. Romeo waits for nobody, perhaps for an inspiration how he should handle his situation. His daughter lies on the day ward of the clinic, says the Filipino, suffering from a serious cardiac defect. The few doctors here in the Anahawan District Hospital couldn't help her. Only doctors could help at a special clinic in Manila. But the capital of the archipelago is thousands of kilometers away, a flight there would cost Romeo several monthly salaries, completely out of reach to cover the medical costs. "What should I do?", asks the man.

His fate is the same like that of many Filipinos. Some are hit even still harder. 50 percent of the

population doesn't have access to the health care. 30 percent of the locals live on less than two U.S. dollars daily. At the same time, the population is one of the fastest growing worldwide. "The health care for the population is a question of the priorities", says the Secretary General of the Health Alliance for Democracy (Head), MD Gene Alzona Nisperos, and the priority of the government is not even health care. "Money is merely invested in those areas in which it is visible", Nisperos criticizes. The financial participation of the Health Ministry and other government agencies in expensive private hospitals is visible because these bring prestige and foreign currency. The number has increased steadily within the last years. Meanwhile, 700 of the 1,700 hospitals of the country are in private hands, of the 1,000 state hospitals the government finances only 300. The remaining

The chances of a larger income stand better for many in the promising capital city of the archipelago, Manila. Because here, remote from Anahawan Hospital about three hours flight, more and more private hospitals boom next to few state hospitals. Setting an American image, large companies open call centers and rich business people shopping malls. Contrasts therefore collide in the 15 million mega-city as they couldn't be worse. While one slum follows after the other in some districts, few street corners further one finds distinguished skyscrapers of renowned banks and subdivisions of rich locals. While the rich are having fun in massage centers and drinking coffee under the palm trees for three euros a cup, little children stand with extended hands in overcrowded streets and beg around for a couple of cents. They are exposed to car noise and polluted air 20 hours daily. They usually lack clean drinking water and sufficient food. If somebody gets sick here, and this seems appropriately frequent to the circumstances, a whole monthly salary can disappear at one blow. Or the illness is protracted from lack of money, or it becomes

chronic and leads at the worst to death. Particularly diarrhea illnesses by drinking dirty water most frequently lead according to the national health insurance company to death, also bronchitis, pneumonia, flu and malaria end fatally now and then. Opposite these illnesses caused by civilization are in the rows of the rich who resemble those of the people in industrial nations: diabetes, high blood pressure, overweight.

While the high medicine prices for the rich aren't representing any problem, 40 percent of the population can afford only favorable drugs according to information from Boehringer Ingelheim Philippines. For the other 50 percent there are drugs out of any reach. A large part of the medicine is retailed through pharmacies; one finds particularly the chain "Mercury Drug" at every second corner. The market power of single privatized giants would dominate that the drug prices would be on the triple standard of Thailand or Indonesia, five until fifteen times as high as in India, reports a spokeswoman of the Ingelheim pharmaceutical company. The

sale of generics makes up four per cent against just this once.

So that more people can have possible access to more favorable drugs, Germany commits itself through a technical cooperation, Gesellschaft für Technische Zusammenarbeit (GTZ). Together with the Philippine Health Ministry and the Credit Institution for Reconstruction, care is initiated on the construction of pharmacies after the franchise system. Margaret Luisa Mallari works in such a pharmacy; here in the Philippines, one calls it "Health plus Outlet" or simply "Health Plus" as the name of the GTZ project and "Outlet" means much more than just retail shop. Meanwhile Mallari reports proudly, there are 58 of such drugstores in which employees predominantly sell generics available only on prescription in the complete region of the eastern Visayas, a group of islands. The Health Ministry finances the education of the employees to learn the basic knowledge of herbal medicine and first aid. Often, this basic knowledge helps already take a large step further, because the mini-pharmacies lies logistically in

## The Philippine Health System

- **Sickness Fund:** There is only one lawful sickness insurance fund, the Philippine Health Insurance Corporation (PhilHealth). Over here according to the estimates, 60% of the population are insured. However, PhilHealth carries the costs only to those hospitals that have accreditation from the government and the national funds beyond it covers only the basic benefits.
- **Private Sickness Insurance:** there are more than 100 private firms that cater mostly to private insurance as additional coverage.
- **Financial Plan:** Contributions from the employer and employee bracketted according to the employee's income. Voluntary insurance is a fixed monthly due of 100 Pesos (1.60 €)

- **Payments/Self-contribution:** Basically, all treatments follow the cost of compensation principle. Patients must pay first their medicines.

**Out-patient Care:** There is no house doctor clinic in provincial areas. Patience with health related problems are brought by ambulance direct in small or medium large hospitals.

- **In-patient Care:** Hospitals are categorized as primary, secondary and third class. Specialists works primarily in big private clinics.

- **Doctors' Salary:** In national hospitals, new doctors earn 27,000 Pesos monthly (440€); in private clinics, doctors with long years of experience take about 1,345€ monthly. **MM**



foto: Martina Merten

**Lighthouse Projects of GTZ:** Affordable medicines sold in mini-pharmacies in provinces.

## Asian Hospital and Medical Center



Foto: Martina Merten



*The medical tourist is the King: The package tour of Asian Hospital and Medical Center, Manila, offers fitness and health care to rich clients from South East Asia, America and Europe.*

the middle of the land surrounded by mud huts, palm trees and people relying on rice and coconuts to live. Before the construction of the outlets, the local population has to cover miles of long foot paths to the nearest pharmacy but now they have at least a kind of pharmacy just around the corner. And Mallari is convinced, the number will climb further by the end of the year. The principle of the pharmacy franchise is rapidly known: The outlet belongs to the small-scale entrepreneur behind whom the National Pharmaceutical Foundation stands as the "Master Franchiser". This is a private foundation which is allowed by the "Bureau of Foods and Drugs" as a drug wholesaler. On the monthly income, Mallari explains, the costs for the inventory and the employees have to be deducted, also approximately a third of the income would go to the Master Franchiser.

Besides lighthouse projects like these, there is still further opportunity at the horizon although ethically not indisputable: the medical tourism. Against the background of an aging population, increasing health costs and long waiting lists

in Western and other Asian countries, the Philippines could use their geographical advantage, as the government did some years ago. The costs is eventually around a multiple lower, many doctors are excellently trained and speak fluent English.

Furthermore, the medical tourism opens up the possibility of new, high-quality jobs to keep in the country doctors willing to emigrate. The marketing strategy resembles the ones in Thailand, Singapore and India: online portals and advertisement campaigns developed trust on the motto "Ever thought of doing them both - on the same trip?" which tourists can book a vacation under palm trees combined with surgical attention. The Health Ministry has invested money in the construction of massage centers at hospitals in some particularly renowned private hospitals built according to the standards of the U.S. Joint Commission on Accreditation of Health Care Organizations (JCAHO). As a rule, hospitals which are accredited to the renowned U.S. facilities have high quality and safety standards. Despite the efforts - a boom in medical tourism failed to appear till now.

2.6 million vacationists fly to the Philippines every year, from it merely 10,000 for medical tourism purposes, estimates GTZ. However, experts in the scene think that the market will still go up.

Even if the numbers of visitors should increase within the next years: This wouldn't help either any more Romeo, the man in front of the Anahawan hospital in Leyte. Because even if the government keeps its promise and puts an additional foreign currency into the health care for its population, Romeo's daughter is already until then dead. ■

**Martina Merten**

### **THE PHILIPPINES**

Population: 86 Million (Germany: 82.4 Million)

Gross National Product (GNP) 2005: 105.2B USD

Unemployment Quotient: 7.8% (Germany: 9.1%) Underaged: approx. 20%

Part of the Health Contribution to GNP: approx. 2.0% (Germany: approx. 10.7%)