Poor services main cause of PHL child mortality — UN

By Kyle Aristophere T. Atienza Reporter

MORE THAN 60,000 Filipino children die yearly before their fifth year, according to a United Nations (UN) body, citing lack of access to maternal and child nutrition services in the Philippines.

The UN agency cited poor public services for women and children globally – a situation that could lead to the deaths of almost 59 million children and youth before 2030.

"In the Philippines, over 60,000 children die annually before their fifth birthday because of complications of premature birth, intrapartum complications, and infectious disease," the UN Inter-agency Group for Child Mortality Estimation (UN IGME) said in a report.

More than 25,000 Filipino babies are stillborn every year, it added.

The report said 60% of Filipino children who die before their fifth birthday are newborns, "pointing to a need to improve health and nutrition outcomes for both mothers and babies."

The Philippines, whose healthcare system is among the worst in the world, "needs to increase access to quality maternal and child health and nutrition services, achieve full vaccination of all children," UN IGME said, adding that the government should deliver on its commitments to ensuring good health and nutrition "through the first 1,000 days of life so that children will not only survive, but thrive."

PREVENTABLE TRAGEDY

Globally, about five million children died before their fifth birthday and about 2.1 million people aged 5 to 24 years lost their lives in 2021, according to the report.

It said premature birth and complications during labor are the leading causes of death for children aged 1 to 5, it added.

Citing a separate report, the UN body said 1.9 million babies were stillborn in 2021.

More than 40% of stillbirths occur during labor, which could be preventable when women have access to quality care throughout pregnancy and birth.

Infectious diseases like pneumonia, diarrhea, and malaria pose the biggest threat to babies who survive past their first 28 days, according to the UN body.

"Tragically, many of these deaths could have been prevented with equitable access and highquality maternal, newborn, adolescent and child healthcare."

The government should boost investment to improve primary healthcare for women and children, Vidhya Ganesh, UNICEF director of the Division of Data Analytics, Planning and Monitoring, was quoted as saying.

"Every day, far too many parents are facing the trauma of losing their children, sometimes even before their first breath,"

she said. "Such widespread, preventable tragedy should never be accepted as inevitable. Progress is possible with stronger political will and targeted investment in equitable access to primary healthcare for every woman and child."

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The report said there were some positive outcomes, citing a lower risk of death across all ages globally since 2000.

FULL STORY

Health



OPINION Enabling access through technology

chieving the goals of universal health coverage (UHC) in low- and middleincome countries requires a structured, collaborative effort that ensures health systems use resources effectively and efficiently.

In this regard, governments, payers, and clinicians need to consider a range of decisionmaking tools to prioritize healthcare interventions

and ensure patients have access to quality healthcare products and services to prevent, diagnose, and treat dis-

eases, the International Federation of Pharmaceutical Manufacturers & Associations (IFPMA) said.

According to the IFPMA, international and national agencies should consider several key policy principles in considering how to make evidence-based decisions on healthcare.

Evaluation systems should be holistic and consider all impacts of medical technologies, including medicines, assessing both the benefits as well as costs: consider national health systems and circumstances and tailor the use of medical technologies to local circumstances;

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have transparent processes that involve all stakeholders: have as an objective to increase access to new medical technologies; inform and promote patient choice; and encourage innovation and experimentation.

While there are many evidence-informed decision-making tools available, some governments and payers use health technology assess-

ment (HTA) to help decisions. Organization (WHO)

defines HTA as a systematic, multidisciplinary and transparent evaluation of the properties of health technologies and interventions covering both their direct and indirect consequences. It aims to determine the value of a health technology and to inform guidance on how these technologies can be used in health systems around the world.

According to the WHO 2015 Global Survey on Health Technology Assessment by National Authorities, high-income countries are much more likely than low-income countries to use HTA for determining reimbursement or to

Charting a recovery through choppy waters

decide what to include in a benefits package. Middle-income countries tend to use HTA to inform clinical practice guidelines and protocols more often (85%) than high- and low-income countries (46% and 50%, respectively). Less than 60% of countries in any income category used HTA for pricing of health products.

The most conventional form of HTA is at the "micro-level," which focuses on the assessment of individual health technologies such as drugs and medical devices. However, "micro-level" HTA of individual technologies is unlikely to address the systemic challenges faced by healthcare systems in low- and middle-income countries.

In contrast, "macro-level" HTA specifically addresses patient access to high quality medical care by assessing the effectiveness and efficiency of interventions within the whole health system and informing the prioritization of healthcare services.

"Macro-level" HTA can inform payers' decisions on what products and services to cover in benefits packages as countries progress towards UHC and expand beyond basic benefits packages toward comprehensive coverage.

The innovative biopharmaceutical industry believes evidence-informed benefits design that is patient-centered and takes into account the healthcare delivery system as a whole can help promote long-term sustainability and flexibility in meeting UHC objectives. This, at the same time, while ensuring that priority setting reflects social values and preferences for investment in healthcare.

The Universal Health Care Act of 2019 created the Health Technology Assessment Council (HTAC), an independent advisory body with the overall role of providing guidance to the Department of Health (DoH) and the Philippine Health Insurance Corp. (PhilHealth) on the coverage of health interventions and technologies to be funded by the government.

HTAC is mandated to undertake technology appraisals by determining their clinical and economic values in the Philippine healthcare system, with the aim to improve overall health outcomes and ensure fairness, equity, and sustainability of coverage for all Filipino citizens. Ethical, legal, social and health system implications are also considered in the assessments.

The HTAC Core Committee is responsible for the development and submission of final recommendations to policy- and decision-makers, based on the evidence appraisal of the different subcommittees.

As the country's HTA works toward assessing medicines and technologies, it is important to consider the patient perspective and overall impact to improving health outcomes of the individual, and in the healthcare system. An ideal HTA is one which enables access to life-saving medicines and technologies for each and every patient who urgently needs them.

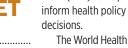
TEODORO B. PADILLA is the executive director of the Pharmaceutical and Healthcare Association of the Philippines (PHAP), which represents the biopharmaceutical medicines and vaccines industry in the country. Its members are at the forefront of research and development efforts for COVID-19 and other diseases

that affect Filipinos

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