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TAMBALAN

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CBHPs GEARUP for 2012



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CHD Board of Trustees Calls for CBHPs' Strengthened Capabilities and Increased Organizational Capacities for 2012

In its meeting held from February 28 to March 1, 2012, CHD's Board of Trustees reaffirmed the organization's Three-Year Thrusts and Stresses (2011-2013) and called for more strengthened capabilities and increased capacities for 2012 of all member Community-Based Health Programs (CBHPs). Nineteen BOT members representing 13 CBHPs (including the CHD-National Secretariat) from Luzon, Visayas and Mindanao and three individual members attended the meeting that was held at the Conference Center of the National Council of Churches in the Philippines in Quezon City.

Sr. Edita Eslopor, OSB, opened the meeting by welcoming all the members who were present for the Board meeting. She explained the objectives and program schedule for the next three days. Setting the context on how the CBHPs will operate for the year, Representative Teddy Casiño of the Bayan Muna party list discussed the national situation, particularly the important issues affecting the Filipino people such as the continuing power rate hikes as a result of monopoly in the power sector, the government's flagship anti-poverty program, the *Pantawid Pamilya Program* (conditional cash transfer) acquired through loans from the Asian Development Bank and the World Bank, rising unemployment rate and the on-going impeachment of Supreme Court Chief Justice Renato Corona.

Reporting of the CBHP situation and status ensued after the national situation. CBHP representatives coming from Mindanao started the reporting session, followed by Visayas-based and Luzon-based CBHPs. Highlights of the reports included the sharing of Mindanao-based CBHPs on the extent of devastation and their disaster response efforts after Typhoon Sendong, CBHPs confronting the issue of privatization of public hospitals and decreasing health budget, of large scale mining operations that cause economic and physical dislocation of people especially indigenous communities, and of increasing human rights violations and ill-health. Despite all of these, CBHPs continue with their regular organizational, health education and training work.

Common plan of action among CBHPs for the year 2012 was discussed. It includes the mounting of nationally coordinated campaign against the privatization of government hospitals, conduct of a special campaign on the issue of cheaper medicines and the intensifying human rights violations against CBHP staff and Community Health Workers. The BOT also called for an in-depth research study on the effects to people's health of large scale mining operation in many parts of the country. Likewise, it also decided to start preparations for the 40 Years Celebration of CBHPs in 2013.

For the next two years, the Board of Trustees reaffirms the following tasks laid down on the CHD 2011-2013 Coordinated Plan of Action:

- Thrust 1. Strengthen the capabilities of CBHPs and raise their organizational capacities
- Thrust 2. Aggressive fund raising and resource mobilization to sustain program services and operations
- Thrust 3. Enhance the capacities of communities to advance the people's health movement and provide health care services in various situations
- Thrust 4. Sustained promotions of CBHP as an approach to health care
- Thrust 5. Develop health professionals and health science students who will commit themselves to work in CBHPs
- Thrust 6. Build a broad international network for CBHPs and the advancement of people's health movement
- Thrust 7. Act on important and pressing issues affecting people's health and general well-being

Cheaper Medicines Act: Useless and Not Beneficial to Filipinos

(Reprinted from the Consumer's Action for Empowerment)

The therapeutic capacities of essential medicines ranging from prevention, treatment, and mitigation of disease play an important part in health care. In the Philippines, there are more than 17,000 registered drugs, of which 627 are essential medicines listed in the 2008 Philippine National Formulary. Yet less than 30 percent of the population have regular access to them (World Drug situation, World Health Organization 2000).

The Philippines passed R.A. 9502 (Universally Accessible Cheaper and Quality Medicines Act of 2008), more commonly known as Cheaper Medicines Act, purportedly to address the unaffordability and unavailability of medicines. However, prices of medicines have not gone down. In fact, prices of some medicines even increased over the last four years since the implementation of the law. As a result, more and more people, especially poor patients, suffering from chronic or long-term diseases are increasingly burdened with debts in purchasing badly needed medicines for their life-threatening illnesses.

Consumers' Action for Empowerment survey results

The Consumers' Action for Empowerment conducted a survey entitled "Survey on Access, Affordability and Availability of Medicines" to establish the impact of the Cheaper Medicines Act on patients who regularly use them. Questions asked pertain to the medicines prescribed to patients and their capacity to buy the medicines, where they buy their medicines, and their sources of funds to purchase their medicines.

The survey used purposive random sampling in selection of hospitals and communities. Respondents chosen were those undergoing long-term treatment or those taking at least a week's dosage of medication. Included were seven hospitals as follows: Philippine General Hospital, San Lazaro Hospital, Jose Reyes Memorial and Medical Center, Tondo Medical Center, Philippine Heart Center, National Kidney and Transplant Institute, East

Avenue Medical Center, and four communities from Pasig, Parañaque, Payatas and Tondo.

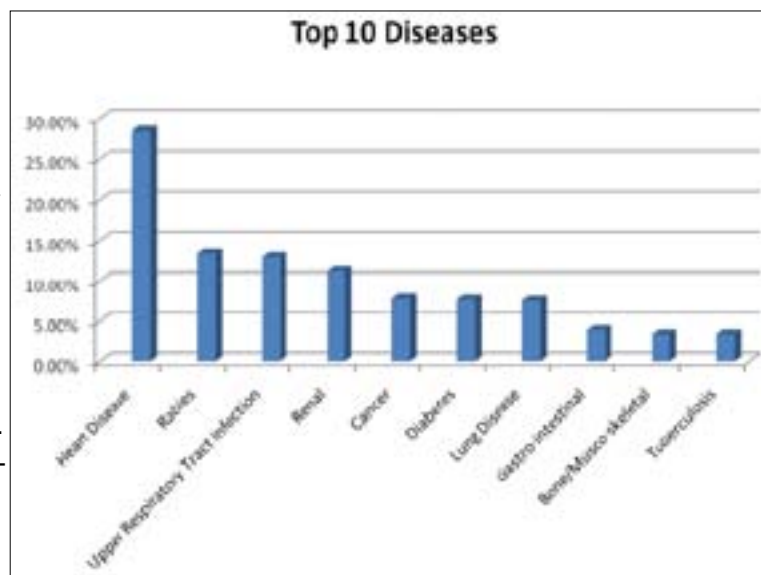
Data gathered here was from May 10-May 25, 2012. Below are the results of the survey.

Patients' profile

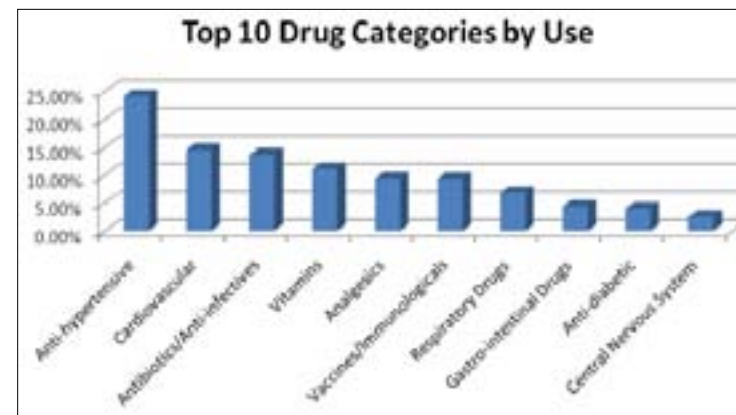
There were 840 respondents from the seven hospitals and four communities. Of these, 58 percent were female and 42 percent were male. Majority were married (55%), single (31%), separated (10%) and widowed (3%).

A big portion or 85 percent were from the National Capital Region while the rest were from CALABARZON (7%), Central Luzon (5%), and a few from Bicol, Cagayan Valley and Eastern Visayas.

A majority of patients or 42 percent had no jobs with an additional 23 percent who were housewives. Those employed were in the service sector (13 percent), and the rest in transport, construction, agriculture, service sector, housekeepers, sales, professionals, or retired. It is interesting to note that 2 percent were oddjobbers. They were scavenging or were "barkers," (individuals who earned tips from drivers by calling/"barking" to



Note that these diseases require essential medicines that are needed on maintenance or long term-basis and are usually expensive. Some patients still rely on vitamins, probably unaware of rational drug use and that these vitamins are not essential.



passengers to ride the jeepney). Others peeled-off the skin of garlic cloves and made charcoal from scrap firewood.

Diseases and medicines used

Top ten diseases of respondents were heart disease (28.50%), rabies (13.32%), upper respiratory tract infection (12.92%), renal (11.19%), cancer (7.86%), diabetes (7.72%), lung disease (7.59%), gastro-intestinal (3.99%), bone/musculo-skeletal (3.46%) and tuberculosis (3.45%). The top 10 medicines by categories of use were anti-hypertensive (24.16%), cardiovascular (14.54%), anti-bacterial/anti-biotics/anti-infectives (13.70%), vitamins, 11.12%, analgesics (9.38%), vaccines/immunologicals/sera (9.31%), respiratory drugs (6.85%), gastro-intestinal (4.39%), anti-diabetic (3.97%) and central nervous system disorders (2.58%)

The respondents listed 2,033 prescription medicines that they use for their various illnesses. Only 828 medicines (44.67%) were taken on full or complete doses. More than half or 1,026 medicines (55.33%) were taken only on partial basis. An overwhelming 99.8 percent said that they lacked the money or did not have money available for medication.

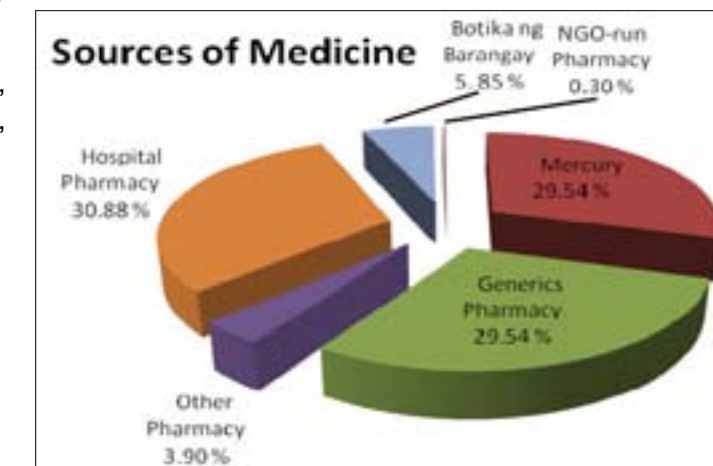
Availability of medicines

There were 37 percent respondents who bought their medicines from the government-hospital pharmacy or botika ng barangay where they maybe cheaper. But when these are not available or there are no stocks, 63 percent go to commercial pharmacies. Of these, 29.53 percent bought medicines from Mercury Drugstore to buy their branded medicines. Interestingly, another 29.53% also went to the Generics Pharmacy for generic prescriptions, an indication that patients buy generic medicines when these are available.

Affordability of medicines

The survey showed that only 21.86 percent of respondents could afford to shoulder their own medical expenses. Other respondents rely on relatives to give them money for medication, resort to solicitations from government, private organizations or church organizations. Loan and mortgages were resorted to by those who did not have money or needed to augment their incomes.

In summary, patient-respondents for the "Survey on Accessibility, Affordability and Availability of Medicines" are those in need of maintenance medicines for long-term/chronic illnesses or need a week's dose. Medicines are expensive and essential, especially those which are branded. The patients go to the government hospital pharmacies to buy medicines, but when these are not available they often go to Mercury Drugstore or the Generics Pharmacy. Many patients have no job or lack income derived from their work. Many have to be supported by their families. Others rely on solicitations from government or private institutions. Others loan or mortgage property to enable them to buy medicines.



Though patient-respondents were not asked about the impact of the Cheaper Medicines Act, their experiences bear witness to the sad state of implementation of the Cheaper Medicines Act.

DOH fails to implement the cheaper medicines act

In a rally on June 6, 2012, four years after then President Gloria Macapagal Arroyo signed the Cheaper Medicines Act, the Consumers' Action for Empowerment gave the Department of Health a failed mark for its inability to bring down the prices of medicines.

Remembering Sabye (Sister Xavier Marie Bual, SPC)

Editor's note:

Sr. Xavier Marie Bual, SPC, one of the pioneers who sowed the seeds of Community Based Health Program, passed away last February 4, 2012. CBHPs lost a mentor, a colleague, a friend and a comrade with her demise. Sr Sabye dedicated her life to improving the lives of Filipino people in remote communities by encouraging self-reliance and people participation; not only in improving their own health but in working for social change through their unity and organization. CHD's Board of Trustees held a Night of Tribute for Sr Sabye on February 28, 2012 where a number of her friends and colleagues shared how their lives were shared and touched by Sr. Sabye.

The Council for Health and Development shares Sr. Mary Grenough's (Sr. Mayang to most CBHP people) fond memories of time spent with Sr. Sabye during their CBHP days. Sr. Mayang is a long-time friend of Sr. Sabye and her co-pioneer in setting up the CBHP.



Sister Xavier Marie Bual accepting the Aurora Aragon Quezon Peace Awards from Aurora Aragon Quezon Peace Foundation

A beloved friend, true team-mate, intelligent, simple, generous, fully alive, deeply committed to God and to the people (about which she had no problem), comfortable and fun to be with... so many ways to describe my many years with Sr. Xavier Marie Bual, SPC during our years together in the Community Based Health Program beginning 1974.

resources, she got very excited and lost no time in trying to arrange for a transfer to work with CBHP.

When Sabye got permission to join our team, my clear memory of her is how she truly "came alive" as soon as she mingled with the people in the barrios, the mountains and lowlands. It seemed to bring

I think we first met in 1973 when Sr. Eva Varon and I visited the Manila office of NASSA (the Catholic Church's National Secretariate for Social Action). I think Sabye at that time was working as a nurse in Basilan and finding it very much against her values to agree to inject vitamins for people who came to her in the health clinic – a common practice in the early 1970s.

When she heard about our program which envisioned a grassroots health program that would harness the potentials of community members, most of whom did not even finish elementary education, and the use of traditional medicines and

about a transformation in her of finding her true self – and she never turned back. So many stories of her father and his wide knowledge and practice of the use of medicinal herbs and traditional remedies! Our continuing study and use of traditional medicine, massage, acupressure and acupuncture increased her appreciation of the wisdom so many people had, and with her nursing background, she could easily teach them correct methods of use, explaining in terms the people could understand the importance of cleanliness, how bacteria which might be on the unclean materials could worsen a wound or condition.

Sabye was a born story teller. And her stories were always entertaining and wholesome, never hurting anyone. She was as comfortable squatting on the floor of a thatch hut as on the velvet cushioned-seat of a chair in a bishop's office. She respected others and respected herself, and was not swayed by externals.

In addition to finding herself at home among the poor and with the practice of traditional medicine, developing leaders among the peasants, she was energized by working for the cause of justice and truth, liberation from political and material oppression. She was so happy to be able to offer her work in CBHP to forward the unending task of building the capacity among the people toward eventual national democracy. She learned much from the people in struggle and helped me to learn, too. Her way of teaching was through sharing, developing bonds of trust and friendship, and not being afraid of doing what needed to be done.

Not only was Sabye greatly appreciated and competent in grassroots health work, she ably accepted leadership positions in the Rural Missionaries of the Philippines and in other groups which sought to empower the people. She was highly respected in her own congregation, the Sisters of St. Paul de Chartres, and respected and appreciated by many church leaders.

My life has been greatly enriched by Sabye who I am grateful to be able to call friend and co-worker. Sabye's life and love will continue to live on in the many people whose lives she has touched. And they, like me, will probably experience a spontaneous smile when they remember their times with her.

*Mayang
Sr. Mary Grenough, MM*

Corona's Conviction and the Hacienda Luisita Question

The impeachment process and conviction of Supreme Court Chief Justice Renato Corona hugged headlines and garnered hours of media air time for almost the entire first half of 2012. On December 12, 2011, 188 of the 285 members of the House of Representatives signed and voted to transmit to the Senate the Articles of Impeachment against the Chief Justice. The three grounds of (1) betrayal of public trust, (2) graft and corruption, and (3) culpable violation of the Constitution which form important parts of the Articles of Impeachment were tried from January 16 to May 2012 by the Senate.

For six, months the impeachment trial entertained the general public with the way the prosecution and defense lawyer exchanged legalese, showed their "wits" and "boo-boos" amidst the senators' grandstanding over accusations that the Chief Justice has consistently ruled with partiality to former President Gloria Arroyo on cases involving her administration and of his failure to disclose his statement of assets as required by the Constitution.

Finally, on May 29, 2012, the Senate, voting 20-3, convicted Corona on charges of betrayal of public trust and culpable violation of the constitution, specifically of his failure to disclose to the public his statement of assets, liabilities and net worth.

The Senate's conviction of Renato Corona is indeed historic as it was unprecedented. But many are saying that the fight for accountability and good governance does not end with the Chief Justice's conviction. For the "Daang Matuwid" to be thorough going, the people still need to see how the reform process will lead to accountability of President Gloria Macapagal Arroyo

and other officials guilty of plunder and gross human rights violations.

The conviction of Renato Corona also brings to the fore the important issue of how the “powers that be” will now control the judiciary for their own political and economic interest or agenda. It must be recalled that the Supreme Court decided in November 2011 to distribute the land of Hacienda Luisita to the farmers. Many are of the opinion that this decision of the Supreme Court irked the President Benigno Aquino III, whose family owned the hacienda; and thus, set the fire that started Corona’s impeachment and conviction.

The issue behind the impeachment: Hacienda Luisita

Hacienda Luisita spans 4,916 hectares of land controlled by the Cojuangco family, including President Benigno Cojuangco Aquino III and the late Pres. Corazon Cojuangco-Aquino. Hacienda Luisita is primarily a sugar plantation covering several municipalities in Tarlac. Comparably, it can fit 126 SM Mall of Asia, the country’s undisputed mammoth mall; or 1,366 Araneta Coliseum, Southeast Asia’s largest indoor coliseum; or is twice as big as Makati City, the country’s 16th largest city.

The conflict lies in more than half a century of struggle of farm workers of Hacienda Luisita to own land tilled by their forebears. There are 6,296 original farm-worker beneficiaries of Hacienda Luisita. The situation of Hacienda Luisita is a testament to the epic failure of the Comprehensive Agrarian Reform Program (CARP) enacted during the time of the former President Corazon Aquino.

Instead of distributing the land, various ways have been resorted to in order to keep the land within the Cojuangco family. In 1989, instead of distributing the land, Hacienda Luisita has been placed under stock distribution option (SDO), one of the non-land transfer schemes allowed under Aquino’s Comprehensive Agrarian Reform Program (CARP). On August 14, 1996, the Department of Agrarian Reform approved the application for conversion of the 500-hectare land from agricultural to industrial use. In December 1996, the Hacienda Luisita Inc. (HLI) ceded 300 hectares of the 500 hectares to Centenary Holdings, Inc., also a stockholder. The remaining 200 hectares was transferred to Luisita Realty Corporation in 1997 and 1998. Later, the Centenary sold the 300 hectares to Luisita

Industrial Park Corporation (Lipco). Subsequently, in November 2004, Lipco transferred the 184 hectares of the 300-hectare to RCBC as payment for its loan obligations.

Alyansa ng Magbubukid sa Hacienda Luisita (Ambala), an organization of farmers, petitioned to the Supreme Court. It argued that the conversion order “merely allowed the HLI to transfer land to other family-owned corporations that are also major HLI stockholders.” Ambala said that the conversion was to evade the coverage of the said portion of their landholdings from the CA.

Nearly two decades after, the farmers were still mired in poverty. In 2004, regular sugar workers in Hacienda Luisita received P199.50 and seasonal workers a measly P194.50 a day. After deductions due to educational, medical, rice and sugar loans, take home pay averaged only P9.50 a day or for some only P9.50 a week. Despite vacant lots, residents were forbidden to plant any vegetable or root crops within the Hacienda. Catching fish from the river was also prohibited.

In 2004, farmers went on a picket-strike as a bid to end their hunger and misery. But on October 1, 2004, 327 farm workers, including union officers, were arbitrarily retrenched by the Luisita management. In protest against the massive retrenchment, 5,000 members of United Luisita Workers’ Union and 700 members of the Central Azucarera de Tarlac Labor Union staged a protest. On November 16, 2004, violence erupted as policemen and soldiers under the Northern Luzon Command of the Armed Forces of the Philippines forcibly dispersed the protesters. At least seven were killed and 121 were injured.

The farmers’ collective efforts and resolve to fight for their rights resulted to the Supreme Court voting in favor of the HLI farmers and workers. In November 2011, Chief Justice Renato Corona announced its 14-0 decision that ordered the distribution of 4,916 hectares of Hacienda Luisita to the 6,296 farm worker-beneficiaries. It also ordered the Hacienda Luisita Inc. to pay the 6,296 beneficiaries a total of P1,330,511,500 for the following: (1) 500 million received by the HLI for the sale of 200 hectares out of the 500 hectares covered by an August 14, 1996 conversion order; (2) P750 million received by the HLI’s subsidiary, Centenary Holdings, Inc. for the sale of the remaining 300 hectares from the 500-hectare land; and (3) P80,511,500 paid by the government for the sale of the 80.51-hectare lot used for the construction of the SCTEX road network

Post-Corona: Will the Supreme Court Decision to distribute the lands of Hacienda Luisita to its tiller see fruition?

Now, with Corona ousted from the Supreme Court, will the new Chief Justice uphold the decision to distribute the land to its rightful owners, the farmers and farm workers or will a “friendlier” Supreme Court rescind or undermine its earlier decision on Hacienda Luisita?

Many groups especially peasant organizations including the HLI farmers and farm workers say that a post-Corona Supreme Court is really a cause for vigilance. Rodel Mesa, chairperson of Alyansa ng mga Magbubukid sa Asyenda Luisita said, “There is no doubt that Aquino and his family have exerted much effort not to give up Hacienda Luisita. After the SC decision last April 24, Aquino has been successful to impeach Corona.” Their group is afraid that the Supreme Court with its new Aquino-anointed Chief Justice may reverse the previous decision to distribute Hacienda Luisita and serve the interest of the Cojuangco-Aquino family.

President Aquino and his haciendero Cojuangco clan’s attitude on Hacienda Luisita seems to reflect his general attitude towards land reform. Aquino has not made any clear policy pronouncement on land reform in any of the major speeches except for his 2010 election campaign promise to distribute HLI lands in five years.

The sincerity of the campaign promise is suspect because while mouthing it, his close relatives, the Cojuangcos, have petitioned the Supreme Court regarding its decision regarding the stock distribution scheme and redistribution of the Hacienda Luisita lands.

This is besides the various tricks and schemes by the Cojuangcos to skirt the Supreme Court decision as observed by peasant and workers groups.

In April 24, 2012, the Supreme Court unanimously reiterated its former decision for total distribution of Hacienda Luisita land. However, members of the Supreme Court were divided as to which valuation the land compensation to the Cojuangco’s will be based upon. Eight justices, including Corona voted that each parcel of land should be based on the 1989 valuation of P40,000 hectares. It was in 1989 that the Comprehensive Agrarian Reform Program was enacted. Kilusang Mayo Uno estimates that the valuation of 4,355 hectares will be worth at least P173 million. On the other hand, six justices, voted in favor of the 2006 valuation of P2.5 million per hectare. This is the same valuation pegged by the Cojuangco-Aquino family. By this estimate, the Cojuangco family would receive P9.75 billion.

According to the Unyon ng mga Manggagawa sa Agrikultura, they have received reports that the Cojuangco-Aquinos have been deceiving farm worker-beneficiaries. The farmers are told that their share is 0.2 hectares and are offered P350,000 for this.



Photo: www.bulatlat.com

The Kilusang Magbubukid ng Pilipinas also criticized the “verification process” of the Department of Agrarian Reform (DAR). DAR reported that it has interviewed 8,400 farm workers. The tentative list of beneficiaries includes only a total of 6,296 farmers who signed the stock distribution option in 1989. “Under the guise of a so-called ‘verification process,’ the DAR, with the blessings of no less than President Aquino, is

maneuvering to evade land distribution,” said Kilusang Magbubukid ng Pilipinas deputy secretary general Willy Marbella. “The DAR’s highly questionable verification process is all in accordance with the Cojuangcos move to bloat the number of beneficiaries, further reduce the size of land for distribution, sow confusion and disunity among farmworkers, and eventually put their dummies and loyalists as so-called beneficiaries,” the peasant leader said.

The Cojuangco-Aquinos have also been trying to deceive farmers through their paid agents. According to AMBALA, farmers are being offered P350,000 for

their share of land and are being informed that they are only entitled to 0.4 hectare each. The organization also received reports that some of their members are being offered P90,000 as share from the sale of the 580 hectares of land the HLI sold for P1.33 billion.

Land reform is the heart of the conflict in Hacienda Luisita. The farmers of Hacienda Luisita have for half a century been fighting for land and justice.

... and the farmers’ struggle will resolutely continue until the day they can call the land as their own.

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Cheaper Medicines Act: Useless... from page 3

Consumers’ Action for Empowerment scored the Department of Health based on its failure on four major provisions of the Cheaper Medicines Act. These provisions are:

1. Provision to regulate prices of medicines.

Implementation: Five medicines are listed for compulsory drug regulation. These include: amlodipine for antihypertension, atorvastatin for anti-cholesterol, azithromycin for anti-bacteria, cytarabine and doxorubicin for anti-cancer. Sixteen medicines are under voluntary price control. These are telmisartan and irbestartan for anti-hypertension; gliclazide for anti-diabetes; piperacillin, ciprofloxacin, metronidazole at co-amoxiclav for anti-bacterial infections; bleomycin carboplatin, cisplatin, cyclophosphamide, etoposide, mercaptopurine, methotrexate sodium and mesna for anti-cancer. Though these are essential medicines, are they for the top morbidity and mortality cases in the Philippines?

As for other medicines, according to the monitoring of the Senate committee of Trade and Commerce on five medicines, prices of medicines monitored in 2008 when the law was implemented and the current prices June 2012 have gone up, except for Norvasc.

These medicines are: Plendil 5mg for hypertension was P23.76 and is now P30; Ventolin inhaler for asthma was P352 and is now P 430.50; Ponstan 500mg for pain was P26 and is now P29.75; Bactrim which is an antibiotic was P17 and is now P33.75. Only the anti-hypertensive Norvasc, has gone down, then P44 is now P22.85. Is it because of Cheaper Medicines that the price of Norvasc has gone down or because it went off-patent in 2009?

In addition, the Department of Health claims to regulate and monitor the prices of about 200 medicines. What is the basis for the selection of these medicines which is nowhere near the 600 essential medicines needed in the country. It uses an electronic data monitoring system which is hard to access; thus making it virtually ineffective.

2. Provision to increase parallel importation.

Implementation: Importation of patented medicines from abroad competes with the medicines manufactured in the Philippines, thus threatening the very existence of the fledgling drug industry in the country.

Pangunahing Probisyon ng Cheaper Medicines Act	Marka sa loob ng Apat na taong Pagpapatupad	Paliwanag
Drug at Medicines Price Regulation	FAILED	* Tumaas pa lalo ang presyo ng gamot * Walang malinaw na batayan ang DOH sa mga piniling Regulated na mga gamot. * Malabo/ walang epektibong price monitoring na nagaganap
Paramihin ang Importasyon/Parallel import ng gamot sa ilalim ng Patent Law	FAILED	* Sa Pagpasok ng imported na mga gamot ay pumapatay sa nanghihinalong industriya ng gamot sa Pilipinas.
Promosyon at Edukasyon ng Generics Medicines	FAILED	* Mahina at halos Walang pampublikong edukasyon sa paggamit ng Generics Law
Pagbebenta ng OTC na gamot labas sa botika	FAILED	* nagbebenta ng gamot na walang kaalaman sa wastong gamit ng gamot

REMARKS :
Cheaper Medicines Act : Walang Saysay!
Walang Pakinabang ang Mamamayan!
 Nanatiling mahal at walang akses sa mabisang gamot ang 7 sa 10 mamamayan.

REKOMENDASYON: PATULOY NA IPAGLABAN ANG MURA, LIGTAS, MABISA AT AVAILABLE NA GAMOT.

LAGDA: JUANA DELA CRUZ

3. Provision to promote and educate the Generic Laws.

Implementation: After more than two decades of the existence of the Generics Law, sales of generics medicines is only four percent. Though generic medicines are cheaper, still patients could not

complete the required dosage or take their medicines on a maintenance level because of lack of money. Those aware of savings incurred through use of generic medicines are forced to use branded medicines whenever there is no generic equivalent available in the country. These medicines include eye and ear preparations, dermatological or skin infections, medicines for kidney, heart, anti-depression and cancer.

4. Provision to widen availability by allowing the sale of over-the-counter medicines to non-pharmacy outlets.

Implementation: Sales personnel are not knowledgeable of the rational use of medicines. Even over-the-counter medicines may create adverse side effects and damage vital organs like the kidney and liver.

The Cheaper Medicines Act is useless and not beneficial to the Filipinos. What needs to be done?

The government through the Department of Health, as well as other government institutions, has a central role to bring down prices of medicines in the Philippines. . It needs to seriously implement the National Drug Policy, the Generics Law of 1988 and the rational use of the medicines. Price regulation of medicine thru a drug price regulatory board needs to be set up.

Immediately, patients need free essential medicines in government hospitals and the exemption of medicines from the 12 percent VAT.

These measures may bring temporary relief while government still has to seriously define steps in developing comprehensive health care and a genuine national drug industry that is free from transnational control.

Be one with us in working for people's health, in struggling for social change.

Live, heal and learn among the people.
Be a community health volunteer, whether you are a doctor, nurse, midwife or an ordinary person who see the need to extend a helping hand for people's health.



**JOIN
THE COMMUNITY BASED HEALTH PROGRAMS
IN THE PHILIPPINES!**