

The Complex History of US-Philippine Health Partnerships

By Leslie V. Advincula-Lopez, Ph.D.

The proliferation of various infectious diseases such as the Avian Flu, SARS, MERS-COV, and most recently, the COVID-19 pandemic forced the world's political leaders to recognize the global character of public health. The centrality of health and health-related issues in the affairs of the Philippines at the beginning of the 20th century served as a precursor to current health diplomacy efforts.

Laying the Ground for a Responsive Public Health System

Long before the term, global health diplomacy (GHD) became a buzzword in international relations, an efficient Philippine public health system equipped to control the spread of infectious diseases was a focal point of US-Philippine relations. The US colonial government is generally credited with the institutionalization of the public health system in the Philippines. From 1898 to 1914, the US colonial government made remarkable progress in sanitation and preventing outbreaks of major epidemic diseases, gradually bringing plague, smallpox, and cholera under control. Colonial officials strengthened the health system by constructing more hospitals and expanded access to medical education and benefits. Through these efforts, and in conjunction with the technological and scientific advances at that time, a responsive public health system was in place years before World War II.

Health Partnerships to Address Critical Health Issues

Then and now, the leading public health concerns are Tuberculosis (T.B.), malaria, respiratory diseases, dysentery, and diarrhea.

[According to the Department of Health](#), pneumonia, acute lower respiratory infections, and all forms of Tuberculosis are still significant sources of morbidity in the Philippines. Meanwhile, according to USAID data, around one million Filipinos have T.B., one in 15 T.B. deaths worldwide occurs in the Philippines. Further, one in 20 new drug resistant T.B. cases occurs in the country.

The country also has high maternal and neonatal mortality rates, with an annual population growth rate of 1.6 percent in 2016, one of the highest in Southeast Asia. According to USAID Philippines, there is a gap between the total fertility of 2.7 children versus the desired fertility of 2 children per woman, which illustrates the need for correct family planning information, commodities, and services.

Responsive to these health trends, the bulk of health assistance provided by the U.S. to the Philippines from 1998 to 2021 went to family planning, maternal child health and nutrition, and T.B. initiatives. USAID programs on family planning include, the ReachHealth community to reduce unmet family planning services and decrease teen pregnancy and newborn morbidity and mortality as well as initiatives and activities in the Bangsamoro Autonomous Region in Muslim Mindanao. On the T.B. front, USAID supported programs, the T.B. Innovations and Health Systems Strengthening (T.B. Innovations) and T.B. Platforms for Sustainable Detection, Care and Treatment (T.B. Platforms), work closely with the Department of Health to detect and treat drug-sensitive and drug-resistant T.B. strains. As with many things, the COVID-19 pandemic drastically disrupted these health programs. Aside from family planning and tuberculosis, the United States, through USAID, has been working with selected government units in the country and in partnership with various civil society organizations to address the illicit drug problem through an innovative approach called Community Based Drug and

Leslie V. Advincula-Lopez, Development Studies Program and Institute of Philippine Culture Ateneo de Manila University, explains that, "[L]ong before the term, global health diplomacy (GHD) became a buzzword in international relations, an efficient Philippine public health system... was a focal point of US-Philippine relations."

Rehabilitation Treatment (CBDRT). Significant amounts of aid also went to controlling infectious diseases, the HIV/AIDS Program, and strengthening health systems.

The Push for Health Diplomacy in the Time of COVID-19

During the initial months of the COVID-19 lockdown in the Philippines, health services halted. As the services were slowly reinstated, many frontline healthcare workers repeatedly cited assistance from USAID as critical to getting their programs back on track. According to the series of conversations with health workers across the country, T.B. case-finding and detection activities were made possible through the financial and technological support provided by USAID. Also, heightened awareness on critical family planning and adolescent reproductive health was made possible through social media cards, radio programs, and the production of Information, Education, and Communication (IEC) materials supported by USAID.

Although the data is incomplete, available health assistance from the US government from 1998 to 2021 illustrates a steady stream of resources to manage the critical health concerns of the Filipino people. On average, the US Government has been providing around \$26 million per year across this period. Without implying any causality, the same years also marked a significant diminution in the country's fertility rate, starting at a high 3.9 in 1998 to a considerably lower 2.5 in 2019.

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Historically, the Philippines was one of the first partners of USAID upon its establishment in November 1961. During the Agency's first two decades, it provided assistance for medical research. In the 1990s, USAID started assisting the country's health sector. This year marks the 60th year of this partnership. Like the areas of defense, politics, and trade, current and historical US-Philippine healthcare cooperation illustrates the enduring and stable nature of bilateral relations. Most recently, the US government, through USAID, provided more than \$36.4 million to support the country's COVID-19 response, both at the national and local levels.

Despite the gains, the overall health situation in the Philippines requires many improvements. Maternal and neonatal mortality rates are not declining fast enough. According to [the World Bank](#), 29 percent of Filipino children under five are stunted or underweight in 2019. Meanwhile, the [Department of Health](#) notes that the country still has the highest T.B. prevalence in Asia, with 554 Filipinos per 100,000 estimated to be afflicted.

The weak health delivery system is partly responsible for the slow improvement in the country's health statistics. The support of local chief executives in finding innovative solutions for uninterrupted and integrated health services remains the most crucial element in the continuous delivery of these services. USAID has long recognized this and has been assisting the Department of Health (DOH) and civil society organizations to empower local chief executives and improve local governance mechanisms for better health delivery systems. Between 2013 and 2020, the Agency funded such health leadership programs in the Philippines, a strategic move to better address future global health challenges.

While US-Philippines partnerships on health were not initially central to bilateral relations, changes in the global health environment necessitated a more comprehensive and forward-looking strategy for managing health concerns. Most telling is the depth and breadth of U.S. assistance on significant health issues in the Philippines, which reflects an appreciation of the complex and interconnected approach to managing these problems. This far-reaching perspective is akin to global health diplomacy. Although it is too early to tell the effectiveness of U.S. health diplomacy in the Philippines, a world habituated by a very mobile population and where infections and diseases do not recognize national boundaries supports the continuation of such a strategy.

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