

Towards Health Policy for All—Re-visioning Health and Social Systems for Equity and Resilience

The Institute of Health Policy and Development Studies (IHPDS), established by the University of the Philippines Board of Regents in 1999 as one of the 16 component institutes of the National Institutes of Health, is envisioned as the principal resource organization for evidence-driven, inclusive, and strategic health policy solutions.¹ This special issue of *Acta Medica Philippina*, entitled *Towards Health Policy for All*, reflects that vision by showcasing research that bridges evidence and action in service of public health.

This issue also highlights outputs supported by the Commission on Higher Education (CHED), most notably through the project *Managing Stress Levels of Disaster Responders with an Android Application and a Monitoring and Evaluation System*, which produced *Weathering the Storm: Stress Management of Filipino First Responders Using the "Mi Salud" Stress Check App*. Beyond this, the collection illustrates the Institute's wide-ranging interests, with articles covering cost-effectiveness analyses of COVID-19 vaccines, oral health care, economic evaluations of the WHO elimination strategy for hepatitis B, community-based rehabilitation, counterfeit medicines, and illicit drug use, among others. Together, these 11 articles reflect our continued commitment to advancing the health of Filipinos through research that can be translated into effective and meaningful health policies.

Across these diverse contributions—from infectious diseases and pharmaceutical regulation to mental health, substance use, and governance—the studies converge on a common insight: resilient systems must be people-centered, justice-oriented, and grounded in local realities.

The realist review of participation in community-based rehabilitation (CBR) for children with disabilities reframes participation not as token presence but as genuine agency.² It reminds us that inclusive rehabilitation demands structures that empower children, families, and communities as decision-makers. Relatedly, the policy analysis on counterfeit and falsified medicines underscores how legal definitions shape patient safety and public trust, calling for a sharper regulatory lens to safeguard both access and quality.^{3,4}

Infectious disease control remains central. The economic evaluation of hepatitis B elimination strategies^{5,6} and the cost-effectiveness analysis of COVID-19 vaccines^{7,8} demonstrate that sustained, science-driven investment in prevention is not only lifesaving but also cost-saving. Yet, the comparative study of LGU pandemic responses shows that governance, coordination, and risk communication are equally decisive—underscoring that preparedness is as much social and political as it is biomedical. The systematic review on HBV stigma measurement tools deepens this insight, warning that without robust instruments to capture stigma, inequities remain unaddressed.⁹

Mental health innovations in this issue reflect the urgency of care amid crises. The “Mi Salud” stress check app for first responders and the Unahon triage tool for evacuation centers demonstrate context-sensitive, pragmatic strategies that protect the mental health of caregivers and evacuees alike. These tools model how technology and culturally attuned practices can extend scarce mental health resources.^{10,11}

Perhaps most urgent are the contributions that interrogate drugs, HIV, and punitive policy. The study on the Philippine “war on drugs” reveals that fear-based deterrence may compel surrenderees but fails to prevent relapse—underscoring the inadequacy of coercion and the need for rights-based, community-anchored rehabilitation.^{12,13} Complementing this, research on risk factors for illicit drug use among Filipino youth and related vulnerabilities to HIV/AIDS highlights the intersecting roles of gender, socioeconomic precarity, adverse life events, and social environments.¹⁴ These findings expose the structural drivers of risk, reminding us that health cannot be divorced from justice and social protection.



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Taken together, the articles in this special issue advance a collective vision: health systems that move beyond narrow biomedical framings, recognizing that law, governance, economics, stigma, and social environments are equally determinants of health. They challenge us to build systems that protect not only from disease, but also from neglect, discrimination, and violence.¹⁵

As the Philippines faces the unfinished business of pandemics, persistent inequities in access, and the ongoing legacies of punitive policies, the way forward must be clear: evidence must guide reform, communities must shape interventions, and compassion must anchor practice. Only then can we realize health systems that are not merely reactive, but truly inclusive, equitable, and resilient.¹⁶

Leonardo R. Estacio, Jr., MACD, MPH, PhD

*Department of Behavioral Sciences
College of Arts and Sciences
University of the Philippines Manila*

Paul Matthew Pasco, MD, MSc

*Department of Neurosciences
College of Medicine
University of the Philippines Manila*

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