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My warmest greetings to the Pharmaceutical and Healthcare Association of the Philippines, in partnership with IMS Philippines, on the publication of the 8th Edition of the PHAP Factbook.

Our medical sector is served well by professionals constantly attuning their field’s domestic progress to the context of global developments. This factbook is a key source of information upholding this dynamism, and we in government are grateful as it manifests your solidarity with our agenda of empowering practitioners with knowledge that they can use to further our collective aspirations: a truly equitable, inclusive, and progressive healthcare system. May you be steadfast in the pursuit of your industry’s growth, in accordance with the principles of transparency and integrity.

Your government counts on the dynamism and commitment of your sector, as together, we continue advancing the field of medical care. It is through this, among other endeavors, that we empower our citizenry, the ultimate catalysts in our goal of a revitalized Philippines.

BENIGNO S. AQUINO III

MALACAÑAN PALACE
MANILA
Information is critical not just for understanding but also for improvement. This is the philosophy behind the Philippine Pharmaceutical Industry Factbook.

Saving and uplifting people’s lives are at the core of the shared mission of members of the Pharmaceutical and Healthcare Association of the Philippines (PHAP). For 65 years now, we have been honored to be a part of an organization that is propelling the health revolutionary engine to help Filipinos achieve more quality, productive and longer lives.

As the country accelerates towards achieving its health goals, PHAP vows to intensify its engagement in public-private collaborations in support of the Aquino government’s Kalusugan Pangkalahatan or Universal Healthcare agenda.

Realizing that poverty is at the center of the issue, universal healthcare remains the more sustainable approach to attaining improved health outcomes in the country and in meeting our four health-related Millennium Development Goals by 2015. Defined by the Universal Healthcare Study Group as the provision to every Filipino of the highest possible quality of health care, the universal health agenda is indeed crucial in realizing the people’s constitutional right to health.

Providing timely and accurate information that will aid in the formulation of important health policies in the country is crucial to this effort. PHAP continues to honor its commitment to make information available and accessible through the publication of the Philippine Pharmaceutical Industry Factbook which is now on its 8th edition.

In partnership with IMS Philippines, the Factbook aims to serve as a credible reference for global, regional and local industry facts and figures that emphasize the industry’s role in the provision of life-saving medicines and its contributions to the country’s economy. The IMS study likewise provides an understanding of industry trends and challenges, as well as prognosis for the year.

The Factbook further highlights that despite numerous challenges, PHAP members continue to embark on the long and complex research and development of innovative medicines for the prevention, management or cure of diseases that threaten the lives, resources and productivity of individuals, their families and the nation.

As a major government partner in important matters affecting the health of the people, the Factbook likewise features our various undertakings to ensure greater access to quality healthcare, particularly to those disadvantaged by sickness, poverty and calamities. Specifically, the launch of the model universal healthcare community in the isolated, poverty-stricken and conflict-torn province of Tawi-Tawi in the Autonomous Region of Muslim Mindanao (ARMM) is a solid testament to our collective commitment to public-private partnerships in health.

The path to universal healthcare may be difficult as it would require complex reforms and a departure from the conventional. However, we staunchly believe that with the zeal and determination of the government, the private sector, the academe, non-government organizations, the youth and the citizenry, health for all can be a reality.

CARLITO M. REALUYO
President, Pharmaceutical and Healthcare Association of the Philippines
Message

My warmest greetings to the men and women of the Pharmaceutical and Healthcare Association of the Philippines (PHAP). Allow me to congratulate you and your partner, IMS Philippines, as you publish the 8th edition of the Industry Factbook which seeks to ensure transparency in the industry and to help improve Filipinos’ access to essential medicines and quality healthcare.

In pursuit of Kalusugan Pangkalahatan or Universal Health Care, the Department of Health (DOH) has participated in a number of Public-Private Partnerships aimed to engage the private sector in working for quality health for all Filipinos. We at the DOH recognize that only through close collaboration with private stakeholders and industry players can Kalusugan Pangkalahatan be fully realized. I am confident that through our partnership with PHAP, opportunities to form strategic and substantive programs aimed at improving access to priority medicines will readily present themselves and that we will be able to seize those opportunities in order to improve our current national health system. It is my hope that PHAP continues to support the initiatives being undertaken by the government to address the health inequities across income groups and geographic areas that lead to increasingly poor health outcomes. We are relying on you to remain a steadfast ally in our aspiration to achieve the highest quality of healthcare possible for every Filipino.

I commend the PHAP and its corporate social responsibility arm, PHAPCares Foundation, for the important work they have been contributing to the pharmaceutical industry and the health sector in general. I give you my thanks and wish you the best in your efforts towards promoting and protecting Filipino health.

Congratulations and mabuhay tayong lahat!

ENRIQUE T. ONA, M.D.
Secretary of Health
The Department of Trade & Industry (DTI) commends the Pharmaceutical and Healthcare Association of the Philippines (PHAP) for sustaining its efforts to acquaint the public with the pharmaceutical and healthcare industry in the country through this Industry Factbook.

The publication of the 8th Edition of the Industry Factbook is consistent with and supportive of the DTI mission of “Enabling Business, Empowering Consumers” as it provides industry facts and figures that can be utilized as information and reference materials by government agencies, the academe, students and researchers, investors and consumers alike.

Likewise, this comprehensive resource book will be useful to government agencies and NGOs in formulating policies, programs and strategies on the provision of healthcare services for the general population and specific target communities particularly those in marginalized and remote areas.

As all of us in both public and private sectors strive for universal healthcare as enunciated in the Philippine Development Plan (PDP) 2011-2016, the DTI in particular will be working for the promotion of investments in the pharmaceutical sector and will continue to level the playing field for both local and international firms in the Industry. Together with other government agencies, we will be advocating and implementing policies and programs that will give consumers the best value for money for commodities including medicines – particularly vaccines, oncology prescriptions and drugs for life-threatening diseases.

We are confident that PHAP will pursue its partnership with government in easing citizens’ access to affordable quality healthcare products and services, and provide better life choices for our people. Through our continuing partnership in health-related initiatives, we can help transform communities towards becoming integral parts of a healthy Philippine Society.

Mabuhay!

GREGORY L. DOMINGO
Secretary
Sunflower greetings!

I extend my warmest greetings to the Pharmaceutical and Healthcare Association of the Philippines (PHAP) in the publication of its 8th Edition of the Industry Factbook which contains timely information and relevant statistics on the global, regional and local pharmaceutical sector.

I am confident that through this Factbook, PHAP will continue to provide quality information synonymous with fulfilling its mission of producing, enhancing, marketing and making accessible quality and life-saving medicines and medical devices.

Another helpful information in the Factbook are the results of the extensive research and development undertaken by PHAP to discover innovative and breakthrough medicines for all Filipinos. These data will surely benefit researchers, students and social work/health professionals.

Hopefully, PHAP will also include in its succeeding Factbooks the importance of implementing community-based preventive mechanisms to supplement existing healthcare programs of residents, especially in poor localities.

Further, information on the use of indigenous or endemic measures for healthcare, such as, alternative and herbal medicines will be highly appreciated.

Your organization’s partnership with the government, medical professions and non-government organizations in improving the overall healthcare situation in the Philippines, thus helping Filipinos live longer and healthier, is truly commendable.

I trust that your organization will continue to work hand in hand with the government and key stakeholders in advocating policies, programs and initiatives to improve the delivery of healthcare in the Philippines.

More power and Mabuhay!

CORAZON JULIANO-SOLIMAN
Secretary
Message

I would like to congratulate the Pharmaceutical and Healthcare Association of the Philippines (PHAP) for its role in improving the lives of many Filipinos through the years. Your dedication towards making accessible quality and safe medicines has made it possible for many people to enjoy longer life span and live healthier lives.

As we count down to 2015, the race to achieving the Millennium Development Goals is becoming more and more critical.

While there have been gains in maternal and neonatal health, nutrition, and malaria, much work still has to be done in other areas like HIV/AIDS, TB and in eradicating extreme poverty and hunger.

The World Health Organization through its Country Cooperation Strategy, has mapped out strategic priorities to support the country’s health priorities as well as respond to its many health challenges. The priority areas are: supporting the Universal Health Care Agenda of the Department of Health; achieving the Millennium Development Goals with focus on MDGs 4, 5 and 6; addressing the social and environmental health determinants and managing health security risks and health in emergencies.

PHAP has been a valued partner particularly in advocating for a comprehensive health reform that will lead to universal health care. We are one in our goal of trying to strengthen the country’s health systems so that every Filipino will gain equitable access to quality health care at all times, regardless of age, gender and social status.

And as we take on the challenge of achieving universal healthcare, we are happy to note that PHAP has played an active role in professionalizing the pharmaceutical industry through adherence to local and international code of ethics and through its research–based pharmaceutical companies, medicines and delivery systems to target specific illnesses have been developed and made available to improve the quality of lives of many people. And we are one with you in your fight against substandard medicines that will most affect the poor population.

The goal of achieving equitable access to health care is not easy. However, with the support of PHAP and its dedicated members who are responsive to the plight of the poor, the disadvantaged and the vulnerable population, the hope for a better and healthier Philippines has a chance of becoming a reality.

Congratulations to the PHAP President and the Executive Director for their leadership and vision! And to all PHAP members, may your dedication and commitment be a shining example for all Filipinos.

Mabuhay!

DR. SOE NYUNT-U
WHO Representative in the Philippines
The health landscape in the Philippines has never been more vibrant. Over the last few years, public awareness has progressively heightened around the issues of access to medicines, affordability, and delivery of quality healthcare. Recent legislation and reforms have been instituted to provide the framework for Kalusugang Pangkalahatan, a flagship program designed to improve health services for the majority who are poor.

The Medicines Transparency Alliance (MeTA) lauds the efforts of the Pharmaceutical and Healthcare Association of the Philippines (PHAP) to publish the 8th Edition of the Industry Factbook. It is a welcome response to the need for accurate public information and to the call for greater transparency and accountability, the core principles upon which the MeTA advocacy is built.

The Factbook will help rally the support of all stakeholders involved — government, private industry, health professionals, academe and civil society — in achieving a shared goal. Greater openness and access to relevant information will inspire stakeholders even more to continue dialogue. It is inspiring that PHAP has helped make it possible for this to take place, and to move our collaboration forward.

The member-organizations and partners of MeTA Philippines look forward to working closely with PHAP on our common advocacy to improve the Filipino’s access to quality and affordable healthcare. We wish PHAP success in this undertaking, and in the work that still lies ahead.

ROBERTO M. PAGDANGANAN
Chairman, Medicines Transparency Alliance (MeTA) Philippines, Inc.

Medicines Transparency Alliance (MeTA) Philippines, Inc.

Message
PHAP
working for better healthcare and economy, advocating universal healthcare
In recent decades, Filipinos are living longer and leading healthier and more productive lives. These milestones in health are due in part to the commitment of members of the Pharmaceutical and Healthcare Association of the Philippines (PHAP), an association composed of trusted providers of quality and life-saving medicines in the country today, to enable Filipinos to live longer, healthier and become more productive members of society.

PHAP was first established on July 3, 1946 as the Philippine Wholesale Druggists’ Association. The Association was founded by 10 men, each representing a leading pharmaceutical wholesaler, at a time when the country was recovering from the ravages of World War II. As the Association’s original name indicates, it was an organization consisting of wholesalers, reflecting the state of the industry then.

On July 27, 1950, the organization was renamed the Drug Association of the Philippines (DAP), by which it was to be known for the next 40 years. Membership in the non-stock, non-profit association was expanded to include pharmaceutical manufacturers. Early in 1991, the organization’s name was changed to the Pharmaceutical and Healthcare Association of the Philippines (PHAP) to signify a wider representation of participants in the pharmaceutical and healthcare sector.

Today, the PHAP and its member companies represent the research-based pharmaceutical and healthcare industry, a key sector in the never-ending fight for improved health through the continuous development of new, better, more efficacious and cost-effective drug therapies. PHAP is also proud to have as its members generic pharmaceutical companies, pharmaceutical distribution companies, medical devices manufacturers, health research companies, over-the-counter pharmaceutical manufacturing companies, and pharmaceutical retailers.

The long and expensive pharmaceutical research and development (R&D) efforts have yielded countless medicines that continue to help save and improve the quality of lives of Filipino patients and their families. Several conditions that were once fatal now have cures. There is a decrease, if not eradication, of polio and smallpox cases as well as lower incidence of measles cases. Meanwhile significant progress is evident in the treatment and prevention of conditions prevalent among Filipinos such as hypertension, diabetes, and even cancer among several others. Pharmaceutical innovation is also being pioneered for diseases such as dengue, malaria and multi-drug resistant tuberculosis. These innovations have brought hope for patients and their families; helped cut healthcare costs by replacing expensive medical procedures while at the same time stimulating the economy with a healthier and more productive workforce.
Significant progress has been made for the last decades but the work is far from over. PHAP members continue to commit to the research and development of medicines, vaccines and biopharmaceutical products that would help the Filipino people better confront existing and emerging health threats, some may be of pandemic proportions.

Every step of the way, PHAP ensures that its members conduct itself according to the highest ethical standards from the R&D stage to the marketing of pharmaceutical products. PHAP is the only pharmaceutical organization in the country that has adopted the code of Pharmaceutical Marketing Practices that is aligned with international codes like the Geneva-based International Federation of Pharmaceutical Manufacturers and Associations (IFPMA) Pharmaceutical Marketing Practices.

Furthermore, PHAP is a member of the Safe Medicines Network (SMN), a broad alliance that pilots campaigns that aim to ensure the integrity of pharmaceutical products and thus, safeguard the public against fake and substandard medicines.

PHAP also pioneered the Medical Representatives Accreditation Program (MRAP) to equip thousands of its workforce in the field to professionally and ethically cascade relevant medical information to healthcare professionals.

As a key industry association, the PHAP is committed to working in partnership with both the public and the private sectors to improve access to quality healthcare for all Filipinos.

In 2003, PHAP established the PHAPCares Foundation to serve as its social responsibility arm to help improve the health and lives of Filipinos disadvantaged by sickness, poverty and disasters. Since its founding, the PHAPCares Foundation has been in the forefront of efforts to make a difference in the lives of the Filipinos through various medicine access initiatives, health information and education campaigns, and humanitarian missions in geographic areas affected by conflicts, health outbreaks and calamities.

In 2011, the PHAPCares Foundation signed a Memorandum of Agreement with the Office of Civil Defense-National Disaster Risk Reduction Management Council that will provide the government P50 million worth of life-saving medicines for use during disasters and emergencies.

The PHAPCares Foundation also embarked on another meaningful and sustainable undertaking that aims to transform poor and remote communities to model universal healthcare areas in the country. Being true to its mission of “reaching out, giving hope and touching lives,” the PHAPCares Foundation officially adopted a municipality in the far-flung, poverty-stricken and conflict-torn province of Tawi-Tawi in the Autonomous Region in Muslim Mindanao. In a Memorandum of Agreement, the PHAPCares Foundation initially pledged to construct a community clinic and pharmacy in Sibutu, Tawi-Tawi to benefit its more than 30,000 residents. The community clinic and pharmacy will be open 24 hours a day and seven days a week.

While several significant milestones have been achieved in the past, health concerns continue to challenge the government and its people. The Philippines is yet to achieve its Millennium Development Goals, four of which are health related. Moreover, quality healthcare remains elusive for majority of the poor. These are the reasons PHAP is actively advocating and supporting the Aquino administration’s universal healthcare program which is a sectoral reform approach that embodies the national aspiration that all Filipinos would have access to the highest quality of health care possible regardless of one’s status in life.
The R&D Process: Innovation and Collaboration

Every day, scientists in the biopharmaceutical industry research the molecular underpinnings of disease, screen compounds against new disease targets, and conduct clinical trials with thousands of patients at locations around the globe. The driving goal of the sector is to find new medicines that improve medical care and address unmet medical needs.

In 2010, despite the challenging economic environment, the sector maintained its strong support for innovation. Biopharmaceutical companies invested an estimated $67.4 billion in the search for new medicines.

Developing a new medicine is a long and complex process, with many setbacks and challenges. The R & D process is becoming increasingly difficult, expensive, time-consuming and risky, costing $1.3 billion on average.

Researchers are working to find new ways to approach the R&D process to make it more efficient while maintaining the highest safety and efficacy standards. The process is evolving to make use of the latest statistical techniques and research tools.

The R&D Process

Only about one in six drug candidates that enter clinical trials are ultimately submitted to and approved by the FDA, according to a study of the 50 largest companies – many candidates fail as late as phase 3 trials. For the small share of drug candidates that do become approved drugs, it takes about 10 to 15 years from the initial discovery to availability for treating patients. The process requires both flashes of inspiration and persistent dedication. Researchers must creatively tackle unforeseen challenges and thoroughly collect data on all aspects of the drug’s safety and efficacy.

Drug Discovery and Preclinical Testing

Extensive basic research lays the groundwork for understanding the disease to be treated and, if possible, the underlying cause. Researchers may contribute to this work from across sectors, including academic institutions, government labs and biopharmaceutical companies.

With this knowledge, biopharmaceutical researchers look for a molecule or “lead compound” that may alter the disease course. They may screen compound libraries, develop a molecule from scratch or use some substance from nature as the starting point. After many safety and efficacy tests, they often redesign the most promising compounds to optimize their disease-fighting properties. Often, hundreds of variations are pursued.
The next step is to test the optimized compounds in the laboratory to find the most effectiveness lead with a safety profile that supports initial introduction into humans. Scientists try to determine how a compound works and describe its safety profile.

If the compound appears to be safe and effective, the company submits an Investigational New Drug Application to the FDA to seek approval to begin clinical trials.

**Clinical Trials**

A critical part of the R&D process is clinical research, the study of a pharmaceutical product in people. Clinical research involves both potential benefits and potential risks to the participants, and research-based biopharmaceutical companies place great importance on respecting and protecting the safety of research participants, ensuring scientific integrity, and disclosing clinical trial results.

Before a trial begins, researchers develop a protocol, or plan, for the trial, laying out exactly what information they are collecting and how patients’ safety will be protected. The clinical trials process lasts an average of six to seven years and usually involves thousands of patients and several different phases of research:

- **Phase 1 trials** (20 to 100 volunteers) — Phase 1 trials are usually performed in healthy volunteers. These studies are designed to determine if a drug is safe in humans, what the safe dosing range is, and if the drug should move on further testing.

- **Phase 2 trials** (100 to 500 patients) — In phase 2 trials, researchers study patients with the disease or condition in question, and also identify common, short-term side effects associated with the treatment.

- **Phase 3 trials** (1,000 to 5,000 patients) — Phase 3 trials study a drug in a much larger patient population and allow researchers to collect data on a drug’s safety and efficacy for the evaluation of the overall benefit-risk profile of the treatment for a particular patient population. Phase 3 trials are the longest trials, and often take place in literally hundreds of sites across the United States and throughout the world.
New Drug Application/
Biologic License Application

If clinical trial findings indicate that a drug is both safe and effective, the company files a New Drug Application (NDA) or a Biologic License Application (BLA) with the FDA to request the medicine be reviewed for approval. The FDA reviews the application, which can run 100,000 pages or more, to assess the data from all testing done since the beginning of the process. The FDA uses these data to determine whether a drug’s or biologic’s benefits outweigh any risks, what information should be included in the medicine’s labeling, and whether the proposed manufacturing process is appropriate.

Post-Approval Research and Monitoring

Research does not end with FDA approval. Companies continue to monitor the safety of the product as long as it is available to patients, and often conduct research on new potential benefits of the medicine in other disease areas or patient populations.

For the entire life of the medicine, teams of scientists and physicians collect safety data on a daily basis and report potential problems to the FDA. For example, the FDA requires:

- Reports on safety issues every three months for the first three years after approval; annual reports as long as the medicine is marketed.
- Adverse events reports within 15 days of event (seven days for a life threatening event).

In addition, the FDA may require companies to conduct “Phase 4” studies as a condition of approval to evaluate the long-term safety and effectiveness of a medicine or its effects on a subset of patients.

Companies often also continue to research expanded uses and benefits of a medicine after approval, leading to growing understanding of the full benefits of a given treatment. For instance, the medicine may be used earlier in the disease process, for different diseases, in combination with another medicine, or in combination with specific biomarkers to better predict response to treatment. As research accumulates after approval, new benefits of a medicine are identified.

Advancing R&D Methods

Research and development of new medicines is not a static process. Researchers are always looking for new and better ways to innovate. As the process has become more complex, expensive, and time-consuming in recent years, researchers have redoubled their efforts to improve the R&D process. They are using new technologies and more sophisticated methods for analyzing data to make the process more efficient while still maintaining the highest safety standards.

The academe, media and the youth: Establishing facts and raising awareness to achieve universal healthcare
The University of the Philippines Blueprint for Universal Health Care

The 1987 Philippine Constitution affirms the right to health of ALL Filipinos and directs the State to protect this right. Despite the efforts of both the government and private sector to apply the advances of scientific medicine and modern public health methods, health status indicators have been slow in improvement and have lagged behind our ASEAN neighbors. Within the country, there are glaring disparities in health status among regions and income groups. This disparity in health status results from the inequities in society in general and, within the health system, from the inequity in access to health services. This inequity in access results from a health system characterized by: inappropriate governance within the health system, an antiquated and inadequate health information system, ineffective regulation of health goods and services, fragmentation of health service delivery, a dysfunctional health workforce, and unfair, unjust and inadequate health care financing.

The Philippines must implement Universal Health Care to address the inequities in the health system. Universal Health Care is defined as the provision to every Filipino of the highest possible quality of health care that is accessible, efficient, equitably distributed, adequately funded, fairly financed and appropriately used by an informed and empowered public. Universal Health Care will ensure health as a right to ALL Filipinos regardless of ability to pay.

To implement Universal Health Care, radical reforms are needed in the six building blocks of the health system, namely: focused and directed governance based on a policy of equity, a dynamic health information system useable for health policy formulation, regulation of health care, integrated and rational health service delivery, an adequate production of well motivated human health resources, and an adequate and equitable health financing.

Health Governance

The Department of Health serves as the government’s overall policy formulation and implementation agency in health. The DOH must assert its leading role within the health sector and develop the cooperation of other sectors of society to implement Universal Health Care.

The most glaring governance problem to achieve Universal Health Care is the lack of an encompassing policy of health service provision that explicitly addresses the issues of health inequity and its social implications. The firmly entrenched top-down approach stifles attempts at introducing participatory processes in health decision-making and policy formulation through the Primary Health Care Approach.

The DOH in consultation with the other sectors of society must articulate a clear and explicit national policy of health service provision that directly addresses the issue of inequity. An executive order addressed to all government agencies that defines health equity as equal and just access to health care will provide the basis for the implementation of Universal Health Care.

Participatory processes must be effectively implemented for decision-making and policy formulation along the lines of the Primary Health Care approach. Existing mechanisms must be strengthened and new ones installed for the effective and meaningful participation of families, communities, professional groups and other relevant groups in the management and operation of health programs, facilities and activities.
Health Information Systems

Information systems are crucial for decision-making and policy formulation. However, the health information systems in the Philippines are rudimentary and ministerial – the data are gathered and recorded as a matter of duty, and not for their usefulness to the health care system.

Higher offices are deprived of timely information which could be crucial to effective and dynamic national policies. The lack of effective leadership and direction for the implementation of health information standards has caused stagnation in the improvement of the data gathering system.

To address this burgeoning problem, the Department of Health must take the lead in the creation of a framework of health information system, taking its cue from the rapidly expanding field of e-Health. This is defined by the World Health Organization as a cost-effective and secure use of information and communication technologies in support of health and health attendance fields, including health care services, health surveillance, health literature, health education, knowledge and research.

The Health Information System of the Philippines must reflect a multi-user and multi-perspective design. It should be able to provide support for the decision-making process by deconstructing what decisions need to be made, the knowledge that is required to support these decisions, and the information and data components. Services should be documented at the point of care – relevant patient information will eventually form the building blocks of the national health information database.

Health Regulation

Regulation of health stems from the government’s responsibility to ensure that the people, especially the underprivileged, have adequate and equitable access to health products, facilities and services. A regulatory system aims to provide a set of methods to influence behavior of both providers, specially the private sector, and protect the buyers from their own inability to judge quality. Regulation must improve access, advance moral principles and counteract monopoly.

The Philippine health regulatory authority struggles with the problems of scarce resources, inadequate staff and capability, inefficient use of available technology, and lack of progressive technological development. Health policies and regulations are inadequately enforced, because of the lack of manpower, technical capacity, funding, organization, as well as the problem of legal constraints. As a result, health facilities are not only substandard and dilapidated, but uncoordinated and fragmented, if not absent.

Initiatives must be taken to address these problems. An integrative framework for the harmonization of the different regulations of the health care system is necessary. Coordination and capacity-building must be at the forefront of these reforms. The various stakeholders, such as the LGUs and the private sector, must also be directly involved as well. Education and other participatory processes will be central in engaging the different stakeholders of health.

Health Services

Health services can be characterized by the dichotomy of public and private hospitals and the fragmentation at the local level. The former traces its roots back to the American colonial model, whereas the latter stems from the enactment of the Local Government Code of 1991. Primary care is devolved to municipalities and barangays, and there is a palpable absence of a unified, cohesive and logically organized referral system. These problems are further compounded by the lack of quality assurance of these health institutions.

Health services can be improved through the implementation of the following reforms:

1) Strengthening Primary Care – through the development of the “Essential Health Package” (EHP) that center on problems identified in the community. The EHP should not limit services and goals, but instead serve as starting points of a comprehensive primary health care program. Pilot EHPs can be implemented in several disadvantaged provinces.
2) A multidisciplinary primary care team approach that is linked to a referral system. The primary care team will serve as the gatekeeper between the patients and the hospitals.

3) Reinstituting the District Health System through political and financial support — the subcontracting of a capitation based Global Health Budget to provide essential health services can be used to reinvigorate the district health system.

4) Integrating all referral hospital services, whether public or private to align with the visions of Universal Health Care.

The DOH must take the lead in removing the structural barriers to the integration of our national health systems.

**Health Human Resources**

The health care system of the country suffers from the paradox of lacking health care professionals, especially in economically depressed regions, while at the same time enjoying an oversupply of the said professionals. Most doctors and nurses are concentrated in the private sector, while the supply of midwives, who provide the basic health care needs for the poor, is inadequate to meet the demands of the rural and barangay health centers.

These problems can be traced back to three factors: unregulated market forces, quotas determined by capacity rather than sustainability, and absence of emphasis on public service and common good. These factors combine to produce the phenomenon of migration to other countries and overcrowding in a highly competitive job market.

Reforms in HHR production must be anchored on fundamental changes in the recruitment, education, training and deployment of health care professionals. These must be guided by the overall objective of providing competent, well-motivated, transformative and committed professionals in a system of universal health care. These must be based on a country’s demands of health care instead of market forces.

These reforms will be anchored on regulations. A commission, headed by the DOH and including members from the CHED, PRC, PHIC, LGUs, DOLE, DEC, etc, can spearhead the efforts in promulgating policies regarding the standards and regulations in the production, practice and deployment of health professionals.

**Health Financing**

The Philippines faces the same health financing issues of the region: chronic underfunding, inequitable sourcing of funding (low public spending leading to high out-of-pocket spending), efficiency issues in terms of allocation of limited financial resources and payment mechanisms leading to higher health care costs. Added issues are the fragmentation and overlap of the health financing institutions and by the lack of an articulated national health policy based on equity and health as a right as basis for health financing policy formulation.

To rectify the situation, the stakeholders in Universal Health Care must craft a unified Health Financing Policy based on equity and health as a human and constitutional right.

Total Health expenditure (THE) must be increased to the WHO recommended level of 5% of GDP. Government and PhilHealth share must be increased such that Out of Pocket payments are eventually reduced to 20% of THE.

Funding for health care must be allocated to the more cost effective public health interventions and primary care services, while maintaining the quality of tertiary level health services. PhilHealth’s move towards Case Mix payments, true capitation and global budgeting should be further developed for financing both primary and tertiary care services.

Achieving the goal of UHC also demands that government address the social determinants of health beyond the health system. Increasing poverty should be addressed by a comprehensive national socio-economic development that includes asset reforms, agricultural modernization and national industrialization. Universal Health Care will address issues of inequity of access. National socio-economic development will create the living conditions for a healthy population. Only with a clear program for national socio-economic development, will Universal Health Care succeed in making our people healthy.

In the next pages are five feature stories touching on a diverse range of health issues, from counterfeit drugs to child obesity. These are the fruits of the second health reporting seminar organized by the Pharmaceutical and Healthcare Association of the Philippines in cooperation with the Journalism for Nation Building Foundation.

The seminar is a product of a convergence of interests. The Foundation, a spin-off of Newsbreak, and PHAP, share the goal of enhancing reporting on health. We want to call attention to timely, relevant and long-term issues. Overall, we aim to take health reporting to a better level.

The irony is: the state of reporting on health issues is not robust and well. As a beat, health seems to be peripheral to politics and crime. Often, health stories do not make it to the front pages and the headlines—unless there are pandemics, outbreaks of dengue, or epidemics.

Often, health reporting is about diseases. Missing are stories on health policies, studies and researches, and legislation.

Health, after all, crosses borders. We cannot isolate health from our economy, from poverty, from our national budget, from conflict and disaster.

It is a vital subject but it is still struggling to make it as a major beat. Editors, reporters, and news sources all have a role to play in pushing health up in the ladder of news priorities. It will not be an easy climb. We will have to work hard at this.

This seminar is one step toward that direction.

PHAP and the Foundation introduced an innovation to the seminar, capping two-and-a-half days of lectures, videos and discussions. On the last day, the participants, all reporters covering the health beat, pitched their story ideas for in-depth stories during a workshop. It was a spirited and enthusiastic exchange of ideas.

From the two dozen or so story pitches, the editors at the Foundation selected the best five. We worked with the reporters—and they happen to be all women—to develop these ideas.

Here’s the harvest of stories. They’ve been published by the reporters’ news organizations as well.

The PHAP Factbook is putting them together as a showcase of thoughtful feature writing on a variety of health issues. We hope that this is just the start of a more exciting competition on health reporting.
UP-PGH may soon charge poor patients
Gov’t subsidies the past decade were way below the hospital’s expenditures

By CHER S. JIMENEZ, InterAksyon.com

Street vendor Elisa Santos has gall bladder stones. Unable to afford the expensive operation, she went to the Philippine General Hospital (PGH) in Manila to apply as a charity case.

“Pabalik-balik nga ako. Matagal ang laboratory. Ang sabi nila, kung gusto mo ng mabilis [na resul]ta, sa labas na lang. Gawa ng gobyerno ito, maghihintay ka talaga,” Santos said. (I’ve been going back and forth. It takes time before the results of laboratory tests are released. They say, if you want it fast, go somewhere else. Since this is a government hospital, you will really need to wait.)

In the queue with Santos was Belinda Reyes, whose four-year-old son is suffering from leukemia. Reyes used to run a multi-million-peso export business, but the cost of her son’s treatment forced her into debt and the closure of her business.

But at the PGH, poor Filipino patients get free medical services from no less than the country’s best doctors. The country’s only national charity hospital, it is managed by the University of the Philippines College of Medicine, the country’s premier medical school.

Unfortunately, these benefits may not be available for long.

Now charging?

This year, the PGH adopted at least three radical policies that veer away from its image, or purpose, as a hospital for the poor.

In May, it revised its rates for pay patients. Among others, it increased the deposit fee at the Intensive Care Unit (ICU) from P10,970 to at least P40,000. This is as high as the rate at private hospital Medical City.

But UP Manila chancellor Dr. Manuel Agulto maintained their rates are still lower compared to those of some private tertiary hospitals. Makati Medical Center and Asian Hospital, for example, require P80,000 and P100,000, respectively.

In June, PGH director Jose Gonzales issued a memorandum ordering PGH personnel to stop offering Class D patients free services for basic procedures, such as x-rays, urinalysis, and stool examinations.

Class D patients are those earning less than P7,500 a month. They make up about 80 percent of PGH’s patients.

And then in August, Gonzales issued another memorandum, stopping the hospital from honoring sponsored PhilHealth membership. This affects those who have been enrolled by local officials so they can avail themselves of pay patient services.

“These [services] should only be used by indigent patients admitted in the charity wards,” says the memo. There used to be no distinction.

Protests

Met by strong protests from hospital employees themselves, the PGH management in September was forced to defer the withholding of services to Class D patients. The implementation of the June memo is on hold “indefinitely for further study and consultation with university authorities and all stakeholders.”

Benjie Santos, president of the All-UP Workers Union-Manila, fears that the state-run hospital is veering toward privatization.

“Nakikita namin na patuloy na itinutulak ‘yan ng management. Hindi dapat puntiryahin ang mga walang pambayad,” he said in an interview. ( We can see that the management continues to push for that. They shouldn’t target those who can’t afford to pay.)

Agulto said some businessmen have expressed intention to buy PGH, but their offers were turned down by the administration.

“Ang problema is, will it be in the best interest of UP? The answer is probably “no,” because if a hard-nosed businessman handles PGH, it will be profit-motivated, not service [oriented],” said Agulto, who took the post as UP Manila’s chancellor only in November.

Agulto explained that the charges were meant for “return patients” or charity patients who come back for a second diagnostic test.

“Libre parin, pero ’yung repeat [test] mo magbabayad ka na. At saka developmental ’yun para maintindihan ng mga pasyente na they have to be responsible for their own health,” Agulto said. (It’s still free, but you already
pay for repeat test. And it’s a developmental approach, to make patients realize that they have to be responsible for their own health.)

“They cannot be beggars forever. We’re educating them to value their health, kasi kung libre lahat e di balewala sa kanila kung magkasakit sila tatal gagamitin naman sila,” Agulto added. (If everything’s for free, they won’t take care not to get sick because they know they’ll be treated anyway.)

Justified increases?

Agulto said the increases are also justified, considering PGH’s allocation from the national government. “It’s a bankrupt government. We’re not getting the kind of money that was promised us as a national university,” he said.

For a state-run hospital, records show that government subsidy was way below PGH’s actual expenditures from 2000 to 2010.

The hospital could not depend on income from its pay ward alone. Of its 1,371 beds, about 800 are reserved for indigents; 453, for pay patients; and 60, for its nursery section.

The hospital survives on additional funds like solons’ Priority Development Assistance Fund (PDAF) or pork barrel.

Last year, P1.5 billion of the hospital’s P2.4 billion budget came from the national government, while the rest were allocations from PDAF and donations.

Solon accuses gov’t hospital of pocketing his pork

By CHER S. JIMENEZ, InterAksyon.com

Manila Rep. Amado Bagatsing accused the PGH of pocketing P4 million of his pork barrel, which has been allocated to the hospital to take care of his constituents’ medical needs.

Bagatsing said the hospital has been disbursing P100,000 to P200,000 for chemotherapy sessions using fake guarantee letters purportedly coming from his office. The congressman said he has been donating money to PGH for 16 years, but he only issues a maximum of P50,000 per person.

Government hospitals acknowledge guarantee letters coming from senators and congressmen. These are later charged against the lawmaker’s pork barrels.

After their initial investigation, Agulto admits there have been irregularities in the use of Bagat’s pork barrel. He said the spurious claims were a result of an inside job “on both sides.”

Two PGH employees are under investigation by a committee formed by the hospital management. The National Bureau of Investigation has also stepped in.

Because of Bagat’s complaint, the hospital decided to limit entertaining PDAF beneficiaries to 50 patients a day, instead of the average 200 patients that it used to screen daily since 2009. It also placed a sign above its PDAF counters warning patients against fixers.

Bleeding disorders, silent killers

By SARA SUSANNE D. FABUNAN, BusinessMirror

When her daughter Star was only about three weeks old, Andrea Echavez noticed that her baby’s nose would bleed from time to time. This went on as Star grew up, doctors from different hospitals couldn’t properly diagnose her.

When Star turned seven, the nose bleeding had become a daily episode. The child was examined by 10 kinds of specialists—hematologist, EENT (ears, eyes, nose, throat) doctors, neurologists, nephrologists among them—and they all said the bleeding wasn’t a cause for concern. This was despite the fact that Star, now 12, had started to vomit blood enough to be scooped with her palm.

Echavez suspected by this time that Star has hemophilia since she has a family history of bleeders. But doctors dismissed the idea, explaining that only boys can have this disorder.

In 2006, the Echavez found a prominent hematologist, who concluded that Star has Von Willebrand Disease (VWD).

Both VWD and hemophilia are rare genetic disorders, and can be fatal. Hemophilia affects mostly men, with their mother as the carrier of the disease. VWD afflicts
both men and women, and a child can acquire VWD if both parents have the disease.

**Left undiagnosed, these disorders can lead to untimely death.**

This was the case of Sophia Hernandez, who underwent an operation to remove a cyst from her ovary when she was 50. She wouldn't stop bleeding even as the doctors tried to stitch her wound. After receiving transfusion of 10 bagfuls of blood, Hernandez died of excessive bleeding and hemorrhage on the operating table.

Caleb, 2, was brought to the hospital after he hit his mouth with a toy. Suffering from severe Hemophilia A, he died three days later due to gastro-intestinal bleeding.

There are an estimated 908,000 Filipinos who may be suffering from hemophilia and VWD. But only a few know they are carrying the disease.

**Afflicting the poor**

The deaths occur because:

- Doctors and family members are not aware of the disease.
- There are no available anti-hemophilic drugs.
- The costs of diagnostic test and treatment are prohibitive.

Most patients who suffer from these diseases are poor, hematologist Dr. Mary Chua said. Nine out of 10 persons with hemophilia and VWD are poor, thus debunking early studies that say that the bleeding disorder is a “Royal Disease.”

In the Philippines, there are 6,000 to 8,000 men who are believed to be afflicted with hemophilia, but only 1,010 of them have been diagnosed. There are 900,000 men and women who are believed to have VWD, but only 26 of them have been identified. The rest either die young or bleed to death without knowing they have the disease.

Star was among the few lucky ones who were diagnosed early enough. She had to go abroad for it, however, because there are no facilities in the country that can diagnose VWD. “The technology is only available either in Hong Kong or Singapore,” said her mom, who has become an advocate for hemophilia awareness.

In other countries, governments provide free treatment to people with blood disorders (PWBDs). In the United States, patients get covered by the mandatory insurance and can therefore easily access medicines.

In the Philippines, the cost of treatment is prohibitive even to families with double income.

Echavez said that it costs about P29,000 for one vial or 1,500IU/infusion. Treatment depends on the severity of the bleeding.

For mild bleeding, only one infusion is necessary. Those with severe bleeding may need infusion every eight hours. A seven-day treatment may reach P604,800. Those who need treatment for Hemophilia A with inhibitors and Hemophilia B infusion may have to spend P6 million for a minimum of 14 days of treatment.

Rey Sarmenta, former president of the Hemophilia Association of the Philippines for Love and Service (HAPLOS), said some children end up crippled for life for lack of medical care.

**Deficient in blood proteins**

Human blood contains protein called factor VIII, which aids in clotting when a person sustains an injury, an open cut, or a wound. People with defective factors bleed longer than others. A deficiency of this causes a main form of homophilia.

Chua said hemophilia and VWD were initially thought to be exclusive to Caucasians and members of the royal family, thus the moniker Royal Disease.

“During the ’60s and ’70s we thought we do not have much cases of hemophilia.” Chua said. Sometimes, doctors falsely attributed continuous bleeding to myoma and other hormonal disorders.

**What are the telltale signs a person has hemophilia or VWD?**

Children who have bleeding disorder may experience swelling or prolonged bleeding from simple scratches, bruises, or bumps. For women, one sign of hemophilia is prolonged and heavy menstrual bleeding lasting 14 to 20 days.

Chua said profuse nose bleeding lasting five to 10 minutes, gum bleeding while brushing, eye bleeding, and vomiting of blood are signs, too.

The situation for children could be traumatic. The slightest injury while playing could mean lifelong physical deformity, like becoming crippled.
Provided that proper treatment and diagnostic facilities are available, those with bleeding disorders, particularly the mild cases, can have a semblance of a normal life.

However, the treatment regimen is not only expensive, but also unavailable in the country. Chua said government intervention is practically non-existent for those with bleeding disorders.

No law, no support

Since 2008, Echavez said, hemophiliacs and their loved ones have been lobbying a law that will provide standard care and treatment of persons with bleeding disorders.

The advocacy failed to elicit any support from legislators. They cited lack of funding, Echavez said. But to advocates, it could be a question of government’s lack of concern for the bleeders.

In the face of indifference from policy makers, patients and their caregivers turn to kindred spirits.

Hemophiliac groups like HAPLOS and Project Share headed by Laurie Kelley have been providing free treatment, sourced from donations from other countries. Kelly has a son with hemophilia.

The drugs they provide are sourced from other countries that want to phase out their existing stocks.

Echavez said Factor manufacturers provide a certain percentage of their drugs to the US-based World Federation of Hemophilia and Project Share, which in turn distribute these to poor countries. She stressed that no expired drugs are brought into these countries, including the Philippines.

“We collect the medicine called Factor and distribute them to developing countries free of charge,” Kelley explained.

Echavez said Project Share’s well of generosity could easily dry up, what with other countries like India competing for its attention.

Meanwhile, people are silently dying from the disease. Since 2008, 10 boys have died of the disease because there were no available Factor drugs.

“Some of them were in and out of the hospital. But because of requests from all over the world, Project Share could not provide all the boys with the requested factors.” Echavez stated in her blog at www.fortheloveofstar.com.

Kelley said political will is needed to address the lack of medical care for those with bleeding disorder: “If Honduras, which is a very poor country in the Western hemisphere, can buy Factor, then there is no reason that the Philippines could not procure Factor. It’s just a matter of lobbying.”

In the Philippines, there’s a need for government-sponsored health care and for an information drive to educate the public, the patient, and the doctors about these diseases and how to institute treatment when bleeding starts.

“Sometimes the problem is denial among families and even doctors, apart from unavailability of the funds. Maybe the government should do the registry, information awareness, home treatment, and even training for acceptance [by the family] and skills of infusion,” Chua said.

Philhealth’s new pay plan: Who wins?

By SHEILA CRISOSTOMO, The Philippine Star

When Norycel Capistrano, 36, gave birth to her youngest son by cesarean operation in 2006, she did not have to spend a cent. Her bill ran up to P18,000 at the state-run Dr. Jose Fabella Memorial Medical Center, but everything was shouldered by the Philippine Health Insurance Corp. or Philhealth.

Then four years later, when her father suffered a heart attack and was confined at the Philippine General Hospital, Philhealth paid P30,000 of her P36,000 bill.

“Maternity and my father were not covered by my Medicard,” explained Norycel, an editorial assistant in a publishing company. “That’s why we preferred government hospitals. It’s a good thing that Philhealth benefits are okay.”

That is, for now

Norycel, like other Philhealth members, is worried that the subsidy rates for selected medical cases and surgical procedures will be reduced once Philhealth implements a new payment scheme.

Called the “case payment scheme” or the “per-case payment,” it assigns fixed rates that Philhealth will
reimburse for specific cases. Right now, only 23 cases and procedures are covered by the scheme, but Philhealth intends to eventually implement it in all cases.

The per-case payment scheme applies to both public and private hospitals accredited by Philhealth.

When a patient’s ailment gets complicated and the bill exceeds the fixed rate of the per-case scheme, he can then avail of the “no balance billing” (NBB) scheme. Under this payment scheme, Philhealth will not pay any other fees beyond the rates it has set for the 23 specific cases and surgical procedures.

NBB is now implemented in all government hospitals (since September 1, based on Circular No. 011-2011), and will eventually be pushed in private hospitals as well, although the latter can voluntarily implement it now.

NBB will apply to all “sponsored program members and/or their dependents.” It essentially covers 5.2 million families that have been certified as “poorest of the poor” through the social welfare department’s National House Targeting System (NHTS) –Proxy Means Test. Their premiums are paid for by the national government. Those sponsored by local government units can also avail themselves of the NBB scheme.

NBB also covers outpatient packages for treatment of tuberculosis, malaria, and human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS).

The twin policies are supposedly part of the Aquino government’s effort to attain the universal health coverage by the end of 2013.

‘Empowering members’

“What if the case becomes complicated? Maybe if you go to a government hospital, you’ll be covered well, but what if you go to a private hospital? I may have to pay more,” Norycel asked.

Philhealth president and chief executive officer Dr. Eduardo Banzon gave assurances that the new payment schemes will be beneficial to Philhealth stakeholders since it makes the terms of payment for health interventions more transparent.

He said these will lead to the “empowerment” of Philhealth members. “You’ll have an effect where patients will start demanding lower rates because they know how much we will be paying. Hospitals will not charge over and above what we will cover.”

The new schemes are also meant to minimize fraudulent claims by healthcare providers, he said. “Through this system, our members will be able to predict how much we are paying for the services rendered to them.”

These two payment mechanisms are designed to replace the fee-for-service scheme, wherein patients are charged different rates for the same services, depending on the type of hospital, medicines administered to them, and the standards of the rooms they occupied.

Philhealth believes that the fee-for-service scheme is prone to padding by doctors and hospitals, or by the healthcare providers.

Philhealth could not immediately provide information on padded claims. But in 2007, the Senate investigated the health insurance agency for losing as much as P4 billion since 1995 due to alleged fraudulent practices by some doctors and hospitals.

During the Senate hearing, a case was cited involving a doctor who claimed to have performed more than 2,000 cataract surgeries and charged Philhealth P17 million. Some doctors even charged Philhealth for treating toenails and performing circumcisions.

The new payment mechanisms are also meant to facilitate the reimbursement of hospitals. Currently, hospital operators complain, it takes at least six months for Philhealth to process and release reimbursements.

The circular have set new reimbursement rates for some specified cases, including the professional fees (see box for some of the approved cases and their corresponding rates).

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So, Banzon said, “It’s wrong to say that benefits will not increase. It will increase, although there are some who will be affected. But it will be beneficial for maybe 90 of 100.”

**Resistance from hospitals**

But Banzon acknowledged that Philhealth has to go slow on this one since private hospitals are expected to resist it strongly.

“The problem really would be the no balance billing [scheme]. The challenge for us is when we can roll out that,” said Banzon. He’s expecting hospitals to resist this payment scheme “100 percent.”

To lure private hospitals into adopting the NBB, Philhealth is studying incentives that can be given to them, like setting higher case rates.

Dr. Kenneth Hartigan-Go, executive director of Asian Institute of Management-Dr. Stephen Zuellig Center for Asian Business Transformation, said that the new case payment system is “like a value package, where everything is inside, all inclusive. That means room and board, doctors fee, lab fee, procedure fee, and medicine fee.”

The mechanism, he said, also implies that the “hospitals and doctors will do the right thing, using a standard protocol in managing the patient.”

To prevent doctors from requiring more laboratory tests or medicines than what’s deemed needed by the patient, the hospital will be made to explain if it charges more than the set rate for the patient’s package of treatment.

“So ideally, case rates payment will work only very well in a situation where there’s no balance billing, and if there’s honesty, good monitoring, and evaluation,” Go said.

At present, the out-of-pocket payment of patients is pegged at around 55 percent of their total bill. With the new policies, poor patients need not worry about paying above and beyond what Philhealth covers, Go said.

The fixed-rate payment scheme, he said, will ensure the same quality of healthcare services for all.

“Laboratory fee, doctor’s fee and medicines should be the same regardless of the category of room…. If you want to use the same system but you have more money and you want the comfort of a nicer room, like suite, you have to pay for it.”

**Hospitals know better?**

The new schemes do not sit well with the Private Hospitals Association of the Philippines (PHAP). President Dr. Rustico Jimenez said that many of its 800 member-hospitals might no longer accept Philhealth members if the agency will insist on implementing fixed-rates payment system.

“How can they say that this particular laboratory [test] is not needed if they are not practitioners? Many of those involved in policy making do not really know what we do in hospitals, how we test and take care of patients,” he said.

He said that a laboratory test done on a patient may appear unnecessary for Philhealth personnel, but for a doctor it is needed to validate the patient’s condition.

“So what happens now? If a patient needs a procedure or a laboratory test that Philhealth does not want to cover, should we make the patient pay for them?”

Jimenez warned that with the fixed-rates system, the subsidy of Philhealth will be lessened.

“Philhealth used to shoulder up to P40,000 for cesarean procedure, but now it will pay only P19,000. What does that mean? If you give birth via cesarean and there’s some complications, you’ll be the one to pay above and beyond Philhealth’s coverage, which is very small,” he said.

**’Your loss, not ours’**

Dr. Robert So, Philhealth senior manager for standards and monitoring, is unfazed by PHAP’s threat.

“Being accredited by Philhealth is not compulsory. [Hospitals] actually pay to be accredited. Everything is voluntary,” he pointed out.

And if a hospital rejects a Philhealth member, So said that it will be the hospital that will “miss out on the volume [of patients] and the earnings that they can get from our members.”

In 2010, Philhealth paid P33 billion in reimbursements. “That is the amount that they will lose, and maybe more than that since we are aiming for universal health coverage. We are the biggest payer in health,” said So.

So said that more than half of the claims paid by Philhealth since Sept. 1, 2011, were already under the fixed-rates scheme. By next year, the agency is hoping to fully implement Circular No. 011-2011.
Higher premium

To provide optimal “financial risk protection” for its members, Banzon conceded that Philhealth will have to increase its premium eventually. “If our premium is low, we cannot afford [expanded benefits]. That’s why I’ve been saying, eventually the premium has to go up, like sooner than later.”

As early as January, the agency may double the P1,200 annual premium collected from the 5.2 million NHTS families that are being sponsored by the national government.

The premiums of those who are being sponsored by the local government units, individually paying members, and those who are employed may be adjusted on July 1, 2012.

Banzon said it is not only the government that should invest in health but each and every Filipino as well.

“Universal health coverage cannot happen unless we spend money for it. We have to invest in it,” he added.

What’s for lunch?
Foods served in school and at home are making our kids obese

By GIGI DE LEON, Health & Lifestyle Magazine

The lunch menu has become predictable at the canteen in a private grade school in Makati City. Almost every day, there’s fried chicken, chicken nuggets, and baked macaroni.

Those who brought packed lunches have hotdogs, sausages, tocino (sweet pork), fried chicken, pork chop, beef, or eggs with rice.

There are hardly any leafy dishes.

On most days, vegetable dishes are not offered, says an employee at the school canteen, because children don’t buy them. “They rarely order kare kare (stew made with vegetables, oxtail, beef, tripe, and peanut sauce) and sinigang na miso (soup with fish and soybean paste).”

For merienda, the pupils indulge in pizza, french fries, chips, and other junk foods bought from a hawker outside the school gates. Those who have bigger allowances head to a nearby fast food restaurant.

In a public elementary school in Parañaque, the choices at lunch are not very different from the ones in Makati. Value meals consist of rice with egg, ham, or hotdog. Vegetable and fish dishes are more expensive.

Even in the school’s feeding program, children “do not finish their veggies,” said one of the workers. They always finish their fried chicken, though.

In both schools, only fruit juices and bottled water are the only available drinks; sodas are strictly prohibited.

Less fruits, vegetables

These two schools very well reflect the national picture of what’s wrong with the Filipino children’s diet. Schools, aided by sleek media ads, are promoting unhealthy eating habits.

The result: hidden obesity among children.

The Food and Nutrition Research Institute spotted the trend of more and more children becoming obese as early as 1998. A study, presented only in 2007, showed that the prevalence rate of 5.7 percent in 1989 increased to 8 percent in 1993, then to 8.8 percent in 1998.

The National Nutrition Council of the Philippines, in a 2003 survey, found that obese children aged 0-5 years rose from 0.4 percent in 1998 to 1.4 percent in 2003. The prevalence rate of overweight children aged 6-10 years was almost negligible in 1998, but had a significant increase to 1.3% in 2003.

A later study—the Philippine National Health Evaluation Survey conducted in 2004—noted an increase in the prevalence rate of obesity among Filipino children from 3.2 percent in 1998 to 4.9 percent in 2003.

Filipino children are not the only ones vulnerable. According to the World Health Organization (WHO), cases of obesity worldwide more than doubled from 1980 to 2008.

WHO data showed that overweight children, from 5-10 years old, jumped from 5.8 percent in 2003 to 6.6 percent in 2008. Of the 6.6 percent overweight children, 3 percent were obese. Overweight and obesity are more common in boys than in girls.

The numbers are hardly surprising. Rice was the commonly consumed food (94.7 percent of households), followed by sugar-rich foods and soft drinks (81.1 percent), and fatty and oily foods (70.5 percent).

Data also showed that fish, meat, and poultry consumption was on the rise, but the intake of fruits and vegetables had dropped.
There are several factors in the prevalence of diet imbalance among Filipino children, said Candido Astrologo of the National Statistical Coordination Board, the agency that various economic and social data on families. There are the unhealthy foods served in the mushrooming burger joints, fast food restaurants, and Andok’s and Mang Inasal chicken barbeque outlets. The Internet and addictive social networking sites have also kept Filipino kids sedentary.

**Lifestyle diseases**

Overweight and obese children are at risk of developing non-communicable diseases (NCDs), like cancer, heart ailments, and diabetes later in life, or what are commonly known as a lifestyle diseases.

According to the first WHO Global Status Report on NCDs that was launched in April 2011, lifestyle diseases are on the rise and now the leading causes of deaths worldwide.

In 2008, NCD-related deaths reached 36.1 million people worldwide. Eighty percent of these deaths occurred in low- and middle-income countries to which the Philippines belongs. In Southeast Asia, it is estimated the same year that there were six deaths from lifestyle diseases per minute.

Antonio Dans, a professor at the University of the Philippines College of Medicine and McMaster University in Canada, said that predisposed behavioral and environment risk factors—like globalization, urbanization, and poverty—make people develop unhealthy lifestyles.

Dans said that globalization, aided by advertising, has popularized burger joints, fast food restaurants, and carbonated drinks among the young.

Unmitigated urbanization, on the other hand, has gobbled up land, which could have otherwise been used to accommodate public spaces that encourage physical activities among children, like parks, playgrounds, jogging trails, and courts.

Money is a factor, too. Healthy foods, like broccoli and olive oil, are generally the ones that are expensive, Dans added.

**Starts at home**

If kids are to develop a taste for healthy food, then they must learn it at home, said Dans. If parents or guardians lack appreciation of healthy foods or they cannot always afford vegetables and fruits, which are now often more expensive than meat products, the children’s poor eating habits are aggravated.

Dans said that children’s appetite to healthy foods should start at home and school canteens should be an extension. “They think it is not delicious because they were not exposed to it when they were small. It’s also supposed to be filling, more than carbohydrates.”

He added that economic factors play a role, too. “If fried food is available and it’s cheap, naturally, you’ll have it.”

Ged Ducusin, for example, cooks mainly pork chop for her children, 9-year-old Ziv and 7-year-old Niamh, for their lunch in school. “Vegetables easily rot,” she said in an interview with H & L.

At home, they occasionally have fish and vegetables, or fruits like bananas. “Other fruits are more expensive,” she remarked.

Couple Ver and Mars Radovan basically prefer meat, pork, chicken, and fried fish. Their youngest, 10-year-old Vince, goes to school with hotdog, ham, corned beef, sausage, or chicken nuggets.

Other parents, like Lita Banal, prepare preserved foods for their kids’ packed lunch only because these don’t rot quickly, are easy to cook, and cheap. But at home, Lita said, she always have steamed or stir-fried vegetables, steamed salmon or dory, and fruits, which her daughter, 9-year-old Isha, equally likes.

The FNRI said a “healthy home environment can promote healthy habits…[including] food pattern in the home.” It noted that, “As children grow, they begin to make their own choices at school and in other places away from home settings.”

But since schools cater to what the children want that are not necessarily healthy, what intervention can be done? “I think we know what healthy food is. We just don’t have the will to provide it,” Dans said.

He noted that certain positive habits—like eating fish, vegetables, and fruits more often and exercising more—may be encouraged as early as childhood. When developed, these habits become part of one’s lifestyle during adulthood.
Universal Healthcare: 
What it is in the eyes of the youth

Beyond the Slogan Ring

By Joseph Emmanuelle P. Siatan
Ateneo de Manila

Looking at the Philippine society, no doubt there is a problem. A survey of the streets would lead you to countless issues that face the Filipinos on a daily basis. One of the most striking but often neglected issues is that of healthcare. Too often, we have been caught up with other concerns or the politicized solutions that our leaders offer that we forget the core of the question. Thus, we are invited to dissect this negative reality and scrutinize the dilemma of its existence.

The health system’s primary purpose is to ensure that the well-being and health condition of every citizen is protected throughout their lives with the proper utilization of health care. However, that ideal is threatened when resources from either the health provider or the recipient are not accessible. The Philippine health situation is of no exception to this deviation. As an effort to describe the effects of this social phenomenon, let us start with numbers.

Based on UNICEF data for the year 2009, there was an estimated 2,245,000 live births for a total population of 92 million. Of those numbers, around 25 infants out of a thousand died before they reached the age of one, amounting to 169 infants lost everyday due to bacterial sepsis and other complications. On the same year, there was an approximate of 34 deaths for a thousand children in the under-five age bracket. Though these rates were an improvement from the previous years, actually keeping in pace with the targets of the fourth millennium development goal, these statistics fail in comparison with child mortality rates of other neighboring countries. Not too far from the issue of child mortality is maternal mortality. In 2009, approximately 162 mothers for every 100,000 live births died after giving birth. Although decreasing from more dismal figures (209 deaths/100,000 live births) reported in 1990, the country seems to be making extremely slow progress – missing the reduced maternal death target of 52 in 2015 by a wide margin. In fact, the Philippines is lagging behind other countries from Southeast Asia. Thailand reported a number of 110, only 62 in Malaysia and 14 in Singapore.

These two are only among the many issues that the Philippines continues to struggle with – morbidity, nutrition, reproductive health, to name a few others. Yet, at the face of these figures, one could only question, “Why were our neighbors able to make considerable progress while our country seemed to miss the mark? Where have we been lacking?”

Definitely, this was not an issue of the lack of government policies that cater to the health sector. The previous decade had been a witness to two of the more successful health reform strategies of the modern Philippine era – Health Sector Reform Agenda or HSRA (1999-2004) and Fourmula One for Health (2005-2010). Health Sector Reform Agenda aimed to focus on two general developments – health financing (towards autonomy in government health facilities, increased investments in priority public health programs, and expanded social health insurance coverage) and health systems development (both for local health organizations and regulatory agencies). The next health reform, Fourmula One for Health, sought to continue the programs of its predecessor – improvements in health service delivery of both public and private facilities, health regulation, and health financing – with
the addition of amendments in good governance. Taken in good faith, these two actually brought significant gains in the health sector. However, as earlier noted, statistics proved otherwise.

An inspection of these health reforms would show that both have the necessary features for a successful implementation — a carefully laid-out action plan, intended collaborations with investment sectors, etc. However, it lacked the hindsight vital to provide the greatest benefit to the greatest number of people, majority of which belong to the poorest families. Thus, the call now for health strategies is not just for strengthening of the structures but also for a broadening of the scope of these structures. Such could only be achieved through a movement towards universal access to healthcare.

The current administration envisioned such progress in the health sector through Administrative Order 2010-0036, more popularly known as the Aquino Health Agenda. The primary goal of the provision is to ensure that better health outcomes are assured for all Filipinos, most especially the poor, through equitable access to affordable health service delivery. Though the law captures the essence of universal healthcare in almost every respect, we must not be lost and limited to their definitions.

Although most attention on universal healthcare has been practically diverted to universal PhilHealth coverage, there is a need for a more comprehensive grasp of the concept. Without the slogan ring to it, universal healthcare should, in my perspective, be viewed for its three main dimensions — economic, structural and information accessibility. The first two refer to more organizational prerequisites to its fulfillment while the last is more of an individual responsibility of both healthcare providers (doctors, nurses and other health professionals) and beneficiaries.

Among the three aspects of universal healthcare, economic accessibility is the most advertised. Usually, this is determined by the affordability of a health service. Also, it is often interchangeably used to connote general access to healthcare. Since healthcare access is highly associated with only the economic aspect, several immediate interventions are directed towards this plane. PhilHealth coverage and other health insurance policies are examples of such government welfare programs that alleviate financial impediments to availing services. By reducing portions of out-of-pocket costs, health services are more accessible to the public; thus, better health outcomes are more attainable.

Besides health services, access to pharmaceuticals can be restricted when such products are less affordable. For that reason, this is also a target in achieving economic accessibility. Certain laws as the Cheaper Medicines Act and the Generics Act are aimed to satisfy that condition.

Though economic accessibility is the most immediate of the three aspects, it is also the most simple. Interventions on this level of access can therefore be categorized as “on-the-surface” involvements. Therefore, there is a problem when much political attention and government policies are catered only to this category. Guided by that perspective, one needs to escape the myopic trap that this is often prone to. One must look beyond the economic demands of health delivery to be closer to the authentic meaning of universal healthcare. Access to healthcare is also influenced by structural accessibility. Certain arrangements must be present before one can be assured of health service delivery — including availability of facilities and products and regulatory bodies which assess the quality of the two. Generally, next to individual economic deficits, flaws in the structure prove to be a great obstacle in accessing healthcare. For instance, low budget allocation to the health sector causes neglect of most government health facilities consequently resulting in deterioration of the quality of services and facilities. Indeed, a large number of government hospitals and rural health units have yet to be accredited by PhilHealth. So, even if a social health insurance program is in place, access to these services can still be impeded. This is compounded by the fact that the members of the poorest brackets are the primary markets of such facilities. These conditions serve to be of great detriment to the poor who are deprived of quality healthcare and thus, better health outcomes. A genuine move towards universal healthcare, therefore, necessitates that structural arrangements are established and maintained.

Beyond their positive effects on the organization of healthcare, the first two dimensions of universal healthcare — economic and structural accessibility — must also be seen for the value they uphold. Ultimately, the two serve for equal opportunity in health outcomes and thus, the betterment of living conditions. However, experience proves that the state of equal opportunity alone is not sufficient to achieve universal access to
health care. It is also important to empower both the health provider and the recipient.

In this day and age of technology, empowerment can come from information and appropriate communication of this information. It can be as simple as knowing where to avail of health services or as complex as clearing social stigma on particular diseases such as AIDS and tuberculosis.

Without proper communication, there can be implicit nevertheless serious consequences on health conditions and systems. Of a particular concern to this problem is the phenomenon of irresponsible self-medication, specifically of antibiotics. On the individual level, should medication be inappropriate, unnecessary monetary costs are incurred – both in purchasing the medicine and treating potential health detriments brought about by side effects of maladministration of the medicine. These negative externalities can also extend to the macro-social level. In the Philippines, where health remains at a low priority, misinformed self-medication is a waste of already limited health care resources. Thus, such resources as pharmaceuticals which could have been put to better utilization for positive health effects are wasted to less productive and negative outcomes.

Even worse, misinformed self-medication of antibiotics could lead to bacterial antibiotic resistance. Time and again, this phenomenon proved not only detrimental to individual health but also caused a negative trickle-down effect on ineffectiveness of previously effective medicines and thus, increasing costs of development of new pharmaceuticals. All these unintended negative health outcomes could have been prevented if only individuals are empowered with appropriate information.

Indeed, any efforts on the organizational levels (economic and structural) can only yield good results if cooperation from the individual is ensured. In the same manner, individuals can only enjoy access to quality healthcare if organizational supports are in place.

Any attempt for social change starts with questioning the flaws and deficiencies in a system. Ours was and still is a question of why access to our healthcare system is neither universal nor equitable. It is a question of why equal opportunity does not seem to be present in one of the most basic rights of any citizen. It is a question of why these citizens are not empowered to make informed decisions on one of the most important aspects of their lives.

Any attempt to question the flaws in a system leads to an idea. Ours is a vision of universal access to healthcare. However, many have fallen trap to simply marvel in the idea. Any attempt for social change thrives in an idea… and translates into action – a coordinated movement of individuals. Just as action is not done for action’s sake, so too is universal access to healthcare. In the end, what does universal healthcare mean? Maybe equal opportunity. Maybe empowerment. But definitely, life.

The Ultimate OPLAN:
A Universal Health Care Policy for the Philippines

by: Gabriel Ignacio P. Alejo
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Two months ago, Baby Raul died.

As sad as it may seem, the cause of this child’s death is tuberculosis, one of the leading causes of death for Filipinos, but one of the diseases which can be treated easily if detected early. The little fellow has long exhibited signs of contracting the disease, but financial constraints prevented his parents from bringing him to the city hundreds of miles away in order to be examined by a health practitioner. His father is a simple farmer in the fields of Bukidnon, while the mother is a housewife. The albularyo, being the cheaper alternative, tried every ritual he knew in order to save the boy, but to no avail.

A few days after the burial, a doctor on a personal outreach came to their town. It was a self-financed trip to the poorest barrios of the country to help provide
medical assistance to those areas. There, he discovered that the real cause of Raul’s death was the transmission of the disease from his grandmother who lives with them and who happens to have not spoken about contracting the symptoms at all. If only the grandmother was treated much earlier, Baby Raul would not have died.

This situation can often be witnessed in soap operas, but the truth of the matter is, this is an ongoing phenomenon that has affected the lives of millions of Filipinos, especially those in the most underdeveloped areas of our country. How can so many people die just like that because of the lack of basic health care?

Whether the government admits it or not, there is certainly a great disparity between those at the top of the social ladder who will check-in at hotel-like hospitals at the earliest signs of flu, and the disadvantaged individual who will put medical treatment as the last priority in spending whatever is left of his money. Health is not the main concern of Juan dela Cruz, and one of the reasons on why this may be is the fact that even our leaders themselves have not invested much on it.

The process in which a suitable health care program can fit an entire country entails a lot of time, effort and money on the part of the government, but if the Philippines does not start acting on it now, a lot more Baby Rauls will have to suffer such a tragic death, especially with our population expected to reach a hundred million in a few years.

Nevertheless, a nationwide health care program without an enabling law is considered useless, however effectual it may be. The key to success lies in the dialogue between experts in the field and those in power, two sectors whose primary job is to help improve the lives of the regular Filipino. Dialogue should lead into action, and action should yield results.

Given the inaccessibility of proper medical treatment to majority of Filipinos at present, there is an immediate need for a comprehensive health care policy to be created by the government. There are current provisions and set-ups for Filipinos to avail of medical insurance such as the Philippine Health Insurance Corporation or PhilHealth, which, sadly, claims a membership of only twenty million Filipinos as of 2009. However, in more ways than one, a real comprehensive health care policy should not only offer free or discounted medical treatment, but useful lifestyle, heightened medical research and wellness campaigns as well. The integration of the aspects of prevention and cure will in turn lead to a more vigorous and active Philippine society.

However ideal and promising a comprehensive health care policy may be, there are still some who believe that it will spell more problems than solutions if ever it is taken into effect.

It is no doubt that executing such a plan entails a lot of money, and given a country like the Philippines with a frail economy, critics think that it is too risky to invest so much for health care alone. If a comprehensive health care policy is enacted by Congress, the said budget will surely balloon to three or four times more than its current level given that the access for health care will be for all Filipinos. Considering that this will happen, what is important to look at is how the allocation for the execution of the entire program will compare with the overall budget of the government, as well as ensuring the efficiency in spending among the different stakeholders of the health sector. Preventing corruption and allowing a wider field for different organizations and companies to research on more affordable treatment will result into a lot more of our countrymen having better access to basic medicines and vaccinations in Barangay Health Centers which they very much need.

Other than the issue of money, some are not confident in creating a comprehensive health care policy due to the fact that there is a lack of manpower that will execute the said plan. With a shortage of medical and health practitioners who opt to do their practice abroad rather than in the country, a valid question an analyst will ask is: “Where will the government get people who will be the prime movers and implementers of a comprehensive health care policy in the country?” For a country such as ours, however, it is important that Filipinos give emphasis to the value of helping each other, as exhibited by the spirit of bayanihan. If ever there is a time to put this into action, then it might as well be in implementing universal health care. In a middle-income country like ours, the local community, one of the most basic units of our society, will play a great role in determining the success of certain policies such as this. Therefore, it is of utmost relevance that a lasting and healthy relationship within the community be imbibed among its members.

Although many people are saying that the said policy is detrimental to the economy, one benefit it actually brings is its capacity to stimulate other areas of development that may generate the flow of money and
eventually improve on the quality of service that can be offered to the people. By realigning and restructuring the current system into a more cohesive and wideranging law, more job opportunities will arise for both white and blue collar workers, as well as provide incentives for health related companies to engage in research for reasonably priced medicines that could serve as treatment for different prevalent diseases in our country. At the same time, health professionals such as physicians, nurses, medical technicians and the like will have the opportunity to practice here in the country without the risk of being overshadowed by the veterans at the big city hospitals, as well as create opportunities for them to have a decent income, without the stress and hassle of going and working abroad.

The most effective way to do this is through the creation of avenues that will let them make use of their skills while at the same time decentralizing the hospital as the staple venue for diagnosis and treatment. According to Dr. Genejane Adarlo, a faculty member of the Health Sciences Program at the Ateneo de Manila University, one of the main problems in the country’s health system today is the weak authority that the Department of Health has over the Local Government Units, or “fragmentation”. Through the creation of a body that will help strengthen the ties of the central government to the local government and guide the creation of small to medium clinics (SMCs) nationwide, the doctors and other health professionals will be brought closer to the people, and it is through this that Filipinos will eventually lose the mentality of letting the disease pass without proper treatment since it is very expensive in the hospital which is almost four or five hours away from their homes. Setting up these SMCs will require the hiring of staff and personnel with specific skills and so the pool of fresh graduates and young professionals alike will be maximized in a way.

In creating these businesses, the mindset should be that of sustainable development. This means that not only is a certain health-related business being put up if ever the plan becomes a reality, but more so a relationship between the health practitioners in the clinics and their clients, the immediate community, is being forged. By solving the problem of fragmentation, the doctors will slowly move out of the big hospitals and make their way into areas nearer to rural communities where they will set up their clinics. It is the turn then of companies and pharmaceutical companies to invest businesses in the country, in partnership with the major medical institutions, when it comes to the field of scientific research and medical advancement. This will enable Filipino scientists to study more thoroughly tropical diseases, surgical techniques, effective medicines and the like without the expense of going abroad. With the slow but sure integration of economy, technology and quality being put in priority, it is expected that the health care policy will help in the country’s economic development without sacrificing social responsibilities to those in need.

In order for decentralization to really succeed, human resource should be given a holistic approach, with emphasis on consultation and representation of all health professionals in the discussion and conceptualizing part of the plan. Lawmakers and implementers should not only consult the experts but also those who will really be immersed in the towns, sitios and barrios.

This will pave the way for a compromise on certain guidelines between the two sides to be reached. If other middle-income countries like Brazil and Thailand have been able to come to such a compromise, it is not impossible for the Philippines to follow suit.

With all these points in mind, it is but natural for the ordinary Filipino to ask if a comprehensive health care policy even has a fighting chance to become a reality. Given the many problems the stakeholders should face even before the positive effects can be felt, even the most optimistic analyst will say that the road to be faced is tough and that reaching the end point will take a lot of patience and effort from everybody.

However, it all boils down to what is prescribed by the Philippine Constitution. It simply states that the access to basic health care is the right of each and every Filipino, whether he be rich or poor. Therefore, it is the obligation of the officials who govern this country to talk and come up with a fitting solution to this long standing problem.

The time is right for a social transformation to take place. Besides the policy itself, the paradigm of the people towards health care should also be changed, shifting it from an “only when it’s severely needed” to an “everyday necessity” attitude.

Formulating and executing a universal health care policy is a huge step forward for the Philippines, not only in terms of health care provision but in the maturity of
its political system as well. This will create a big impact on the sincerity of the country’s leaders to set aside their differences in order to work towards achieving one goal for the betterment of the majority. More than this, it will highlight the very essence of our country’s democracy, an environment where people like Baby Raul need not die of a disease for which there is a cure.

The challenge lies on us, the current and future set of Filipino health leaders who will manage our health centers, laboratories, hospitals, medical schools, health-related companies, government offices, the Department of Health and yes, even our country itself. It may still be an elusive dream, but it certainly is one thing that should be made a reality.

This, my fellow countrymen, is the ultimate oplan.

Lending a Voice to a Neglected Cause: Universal Health Care and the Youth in Social Media

By Vincent Anthony Tang
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It was a rainy August morning when we had one of our home visits to Barangay Bagong Silang in Caloocan, as part of the NSTP program of my university. When my partner and I reached the house we were assigned to, our hosts greeted us with warm smiles and allowed us to enter into their homes. It was dark inside with only one very small fluorescent bulb hanging from the ceiling responsible for lighting the whole place. The walls were cement-grey and the floors remained without tiles six months after the construction of their house. As soon as we were seated, I quickly dispatched a barrage of interview questions asking how their life was like now after relocating to this GK village. From what I was able to pick up from their responses, they’ve been living significantly better lives – a better home, stable jobs and an education for their two children. Simply put, they were living happier and more meaningful lives.

But they were still a long way from what could be considered “paradise” — the frequent recurrence of dengue in the village throughout the rainy season has not only forced Mang Tonton to miss out on a week’s salary. Yet the full extent of how severe the danger the disease posed did not dawn on me until a few seconds later. Realizing that only three of them were present during the interview after hearing them mention that they were a family of four, I immediately asked where Jayjay was, the youngest member of the household. “Ab, nasa loob po ng babay, nagka-dengue naman kasi siya ulit. Ikalawang beses niya na po ito sa loob ng dalawang buwan. Huwag niyo na po siyang alalahanin pa. Hindi na kasi namin naisip pang idala siya sa ospital dabil wala naman kaming pera na pambayad sa doktor at sa kanyang mga gamot. Gagaling naman ‘yan siguro katulad ng tatay niya. Normal lang iyan dito, ibo!”, exclaimed Aling Racquel as she flashed me one of those innocent smiles she’s been wearing the whole interview. I was taken aback by her reply and couldn’t help but ask myself “Since when did we belittle the life-threatening consequences of sickness and shrug them off as normal?”

Sometimes, it takes a real face-to-face encounter with situations like this in order to grasp the true magnitude of the problems in our country today. Cases such as that of Aling Racquel and her sickly son are hardly the types to occur once-in-a-blue-moon, or what the medical profession would label as isolated cases. If we were to look at the leading causes of morbidity in the country, all of them except hypertension are communicable diseases whose prevalence has remained high throughout the years. And as Aling Racquel mentioned, one of the most common reasons as to why we remain at the mercy of diseases like dengue, tuberculosis and pneumonia is because the poor do not have the financial capability to take control and manage their own health. This is why the idea of Universal Health Coverage (UHC), through the institutionalization of the National Health Insurance Program (NHIP) or the Philippine Health Insurance Corporations (PHIC/PhilHealth), was developed so as to reduce the extreme inequities in health commonly observed here in the Philippines.

The NHIP is, essentially, a social health insurance program that is centered on the idea of risk pooling: the healthy help pay for the care of the sick and those
who can afford medical care subsidize those who cannot. With this guiding principle in mind, it aims to reduce out-of-pocket expenditures, especially for the poor, by providing health insurance coverage, and ensuring the availability and accessibility of affordable health care services for everyone. Ideally, UHC sounds like the answer we’ve been looking for to all our nation’s problems. A successful execution of this idea would mean that no one would have to worry about getting sick, allowing people to devote more time to work or to school. In the long run, this would result into increased economic activity and better literacy rates for our country, which would eventually lead us to overcome poverty.

However, the word “universal” has seemingly lost its place in the concept of UHC. This is, after all, coming from the fact that a true adherence to the definition of Universal Health Care would mean that the concerns of all Filipinos as regards to their overall health and well-being should be addressed. But the present state of health in the country would indicate that we are still worlds away from the goal of PhilHealth to make universal health care coverage a reality. What we see happening now is this unending cycle of sickness and death plaguing our country, primarily because the cost of illness is still distributed according to the individual’s risk towards illness rather than their ability to actually pay for it.

In light of this, Universal Health Care, like all noble ideas, still has its own rough edges that need to be smoothed out, especially in terms of improving its implementation schemes and delivery systems. For instance, the large number of individuals belonging to the informal sector of the population still poses a huge challenge in the enrollment of individuals and continued membership. Add to that the fact that current means of identifying deserving indigent families for enrollment remain unreliable due to political accommodations and fund leakages. Moreover, given that individuals do decide to enroll and renew their memberships yearly, the lack of adequate health facilities, especially in rural areas, results in a failure to deliver even the most basic of healthcare services. And even if health centers do exist in a given province, chances are there aren’t enough personnel, equipment and drugs available for use. Thus, the provinces with already depressing health indicators are only pushed further into health inequity from the insufficient provision of quality health centers in those areas. Another problem facing PhilHealth, in terms of reducing out-of-pocket spending, is the amount of money that goes to paying for drugs. Because of PhilHealth’s lack of market purchasing power, it is unable to regulate the prices of medicines, failing to provide accessible medication to the poor. Furthermore, there is a dire need for the creation of outpatient drug packages that include essential drugs covered by the Cheaper Medicines Act of 2008. Given all of this, the challenge then remains for PhilHealth to maximize its resources at hand and channel funding to the appropriate venues in order to solve its problems.

But even if all of these were fixed, unintentional ignorance on the part of the people towards the benefits of this social health insurance program prevents it from achieving its goals. Despite increased membership over the years since its implementation, PhilHealth still continues to incur low outpatient benefit package utilization rates. The reason behind this is that individuals, especially those under the Sponsored Program who are the primary targets of PhilHealth, are usually unaware of the existence of such packages and thus, don’t use them. This problem isn’t only seen in the marginalized sector of society - cardholders in all socioeconomic classes remain oblivious to their rights and responsibilities as members of PhilHealth. In effect, the money being used for enrollment only goes to waste because no one is using the packages that were designed to improve the health of its members, furthering health inequity and preventing the realization of universal health care. Thus, efficient and aggressive marketing campaigns are needed in order to increase the visibility of PhilHealth as well as awareness of these outpatient benefit packages among the general population.

In light of this, there is a need to shift from traditional communication methods towards innovative social marketing strategies that capture the attention of numerous individuals in one big swoop. In particular, the use of social media as a means to further causes and advocacies online has become a popular trend nowadays. With over a billion users worldwide registered under social networking sites such as Facebook and Twitter it doesn’t take long for anything posted online to spread like wildfire in just a matter of days. The logic behind this lies in the fact that social media has the ability to transcend social, economic and political boundaries, allowing it to reach out to all sectors of society and
unite them towards a shared goal. Stories of how Barack Obama’s presidential campaign became a success due to grassroots marketing on social networking sites, or how a group of engineers were able to register 24,611 South Asians to a bone marrow database in the span of 11 weeks and find a match for their friend who was dying from bone cancer, are just two instances that demonstrate the immense power of social media to create change. And if it worked for them, why not for something like Universal Health Care?

Unfortunately, the main proponents of social media have roughly no idea at all about UHC and are mostly indifferent to the whole concept of it. This huge and often, largely neglected sector of society is the youth who are the ones that keep the flames of Social Media alive and breathing. With a vast majority of the Filipino youth logging in to social networking sites everyday, tweeting and “liking” anything that they find interesting, it’s hard to ignore their solid presence and consequently, their influence over social media. This is precisely why social media is the perfect avenue to raise awareness and engage the youth in a discourse over Universal Health Care; utilizing social media allows the youth to take on a direct and active role in the promotion of UHC. In light of this, the challenge now is to make Universal Health Care something relevant in the eyes of the youth, something they would actually want to take the time to reblog on their Tumblr accounts or post on their friends’ Facebook wall.

One of the best ways to do this is to capitalize on the idea that people find fulfillment and happiness in giving back to the world around them. Initially, engaging and proactive activities on social networking sites, such as changing their profile pictures in Facebook for Universal Health Care or getting people to tweet about PhilHealth until it becomes trending in Twitter, provide avenues for the youth to make an impact in their own little way. Through these schemes, the issue of Universal Health Care is transformed from something that was once boring and complicated into a simple yet attractive call for the inner hero inside each of them. Over time, these small online events create and build up so much moment that they are able to actually empower the youth to believe in their own capacity to create and sustain the change needed to increase awareness over UHC.

All in all, the underlying objectives of Universal Health Care are truly hopeful and altruistic in their intentions to improve the rather dismal state of health in our nation today. However, the path towards achieving those goals is one beset with challenges spanning several societal dimensions. This comes from the realization that several of our country’s most gripping health issues today are no longer borne out of a medical deficiency on the part of our health professionals alone, but from cracks in our very own healthcare system. Therefore, the issues surrounding UHC must be tackled with the involvement of all sectors in society, especially the youth who are key stakeholders in what will become of the health situation in our country. By engaging and empowering the youth through social media, they are able to speak out their views and opinions; they are able to give a voice to UHC. And so, Universal Health Care is no longer just any other government initiative; it becomes our response, the youth’s response, to the plight of Aling Racquel and all who are like her.

The Battles Fought in Streets, Overpasses and MRT Stations

by: Jose Carlo O. Sevilla
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Living cities away from school requires me to endure tiring bus and MRT rides every day. Through these trips, I experience the multiplicity of the metropolitan’s milieu; each city offering a unique atmosphere and even more unique people. With the regularity of my bus and MRT rides, I can’t help but somehow remember the faces of some of the people I’ve seen numerous times. In my memory, I have collected the faces of the people I usually see on a Tuesday morning or on a Friday rush-hour. Among these regular, yet striking faces I see is of an old lady and of a middle-aged man. But, this old lady is never a passenger of the MRT nor is this middle-aged man a commuter on a bus; rather, she loiters just outside one of the MRT stations and he wanders on top of an overpass.
This old lady waits for every wave of leaving passengers and hopes that at least one would pay her valuable attention. She stands along the stairs of the MRT Station holding a crumbling piece of cardboard with the words: “Konting barya lang po para sa mga mata ko” (Spare change for my eyes). Apparently, due to some sort of eye illness, this old lady’s eyesight is waning. The middle-aged man, on the other hand walks on top of an overpass while holding a dirty plastic bag which is taped to his open stomach. He asks for even the smallest amount of money as some yellow coloured fluid oozes from his stomach into the plastic bag. Obviously, this man is ill and in pain but he braces the overpass in search for someone who could and who would help him. Both of them are experiencing serious sickness, but instead of seeking professional medical help in hospitals, they bring their battles in streets. Such is the face of medical care in our country. Due to the great inaccessibility of public health facilities, Filipinos are forced to scour the streets and to wander in overpasses to somehow combat the sickness that has stricken them.

The condition and the availability of decent medical facilities vary immensely among different places in the country. Both extremes are present in the Philippines. While a handful of citizens experience competent medical help in Metro Manila, a huge number of people from the rest of the parts of the country struggle to find decent help for their sick. In Metro Manila, good hospitals are abundant, but they are not exactly accessible, especially to the lower income bracket of the Metro’s population. If even the region which boasts as most developed in the country could not provide its people with the healthcare that they need, how could people from other parts of the Philippines expect for medical help from the state? The state should do its duty to its people by providing what the constitution dictates as one of their basic rights, a proper healthcare program. In the same way, the state should allot a more appropriate and sufficient amount of the national budget to help public hospitals be more effective and present in all parts of the country. Due to the obvious lack of funds, most public hospitals in the country have donned commercial images. Through such transformations, medical care was made even more inaccessible to the people. Nowadays, even the most basic health related procedures will require a regular Filipino to shell out a significant amount of hard-earned peso which could have been spent on more pressing needs like food or shelter. Basic needs should be made available to those who are in most need of it, not just to those who can pay for it. Due to this kind of restricted healthcare system, Filipinos have developed a peculiar philosophy on health: “Bawal magbasakit!” (Being sick is unacceptable). This philosophy, although ideal, is definitely impossible. Instead of restricting the body from working too hard in fear of getting sick, it would be more productive for people to work knowing that if they do get sick, medical care would be close at hand.

If a good healthcare program was available to everyone, the old lady outside the MRT station would have a much stronger weapon against blindness aside from her tattered placard. The middle-aged man roaming the overpass would experience better medical care. The hundreds of Filipinos fighting all sorts of diseases and illness on streets could seek the help of knowledgeable doctors instead of asking help from complete strangers. A good healthcare program will relocate such battles where they truly belong; not in streets or stairs but in hospitals where doctors and other medical professionals could help so that these battles would produce a much more triumphant outcome. A good healthcare program affords people a sense of security. It also allows people who actually need intense medical care but cannot afford it, a better chance of fighting whatever sickness has afflicted them. The people’s health is an indispensable aspect that the government should never disregard.

Ultimately, a better appropriation of funds is the first step to solving the debacle with the Filipinos’ healthcare. The next few steps are to ensure that all residents of the country are given enough access to a medical facility and to make sure that such hospitals are capable of giving the best possible medical care. Each step may take years and it may take even more years for the effects of such actions to manifest. But, it has been proven that the people are the country’s greatest capital. Therefore, all measures to make sure that the population is in its best possible condition for economic production are never futile. Healthcare programs will not only ensure that Filipinos are given their right to accessible healthcare but it will also ensure progress for the entirety of the country.
Universal Healthcare in the Philippines: What is it in the Eyes of the Youth?

by Danica T. Torres
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“The young are the future of society, but they are also very much its present”, as stated in the World Youth Report of 2003. According to the CIA World Factbook, Philippine demographics as of July 2011 declare a population of 101.8 million with a reported median age of 22.9 years. This shows that half of the population is below 23 years of age, signifying that the Filipino youth comprises the bulk of its people. Hence, what the youth has to say definitely blows a great impact on the condition we are currently in and on the state we are about to be.

Looking through the perspective of today’s Filipino youth, universal healthcare in the Philippines is a hazy picture. Awareness of the existence and extent of such an advocacy is a big question. To know is critical. Recognizing the right to health of all Filipinos which accounts the State of the observance and protection of this right, as defined by our constitution, poses a great deal of contradicting issues and concerns with the present healthcare situation. Inequity in the access of health service is a widespread reality. Benefits of healthcare rest on the basis of social status, financial capability and geographical location. Thus, the rich minority is able to enjoy the privilege of being well whereas the poor majority suffers ill health. While Metro-Manila has the most number of hospitals and medical facilities in the country, in some provinces such as the ARMM, people die while being brought to the hospitals because there is inadequate health care facilities specially in far flung areas. Even when they reach the hospitals, the lack of medical personnel, medicines as well as supplies compound the problems of the poor populace that they care less of government health insurance such as Philhealth which most poor people believe are benefits for those who can afford them.

Currently, as reported by the Disease Intelligence Services of the Department of Health, although infectious diseases still account for significant causes of mortality and morbidity in the country, there is also an upsurge of lifestyle diseases such as cardiovascular diseases, cancers, diabetes, as well as chronic lower respiratory diseases. These can be attributable to the accessibility of the common populace to fast food restaurants, as well as unhealthy habits such as smoking and drinking. The Universal Healthcare Study Group of the University of the Philippines has presented statistics of the current health system practice in the country. It is depressing to know that 70 percent of health professionals serve only 30 percent of the population and 30 percent of Filipinos die without health care professional attendance. Also, out of 1,000 live births, only 10 infants die among the rich compared to more than 90 infants who die among the poor. Furthermore, in 2007, Philhealth paid only 20 billion pesos or 8.5 percent of our total health expenditure while, in fact, Filipinos spent 127 billion pesos for their health needs out of their own pockets in the same year.

Since 1993 to 2007, the country spent 2.75 to 3.5 percent of the GNP for health, way below the recommended 5 percent of the GNP as required by the WHO. This explains the fact that insufficient financial resources for health results into inequities in healthcare of the Filipino population. All these alarming figures are descriptive of the weaknesses of the Philippine healthcare system today.

Our vision of a universal healthcare for the country is a clear picture of a regulated, organized system that can cater to every Filipino’s right to health, undefined by pressing issues on income level, social status and locality. The end picture may be depicted as an unmarred ideation, but the long, winding road to make it possible demands a detour yet to be reconstructed. This vision entails reforms to make it happen in actual practice. The World Health Organization’s Framework for Action on strengthening health systems has presented six interconnected building blocks that must function together for an effective change to take place. This standardized plan can be a helpful guide towards achieving the healthcare that we want ourselves and the future generations to have. First on the list is health financing. No program can operate smoothly without sufficient budget. Proper and honest allocation of funds intended for agenda on health development is very essential to create the full...
potential of healthcare projects. Such projects focus then on the next four components namely, service delivery, health workforce, health information system and medical products, vaccines and technologies. Lastly, the most crucial component is leadership and governance because this will dictate the implementation and success of all the other components. All these intertwined can create a firm knot that ties Filipinos to a better universal healthcare.

Each building block of the said framework comprises several issues underneath it that demand attention and action to be resolved. Right now, one serious concern is how to bridge the gap between the rich and the poor communities in accessibility of health service and benefits. It was noted in the President’s report that two quintiles of the population which are considered as poor are not members of Philhealth. The president is now targeting full Philhealth membership for free for these poor members of the populace and directed improvement on the National Health Insurance program. Execution of this remains to be seen. Moreover, building of adequate health care facilities that will cater to our people in the far-flung areas need immediate implementation to encourage them as early as possible to seek medical attention for their health problems and to attend to their health emergencies.

To know is critical, as previously said. It is essential to instill awareness to the common people on several relevant health reminders and practices that they ought to know and observe. Young and old, regardless of any hierarchical basis, have the right to be informed. “Prevention is better than cure”, cliché as it may seem, yet true as it is. Emphasizing the benefits of a healthy lifestyle and important preventive measures on illnesses can encourage a more definitive control of the incidence and status of diseases. Regular trainings and seminars to the members of the healthcare team concerning the know-how’s of their respective fields are also necessary to support continuous and timely developments and growth of the healthcare professional and their profession, as well. In addition, no organization can work effectively on its own. Partnership and coordination of private and public agencies and organizations is a venue for better service delivery and care.

An active involvement of the youth can ensure milestones in the healthcare arena. Schools are the best proximate training grounds to instill awareness, knowledge and create opportunities for participation in various healthcare delivery services to different communities. Health clinics are now being initiated by the universities that are able to focus on several common diseases, such as diabetes, hypertension, tuberculosis and dengue, and group categories like pediatrics, geriatrics and pregnant and lactating women. Aside from the services per se rendered to the communities, studies of the programs, data and results of the clinics are being documented for evaluation. Some of these are able to present to national and international conferences, providing a share to the outpour of ideas and advancements in the current health system. Pharmaceutical companies and organizations are putting up ways to entice the youth’s interest through seminars, conferences and competitions. These provide a healthy atmosphere for collaboration and discovery of the outlook and capability of the young generation. The Red Cross Youth is one avenue to empower and educate children and the youth through constructive trainings and effective leadership, providing opportunities for directing and harnessing their energy and idealism into worthwhile humanitarian activities. In the midst of all these is the concern of creating these kinds of opportunities to our brothers and sisters in remote rural areas and the out-of-school youth. Imparting on them the same interest, information and vigor for health and service strengthens our universal campaign for quality healthcare. Thus, not only is the youth the hope of tomorrow but they can be the heroes of today.

Universal healthcare in the Philippines, as the words imply, is literally meant to serve all Filipinos, by the Filipinos. It is a give-and-take scenario that pictures quality healthcare bounded by equality. It is often quoted that the problem is the solution. In this regard, the source of the problem that delays us from achieving a better health system can be the very source of its solution. If only we have the eye to identify it, the heart to desire to transform it, the mind to know how to deal with it, and the hands to act on it, we can set the footsteps to walk towards resolving it. Each one has an essential role to partake. The question is, do you see yourself as the solution? Know your part. Do your part. Be the solution. YES to Universal Healthcare!
PHAPCares Foundation: taking steps closer to realizing universal healthcare through public-private partnerships in health
Driven by the desire to uplift the lives of the millions of poor Filipino families through greater and free access to quality health care, the Pharmaceutical and Healthcare Association of the Philippines, or PHAP created the PHAPCares Foundation Inc. in 2003 to serve as its social responsibility arm and help advance the cause of Universal Health Care in the Philippines.

In a country beset by inequality of wealth distribution, and where a third of its population live below the national poverty line, access to quality health care and life-saving medicines is impossible for many. Six out of 10 Filipinos who succumb to sickness die without ever seeing a doctor, according to a study by the University of the Philippines’ National Institutes of Health (UP-NIH).

And it is for these reasons that PHAPCares took it upon itself to support the government and be at the forefront of efforts to ensure that the highest quality of care possible will be accorded to all Filipinos, especially to those who may have been disadvantaged by sickness, poverty and disasters.

In 2003, PHAP mandated the PHAPCares Foundation “to assist in the amelioration of the living conditions of those handicapped by reasons of poverty by helping make medicines accessible to them, in particular, by donating medicines identified by the appropriate government agency/ies, or institutions as essential or most needed by the poor; and to engage in, initiate stimulate, encourage, develop, support, assist, provide, manage and operate programs or projects for the promotion of public health care.”

Since its creation, the PHAPCares Foundation has launched various meaningful initiatives that enables thousands of Filipinos gain access to quality healthcare through the provision of essential medicines as part of its commitment to help save and protect lives of individuals caught in conflicts, disease outbreaks and natural and man-made calamities.

PHAPCares has also achieved the highest accreditation as “donee institution” by the Bureau of Internal Revenue (BIR) and the Philippine Council for NGO Certification (PCNC) in accordance with the provisions of BIR Regulation No. 13-98 dated January 1, 1999. Thus, all donations to PHAPCares, whether cash or kind, shall entitle the donors to full or limited deduction pursuant to Section 34 (H) (1) or (2), and exemption from donor’s tax pursuant to Section 101 (a) (3) of the...
Going beyond medicines

But PHAPCares Foundation has gone beyond helping the poor, the sick and the needy. It has also invested on the empowerment of individuals and communities to ensure that they are well-prepared to cope with disasters and that they have adequate knowledge to get them started on a path of healthy life.

In July 2011, PHAPCares partnered with the OCD-NDRRMC, Department of Education, the Quezon City Government, the Bureau of Fire Protection, the Armed Forces Reserve Command, the Philippine National Red Cross and Jollibee Beelievers to conduct an earthquake drill in Southeast Asia’s most populated elementary school to boost disaster preparedness.

About 5,000 grade-school and kindergarten students from the Commonwealth Elementary School participated in the drill held a day before the 21st anniversary of the July 16, 1990 magnitude 7.7 quake that killed thousands of people in Luzon.

To promote social consciousness among the youth, PHAP and PHAPCares, with the help of the University of the Philippines College of Medicine Mu Sigma Fraternity, held a health film fair and forum titled “Sine Sabi,” which showcased three award-winning independent films from the Quesumbing-Escandor Film Festival (QEFF) in October 2011.

No less than World Health Organization country representative Dr. Soe Nyunt-U led the panel of experts who provided context to the films. Dr. Nyunt-U was joined by former Health Secretary Alberto Romualdez, Medicines Transparency Alliance chairman Roberto Pagdanganan and Mu Sigma Phi representative Dr. Anthony Cordero.

The film fair culminated in the signing of a memorandum of agreement between PHAPCares and the MSP finalizing the organization’s commitment to grant 65 sets of QEFF library to various communities and institutions around the country.
Forging sustainable health partnerships

The PHAPCares Foundation recognizes that there is a huge segment of the country’s population that needs assistance given that access to health care facilities, professionals and medicines are limited.

PHAPCares has been an important partner of the government in providing quality care for Filipinos. The Foundation has forged partnerships with the Department of Health (DOH), Department of Social Welfare and Development (DSWD), the National Disaster Risk Reduction and Management Council (NDRRMC) and the Armed Forces of the Philippines (AFP) in providing humanitarian assistance especially in times of calamities.

PHAPCares was among the many organizations that responded to the call for help by thousands of Filipinos who have lost their loved ones and homes to Typhoon Sendong, one of the deadliest typhoons that hit the Philippines since 2008.

Typhoon Sendong (International name: Washi) triggered flash floods and landslides in Cagayan de Oro and nearby Iligan cities on Mindanao island in December 2011 that swept houses into rivers out to the sea, killing more than 1,000 in areas not used to dealing with storms.

PHAPCares quickly responded by donating essential and life-saving medicines to the Office of the Civil Defense and the National Disaster Risk Reduction Council through its “Gamot Agad” (Quick Medicine Donations) Program.

Launched in September 2005, the “Gamot Agad” program is a vital component of the government’s disaster mitigation efforts.

In 2011, the PHAPCares Foundation renewed its commitment to donate Php50
million worth of medicines for a period of five years for use of communities affected by natural and man-made disasters.

Another flagship initiative of the Foundation is the Medicines for Indigents Program that seeks to provide quality and safe medicines to government-retained hospitals around the country.

The PHAPCares Foundation and the AFPRESCOM came to the aid of the victims of typhoons Ondoy and Frank in Metro Manila, Northern Luzon and Central Luzon and Western Visayas in 2008. PHAPCares and AFPRESCOM also visited several barangays in Isabela province to assist residents severely affected by the dry spell caused by El Nino.

The Foundation’s efforts have not gone unnoticed. In September 2010, the PHAPCares Foundation received for the second straight year the Civilian Organization Award from the Armed Forces of the Philippines (AFP) for its valuable contribution to the military’s rescue and relief operations.

Moving forward, the PHAPCares Foundation, has once again partnered with the OCD-NDRRMCI to better prepare the people of Western Visayas in times of calamities. The PHAPCares Foundation and the OCD-NDRRMCI VI launched disaster risk reduction preparedness initiatives in Capiz, Iloilo City, Aklan, Guimaras, Iloilo province, Negros Occidental, Antique, and Bacolod City. The partnership is a comprehensive advocacy and provision of humanitarian assistance to increase the resilience of the community when facing disasters through improved health services and outcomes especially among children. With its partners to include the academe, the PHAPCares Foundation will be providing Western Visayas provinces with information and education materials featuring guidelines on the operation of flag warning signals at sea/fishing ports and coastal barangays for use during severe weather disturbances.
Taking steps closer towards universal healthcare

One of the most important contributions of the PHAPCares Foundation is the development of model universal healthcare communities for the impoverished and depressed areas in the country.

Rightfully so, the municipality of Sibutu in Tawi-Tawi Mindanao, the most geographically isolated island in the country and with one of the poorest health outcomes in the Autonomous Region of Muslim Mindanao (ARMM), was chosen as the project’s first beneficiary.

Tawi-Tawi is the poorest province in the Autonomous Region of Muslim Mindanao where 70 percent of its population live below the poverty threshold. So it did not come as a surprise when the Philippine Human Development reported a few years ago that Tawi-Tawi has the lowest average life expectancy of 53.4 years in the country, nearly 16 years below the national average for both males and females.

The province perennially suffers from a fragmented and under-financed health system, logistically challenging geography and an ongoing conflict in some areas, making the delivery of health care service extremely difficult.

This is the reason in 2011, the PHAPCares Foundation began the challenging task of building a clinic, manned 24/7 by qualified health professionals in Sibutu, as well as the establishment of a community pharmacy in the poor municipality to provide its people access to primary health care.

It is PHAPCares Foundation’s goal to replicate this project to other areas in the country in dire need of medical assistance and quality medicines, and it hopes that other organizations will be inspired and later follow suit and use the project as a model to help provide similar forms of assistance to depressed communities.

PHAPCares believes that the presence and availability of quality medicine and healthcare is not only important in improving the lives of many, but it is integral to the making of a healthy and stable society.

PHAPCares is working towards a better Philippines and the Foundation hopes that others who have the means could also provide assistance to the projects that PHAPCares is undertaking.

The government cannot do it alone and neither the private sector. The PHAPCares Foundation believes that if both the public and private sectors work together, they can achieve more to make health a reality for all.
PHAP Members working together to provide greater access to healthcare
AstraZeneca
Caring for the Filipino Family

AstraZeneca is an innovation-driven, integrated biopharmaceutical business making a truly meaningful difference to patient health through great medicines.

Caring for the Filipino family is the heart of AstraZeneca which is captured in its new AZ Cares campaign. The revitalized logo involves a stylized heart which shelters the human figures representing the Filipino family and also the populace in general—of various ages and types of individuals. Put together, these two elements symbolize the company’s passion to care for people by providing life-saving products. It is also the heart that brings together the stakeholders in managing healthcare, whether they are patients, doctors and the communities in which AZ serves.

Providing better access

True to the Heart, AZ Cares is AstraZeneca’s initiative to bring healthcare closer to more Filipinos by bringing breakthrough medicines that address current medical challenges, by providing better access and by taking a lead in empowering patients in making informed decisions on their health through better health information dissemination.

AstraZeneca’s patient support programs aim to help Filipinos have wider health care access and education by

- Reducing cost-barrier to treatment;
- Educating patient on proper management of their medical condition; and
- Providing support to encourage patients to stay on therapy.

Through its branded generics, AZ has been providing Filipinos high quality yet affordable medicines giving them more and better options to manage patient compliance.
Partnering for improved health

As part of its corporate social responsibility, AstraZeneca has been supporting activities that improve health care through the years.

- Since 2003, AstraZeneca Philippines has donated over Php 1 million worth of medicines every year to the local pharma industry social responsibility arm – the PHAPCares Foundation – for indigent patients, calamity victims, and outreach programs. In 2011, total donations amounted to around Php 500K.

- Partnerships with AstraZeneca US – AmeriCares and their local partner, Order of Malta, in the launch of a five-year program to assist indigent breast cancer patients with the donation of Anastrozole to UP-PGH Breast Cancer Center. Next in line is the donation of Meropenem to public government hospitals in 2012.

- AZ Philippines remains to be an active partner of VSO in creating awareness for physician volunteers to third world countries

- Employees conducted a fundraising campaign and donated Php 200K for cancer kids and elderly patients to foundations across the country
The spirit of volunteerism continues with much fervor as employees in Baxter Philippines participated in two community projects conducted recently.

The company partnered with the National Red Cross in a bloodletting drive in response to the call of the government and Red Cross for blood donation as demand increased significantly due to the dengue outbreak in most provinces and in the National Capital Region. The activity which carried the slogan “A Drop of Blood Saves Lives” was held at the manufacturing plant in Canlubang, Laguna where about 27% of the population participated, exceeding the target participation rate of 15%.

Meanwhile, volunteer employees got together again for its yearly project in support of the Silangan Day Care Center, which is the adopted school of Baxter Philippines. For this school year, the employees built school desks using some of the scrap materials from the plant instead of donating learners’ starter kit containing school supplies.

The volunteer team led by Baxter managers took to the task with vigor and excitement turning the event into a fun team-bonding activity while serving a much higher objective of fulfilling the needs of the young students whose school cannot afford to provide sufficient learning facilities.

Employees also made a voluntary donation of footwear for the students of Latian Elementary School. The children were from various levels in the elementary school and were identified by the school principal as those who belong to the very destitute families who could barely afford to provide footwear for their children. The school is located in a place near the plant but is not accessible by transportation. Children walk on rugged roads mostly wearing slippers or even barefoot. Baxter supports youth education. It is the intent of the employees to provide some assistance for these children to make their daily trek to school at least more bearable.

Latian Elementary School Principal Mr. Virgilio Carmona was grateful that Baxter employees have thought of this project. He commented that the donated footwear has been much appreciated and will go a long way to help these children comfortably get through the schoolyear.

Baxter Administrative Services Officer Ms Ichie Tamayo, for her part, was proud to be part of the project. Even with the little amount that the employees donated, they were able to make the children happy. Being able to see the childrens’ smiles as they received their new shoes is an experience that Baxter employees will not forget.
Bayer
Improving health and nurturing the environment

Bayer Young Environmental Envoy

The Bayer Young Environmental Envoy (BYEE) has established itself as the longest running youth environmental program in the Philippines, organized in partnership with the United Nations Environment Programme.

For 11 years now, BYEE has been engaging young Filipinos to take part in environmental protection.

College students from Luzon, Visayas and Mindanao are asked to submit a project proposal for the environment, citing the significance of the project to the community. The chosen 12 finalists are required to implement their project in 90 days.

The finalists then participate in a five-day Eco-Camp held in a place of environmental significance in the Philippines.

At the end of the Eco-Camp, judges are tasked to pick the Top Four Bayer Young Environmental Envoys. The Top Four Envoys are awarded an environmental study tour of Germany.

During the proclamation night, all finalists are conferred the title of Bayer Young Environmental Envoy. They take the responsibility to lead their communities in environmental care and develop in their peers the same love and concern for the environment.

Bayer-nihan sa Kalusugan

Bayer in the Philippines embarked on a community healthcare program aimed at providing basic healthcare services and raising the awareness of the people especially in the rural areas on basic health topics.

Dubbed as “Bayer-nihan sa Kalusugan”, it is the maiden project of Bayer in the country in the area of community healthcare. The project was conceptualized in the light of the pressing health needs especially in the depressed and deprived far-flung areas.

In partnership with ABS-CBN and volunteer medical students from the University of the Philippines-Manila Mu Sigma Phi Fraternity and Sorority, the project was carried out in Lopez, Quezon, where Bayer put up a medical clinic and conducted capacity building training.

Primary recipients of the project are the indigenous people in the area called the Aetas who do not have the access to basic services and education.
Looking after public school teachers’ cardiovascular health

As a tribute to the important role of the teachers, Bayer HealthCare-Pharmaceuticals in partnership with the Philippine Heart Association and Philippine Society of Hypertension signed a memorandum of agreement with the Department of Education on September 30, 2010 to look after the cardiovascular health of public school teachers.

The project called “BP ng Teacher Ko, Alaga Ko”, aimed to counter the prevalence of hypertension among public school teachers and to increase their awareness on cardiovascular health information, diagnostic and management.

Making medicines accessible

After the positive response to the initial patient access program for kidney and cancer patients, Bayer HealthCare-Pharmaceuticals (BHC-PH) has extended its Sorafenib Patient Access Program to further optimize the therapeutic benefits of the drug.

To implement the program, BHC-PH renewed its partnership with the Cancer Resource and Wellness (Carewell) Community Foundation, a non-profit organization that provides support education, and hope to persons with cancer and their loved ones.

BHC-PH made it more accessible with qualified advance renal and liver cancer patients only needing to purchase Sorafenib for one month and the next month will be for free.
Boehringer Ingelheim (BI) Philippines
Promoting healthy individuals, families and communities

Boehringer Ingelheim believes in creating value for customers through innovation. At the core of our business is making meaningful improvements in the health of patients that impact their lives and the lives of the people around them.

Consequently, our duty is not only towards our end users but also towards their immediate environments, their families and friends and the community as a whole. It is not surprising that as a company, Boehringer undertakes efforts to give back to society.

Recently, the organization opened its local celebration of its Jubilee Year with an outreach program. The activity was held in Tondo, Manila, a community that once benefitted from BI’s generous support in building houses by hand for some of its homeless indigents. In keeping with Boehringer’s aim of helping improve the health of mothers and children, the employees organized a 360° program that tackled health, hygiene and nutrition of both kids and parents in the locality. The program was designed in a manner which the participants could easily appreciate. It included a puppet show on proper nutrition, enjoyed by almost 70 children and food preparation demonstrations for 35 mothers. Fellowship meals with the families capped the event and all who participated received generous donations of clothes, toys, nutrition books, and hygiene supplies.

This year 2011 was a turning point for our company’s CSR program. Boehringer Ingelheim global closed a multi-million alliance with Ashoka, an international organization known for its competency in changing systems. This, combined with BI’s knowledge in health and business, brings about a partnership hinged on innovation, leadership and entrepreneurship. The project was developed in celebration of the 125th year of Boehringer Ingelheim and was intended to be global in scope and sustainable in operation. The alliance promotes healthy individuals, families, and communities by identifying and supporting the most promising solutions to health challenges around the world.

From this partnership stems Boehringer’s unique brand of CSR called “Making More Health” (MMH). MMH is all about what we can do as a company to help improve the public health sector. The project was officially launched to the internal stakeholders in the last quarter of 2011. A plan to adopt a public school has been rolled out to kick off the project in 2012. The project will address major health concerns of less fortunate youth, ranging from proper nutrition, personal hygiene to environmental cleanliness, and even risk avoidance (juvenile smoking and juvenile diabetes). The goal is to teach the school, the teachers and the community topics on general body health and the dangers and complications of lack of proper diet, environments that are not conducive to healthy living and risks of juvenile vices.

This promising platform is expected to transform the way Boehringer Philippines looks at corporate social initiatives. The approach will be more focused and sustainable and will give employees a clear view of the impact of their efforts to the lives of the communities they will be helping.
Elimination of Lymphatic Filariasis

The Philippines is among the more than forty countries where lymphatic filariasis (LF), the world’s second most disabling tropical disease is endemic in a significant portion of the population. Forty-four provinces, mostly agricultural, are affected, of which nine have already been declared LF-free.

GSK is an active partner in one of the world’s biggest and boldest public health initiatives driven by the World Health Organization (WHO) through the Global Alliance for the Elimination of Lymphatic Filariasis (GAELF) and the Department of Health. GSK’s commitment is to donate Albendazole tablets until the disease is completely eradicated.

GSK has donated a total of 159.7 million tablets of Albendazole, amounting to Php 1.59 Billion between 2001 to the present. To support implementation in the country towards target LF eradication by 2016, GSK also initiated in 2004, the formation of the Coalition for the Elimination of Lymphatic Filariasis (CELF) Philippines.

Among the achievements of CELF is the formulation of Executive Order 369 declaring November as LF month, and the creation of local coalitions to help areas that lacked in resources for implementation.

Pinoy Health Pass

Responding to the need for health insurance coverage for indigent Filipinos, the Pinoy Health Pass employs a two pronged approach in which 1) GSK subsidized PhilHealth annual premiums of indigent families for two years and 2) provided them with knowledge on basic health and sanitation practices for disease prevention. Beneficiaries were also educated on the value of health insurance and saving money to maintain their health insurance benefits. Between 2002 to 2009, GSK has contributed a total of Php 9.4 Million in annual premiums and helped over 25,216 families gain access to PhilHealth benefits.
**Fit for School Program**

Adopted by the Department of Education as “Essential Healthcare Package” (EHCP), the Fit for School program promotes simple and cost-effective health promotion and disease prevention. The program consists of daily and proper handwashing with soap, tooth-brushing with fluoride toothpaste and bi-annual de-worming of children attending schools and day care centers. EHCP addresses high-impact childhood diseases in the Philippines.

GlaxoSmithKline supports implementation of the program in collaboration with the WHO, GIZ, InWent, UNICEF, World Bank, Local Government Units (LGUs) and other private corporations. Fit for School has reached two million children nationwide including those in the ARMM Region.

**Nurses Assigned in Rural Service (NARS) Project**

In 2009, President Gloria Macapagal-Arroyo launched the Nurses Assigned in Rural Service (NARS) Project to address the glut in inexperienced nurses and improve delivery of healthcare services. Project NARS mobilized unemployed registered nurses to the 1,000 poorest municipalities in the country for a six-month tour of duty to act as “warriors for wellness”.

With the PHAP, GlaxoSmithKline Foundation (Phils), Inc. (GSKF) supported the project and sponsored 100 nurses deployed in 20 municipalities in the Philippines.

**Help in times of need**

To uplift the lives of underprivileged Filipinos and respond in times of disaster, the GSK Foundation provides financial assistance, educational grants and product donations.
All Eisai employees globally “socialize” with patients and their families to know, feel, and understand their anxieties, concerns, and situation; and, consequently, they discuss, formulate, and implement initiatives to help them.

This, in practice, is Eisai’s human healthcare, or hhc philosophy.

By combining the words “human” and “health care”, all Eisai affiliate companies globally foster the optimum use of “health care science” at the service of “patients and their families” out of compassion for their suffering and out of desire to alleviate it.

In the end, Eisai employees benefit from their human healthcare experience by appreciating the value of their work — and improving it —for the benefit and welfare of patients and their families.

**Living the human healthcare philosophy at HI-Eisai**

“Socialization” involves interviewing patients and their families about their feelings and concerns, listening to their stories or telling them stories, playing memory-related games or conducting memory screening, dancing with them, feeding them, or simply looking after them when they seem lethargic or in need of help.

Valuable lessons come from these experiences. Everyone understands the suffering that patients and their families are going through, and appreciates the value of their work in helping alleviate their suffering directly or indirectly.

HI-Eisai employees learn from patients themselves and their families, caregivers, nurses and doctors who care for them. They gain deeper appreciation of the dynamics and management of such diseases, and the management of patients and their families.

Eventually, office and field employees of HI-Eisai come to realize the value of work they do for each other for the benefit of patients. In so doing, they live Eisai’s global mission each day: “to give first thoughts to patients and their families, and to increase the benefits health care provides”.

HI-Eisai Pharmaceutical Inc.  
Fostering human healthcare
On 3 June, 2011, 92 employees from the IMS Health Philippines office, together with some members of their families, travelled to Subic, north of Manila, to plant trees and raise money for pediatric cancer care.

The IMS Cares event had valuable benefits: it gave the IMS Team the opportunity to care for nature, raise money for pediatric cancer patients, and build closer relationships with each other.

Each employee was given two seedlings to plant. For each employee that participated, IMS donated $73, raising a total of $6,716 for a local hospital with a pediatric cancer ward to care for children with cancer, specifically leukemia.

In addition to planting the seedlings, employees enjoyed team building games at the beachfront, creating stronger relationships and a valuable sense of team unity. In Subic, the IMS Team was able to build stronger bonds in an informal setting and get to know the people in the company on a more personal level.

To follow up on the fundraising, representatives from IMS Health Philippines donated the proceeds to pediatric cancer patients at the Philippine General Hospital on August 12, 2011, continuing IMS Health’s global commitment to helping people live longer, healthier, and happier lives.

This event is another example of the IMS commitment to supporting cancer initiatives globally as part of the IMS Cares program.
The call for Corporate Social Responsibility (CSR) has never been so emphasized in our country as we strengthen our organization and grow our business against a backdrop of social issues and economic difficulties. The provisions of Our CREDO never fail to remind all of us on our individual responsibility in contributing our share in addressing the pressing needs of our underserved and underprivileged communities to help make this world a better place to live and work.

Our CREDO-Based Corporate Social Responsibility (CSR), a shared program across all Johnson & Johnson businesses in the Philippines is anchored on the worldwide contributions philanthropy mission which is to make life-changing and long-term difference in human health by targeting the world’s major health-related issues through community-based partnerships. We support programs that will contribute to the achievement of this mission as we manage initiatives on building health care capacity, saving and improving lives, preventing diseases and reducing stigma and community responsibility through employee volunteerism.

Johnson & Johnson (Philippines), Inc., in its 55 years of doing business in the country, has lived up to these values by recognizing the significance of giving back to the community where it operates. In partnership with competent and passionate non-government organizations and international aid agencies in the country, the Company continuously implements sustainable programs that addresses major health and social problems in the community.

From programs that tackle health concerns of mother and children like malnutrition caused by intestinal worms and lack of access of pregnant women to ante-natal care; to programs that support and boost the health and medical workforce of the country, Johnson & Johnson Philippines has proven its strong commitment to bring about significant impact in the lives of the underserved.

The employees are also a big part of the fulfillment of this mission. Through a program dubbed as G.I.V.E. or “Growth and Inspiration through Volunteerism Experiences”, employees engage and volunteer in various activities that support different advocacies like protection of the environment, promotion of hand washing, feeding of undernourished children, bringing back smile to the people with cleft palate and building homes for the homeless, among others.

In its pursuit of achieving this mission, Johnson & Johnson Philippines, together with all its employees and with the help and expertise of all the partners, will stand firm in its commitment to help achieve a healthier and brighter future for generations to come.
Mercury Drug
Living up to the commitment of helping keep the nation healthy

True to the spirit of service that has given birth to Mercury Drug, the company continues to uphold its commitment to serve the nation.

Ever mindful of the needs and convenience of its customers, Mercury Drug has expanded its presence throughout the country in order to bring safe, quality affordable medicines within easy reach of Filipinos everywhere.

Augmenting this expansion program are social responsibility programs instituted since the 1970s to help Filipinos who are in need.

Forefronting Mercury Drug’s Corporate Social Responsibility (CSR) programs is its annual Operation Bigay Lunas, a joint project with Mercury Drug Foundation, Inc. (MDF). Together, Mercury Drug and MDF, Inc., in cooperation with pharmaceutical business partners, provide free medical consultations and medicines in 60 cities and municipalities throughout the country. With participation from at least 3,000 doctors, over 2,000 LGU’s and approximately 300 student volunteers from Centro Escolar - Manila, Makati and Malolos, University of Santo Tomas, Our Lady of Fatima University and Philippine Women’s University, OBL has served some 100,000 Filipinos this year. To date, over a million have benefited from this program since its inception.

Other notable Corporate Social Responsibility programs of Mercury Drug include:

- Potable Water System Project, with the Philippine Business for Social Progress (PBSP), Mercury Drug is targeting to provide one potable water system in an identified waterless community around the Philippines every year. To date, six communities have benefited in this program, which are Brgy. Bayanan in Muntinlupa City; Brgy. San Agustin in San Fernando La Union; Brgy. Santo Tomas in Tua Cagayan Valley; Brgy. Estaca in Dagohoy Bohol; Brgy. Alegria in Sibunag Guimaras; and Brgy. Lucerdoni in Tarangnan Western Samar.
- Disaster Assistance Program (DAP), helping victims of major calamities with rice or medicine donations every time a natural or man-made disaster has stricken the country. With the recent surge of typhoons hitting the country, Mercury Drug donated sacks of rice to affected areas in Valenzuela City; Malabon City; Navotas City; Noveleta, Cavite; Malolos, Hagonoy, and Calumpit, Bulacan; Vigan, Ilocos Sur and Ilocos Norte.
- Mercury Drug Academic Recognition Program (MDARP), recognizing public and private high school students who excel in Mathematics and Science. MDARP has over 2,100 private and public member-schools.
- Protect the Environment store campaign through its use of o xo-biodegradable plastics, which are both photo- and bio-degradable within only nine to 12 months.
- Bantay Kalusugan, which includes “May Doctor sa Mercury Drug” project is an ongoing health and wellness program at selected Mercury Drug stores in cooperation with pharmaceutical business partners. This program offers free consultation, free blood pressure check-up, free blood sugar screening and medicine discount coupons.

Through various initiatives to alleviate some of the country’s problems on health, education and the environment, the spirit of service definitely lives on at Mercury Drug.
Beyond discovering new cures and manufacturing medicines, MSD actively seeks and supports initiatives that foster health education and research, disease prevention and management, and sustainable partnerships for improving access to medicines and vaccines.

**Health Leaders for Mothers (HL4M)**

HL4M is a multi-sectoral partnership program that aims to improve maternal healthcare in partner communities towards achieving MDG5. Through capacity building of health frontliners such as the barangay health workers and midwives, this initiative hopes to educate indigent expectant mothers on the importance of maternal healthcare including pre-natal check ups and facility-based birth delivery. Establishment of an effective community-based health referral system is also one of the goals of HL4M after the three-year partnership program. With Quezon City-District 3 as pilot area, HL4M partners include MSD, Kaya Natin Movement for Good Governance and Ethical Leadership, Simulan Nating Gumawa (SINAG), Ateneo School of Government, Office of Rep. Bolet Banal and the Quezon City government.

**Muntinlupa Youth Health Development Program (MYHDP)**

MYHDP is a multi-sectoral partnership program that aims to improve the availability of health information and services for youth in five public schools and nine barangays in Muntinlupa City. In partnership with IRH Philippines, MYHDP provides capacity building sessions with school administrators, teachers, parents, barangay officials and students that focus on the current health issues and concerns of the youth. These stakeholders are members of the Muntinlupa Youth Health Development Network, who are tasked to sustain the initiative after the three-year program ends.

**Enhancing Access to Health Program (ENAC Health)**

ENAC Health aims to enhance access to health and development education and strengthen the capacity of community health systems among underserved populations in La Union Province. A three-year partnership program with the Philippine NGO Support Program (PHANSuP) and the Provincial Government of La Union, ENAC Health hopes to see empowered health leaders at the barangay level who implement a community-owned healthcare program. Through a sustainable social health enterprise, these health leaders will focus on addressing health issues and concerns affecting maternal and child health.
Since its inception in 2003, the Novartis Oncology Access (NOA) Program has helped provide Imatinib to over 2,000 socially disadvantaged Filipino cancer patients. From 2006 to 2010 alone, benefits provided by the NOA Program to Filipino patients are valued at over Php3B.

Since 2000 Novartis, through the World Health Organization (WHO), has provided at no cost close to 100 percent of the global supply of multi-drug therapy (MDT) against leprosy. This donation, which is equivalent to US $60 million, has helped cure approximately 5 million patients. Novartis Healthcare Philippines is currently working with the DOH in implementing the National Leprosy Control Program.

To date, Novartis has provided over 172,260 anti-malaria treatments at no profit to Filipino patients.

Novartis in partnership with the Department of Science and Technology (DOST) and Intellectual Property Office Philippines holds the Local BioCamp, an annual biotechnology workshop for young, promising Filipino scientists and researchers. At the end of each Local BioCamp, one to two outstanding Filipino students are selected to represent the country in the prestigious International BioCamp.

International BioCamp delegates have the opportunity to learn from the world’s leading biotech experts and work with students from other countries. They are also able to explore career opportunities and network with global leaders in the biotechnology sector.

Novartis through the Novartis Institute for Tropical Diseases (NITD) is collaborating with the DOST in information exchange and knowledge transfer among foreign and local scientists in the area of tropical diseases such as dengue, tuberculosis and malaria. On September 2009, the NITD and Novartis Philippines in collaboration with the DOH, DOST and infectious disease organizations successfully held the 1st International Dengue Symposium in Manila.

A staunch advocate of preventive health, Novartis Philippines has an ongoing collaboration with the Philippine Society of Hypertension, Philippine Heart Association, Philippine Society of Nephrology, Philippine Society of Endocrinology and Metabolism and DOH. This coalition leads the country’s annual observance of World Hypertension Day (WHD), which aims to increase awareness on the prevention and control of hypertension and its complications through the adoption of a healthy lifestyle.

Every year, Novartis Philippines holds a major local-volunteer activity, Community Partnership Day, in which employees do volunteer work at charitable and healthcare institutions.

Novartis Philippines partners with various socio-economic groups such as ABS-CBN Foundation, GMA Kapuso Foundation, and the Philippine National Red Cross to uplift the lives of underprivileged Filipinos as well as provide assistance to victims of natural calamities.
Promoting quality health care for thalassemia patients

On December 17, 2010 One Pharma Company, Inc. employees celebrated their Christmas with thalassemia patients at Philippine Childrens Medical Center in coordination with Dr. Julius Lecciones.

Thalassemia is an inherited autosomal recessive blood disease that originated in the Mediterranean region. In thalassemia the genetic defect, which could be either mutation or deletion, results in reduced rate of synthesis or no synthesis of one of the globin chains that make up hemoglobin. This can cause the formation of abnormal hemoglobin molecules, thus causing anemia, the characteristic presenting symptom of the thalassemias.

People with thalassemia can get an overload of iron in their bodies, either from the disease itself or from frequent blood transfusions. Too much iron can result in damage to the heart, liver and endocrine system, which includes glands that produce hormones that regulate processes throughout the body. The damage is characterized by excessive iron deposition. Without adequate iron chelation therapy, almost all patients with beta-thalassemia will accumulate potentially fatal iron levels.

Deferiprone, an innovative medicine from One Pharma Company, supports and promotes thalassemia patient health care rights as well as enhance community health and policy initiatives that focus on the availability, safety and quality of medicines for thalassemia patients.

Lending a hand in times of disaster

In September 2009, the Philippine Atmospheric, Geophysical, and Astronomical Services, Administration (PAGASA) said that the unexpected flood in Metro Manila was the worst one ever recorded in history. The weather bureau added that the amount of rainfall dumped by typhoon Ondoy was expected to surpass the 1967 record. Typhoon Ondoy brought a month’s worth of rainfall to Metro Manila and nearby areas in just a few hours, causing severe flooding which resulted in the loss of many lives and the displacement of hundreds of thousands of people.

One Pharma Company, Inc. provided help where it was needed. Arienda, Taytay Rizal was one of the worst and hard to reach area for relief. In coordination with Immaculate Conception Academy in Greenhills San Juan and the Armed Forces of the Philippines with the support of Land Radio Communication (Larcom), One Pharma Company provided relief to about 600 families.

In behalf of all victims of Typhoon Ondoy and their families, One Pharma continues to extend its deepest gratitude to all organizations and individuals who helped in this trying time.
Pfizer Philippines
Strengthening communities through partnerships

Pfizer Philippines Foundation, Inc (PPFI) was founded in 1997. PPFI began its journey to help build a better future for Filipino communities by donating medicines to various non-profit institutions and underserved communities around the country, particularly those hit by natural disasters and calamities. Since then, the Foundation has been taking on increasingly larger roles and expanding its network of partnerships. Its programs include advocacy campaigns to raise public awareness on disease prevention and management, as well as public health priorities, collaboration with organizations that have sustainable healthcare programs, and the implementation of active employee volunteerism.

One of the community programs of PPFI is the Blue House Project. Blue House was launched in 2009 with the goal of helping improve the quality of primary healthcare facilities and resources in the country. Chosen for its pilot project was Barangay Sula, Cagaray Island in Bacacay, Albay. Plans include the construction of a barangay health center and the provision of basic medical equipment, administration of capacity and skills enhancement training for barangay health workers and community- based organizations, matched by an information and education campaign on health care for the residents.

Moving forward, the Foundation also aims to help the Philippine Government meet its Millennium Development Goals in 2015 particularly in the areas of improving maternal and infant health. The NayBahay Ligtas Pa-anakan birthing center was envisioned to provide safe birthing facilities for underserved communities to reduce maternal and infant deaths during childbirth.

Another project is nationwide advocacy to combat pneumococcal disease through Vaccination program called PD Alliance in Motion which started in 2010. Pfizer hopes to immunize thousands of underserved Filipino children with the pneumococcal conjugate vaccine, particularly in areas with a high burden of disease and incidence as identified by the Department of Health. Nearly 6,000 children have been vaccinated to date from Quezon to Palawan.

Pfizer considers its people as the key to achieving its goal to help Filipinos live healthier and longer lives. “Engage” is the employee volunteerism program of Pfizer which was launched in 2005. In sharing the company’s commitment of service towards a healthier Philippines, Pfizer’s employees give their time, talent and resources to serve various communities throughout the year.

Pfizer through PPFI, promotes the value of health research in the country by providing grants to various academic and research institutions to focus on current public health issues and priorities. Providing an Enabling Environment for Research (PEER) in Health is an example of the Foundation’s effort toward this end. The research grant program is a tripartite partnership with the University of the Philippines- National Institutes of Health and the Department of Science and Technology- Philippine Council for Health Research and Development. PEER Health grantees undergo training on research project development, good clinical practice and data analysis.

Another research oriented project of PPFI is the Philippine Science High School- Pfizer Youth Science Research Program whose objective is to promote excellence in science research among the youth. Pfizer grantees were the Philippine representatives to the 2010 ASEAN Search for Young Scientists, an affirmation of their world class talent.
Roche
Bringing sustainable lighting to homes and underprivileged communities

Roche (Philippines) Inc. partnered with MyShelter Foundation headed by its founder and president Iliac Diaz to support Isang Litrong Liwanag (A Liter of Light), a sustainable lighting project which aims to bring the eco-friendly Solar Bottle Bulb to homes and underprivileged communities. The beneficiaries are communities served by the Philippine Christian Foundation (PCF), a non-governmental organization that uplifts and improves the lives of thousands of children and families in Tondo, Navotas, and Baguio.

The Solar Bottle Bulb project uses 2 liter soda plastic bottles encased in GI corrugated sheets, filled with water, salt, and bleach and assembled on the roof to allow lighting to pass through the roof – bringing light into homes. When placed in the roof, the “light bulb” refracts sunlight to produce 55 watts of clear light, illuminating the houses below. The solar bottle bulb is an alternative source of daylight, powered by the natural light of the sun. It is inexpensive where initial cash out will be for the materials but the long-term benefit is there will be no monthly electricity charge. The entire process takes only about an hour to install but the bulbs can last for up to five years.

Roche is working with MyShelter and PCF to help light up lives, a bottle at a time. Roche employees provide monetary donations and help raise funds to bring light to poor Filipino homes and communities. The employees’ commitment is supported by Roche and it matches donations collected by employees.

There are millions of families who still live in the dark and Roche, MyShelter Foundation, and PCF aim to continue to brighten up homes. According to 2009 statistics from the National Electrification Commission, three million households still remain powerless outside Metro Manila. And even in the city, families still continue to live in darkness. MyShelter envisions providing underprivileged communities with an economically- and ecologically-sustainable source of light.

The Solar Bottle Bulb project provides an opportunity for Roche help uplift lives of people. By supporting this project, Roche employees are helping make a difference by providing families with solar power whose homes are in need of light to make them safe and secure.

Through the project, Roche is also helping build communities by empowering people to have alternative ways to save resources. Employees can also volunteer in assembling and installing the solar bottle lights in the communities. Given that Roche employees give their time, money, and effort, Roche doubles the amount of money they raised.

Roche also works with PCF whose mission is to permanently improve the quality of life of the poorest Filipino communities through education, nutrition, health, medical and family enhancement programs, regardless of religion, race or political boundaries.
A corporate commitment to social responsibility is integral to Sanofi’s business operations. As a company responsive to community needs, it firmly believes in doing business while at the same time trying to address some of the country’s most pressing problems.

To give meaning to its corporate values, the company undertakes humanitarian sponsorship actions focused on the health and well-being of children as they represent a cause dear to the Sanofi Group.

The company encourages its staff to get involved in humanitarian undertakings. Thus, to put volunteerism a stride forward, Sanofi formed the Blue Hands Volunteer Group for employees willing to make a difference, employees who want to share their time and talent for the little ones who have less in life.

Blue Hands is the company’s strategic response to social responsibility. As the company’s social service arm, it fosters the spirit of volunteerism among employees and provides opportunities for meaningful involvement in community outreach programs.

Sanofi’s CSR program seeks to provide hope, inspiration and encouragement to kids afflicted with childhood cancers at the Philippine Children’s Medical Center (PCMC), kids with heart ailments at the service ward of the Philippine Heart Center, abandoned children with physical deformities and third degree malnutrition at the Little Lamb Center in Cebu City, and survivors of violence and sexual abuse at the Chameleon Association in Iloilo City.

Sanofi is active in the fight against childhood cancer. Under the banner “My Child Matters”, it has formed an alliance with the Philippine Society of Pediatric Oncology and the PCMC to help save young lives through a yearly childhood cancer awareness campaign. Since 2006, a grant of over five million pesos has been awarded to PCMC in support of a childhood cancer advocacy program. Sanofi organizes a bloodletting activity among employees for young cancer patients every quarter.

The Blue Hands program has a Service Action group called ServAct which focuses on the company’s relief assistance to victims of calamities and natural disasters. It includes donations and partnerships with government and non-government entities.

Blue Hands is the heart and soul of Sanofi in the Philippines, a company which believes that in the highly competitive corporate world, it is through this healthy habit called giving that one profits the most.
Consistent with the company’s corporate social responsibility values, Zuellig Pharma Philippines and its employees celebrate Christmas with a tradition of sharing.

For over 10 years now, Zuellig Pharma Philippines continues the holiday tradition of “Hatid Saya” (Bringing Joy) to indigent patients in charity wards at government hospitals.

The gift-giving activities held annually in December focus on areas covered by the Zuellig Pharma's Sun Valley Head office, Branch Operations and Customer Service Centers throughout the country. Prioritizing indigent patients in charity wards of DOH – retained, government and private hospitals, close to 2,000 indigent patients in 17 hospitals receive yearly Zuellig Pharma prepared tote bags (made by Tahanang Walang Hagdan) containing blankets and various food packs.

Hatid Saya encourages volunteerism among the employees who contribute their time, talent and even personal funds to organize and carry out the gift giving activities. As a collective effort every year, the activity strongly draws its support from the entire organization—from the members of the Executive Committee down to the last employee.

Bright and colorful Christmas balls, decorating a tall Christmas Tree at the Zuellig Pharma Sun Valley lobby, have supported for the past four years a young boy born with clubfoot. From the province of Siargao, Roben Misola, through the Circle of Friends Foundation, Inc. (COFFI), was brought to Manila to receive medical treatment and undergo therapy, casting and corrective maintenance. Now back in school in Siargao where he has resumed his studies, Roben is able to walk normally and run on the beach as part of his on-going therapy.

The colorful balls that laden the Christmas tree represent the personal contributions of employees for the treatment of Roben. The amount raised is matched by Zuellig Pharma Philippines which further encourages the employees to increase their contribution. Aptly named “Puno ng Pasko Mula sa Puso”, the tree is a simple symbol of the collective spirit of the company and its employees in contributing to the general wellness of the Filipino people.

A primary focus and mainstay of the CSR activities of Zuellig Pharma Philippines is its services in providing logistical support to PHAP and its other partners especially during times of emergency and disaster. Using its vast distribution network and reach, ZP ensures medicines and supplies are immediately brought to areas requiring emergency support and medical treatment. The spirit of volunteerism is again evident during these times as our employees provide much needed support and assistance during these occasions.

Zuellig Pharma Philippines continues to Do the Right Things Right as it exercises its corporate social responsibility while inculcating the spirit of volunteerism and sharing amongst its own community and the community beyond.

Zuellig Pharma
Continuing a tradition of sharing
INDUSTRY STATISTICS

The New Dynamics of the Genericized Philippine Market
Setting the Scene

A review of the prevailing fundamentals of the global pharmaceutical industry would seem, at first, reassuring. The world population is growing. A larger aging segment, coupled with more chronic disease, has resulted in greater need for effective health care. Drugs continue to represent a cost-effective approach to treating many widespread conditions. New technologies, a better educated specialist physician segment, the growth of new markets, and the long-awaited emergence of biologics as viable treatments collectively suggest that the global pharmaceutical market should be, if not robust, then at least healthy.

Analyst reports suggest, however, that the short-term fate of the industry is less than certain. Many have suggested that the global pharma market, with revenues topping $800 billion in 2010, has already entered an era of negative return on investment. Others, projecting forward to 2020, are engaged in a significant debate. Pharmerging market growth, pipeline renewal, stem cell research, personalized medicine, meaningful comparative effectiveness studies, and health care reform could all spell renewal for the industry—a $2 trillion value by this decade’s end. Conversely, in the extreme, the consequences of the patent cliff and the steady pressures associated with cost containment initiatives at both the public and private levels could yield a 2020 industry net value of just $500 billion.

There are no perfect predictions, but there are some hard facts that have begun to shape the way many pharmaceutical companies are thinking about opportunities and challenges. According to a recent analysis at IMS Health, global generics are currently growing at twice the overall pharmaceutical rate, with the value of these products primarily concentrated in ten pharmerging countries.

Figure 1: Generic Value Sales and Growth and Top 10 Generics Market Shares

Sources: IMS Health, MIDAS, Market Segmentation countries, MAT Jun, Rx only. China, India and Russia estimates from IMS Consulting.
In the Philippines, a market heavily dependent on out-of-pocket sales, the use of off-patent medications has surged. Today the country stands third after India and China in APAC in terms of the market share held by generics, at 56%. That percentage will likely expand in the near term, as familiar products lose their exclusivity and as established trends continue to erode the place of originator brands among physicians, pharmacists, and patients.

**Figure 2: Philippines Total Annual Sales Value**

![Philippines Total Annual Sales (ExMNF USD)](chart)

*Source: IMS MIDAS Data, QTR 1 2011, forecast from Market Program 2011-2015*

The chart in Figure 2 is instructive, demonstrating a clear preference for originator brands over the last several years. Between 2006 and 2010, originator brands as a percent of total annual sales in the Philippines have dropped from 43.8% in 2006 of the market to 37%.

It is not just the heavy reliance on out-of-pocket payments that has swayed the Philippines market toward generic medicines. Price regulations have also slowed overall market growth in the Philippines due to the passage of the Cheaper Medicines Act in 2008 and the additional series of price cuts instituted in 2009-2010, which were designed to improve access to medicines and healthcare. Pending any further reductions in prices, the general pharmaceutical market in the Philippines is expected to recover in light of currently expanding coverage and improved access, not to mention a growing commitment to generics as the medicines of choice. Under this Act, the FDA is working on introducing a fast-track registration procedure for molecule subject to maximum drug retail price to hasten the marketing of cheaper products.
The Philippine Pharmaceutical Industry Statistics

Chart 1: *Philippine Pharmaceutical Market MAT Dec 2011 Php Billion*

![Bar chart showing the total pharmaceutical market less V06, V07 & K01 MAT Dec 2007 to MAT Dec 2011. 4-Yr CAGR: 4.87.]

Source: IMS Health Philippines, Inc. IMSPlus – Combined using Dec 2011 Database.

Above excludes sales of V06 – General Nutrients, V07 – Other non-therapeutics, K01 – Intravenous solutions.

Chart 2: *Comparative Share: Ethicals, OTC and Nutritionals Php Billion*

![Pie chart showing the share of Ethicals vs OTC vs Nutritionals MAT December 2011.]

Source: IMS Health Philippines, Inc. IMSPlus – Combined using Dec 2011 Database.
Chart 3: Comparative Share Trend: Foreign and Local Companies 2007-2011 Php Billion

![Chart 3](chart3.png)

Source: IMS Health Philippines, Inc. IMSPlus – Combined using Dec 2011 Database. Above excludes sales of V06 – General Nutrients, V07 – Other non-therapeutics, K01 – Intravenous solutions

Chart 4: Comparative Share Trend: Foreign and Local Companies 2007-2011 MAT-CU Billion

![Chart 4](chart4.png)

Source: IMS Health Philippines, Inc. IMSPlus – Combined using Dec 2011 Database. Above excludes sales of V06 – General Nutrients, V07 – Other non-therapeutics, K01 – Intravenous solutions
## The Philippine Pharmaceutical Industry Statistics

### Table 1: Comparative Share: Ethicals, OTC, and General Nutrients/Non-therapeutics - Dec 2011 MAT

<table>
<thead>
<tr>
<th>Pharmaceutical Product Categories</th>
<th>MAT December 2011</th>
<th>% Share to Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethical (Rx) products</td>
<td>87,730,829,868</td>
<td>69.1%</td>
</tr>
<tr>
<td>OTC or Proprietary Products</td>
<td>32,561,944,481</td>
<td>25.7%</td>
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<tr>
<td>General Nutrients &amp; Other Non-therapeutics</td>
<td>6,612,289,603</td>
<td>5.2%</td>
</tr>
<tr>
<td>Total Philippine Pharmaceutical Market</td>
<td>126,905,063,952</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Source: IMS Health Philippines, Inc. IMSPlus – Combined using Dec 2011 Database.

### Table 2: Comparative Growth Trend: Foreign & Local Companies 2007-2011 Php Billions

<table>
<thead>
<tr>
<th>Companies</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>4-Year % CAGR</th>
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</thead>
<tbody>
<tr>
<td>FOREIGN</td>
<td>7.23</td>
<td>9.34</td>
<td>0.20</td>
<td>1.31</td>
<td>0.51</td>
<td>2.77</td>
</tr>
<tr>
<td>LOCAL</td>
<td>14.56</td>
<td>13.33</td>
<td>7.62</td>
<td>6.24</td>
<td>4.03</td>
<td>7.75</td>
</tr>
<tr>
<td>TOTAL</td>
<td>9.52</td>
<td>10.64</td>
<td>2.68</td>
<td>3.04</td>
<td>1.78</td>
<td>4.48</td>
</tr>
</tbody>
</table>

Source: IMS Health Philippines, Inc. IMSPlus – Combined using Dec 2011 Database.

### Table 3: Comparative Growth Trend: Foreign & Local Companies 2007-2011 CU Billions

<table>
<thead>
<tr>
<th>Companies</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>4-Year % CAGR</th>
</tr>
</thead>
<tbody>
<tr>
<td>FOREIGN</td>
<td>-0.93</td>
<td>8.22</td>
<td>-1.49</td>
<td>0.56</td>
<td>-10.68</td>
<td>-1.08</td>
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<tr>
<td>LOCAL</td>
<td>9.10</td>
<td>2.86</td>
<td>14.75</td>
<td>10.02</td>
<td>-2.00</td>
<td>6.21</td>
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<tr>
<td>TOTAL</td>
<td>3.54</td>
<td>5.70</td>
<td>5.94</td>
<td>5.24</td>
<td>-6.19</td>
<td>2.54</td>
</tr>
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</table>

Source: IMS Health Philippines, Inc. IMSPlus – Combined using Dec 2011 Database.
### Table 4: Top 20 Leading Philippine Pharmaceutical Companies based on Value (less V06, V07, A13 & K01)* as of MAT December 2011

<table>
<thead>
<tr>
<th>Rank</th>
<th>Company</th>
<th>% CAGR 4-Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL PHARMA MARKET</td>
<td>3.06</td>
<td></td>
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<tr>
<td>1</td>
<td>UNITED LAB</td>
<td>5.40</td>
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<tr>
<td>2</td>
<td>PFIZER INC.</td>
<td>-3.21</td>
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<tr>
<td>3</td>
<td>GLAXOSMITHKLINE</td>
<td>-2.41</td>
</tr>
<tr>
<td>4</td>
<td>NOVARTIS</td>
<td>11.18</td>
</tr>
<tr>
<td>5</td>
<td>MSD</td>
<td>6.33</td>
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<tr>
<td>6</td>
<td>SANOFI-AVENTIS</td>
<td>-4.25</td>
</tr>
<tr>
<td>7</td>
<td>ASTRAZENECA</td>
<td>-1.07</td>
</tr>
<tr>
<td>8</td>
<td>BOEHRINGER INGELHEIM</td>
<td>2.30</td>
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<tr>
<td>9</td>
<td>JOHNSON</td>
<td>3.08</td>
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<tr>
<td>10</td>
<td>PASCUAL LABS</td>
<td>8.92</td>
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<tr>
<td>11</td>
<td>ROCHE PHILIPPINES</td>
<td>-2.55</td>
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<tr>
<td>12</td>
<td>NATRAPHARM</td>
<td>9.58</td>
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<tr>
<td>13</td>
<td>ABBOTT LAB</td>
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<td>14</td>
<td>BAYER PHARM</td>
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<td>15</td>
<td>SERVIER PHILS</td>
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<td>16</td>
<td>CATHAY DRUG CO</td>
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<td>17</td>
<td>MERCK INC</td>
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<td>18</td>
<td>INVIDA</td>
<td>1.56</td>
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<tr>
<td>19</td>
<td>GETZ PHARMA</td>
<td>29.87</td>
</tr>
<tr>
<td>20</td>
<td>GX INTERNATIONAL</td>
<td>-4.32</td>
</tr>
</tbody>
</table>

* Others * 0.00

Source: IMS Health Philippines, Inc. IMSPlus – Combined using Dec 2011 Database.
Above excludes sales of V06 – General Nutrients, V07 – Other non-therapeutics, K01 – Intravenous solutions, A13 – Tonics

### Table 5: Top 20 Leading Philippine Pharmaceutical Companies based on Counting Units (less V06, V07, A13 & K01)* as of MAT December 2011

<table>
<thead>
<tr>
<th>Rank</th>
<th>Company</th>
<th>% CAGR 4-Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL PHARMA MARKET</td>
<td>3.16</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>UNITED LAB</td>
<td>3.29</td>
</tr>
<tr>
<td>2</td>
<td>GLAXOSMITHKLINE</td>
<td>-6.92</td>
</tr>
<tr>
<td>3</td>
<td>PFIZER INC.</td>
<td>-3.46</td>
</tr>
<tr>
<td>4</td>
<td>PASCUAL LABS</td>
<td>8.73</td>
</tr>
<tr>
<td>5</td>
<td>SANOFI-AVENTIS</td>
<td>0.98</td>
</tr>
<tr>
<td>6</td>
<td>ABBOTT LAB</td>
<td>6.81</td>
</tr>
<tr>
<td>7</td>
<td>JOHNSON</td>
<td>1.26</td>
</tr>
<tr>
<td>8</td>
<td>INTERMED MKTG</td>
<td>2.53</td>
</tr>
<tr>
<td>9</td>
<td>TAI SHO PHARM</td>
<td>1.52</td>
</tr>
<tr>
<td>10</td>
<td>INTERNATIONAL PHAR</td>
<td>16.71</td>
</tr>
<tr>
<td>11</td>
<td>BOEHRINGER INGELHEIM</td>
<td>-6.55</td>
</tr>
<tr>
<td>12</td>
<td>GX INTERNATIONAL</td>
<td>-6.07</td>
</tr>
<tr>
<td>13</td>
<td>NOVARTIS</td>
<td>10.10</td>
</tr>
<tr>
<td>14</td>
<td>CNN GENERICS</td>
<td>999.00</td>
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<tr>
<td>15</td>
<td>MUNDIPHARMA GMBH</td>
<td>-0.46</td>
</tr>
<tr>
<td>16</td>
<td>PONDS CHEMICAL</td>
<td>-7.66</td>
</tr>
<tr>
<td>17</td>
<td>AM-EUROPHARMA CORP</td>
<td>7.90</td>
</tr>
<tr>
<td>18</td>
<td>NATRAPHARM</td>
<td>10.17</td>
</tr>
<tr>
<td>19</td>
<td>RHEA</td>
<td>-2.37</td>
</tr>
<tr>
<td>20</td>
<td>MSD</td>
<td>3.52</td>
</tr>
</tbody>
</table>

* Others * 0.00

Source: IMS Health Philippines, Inc. IMSPlus – Combined using Dec 2011 Database.
Above excludes sales of V06 – General Nutrients, V07 – Other non-therapeutics, K01 – Intravenous solutions, A13 – Tonics
Table 6: *Top 20 Therapeutic Classes based on value (less V06, V07 & K01)*

<table>
<thead>
<tr>
<th>Rank</th>
<th>THERAPEUTIC CLASSES</th>
<th>MAT December 2011</th>
<th>% share</th>
<th>% CAGR 4-Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>CEPHALOSPORINS &amp; COMBS</td>
<td>4.784</td>
<td>4.01</td>
<td>3.89</td>
</tr>
<tr>
<td>2</td>
<td>NON-NARCOTIC ANALGESICS</td>
<td>4.576</td>
<td>3.84</td>
<td>3.32</td>
</tr>
<tr>
<td>3</td>
<td>BROAD SPECTRUM PENICILLIN</td>
<td>4.469</td>
<td>3.75</td>
<td>2.20</td>
</tr>
<tr>
<td>4</td>
<td>CALCIUM ANTAGONISTS PLAIN</td>
<td>4.323</td>
<td>3.63</td>
<td>-0.69</td>
</tr>
<tr>
<td>5</td>
<td>ANTIRHEUMATIC NON-STEROID</td>
<td>4.227</td>
<td>3.55</td>
<td>3.34</td>
</tr>
<tr>
<td>6</td>
<td>MULTIVITAMINS + MINERALS</td>
<td>3.355</td>
<td>2.81</td>
<td>2.21</td>
</tr>
<tr>
<td>7</td>
<td>EXPECTORANTS</td>
<td>3.321</td>
<td>2.79</td>
<td>4.04</td>
</tr>
<tr>
<td>8</td>
<td>CHOLEST&amp;TRIGLY, REGULATOR</td>
<td>2.983</td>
<td>2.50</td>
<td>7.83</td>
</tr>
<tr>
<td>9</td>
<td>ANGIOTENS-II ANTAG, PLAIN</td>
<td>2.893</td>
<td>2.43</td>
<td>7.83</td>
</tr>
<tr>
<td>10</td>
<td>VIT C INC. MINERAL COMBS</td>
<td>2.589</td>
<td>2.17</td>
<td>6.45</td>
</tr>
<tr>
<td>11</td>
<td>COLD PREPARATIONS</td>
<td>2.539</td>
<td>2.13</td>
<td>5.12</td>
</tr>
<tr>
<td>12</td>
<td>ANTIULCERANTS</td>
<td>2.428</td>
<td>2.04</td>
<td>4.61</td>
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<tr>
<td>13</td>
<td>MACROLIDES &amp; SIMILAR TYPE</td>
<td>2.248</td>
<td>1.89</td>
<td>7.47</td>
</tr>
<tr>
<td>14</td>
<td>ANGIOTEN-II ANTAG. COMB</td>
<td>2.209</td>
<td>1.85</td>
<td>5.84</td>
</tr>
<tr>
<td>15</td>
<td>ANTI-EPILEPTICS</td>
<td>1.881</td>
<td>1.58</td>
<td>12.32</td>
</tr>
<tr>
<td>16</td>
<td>ANTIHISTAMINES SYSTEMIC</td>
<td>1.875</td>
<td>1.57</td>
<td>11.28</td>
</tr>
<tr>
<td>17</td>
<td>FLUOROQUINOLONES</td>
<td>1.657</td>
<td>1.37</td>
<td>-2.45</td>
</tr>
<tr>
<td>18</td>
<td>BETA BLOCKING AGENT PLN</td>
<td>1.593</td>
<td>1.34</td>
<td>1.13</td>
</tr>
<tr>
<td>19</td>
<td>PLATELET AGREG INHIBITORS</td>
<td>1.571</td>
<td>1.32</td>
<td>3.03</td>
</tr>
<tr>
<td>20</td>
<td>HUMAN INSULIN+ ANALOGUES</td>
<td>1.523</td>
<td>1.28</td>
<td>18.86</td>
</tr>
</tbody>
</table>

* Others *

| Total Philippines | 119.212 | 100.00 | 4.87 |

Source: IMS Health Philippines, Inc. IMSPlus – Combined using Dec 2011 Database.
Above excludes sales of V06 – General Nutrients, V07 – Other non-therapeutics, K01 – Intravenous solutions
PHAP
Officers & Trustees
2012
Members Directory
Abbott Laboratories, Inc.
Trunkline : 702 8500
Fax No. : 635 2143102
Nutritional Division
Address 1 : 102 E. delos Santos Avenue (EDSA), Mandaluyong City
Pharmaceutical Division
Trunkline : 878 8400
Address 2 : 6th floor, 4th Royal Place 118 Rada St. cor. Legaspi Village Makati City
Alcon Laboratories (Phils.), Inc.
Trunkline : 721 3956 to 59
Fax No. : 722 4162
Address : 3rd Flr., LGI Bldg., Ortigas Avenue Greenhills, San Juan, Metro Manila
AstraZeneca Philippines, Inc.
Trunkline : 777 8700
Fax No. : 777 8796
Address : 16th Floor Net 23 Center, corner 3rd Avenue & 30th Street Bonifacio Global, Taguig City
Baxter Healthcare Phils., Inc.
Trunkline : 637 5368 & 69
Fax No. : 238 80 67/ 637 53 67
Address : 19th/F Wynsum Corporate Plaza F. Ortigas Jr. Rd., (Formerly Emerald Ave.) Ortigas Center, Pasig City
Bayer Schering Pharma
Trunkline : 888 9700
Fax No. : 893 1388
Address : 36th Floor PBCom Tower, Ayala Ave., cor. V.A. Rufino St., Makati City
Blue Sky Trading Co., Inc.
Trunkline : 241 8501 to 04
Fax No. : 241 3846
Address : 416 Dasmarinas St., Binondo, Manila P.O. Box 1819 Manila
Boehringer Ingelheim Phils., Inc.
Trunkline : 867 0800, 848 1574
Fax No. : 848 0506
Address : 23rd Flr., Citibank Towers, Villar corner Valero Sts., Salcedo Village, Makati City
buergli pharma, inc.
Trunkline : 864 0186
Fax No. : 864 0185
Address : Unit 204 One Corporate Plaza 845 A. Arnaiz Avenue, Makati City
Calmoseptine Phils., Inc.
Trunkline : (032) 344 6810
Fax No. : 344 65 38
Address : 710 Del Pilar St. Guizo, Mandaue City, Cebu
Catalent Pharma Solutions
Trunkline : 284 3756
Fax No. : 816 08 04
Address : Unit 825 8th Floor Citiland Shaw Tower Shaw Boulevard cor. St. Francis Street Mandaluyong City
Eli Lilly Philippines Inc.
Trunkline : 5710339
Fax No. : 5707530
Address : Units 401-403 Tower I Rockwell Business Center, Ortigas Avenue, Pasig City 1604
Farmacia Oro
Trunkline : 749 3758
Fax No. : 712 3576
Address : 370 Quezon Avenue, Quezon City P.O. Box 2350 Manila
First Associated Medical Distribution Co., Inc. (FAMED)
Trunkline : 825 8583
Fax No. : 758 0080
Address : FCI Corporate Center, 1814 Philip St., Multinational Village, Sucat, Paranaque City
Galderma Philippines
Trunkline : 725 8000
Fax No. : 744 0460
Address : Unit 2802 Atlanta Center #31 Annapolis St. Greenhills, San Juan, Metro Manila 1502
GlaxoSmithKline Phils.
Trunkline : 8920761 to 72
Fax No. : 893 8019
Address : 2266 ChinoRoces Ave., Makati City P.O. Box 586 MCPO, 1299 Makati City
HI-EISAI Pharmaceuticals, Inc.
Trunkline: 887 1047
Fax No.: 887 5172 / 887 5161
Address: 20/F, Multinational Bancorporation Centre
6805 Ayala Avenue, Makati City

Hizon Laboratories, Inc.
Trunkline: 6975933 to 36 (Antipolo)
712 5906 (Quezon City)
Fax No.: 697 5937 (Antipolo)
711 3987 (Quezon City)
Address: 1) Assumption Rd.
Sumulong Highway, Antipolo
2) 29 Quezon Avenue, Quezon City

IMS Health Philippines, Inc.
15F BPI Buendia Center
Senator Gil Puyat Ave., Makati City
Trunkline: 864 0501 to 05
Fax No.: 864 0482
Address: 15/F, BPI Buendia Center
Sen. Gil Puyat Avenue, Makati

Interphil Laboratories
Trunkline: (049) 549 2346 to 49
Fax No.: 817 2435
Address: Canlubang Industrial Estate
Bo. Pittland, Laguna

Invida Philippines, Inc.
Trunkline: 333 38 88
Fax No.: 333 38 00
Address: 4 F W Office Building, 11th Avenue
cor. 28th St., Bonifacio High
Global City, Taguig

Janssen Pharmaceuticals NV
Trunkline: 824 7901
Fax No.: 776 9820
Address: A division of Johnson & Johnson
Edison Road, Barrio Ibayo
1700 Paranaque City

Johnson & Johnson Medical
Trunkline: 824 7901
Fax No.: 824 1345
Address: Edison Road, Barrio Ibayo
700 Paranaque City

Lietz, Inc. Rudolf
Trunkline: 821 7181
Fax No.: 824 3770
Address: Lietz Industrial Complex Edison Avenue
(P. Leviste) Km. 14 SLEX,
1709 Paranaque City

Medicomm Pacific Inc.
Trunkline: 638 1461 to 70
Fax: 638 3232
Address: 4th Floor Taipan Place, Ortigas Avenue
1605 Pasig City

Medimarketing
Trunkline: 886 0351
Address: 11th Floor Equitable Bank Tower
8751 Paseo de Roxas, Makati City

Mercury Drug Corporation
Trunkline: 911 5071 to 87
Fax No.: 911 6664
Address: No. 7 Mercury Avenue cor. E. Rodriguez
Bagumbayan, Quezon City
P.O. Box 1847 Manila

Metro Drug, Inc.
Trunkline: 802 7575
Fax No.: 837 0881
Address: Manalac Ave., Sta. Maria Industrial Estate
Bagumbayan, Bicutan, Taguig, M.M.

Metro Pharma Phils., Inc.
Trunkline: 637 1849 to 53
Fax No.: 637 6053
Address: 600 Shaw Boulevard, Pasig City

MSD Philippines
Trunkline: 885 0700 to 29
Fax No.: 885 0774
Address: 26th Floor Philamlife Tower
8767 Paseo de Roxas, Makati City

MundiPharma Distribution GmbH
Philippine branch
Trunkline: 634 4087
Fax: 634 7886
Address: Unit 1706-1709 Robinsons Equitable Tower
#4 ADB Ave., cor. Poveda St.
Ortigas Center, Pasig City
Philippine Pharmaceutical Industry Factbook, 8th Edition

Natrapharm
Trunkline : 821 7382, 776 2001 to 05
Fax No. : 821 7383
Address : The Patriot Bldg., Km. 19 West Service Rd.
P.O. Box 1211 MCPO, Makati City

Novartis Healthcare Phils.
Trunkline : 368 7777
Fax No. : 818 1939
Address : 5/F Asian Reinsurance Bldg., Salcedo cor.
Gamboa, Legaspi Village, Makati

One Pharma Company, Inc.
Trunkline : 871 2941 to 43 Local 100
Fax No. : 872 3971
Address : A. Liwanag corner G. Diaz St.
BFRV, Las Piñas City

Pacific Pharmaceutical Generics, Inc
Trunkline : 712 4990
Fax No. : 743 16 22
Address : Rm. 303 Lawyers Cooperative Building
459 Quezon Avenue, Quezon City
P.O. Box 1783, Manila

Pfizer Inc. (Philippines)
Trunkline : 451 9200
Address : 23/F Ayala UFE FGU Center
6811 Ayala Ave., Makati City

Panpharma-Meinz Pharmaceuticals Corp.
Trunkline : 812 1601 to 05
Fax No. : 812 16 00
Address : 10th Flr., Feliza Building
V.A. Rufino St. (formerly Herrera)
Legaspi Village, Makati City

PharmAsia-Cvest Inc.
Trunkline : 818 0790, 813 4640
Fax No. : 818 0764
Address : 3/F Montepino Bldg., Adelantado St. cor.
Gamboa & Amorsolo St., Legaspi Village,
Makati City

Pharsight, Inc.
Trunkline : 862 4579
Telefax : 842 4579
Address : 2008 Herrera Tower Salcedo Village
Makati City

Philusa Corporation
Trunkline : 631 1731 to 39, 842 4579
Fax No. : 638 3307
Address : 28 Shaw Blvd. cor. Pioneer St., Pasig City
P.O. Box 2338 Manila

Qualimed Pharma, Inc.
Trunkline : 687 1174
Fax No. : 635 92 32
Address : Unit 801 One Corporate Center,
Julio Vargas Avenue, Corner Meralco
Avenue, Ortigas, Pasig City

Roche Philippines, Inc.
Trunkline : 893 4567
Fax No. : 893 3030
Address : 19F One Global Place Bldg.
25th St., Cor. 5th Avenue
Bonifacio Global City, Taguig

Sanofi-Aventis Phils., Inc.
Trunkline : 859 5555
Fax No. : 813 1676
Address : 3rd Floor/Feliza Bldg., 108 VA Rufino St.
Legaspi Village, Makati City

Swisspharma Research Laboratories, Inc.
Trunkline : (63-49) 549-2372 to 73 / 6700-1512
Fax No. : 6700-1510 / (63-49) 549-7210
Address : Barrio Pittland, Cabuyao, Laguna

Takeda Pharmaceuticals, Phils., Inc.
Trunkline : 575 0000
Fax No. : 575 0079
Address : 12th Floor, Sky Plaza Bldg., Oledan Square 6788 Ayala Avenue, Makati City
P.O. Box 850 MCPO, 1299 Makati City

Vizcarra Pharma, Inc.
Trunkline : 524 5641
Fax No. : 522 35 80
Address : 6th Floor Segundina Bldg.
464 United Nations Avenue Ermita, Manila

Zuellig Pharma Corp.
Trunkline : 908 2222/ 789 3444
Fax No. : 556 3952
Address : Km 14 West Service Road, South
Superhighway cor. Edison Avenue
Brig. Sun Valley, Parañaque City 1700