The Philippines: HAI and HAIN

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 HAIN – Health Action Information Network – established in 1985 from network of community-based health programs. We were oblivious to HAI (Health Action International) but somehow met shortly after through Anita Hardon.

1986

 February 1986: First issue of The Drug Monitor, giving objective information on medicines using rational drug use perspective.

 Also the month that the 20 year Marcos regime was overthrown.

Euphoria

 Reforms in all government agencies, including health and in particular the Food and Drug Administration. HAIN-HAI partnership allowed us to bring up issue of problem drugs. (Problem Drugs Pack was adapted and reprinted in the Philippines in 1986.) Massive clean-up of drug registrations.

. . .and science

 The Drug Monitor was produced using materials from all over the world and groups like Oxfam helped us to subscribe to the British National Formulary, Scrip (industry!), La Revue Prescrire, Medical Letter. We also got publications from HAI, CAPenang, MaLAM.

Connecting the Philippines to the world

 Because HAIN was connected, through HAI, to the World Health Organization, to civil society organizations (Oxfam, Social Audit, GK and many more), we were able to get our government into the loop for National Drug Policy. In 1990, the government passed a Generics Act, one of the most radical with specifications on labeling up to height of generic name versus brand name. A National Drugs Committee was set up to formulate an annual National Drugs Formulary, which was made mandatory for all government agencies and hospitals.

HAIN and the Philippine Drug Action Network (PDAN)

- PDAN was a consortium of progressive health organizations that pushed for education on drugs, not just the biomedical aspects but political economy.
- Under pressure from civil society, the government began to tackle high prices of drugs, including compulsory licensing (but which mainly benefited one "street-smart" company). Price ceilings for certain essential drugs.

Current situation

 There has been a lag on the part of government as well as civil society. A tendency to concentrate on technical issues without political economy, eg free antiretroviral therapy and DOTS (direct observed therapy short term for tuberculosis) has very little community participation and consideration of sociocultural challenges, including handling of stigma, opportunity costs.

 After a rise in patients' or users' perspective, especially for reproductive health, there seems to have been less attention in general, throughout the world, for cultural issues in the use of medicines.

Some dangerous lags

Dermatologicals, both from companies as well as by dermatologists

 Antibiotics (especially with the specter of multidrug resistance in TB)

 Drug dependency, especially since 2016 with the emphasis on a violent war on drugs

Dangerous lags

 Under the radar: the 1994 Hatch Law which deregulated supplements has far-reaching implications for countries like the Philippines, with markets flooded by these products, from all over the world, and with outrageous claims and prices. Has also created a new consumerism not addressed by older rational drug use programs.

Covid-related issues

 Political pressure has affected regulation of drugs and supplements with anti Covid claims, eg ivermectin, the Chinese Lianhua Qingwen (which has ephedrine).

Vaccine hesistancy and vaccine nationalism.