



**Gelza Mae Almario Zabat, Philippines**

HEALTH FROM THE EYES  
OF A CITIZEN

“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

World Health Organization

The 1978 Alma Ata Declaration stresses the importance of health as an essential human right. It also recognizes the existence of inequalities in health, especially between developed and developing countries.

It will be almost 30 years since that declaration. And within that period, the gap between the developed and developing has become so large that the meanings of ‘healthy’ and ‘sick’ differ in these regions. Travel to the United States and the difference between healthy and sick is the cough of a non-smoker, the sneeze of a baby, or a temperature above 100 degrees Fahrenheit. Travel to South Africa and a cough is just a cough unless it contains blood; a sneeze is just a sneeze unless the baby is already blue; a fever is not a fever unless there are chills and sweat dripping profusely from the patient’s forehead.

I live in the Philippines and health is a notion that fits somewhere between these two circumstances.

I’ve been exposed to the hospital during my medical education and I saw the stratification of the rich and the poor, the ideal and the affordable. Health has become a luxury for the poor. It has become so unaffordable that clinical management has become less than ideal. As chronic diseases, such as diabetes and hypertension, have become more prevalent the boom in the pharmaceutical industry for drugs targeting these diseases has also grown. But even with the increasing number of hypoglycaemic and antihypertensive drugs, competition does not seem to alter the price ranges of these drugs. It thus becomes more difficult to prescribe the lifetime dose for patients who live on meagre, minimum-wage salaries.

Most of the research on drugs has shied away from infectious diseases because that market caters to the poor. As such, research has focused on the diseases where profit matters more than service. Different drugs against hypertension, diabetes and cancer have become the main thrusts of much medical research. Breakthroughs in these areas are sure to generate income so that the investment on the research is worth it. Infectious diseases have become an illness of the poor. And thus, if given a choice, the clientele would choose the cheapest rather than the best. Price is a major factor when it comes to diseases like tuberculosis,

pneumonia and malaria. Return on investment for research geared towards these diseases is likely to take a longer time. Thus, there is a monopoly of multinational companies on drugs addressing these illnesses. Competition for these drugs is faulty, which makes prices unaffordable.

Equitable access to health has become taboo for most companies because profit is a major factor. International organizations in health try to alleviate this inequity by providing funding for projects and training to developing countries such as the Philippines. They focus on targeting infectious diseases and illnesses whose management is inaccessible for most of the residents. They will bring to the country the best of technological and medical advances in the treatment of the disease and offer it for free, or at least with minimal cost, to affected citizens. However, there is still a limit to the extent of these funding agencies. In most cases, these agencies require sustainability from the country's government. True, that sustainability of health promotion is important, yet how can this be possible if the financial cost of sustaining these projects cannot be provided for? The cost of the drugs brought to the country, the cost of the diagnostics that paved the way to better detection and screening, may not be covered by the very limited funds allotted for health by the government. These techniques and drugs are most often imported; as such, the country, too, has to import them continuously if they are to sustain the project.

I believe that it would benefit the country more if these organizations would provide funding for indigenous research. Research targeting illnesses indigenous or endemic to the Philippines, such as those of tuberculosis, malaria or parasitic diseases, will be of great value to my country. This will have an even greater impact if the resources to be utilized are locally available. Of big help also would be if the research would also channel to studies on constructing or developing cost-efficient diagnostic equipment. This may result in better competition and in turn lower prices on diagnostic exams because of the provision of alternative forms of screening or diagnostic tests. Designing drugs using locally produced raw materials, such as herbal plants, may even generate cheaper alternatives to several drugs produced by international companies. This way competition would not be limited to the giant multinational corporations but would also give a chance to the dwarfs of local industries. With the boom of local industries, the country itself is generating income from taxes and from the indigenous materials being used. Thus, with the provision of alternative choices with cheaper costs and using locally produced raw materials, sustainability may be a lot easier for the country and may even generate profit.

Research targeting equal access to health will really be beneficial to developing countries. Developing countries like the Philippines show a lot of potential when it comes to research. All we need is a little help with what we lack (funding) and a little push to jumpstart what most Filipinos have always dreamed of but have difficulty achieving. And I am sure, with the overwhelming potential and intelligence of Filipinos, we can cause a change in health and equity among developing countries. I believe I can do it. I believe a lot of my fellow men can do it. I know we can do it.

I write this today not as a doctor, even though I have a medical licence. I write this today not as a researcher, although I have a Bachelor of Science degree. I write this

as a citizen of the Philippines, forever a Filipino, an advocate of what I know is right and just, and I beg to make a difference.

---

Gelza Mae Almario Zabat graduated in 2001 with a BSc degree in Molecular Biology and Biotechnology, cum laude, from the University of the Philippines, Diliman, after finishing her thesis on the construction of a possible DNA vaccine against *Vibrio cholerae* toxin. She received her Degree in Medicine in May 2006, graduating 22nd of 156 graduates, from the University of Philippines College of Medicine, with an internship from the Philippine General Hospital. She then joined the Tropical Disease Foundation as a technical officer for treatment, care and support in their HIV and AIDS programme. In this position, she was tasked to implement the HIV/AIDS Electronic Medical Records to selected treatment facilities around the country. Gelza Mae is part of the editorial team developing the '*Guidelines for the Clinical Management of HIV/AIDS among Filipino Adults*'. Her responsibilities include training for the HIV/AIDS core teams of selected government hospitals and managing the supply of antiretroviral drugs and drugs for opportunistic infections. She also finds time to see, manage and care for her patients.