

PROGRESS REPORT □ Marcos Agayo

# The Philippines is getting healthier

**H**OW healthy is the Philippines? There are no known exact gauges of a population's state of health. However, the indicators in current use are: the nature and extent of disease in the population and the occurrence of vital events (births and deaths). Using these, the Department of Health (DOH) says that the state of health of the Philippines today is "satisfactory and continually improving."

**N**ATURE OF DISEASE PROBLEMS. Communicable diseases have always been the major disease problem of the Philippines. Fortunately, the impact of these diseases on our population has been significantly reduced over the years. In 1923, when the problem for the first time could be well defined statistically, communicable diseases accounted for 75.6 percent of all deaths. In 1956 the proportion was reduced to 54.7 percent; and in 1974, further cut down to only 42 percent.

Deaths caused by communicable diseases has been declining more than the relative rate of incidence. According to the latest (1974) statistics, five of the ten leading causes of death in the Philippines are communicable diseases, namely, pneumonia, tuberculosis, gastro-enteritis, bronchitis and tetanus. These ranked, in 1974, first, second, fourth, ninth, and tenth, respectively. The other leading causes of death in 1974 were diseases of

water sanitation is lacking.

**Viral diseases.** The major members of this group are influenza, measles, rabies, poliomyelitis, varicella and hemorrhagic fever. They have accounted for 2.5 percent of all deaths and 6.0 percent of all communicable disease deaths in the country. The major impact of this disease group occurs in morbidity; it accounted for the illnesses of 7.8 persons per 1000 population.

Of these viral diseases, influenza leads in morbidity and mortality. It caused about 1.0 percent of all deaths and 2.5 percent of all communicable disease deaths in 1974. Viral diseases are mainly childhood diseases; and while influenza attacks all ages, deaths are concentrated among the young.

## COMMUNICABLE DISEASE TRAITS.

Two relatively new diseases of which there have been recent outbreaks demonstrate some basic facts about communicable diseases. One—Philippine hemorrhagic fever—illustrates, according to Director J.J. Dizon of the Bureau of Health Services and Disease Control, "the trend of viruses to multiply and develop into more types and strains and to increase in pathogenicity (capability of causing diseases) possibly through mutations." The other "new" disease, cholera *el tor*, has shown that "complete eradication of communicable diseases is quite difficult to attain—that while a di-

age life span of Filipinos and the improvement of environmental sanitation on one hand with the decline of the main impact of communicable diseases on the other.

**Declining Death Rates.** Indicating an improvement in health services, especially among newborn babies and mothers giving birth, the death rate declined by 61.6 percent, from what it was 50 years ago to 6.8 per 1000 in 1974. The decline is particularly notable among newborn babies and mothers giving birth. During the last 25 years, the crude death rate declined by about 38.7 percent while the infant mortality rate declined by about 58.3 percent and the maternal mortality rate, by about 56.8 percent.

**A young population.** The declining death rate has resulted in an enlarged youth population. The Philippine population in 1974 was estimated to be about 41.5 million. And it has been noted that the population is essentially young; 45 percent are under 15 years of age and are equally distributed between the sexes. While Malthusian nightmares are engendered by this expanded youth population, it shows how far the battle against disease has progressed.

## SPREADING HEALTH SERVICES.

Since most of the population cannot afford private medical care, the task of providing health services to the majority has fallen upon the DOH. The public

1) the establishment of health stations in barrios or districts remote from the local RHU which is usually located in the town proper; 2) the construction of new RHUs and renovation of existing ones; and 3) the provision of jeeps for transportation of RHU personnel.

The present ascent of health services is preventive rather than curative. The DOH, consequently, is carrying out an expanded immunization program, formulating more environmental sanitation programs, and accelerating its part in the government's nutrition program.

**Immunization.** The priorities are directed to mass immunization of infants 3-14 months old and to primary grade school entrants, against tetanus, diphtheria, pertussis, and tuberculosis. The program will soon include immunization against other preventable diseases as soon as technical and operational constraints will allow.

Most of the vaccines used in immunization programs were either donated by other agencies or imported. Efforts in the way of research, experiments, and appropriate allocations are being done to produce serums locally. Eventually, self-sufficiency in vaccines will be attained via accelerated production by the Alabang Laboratories of the government.

Immunization teams visit each of the 40,000 primary schools in the country twice a year. The first visit is made in June or July when schools open. The second visit is made in January or February, after an interval of six months from the first round. Each immunization round, lasting for about four weeks, ensures that the vaccines used retain their potency despite lack of refrigeration facilities in most rural areas.

An information campaign precedes every immunization round to motivate parents to submit their children for immunization. To ensure sufficient coverage, moreover, basic immunization was declared compulsory for all children eight years of age or younger.

**Environmental Sanitation.** Only about 39 percent of the population has access to potable water and about 32 percent, to sanitary toilet facilities. Since it will take some years before proper municipal water and sewerage systems reach the majority of the population, most will still have to make do with unconnected systems. The DOH's Division of Environmental Sanitation is responsible for inspecting water and sewage or toilet systems and for educating the public about environmental health. Plans have been made to increase the budget of this agency and thus give better attention to preventive measures.

**Nutrition Education.** The Philippine campaign against malnutrition has been praised by the United Nations University as "the most comprehensive program of applied nutrition at the village level yet undertaken by any country." The report further notes that the nutrition program has "contributed in three years to an improvement of nutrition and health in the Philippines."

The government's nutrition policy is focused on the prevention and cure of malnutrition among infants, preschool children, and pregnant or lactating women. These persons are the ones who suffer most from the effects of malnutrition. Specifically, the first six months in the life of an infant are the most crucial period in his mental development.

A vital factor in providing for good infant nutrition is making the mothers aware of good nutrition practices. In the rural areas, mothers usually learn about the nutritional needs of their children through the Mothercraft Centers of the DOH's National Nutrition Service. These centers also provide supplemental feeding to pregnant and lactating women, as well as to infants and children from needy families. □



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the heart (third), diseases of the vascular system (fifth), avitaminosis and other nutritional deficiency diseases (sixth), malignant neoplasms or tumors (seventh).

At present, communicable disease problems come from three distinct disease groups; namely, respiratory diseases, gastro-intestinal diseases, and viral diseases.

**Respiratory diseases.** These accounted in 1974, for 22.2 percent of all deaths, for 52.6 percent of all communicable disease deaths, and for the illnesses of 0.3 percent of the total Philippine population. Of this group, respiratory tuberculosis had been the leading killer of Filipinos until about 20 years ago. Lately, pneumonia (all forms) has been responsible for more deaths than any other disease, causing 16.2 percent of all deaths and 72.3 percent of all infants' deaths.

**Gastro-intestinal diseases.** These were responsible, in 1974, for 6.0 percent of all deaths, for 14.2 percent of all communicable disease deaths, and for the illnesses of about 67 persons per 1,000 of the population.

The incidence of gastro-intestinal disease group rises during the rainy season, especially during the months of July and August. Slight rises of "summer diarrhea" of infants and young children may occur during the hot months. These diseases are closely tied up with poor environmental conditions. Outbreaks often occur in rural areas where food and

sewage may be absent for some time, the introduction of a force that would trigger off into action the many other factors of disease causation would result in its reappearance."

**Hemorrhagic fever** first occurred in the Philippines in 1954 sporadically, then in localized outbreaks; the disease has become endemic (prevalent in a particular locality or people) with a tendency to break out into an epidemic (rapid spread of a disease) every five years. Preliminary investigations point to the household mosquito as the carrier of hemorrhagic fever virus.

Cholera *el tor* broke into the Philippines despite the application of all known preventive and quarantine measures. It was originally confined in the South Celebes. It then spread to South and Southeast Asia before it came here. Director Dizon notes that: "Cholera *el tor* is basically a poor man's disease intimately related with poor environmental conditions."

The problem of communicable diseases, as Dizon sums up, is that: "Communicable diseases are diseases of a young population and of a poor environment. As that population tends to grow older as shown by an increasing life expectancy, and as the environment tends to improve, then the problem correspondingly becomes less and less. This principle has been excellently illustrated in our country, as shown by the close correlation between the increasing aver-

age life span of Filipinos and the improvement of environmental sanitation on one hand with the decline of the main impact of communicable diseases on the other.

Keeping up with a geometrically expanding population provides a constant strain on the capacity of government services. For their part, health planners have had to minimize the cost of medical services while increasing population coverage and making maximum use of technology and resources. There are now 762 government and private hospitals and 1,605 Rural Health Units in the country. Health manpower consists of 52,783 or an average of one physician per 3,222 persons. Metropolitan areas enjoy a better ratio of services while the ratio for rural areas falls "far below the average."

To help orient the Philippine medical curriculum to rural indigenous needs, the following, among others, have been proposed: locating undergraduate medical training facilities in predominantly rural areas and granting "preferential fiscal treatment" to medical schools according to how many of their graduates practice in the Philippines.

To be able to provide adequate health services to the rural population, the DOH has formulated a program for upgrading and expanding its rural health infrastructure. This program includes: