The gnawing realities of poverty and State negligence in the lives of children

Will we see an end?

By G.H. S. Ambat

A story told and retold over and over again

Marie Caňete, was on the brink of tears when she realized that once again, she is pregnant. At 28, she is mother to six children whose ages range from 10 years to 9 months, and wife to a husband who is a high school drop out and never had a regular job.

On days when relatives would remember to give her some money, she takes the children to Jollibee, their favorite fast food chain. “Dun lang sumasaya itong mga bata e,” Marie justifies. But on ordinary days, the family survives on rice, a small can of tuna or sardines and what has now become a staple in many Filipino households---noodles.

Now that she is pregnant again, she sees more burdens adding to her many problems. For one, there surely will be lesser trips or none at all to Jollibee. Marie sighs, “Kailangang tipirin yung pera, lalo na mag gagatas ito dahil konti lang ang gatas ko.”

It also worries her that now, she has to eat to feed the child in her womb. Marie explains that previously, she often goes to the extent of not eating at all, just so her six children can have a few more bites.

That means she has not been getting adequate nutrition, which could adversely affect her and the unborn child's health. For example, anemia which is the severe lack of iron, is the leading cause of death during childbirth; low iron in lactating women, in turn, manifests in similarly ill health to the child.[1]

"Dapat nga, siyam na yan ngayon," she relates. "Nakunan ako ng dalawang beses, yung isa, namatay pagkapanganak ko," She explains as she puts the nine month old to sleep.

Marie's life has all the elements that make a typical human interest story which a public service TV show would feature. At times, towards the end of the five-minute feature, telephone numbers are flashed on the screen for the viewers to call, in case they want to extend donations or any assistance.

But for Marie and her family, this is not a mere five minute sob story. The lack of access to education, lack of opportunity for income, hunger and inadequate nutrition are things they have to contend with. Everyday. Even by her child who has yet to be born.

Promises told and retold…

"We will spare no effort to free our fellow men, women and children from the abject and dehumanizing conditions of extreme poverty … We are committed to making the right to development a reality for everyone and to freeing the entire human race from want."

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[1] Food and Nutrition Research Institute, 2003.

**** Infant morality rate is the number of children dying at birth or before they reach the age of one, while under-five mortality rate refers to the number of children dying before they reach the age of five

This is the promise contained in the Millennium Declaration, made by heads of states and governments in September 2000.

The Millennium Declaration, of which the Philippines is a signatory together with other UN member states, embodies the Millennium Development Goals (MDG), which are specific targets in eliminating extreme poverty worldwide by 2015.

One of the goals is to reduce child mortality. It is hoped that by 2015, the number of children dying before they reach the age of five will be reduced by two-thirds.

The goal is in consonance with the declared principles and policies of the Philippines, as stated in Article II of the 1987 Constitution. Among its policies are:

Sec. 12. The State recognizes the sanctity of family life and shall protect and strengthen the family as a basic autonomous social unit. IT SHALL EQULLY PROTECT AND STRENGHTEN THE LIFE OF THE MOTHER AND THE UNBORN FROM CONCEPTION…

Sec. 13. The State recognizes the vital role of the youth in nation building and shall promote and protect their physical, moral, spiritual, intellectual and social well-being…

Sec. 15. The State shall protect and promote the right to health of the people and instill consciousness among them.

The Philippines is also signatory and has ratified international treaties and conventions pertinent to people's and children's right to health and health services.

The Goals

The Department of Health (DoH) came up with the following indicators in relation to the target to reduce by two-thirds, between 1990 and 2015 the under-five mortality rate:

- *Indicators:*
  - Under-five mortality rate per 1,000 live births
    - Baseline----------54.2 (NDS, 1993)
    - Target by 2015------18.1
  - Infant mortality rate per 1,000 live births
    - Baseline----------33.6 (NDS, 1993)
    - Target by 2015------11.2
  - Proportion of one-year-old children immunized against measles
    - Baseline----------81.4 (NDS, 1993)
    - Target by 2015-----95%

In line with efforts to achieve the health related MDGs, the Health Sector Reform Agenda (HSRA) was institutionalized in 2000 in order to better respond to the challenges in the health sector. The HSRA seeks to undertake the following: [2]

- Secure funding for priority public health programs
- Promote the development of local health systems and ensure their effective performance
- Strengthen the capacity of health regulatory agencies
- Provide fiscal autonomy to government hospitals
- Expand the National Health Insurance Program (NHIP)

Within the HSRA framework, the DoH drafted the National Health Objectives which outlines the intermediate goals that will contribute significantly to improving the overall health of Filipinos. Specifically, the National Objectives for Health set the following the targets: [3]

Table 1. Percentage targets of mothers and infants receiving pre-natal, natal and post natal care

Targets	1998 %	2004 %	2015 %
Increase proportion of fully immunized infants	89	95	98
Increase proportion of infants immunized against hepatitis-B	37	95	98
Increase the proportion of women receiving 2 doses of tetanus toxoid	50	80	90

[2] Manasan, Rosario. *Philippine Country Study on Meeting the Millennium Development Goals*. March 2002.
[3] Manasan, 2002.

vaccine			
Increase proportion of children given Vitamin A supplement		90	100
Increase proportion of lactating women given Vitamin A supplement	49	56	80
Increase proportion of pregnant and lactating women given iron supplements	64	74	96
Increase the proportion of women aged 15-40 given iodine supplements	21	35	90
Source: DoH, National Objectives for Health			

The Sorry Statistics

However, despite the principles, the commitments and the goals set, a recent survey by the National Statistics Office (NSO) would reveal that in 2003, **a child born in the Philippines is at greater risk of dying than children born in other South East Asian Countries.** The National Demographic and Health Survey (NDHS) showed that infant and child mortality rates in the Philippines are still high compared to other countries in the region such as Vietnam, Brunei, Singapore, Thailand, and Malaysia.

Table 2. Infant & child mortality rate in the Philippines & other countries, (1990 & 2003)

Country	Infant Mortality Rate (per 1000 live births) 1990	Infant Mortality Rate (per 1000 live births) 2003	Under 5 Mortality Rate (per 1000 live births) 1990	Under 5 Mortality Rate (per 1000 live births) 2003
Vietnam	36	19	51	23
Singapore	7	3	8	3
Thailand	34	23	40	26
Malaysia	16	7	21	7
Brunei	10	5	11	6
Philippines *Source: NSO, NDHS 2003*	**34**	**29**	**66**	**40**

Comparing the figures between 1990 and 2003, the Philippines' overall average of infant and child mortality rates slightly improved. However, there are still regions in the country that still registered very high infant and child mortality rates. For example, Region 4B (MIMAROPA) registered 44 deaths of infants under one year of age out of 1000 live births in 2003. Also in the same year, the Autonomous Region of Muslim Mindanao recorded 72 deaths of children under 5, per 1000 live births.

From 1990 to 2003, it is unfortunate that the country registered and continues to register double digit rates of infant and under-five mortality. The DoH cites the top 10 causes of death for infants and children in the country in the following tables:

Table 3. Leading causes of infant mortality *(1991-1996)*

CAUSE	5-YEAR AVERAGE (1991-1995)			1996		
	Number	Rate/1000 l.b.	% of Infant Deaths	Number	Rate/1000 l.b.	% of Infant Deaths
1.Respiratory Condition of Fetus and Newborn	5,488	4.1	16.0	5,720	3.6	18.7
2. Pneumonias	7,386	5.6	21.6	5,705	3.5	18.7
3. Congenital Anomalies	2,650	2.0	7.7	2,799	1.7	9.2
4. Diarrheal Diseases	1,557	1.2	4.5	1,554	1.0	5.1
5. Birth Injury and Difficult Labor	1,320	1.0	3.9	1,467	0.9	4.8
6. Septicemia	1,206	0.9	3.5	840	0.5	2.7
7. Measles	554	0.4	1.6	713	0.4	2.3
8. Meningitis	502	0.4	1.5	498	0.3	1.6
9. Other Diseases of Respiratory System	419	0.3	1.2	458	0.3	1.5
10.Avitaminoses and other Nutritional Deficiency	768	0.6	2.2	430	0.3	1.4
Source: Philippine Health Statistics, DOH						

Table 4. Leading Causes of Child Mortality
By Age-Group & Sex
No. & Rate/100,000 population, Philippines, 2000

Cause	1-4 Years			
	Male	Female	Both Sexes	Rate*
1. Pneumonia	1,540	1,341	2,881	37.76
2. Accidents	839	506	1,345	17.63
3. Diarrheas and	685	546	1,231	16.14

gastoenteritis of presumed infectious origin				
4. Measles	452	425	877	11.50
5. Congenital anomalies	350	337	687	9.01
6. Malignant Neoplasm	219	153	372	4.88
7. Meningitis	201	155	356	4.67
8. Septicemia	173	173	346	4.54
9. Chronic obstructive pulmonary disease and allied conditions	174	164	338	4.43
10. Other protein-calorie malnutrition	175	159	334	4.38
Source: Philippine Health Statistics 2000, DOH				

The United Nations Children's Emergency Fund (UNICEF) estimates about 29,000 children under the age of five – 21 each minute – die every day, mainly from preventable causes. The DoH lists the mortality among immunizable diseases in the following matrix.

Table 5. Mortality Among Immunizable Diseases
(Under 1; 1-4, 5-9; 10-14 Years)
Number & Rate/100,000 Population Philippines, 2000

Cause	Under 1		1-4 Years		5-9 Years		10-14 Years	
1. Measles (B05)	412	20.9	877	11.5	104	1.1	34	0.4
2. Tetanus (A35)	146	7.4	11	0.1	47	0.5	51	0.6
3. Tuberculosis of Meninges (A17)	24	1.2	117	1.5	78	0.8	63	0.7
4. Diphtheria (A36)	5	0.3	12	0.2	7	0.1	0	0.0

5. Other Tuberculosis (A14-A18;B90)	36	1.8	67	0.9	67	0.7	111	1.3
6. Acute Poliomyelitis, including late effects (A80)	0	0.0	2	0.0	6	0.1	3	0.0
Source: Philippine Health Statistics 2000 DOH								

Some factors affecting infant and child mortality:[4]

- **Medical care before, during and after delivery**

Prenatal care from a trained provider is important to monitor the pregnancy and reduce the risks for the mother and child during pregnancy and at delivery. To be most effective, there should be regular prenatal care throughout a pregnancy.

Lack of sufficient medical care, before, during and after delivery, can increase the risk of complications and infections that can cause death or serious illness for either the mother or the newborn.

Table 6. Percentage of live births in the 5 years preceding the survey, by place of delivery, Philippines 1993, 1998 & 2003

Place of delivery	1993	1998	2003
Health facility	28.2	34.2	37.9

[4] NSO. National Demographic and Health Survey. 2003

Home Source: NSO, NDHS 2003	71.5	65.5	61.4

- ***Mother's level of education***

The relationship of a mother's level of education to the health and well-being of her child is evident in that the probability of dying among infants whose mother received no formal schooling (79 deaths per 1,000) is two and a half times higher than that for infants whose mother has had some high school education (31 deaths per 1,000).

Table 7. Percentage of live births in the 5 years preceding the survey by education, wealth index quintile, and person providing assistance during delivery, Philippines 2003

	Doctor	Nurse/midwife	Traditional birth attendant
Education			
No education	2.1	8.8	74.1
Elementary	12.6	22.2	59.7
High School	30.2	32.8	35.0
College or higher	64.8	21.1	12.6
Wealth index quintile			
Lowest	8.6	16.5	68.9

Second	21.0	30.4	45.4
Middle	37.4	35.0	26.3
Fourth	52.6	31.8	13.3
Highest	73.2	19.2	7.0

Source: NSO, NDHS 2003

- **Mother and Infant Nutrition**

Breastfeeding with all its healthful and economic advantages is the best form of feeding during the first six months of infancy. Although most Filipino babies (88 percent) are breastfed for some time, NDHS data indicate that supplementation with other liquids and foods occur too early.

The first breast milk, or colostrum, is particularly beneficial to newborns because it contains a high concentration of antibodies that protect children against certain infectious diseases.

In the Philippines, among newborns less than two months of age, one in seven is not breastfed, and 19 percent are receiving supplementary foods in addition to breast milk.

Table 8. Nutrition Indicators for infants and children, Philippines 1995 to 2003

Nutrition Indicators	Percentage
% of infants with low birthweight 1998-2003	20

% of children who are exclusively breastfed (<6 months) (1995-2003)	24
% of children who are breastfed with complementary food (<6-9 months) (1995-2002)	58
% of under-fives suffering from underweight (moderate & severe) (1995-2003)	31
% of under-fives suffering from wasting (moderate and severe) (1995-2003)	6
% of under-fives suffering from stunting (moderate and severe) (1995-2003)	31
Vitamin A supplementation coverage rate (6-59 months),2002	86
Source: State of the World's Children, 2005 Report UNICEF	

Past studies have shown that in developing countries, the problem of malnutrition has been the cause of death of 60% of children less than 5 years old (USAID-HKI)

Micronutrient malnutrition particularly with reference to vitamin A, iron and iodine deficiencies has been found prevalent in the Philippines as shown by the following results of the National Nutrition Survey (NNS)* of the Food and Nutrition Research Institute (FNRI)* in 1993, 1998 and 2003:

Table 9. Prevalence of nutrient deficiency among children and mothers

(1993, 1998, 2003)

Deficiencies	Age Group	1993	1998	2003
Vitamin A Deficiency Disorder (VADD)	Pre-schoolers	35.3%	38.0%	40.1%

Pregnant	13.4%	22.2%	17.5%	
Lactating Mothers	11.2%	16.5%	20.1%	
Iron Deficiency Anemia (IDA)	Infant	49.2%	56.6%	66.2%
Pre-schoolers	26.7%	29.6%	29.1%	
Pregnant	43.6%	50.7%	43.9%	
Lactating Mothers	43.0%	45.7%	42.2%	
Iodine Deficiency Disorder (IDD)	6 years to 12 yrs. old	---	36% with moderate to severe IDD	11% with moderate to severe IDD
Pregnant	---	28.4%*	18%	
Lactating Mothers		35.2%*	23.7%	

Source: All figures from NNS, FNRI and Dept.of Science and Technology (DOST). Those with asterisk from Early Child Development (ECD)program

Taking note of the factors affecting and causes of infant and child mortality, the Philippine government undertook the following programs:

1. *Expanded Program on Immunization (EPI)* – which targets to immunize children aged 12-23 months against seven immunizable diseases such as diphtheria, pertussis, tetanus, poliomyelitis, TB, Measles and Hepatitis B.

2. *Vitamin A supplementation and food fortification program*-- involves twice yearly vitamin A supplementation of pre-school children through the national

"Garantisadong Pambata", vitamin A supplementation of Vitamin A Deficiency (VDA) cases, post-partum women, and risk cases for VAD i.e., measles, chronic diarrhea, acute respiratory infections and malnutrition.

Also includes Iodine supplementation to identified cases of goiter in endemic areas and women ages 15-40 years and iron supplementation of infants, pregnant and lactating women.

3. *Improvement in case management*, such as Mother and Baby Friendly Hospital initiatives, Early Childhood Development Program and Bright Child Program.

4. Newborn Screening (NBS)—is a recent initiative which involves a simple procedure to find out if the baby has a congenital metabolic disorder that may lead to retardation or death if left untreated.

   NBS is available in hospitals, lying ins, rural and health centers. Babies delivered at home maybe brought to the nearest institution offering NBS.

The said initiatives are still within the framework of the 1999-2004 National Objectives for Health. Because of the said efforts, the government is hopeful that it will attain the Millennium Development Goal of reducing infant mortality by two-thirds. For the Philippines, it would mean having 19 or less infant deaths per 1000 live births and 27 or less under five children dying per 1000 live births by 2015.

The Realities

While the government is hopeful, the latest international development index reports do not share the optimism of the Philippine government.

In the latest Human Development Index (HDI) report of the United Nations' Development Programme (UNDP), the Philippines ranked 84 out of 177 countries, in terms of life expectancy, health, education and literacy.

On the other hand, in the 2005 Social Watch Global Report, the Philippines, with a Basic Capabilities Index (BCI) of 78, falls into the group of nations in the second worst situation along with the Sub-Saharan and African countries. The BCI merges three indicators: under-5 mortality rate, children reaching 5th grade in primary schools and births attended by skilled personnel.

The efforts of the Philippine government is note worthy. However, the grim statistics remain.

1. In terms of immunization, Social Watch placed the Philippines in the list of countries performing below average, together with Bolivia, Ghana Iraq and Uganda among others.

Table 10. Percentage of 1-yr old children immunized (1992 & 2003)

	DPT Immunized	Polio Immunized	Measles immunized	Tuberculosis

	1-yr-old children		1-yr-old children		1-yr-old children		Immunized 1-yr-old children	
	1992 %	2003 %	1992 %	2003 %	1992 %	2003 %	1992 %	2003 %
Philippines Source: Roars and Whispers Social Watch Report 2005	88	79	88	80	85	80	89	91

2. In terms of nutrition, the Philippines falls in the list of countries with high percentage of undernourished, underweight and malnourished children.

Table 11. Percentage of undernourished, underweight and malnourished children (1990/1992 & 2000/2002)

	Undernourishment		Estimated Low Birth Weight		Under 5 children malnutrition (weight for age)	
	1990/1992	2000/2002	1990/1992	2000/2002	1990/1992	2000/2002

	%	%	%	%	%	%
Philippines Source: Roars and Whispers, Social Watch Report 2005	26	22	8.7	20.0	33.5	31.0

3. In terms of pre-natal and natal care, the Philippines showed slight progress in a span of 10 years, from 1993-2003. It is among the countries in above average situation.

Table 12. Percentage of who received pre-natal and natal care. (1993 & 2003)

	Women aged 15-49 attended at least once during pregnancy by a skilled health professional		Births attended by skilled health personnel	
	Initial data: 1993 %	2003 :%	Initial data:1993	2003:%

			%	
Philippines Source: Roars and Whispers, Social Watch Report 2005	83.1	94	52.8	60

The Story behind the realities

As alternative assessments of the Philippines' progress in terms of reducing child mortality would show, much is left to be done.

The mentioned efforts of the government are not enough, because the funding for health is not enough.

At the 10th Diliman Governance Forum held at the University of the Philippines National College of Public Administration and Governance (UP NCPAG), Social Watch Philippines warned that if the government continues to under-invest in poverty alleviation, education, health and environment, the country may one day wake up to a generation of malnourished, uneducated, unhealthy Filipinos living in insecure environments.

With the government allocating a measly percentage of its budget to health in the past five years, there is possibility that the warning of Social Watch may one day come true.

Table 13. Investment of the National Government to DoH , in billions of Pesos (2001-2005)

Year	National Budget	DoH Budget	Percent Distribution
2001	707	10.7	1.51
2002	742	11.7	1.57
2003	811	10.4	1.28
2004	Re-enacted		
2005	907	12.92	1.45
Source: National Expenditure Program FY 2004			

The government's practice of spending little for health services compromises the achievement of the goals. Social Watch places the Philippines among the countries performing below average in terms of financing development. The following table would show the percentage expenditures of countries on health, education, military and debt service.

Table 14. Percentage expenditures on health, education, military and debt service of some countries. (1990 & 2001)

	Public Health Expenditure (% of GDP)		Public Education Expenditure (% of GDP)		Total Debt Service (% of GNI)		Military Expenditure (% of GDP)	
	1990 %	2001 %	1990 %	2001 %	1990 %	2001 %	1990 %	2001 %
Countries in better situation								
Australia	5.3	6.2	4.9	4.6			2.2	1.7
Japan	4.6	6.2	3.5	3.6.			0.9	1.0
Countries above average								
Argentina	4.3	5.1	10.0	4.6	4.6	6.1	1.3	1.2
Fiji	2.0	2.7	4.5	5.5	8.2	1.6	2.2	2.3
Countries below average								
Brazil	3.0	3.2	1.7	4.0	1.8	11.7	1.9	1.6
India	0.9	0.9	3.7	4.1	2.6	2.6	2.7	2.6
Malaysia	1.5	2.0	5.1	7.9	10.3	9.1	2.6	2.1
Philippines	**1.5**	**1.5**	**2.9**	**3.2**	**8.1**	**11.1**	**1.4**	**1.0**

Thailand	1.0	2.1	3.6	5.0	6.3	15.8	2.3	1.4
Source: Roars and Whispers 2005 Social Watch Report								

Investing in MDGs

The Medium-Term Public Investment Program (MTPIP) for 2005-2010 allots budget for the implementation of the 10-point agenda and the MDGs. The MTPIP accompanies the 2004-2010 MTPDP.

Table 15. investments supportive of the MDGs under the MTPIP for 2005-2010

MDGs	Cost (in PhP Billion)
1. Eradicate extreme poverty and hunger	923.1
2. Achieve universal primary education	56.7
3. Promote gender equality	--
4. Reduce child mortality 5. Improve maternal health 6. Combat HIV/AIDS, malaria and other diseases	69.9
7. Ensure environmental sustainability	74.7

8. Develop a global partnership for development	128.1
Total	1, 251.6
Source: NEDA- Public Investment Staff	

The amount of P69.9 billion or P13.98 billion annually is proposed to be allocated to the health-related MDGs from 2005-2010. As to whether the said amount is enough, or if it will be released for the sole purpose of achieving the goals remain questionable.

So, just how much money do we need to reduce child mortality?

The DoH lists the following critical interventions to reduce child mortality:

- Micronutrient supplementation
- EPI Vaccines
- EPI 2nd Dose Measles Vaccination
- EPI Logistic Support
- Control of Diarrheal Diseases
- Control of Acute Respiratory Infections
- Deworming

Since infant health is very much related to maternal health, the other critical interventions include:

- Improvements in reproductive health
- Micronutrient Supplementation of Pregnant and Lactating Women

- Tetanus Toxoid Immunization of Pregnant Women
- Establishment of BEMOC and CEMOC

A sneak peek at the DoH

For the past five years, the DoH was given an average of 1.5 % share of the national budget. Its meager budget is used to finance its major programs in partnership with the LGUs, NGOs, other NGAs. Its major programs include the following:

- **Public Health**
  - Disease Control
  - Women and Child's Health
- **Hospital System**
  - Upgrading of Hospital Facilities and Services
- **Local Health Service Delivery**
  - Capacity Building Through Sentrong Sigla
  - Doctors to the Barrios
- **Health Regulation**
  - Access to Quality-Low-Priced Medicines
  - Registration of Pharmaceutical Products
- **Health Financing**
  - Health Insurance for Indigents
- **Support for all Programs**
  - Procurement System

For the health related MDGs-- reduce child mortality, improve maternal health and combat

	TOTAL COST (P)	DOH FUNDING	ODA ASSISTANCE	BUDGET GAP (?)

HIV/AIDS, malaria and other diseases, the DoH pegs the yearly costs as follows:

- Total budgetary need = P 8.99 B
- Total DOH funding = P 0.69 B
- Total ODA assistance = P 0.78 B
- Total budgetary gap (?) = P 7.52 B

In the following table, the DoH lists the critical interventions to reduce child mortality together with the total cost, the funding available and the budget gap.

Table 16. Summary of the Yearly Cost Estimate for the Programs and Projects for the Reduction of Child Mortality, DOH 2005.

		(P)	**(P)**	**(P)**
REDUCTION OF CHILD MORTALITY				
Micronutrient supplementation	502,200,000	7,584,000	1,500,000	493,116,000
EPI Vaccines	452,608,456	362,960,000	2,000,000	87,648,456
EPI 2nd Dose Measles Vaccination	49,155,725	0	0	49,155,725
EPI Logistic Support	406,111,148	0	0	406,111,148
Control of Diarrheal Diseases	6,979,605	0	0	6,979,605
Control of Acute Respiratory Infections	4,883,610	0	0	4,883,610
Deworming	48,000,000	0	0	48,000,000

TOTAL Source:D0H, 2005	**1,469,938,544**	**370,544,000**	**3,500,000**	**1,095,894,544**

A document on *Financing the Reduction of Child Mortality* from the DoH explains the costs. The following paragraphs contains the explanation:

" Micronutrient supplementation for 14.3 million under-five-year old children is estimated to cost P502.2 million. This entails the administration of vitamin A 200,000 i.u. per capsule twice a year which costs about P57.2 million. The procurement of iron drops for 8.9 million low-birth weight infants costs P445 million. Only around P9 million of the said amount is allocated by the DOH and ODA for micronutrient supplementation so an estimated amount of P493 million is needed to fill the gap for micronutrient supplementation of under-five-children.

The annual cost for the procurement of BCG (for tuberculosis), DPT (for diphtheria, pertussis and tetanus), MV (for measles), OPV (for polio), and Hepatitis B vaccines for 2.6 million children covered under the EPI is estimated to be around P452.6 million. Additional amount of P49.2 million is needed for second dose of measles vaccine to be administered to 2.6 million children. An estimated amount of P406 million is also necessary to purchase other logistics for EPI like the auto-destruct syringes, mixing syringes and safety boxes for proper disposal of sharps. The bulk procurement of vaccines is being handled by the DOH. However, the purchase of the other logistics belongs to the LGUs as their counterpart but many lack the capacity to buy.

For the CDD, the Oral Rehydration Solution needed for around 465,307 cases of acute gastro-enteritis among under-five-year old costs around P7 million annually. The LGUs are expected to procure the supplies for the control of diarrheal diseases as a devolved function.

Under the CARI, the procurement of cotrimoxazole 200 mg. /40mg. per tablet, the first-line antibiotic for community-acquired pneumonia costs around P4.9 million for 488,361 under-five-year old children. There is no budgetary allotment from DOH for the purchase of the first-line drugs for pneumonia. Procurement for this drug depends on the LGUs.

The budgetary requirement for the deworming of 8 million two to four years old children twice a year is estimated to cost around P48 million. The DOH has no allotment for the purchase of deworming drugs and the procurement depends on the LGUs."

As previously mentioned, maternal health is also critical to infant health. To finance the goal to improve maternal mortality, DoH has the following data:

Table 17: Summary of the Yearly Cost Estimate for the Programs and Projects for the Improvement of Maternal Mortality, *DOH 2005.*

	TOTAL COST (P)	**DOH FUNDING (P)**	**ODA ASSISTANCE (P)**	**BUDGET GAP (?) (P)**
IMPROVE MATERNAL HEALTH				
Reproductive Health	4,603,956,950	54,281,000	1,180,000	4,548,455,950
Micronutrient Supplementation of Pregnant and Lactating Women	155,860,000	16,000,000	7,758,000	132,102,000
Tetanus Toxoid Immunization of Pregnant Women	37,599,277	37,599,277	0	0
Establishment of BEMOC and	28,512,000	0	2,292,000	26,220,000

CEMOC				
TOTAL *Source: DoH, 2005*	**4,750,729,673**	**107,880,277**	**11,230,000**	**4,706,817,950**

From the DoH statistics, doubts rise as to how the goals will be achieved, considering the large budgetary gap.

Asec. Villaverde reiterated that the preceding figures of the DoH do not include the support coming from LGUs. He added that the projects aimed at reducing child mortality and improving maternal health has long been devolved to the LGUs, which now provide the basic health services to the clients.

Financing the MDGs at the local level

Majority of the programs and projects in support to the health related MDGs are being spearheaded by DOH although the main implementer of the programs and projects are the LGUs. The funding is insufficient and majority of the programs and projects to meet the MDG targets are supported by the DOH and ODA.

For FY 2005, the Internal Revenue Allotment (IRA) for LGUs amounted to P151 billion.

The National Government (NG) tasks LGUs to use the IRA and other local resources to first cover the cost of providing basic services and facilities, particularly those that have been devolved by the NG.

However, various studies have observed that there is bias for infrastructure and economic services in the local budget. This is shown by the distribution of public expenditures by LGUs from 2001-2004.

Table 18. Distribution of Public Expenditures, LGUs

By sector, 2001-2004 (in thousand pesos)

Sector	2001	2002	2003	2004
Economic Services	15,982, 070	45, 484,830	52, 853,500	58, 700, 890
Social Services	28, 979, 110	26, 352, 690	34, 001, 700	36, 135, 990
Defense	--	--	--	--
General Public Services	63, 375, 820	69, 580, 140	73, 954, 470	78, 545, 740
Total Productive Expenditure	108, 337, 000	141, 417, 660	160, 809,670	173,382, 620
Source: DBM, Budget of Expenditures And Sources of Financing, 2005				

Looking at the preceding data, while there is an increase in the amount for social services, which includes health services, from P29 billion in 2001 to P36 billion in 2004, its percentage share in the total expenditure showed a decreasing trend.

Such situation should worry the national government, because the LGUs, which are expected to finance and deliver basic social services, are performing below expectations.

Localizing the MDGs

For FY 2006, the LGUs are required include in their budgets the implementation of basic social services responsive to the MDGs, which include nutrition services and maternal and child health services. [5]

The case of Makati

The total population of Makati City based on the census conducted by NSO in the year 2005 is 505,379. Among cities and municipalities in the National Capital Region (NCR), Makati ranks 7th in population with 4.73% share.

Being the country's central business district, Makati is one of the richest LGUs, if not the richest, with income amounting to P4 billion or more annually.

Long before the signing of the Millennium Declaration, the city of Makati has been working at reducing child mortality, improving maternal health and combating diseases.

[5] DBM Policy, per LBM No. 47 (July 2005)

The city is known for its provision of “yellow card” to its populace. The said card is considered indispensable, especially to the indigents, as it allows them free access to medical and health services in the hospitals and clinics in city.

Its 33 barangays all have health centers and its recently renovated health facility---the Ospital ng Makati boasts of world class facilities, equipment and health professionals.

Of the 92,843 recorded live births from 1996 to 2002, infant mortality rate averages 8.7 percent, while child mortality averages 0.6 percent. For 2003 the infant mortality rate was 8.9 percent of the total registered live births, and for 2004, it was 8.5 percent.

Each year, Makati comes up with an investment plan, which embodies the city’s programs and projects as well as the financing requirements.

Included in the annual investment plan are the health projects for the city. Dr. Julie Dineros of Makati’s Health Department says that the city fully finances most, if not all the health services it provides to its citizens from its income. The city rarely depends on the fund given by DoH.

As indicated by the investment plan, Makati invested the following amounts **for maternal and child care alone:**

- **2004--- P1, 521, 055.00**
- **2005--- P 1, 820, 025.00**

The said amounts are only for the purchase of supplies and medicines.

For 2006, the city intends to spend higher amounts. However, the figures are yet to be finalized.

For a blessed LGU like Makati, it is easy to provide for the programs and projects for the attainment of the health related MDGs. At the rate Makati is investing in health, especially in child and maternal health services, it is most likely that it will achieve and perhaps do better than just achieving the target.

However for fourth class LGUs like Malinao in Aklan, it is a different story altogether.

The population of Malinao is estimated at 23,000 as of 2004. Unlike Makati whose income makes it almost independent from the National Government (NG) in financing its programs and projects, Maliano is almost entirely dependent of the subsidy of the NG.

For 2002, the income of the said municipality amounted to P29. 74 million. Of the said amount, P26.95 million came from the NG.

For the said year, Malinao spent P2.68 million for health, nutrition and population control.
A detailed statement of its development fund, amounting P5.45 million in 2002 will reveal the following health related spending:

- Improvement of Malinao Health Center ---P150,400.00

- Physical Fitness Program ---P230,000.00
- Purchase of Medicines ---P500,000.00
- Nutrition Program ---P97,400.00
- Phil. Health Premiums & Contributions ---P210,000.00

As there is no available financial document stating the health projects, it is difficult to determine how much the municipality spent on critical interventions to reduce child mortality and improve maternal health. Moreso, it cannot be determined if the P2.68 million health expenditure included personal services and MOOE.

For 2003, the development fund amounting P5.59 million will reveal the following health related spending:

- Improvement of Malinao Health Center ---P39,000.00
- Physical Fitness Program ---P300,000.00
- Purchase of Medicines ---P500,000.00
- Nutrition Program ---P200,000.00
- Phil. Health Premiums ---P200,000.00
- Purchase of nebulizer ---P20,000.00

Conclusions and Recommendations ignored and re-ignored

The huge budgetary gap in financing development continues to compromise, not just our commitments in the Millennium Declaration, but the government's duty to the people.

The insufficient national government and ODA support places a large portion of the population in critical conditions, as poverty worsens by the day.

Although there are bright islands such as Makati amidsthe sea of low income, slow developing LGUs, it is disturbing that these units who are in direct contact with the people, are not capable of providing the basic health services either because of lack of funds, or lack of capacity.

The DoH came up with the following recommendations in financing the health-related MDGs:

- Collaboration among the national government, LGUs, ODA and civil society in financing the MDGs
- Continue pooled procurement for the logistics of the MDG programs and projects at national scale
- Promote the enrollment to the National Health Insurance Program
- Promote public-private partnership in program implementation
- Promote focused-targeting of diseases both at national and local level
    - Performance-based budgeting for health programs and projects
    - Disease-free zones
    - Intensify advocacy and IEC

It is hoped that this recommendations will be adhered to.

Upon signing the Millennium Declaration, the government knew what will be required from it to realize the MDGs. The academe, civil society organizations, POs and NGOs have long voiced

their sentiments, given their recommendations and extended assistance to the government towards achieving the MDGs.

The government knows what do to prevent children from dying of other wise preventable causes, it knows what to do improve maternal health.

It just makes a conscious effort to look away.