

PRESIDENTIAL COMMUNICATIONS OFFICE
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MALACAÑANG INSIDER HOSTED BY MS. DAPHNE OSEÑA-PAEZ
WITH DEPARTMENT OF HEALTH SECRETARY TEODORO HERBOSA
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MS. OSEÑA-PAEZ: Current developments, presidential directives, accurate and reliable updates straight from the Palace. This is Daphne Oseña-Paez, your Malacañang Insider.

To deliver universal health care and assure every Filipino the right to good quality medical care is the topmost priority of President Ferdinand R. Marcos Jr.'s administration. That is why the Department of Health is implementing innovative strategies for governance to meet the needs of our country. Dahil sa Bagong Pilipinas, bawat buhay ay mahalaga.

We have with us today the Department of Health Secretary Ted Herbosa. Hello, Secretary Ted. Thank you for joining us.

DOH SEC. HERBOSA: Thank you for inviting me and explaining the programs of the President in health.

MS. OSEÑA-PAEZ: Yes, I had to have you here because I saw in your Facebook update something about leptospirosis because of the recent floods brought by Carina and habagat.

DOH SEC. HERBOSA: Yes, Carina and habagat brought a state of calamity to National Capital Region and several other regions and a lot of floodwaters, heavy rains – and now, couple of weeks later, we are having a surge of leptospirosis cases in our hospitals. And, the number one hospital that actually sounded the alarm was the National Kidney and Transplant Institute – they posted a photo of their surge ward which is the gym of the hospital wherein they had 48... actually about 30-something was in the ward but they had others in the hospital which is already full and these were mostly people that waded in the floods during Carina and habagat and they are not suffering from the severe effects of the disease called leptospirosis.

MS. OSEÑA-PAEZ: Okay. What were the symptoms and what were they being treated for in the kidney hospital?

DOH SEC. HERBOSA: Okay. So, what happens in leptospirosis is when you waded in floodwaters and your skin has wounds or lesions, the leptospira bacteria from the urine of the rats or the rodents can actually enter your bloodstream. And after a week or so, anywhere from 5 to 30 days, start to develop very bad symptoms – you have severe fever, you are [unclear], you were just lying down and then suddenly your liver and your kidney will fail. You start to have jaundice, you're yellow in the eyes and then they bring you to the hospital by this time.

Because people think it's just the ordinary influenza after a rain but when they get to the hospital, the hospital will kind of see that they need dialysis—

MS. OSEÑA-PAEZ: Oh, really?

DOH SEC. HERBOSA: Yeah. They have anuria which means they're not producing urine, their creatinine are high, so they have a blood test that tells that the kidneys are in acute failure. So, what we do is they send them to the NKTl and this is the reason why the first trigger of this Facebook post was really the trigger and the request of the Executive Director of NKTl for additional health personnel.

So, this is what happened and then from there we activated our Health Emergency Management Bureau and then we started to monitor the other hospitals – and true enough, the other hospitals were also having a few cases of leptospirosis. So, we got the bigger picture then we started to do the allocation or patient navigation. So, we posted a number, my spokesperson posted the number where people can call so that they wouldn't all go or funnel to the NKTl. Because the other hospitals, the other big hospitals can also do that—

MS. OSEÑA-PAEZ: Can handle it naman.

DOH SEC. HERBOSA: Can handle the dialysis. So, now we're allocating it. The other one that has a lot of dialysis unit, for your information, is the Jose M. Rodriguez Hospital in Tala. We used that as our COVID facility that's why we have plenty of dialysis machine. Remember, part of the problem was hemoperfusion and all these needs during COVID. So, we up built the capacity of that so some of the overflow, we're bringing it there. I also... of course, as my own hospital – Philippine General Hospital – they were also experiencing a surge, we call it a surge of cases.

So, these things are the ones... the difficult thing about leptospirosis outbreak is they need critical care so that's a high-level of personnel to take care of you; dialysis to take care of the renal effects; and then, of course, antibiotics. So, it's labor-intensive – meaning nurses, critical care and everything.

MS. OSEÑA-PAEZ: So, within days you're gonna need dialysis?

DOH SEC. HERBOSA: Correct.

MS. OSEÑA-PAEZ: Days of exposure. So, kunwari o may flood tapos nag-wading-wading, nag-swimming-swimming ang mga tao.

DOH SEC. HERBOSA: Yes. Ang incubation period ng leptospirosis can be anywhere from 5 days to 30 days. So even a month after the flooding, you can still have the lepto. And it's not only swimming in the floodwaters, we've had cases of people na naglilinis lang ng bahay nila. After the floods, the water subsides so mud is left. The mud itself in their feet or in their wounds also is infected with the urine from the rats.

MS. OSEÑA-PAEZ: So, anong suggestion ninyo paano ma-avoid ang leptospirosis?

DOH SEC. HERBOSA: Number one, huwag mag-swimming or mag-wade sa floodwaters. Number one iyan and in other countries, I hear that their public health department warned people when there's a flood – that's sewage water. Sewage iyan, galing sa madumi iyan, galing sa kanal. So, we shouldn't swim.

Number two, if you are forced to wade in floodwaters – na-stranded ka, soap actually kills the—

MS. OSEÑA-PAEZ: Soap?

DOH SEC. HERBOSA: Soap, ordinary soap.

MS. OSEÑA-PAEZ: Kapag may accident, na-expose ka sa floodwaters, puwede kang mag-soap and water?

DOH SEC. HERBOSA: Soap and water and if you have no wound, soap and water should be fine and then drying up immediately after exposure. But if you have wounds, it will be a decision of the doctor to give you antibiotics – so iyong doxycycline or penicillin to actually give us a prophylactic for exposure especially if you're high risk. So, mayroong treatment ano, may prophylaxis.

Mayroon ding paraan na we wear boots and rubber... so for the rescue people, remember the rescue people during the floods, habagat and Carina, we gave them actually 'cause they're going to work in the floodwater so we gave them prophylaxis anyway. So, the workers, we already gave them but the ordinary people that get trapped in the floods, they're the ones that have to be divided into three kinds – low risk, medium risk and high risk and they're the ones we give antibiotics to.

MS. OSEÑA-PAEZ: Secretary Ted, nakakamatay ba ang leptospirosis?

DOH SEC. HERBOSA: Yes. I think we've had reported of at least four deaths already in the past few days alone. In NKTi alone, I don't know the other hospitals because the other hospitals are also reporting deaths, because we go into what we call septicemia/sepsis and then into critical condition – and then they eventually go into shock and death. If the treatments are not done immediately, that's why their whole blood is poisoned from the toxin of the bacteria and that's where the dialysis actually work – to cleanse out all these toxins out. And if that's not done, they eventually die.

So, very important – if you do get the symptoms, eventually you get to a place that can treat you. Because some of those that die, eventually has gotten to the hospital late in the stage. Like any illness, kapag huli ka na nadala sa hospital even if it's the best hospital, even if we have the dialysis but if we got you at the point na it's hard to reverse the condition, they eventually die also.

So today, very important – we sent out warnings to the public ano ang symptoms ng leptospirosis at kung kayo ay lumusong sa baha and you started to develop these symptoms, magpakonsulta agad sa doctor. We will publish our phone numbers on the website so that you can call and there will be someone, what we call patient navigation that can answer your queries if you need to go immediately or you can wait, or where to go nearer to your house. So, we don't go all to NKTi.

MS. OSEÑA-PAEZ: Uhum. Ang mga bata ba susceptible rin?

DOH SEC. HERBOSA: Yes, children are also susceptible to getting leptospirosis.

MS. OSEÑA-PAEZ: Okay. So, it's rainy season now, there are other usual common illnesses associated with the rain?

DOH SEC. HERBOSA: Yeah. We monitor WILD, the mnemonics is WILD – W-I-L-D – that's Waterborne illnesses, that's diarrhea – anything you do when your hands are dirty or you get food and then contaminated water so people get acute gastrointestinal illnesses.

The second is Influenza-like illnesses – ito 'yung trangkaso, the ordinary trangkaso because that's a respiratory virus. During the rainy season, people are in enclosed areas – sarado iyong bintana.

Like COVID, the full ventilation... you're in a room of people and then one is coughing, eh 'di hawa-hawa na iyan. So, we watch... it's our influenza season. In the northern hemisphere, the influenza season is winter. In the Philippines, it's in the rainy season that we push that. That's why we get people to get the vaccination before the rainy season especially our elderly kasi the elderly are the ones at risk for influenza because they can get pneumonia.

The third is leptospirosis – the L. W – waterborne; I, is influenza-like; L, is leptospirosis; and the last one is our annual season, D for dengue.

MS. OSEÑA-PAEZ: Yeah. Dreadful dengue.

DOH SEC. HERBOSA: Well, dengue actually is self-limiting, meaning you recover from it but it's gotten kind of a bad light because so many get infected with dengue. We've done very well with dengue, we treat it very well, the mortality or people that died from dengue are not as many but you can still get serious dengue.

MS. OSEÑA-PAEZ: Do we have an outbreak or..?

DOH SEC. HERBOSA: No, not yet but we are having the numbers, actually we have about a 100,000 a year/over a 100,000 a year and we're about getting to that number but that will increase as the 'Ber' months come, and we know there are times our hospitals get filled up with dengue cases.

The nice thing now is we're able to diagnose dengue quicker – we have the NS1, it's a rapid test just like the COVID test – so, we're able to tell if your child has dengue or not.

MS. OSEÑA-PAEZ: Is it by blood or nose?

DOH SEC. HERBOSA: By blood.

MS. OSEÑA-PAEZ: Okay. Going back to the illnesses associated with calamities and disaster – other than warning people and awareness programs, are there other programs that we could do to prevent this from happening – maybe, coordinate with the LGUs or schools or..?

DOH SEC. HERBOSA: Well, number one the schools. Definitely, I'll be going to Secretary Angara and start to talk to him about a convergence of health education or health literacy.

It's very important to educate kids not to swim in flood waters – I think, that should be in the curriculum of elementary or maybe our public officials should build public swimming pools where water is chlorinated so they don't wait for the flood season before they go swimming. So, that's something we can actually inculcate in the minds of our kids. I keep saying, swimming in floodwaters is like swimming in the poso negro, in sewer because it's dirty water. All floodwaters are dirty and we get many diseases not only lepto – skin diseases and other diseases from your eyes, when you swallow the water there that's very dirty.

So, very important education. We need to actually help our kids understand that swimming in floodwaters is dirty.

Number two, maybe we need some enforcement. Maybe local officials should start enforcing making people stay at home during floods. I see them, they're—on television you see, in fact, this season I actually called Teleradyo because they were showing live kids swimming with salbabida

and all, you know they were making tumbling in floodwaters. So, I had to make an announcement that this is not safe, people can get leptospirosis. So, I was the one who called media, so I'm so proactive move. They were surprised what did I want to announce – I just wanted to announce, "You're showing people lying on a floodwaters and kids were swimming," I said. Kids should know. So, officials can do enforcement.

Another one is really control of the rodent population. Like any illness, like dengue our program is to decrease the vector – the vector is the mosquito. So, you remove the breeding places – you cover water, the places where mosquito can breed – that's the same with the rodents. How do you decrease rodents? Solid waste management. So, it's really pushing for very good solid waste management specially before the rainy season and the floods. You see piles of garbage in every corner in most of the communities and when the floodwaters come all these garbage disappears – they're in the floodwaters and they all had rats that actually populate and eat them.

So, when solid waste management is poor, the rodent population numbers increase. When the rodent population numbers increased, leptospirosis cases will increase. So, if we control the rodents, we should be able to control this as a public health endeavor.

Maybe, one of the things I'll plan to do is actually to go to the MMDA, Metro Manila Council and really talk to them about this problem of lepto because we cannot be keeping doing the same thing and warning and not do something significant.

Mataas talaga iyong lepto. In fact, the rest of the world look at us a leptospirosis...

MS. OSEÑA-PAEZ: Huh?

DOH SEC. HERBOSA: Yes. Mumbai and Manila are the one that have recorded world record numbers. The highest is Mumbai after flood but you know what happens in Mumbai? The temples have rats, they don't kill the rats. But Manila, we can solve it because we can do rodent control. We should be able to control this. We are a city below sea level so it's always flooded but if we keep our solid waste management and rodent population low, I shouldn't be having this upsurge of leptospirosis cases a week after or two weeks after floods.

MS. OSEÑA-PAEZ: My goodness. Well, you mentioned the international reputation and you just came back from the ASEAN health ministers forum?

DOH SEC. HERBOSA: Yes.

MS. OSEÑA-PAEZ: How was that?

DOH SEC. HERBOSA: This is my first health ministers meeting and it's very nice that I meet all 10 of the health ministers of the different countries. We have many common things that we aspired for – universal health coverage; antimicrobial resistance from bacteria; iyong malnutrition; immunization – these are things we discussed there and we share our good practices so it's very nice to listen to what the other practices there are and it's also nice to learn that we have many things to offer to our ASEAN neighbors in terms of...

MS. OSEÑA-PAEZ: Like what?

DOH SEC. HERBOSA: I just discovered that the minister of health of Laos PDR where it was held in Laos – learned his English in the Philippines. He learned it in Manila. I said, "You speak

very good English. How do you know?” “Oh, I was in a program of the World Health Organization to teach English to Vietnamese, Cambodian, Laos, Korean,” and they were 10 months here in the Philippines taught by Ateneo University.

MS. OSEÑA-PAEZ: Nice.

DOH SEC. HERBOSA: Where else can you learn good English in Manila? Ateneo. So, he actually—I was wondering why he spoke very good English. So, then I said...then it came to my mind, why don't we have a bilateral then let's talk about how we can build your health system better by teaching more of your health workers English? Because if they learn English the internet is the source of health information and many courses online can be taken so I think we have something to teach ASEAN by teaching the English as a language specially Laos, Cambodia, Myanmar, all these countries.

MS. OSEÑA-PAEZ: Wow! So, shared English literacy program.

DOH SEC. HERBOSA: Rather than pirate our nurses. That's my option because we can train your nurses rather than pirate our nurses.

MS. OSEÑA-PAEZ: That's good.

DOH SEC. HERBOSA: We have a lot of teachers in Laos, that's what I discovered. Of the thousands that are there, 30 percent of the Filipinos there are teachers. Can you imagine that? So, we have something to share to our ASEAN brothers actually.

MS. OSEÑA-PAEZ: Interesting. Okay, we still have a lot to talk about, Sec. Ted. Well, I'm gonna take a quick break. Up next, a discussion on access to healthcare services for all. We will be right back.

[COMMERCIAL BREAK]

MS. OSEÑA-PAEZ: Welcome back. You're still watching Malacañang Insider with Secretary Ted Herbosa of the Department of Health. Secretary Ted, let's go back to the mandate of the Department of Health and the programs that you were doing. How is the DOH ensuring that our kababayans in the rural areas have access to healthcare services? This is in keeping with the Universal Health Care...

DOH SEC. HERBOSA: Correct. In 2019, we actually passed the Universal Health Care Act. Well, prior to that, we passed several laws that actually brought us to this and I'll name some: one is the devolution of healthcare which is the Local Government Code, which allowed local officials to also run health systems; the second was the PhilHealth Law. The National Health Insurance Act which created a single insurance for all Filipinos, although for a long time we had problems covering it; the third act that actually helped develop this was actually the Sin Tax Law – the excise tax on tobacco and alcohol and this increased our budget; and the fourth one which is actually the Universal Health Care Law which was passed in 2019 but unfortunately because of COVID in 2020 we never got to implement it. It's only now in 2023 when we lifted the health emergency that I'm tasked to actually make sure that the Universal Health Care Law is implemented. So, we're struggling with implementing it after experiencing all the gaps.

And remember, the law was created before COVID, so it didn't predict many of the things that COVID exposed about the weaknesses of the health systems. So, it's all about having a strong health system for the Filipino people.

And the next one that really strengthened it is the TRAIN Law. The TRAIN Law was passed already in the administration of President and I saw that both the Sin Tax Law and the TRAIN Law added a tremendous amount of budget to the health system which is good, we can implement Universal Health Care Law. My problem now is absorptive capacity – how do I use all these funds to make sure that healthcare is delivered to the people?

DOH SEC. HERBOSA: So, the first strategy really here is going to the most remote areas, the geographically isolated and disadvantage areas. What happened, Daphne, to our health system was it was fragmented at two points. First, at the governor, when we have the devolution, the governors would run the hospitals and the municipal mayors would run primary care or the health centers and the DOH is top at the region and then we invested in the regional hospitals, we made the regional hospital.

But now, when we talk about universal healthcare, we talk about primary care, when a Filipino get sick, they must go somewhere, they cannot go 100 kilometers away to the regional hospital. So, my idea here was to build urgent care facilities in communities themselves. So, this was announced by the President, luckily this was happily accepted by the communities, we've built what we called urgent care, bagong urgent care and ambulatory service centers which is an extension of the hospitals in the community.

So, they coordinated with the barangay health workers that brought women that needed cancer screening, women with—people with diabetes, hypertension. So, we've brought the family and community medicine department into the community. Instead of waiting in the hospital for the people to come and it was having big success because of blockbuster because what I realized was our poor still spend money to go 100 kilometers away to the hospital. But if it's in their community, it's either walking distance or a tricycle ride or a jeepney ride away. So, it became accessible and it's the same brand as the DOH hospital.

So, immediately after we launched the first one in March 6, we now have 28 all over the country and that was my initial goal, I only wanted to build 28 BUCAS centers for the 28 million poor, of course it's not enough but I wanted to start. But, because it was just success it even got to the SONA of the President and he mentioned there, I'm so happy that he mentioned it. Now, I came from Congress and they want to fund our BUCAS Centers.

MS. OSEÑA-PAEZ: For every?

DOH SEC. HERBOSA: For every—well, now, as long as they're needed. So, we're starting out in areas that are third class, fourth class, fifth class municipalities, those are really poor making sure that healthcare is also there through our big hospitals. But weve partner with the local, because in some areas it's a partnership between the mayor or the governor they'll used the facility that has been built but they cannot run it.

MS. OSEÑA-PAEZ: You don't have to actually build the BUCAS, it's already—using old buildings?

DOH SEC. HERBOSA: Yes, for example, the one in Santo Tomas was donated to us because Santo Tomas mayor said, we can't run this we don't have the budget to run a hospital. Then, I

said, okay we will run, so we run the BUCAS center, like a hospital without the beds, so it's just the most of the services, but it runs from 6AM to 10PM, so at least you can sleep from 11PM to 6AM, just go to the morning.

So, why it became a hit is that, before if you're a working person, by the time you end work and you want to bring your child to the hospital the outpatient is close, outpatient service is close. But the BUCAS is open until 10PM, so you'll get home at 5PM you see your child is sick you bring them to the BUCAS center.

MS. OSEÑA-PAEZ: Bagay sa pangalan niya, BUCAS.

DOH SEC. HERBOSA: Bukas siya, oo, and then in the morning, 6Am before you go to your 9 o'clock job, you can send your child or your mother there and we are able to process them in an hour, not like in the big hospital it so complicated, the patient gets lost, they don't know, directing them where to go. You know, even me when I enter big hospitals I get stressed already. But patient work in a BUCAS, I like the director of our JB Lingad, he said everyone smiling in the BUCAS. So, it's more accommodating, why? Because the cases you see are not hospitalizable, no beds, so it's like outpatient.

So, they are able to process one person in an hour, in less than two hours.

MS. OSEÑA-PAEZ: And it decongests the bigger hospital?

DOH SEC. HERBOSA: Really decongested the bigger hospital, the long queues in our emergency department and outpatient department really decreased. So, each of the hospital directors were building one after the other. And then the congressmen and the mayors started giving me land and there's one that even built it in two months. He built one in Tubao, La Union, a congressman donated the land and then I provided money, of course I provided the money to buy the equipment, but now it's running.

MS. OSEÑA-PAEZ: That's great, what about our regional health facilities, health center, specialty ones?

DOH SEC. HERBOSA: So, the other—the next one that we pattern after the BUCAS was a project of the First Lady and the President, which is the mobile primary clinic, because we can't build in every far-away place, but we can go there using the mobile primary care clinic. And the mobile clinic has all the things that we have in the BUCAS.

MS. OSEÑA-PAEZ: Diagnostics?

DOH SEC. HERBOSA: It has hematology, chemistry, X-ray, Ultrasound and own generator set and we put in a smaller coaster, so it's not a big huge bus so it can enter the smaller roads, it was really designed and thought of to bring to the most remote areas. And I so this going with the First Lady and all these projects the Lab for All, so many people are lining up to have laboratory test. So that's the idea, I said the only way to institutionalize it is build this laboratory and bring them to the community.

MS. OSEÑA-PAEZ: So, who funds the operations?

DOH SEC. HERBOSA: So, we gave the buses to the governor, so we bought 83 and we gave them to all the governors, it's been distributed to Luzon and Visayas, the one in the videos. But

we're distributing next to Mindanao, so by that time we would have completed all 83. The governors will receive the facility but our hospital will partner with them, we asked them to have a schedule to go around the province so it can go to the most remote areas.

So that's the order of the President, make the people feel healthcare, so we bring the mobile clinic.

And then, after that I said, well, I'm not yet satisfied with just the mobile clinic, I want the DOH to go by purok, so we have this last project, we called it Purok kalusugan and we launched the first one in region three in Central Luzon, Daphne. So, it's a whole continuous of care.

MS. OSEÑA-PAEZ: Very integrated?

DOH SEC. HERBOSA: Basically, like in Canada. So, that's—so I'm copying countries that have developed from cradle to grave healthcare system, that's basically what UHC is; the UK national health service, the Canadian health system, Taiwan, Korea, Japan all of these countries have developed healthcare system for their citizen. That means, the government takes care of you from cradle to grave, so the services will be available.

So, that's what I'm trying to do in the few thousand days that I've left as a secretary of health.

MS. OSEÑA-PAEZ: Okay, activities that you're doing, going house to house and generating a lot of data and information on patients that would normally not even go to hospitals but you're going to their houses, what do you do with all that information?

DOH SEC. HERBOSA: So, this is the other platform we're going to use, we're trying to use digital health technology to improve efficiency of the healthcare system. So, with the Purok Kalusugan, where we go to each house, find out the problems in a family, we can report that, the health worker can be holding a smartphone or a tablet and this can be submitted to a central command center. So, we're building a command center for public health where I will know where all the malnourish kids are, where all the zero dose children are, where all the childhood pregnancies are, where all the people with TB are, so we can map them, so we can actually have focus and efficiently address the health problem.

So, I'm using digital technology to make sure we don't waste any centavo, so we are able to treat them and then, also I'm hoping that with the eGov platform, people have an easier way to access healthcare. It means if they have, they were tested positive for TB, where do I get my TB drugs. If I were tested for HIV, how do I get antiretrovirals. So, I'm using all these other projects of government to be able to fix access, so that access.

And the second is, making sure their health is maintained. So, if you remember a few weeks back, a month back I was being interviewed in a radio station, I said I wanted to change a name of the Department to—

MS. OSEÑA-PAEZ: Yeah.

DOH SEC. HERBOSA: Department of Health and Wellness, because now the trend is not just taking care of illness but making sure people live long, well lives, so idea is good nutrition, health promotion, disease prevention, immunization and then sports. Sports, exercise, making people active with movement and that leads to longevity. In fact, I was talking with the health minister of

Singapore, yeah, we may have the longest life expectancy, but that's not really true, they're actually in a hospital bed attached to a ventilator, that's not the longevity they want.

MS. OSEÑA-PAEZ: You want good quality of life.

DOH SEC. HERBOSA: You want longevity, people in their senior years, but they are productive, creative, can dance.

MS. OSEÑA-PAEZ: And engage with each other, yeah community.

DOH SEC. HERBOSA: Engage with the community, so that's our goal and some—I notice, some countries have changed their nomenclature to health, wellness and longevity, those are the common. Before it was health, welfare and aging but now—but I think this is really where we want to go, the best index of healthcare system support is that, the life expectancy of your people is long.

We're at 71, we're way off the first world countries with 85, eighty plus, so I'm hoping we will be able to live—I'm hoping to live longer, I'm already out-age my father who died of lung cancer. I stopped smoking, so because I said 'oh my dad died of lung cancer, I should stop smoking, I was a smoker. So, I've reached 66, he died at 60 from lung cancer. So, there is a way to actually increase longevity.

MS. OSEÑA-PAEZ: Secretary Ted, obviously one of your main mandates here is to really deliver the universal healthcare, but when you talked to the President, what are his other directives, his main interest like in terms of health, because it is very close to his heart, I mean?

DOH SEC. HERBOSA: Initially, when I came in, the focus was really the flagship program, of course we will continue that. He was talking about legacy projects of bringing Heart Center, Lung Center, the Kidney Center, the projects of his father to all over the Philippines. So, we've continued that and we did groundbreaking in Clark, we did ground breaking for a Cancer Center beside Lung Center. And we're doing it in many places. In all the DOH hospitals we built up health centers and cancer centers and children centers. The next step, I explained to him was this primary care, this thing I was doing. And when he was listening to my presentation in the Cabinet, he immediately gotten it because he was a former governor. He was a former governor of Ilocos and he knew what I was talking about.

So, he completely agreed and then he actually also included it in his SONA, the Super Health Centers, making sure that people have access to healthcare. So, I think we're mind [unclear] now, in terms of what we want to do, the key is it's a big problem, we are an archipelago, there are some places where, getting healthcare means crossing an island or riding a boat to the next island. And we need to fix that, I think some of the money should really go to just creating roads, for example—I remember there was a governor who talked to me, we are building him primary care facilities, 'no, don't build me a primary care facility, I already build a hospital in the province and the DPWH have built the road. So, it now takes a tricycle 20 minutes to get to the hospital, so why will you build me a primary care facility? That is correct.

So, in essence, sometimes the infrastructure, the farm to market road is also the same road that the pregnant mother who has a complication uses to get to the hospital. In other place it would be muddy road and no vehicle will go at night and that's the time they're having complication. So, the infrastructure, the access are actually parts of making sure.

Tele-medicine is another one that I think in mind link. I talked to him about making sure that we have access to the doctors that are in the specialty hospital, so that in the BUCAS, what we planned to do is also to have clinics where you can just go on a camera and still talk to a specialist, because it will take time for this people in the community to schedule with the big hospital. But if I say, once a week can the specialist see the patients in the BUCAS, so an endocrinologist will see a diabetes patient that's hard to manage, a cardiologist can see a hypertensive patient that have some difficulties, so you have access to all of these.

So, it's a really systems approach, basically a systems approach and access, of course not everything will be ideal as I described it, but at least it will be better from where it was, prior to.

MS. OSEÑA-PAEZ: All right, already you've done a lot, a year?

DOH SEC. HERBOSA: Yes, a little over a year.

MS. OSEÑA-PAEZ: A little over a year, so yeah, there's still a lot to talk about, a lot to look forward too, I hope that you can come back in this Malacañang Insider and we keep talking.

DOH SEC. HERBOSA: Sure, anytime, I think health is really—is the third highest budget in the executive. I'm expected to do a lot, so I want to tell the people what we're doing with the money that Congress and Senate is giving us. And what the President idea really of making sure that every Filipino feels healthcare. Sabi nga nila 'Bawat Buhay Mahalaga'.

MS. OSEÑA-PAEZ: That's right, well thank you so much, Secretary Ted Herbosa.

Accessible and quality health services for all Filipinos. As the nation's leader in health, hangarin ng Department of Health ang maipaabot sa bawat Pilipino ang mas pinalawak na serbisyong medikal sa buong bansa.

We bring you the in-depth views of the latest issues and breaking news as it happens. Stay tuned for our regular updates at the Palace. I am Daphne Oseña-Paez. Have a good day.

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