The Crucial Role of Political Will in Advancing Primary Health Care

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To the editor,

I recently came across an insightful editorial published in this journal that prompts contemplation on how medical education can strengthen primary healthcare (PHC) across diverse contexts, especially in Korea.\(^1\) I support the claim that high-quality primary care services are crucial for strengthening primary healthcare systems, especially in developing countries marked by pervasive health disparities. This issue mirrors the scenario in the Philippines, where healthcare services are sometimes discriminatory, exacerbating the plight of the poor and the underprivileged.

PHC embodies a holistic societal approach to health, which aims to ensure optimal health and well-being, and an equitable distribution of these benefits. It intends to focus on people’s needs from the earliest stages, right from health promotion and disease prevention to treatment, rehabilitation, and palliative care, all within close proximity to people’s daily environments.\(^2\) This goal is occasionally found amiss in the Philippines as inequities in primary care persist within the framework of health programs, facilities, human resources, finances, and training. These discrepancies have been acknowledged by various stakeholders from the government bodies, private sectors, and non-government organizations.\(^3\) There is a dearth of healthcare centers in the country, especially in remote areas. In some instances, basic medicines are found to be out of stock and medical facilities are unavailable. The country has only 3,900 primary care facilities, of which 2,600 are Rural Health Units/Health Centers (RHU/HC). Merely half of the Filipino population had access to an RHU/HC within a 30-minute travel radius. The country requires an additional 2,400 RHU/HCs by 2025. A total of 60,000 primary care physicians are required to meet the current demands of primary care, assuming that the staffing standards are physician-based.\(^4\) In some unfortunate scenarios, no doctors are present to check on patients with urgent need of medication. Even private hospitals grapple with financial disparities. Despite holding private healthcare insurance that generally covers check-up fees, doctors still collect an extra charge called “pandemic fee” directly from the customer’s pocket, and I have experienced this scenario myself. Primary care, which focuses on prevention rather than cure, should provide wider coverage and prevent social disparities in healthcare, in addition to reducing the financial burden on the public health system.\(^5\)

Besides enhanced medical education, strengthening PHC to address health inequalities hinges on strong political will from policymakers. Political will pertains to the determination of the decision-maker to drive change and attain desired outcomes. It signifies the extent of committed support among key decision-makers for a particular policy solution to a specific problem.\(^6\) No matter how substantial healthcare policies are, their efficacy will be hampered if the commitment to implement them lacks the will to actualize them, thus yielding limited impact. Enhancing and cultivating a stronger political will entails acknowledging the potential for inappropriate and illegal practices within governmental affairs, which may challenge the determination of those in charge. Thus, there must be a thorough deliberation among those entrusted with implementing these programs and policies. High moral integrity and utmost credibility must be the main qualifications for such roles, thus ensuring that even when faced with the allure of corrupt practices, these virtuous appointees do not falter.

CONFLICT OF INTEREST

No potential conflict of interest relevant to this article was reported.
REFERENCES