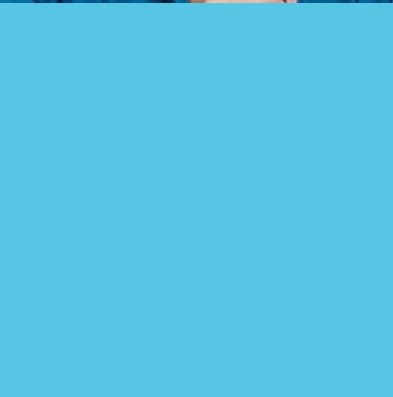




THE PHILIPPINE ADVOCACY AGENDA OF PEOPLE LIVING WITH NCDs

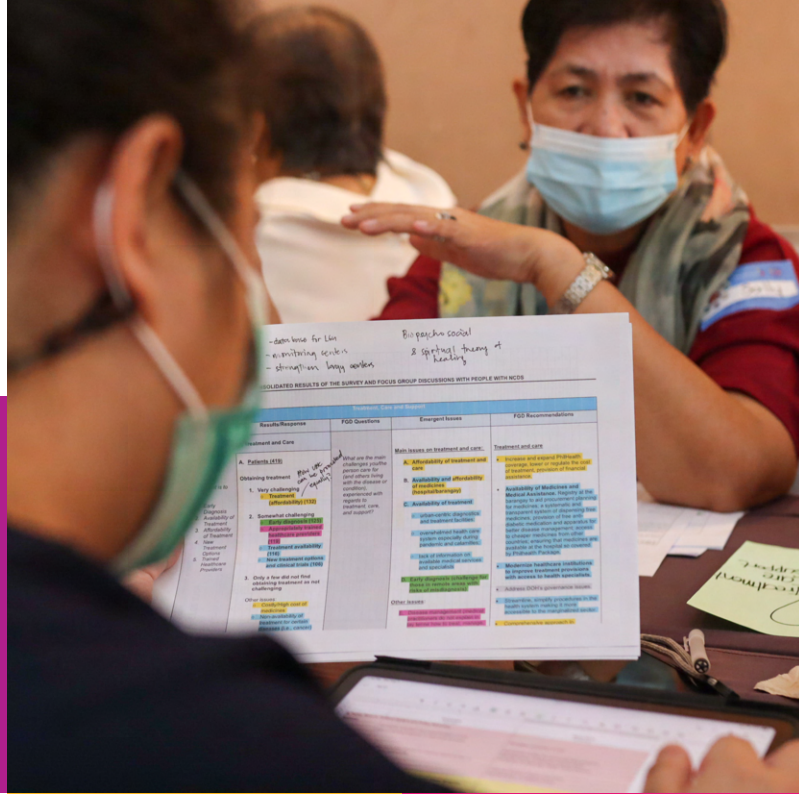


**OUR
VIEWS,
OUR
VOICES**

An initiative by the NCD Alliance
and people living with NCDs



NCDAlliance





The pictures used in this publication were taken during the Our Views, Our Voices community conversations in the Philippines between May to September 2023.

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Foreword

Leveraging the meaningful involvement of people living with non-communicable diseases (NCDs) is at the very core of the Philippine Advocacy Agenda of People Living with NCDs. Its primary goal is to place Filipinos who are living with NCDs, including their families, at the heart of health policy and practice in NCD response.

The Advocacy Agenda is informed by our realities and aspirations as Filipinos living with NCDs. This Agenda expresses our desire to be part of decisions that affect our lives.

Its development involved a series of consultations among Filipinos living with NCDs. The Advisory Group that helped build the Agenda is composed of persons with lived experience of NCDs. 850 Filipinos with personal lived experience of NCDs and care partner experience shared their views during a series of focus group discussions, and a nationwide online survey. This was made possible with the support of the Healthy Philippines Alliance (HPA), a network of civil society organizations representing people living with NCDs in the Philippines.

During the community conversations held in various parts of the country, Filipinos living with NCDs were assured of a safe environment and confidentiality for the information that they shared. With that assurance, we spoke candidly, freely, and honestly about our personal experiences. There were moments when we were overcome or carried by our emotions. As is natural of us Filipinos, we still laughed despite our miseries, disappointments, and frustrations. Behind this, however, is a call to alleviate our burdens through an improved and integrated healthcare system.

In response, duty and knowledge bearers can refer to the Agenda for direction and strategy setting, policy and decision making, and program development and implementation. Four main areas are highlighted in the Agenda: Human Rights and Social Justice; Treatment, Care, and Support; Prevention; and Meaningful Involvement. Through this Agenda, we hope the Philippine government, through the Department of Health as the lead agency, public health institutions, local governments, the legislature and political leaders, and the private sector recognize and value our participation as Filipinos living with NCDs, and as key stakeholders in our healthcare system. We hope this Agenda will open the doors to pave the way for our meaningful involvement.

On a personal level, I invite duty and knowledge bearers to deepen their understanding of NCDs and our experiences as people living with NCDs. Let us do our part by disseminating this Agenda to people within our circle of influence. If we work together, we can certainly get things done.

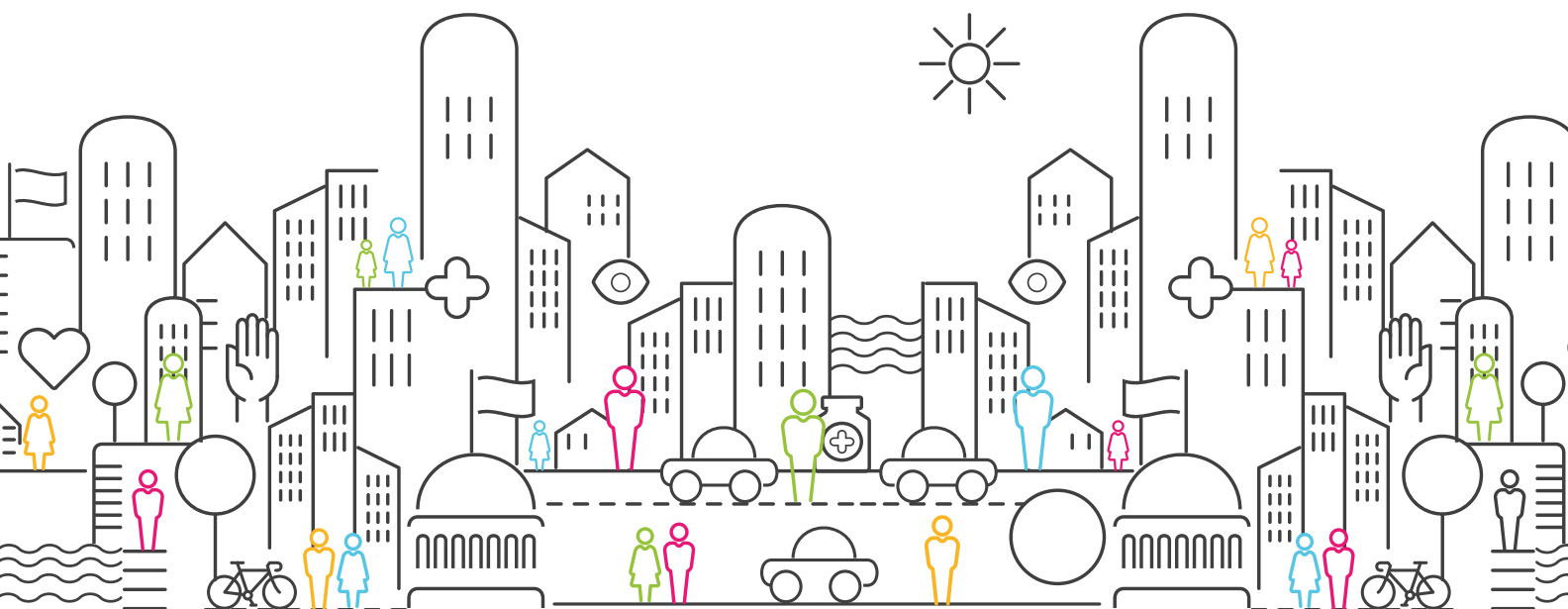
MARY ANN F. MENDOZA
Convenor
Healthy Philippines Alliance

List of Abbreviations

BHC	Barangay Health Center
CKD	Chronic Kidney Disease
CSC	Civil Service Commission
CVD	Cardiovascular Disease
CWF	Cancer Warriors Foundation
DepEd	Department of Education
DOH	Department of Health
DOLE	Department of Labor and Employment
DP	Diabetes Philippines
DSWD	Department of Social Welfare and Development
FGD	Focus Group Discussion
HMO	Health Maintenance Organization
HPA	Healthy Philippines Alliance
LCE	Local Chief Executive
LGA	Local Government Academy
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Pansexual, two-spirit, asexual, and ally
LGU	Local Government Unit
NICCA	National Integrated Cancer Control Act (R.A. No. 11215)
NCDs	Non-communicable Diseases
NCR	National Capital Region
NYC	National Youth Commission
OVOV	Our Views, Our Voices
PhilHealth	Philippine Health Insurance Corporation
PIDS	Philippine Institute of Development Studies
PPS	Philippine Pediatric Society
PSA	Philippine Statistics Authority
PWD	Persons with Disability
RHU	Rural Health Unit
SDG	Sustainable Development Goal
SK	Sangguniang Kabataan (Local Youth Council)
UHC	Universal Health Care Act
WHO	World Health Organization

Contents

Acknowledgements	2
Foreword	3
List of Abbreviations	4
Confronting NCDs in the Philippines	6
Our Journey in Building This Advocacy Agenda	8
The Philippine Advocacy Agenda of People Living with NCDs	13
Human Rights and Social Justice	13
Treatment Care and Support	16
Prevention	20
Meaningful Involvement	22
References	27



Confronting NCDs in the Philippines

Non-communicable diseases (NCDs)¹ have become a major public health challenge in the Philippines, like in many countries. World Health Organization (WHO) estimates show that NCDs were responsible for 68% of all deaths in the Philippines in 2015,² making it the leading cause of mortality in the country.^{3 4} In recent national data from 2022, NCDs comprise the top five (5) leading causes of death in the Philippines, namely: ischemic heart diseases (18.3%), neoplasms (10.2%), cerebrovascular diseases (10.2%), diabetes mellitus (6.3%), and hypertensive diseases (5.7%).⁵ In addition, the Philippines leads Southeast Asia with the highest number of deaths caused by kidney diseases.⁶ The Philippine Institute of Development Studies (PIDS) warned that if no action is taken to prevent or control NCDs, incidences of NCDs may double by 2040.⁷

NCD Burden.

The burden of NCDs, particularly among the poor, is undeniable. There is an observed increase of NCD deaths among poor communities from 2010 to 2018.⁸ High out-of-pocket expenditures for catastrophic payments have aggravated poverty.⁹

On a macroeconomic scale, NCDs also cost the economy Php 756.5 billion (US\$ 14.5 billion) in 2015 or 4.5% of annual GDP.¹⁰ The impact of job loss and other social consequences of NCDs on individuals and households, however, is unexplored. While it is well-established in literature that NCDs have a detrimental effect on mental health,¹¹ which could lead to poor self-care and poorer health outcomes,¹² there is a need to investigate the occurrence of NCD-specific stigma and discrimination in various settings.

Treatment and Care.

The Kalusugan Pangkalahatan or Universal Health Care (UHC) was first conceived in 2010 as a priority agenda. UHC became law in February 2019 as Republic Act No. 11223, which mandates that all Filipinos be guaranteed equitable access to quality and affordable healthcare, with protection from financial risk. The UHC effectively enrolled 112 million Filipinos as automatic members of the Philippine Health Insurance Corporation (PhilHealth). At about the same time, the National Integrated Cancer Control Act (NICCA or R.A. No. 11215) was signed into law to provide wide-ranging treatment, care, and support for persons living with cancer.

However, many Filipinos have yet to feel the impact of either landmark legislation. Out-of-pocket spending is still high, and state insurance coverage appears negligible or inequitably distributed. Researchers studying the determinants of household out-of-pocket expenditure on non-communicable diseases found that the “benefits package offered or the support value for NCDs was inadequate, which implies that PhilHealth insurance was not able to ensure financial protection.”¹³ The same study also found that, despite expanded case rates, the medicines, and other inpatient and outpatient services were still shouldered by persons living with NCDs. A group of researchers also noted the added burden of the inflationary effect of PhilHealth payments as private providers can freely charge on top of PhilHealth’s package rates.¹⁴

Assessments to evaluate the healthcare system for its readiness to provide primary care found that the fragmented and highly decentralized governance structure, where local governments are autonomously responsible for health care service delivery, makes UHC challenging to implement.^{15 16}

Care Partner Burden.

There are several studies that show care partner strain related to certain NCDs. Participants in sample groups are usually female care partners who are either predisposed to, or are already experiencing strain, as in the case of primary care partners or families of children living with cancer¹⁷, adults living with debilitating chronic illness¹⁸ dementia¹⁹, hemodialysis²⁰, and children with neurodevelopmental disorders.²¹ Little information is known about programs that care for care partners.

Prevention and Control.

The Filipino health outcomes have been largely affected by socio-economic conditions in the country that are brought about by urbanization. Filipinos have become increasingly exposed to behavioral and environmental risk factors, including: unhealthy diet, tobacco use, harmful alcohol intake, physical inactivity, and air pollution. Likewise, Filipinos are increasingly exposed to metabolic factors that increase the risk of NCDs: hypertension, obesity, high salt, sugar, and cholesterol. Several studies have shown that some populations face higher exposure to NCD risk factors,^{22,23,24} which are then exacerbated by industry interference in regulation to address NCDs.^{25,26} However, unlike Japan and South Korea, the Philippines has not set national targets to address modifiable and metabolic risk factors that reduce NCDs.²⁷ Nonetheless, there has been an observed decline of tobacco use after the passage of Sin Tax Reform Act in 2012. The Sin Tax also increased health funding dramatically in 2014 with Php 30.5 billion (US\$ 545.5 million) earmarked for premium subsidy and medical assistance.²⁸ Meanwhile, the Philippine Pediatric Society (PPS) warned of a new threat where teenagers and school-aged children are being lured to smoking e-cigarettes²⁹ that can be attributed to the industry's pervasive marketing.

Both national and local governments have developed and implemented programmatic interventions to tackle NCDs.³⁰ There are also initiatives by civil society organizations (CSOs) that contribute to the national NCD response. The Philippine Statistics Authority (PSA) reports that the Philippines has regressed in its pursuit to address NCDs and mental health as part of the sustainable development goals (SDGs),³¹ indicating that more robust, and targeted health promotion and NCD prevention strategies are needed.

Multisectoral action is needed to accelerate action on NCD prevention and control, emphasizing effective monitoring of programs to ensure protection from threats of industry interference.³² Increased health spending should be prioritized to improve health outcomes and labor productivity. Strengthening primary care is critical to addressing NCDs effectively at the grassroots level.³³

We, the people living with NCDs in the Philippines, hope that as we continue to confront NCDs in the country, the Philippine Advocacy Agenda of People Living with NCDs will serve as a compass for stakeholders in collaborative action toward a more effective NCD response.

Our Journey in Building This Advocacy Agenda

Early in 2023, the Healthy Philippines Alliance (HPA), with HealthJustice Philippines (HJ) as Secretariat and Convenor of the HPA, received support for the development of the Philippine Advocacy Agenda of People Living with NCDs through the Our Views, Our Voices Initiative of the NCD Alliance, thanks to its partnership with Takeda Pharmaceuticals International AG Singapore Branch.

Forming the Advisory Group.

The journey began by convening an Advisory Group in May 2023, which consisted of seven (7) persons with personal lived experience and care partner experience. The Advisory Group members belong to HPA organizations that represent people living with specific NCDs, and who therefore have broad knowledge and experience of the realities of fellow Filipinos with lived experience of NCDs.

Online and In-person consultations.

The consultation phase began with the launch of an online survey, followed by a series of in-person focus group discussions (FGDs) or community conversations. The consultation via the survey and FGDs welcomed responses from persons living with NCDs, and their family members or care partners. A third group of respondents consisting of care partners who are also living with NCDs was added considering the typical extended Filipino household where adult children, who may have NCDs themselves, also care for elderly parents living with NCDs. In some cases, grandparents living with NCDs care for their grandchildren living with NCDs.

Overall, a total of 769 online respondents and 81 focus group participants helped inform the Advocacy Agenda. Mixed methods of purposive and snowball sampling were employed through the HPA network to cover all Philippine regions and to reach focus group participants in preselected areas.

The online survey was able to reach 769 persons living with NCDs from across all 17 regions in the country: eight (8) in Luzon, three (3) in Visayas, and six (6) in Mindanao. Of the 769 respondents, 214 (28%) were from Luzon with 93 (12%) respondents from the National Capital Region (NCR); 502 (65%) from Visayas; and 53 (7%) from Mindanao.

Four (4) sites were visited for eight (8) sessions of community conversations, namely NCR with 22 participants, including participants from Region IV-A (CALABARZON); Baguio City with 17 participants, including one from Nueva Vizcaya; Cebu City with 20 participants, including those from the nearby provinces of Leyte and Bohol; and Davao City with 22 participants, including 2 from Surigao. Participants were free to speak their mother tongue to comfortably express their views.

% of Respondents by area

Luzon	214 (28%)
Visayas	502 (65%)
Mindanao	53 (7%)



Participants in the consultation.

The focus groups included 28 (35%) persons with lived experience of NCDs, 30 (37%) care partners, and 23 (28%) care partners also living with NCDs. In the online survey, 419 (54%) identified as persons living with NCDs, 206 (27%) identified as care partners, and 144 (19%) identified as care partners living with NCDs. 209 of 419 persons with lived experience identified the NCDs of the persons cared for, while 106 of 206 care partners disclosed being diagnosed with NCDs. This suggested that there were 459 respondents (60%) who were care partners of persons with NCDs and who were also living with NCDs, instead of 144 as initially reported.

A wide range of NCDs were represented in the online survey and focus groups. Cancer (44 participants) was the most reported NCD in the focus groups, followed by liver/gastroenterological/genitourinary/renal disorders (30 participants); diabetes (26 participants); cardiovascular diseases (25 participants); and mental health conditions (21 participants). Diabetes was the most prevalent NCD among persons with lived experience of NCDs and care partner experience who responded via the online survey. Bone/joint disorder and autoimmune disorders were prevalent in this sample group as well, as shown in Table 1. Care partners also deal with various chronic NCDs like autoimmune diseases, bone/joint disorders, diabetes, cardiovascular diseases, cancer, and mental health conditions in addition to their caring duties.

Table 1. NCDs of Survey Respondents

Non-Communicable Diseases (NCDs)	NCD of person with lived experience	NCD of care partner	NCD Prevalence (NCD of person with lived experience and care partner)
Diabetes	271	90	361
Bone/Joint Disorder	156	100	256
Autoimmune Disorder	93	153	246
Eye/Ear Conditions	147	77	224
Liver, gastroenterological, genitourinary, renal disorder	121	78	199
Cardiovascular Diseases	136	60	196
Obesity	90	74	164
Chronic Respiratory Disease	101	31	132
Others	89	38	127
Cancer	99	24	123
Mental Health Disorder	79	35	114
Oral Health Conditions	65	20	85
Neurological Disorder	60	13	73
Genetic Disorder	40	21	61

The majority of participants in the two modes of consultation identified as female, whether as a person with lived experience of NCDs, or care partner experience, or both. In the survey 614 (80%) identified as female, 140 (18%) identified as male, and 13 (1.7%) identified as LGBTQIA+. In focus groups, 61 (76%) identified as female, 18 (22%) identified as male, and 2 (2%) identified as LGBTQIA+.

In focus groups, more than half or 56% were young to early middle-aged adults (25 years old to 45 years old) while 58% of survey respondents were of the same age range.

The majority of Filipinos with lived experience who were consulted belong to the working age population. Nonetheless, it should be noted that children were also represented in the discussions by their parents/care partners through Cancer Warriors Foundation. Young adults, older middle-aged groups, and older people were likewise significantly represented. Thus, all age-groups contributed to the Advocacy Agenda.

Table 2. Age of Participants

Age Range	FGD (n=81)		Survey (n=769)	
	No.	%	No.	%
12 to 18 years old	1	1%	0	0%
18 to 24 years old	3	4%	25	3%
25 to 35 years old	21	26%	206	27%
36 to 45 years old	24	30%	235	31%
46 to 55 years old	9	11%	195	25%
56 to 64 years old	11	14%	97	13%
65 years old and above	7	9%	11	1%
Did not disclose	5	6%	0	0%

Filipinos living with NCDs who participated in the consultation came from middle- to low-income groups. The majority of focus group participants, or 30%, were from households earning under 10,000 pesos a month, while 74% of survey respondents reported monthly household incomes of less than 40,000 pesos. In terms of religion, the majority of the respondents identified as Catholic and other Christian denominations. Muslims, and other faiths were also represented.

Table 3. Monthly Household Income of Participants

Income Band	FGD Participants		Online Survey Participants	
	No.	%	No.	%
Under Php 10,000	24	30%	108	14%
10,001 to 19,999	18	22%	115	15%
20,000 to 39,999	13	16%	346	45%
40,000 to 99,999	11	14%	146	19%
100,000 and above	7	9%	54	7%
Did not disclose	8	10%	0	0

Validation of Results and Agenda Development.

The results of the consultation were initially presented to the Advisory Group for validation. Afterward, the findings were presented to a bigger group of persons living with NCDs, composed of select HPA-member representatives and other leaders of lived experience advocates who affirmed the findings and proceeded to craft the Advocacy Agenda through a workshop. Four (4) breakout groups were formed to work on the agenda items for each of the calls to action:

- Human Rights and Social Justice
- Treatment, Care, and Support
- Prevention
- Meaningful Involvement

The results of the consultation of people living with NCDs served as foundation and foothold of the Philippine Advocacy Agenda of People Living with NCDs. The workshop outputs were later collected and presented to the Advisory Group for completion.



Key Findings from the Online Survey and Community Conversations.

- The socio-economic burden of NCDs overwhelms low- to middle-income Filipino households. They suffer from the double burden of high treatment costs and marginalization in various settings – in the home, school, workplace, clinics and health facilities, and other public spaces – where people easily pass uninformed judgment on their medical condition and/or their socio-economic status. The majority belong to the working age population with the potential to become productive members of the labor force. Instead, persons living with NCDs report being refused employment, and experiencing workplace discrimination because of their condition.
- When asked about issues related to stigma and discrimination, they identified the main issue as the lack of universal access to high quality care of NCDs, and to affordable, life-saving, and life-enhancing treatment that the UHC guarantees. This remains unaddressed by the government. People living with NCDs report that they continue to experience discrimination at public healthcare facilities, and breaches of their human rights by some medical practitioners. They also encounter health service providers who lack empathy and care.
- Filipinos living with NCDs therefore seek social inclusion through policies that will afford them access to medical and social benefits; access to high quality and affordable healthcare services; empathy and care by health care service providers; and systematic and structural changes to transform the prevalent public stigma surrounding NCDs.
- Affordability, and availability of health care services (treatment and early diagnosis) and medicines were the primary issues of persons living with NCDs in accessing treatment, care and support. Filipinos living with NCDs call for improved access to inexpensive treatment and medicines, increased access to early detection of NCDs, and increased access to integrated care. Support groups compensated for the lack of integrated care,

KEY FINDINGS

and these can be harnessed further for an improved healthcare system. Meanwhile, inadequate distribution channels drive the high cost of medicines like chemotherapy drugs. Filipinos living with NCDs strongly call for increased access to cheaper, safe, and reliable medicines from other countries.

- Care partners of persons living with NCDs need attention, support, and social protection as they bear the brunt of the financially catastrophic impact of NCDs on Filipino households. They deal with the physical, emotional, and mental toll of balancing work with providing care. Care partners also living with NCDs report neglecting their own health in the process. It should be underscored that 60% of the online survey participants are care partners who are also living with NCDs.
- Filipinos with lived experience point to the lack of an enabling environment to promote and protect health, and prevent NCDs. They cited the following as barriers to creating an enabling environment: lack of public campaigns on NCDs and their risk factors; non-integration of physical activity in different settings; lack of access to nutritious food; and ineffective regulation of unhealthy food and beverages, tobacco, alcohol, and other unhealthy products. Apart from the strict enforcement of existing laws to regulate unhealthy products, strategies to effectively address modifiable risk factors must be instituted.
- Medical practitioners play an important role in controlling NCDs by ensuring that persons living with NCDs are empowered to practice self-care and disease management. Chronic illnesses like diabetes and autoimmune diseases can progress to multiple NCDs if not properly managed. People living with these NCDs will need health service providers who can help them grasp complex treatment protocols.
- People with lived experience need access to platforms and processes for meaningful involvement and participation in decision-making at the national level to strengthen the response to NCD prevention and control in the Philippines.
- We, Filipinos living with NCDs, have demonstrated resilience and faith to face challenges associated with NCDs. The government is called upon to help alleviate our situation. The Department of Health (DOH), PhilHealth, and all local government units (LGUs) as key implementers of the UHC and the NICCA need to realize and act upon the true intent of these laws.



The Philippine Advocacy Agenda of People Living with NCDs

Human Rights and Social Justice

Context

The Right to Health is enshrined as a fundamental human right in the 1987 Philippine Constitution: the State shall protect and promote the Right to Health of Filipinos and instill health consciousness among them.³⁵ It further declares that the State shall protect and advance the right of Filipinos to a balanced and healthful ecology in accord with the rhythm and harmony of nature.³⁶ We, Filipinos living with NCDs, claim this fundamental right to the highest attainable standard of health and well-being.

We firmly believe that for us to fully exercise the Right to Health, our government must ensure universality of the healthcare system. With the passage of the UHC, we recognize the desire of the people to ultimately address the protracted health inequity in the country. We are cognizant that this will require a period of reform in a highly decentralized system. However, we, Filipinos living with NCDs, express the necessity for accelerated action. We are continuously losing lives because of health inequity and inefficiency. Thus, we need a unified, committed, and resolute government to transform the current healthcare system into one that genuinely guarantees Filipinos with equitable access to quality and affordable healthcare goods and services while ensuring financial risk protection.

We, people living with NCDs in the Philippines, express concern over experiences of stigma and discrimination that we continue to face in various public spaces, and even in our own homes. We encounter institutional stigma, and discriminatory and inequitable policies and administrative practices in the form of affiliation-based hospital admissions. We contend with the lack of PhilHealth packages for stage IV breast cancer, unfair and non-transparent distribution of free medicines at the barangay³⁷ level, and the lack of access to cheaper medicines. In the community, we experience unequal treatment against persons with non-apparent disabilities. We have been subjected to experiences of unethical practices, unprofessionalism, and lack of empathy and care by some medical practitioners. We have been unfairly treated in public hospitals and primary care units, reinforcing the belief that the poor cannot expect to receive quality treatment. We, people living with NCDs, regardless of our socio-economic status, want to be treated with dignity and respect like every other human being who aspires to live quality and fulfilling lives.

Agenda

We call for the Philippine government to ensure that all Filipinos, regardless of socio-economic status or medical condition, can enjoy the right to health without discrimination; and to ensure the availability of quality, affordable, and physically accessible public health services respectful of ethics and indigenous culture.

Key Areas of Action

Specifically, we call for...

UNIVERSAL ACCESS TO QUALITY AND AFFORDABLE TREATMENT AND CARE. We appeal to our government leaders at the national and subnational levels to accelerate the full implementation of the UHC, and to fulfill its assurance that all Filipinos can access high-quality and affordable treatment and care without the threat of financial catastrophe.

- For PhilHealth to expand the coverage and increase the existing case rates of NCDs, and to regulate healthcare costs in order to reduce the high out-of-pocket spending of Filipinos. As the national purchaser of healthcare services, PhilHealth is in the position to negotiate reasonable healthcare costs on behalf of Filipinos. We ask PhilHealth to hasten the nationwide implementation of “Konsulta” or its outpatient services package to make free primary healthcare services available to all, particularly to marginalized persons living with NCDs.
- For the Department of Health (DOH), as national purchaser of medicines under the UHC:
 - To include essential medicines of persons living with NCDs in the DOH Drug Formulary, and to equitably distribute essential medicines to Filipinos living with NCDs with lower socio-economic status;
 - To effectively manage an expanded supply chain to facilitate access of people living with NCDs to safe, effective, and affordable medicines and health services;
 - To effectively and efficiently manage the procurement of medicines and health services;
 - And to dispense medicines at strategic access points using standard guidelines and systems that are efficient, fair, transparent, and corruption-free.
- For local government leaders to create complementary and supplementary ordinances to hasten the provision of primary care services at the community level.

ACCESS TO AFFORDABLE TREATMENT AND CARE FOR FILIPINOS LIVING WITH CANCER. We advocate for the immediate implementation of the NICCA or R.A. No. 11215 that will facilitate access of Filipinos diagnosed with cancer to the Cancer Assistance Fund. NICCA will expand PhilHealth’s Z-benefit packages to cover treatment of all types and stages of cancers (from primary care screening, supporting recovery, to palliative care) for juvenile, adult, and elderly service users.

EQUITABLE AND HUMANE ACCESS TO MEDICAL ASSISTANCE. We ask for the establishment of a technology-enabled mechanism that will equitably and humanely provide medical assistance to all people living with NCDs nationwide while ensuring that marginalized people living with NCDs are not left behind in the process.

INCLUSION OF FILIPINOS LIVING WITH NCDs FOR MEDICAL AND SOCIAL BENEFITS. We appeal to our legislators for the inclusion of Filipinos living with chronic NCDs and/or life-threatening NCDs (e.g., autoimmune disorders, diabetes, cardiovascular diseases, chronic kidney disease, and many others) in the Magna Carta of Persons with Disabilities (PWDs), which will provide access to medical and social benefits.

KEY AREAS OF ACTION

We support any legislative measure that will remove expiration and renewal requirements for PWD's identity documents and senior citizen's identity documents to remove any access barriers to benefits under the Magna Carta of PWD and the Expanded Senior Citizens Act. Instead of the current policy, we call on program implementers to adopt administrative systems for the regular updating of the PWD and senior citizens lists that are not burdensome and costly to these vulnerable groups.

PROMOTION OF THE RIGHTS OF PATIENTS, PERSONS WITH DISABILITY, AND SENIOR CITIZENS. To empower us in advocating for our rights, we ask the DOH and the Department of Social Welfare and Development (DSWD) to inform persons living with NCDs and their care partners about their rights and their PWD's, and senior citizen's rights, respectively. The DOH and DSWD should exert every effort to ensure that marginalized people living with NCDs are aware of their rights and capable of advocating for themselves.

EMPATHY OF MEDICAL PRACTITIONERS TOWARD PEOPLE LIVING WITH NCDs AND THEIR CARE PARTNERS. We appeal to health care service providers to practice empathy in providing care for persons living with NCDs, and to remain faithful to their Hippocratic Oath: "I will use my power to help the sick to the best of their ability and judgment."

PROTECTION FROM VIOLATION OF HUMAN RIGHTS OF PEOPLE LIVING WITH NCDs . We call for the establishment of a safe and reliable grievance system through which Filipinos living with NCDs may seek redress against abusive medical practitioners and hospitals, whether public or private. This grievance system will aid in the protection of persons living with NCDs from abuse, unprofessionalism, and lack of care by holding medical practitioners accountable.

REMOVAL OF STIGMA OF NCDs IN SCHOOLS TO PROTECT CHILDREN LIVING WITH NCDs. We ask the Department of Education (DepEd) to integrate social justice concepts throughout the Good Moral and Right Conduct (GMRC) program/curriculum to educate the youth to be non-discriminatory toward persons living with NCDs and other vulnerable populations. We also ask that the DepEd guide teachers of students living with NCDs. As the national government agency employing public school teachers who are also people living with NCDs, we ask that our educators be provided with working conditions that will not compromise their health, and enable them to seek treatment, manage their disease, and enhance their well-being.

ADOPTION OF WORKPLACES THAT ARE FRIENDLY TO PEOPLE LIVING WITH NCDs. We appeal to our legislators to amend the Labor Code of the Philippines in order to guarantee that workplaces are free from NCD-related stigma, and free from discrimination in employment, promotion, and job security, among others. We ask the Department of Labor and Employment (DOLE) and Civil Service Commission (CSC) to promote, recognize, monitor, and evaluate workplace policies and programs that enable Filipinos living with NCDs to freely participate in the labor force without experiencing disease-specific stigma and discrimination.

ACCESS TO TRANSPORTATION OPTIONS FOR PERSONS LIVING WITH NCDs. We ask that the government improve the public transportation systems in various parts of the country to accommodate and respond to the needs of people living with NCDs. We ask that local governments address, accommodate, and plan transportation systems inclusive of the needs of people living with NCDs and with physical disabilities, persons using wheelchairs, and persons living with degenerative diseases.

A KINDER SOCIETY TOWARD PEOPLE LIVING WITH NCDs. We ask for our families, communities, media, and the general public to be kinder to people living with NCDs, and to be understanding of their daily struggles. We ask that our fellow Filipinos be with us in pursuing a higher quality of life and well-being.

Treatment, Care, and Support

Context

The Philippine Development Plan 2023-2028 aims to promote human and social development by improving social determinants of health, enabling healthy choices and healthy behaviors, improving access, quality, and efficiency of health care, and strengthening health systems. The development plan recognized that, "NCDs related to unhealthy lifestyles and environments and an increasingly aging population are currently the leading cause of mortality among Filipino adults and the burden is increasing."³⁸ Hence, the goal is to reduce the premature mortality rate attributed to cardiovascular disease, cancer, diabetes, and chronic respiratory diseases (number of deaths per 1000 population aged 30-70 years old). From 4.6% in 2020, it shall be reduced to .92 by 2028 based on reports of the PSA.³⁹

The Philippine SDGs aim to reduce premature mortality from NCDs by one-third through prevention, treatment, and the promotion of mental health and well-being. However, PSA reported that the SDG indicator for 3.4 NCD and Mental Health is among the 17 indicators that are regressing,⁴⁰ thus further underscoring the need for the government's accelerated response to the NCD problem in the country.

We, the Filipinos living with NCDs, have encountered a host of challenges in obtaining treatment for our condition. Poor access to the healthcare system is a perennial challenge that many Filipinos have faced for decades. Medicines in the Philippines are more expensive than in neighboring countries in Southeast Asia and in other countries of the same income category. These are significant barriers to treatment and health care utilization especially among the marginalized persons living with NCDs and those in far-flung communities.

The plight of overworked and underpaid health workers remains a barrier to the provision of high-quality care in public hospitals and community health services. We also deal with a healthcare system with poor access to early diagnosis and targeted medical assistance, where there is no clear link between community-based programs and clinical programs; and medical practitioners spend little time educating people living with NCDs on managing their medical condition. We note that this is a result of urban-centric diagnostics and treatment facilities; an overwhelmed healthcare system that is exacerbated by disasters and the pandemic; and the lack of access to information on available medical services and specialists.

Care partners of Filipinos living with NCDs are experiencing exhaustion, burn out, and financial distress. In the case of care partners who have NCDs themselves, they tend to neglect their own health and put their resources toward the treatment of their loved ones. Amid the challenges and struggles we face as care partners, support groups are valuable resources, not only for emotional support, but also for accessing information on better disease management. Support groups have effectively lessened our burden by helping people living with NCDs gain access to medicines, medical or financial assistance, blood, and temporary shelters, among others.

At the heart of the UHC is equal access to health care and financial protection. However, the gains after its passage in 2019 have been modest and implementation is rather slow-paced. Meanwhile, many Filipinos living with NCDs are without healthcare protection, and private medical insurance or Health Maintenance Organization (HMO) plans are expensive and accessible only to a portion of the formal sector. There is no clear roadmap to implement the mandates of the UHC. Therefore, we Filipinos living with NCDs, ask for the setting of national targets in advancing the UHC, including the integration of self-care interventions as a strategy to reduce the gap between existing resources and the needed UHC investments.

We recognize that poor access to treatment and care is largely caused by socio-economic, political, geographical, and environmental factors. Therefore, pathbreaking and revolutionary strategies are needed in overcoming these challenges to ensure that the underserved in the entire archipelago are reached and no one is left behind under a universal health coverage.

Agenda

We appeal for the government to establish an integrated healthcare system that guarantees universal access, and social and financial protection as part of universal Right to Health.

Key Areas of Action

Specifically, we call for...

THE LOWERING OF OUT-OF-POCKET SPENDING OF FILIPINOS LIVING WITH NCDs; INCREASING ACCESS AND FUNDING FOR EARLY DIAGNOSIS; ACCESS TO TREATMENT OF NCDs, TO NEW TREATMENT OPTIONS, AND TO APPROPRIATELY TRAINED HEALTH CARE PROVIDERS. In obtaining treatment, we call for the immediate implementation of the UHC and NICCA for the health financing of primary care screening, diagnosis, and treatment of NCDs, and improved access to medical specialists to prevent cases of misdiagnosis and improper treatment.

AVAILABILITY AND AFFORDABILITY OF MEDICINES AND MEDICAL DEVICES. We call for the DOH to ensure the availability of medicines, particularly chemotherapy drugs, at hospitals so people living with NCDs can fully utilize the PhilHealth package rates. We also ask DOH for the provision of medical devices to people living with diabetes for better monitoring

KEY AREAS OF ACTION

and self-care, considering the multiple NCDs that may develop if the disease is left untreated and unchecked.

PROVISION OF INTEGRATED CARE. We advocate for integrated care (medical, psychological, and social support) in addressing the health needs of people living with NCDs. We ask both public and private health care facilities to adopt a coordinated approach in treating people living with NCDs by streamlining referrals to health service providers, incorporating complementary strategies for the overall well-being of people living with NCDs, such as the inclusion of mental health in primary care, and the inclusion of traditional medicine and other clinically accepted psychosocial treatment programs. For persons living with NCDs and their care partners from remote areas, we ask for transitional living facilities to ease the burden of transportation and relocation.

TREATMENT OPTION FOR FILIPINOS LIVING WITH CHRONIC KIDNEY DISEASE (CKD) AND CARDIOVASCULAR DISEASE (CVD). We call for an effective promotional campaign to encourage after-death organ donations. This will provide an opportunity to achieve full recovery for people living with NCDs whose only treatment option is organ transplantation.

ACCESS TO REASONABLE MEDICAL INSURANCE. We call for the regulation of health and medical insurance in the Philippines to ensure that people living with NCDs can secure their health needs without being subjected to onerous insurance payments.

MEDICAL PROFESSIONALS WHO ADVOCATE FOR IMPROVED SELF-CARE SKILLS. We ask that medical professionals attend to people living with NCDs with care by giving adequate information and resources to understand complex treatment protocols. We further ask that people living with NCDs be taught self-care skills for better disease management.

THE HARMONIZATION OF NATIONAL AND LOCAL HEALTH SYSTEMS. We call for our national and subnational leaders to harmonize the UHC and NICCA in local healthcare systems with efficiency and urgency. We appeal to local chief executives (LCE) to recognize the heavy burden of NCDs borne by Filipino families and the whole healthcare system, and to realize the critical role of LGUs in controlling and preventing NCDs. We ask the Local Government Academy (LGA), together with DOH and PhilHealth, to build the capacity of LCEs in implementing UHC. Finally, we ask the DOH and PhilHealth to widely disseminate UHC services and benefits to all Filipinos to encourage health and help-seeking, and healthcare utilization.

INSTITUTIONALIZATION OF SUPPORT GROUPS IN THE HEALTHCARE SYSTEM. We call for the establishment of professionally-guided support groups in various health care facilities. We call for the development of a shared database to facilitate referrals of people living with NCDs and their care partners to support groups.

STRENGTHENING COMMUNITY AND PRIMARY CARE SERVICES. We ask that barangay health center (BHC) and rural health unit (RHU) services be strengthened. We ask that community-based programs linked with clinical practice guidelines be instituted. We further ask for primary care services with strengthened referral pathways. We call for the proper compensation, organization, and competency development of barangay and LGU health care providers.

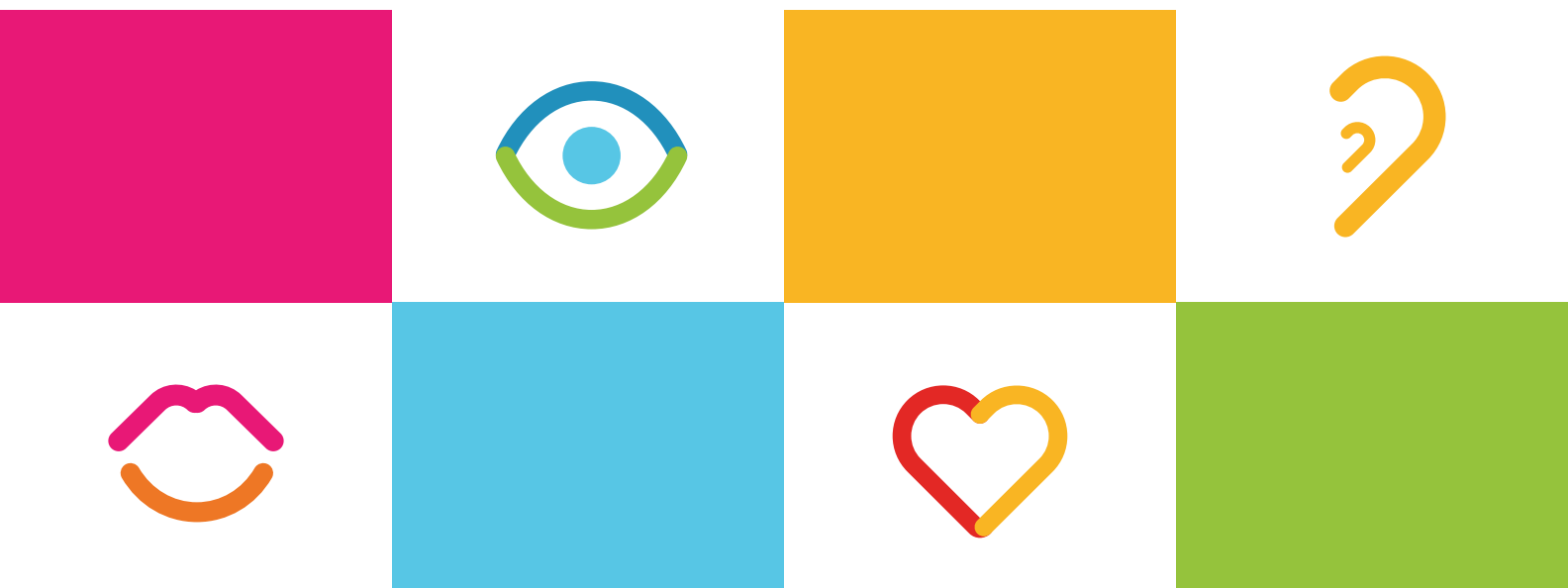
KEY AREAS OF ACTION

LGUs TO COLLABORATE WITH CSOs AND NGOs TO CARE FOR PEOPLE LIVING WITH NCDs.

We encourage LGUs to partner with CSOs that cater to people living with NCDs. We encourage partnerships with Diabetes Philippines (DP) and their ACT Now Program, which aims to detect early signs of renal disease among persons with diabetes; Youth for Mental Health (Y4MH) initiatives that build the capacity of the Sangguniang Kabataan (SK);⁴¹ MentalHealthPH programs, campaigns, and research initiatives to increase mental health literacy and awareness and to create safe spaces both on ground and online; and other youth-led organizations to address the mental health needs of the youth.

DEVELOPMENT OF NCD REGISTRY IN LGUs FOR BETTER HEALTH SERVICE DELIVERY. We seek the creation of databases of persons living with NCDs and their medical requirements at the local government level. Databases can facilitate LGU and DOH purchase of medicines, and health services that approximate the actual needs of people living with NCDs. With an NCD Registry in place, decision-makers have access to evidence-based policy options to address problems related to the accessibility of treatment, care, and support. Thus, we call for proper coordination between DOH and LGUs to ensure the availability of medicines in BHC and RHU, and its proper distribution to people living with NCDs.

CARE FOR CARE PARTNERS. Care partners primarily need relief from the financial, emotional, and mental burden of caring for family members with NCDs. Care partners ask that their household be spared from the adverse consequences of financial distress. We, therefore, need the government to implement the UHC and NICCA with urgency. Moreover, we ask for workplace arrangements and policies that support care partners, and do not threaten their job security or future opportunities for career advancement. We seek the help of our local leaders to address the transportation needs of people living with NCDs and persons with mobility or physical disabilities. To address exhaustion, we need mental health services, and community-based interventions that can provide respite care for care partners and allow for short-term relief in our daily care duties. We need to be able to attend to our other family members' needs as well. We need to be able to address our own health needs to avoid developing complications of the NCDs with which we are also diagnosed.





Prevention

Context

Filipinos are constantly exposed to behavioral NCD risk factors as a result of urbanization and globalization, which altered the health outcomes and food preferences of many. Safeguarding the health of Filipinos requires a national health promotion program that goes beyond health literacy. While raising awareness on risk factors is critical in initiating behavioral change, preventing NCDs will require an enabling environment for healthy living while strictly regulating the consumption of unhealthy products.

The Philippines has been lauded for having successfully imposed taxes on health-harming products like tobacco and sugar-sweetened beverages to fund the UHC. Our government must pursue measures that protect Filipinos from industry interests that put ourselves in danger of diseases, disabilities, and death. Our children and youth must be protected from marketing ploys that promote an unhealthy lifestyle.

Apart from protection against products that are harmful to our health, NCD prevention means creating an enabling environment for Filipinos to take charge of their own health outcomes by adopting health-promoting practices such as a healthy diet and regular physical activities. Filipinos need access to affordable, safe, and nutritious food and clean, potable drinking water. We note the inaccessibility of healthy food (e.g., organic fruits and vegetables) due to high costs in contrast to unhealthy food (e.g., processed food, fast food, etc.) that are cheaper and more accessible. Moreover, work and convenience take priority over health-promoting practices such as healthier food preference among those employed with children. The promotion of healthy environments is critical in enabling Filipinos to integrate a healthy diet and physical activity into their daily routine. Barangays/communities, workplaces, schools, and such other public spaces must be made part of the national health promotion program.

Equally important is the surveillance and management of Filipinos living with NCDs. However, the health and help-seeking behaviors of many Filipinos living with NCDs are affected by financial incapacity. As a result, marginalized people living with NCDs, who are generally uninsured, are prevented from seeking medical check-ups and undergoing appropriate treatment for NCDs if not covered by state insurance. We, people living with NCDs from low-income groups, will need cost-effective interventions to be able to care for ourselves and prevent health complications because of our existing NCDs.

Agenda

All stakeholders collaborate in instituting measures to prevent more Filipinos from developing NCDs, and in creating environments that enable and encourage Filipinos to adopt health-promoting practices.

Key Areas of Action

Specifically, we call for...

EVERY FILIPINO TO VALUE THEIR HEALTH. We ask that each Filipino realize the importance of their health and well-being and start taking charge of their health to avoid financially catastrophic NCD treatments.

GOVERNMENT TO TAKE THE LEAD IN HEALTH PROMOTION AT THE NATIONAL, LOCAL, AND COMMUNITY LEVELS. We strongly call for the government to provide an enabling environment that will foster healthy living among Filipinos. We recognize that a healthy lifestyle includes but is not limited to: increased access to affordable, safe, and nutritious food; increased access to clean and safe water; adoption of a work-life balance enabling workers and their families to instill healthy habits; provision of safe and enabling environments for physical activity; and, scaling up of current NCD prevention programs e.g., use of traditional and alternative medicine through the Tuklas Lunas Program.⁴²

INCREASED INVESTMENTS TO STRENGTHEN NATIONAL AND LOCAL PROGRAMS FOR HEALTH LITERACY TO INCREASE PUBLIC AWARENESS OF NCDs, MENTAL HEALTH AND NEUROLOGICAL AND DEVELOPMENTAL CONDITIONS; AND THE PROMOTION OF HEALTHY LIFESTYLE. We ask the government to harness funds for health promotion and research under the participatory governance provisions of the UHC.

STRONGER REGULATORY MEASURES AND ENFORCEMENT TO POSITIVELY INFLUENCE THE MODIFIABLE RISK BEHAVIORS OF FILIPINOS. Specifically, we need our government leaders to have the political will to impose strict regulations on the marketing and consumption of cigarettes and vape products, alcohol, and other unhealthy food products.

MEANINGFUL INVOLVEMENT

We demand the protection of our children and youth from the growing epidemic of vaping. We need protection from exposure to cigarette smoke and vape fumes to prevent the development of tobacco linked NCDs. Moreover, we advocate for policy and legislation to reduce salt and sugar intake through taxation. We want a government that is free from industry interference in enforcing tobacco control, and food and alcohol regulation.

STRENGTHENED MULTI-STAKEHOLDER LINKAGES TO ADVOCATE FOR NCD PREVENTION. We ask for national and local governments' collaboration with CSOs in pursuing NCD prevention programs. We call on a strengthened LGU partnership with DP for the ACT Now Program that aims to detect early signs of renal disorder among persons living with diabetes. We ask that the DepEd pursue a partnership with DP for the Kids Project that teaches children healthy habits. We call for LGUs to adopt CSO-led programs like the Care Farm Project, which is a DSWD-LGU-CSO collaboration that uses a holistic approach in promoting overall well-being through mental health wellness, livelihood, and care-farming. We advocate for harnessing partnerships with civil society, members of the media, and media influencers to address stigma and discrimination by tackling misconceptions about NCDs (e.g., Rainbow Camp program of the Institute for Studies on Diabetes Foundation, Inc.).

THE ESTABLISHMENT OF HEALTH INFORMATION TECHNOLOGY INFRASTRUCTURE IN COLLABORATION WITH MULTIPLE STAKEHOLDERS. We find a critical need for the government to map NCD prevalence in order to develop targeted interventions that treat and manage NCDs, and to prevent the further increase of NCDs overwhelming the healthcare system.

Meaningful Involvement

Context

We want to be meaningfully engaged in policy and decision-making that impact our well-being as people living with NCDs. We ask policy and decision makers to leverage our lived experiences in addressing the core problems of our healthcare system. As resource persons, we can help the government in providing support to people living with NCDs, health literacy, and other prevention strategies. To effectively contribute and be meaningfully involved in the fight against NCDs, we need the government to ensure that we have proper representation in policy-making bodies and a platform to communicate our stories and lived experiences.

Agenda

We call for all stakeholders to be involved and to work together to effectively control and prevent the rise of NCDs in the Philippines. We recognize that the Agenda of Filipinos living with NCDs is also embodied in the 8-point agenda of the DOH: good health for all Filipinos; safe, quality, and caring services; technology for quick health care services; crisis preparedness; disease prevention; emotional and mental health; and, rights and welfare of health care workers. Therefore, we express support to the DOH leadership and call for all stakeholders to work toward the attainment of these shared goals.

Key Areas of Action

Specifically, we call for...

MEANINGFUL ENGAGEMENT OF FILIPINOS LIVING WITH NCDs IN THE ADVOCACY. We invite all Filipino people with lived experience to join the HPA in advocating for our wellbeing, and to call for programs that can prevent and control the rise of NCDs in the Philippines.

STRENGTHENING HPA SUPPORT FOR PERSONS LIVING WITH NCDs. For HPA members to continue providing support to persons living with NCDs, and to attend to the specific needs of their members. We call for HPA members to continue increasing public awareness to address stigma and misconceptions about NCD. We call for HPA members to continue campaigning for improved health service access and delivery. Finally, we call for HPA members to continue supporting each other to strengthen cooperation within the HPA.

CONTINUED MEANINGFUL INVOLVEMENT OF THE ADVOCACY AGENDA'S LIVED EXPERIENCE ADVOCATES THROUGH THE HPA. We ask that HPA member organizations harness the support of Filipinos living with NCDs who participated in the consultation by providing mentoring and support. We ask the HPA member organizations to support lived experience advocates to share their experiences with others living with the same condition or diseases; to get involved in community organizations; to share their views with health care providers to improve health care service delivery; to speak to decision makers to campaign for improvements; and to enable the participation of other people living with NCDs in advocacy based on their own personal convenience and individual capacities.

YOUTH-LED ORGANIZATIONS TO ADVOCATE FOR THE RIGHT TO HEALTH, HEALTH PROMOTION AND NCD PREVENTION IN VARIOUS SETTINGS. Through the local SK and the National Youth Commission (NYC), we seek youth leaders to be capacitated in championing the localization of health promotion programs in various settings.

KEY AREAS OF ACTION

ACTIVE PARTICIPATION OF MEDICAL PRACTITIONERS IN DISEASE MANAGEMENT AND PREVENTION OF NCDs. We ask that medical practitioners who advocate proper disease management to encourage their colleagues in the medical practice to join the advocacy by investing time and effort to help us better manage our conditions so we can avoid complications of other diseases.

RECOGNITION AND REPRESENTATION IN THE MULTI-STAKEHOLDER COOPERATION FOR NCD RESPONSE. We believe that we have a significant role to play in the national, subnational, and community NCD response. We want to be recognized and represented in multi-stakeholder cooperation for NCD response. We ask for opportunities for engagement (e.g., regular consultative forums) and proper representation in health councils and related policy-making bodies.

We ask that Filipinos with lived experience be placed at the center of health policy and practice. We ask to be consulted in the development of policies and programs that will affect people living with NCDs. We ask to participate in its monitoring and evaluation. We are excellent resource persons to provide feedback on the quality of health and health-related services received by persons living with NCDs. We ask the government to leverage our lived experiences in driving the needed reforms that will make the health system effective and responsive to the needs of persons living with NCDs.

Our lived experiences can boost multi-sectoral efforts to address NCDs (e.g., health literacy campaigns in different settings and populations to promote health, prevent NCDs, and address stigma). It is our desire to contribute to the improvement of NCD treatment and care, to support NCD prevention initiatives, and to promote social justice and meaningful involvement of persons living with NCDs.





We are Filipinos living with Non-Communicable Diseases and this is our story...

I am a father with diabetes caring for a newborn with cerebral palsy, and a wife with postpartum depression.

I regret having taken my health for granted. I am now battling with kidney failure. My mother suffered a stroke and I could not care for her. I feel useless.

I attend to my seven-year-old child with blood cancer while nursing a five-month-old baby. We had to relocate to another province for her treatment. We are grateful that a support group provided us with shelter, medicines, and other medical assistance.

I am a single mother of five children. I have depression and a neurological disease, and I successfully battled with Conversion Disorder.

I was diagnosed with Ischemic Heart Disease and was advised to undergo heart bypass, but we cannot afford the surgery. We are leaving my fate to God now.

I have Lupus and I was repeatedly turned down by employers. I was able to work after hiding my medical condition, but now that they have found out about my flares, I fear losing my job and my HMO benefits.

I am happy to have this conversation. I need to articulate my own experiences as a care partner to let out my feelings without being misunderstood as complaining about my situation. My father has Parkinson's Disease and my mother has dementia. I worry for us in the years to come.

I was nine years old when my kidneys started to deteriorate. It hurt me so much to see my mother being shouted at after asking for medical assistance.

I am a single mother with diabetes and stage IV breast cancer with no substantial state insurance coverage.

I care for my child with blood cancer. People questioned why we pursued his treatment, thinking my child would die anyway.

I have hemophilia and my legs have started to weaken so I need to be in a wheelchair.

I have adult leukemia. I regret being afraid of seeking immediate treatment. I could have been saved earlier. We source my medicines where it is cheaper because the chemotherapy drugs available in our province are very expensive and not sustainable.



I have multiple NCDs but I live my life with fulfillment knowing that I have done my best to be of service to others.

I am a survivor of cancer. We are no longer patients of NCDs. We are warriors and survivors who can inspire others to take charge of their health, and help the government to reduce NCDs.

I am a daughter of a single mom who grew up with processed foods and microwaved meals. I have fatty liver and multiple NCDs.

I care for my wife with autoimmune disease that has progressed to multiple NCDs. I feel like we are tied to work for HMO benefits.

I care for my child with cancer and we catch fish for a living. I thank God that, when chemo time comes, fish let themselves be caught.

I have polycystic ovarian syndrome (PCOS) but my son's cancer treatment is my priority.

I am an elder who survived breast cancer. I cried when I had my mastectomy.

I pursued my child's cancer treatment even though I knew it was a debt trap. Some want me jailed and friends have turned their backs on me because I could not pay them.

I battled with cancer. I am bipolar. I wish someone had told me that being physically active was important to be healthy.

I care for kids with diabetes. They, too, suffer from stigma.

I have been battling with renal failure for nineteen years now. My health may be failing with so many complications, but I keep my faith strong.

I worry for my child even after years of surviving cancer. I do not want him to relapse.

I am a teacher who had a stroke in a tricycle on my way to school. I felt fatigue days prior but I dismissed it as just stress.

I have psoriasis and people would avoid me in jeepneys because of my skin rashes.

I am a child with cancer. I get teased for being bald. I wanted to play with other kids but mom says I need to protect myself from infection.



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- ³⁵ Const. (1987), art. II, § 15 (Phil.).
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- ⁴² A program established by the Department of Science and Technology Philippine Council for Health Research and Development (DOST-PCHRD), the Tuklas Lunas Program enables the Council to partner with research institutions to study various regions' biodiversity potential for drug research.

Advisory Group



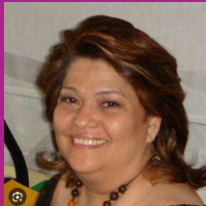
Mary Ann Mendoza
President, HealthJustice Philippines



Emerito Rojas & Volet Rojas
Directors, New Vois Association
of the Philippines



Leyden Florido
Board Member
Diabetes Philippines



Carmen Auste
Chief Executive Officer
Cancer Warriors Foundation



Kyra Ballesteros
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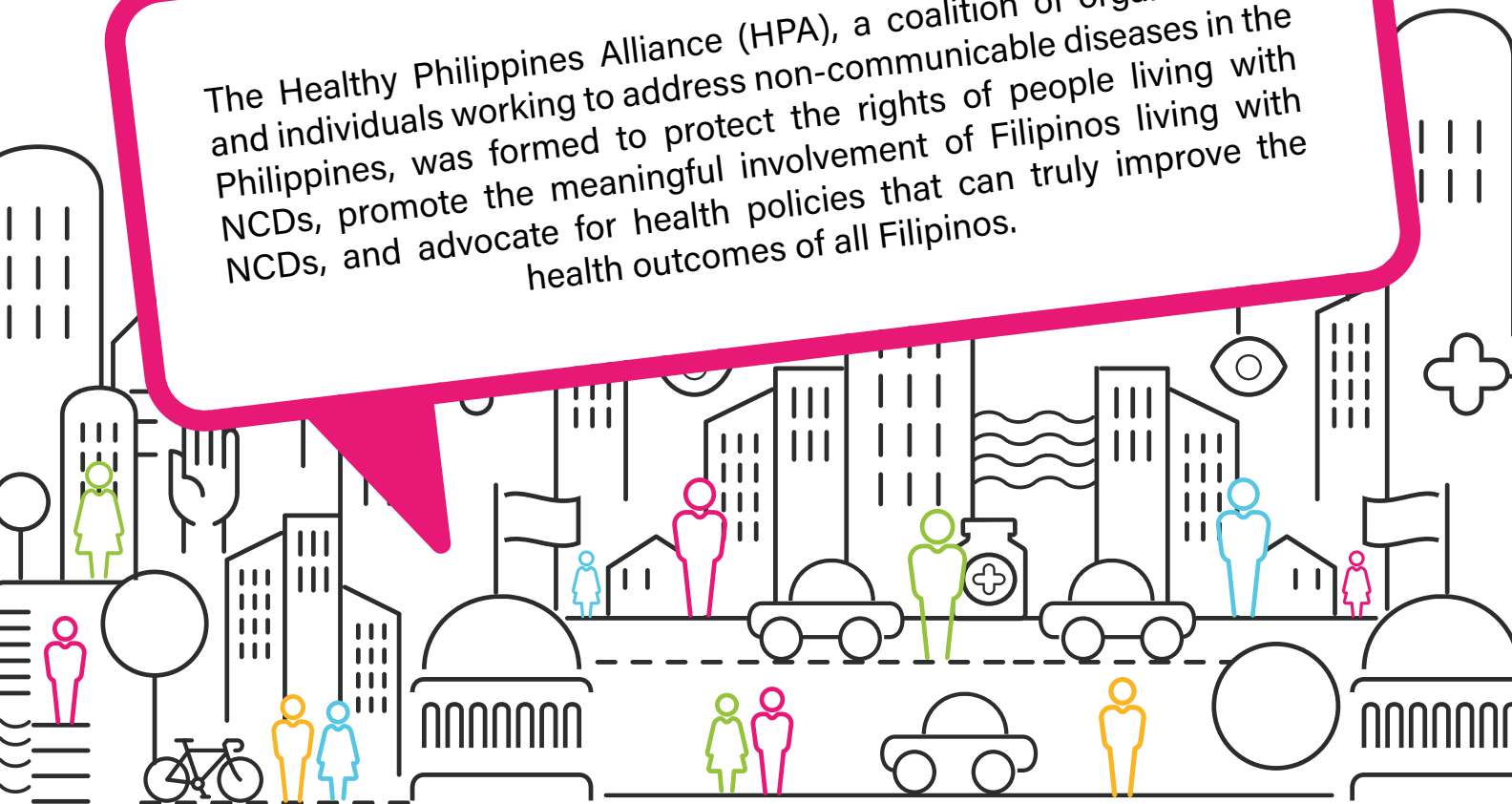
Robelle Mae Tanangunan
Research Associate, Rheumatology
Educational Trust Foundation - Lupus
Inspired Advocacy



Michael Angelo Pereira
Secretary General
#MentalHeathPH



The Healthy Philippines Alliance (HPA), a coalition of organizations and individuals working to address non-communicable diseases in the Philippines, was formed to protect the rights of people living with NCDs, promote the meaningful involvement of Filipinos living with NCDs, and advocate for health policies that can truly improve the health outcomes of all Filipinos.



OUR VIEWS, OUR VOICES

An initiative by the NCD Alliance and people living with NCDs



NCD Alliance



To learn more about the Philippine Advocacy Agenda of People Living with NCDs and how you can take action, visit:

philhealthalliance.org

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