

**PRESIDENTIAL COMMUNICATIONS OPERATIONS OFFICE
NEWS AND INFORMATION BUREAU**

**CABINET REPORT SA TELERADYO – THE NEW NORMAL
HOSTED BY PCOO SECRETARY MARTIN ANDANAR
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SEC. ANDANAR: Pilipinas, ang pag-uusapan natin ngayong gabi sa Cabinet Report ay nag-ugat sa pakikipag-usap natin sa Network Briefing News noong isang linggo kay Tacloban City Mayor Alfred Romualdez.

According to the Mayor, there are certain challenges that Tacloban City, just like many other highly urbanized cities in the country faces, and that is the influx of people from outside the city to seek medical attention and care.

Sabi nga ni Mayor Romualdez, natural lang na puntahan sila ng mga taga-ibang siyudad at munisipyo sa probinsiya nila maging ng mga taga-ibang probinsiya pa nga minsan. Sa pangangailangang magpatingin sa doktor, magpagamot o di kaya'y dumaan sa medical care tulad ng dialysis. Dahil sa pandemya, nabigyan ng pansin ang isang 'di matatawarang katotohanan – kailangan talaga ikalat sa buong kapuluan natin ang mga healthcare facilities at healthworkers natin.

Ngayong gabi sa pakikipagtulungan sa Radyo Pilipinas, makakasama nating muli dito naman sa Cabinet Report si Mayor Alfred Romualdez upang mabigyan tayo ng pananaw ng Alkalde ng isang highly urbanized city. At matapos niya, makakausap natin si Department of Health Undersecretary Maria Rosario Vergeire upang mabigyan tayo ng kasalukuyang lagay ng health facilities and work deployment sa buong bansa at kung ano ang maaasahan natin mula sa DOH.

Lahat ng ito ngayong gabi. Ito po si Communications Secretary Martin Andanar. Welcome to the Cabinet Report.

SEC. ANDANAR: Welcome back to the Cabinet Report. At a recent interview on Network Briefing News, Tacloban City Mayor Alfred Romualdez spoke of the challenge of being a big city at this time of COVID especially when people from neighboring municipalities and provinces tend to flock to his city for healthcare. Tell us more about this, Mayor Alfred.

MAYOR ROMUALDEZ: It's very difficult what happened here 'no. I think everyone, you know, throughout the country were caught by surprise and ang amin dito naging trial and error. But as we went along and as what I saw here is that there are measures that we could address

immediately like for example we have got healthcare workers working in one area but living across the other island you know.

So I think, you know, we should focus on getting support... human support from areas that are affected by the pandemic and it would be good if we get it from those areas so we can avoid unnecessary and long travel.

‘Cause at the end of the day really, we’re looking for convenience and we’re looking for, you know, na hindi mahirapan ang taumbayan eh. Kasi kapag ganitong pandemic - ganiyan rin ang nangyari sa Yolanda eh - maraming problema kami lalo na being highly urbanized city and what we really have to know here is that... in fact DOH should be involved - is that in every highly urbanized city, your nighttime population, the residents here is only 1/3 of the actual people that enter the city.

So when you got a pandemic you’ve got a crisis and you’ll have a problem because about 2/3 of the people that enter your city are not from your city. And how do you control that during the day, you see? Because you know, that’s why I got that data from the private sector like they told me one Mc Donald’s will survive with a 250,000 population. My golly, we’ve only got less than 350,000 in my city but I’ve got 4 Mc Donald’s and about almost 5 Jollibees here.

So you know, you could see that’s why you’ve got heavy traffic entering and leaving the city and that should be taken to account by the national government. Now is the time to really gather all these data so we can make more effective policy; kasi ‘pag nangyari itong mga pandemic, itong mga krisis o itong mga sinasabi natin disaster, wala nang panahon para mag-isip pa eh. Kailangan nakalatag na iyan eh, alam na natin anong gagawin eh. Susundin na lang natin iyong mga protocols na established which were gathered naman, iyong data was gathered from previous pandemics or previous disasters.

Saan tayo nagkukulang ng resources kapag ganito iyong nangyayari, ganitong—let’s say a pandemic.

We keep talking about testing. Okay, we want to add more testing and all that but you know like being... medyo malayo kami sa NCR so I have to work with what I have and I have to act immediately. Kaya ang ginawa namin for example, what we did here, I tripled the isolation facilities to almost 600 rooms and I got hotels and talked to the owners of the hotels that you know, I can hit 2 birds in 1 stone, they don’t have to fire their people. Give me a very, very good price for, you know, using your hotel so that at least you know, just above na lang... just a little profit, very minimal profit para lang mabuhay kayo.

So we did that, we got these hotels then nakaabang lagi ako sa mga contact tracers eh. Kapag lumabas isang positive pero lima iyong nakausap ng tao na iyon o na-identify as close contact, right away ina-isolate namin. Then while they are in isolation, that’s when we wait for the swabbing. But at least I am assured that they’re already isolated.

Kasi parang ano ‘yan eh, parang aso na nakawala iyan pagkatapos eh baka may kagatin iyan eh, pagkatapos magkakaroon ngayon tayo ng problema dahil may rabies iyan o ano ‘di ba. So you know, we have to do it that way.

Now also, keeping them there is another issue that you have to see. Like hotels have CCTVs, we can monitor them and most of all they’re comfortable and they have TVs so you know, they stay in their room for 2 weeks eh until you know, ma-clear sila so it’s more convenient. Kasi what we are avoiding here, ‘pag masyado nating higpitan magtatago iyan, magtatago iyan. Pati LSI hindi natin payagan umuwi itong mga residents natin eh they will go through the backdoor and we will have now a bigger problem in our hands.

So you know, this is why we did this and I think it’s very effective because a few weeks ago lumabas kami, in one day nag-100 plus kami. Right away we acted on it, I increased the facilities, almost times 3 and then when we did that nakita namin malaki talaga iyong diperensiya ‘no. I mean it went down to only 40 plus. Mabilis iyong trend na bumababa pero ang problema naman natin dito ay kapag bumaba nang bumaba pero iyong mga neighboring provinces and municipalities pataas nang pataas, eh ang problema niyan they will still have to enter the city.

So you know, it’s very difficult now to have this balancing act na, you know, life as they say... life goes on. What happens to the students that, you know, we’ve got 3 universities here. What happens now to the banking system here that, you know, all these LGUs have to transact here because wala namang bangko sa labas. Pagkatapos pagpasok ngayon, iyong mga sinasabi na daytime patients ng mga hospitals because the hospitals are all here. See? So we have to that balancing act.

Kaya sinabi ko nga, pagdating sa mga highly urbanized and capital cities iba ang protocol diyan. You cannot have the same protocol in one municipality and one highly urbanized city. It’s quite different and in fact we almost resorted to coding, that we will open up the city 3 times a week and then the other times para sa mga residents naman ng Tacloban. But to defeat that, we came out na with nitong QR codes; kaya noong nag-QR codes na kami iyon, at least mas maganda – mas nari-regulate and most of all mas namo-monitor namin iyong pumapasok sa siyudad.

And you know, we really also have to inform the people that you know, if you have a crisis or disaster or a pandemic like this, policies will change. Sometimes they will even change overnight but that is good because that’s a good sign that your government is looking for ways always to see what’s more effective and you know, what is the best way wherein we cannot inconvenience our people eh. Because exactly, life goes on eh kaya importante iyan na—so ito talaga, very dynamic iyong nangyayari sa isang highly urbanized city kapag may pandemic, kapag ganito na may issue, may crisis kasi marami kang aayusin diyan eh kaya iyon ang nangyayari you know.

But I think this time since everyone nagulat sa buong Pilipinas, we should really use it. Gather data and learn from it and then establish already policies that ‘pag nangyari uli iyan, alam na natin iyong gagawin natin; kasi ako’y naniniwala talaga, mangyayari ulit ‘to.

SEC. ANDANAR: Sa ating pagbabalik, alamin natin kay Mayor Romualdez ang kaniyang pananaw tungkol sa pagkalat pa ng mga health facilities at health workers sa mas maraming bahagi ng bansa. Dito lang po kayo sa Cabinet Report.

SEC. ANDANAR: Welcome back to the Cabinet Report.

The need to democratize access to healthcare has never been as pronounced as it has been now. From what you’re seeing on the ground as Mayor, what do you suggest should be priorities in spreading out healthcare facilities, services and staff?

MAYOR ROMUALDEZ: Unang-una sa lahat eh katulad niyan nakakalungkot dahil the third largest island in the Philippines apparently has only about 6 or 5 dialysis machines and that’s why we now are encountering, we have about almost 400 patients that are entering the city for dialysis. So marami ito and in fact we’ve got 10 dialysis centers here in Tacloban. Kasi ang dialysis, people have to know that a person that gets dialyzed, it takes about a minimum of 4 hours per patient.

So imagine, one machine can only handle so many people – maybe 4 maximum, that’s 16 hours. So if you only have 1 machine for 1 province or 1 machine for 1 city, it’s impossible and it’s very difficult to get a doctor, to go there and iilan lang, apat lang iyong pasyente niya o sabihin natin walo lang iyong pasyente niya. So ang nangyayari diyan, kailangan talaga it’s about time sa long term planning ng DOH, with the help of the various congressmen and governors there, they should really establish that. Because ang dialysis eh for sure if you don’t get dialyzed, you will die.

So ang nangyari dito, dito nga lahat pumupunta tapos it was coupled with the fact that all these patients naubos na iyong kanilang session sa PhilHealth. Eh nang nangyari iyan, they cannot afford ‘no eh mahal din eh, iyong pagda-dialyze mo eh umaabot ng mga minimum niyan P4,000 per dialysis ‘no, they cannot afford. Eh since you know they concede, it’s one of the poorest province or regions, so ang nangyari noong huminto iyong PhilHealth nila, everybody run now to EVRMC which is the regional hospital.

And in fact, I got all these data from, nag-meeting kami ng mga hospital administrators eh, mga doktor eh. Nag-meeting kami diyan and I saw that they had about, in 1 day nabigla sila, nadagdagan sila ng 190 patients eh. So imagine you divide that by 4 hours, how many machines now do you need? Ang problema pa doon, naghalo-halo na – sino iyong positive na nagda-dialysis nahalo na sa ibang pasyenteng hindi nagda-dialysis. So right away they scrambled and they had to look for a way.

And sayang naman because itong mga ibang dialysis centers dito hindi na rin nagamit kasi most of them indigents eh, so doon kami nagkaproblema. Tapos nagkaproblema pa kami dahil maraming pumasok dito, ginawang carpool iyong ambulance. So mayroon doon mga tatlong pasyente magda-dialysis pagkatapos may dalawa for swabbing, halo-halo na. Because I think nagpa-panic rin iyong ibang municipalities, they didn't want to get infected. They wanted to make sure that they stay zero, so they put them all there. So it was up to us here now in the city that we have to now organize and we have to segregate now those people for swabbing.

Papaano naman itong machines? Kaya ho doon kami talaga nagkaproblema na sunud-sunod na pumasok. So I think it's about right na you know, this is basic care eh, itong sinasabi magda-dialysis ka o sinasabi natin may ventilator kang kailangan diyan, ilan ba iyan? So dapat each province or each island like the third largest island, dapat may isa pang ospital katulad ng regional hospital na nandodoon.

Isa pang problema iyong lumang regional hospital namin dito, dalawa na eh – may bago kami at may luma, mas malaki iyong bago. Pero ngayon iyong mga positive nila, nilalagay nila sa luma and iyong old EVRMC sits right in the heart of downtown which is very difficult also to isolate. Because how do you isolate a hospital, that's in your downtown area? It will really affect your local economy and if we look at it, throughout the Philippines, I would say almost all highly urbanized cities eh kulang naman ang IRA eh. Ang nangyayari diyan, we rely on our local income.

If it paralyzes our economy, right now I can tell you we're about 2 to 3 hundred million deficit na kami. Anong makokolekta namin na mga local taxes? Halos wala kasi nagsara mula March hanggang ngayon eh, apektado talaga iyong ekonomiya namin dito so naghihingalo rin kami dito. In fact eh practically we have no infrastructure project, it was diverted all in the focus of this. And not only that, we're catering to mostly people that are not from Tacloban because we have to come out with measures and policies that will safeguard both people from outside and people here in Tacloban.

So, it's a very difficult balancing act. You have to spread it out and you have to see the dynamics there mostly, for example, obviously you will have doctors that will reside in big cities or at least the biggest city in that province or the capital there. Mayroon diyan, may mga doktor diyan, may mga nurses diyan. Dito sa Tacloban, we have got a nursing school here so we see that most of the students also come from different provinces within the region.

So I think strategically, DOH should look at that and they should look at that and they should see together with their congressmen, what are the healthcare services they can give. Obviously when you put healthcare facilities there, kasama din iyan, iyong mga doktor, iyong mga nurses. And I don't think that's difficult because right now naman eh maganda iyong mga accessibility in terms of road, in terms of getting there, it's not that far. And basically most cities already here in Region VIII have facilities, like for example they have big groceries,

markets, things like drugstores, some have even banks already there, so it shouldn't be difficult.

But they have to start somewhere, I suggest they really do that para hindi tayo masyadong nahihirapan. Kasi kapag ganiyan, mayroon tayong mga iba-ibang mga facilities then we can easily dedicate one for a pandemic if it's something like this. Pero ilayo iyan sa mga economic areas.

Kaya diyan sa NCR eh bugbog talaga sila diyan, dapat plinano iyan mga 30 years ago. Naglagay ng malaking medical center sa Lubang Island eh, pagkatapos eh 'di ba, gastusan ng mga sampung bilyon iyan, lagyan talaga ng research facility. We will always have this anyway and those who get affected and all, you fly them there and then you house them there, they're comfortable pa. Pagkatapos kapag na-clear, balik dito.

Kasi alam mo ang hirap dito sa ano eh, you have so many priorities. What do you prioritize and then very limited ang resources mo so titingnan mo ano iyong resource ang puwede mong magamit. Tapos ibabagay mo pa iyan sa attitude ng tao, sa kultura kung sa tingin mo tatanggapin ba nila iyan o hindi. Kasi kahit sabihin natin para ikabubuti nila iyan pero hindi nila tanggap sa kultura nila iyan, hindi mangyayari iyan 'di ba?

SEC. ANDANAR: Narinig natin ang obserbasyon mula sa local government unit. Sa pagbabalik ng Cabinet Report, makakapanayam naman natin si DOH Usec. Maria Rosario Vergeire upang maliwanagan tayo kung anu-ano ang mga health facilities na nakakalat sa bansa pati na rin po ang health professionals na naka-assign dito.

Pilipinas, nandito pa rin tayo sa Cabinet Report at ngayon kausapin natin si Usec. Maria Rosario Vergeire ng DOH.

Usec., how many public health facilities, both DOH and LGU-managed and including dialysis centers do we presently have across the Philippines and are they equitably spread?

DOH USEC. VERGEIRE: When we talk about facilities, there would be a number of types of facilities. We have the primary healthcare facilities, we have the hospitals. We also have the specialty clinics that we call, wherein it includes the dialysis clinics. So when we talk about hospitals, primary care facilities including birthing homes 'no, so mayroon po tayong total ngayon na 22,613 in total for the public 'no, this is the public side. So when we talk about public, this will include both LGU and nationally owned.

Kapag ho doon po sa LGU, when we talk about primary care facilities, we have a total of 2,593 na mga RHUs (Rural Health Units) iyan, mga health centers. Kapag mga barangay health stations po, may total tayo na 22,613 – these are all LGU owned. When we talk about the birthing homes, mayroon ho tayong 835 na owned ng ating LGUs and then for the private sector, they have 1,071 so mas madami po sa birthing home ang private.

And then we have different levels of hospitals. We have the infirmary, we have the Level 1 hospital, the Level 2 and the Level 3. Kapag infirmary po, dito po iyong mga primary cases lang. At hindi ito nagri-require ng mga specialties katulad po noong kailangan ng ICU, katulad ng operating room, wala pong ganiyan ang infirmary natin. So mayroon tayo ngayong 338 na mga infirmaries ng LGU. Mayroon ho tayong total of 795 Level 1 hospitals, both public and private. Mayroon ho tayong 333 Level 2 hospitals, both public and private and 117 Level 3 hospitals, both public and private. So in total, as I've said a while ago, we have this total of all of these facilities na makikita po natin na magri-range po iyan sa mga 25 to 26 thousand.

Now when we talk about the specialized clinics such as facilities for dialysis, mayroon ho tayo sa ngayon na naka-distribute across the different regions kung saan mayroon ho tayong total na 3,723 stations or iyong dialysis station po. At makikita ho natin kapag sa gobyerno, mayroon ho tayong 98 facilities na mayroong dialysis clinics distributed across the different regions as I've said and ito po nagko-comprise ng 965 na mga dialysis stations.

'Pag tiningnan ho natin iyong sa private, mayroon ho silang 417, mas madami po iyong sa kanila ang nagko-comprise po ng 3,723 dialysis stations. So in total po sa buong bansa, mayroon ho tayong 4,906 stations for dialysis which are distributed across the country.

Well when we talk about equity 'no, hindi po natin i-expect na mas marami po sa BARMM 'no. Doon sa BARMM talagang salat na salat po ang ating mga dialysis facilities. Talaga pong masasabi natin na mayroon lang tayo diyang isang facility ng gobyerno na may anim na dialysis stations and for the private, wala pong nagtayo ng dialysis facility diyan.

Doon rin po sa Region IV-B, this is an island region ano, puro island po iyan, wala naman po ang gobyerno natin diyan. Ang private naman po ang mayroon, may apat na facility na mayroon diyan na may 21 dialysis stations.

So when you look at that spread, makikita ho natin na mayroon talagang mga disadvantaged regions when it comes to dialysis facilities.

SEC. ANDANAR: Paano naman po ang mga government healthworkers? lilan po sila sa buong kapuluan and how are they spread?

DOH USEC. VERGEIRE: As of now, based on our data base mayroon po tayong 208,716 na health human resources for health spread across the country and among the different professions. Mayroon ho tayong 37,371 na physicians. Mayroon ho tayong 97,075 na nurses. Mayroon ho tayong 42,679 midwives. These are the top professions 'no 'pag sinabi nating healthcare workforce and makikita pa rin ho natin iyong ating kakulangan ano sa health human resources especially in areas like the BARMM, iyon pong Region XIII also, iyong Region IV-B also and iyong CAR, mayroon pa rin ho silang mga kakulangan dito po sa mga cadres or sa mga healthcare workers na kailangan po natin.

Yes. Unang-una para sa facilities, mayroon tayo iyong tinatawag na Philippine hospital or Philippine Health Facility Development Plan. Dito namapa na po natin ang mga kakulangan sa bawat areas natin sa bansa and ito po iyong ginagawa nating priority sa ngayon para maumpisahan po kung anuman po ang mga pangangailangan ng bawat region. Aside from that, we also are now trying to scope and mayroon ho doon sa plano na iyan iyong distribution naman ng mga specialty hospitals sa iba't ibang bahagi rin ng bansa.

So gusto natin, ang ating objective katulad ng sabi mo kanina is equity 'no. Ayaw natin na bakit mas madami ang facilities po na ganitong klase sa isang urban area in our country comparing to these areas that I have mentioned a while ago.

So the whole objective of this Philippine Health Facility Development Plan is for us to rationalize the distribution, to make it equitable so that there would be improved access across the population. Mayroon po tayong time period diyan at mayroon pong mga kaukulang na budget na pangangailangan na iyan at nai-submit na po natin iyan sa ating Presidente Duterte at sana po mabigyan ng budget in the coming years so that we can have this equitable distribution of our facilities.

When it comes to the workforce, mayroon ho tayo, nakasaad po iyan sa Universal Healthcare Law. Minamandato po na dapat magkaroon ng national health workforce system kung saan kailangan po na human resources natin ma-manage natin nang maayos at may sistema tayo with regard to their salaries, their benefits, incentives, iyong kanila pong proteksiyon sa mga occupational hazards. And kailangan dito po sa workforce na sistema na ito, makita ho natin iyong equitable distribution dito po sa buong bansa ano and we are talking about these areas na talagang mayroon ho tayong salat o kulang po ang ating healthcare workers.

SEC. ANDANAR: Usec., what are the plans for increasing the number and spread across our regions and provinces of both public health facilities and healthworkers?

DOH USEC. VERGEIRE: This pandemic 'no, hindi lang po nagbigay sa atin ng mga disadvantages, it has given us advantages because it gave us that opportunity to better scrutinize the system, identify weaknesses and gaps. And nakita po natin iyan talaga 'no, noong nag-uumpisa po tayo, nakita natin iyong ating mga kakulangan at agad-agad naman ano, because of this emergency situation, we were able to address it, we were able to improve the health system capacity ika nga.

Iyon pong mga dating mga ospital natin na ito lang po ang beds nila, nai-expand po natin iyan ano. We have big hospitals now with additional 200-beds, with additional ICU beds at iyon po ay nangyari in just a span of months na puwede pala nating gawin iyon ano, na kailangan natin. Nai-strengthen ho natin iyong ating networking and referral between and among the public and the private na dati we were acting in silo eh 'di ba. There was this private and there is the public system. Pero ngayon nagtatrabaho, magkakasama po para hindi nao-overwhelm ang bawat isa.

And this has given us this big opportunity para ma-improve po natin iyong ating health systems capacity at kasama na nga po diyan iyong ating mga healthcare workers 'no. Nakita ho natin nagka-emergency hiring tayo, we are now able to hire additional 8,000 healthcare workers at marami pa ho tayong iha-hire dahil po dito sa mga budget na ibinigay sa atin.

So this kind of opportunities has paved the way para mas further natin ma-improve iyong capacity natin. And we can say 'pag may dumating pa uli na isang pandemya, at least we are now more ready than before – na noong nag-uumpisa tayo ng pandemya na ito na talagang kulang talaga po ang facilities, kulang po ang mga tao. Pero sa ngayon unti-unti, we are slowly gaining ground, napupuntahan po at na-achieve natin iyong objectives natin of equally distributing these facilities and healthcare workforce na mayroon tayo.

Alam po natin iyang sitwasyon natin dito sa ating bansa, katulad nga ng sinabi mo 'no, we are archipelagic. Marami po sa atin talagang isolated ang areas, geographically isolated and this has always been the focus of DOH naman po. These vulnerables areas are primarily prioritized by the Department pero mas maganda ang nangyari nga kasi nga sabi natin this was an opportunity for us to really improve 'no ito pong mga capacities especially these far-flung areas na talagang mahirap maka-access ng mga serbisyo.

So mayroon na ho tayo na pinu-propose doon sa budget - ambulances, we also have this water vehicles, mayroon na ho tayo. Unang-una ang Bureau of Quarantine, tayo ay nagpu-procure na 'no, magpu-procure tayo nitong mga water vehicles so that we will be able to guard our ports. Pangalawa, mayroon din ho tayong mga proposal at mga iniisip about air ambulance din. Naipakita sa atin sa ngayon dito sa pandemyang ito kung gaano kahirap 'no na mag-transport ng isang pasyente mula sa malayong region going here to the urban cities where the hospitals are here 'no, nandito po iyong malalaki nating ospital na maaring makagamot sa kanila. So nakita ho natin iyang kakulangan natin na iyan, at isa po iyan sa ating tinitingnan sa ngayon, kung paano tayo makaka-access at magkakaroon ng ganiyan para sa ating gobyerno.

The very objective of the Doctors to the Barrios is for us to provide these needed doctors to these areas which are not really attractive to doctors na puntahan. These are doctor-less areas kaya tayo nagkaroon ng ganitong programa sa tinagal-tagal na ng panahon. Napakaganda nitong project na ito, kasi ito, napupunuan natin iyong mga kakulangan ng ating sistema, nagkakaroon ng doktor ang isang area or barrio na hindi talaga puntahin ng mga doktor or practitioners for that matter.

Kaya lang, ang ating objective dito, of course, this would be always provided by the national government. But the end goal would be that local governments will eventually hire them as permanent plantillas. Kaya lang po hindi po nangyayari iyan sa ngayon kaya hindi tayo makapag-transition at hindi tayo makapag-hire nang mas marami pa. Kasi iyong existing natin dati na sinusuwelduhan natin, sila pa rin iyong sinusuwelduhan natin kasi some of the local governments talaga ay wala silang pera para mag-hire sila ng mga doktor. So isa iyan sa nagiging gap nitong programang ito.

But in the whole, if you look at it, it is a very, para bang it's very rational 'no na magkaroon po tayo ng ganitong deployment program owing to the fact na marami po talagang LGUs, lalo na iyong mahirap na LGUs, hindi po nila kayang magkaroon ng permanent na doktor na sinusuwelduhan nila buwan-buwan.

Itong ginagawa natin, kung hindi natin ma-attract ang mga health care professionals na puntahan itong malalayong lugar natin, well, then let's produce 'no – homegrown kumbaga. So halimbawa, diyan sa sinasabi natin na mga areas na iyan ay nagtayo sila, kapag nakatapos iyan because it's a state university, there will be this period of time na kailangan manilbihan sila sa kanilang lugar. And that is our strategy, one of those strategies. Hindi lang iyan para sa mga doktor ha, marami tayong kakulangan ngayon sa medical technologists, sa respiratory therapists at sa iba pang mga allied health professionals natin. At isa ito sa aming tinuturo o gina-guide sa mga local governments, if you can produce your own and then you can have your own para bang conditions for them that they will work with you, you know, you can already supplement kung sinuman iyong nandiyan sa area, mapupunuan natin iyong mga kakulangan natin.

I think this is the right direction, ano. Let's produce our own so that we can have our own. We don't need to rely on people to go to our area; we already have our own cadres.

Itong telemedicine, years ago pa natin gustong i-push at saka gusto nating ilunsad ng Kagawaran ng Kalusugan pero it never gets the backing na sinasabi natin. Pero noong nagkaroon tayo ng pandemya, biglang naging essential tool siya eh, 'di ba? Because we wanted that there would be minimal face-to-face interaction between the doctor and the patients so that we can prevent further transmission of the disease. So nailunsad natin iyan.

And noong inilunsad natin itong telemedicine na ito, ang dami na na private enterprises na talagang gusto nilang sumali at tumulong. So lumaki na nang lumaki iyong aming network for telemedicine. And mind you ha, wala tayong bayad – nothing. This was purely invested by the private groups who wanted to really help in this situation that we have because of the pandemic.

So itong telemedicine, nakikita natin, ang dami naman talagang tumatawag, makikita mo. Pero nakikita mo, it is still not enough. You still see people going to facilities because they wanted na, alam mo iyong kultura ng Pilipino, lalung-lalo na iyong mga nakakatanda 'no, they would not believe in this telemedicine. Ayaw nila nang hindi nila nakikita ng personal ang kanilang doktor, hindi man lang nahahawakan man lang – you know, you know how Filipinos are. And I think, one of the challenges natin ngayon or something that puts us back, one step backward, would be this practice or this para bang culture of Filipinos nga that they want really talaga face-to-face interaction.

But definitely, as I see right now, it has given us a lot of help, because we have streamlined, we were able to prevent people from, talagang flocking the facilities. Kasi with telemedicine, you call them, you talk to them, if you have symptoms - they tell you where to go. So

nagkaroon din ng rational pathway iyong mga tao. Dati, kapag may naramdaman, diretso na agad sa ospital eh. Pero dito sa telemedicine, mayroon tayong proseso. Sasabihin sa iyo, punta ka muna doon sa primary care facility mo; huwag ka munang pumunta sa ospital. And people listen ngayon with this, kasi natatakot silang pumunta sa ospital, mas maraming pasyente doon 'di ba, so they go to the primary care facilities.

So I think, this opportunity that was given to us for telemedicine has paved that way 'no, na parang ang telemedicine will be more acceptable and it will be more used in the future kahit na wala nang pandemya.

SEC. ANDANAR: Papaano naman po ang pagpapadala ng mga gamot sa buong kapuluan, Usec?

USEC. VERGEIRE: Actually, noong unang mga months ng pandemya, that was really a problem. And we were having shortages of medicines because hindi napapadaan from one point to another iyong mga nagdi-deliver or iyong mga distributors natin, iyong mga suppliers. So actually, that was addressed already 'no, hindi na tayo masyadong nagkakaproblema dito sa mga ganito.

Ang nagiging problema na natin ngayon ay may mga maliliit tayo na mga kasama 'no sa industriya na medyo nagsasara sila and hindi napu-produce iyong mga ganitong klase ng gamot. But of course, nandiyan naman lagi ang gobyerno para tumulong sa mga ganito. Kaya nga iyong sabi natin, iyong challenge natin noong una, cannot pass from one point to another, the government has addressed that. There were exemptions provided because these are really essential for people 'no, itong mga gamot natin na ito.

Ngayon din, mas faster ang report sa atin ng information. Kapag mayroon lang isang gamot na nagsyu-shortage na sa merkado, agad-agad naipaparating na iyan sa Department of Health at naiimbestigahan natin kung bakit para makapagbigay tayo ng Solusyon.

So this kind of things again was an opportunity for us. Noong una, it was a challenge, and then it became an opportunity because ngayon, mas nakukuha natin ang information, mas nagagawan ng paraan. Although, of course, iyong access to medicines ay maraming factor iyan ano. Hindi lang iyan doon sa supply side na dini-distribute mo, mayroon din iyan iyong, of course, iyong pera, iyong money na involve diyan na medyo mahal 'di ba. Pero naglagay tayo ng mga price ceiling 'di ba. Mayroon tayong ceiling ng mga presyo o mga price freeze na tinatawag because there is an emergency situation. So lahat ng mga ating nagdi-distribute o nagsu-supply, nagma-manufacture, hindi ka puwedeng tumaas sa mga ganitong ceiling ng gamot kasi hindi mo puwedeng i-take advantage itong ating sitwasyon sa ngayon para itaas mo ang presyo mo.

So, this kind of things the government has done, para ma-address natin itong mga challenges that was brought about by this pandemic situation.

SEC. ANDANAR: Talagang nakita natin ngayong pandemya ang pangangailangang bigyan ng adequate access to healthcare ang buong bansa. Nabanggit nga ni Tacloban City Mayor Alfred Romualdez na kahit ang highly urbanized city niya ay apektado kung ang mga neighboring municipalities, provinces and cities niya naman ay kulang sa health facilities and workers.

Mabuti naman, at kagaya ng nabanggit ni Usec. Maria Rosario Vergeire, ang mga pagkukulang ay unti-unti nang napupunan. Ito ay patibay lamang na hindi na puwedeng umiral ang centralization ng health facilities at professionals – they have to be dispersed – and access to healthcare democratized.

At dito nagtatapos ang isa na namang episode ng Cabinet Report. Pilipinas, magkita po tayong muli sa susunod na Biyernes. Ito si Communications Secretary Martin Andanar. Keep safe. Mag-ingat po tayong lahat. Happy weekend.

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