The Youth's Role in Advancing the State of the Nation's Health

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ABSTRACT

The Philippine health system comprises a vast pool of individuals and organizations in both the public and private sectors whose concreted (or disparate) actions define the health status of Filipinos. While Filipinos today are healthier compared to the 1990s, especially with respect to the Millennium Development Goals, challenges and gaps remain. Health disparities between and within communities exist driven mainly by sociodemographic characteristics. There also still remains a gap between the knowledge of healthcare providers and clients; and even if patients do know, this does not guarantee correct consequent action. Finally, ineffective governance leads to various forms of corruption that, in turn, affect health system performance. This paper offers recommendations on how youth-led organizations can help address these challenges.

Key Words: young adult, adolescent, health care sector, Philippines

The Philippine Health System: An Overview

Health systems refer to "organizations, institutions and resources that are devoted to producing health actions".[1] This definition offered by the World Health Organization (WHO) illustrates the wide-ranging set of health and support sector actors whose individual or collective actions improve health at the personal, family, or community levels.

Following the logic model (Input→Process→Output), the health system in its simplest form comprise six inputs, or building blocks, namely (a) Service Delivery, (b) Health Workforce, (c) Information, (d) Medical Products, Vaccines and Technologies, (e) Financing, and (f) Leadership and Governance, all of which serve to improve the health status of peoples in ways that are responsive, financially fair, and make the best, or most efficient, use of available resources.[2] Intermediate outcomes that are equally important include ensuring that the services are accessible to all people, but especially to those who are most in need, while at the same time guaranteeing an acceptable level of quality of care and service provision.

Accomplishing these goals in the Philippine setting is a multi-tier health system comprising public and private sector institutions, whose interplay (or lack of it) defines the landscape of healthcare in the country.

At the forefront of these is the Department of Health (DOH), the executive agency tasked with the "promotion, protection, preservation or restoration of the health of the people through the provision and delivery of health services and through the regulation and encouragement of providers of health goods and services".[3] Following the devolution of basic services to local government units (LGU) in 1991, field operations and direct service provision function was transferred to provincial, city and municipal health offices (PHO, CHO, and MHO, respectively), with the DOH limited to rendering technical assistance to these institutions but still maintaining its functions in formulating, planning and coordinating policies and programs at the national level.[4]

In the private sector, on the other hand, which constitutes nearly half of the Philippine health system, are robust actors in the formal sector consisting of facilities and establishments directly involved in provision of health care (hospitals and clinics) and ancillary services (laboratories and pharmacies), staffed by medical, allied, and para-medical health professionals.[5] Informal players in the sector, such as traditional and alternative medicine practitioners, vendors who sell medicines and dispense advice, and caregivers within families, further expand the network of system stakeholders.[6]

Other actors not directly involved in service delivery, but who also impact the health system, include state and voluntary regulators (DOH, PHO/CHO/MHO, International Organization for Standardization, Joint Commission International, Philippine Accrediting Association of Schools, Colleges and Universities), providers of services to primary providers (educational institutions, third-party payers, pharmaceutical and medical supplies companies), provider organizations (professional societies and associations), and consumers (both professional and non-professional health workers, individual patients, consumer groups).[7]

The sum total of this vast pool of individuals and organizations make up the Philippine health system today,

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and their concerted (or disparate) actions define the health status of Filipinos.

State of the Nation's Health: Focus on MDGs

Are we healthier than we were more than a decade ago?

Defining the health status of populations can be done in many different ways, but for purposes of this discussion, will be limited to an appreciation of the Millennium Development Goals (MDGs), in particular MDGs 4 (child health), 5 (maternal health), and 6 (control of communicable diseases).

Based on the latest available estimates provided by the National Statistical Coordination Board (NSCB) in September 2013, it seems that the answer is yes, Filipinos are healthier today compared to the 1990s.[8] In particular, of the 12 indicators for the health MDGs for which concrete 2015 targets are known, the NSCB indicated that the country has a high probability of achieving the goal in 50% of these, a medium probability in 8%, and a low probability in the remainder. Three other indicators for which no target has been fixed (antenatal care coverage of one and four visits, and unmet need for family planning) show a positive trend when comparing the 1990 baseline data and the latest available country estimates.

In real terms, these mean that Filipino children born in 2011 have a higher probability of surviving beyond their first and fifth birthdays compared to their contemporaries from the 1990s. More women are being seen by healthcare providers during the pregnancy period, while those who do not intend to become pregnant (for various reasons) have greater access to family planning and reproductive health services. Disease and death attributable to malaria are in decline, and more patients diagnosed with tuberculosis are being cured under the Directly Observed Treatment Short-course chemotherapy strategy.

These positive trends, however, are off-set by some painful realities. Measles, a crippling disease that may affect other body organs such as the lungs and the brain, still remains a threat to children especially in light of the low coverage for measles immunization. Pregnant women are dying from complications of pregnancy, childbirth, and delivery, and one cause is the absence of skilled health workers to attend to them during these periods. While there has been a marked increase in access to family planning services, utilization of any form of contraception among persons of reproductive age remains low. Finally, the burden of tuberculosis among Filipinos, both in terms of disease and death, has not been sufficiently impacted by the rise in the number of patients with tuberculosis undergoing proper treatment.

All these are transpiring even as the world has seen rapid advances in our understanding of the biomedical and social causes of ill health, and the Philippine government has increased its investments in health.[9,10] This is not to mention the robust state of the health system in the country, as discussed previously.

Why, then, do these health problems persist?

Sectoral Issues and Gaps

In general, current trends in our health status can be attributed to three issues.

First, while much progress has been made in terms of the provision of health care, their effects have been uneven. Health disparities between and within communities exist, and these are driven mainly by sociodemographic characteristics more than the physical constitution of individuals. Technically, this is known as health inequity.[11]

For instance, the National Statistics Office reported in 2008 that the health of Filipino children is closely tied with the family income, maternal educational status, and place of residence.[12] In particular, this means that the probability of a child surviving beyond the first and fifth years increase with urban residence, and a commensurate rise in family income and maternal educational attainment. The same can also be said regarding immunization. Therefore, a child born to a middle-class family in the city and whose mother has completed college will be better-off in terms of health compared to a similar child born to a poor family in a barrio and whose mother has not received any formal education.

These realities are mainly, but not entirely, attributable to health system access.[5] When members of the more marginalized sectors of society are in need of healthcare, they will have to contend with ill-equipped, poorly staffed (assuming there is a health worker), and dilapidated health facilities, which may even be located at a considerable distance from their homes. And even when they do reach the clinic or hospital, the cost of healthcare, which is mainly paid out-of-pocket, will determine the quantity, and quality, of care they will receive.

Second, there still remains a gap between the knowledge of healthcare providers and clients. And for instances where patients are knowledgeable, there is still no guarantee of a correct consequent action.

Take for instance tuberculosis, questions for which were included in the 2008 National Demographic and Health Survey.[12] While nearly all (>90%) Filipinos claim to have heard of the disease and believe that it can be cured, only about half are knowledgeable about the symptoms of tuberculosis, and only one in four attribute the disease to germs. Among those who have symptoms suggestive of tuberculosis, only 40% sought consultation with a healthcare provider. Finally, while a great majority of the respondents know that tuberculosis is curable, only three out of five of them are willing to work with someone previously treated for the condition.

We are then faced with an ironic situation where knowledge about a disease condition is claimed to be high, but in actuality is only superficial knowledge interspersed

with folk belief and misperceptions. This, in turn, influences the response of individuals. Their understanding of the disease determines the types of remedy they will obtain, as well as their attitude toward those who have the condition.

Finally, governance issues pervade the health system. Good governance, the exercise of authority for the common good, is essential in ensuring high performance by health workers in health facilities, which in turn results in an increase in service provision coverage and ultimately better health outcomes.[13] For governance to be effective, however, four antecedents need to be present: standards, incentives, information, and accountability. The outcome of ineffective governance (i.e., when any or all of the antecedents are absent) leads to various forms of corruption that, in turn, affect health system performance.

At one end, this could take the form of health worker absenteeism not reflected in attendance logs, or bringing home of office and pantry supplies and medical products for personal use. At the other extreme are outright overpricing of procured supplies, procurement of positions (in cash, or through favors), collection of fees for free services, and data manipulation prior to reporting.

Given these situations, it should not come as a surprise if health facilities are under-staffed even if the payroll for health workers are overflowing, budget for supplies are high but complaints of shortages abound, and reported health facility performance is excellent but disease remains prevalent in the community.

In these times and in the face of these circumstances, how can the youth contribute to advancing the state of the nation's health?

Role for Youth-led Organizations

From the foregoing discussion, the diversity and complexity of the health system should have become apparent. Indeed, this stems from what health is all about: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".[14] Issues confronted by the sector, then, would also require a far more comprehensive solution than what can be offered in this brief discussion. The following action points for youth-led organizations, therefore, are to be interpreted at best as suggestions of a health worker and public health advocate.

Intuitively, the sheer number of youth-led organizations present in the Philippines confers a considerable reach in the archipelago,[15] which raises the probability of helping health workers increase access to the health system, especially for the marginalized sectors of society. This could take the form of direct service provision, as when medical missions are organized and instituted in disadvantaged areas, or of bridging the community and health facilities, as when individuals are transported from their homes to health facilities. Another simple step would be the facilitation of enrolment of families to the Sponsored Program of the Philippine Health Insurance Corporation, which may not necessarily involve shelling out cash to cover insurance premiums but organizing enrolment drives, for instance, in coordination with the local government. Helping to increase access to the system could also mean funding, or raising funds, for the construction or repair of health facilities, or even procurement of essential supplies that cannot be wholly provided by the state.

Youth-led organizations can also become health advocates. Educating others about health and proper health seeking behavior is essential in bridging the information asymmetry between healthcare providers and consumers. Admittedly, the burden of caring for patients oftentimes overwhelms health workers' capacity to truly and effectively transmit information to consumers. Youth-led organizations can lend us their time by becoming health educators. After receiving appropriate training, they can communicate health messages at home, in school, within their respective organizations, or even the community at large. Or, those who are more artistically inclined can lend us their talents and help the health system design better and more resonant health education and health promotion materials.

Youth-led organizations can also facilitate better governance and performance in the health sector. At one level, and more relevant especially to students, this means helping expand and broadening the current knowledge base on health system performance and gaps. There is still a lot of ground to be explored in the health sector in terms of administration, policy development and implementation, economic drivers and barriers at the micro and macro levels, and behavioral influences for both providers and users alike. At another level, however, the youth can be advocates for good governance in the health system by staking a claim in the health agenda of the government, whether in the area of budgetary allocation for health or enactment of health policies, at the barangay, city, or national levels.

Concluding Remarks

The call for the attainment of health for all peoples, initially made in 1978 and termed Primary Health Care, resonated again within the global community 30 years later.[16] More recently, the Aquino Administration adopted this as the national health policy, termed Universal Health Care or *Kalusugang Pangkalahatan*.[17] A key principle of primary healthcare is the need for intersectoral action in the attainment of this goal. The youth and youth-led organizations offer a certain level of idealism and vibrance, not to mention numbers, which could be harnessed if we are to achieve our vision of attaining health for all Filipinos in the years to come.

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