

[Philippines]

## Healthcare in Danger

Jose P. SANTIAGO, Jr.

“Magandang Umaga sa inyong lahat.”  
That means Good Morning from the Pearl of the Orient, the Philippines!

First of all, let me to introduce myself. I am Dr. Jose Santiago, Jr., representing the Philippine Medical Association or PMA of which I am the Vice-President. This confederation meeting coincides with our 113<sup>th</sup> PMA Foundation Day celebration, which explains why our President, Dr. Irineo Bernardo III cannot join us today.

The topic “Health Care in Danger is a serious humanitarian challenge that poses a major hazard to health-care workers, hospitals and ambulances during armed conflicts or wars that disrupt health-care services, often to a point of no return, consequently depriving people of life-saving treatment. We can simply put it as violence against health-care workers including looting and kidnapping, attacks on facilities like hospitals and ambulances and violence on beneficiaries, leading to lack of safe access to health care for millions of people around the world.

In the Philippines, aside from the obvious physical dangers that beset health-care workers in areas with armed conflict, the following factors have an impact in endangering the health-care industry namely:

- 1) Natural Disasters and Calamities
- 2) Government Health System and Policies
- 3) Healthcare Professionals
- 4) Insurgency and Internal Conflict

### Natural Disasters and Calamities

The Philippines is located in what is called the “Pacific Ring of Fire” making it prone to natural disasters. Tropical storms cause floods and landslides at times leaving irreparable damages to hospital facilities and equipment. The same with earthquakes (ex. Earthquake in Bohol in 2013).

Typhoon Yolanda in 2013, paralyzed a number of hospitals and rural health units in affected areas in the Philippines. The most affected areas - Regions VI, VII and VIII left a number of hospitals in **Iloilo, Cebu, Leyte and Samar** to be non-functional due to damage brought by the typhoon. Yolanda was the major reason for Pope Francis visit to the country in 2015.

Typhoon Ondoy in 2009 with its heavy downpour of rain caused floods and landslides resulting in damage and loss of life and property, hospitals included. Compounded by the scarcity of safe and sanitary water, health facilities became crowded and over utilized, leading to mass casualties, due to a lack of immediate medical supplies to cope with the demand.

As a response, mobilization of the DRRM (Disaster Risk Reduction Management) teams all over the country provided the much needed help by affected regions affected by disasters.

### Government Health System and Policies

The Philippine Star, a leading newspaper in the country, in May 2016 came out with an article, “Bad Government is Dangerous to Health.” In the article, the Aquino ad-

ministration can be lauded on the objective of the Universal Healthcare dubbed as “Kalusugan Pangkalahatan”, though its overall components and are said to be poorly understood. Making healthcare available for all, the continuum of care and at all levels of care must be accessible within reasonable distance, available at the time of need, with good quality and affordable, taking into consideration one’s financial capacity. Now, under the Duterte (New Philippine President) administration, we have a new health theme, “ALL FOR ONE AND HEALTH FOR ALL.”

Accessible and quality healthcare comes with a price. Quality healthcare comes with compliance to a number of government regulations to different regulatory bodies – DOH, PHILHEALTH, DENR, LLDA, LGU HEALTH and SANITATION, FDA, PDEA. Compliance comes with fees and resource expense. Healthcare as a business is also governed by regulations of the BIR, PHILHEALTH, DOLE, SSS, PAG-IBIG AND LGUS. In addition, there are government initiative programs such as, Senior Citizen Act, Persons with Disabilities Act, Anti-Deposit and Illegal Detention Law and several programs for the indigent like the No Balance Billing (NBB). These compliances and initiatives have bearings when hospitals compute their costs aside from the direct and overhead costs of its services.

What we are saying is – for the healthcare industry to survive, we have to consider all the above in our costs, in creating policies and procedures in our collecting activities. Let us remember that affordability depends on one’s financial capability.

Government must closely look into the social responsibility component of the healthcare industry as a business and support them in their objective to achieve sustainability.

## **Migration of Healthcare Professionals**

The Philippines provides efficient training ground for healthcare professionals. With limited supply of resources and availability of the high end medical equipment, Filipino professionals rely on their clinical experience, keen observation and eye for recognition. All these at a meager salary.

The good ones and those with enough financial resource – pursue working in other countries for personal, professional, and financial growth. Working in a developed country will expose them to better medical equipment that will enhance their skills and be competitive in a higher arena. The bottom line is financial independence.

The attrition rate in the healthcare industry threatens the viability of hospitals – in the process of operations, we train and hire inexperienced professionals exposing the institution to man hours spent on training and incidence of medical malpractices. The latter is costly on the part of the institution – financially and its credibility will be put into a negative situation. Both are harmful to the viability of the institution.

## **Insurgency and Internal Conflict**

In 2013, the 11 day violence, crossfire and bombings between MILF and the Armed Forces in Zamboanga resulted in damage to several institutions including hospitals.

During crises, hospitals serve as a sanctuary for mass casualties, resulting in utilization of its resources with no guarantee of returns for the cost of care rendered, nor to the damage resulting from hostile takeover, cross fire and bombings. At times, displacement of residents in the locality of the hospital leads to under-utilization or worse the need to abandon the facility as being unsafe.

According to Ed Bell in his article dated March 2012, the people of Central Mindanao in the Philippines have the worse experiences of violent conflict. The “All Out War” in 2000 and hostilities in 2008 each

led to the displacement of nearly a million individuals. To date repeated bouts of conflict and forced displacement have hit hard on poor communities. Displacement gave rise to problems of food insecurity and sanitation, income poverty and poor access to health services. Many healthcare providers avoid these places because of the security and safety problems. While it is true that government health programs like the “Doctors to the Barrios” were established to address the problem of inaccessibility to health services, there came the issue of kidnapping. Doctors who tried to reach out to the sick in far flung areas were kidnapped by the leftists.

Despite these, the Philippines is more fortunate since the extent of violence to health care is not as severe compared to other countries with armed conflicts.

### **What Needs to Be Done?**

The International Committee of the Red Cross (ICRC) initiated a project in 2011, *Health Care in Danger*, which aimed to raise awareness about the issue and promote practical solutions that can make the difference for millions in the field. In the years followed, ICRC conducted a study in 16 countries with armed conflicts from which they developed recommendations and measures for making the delivery of health care safer in armed conflict or other emergencies. The ICRC was successful in raising awareness on this issue. Many local and international organizations have collaborated to come up with resolutions.

Indeed, the ICRC has succeeded in making us aware of the violence in health care during armed conflicts and has provided the following recommendations:

#### **1. Developing Domestic Legislation**

All States that have not yet introduced domestic legislation to safeguard health care in situations of armed conflict and internal strife will be encouraged to do so. This includes enacting and enforcing legislation

on limiting use of the Red Cross and Red Crescent emblems.

#### **2. Promoting the Rights and Responsibilities of Healthcare Personnel**

Assist universities, other educational institutions and think tanks to incorporate modules on the implications of, and means to address, violence against patients and healthcare workers and facilities into courses in public health, political science, law and security studies.

#### **3. Improving the Operational Response of National Red Cross and Red Crescent Societies**

#### **4. Ensuring the Preparedness and Safety of Healthcare Facilities in Armed Conflict or Other Emergencies**

Hospitals and other healthcare facilities in countries affected by armed conflict or other violence will be assisted in organizing the physical protection of the premises and in developing procedures for notifying others of their location and of the movements of their vehicles.

#### **5. Improving the Operational Practice of Ambulance and Pre-Hospital Services**

The ICRC has undertaken many initiatives to improve access to and safeguard health care in the various contexts in which it is working. Experiences and best practice need to be shared more widely within the International Red Cross and Red Crescent Movement and broader healthcare community to encourage more and better initiatives on this front.

#### **6. Promoting Military Practices that Make Accessing And Delivering Healthcare Safer**

#### **7. Engaging Armed Groups to Safeguard Healthcare Services**

All national armed forces that have not yet incorporated provisions into their standard operating procedures with respect to safeguarding health care will be encouraged to

do so. These standard operating procedures must address, among other issues, management of checkpoints to facilitate the passage of medical vehicles and entry into health-care facilities.

### **8. Promoting the Involvement of Religious and Community Leaders to Ensure Acceptance and Access**

The ICRC aims to mobilize support for this issue from within the International Red Cross and Red Crescent Movement and among the health-care community, medical aid organizations, military forces, and governments around the world. Working together to enhance respect for the law, this community should cultivate a culture of responsibility among all concerned to safeguard health care. Increase dialogue with health ministries and health associations to generate solidarity on this issue and improve reporting on, and responses to, violence against health-care workers, facilities and beneficiaries.

The above ICRC recommendations may serve as a guide in the development and implementation of practical measures to prevent violence against patients, health-care workers and facilities, and medical transport.

The Philippines has the capacity to overcome situations and address the dangers faced by health-care workers and health facilities and institutions. As a clear example, during typhoon Yolanda, when hospital functionality in the area of Samar was close to zero, the government fielded teams of health workers complete with equipment and supplies so that basic hospital services will continue to be provided in each hospital and these fielded health teams stayed until the hospitals were back to full operational capability.

On behalf of the Philippine Medical Association, please accept my gratitude for your genuine hospitality here at DhevaMontra Resort and Spa, Kanjanaburi Province, Thailand. I would like to congratulate the organizing committee of the 31<sup>st</sup> CMAAO General Assembly and 52<sup>nd</sup> Council Meeting, chaired by Assoc. Prof. Dr. Prasert Sarnivivad, Immediate Past President of The Medical Association of Thailand.

### **References**

1. [healthcareindanger.org/hcid-project/](http://healthcareindanger.org/hcid-project/)
2. <https://app.icrc.org/elearning/health-care-in-danger/violence-health-care.html>
3. [healthcareindanger.org/](http://healthcareindanger.org/)
4. Ed Bell, Impact Of Conflict And Violence In The Philippines, 2000-2010, 03/18/2012