

# Guan Bee Ong Lecture

37<sup>th</sup> Philippine College of Surgeon Midyear Convention  
18<sup>th</sup> Asian Congress of Surgery

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Dr. Maximo Simbulan Jr., Vice President and Overall Chairman of the Convention

My Co Past Presidents of the Philippine College of Surgeons

Council Members of the Asian Surgical Association

Regents of the Philippine College of Surgeons

Distinguished Colleagues in the Surgical Profession both here and Asia

Friends, Ladies, and Gentlemen



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Before anything else, allow me to congratulate the Philippine College of Surgeons on the occasion of its 75<sup>th</sup> year of existence as well as on the holding of its 37<sup>th</sup> Midyear Convention and in hosting the 18<sup>th</sup> Asian Congress of Surgery.

To our colleagues from all over Asia. I welcome all of you to our beautiful country. I sincerely hope that apart from participating in this convention, you take the time to see the breathtaking magnificence that the Philippines, particularly Cebu and its surrounding environs has to offer. Please enjoy your stay.

# Prof. Guan Bee Ong



It is a distinct honor for me to deliver the Guan Bee Ong Lecture. Indeed, it is truly a privilege for any surgeon to be given the opportunity to pay tribute to a man who was a true giant in the field of surgery both in Asia and the rest of the world.

But who is Prof Guan Bee Ong. Perhaps, many of you here are not old enough to know him and his work. I was one of those who was fortunate enough to have personally known him during his lifetime. Indeed, he was a charismatic person whose commitment to excellence was unquestionable.

# Prof. Guan Bee Ong

- A renowned Professor of Surgery
- An astute clinician and an expert surgeon
- Passionate researcher
- Leader



Prof Guan Bee or GB, as he is fondly remembered, was an internationally renowned professor of surgery from the University of Hong Kong. Originally born in Malaysia, he finished his medical studies in the University of Hong Kong. He had fellowships from the Royal College of Surgeons of Edinburgh and England.

GB Ong was an astute clinician and a very skillful surgeon. He was famous for his clinical and intra-operative judgment and his mastery of the surgical technique. Foreign surgeons visiting Hong Kong at the time were amazed at how fast he expertly performed his operations. While he specialized in surgeries of cancers of the esophagus - a common condition in Hong Kong, he was a true general surgeon who still routinely and comfortably performed other procedures such as craniotomies, amputations, and prostatectomies.

As Professor and Head of the Department of Surgery at the University of Hong Kong, he instituted changes that advanced surgical training in Hong Kong. He was also a passionate researcher who was involved in experimental surgery.

Like most surgeons, GB had a fierce temper and was a terror in the operating room. Of course, we won't begrudge him for that because, we all know how our demanding superiors motivated us to become better surgeons. But GB Ong was more than that. He was a charismatic teacher who was a workaholic and whose excellence inspired and brought out the best in those around him. Under his helm emerged a long line of celebrated surgeons not only in Hong Kong but also in the rest of Asia.

# Prof Guan Bee Ong



- Honorary Fellow of the Philippine College of Surgeons
- First President of the Association of Surgeons of South East Asia

Eventually, the Philippine College of Surgeons reached out to GB Ong. Previously, the College awarded American surgeons the Honorary Fellowship. Given the reputation of Prof GB Ong and the acclaim he had at that time, the PCS eventually made him an honorary Fellow. And this started the fruitful association between surgeons from Hong Kong and the Philippines. GB Ong was close to Filipino surgeons like Dr. Antonio Oposo, Dr. George Eufemio, Dr. Adriano Laudico, Dr. Cris Arcilla. He frequently visited the Philippines and reportedly enjoyed lambanog after his surgeries and other activities with Filipino surgeons.

GB Ong believed that partnership with international groups of surgeons was beneficial in the advancement of surgery in the region. Soon after, GB and our very own Dr. Tony Oposa were part of the nucleus who started the formation of the Association of Surgeons of South East Asia. GB Ong was in fact elected as the first President in 1977 and served with distinction. Soon after, the organization expanded to become the Asian Surgical Association.

GB Ong was an expert surgeon, a teacher par excellence, a leader and a visionary who was ahead of his time.

The theme for this year's midyear Congress is Surgery in Asia Amidst Global Challenges. It is indeed apt for this occasion. The surgical profession and the entire health care sector across the globe are facing numerous challenges. The legacy of GB Ong can serve as an inspiration for all of us in these times of change.

# Global Challenges

- Double Burden of Disease
- Rapid Advances in Technology
- Access to Health Care

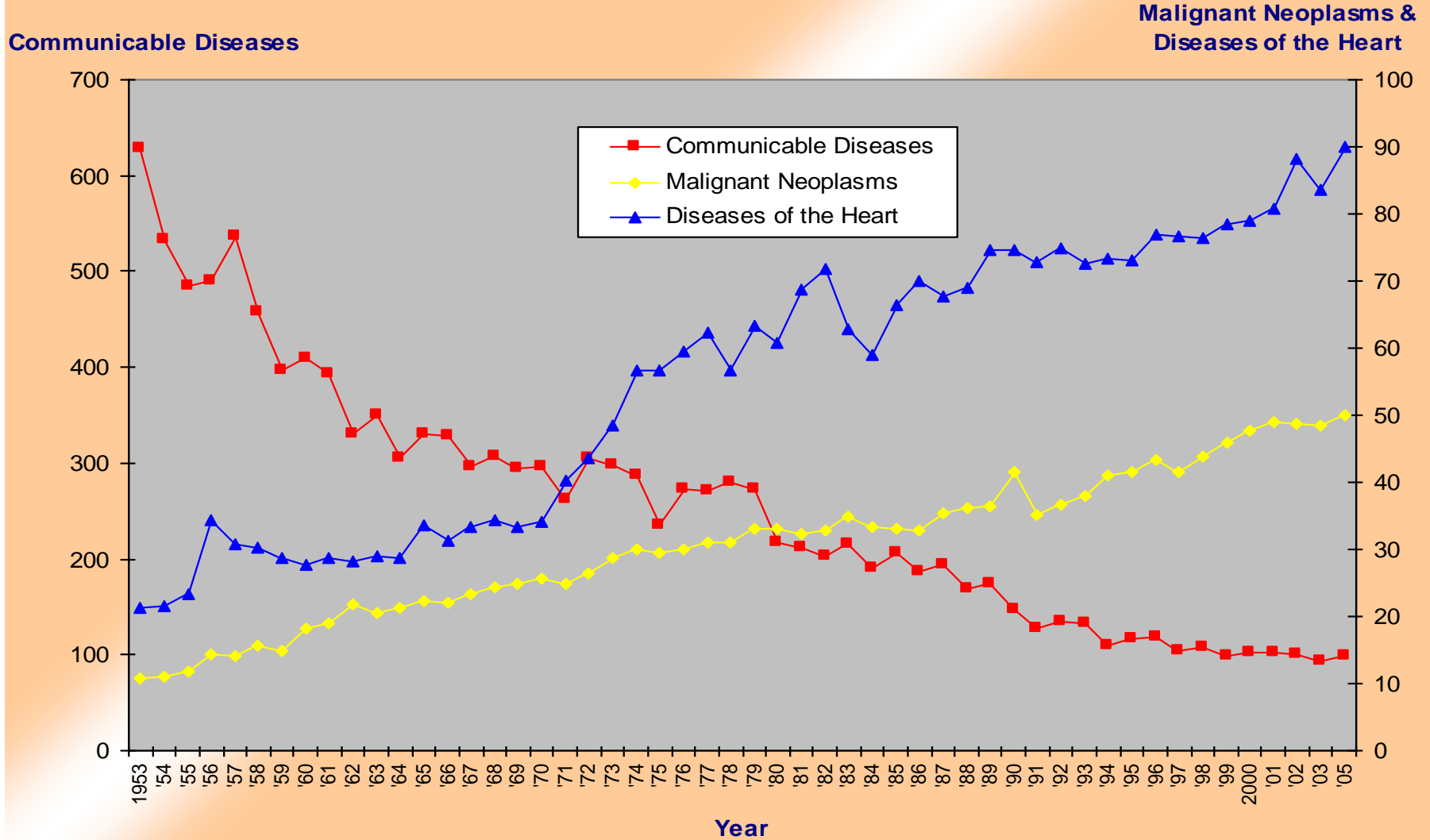
While we have made giant strides in our efforts in controlling communicable diseases, we have yet to fully eliminate this menace. In fact, microbes are evolving and new types of diseases are emerging. But apart from this, there is a growing epidemic of non-communicable diseases and trauma. Worldwide, cancers are among the leading causes of the death. Likewise, the deaths from trauma and vehicular crashes are increasing. We now face the so called “double burden of disease.”

Our second challenge is the rapid advancement of technology. Apart from the development of modern equipment for diagnosis and treatment, the trend is to go minimally invasive. There are pitfalls with rapid technological development in the surgical profession. First, we should be careful in readily accepting these advances. We should carefully study the science and the evidence on the risks and benefits behind these technologies. As such, surgeons should in fact be encouraged to engage in research to widen the body of knowledge on these new surgical developments. Another pitfall is the rising cost of health care generated by these new technologies. This in turns brings us to perhaps the most important question for all of us surgeons, how do we make these technological advances available even to those who have less in life.

Given the rising cost of health care, access to these important, modern medical services and sadly, even the most basic health care is absent to a big segment of our people. In fact, some studies in our country have mentioned that around 60% of them die without seeing a health worker. Interestingly, these are the same challenges faced by our country and our new leadership as it pursues our thrust of Universal Health Care.

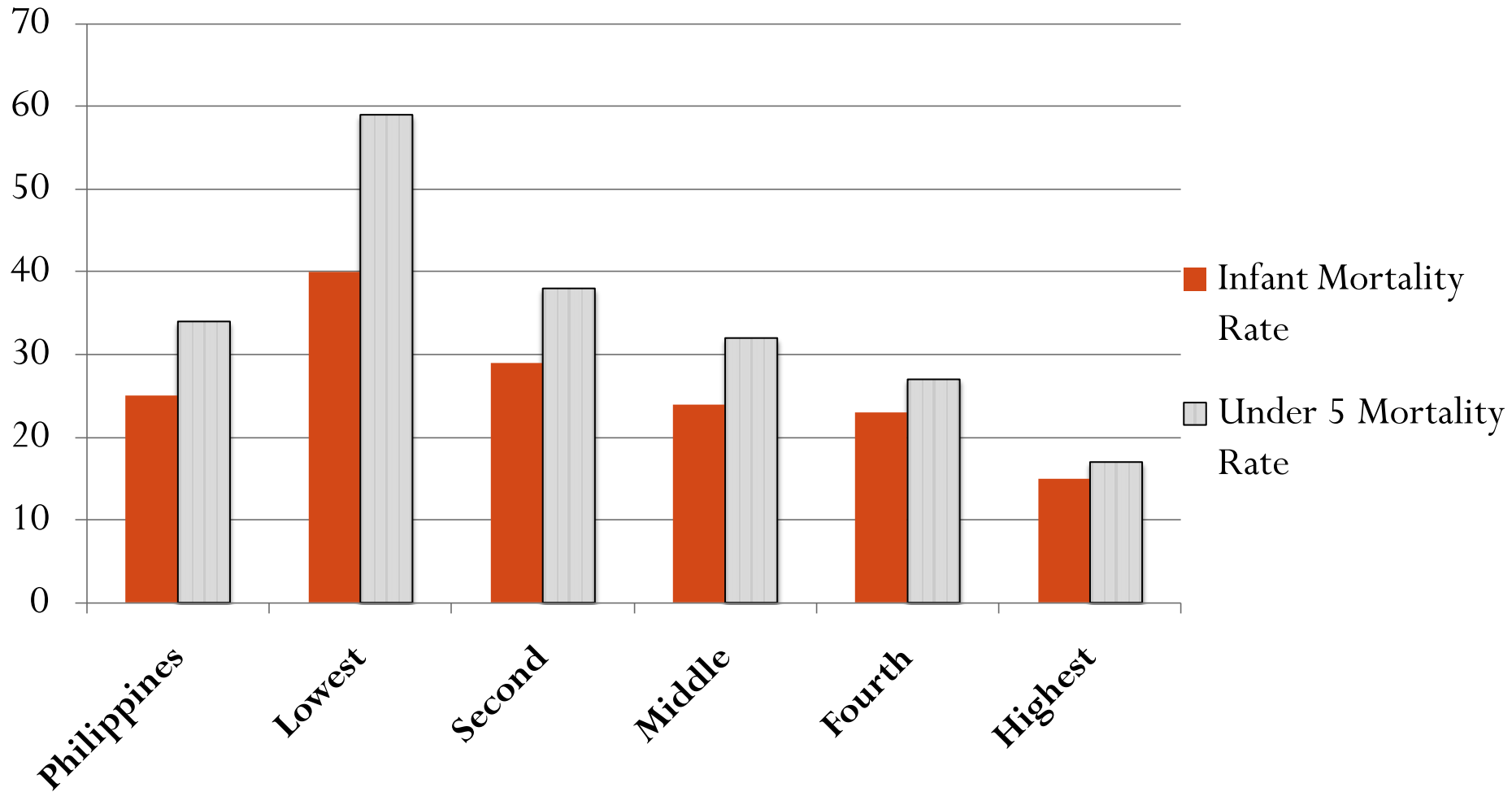
# Mortality Trend: Communicable Diseases, Malignant Neoplasms & Diseases of the Heart

Rate/100,000 Population  
Philippines, 1953-2005



Here we see the double burden of disease in the Philippines. While we have reduced the incidence of infectious diseases, we have also seen the rise of non-communicable diseases. Today, cardiovascular diseases are ranked the top killers followed closely by malignancies. Trauma ranks the fourth. These are a major concern for us because most of these disease are treated surgically.

# IMR and U5MR by Wealth Quintile, 2008



In addition, poor access to health care is an important problem in the Philippines. This results in poor health outcomes and health status among the poorest segment of our population. We see that the lowest income quintile have the highest infant and under 5 mortality rates.

# Filipino Income Quintiles

	Monthly income	Families per quintile
<b>Q1</b>	<b>3,460</b>	<b>5.2 Million</b>
Q2	6,073	4 Million
Q3	9,309	3.9 Million
Q4	15,064	3.7 Million
Q5	38,065	3.4 Million

*Source: National Health and Demographic Survey, 2008*

There are a number of reasons for poor access. One of them is our population's capacity to pay for health care services. If we segment the population into quintiles based on income, we will see that almost 40% of our population live on roughly Php 6,000 and below per month while around 20% or 5.2 million families live on Php3,500 monthly. For a family of five, you can just imagine how long this will go to cover their basic needs. Not much, I tell you. Most of them live on far flung areas and oftentimes the cost of transportation alone prevents them from going to their health center to seek basic health care.

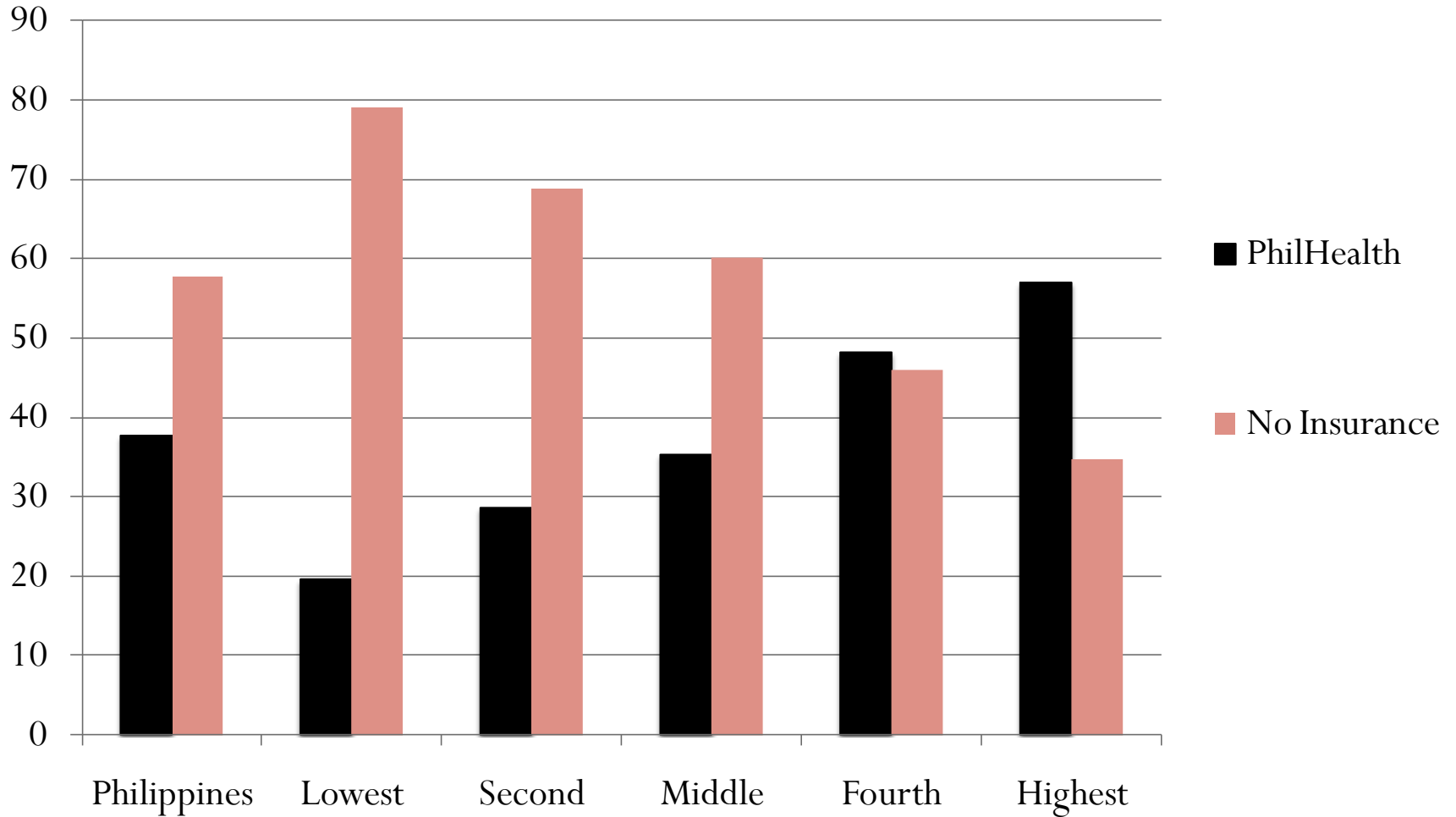
Our National Health Insurance or PhilHealth should have been the answer to the problem. As early as 1968, the government has recognized the need for social insurance in the country. Thus, Medicare was established. This initially covered the members of the GSIS and SSS. In 1995, Republic Act 7875 was passed, paving the way for the National Health Insurance Program which mandated universal coverage for all Filipinos in 15 years. PhilHealth was set up and apart from those belonging to formal sector, meaning the informal sector and more importantly our poorest countrymen must become members of PhilHealth through government subsidies.

# PhilHealth: Membership coverage: conflicting figures

- 87% according to PhilHealth (2010)
- 56% according to the Joint DOH-PhilHealth Benefit Delivery Review
- 38% according to the National Demographic and Health Survey of 2008

However, 16 years after the NHIP law, the actual coverage of PhilHealth seems to be a mystery. Conflicting figures from PhilHealth, Joint DOH-PhilHealth Study, and the 2008 National Demographic and Health Survey show the intention of the law for universal coverage has yet to be accomplished.

# Health Insurance coverage by wealth quintile, 2008



What's worse is that the very segment of the population that the National Health Insurance Program tried to protect, meaning the poorest quintile, are the ones who were not included.

# LGU Health Facilities

Rural Health Unit



Hospital



Another reason for poor access to health care is the neglect of health facilities. The devolution of health services to local governments in 1992 has led to the fragmentation of the hospital and the health facilities system. Suffice it to say, many local governments did not see health as an important priority. Underfunded rural health units, health centers, and provincial hospitals became common place. Thus, we see decrepit rundown buildings and poorly equipped health facilities around. Stories of health centers and hospitals running out of supplies and medicines became all too familiar.

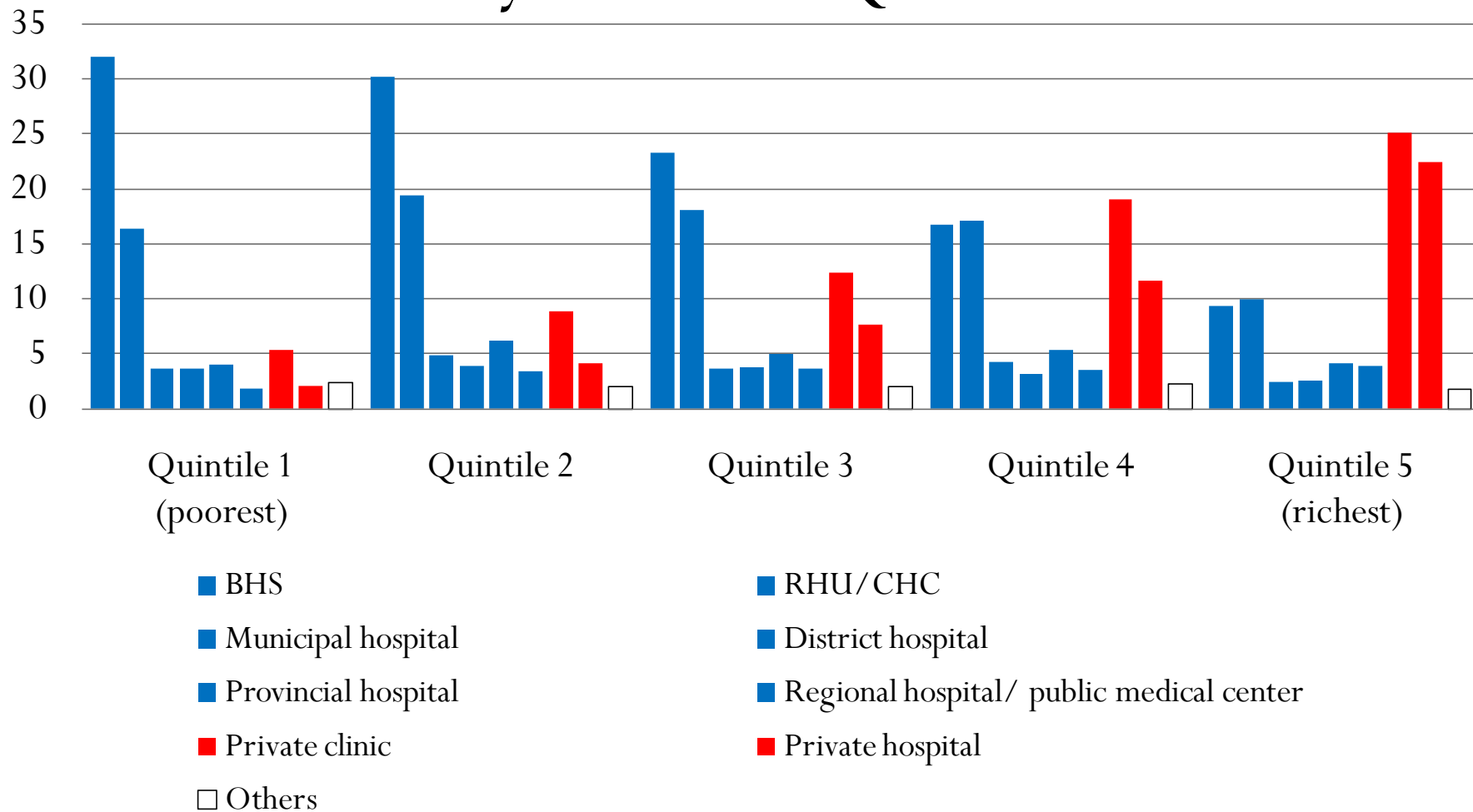
# Regional Hospitals



And for the same reason, even our regional tertiary medical centers which were managed by the National Government were not spared from neglect.

# Who takes care of the poor?

## Health Facility Utilization Rates by Wealth Index Quintile



Neglected facilities contributed to poor access because these government facilities which provide subsidized health services are the ones that the poor rely on for their health needs. And if these facilities cannot deliver adequate health care services to them, no one will.

# Aquino Health Agenda: Universal Health Care

1. Financial Risk Protection for the Poor;
2. Enhancement of hospitals and health facilities;
3. Attainment of health related Millennium Development Goals

Correcting these problem is precisely the objective of the Aquino's administration's health agenda of Universal Health Care or *Kalusugang Pangkalahatan*. This is composed of three strategic thrusts, namely 1) financial risk protection through expansion in National Health Insurance Program enrollment and benefit delivery, 2) enhancement of hospitals and health facilities, 3) attainment of our health related Millennium Development Goals.

# Improving Financial Risk Protection

## **Increase Coverage of the Poorest of the Poor**

- Full National Government subsidy for the poorest 20% of the population
- Premiums for the 2<sup>nd</sup> poorest 20% in partnership with the local government units

## **Improved Coverage of the Informal Sector**

- Proof of PhilHealth membership as a requirement for government transactions

Increasing PhilHealth coverage particularly to the poorest is the priority. We will fully subsidize the bottom quintile of the population, all of 5.2 million of them. While for the next poorest quintile, we will ask local government units and even the private sector to subsidize their premiums

Since our National Health Insurance Program is a cost-sharing mechanism based on equity and solidarity, we will improve coverage for those who can afford but are not currently enrolled in PhilHealth. We will strictly enforce the mandatory nature of membership to the program. We are currently in talks with other government agencies to make proof of PhilHealth membership, either as a contributor or a beneficiary, a prerequisite in some government transactions such as business permits, licenses, etc.

# Improving Financial Risk Protection

## Increasing Availment

- Streamlining of PhilHealth Processes
- Upgrading of PhilHealth and hospital ICT
- Unified and streamlined DOH licensure and PhilHealth accreditation for hospitals and facilities
- Stronger information campaigns on member entitlements

We have noted that during the past years the tedious processes required to avail of PhilHealth benefits has been a barrier that has discouraged members from accessing these services. PhilHealth has recently approved a Php350M budget to upgrade its Information Technology (IT) capabilities to speed up processing time for enrollment, claims, reimbursements, and other transactions.

We also need to unify and streamline DOH licensing and PhilHealth accreditation process. Of course, we need to strengthen monitoring to ensure that quality health care is being delivered.

Finally, we will embark on stronger information dissemination campaigns to inform members of their entitlements. This is because a large proportion of PhilHealth members, especially the poor are often unaware of what PhilHealth has to offer them.

# Improving Financial Risk Protection

## Increase support value

- Enhanced benefit delivery for the poor
  - Outpatient benefit
  - In-patient benefits
- No-balance billing for the lowest quintile in government hospitals
- Case payment schemes

At the same time, we are working on new out-patient and in-patient benefit packages. We have finalized a no-balance billing policy which will mean that the poor need pay for hospitalization expenses in government hospitals for specific diseases. Our goal is to have each poor family enrolled to a particular health care provider, preferably the RHU, where they can access their out-patient benefits. Lastly, PhilHealth will be shifting to the “case payment scheme”, which will enable a more efficient and faster payment for hospitalization expenses.

Improving PhilHealth coverage will mean better financial risk protection for families as well as increased incomes for health facilities. Eventually, we want to do away with the delineation between “charity” and “pay” patients.

# Health Facilities Enhancement

- Immediate repair and rehabilitation of selected facilities
- Public-Private Partnership
- Fiscal autonomy and income retention for government health facilities

We have started the construction, rehabilitation, and enhancement of government hospitals, health centers, and rural health units all over the country. Likewise, we have allotted funds for procurement of modern equipment such as CT Scans, Ultrasounds, etc for our strategically located DOH Regional Medical Centers.

But we all know that government funds alone are not enough to improve the state of our hospitals. As such, we are engaging the private sector to partner with us in this endeavor. Public-private partnership is a concept that we have adopted. I am happy to announce that we have laid the foundations to enhance at least 24 DOH Regional Hospitals through the PPP. Also, I am pleased to inform you that recently the United Nations Economic Council for Europe chose the Philippines as the site of its International Specialist Center for PPP in Health.

Likewise, we are working on giving fiscal autonomy and income retention to all government health facilities.

# UN Millennium Development Goals

## Progress by Goal

Current status in accordance with national Government reporting:



**Eradicate extreme poverty and hunger**



**Achieve universal primary education**



**Promote gender equality and empower women**



**Reduce child mortality**



**Improve maternal health**



**Combat HIV/AIDS, malaria and other diseases**



**Ensure environmental sustainability**



**Develop a global partnership for development**

## ICON LEGEND



Achieved



Very likely to be achieved, on track



Possible to achieve if some changes are made



Off track



Insufficient information

Our last thrust is strengthening our effort to achieve the Millennium Development Goals for Health. In 2000, the Philippines, along with 188 other countries signed the UN Millennium Declaration, which seeks to decisively fight hunger, disease and poverty and foster development in the developing world. This pledge was translated into 8 Millennium Development Goals with quantitative targets by 2015.

We are committed to achieving these targets. Achieving these goals is important because it means that we have improved the quality of life of our people.

# Attaining the MDGs

- ✓ Ensure that poorest families are reached by priority public health programs
- Deployment of Community Health Teams:
- Delivery of essential public health interventions at the doorstep of the families
  - Health promotion – health lifestyles
  - Vaccines
  - Family planning

But we particularly need to double our efforts if we are to achieve the MDG on the reduction of and child mortality. Our program on health facilities enhancement is directed towards equipping rural health units and health centers to enable them to provide safe deliveries for mothers.

Likewise, our recent experience in the ongoing Meales Rubella Immunization campaign has shown that essential public health interventions can be delivered right at the doorstep of families through community health teams. By doing this, we can get timely and quality information about maternal and child health and at the same time, we can improve the coverage of our public health programs.

# Role of Surgeons in Universal Health Care

- Seek out and serve underserved communities
- Make advances in the field of surgery accessible to our underserved countrymen
- Universal Health Care will help health professionals

Surgeons have a critical role in Universal Health Care. As providers of specialized health care, how can we help if our countrymen do not have access to us. The solution perhaps is that we should be the ones to access them; seek them out, serve the underserved communities. You already know that we lack general surgeons and sub-specialists outside our bigger cities. We are all concentrated in the metropolis. Perhaps, it's time that we encourage service in the communities.

Just as important, we should be conscious of how we can make the technological advances in the field of surgery accessible to our underserved countrymen. While medical missions can help, I believe there should be something more sustainable. These are difficult questions indeed.

The Department of Health will do its part in helping surgeons face these challenges. Universal Health Care and its components are designed to ensure that the poor must have access to health care. Likewise, it is also aimed at making financial resources flow through the health system in order that health professionals in general and doctors in particular get the compensation they truly deserve.



**Professor Tan Sri Guan Bee Ong**  
*P.S.M., O.B.E., M.D., D.Sc.*

**Thank you**

Perhaps the legacy of GB Ong is not only his achievements in the field in surgery but the values that he lived by. Excellence, leadership, and scholarship transcend surgery and are universal. These are values we all aspire for and for that GB Ong is a continuing inspiration for all of us.

Thank you and a pleasant morning to all of you.