Tuberculosis In The Philippines

The Philippines is a third-world country and presently developing. The population of the country, according to the World Bank (2018) data reported 106.65 million, with a population increased annually by 1.4% in 2018. Therefore, the increase in human population set the pressure on the country's sustainability concerning agricultural, food, water, health and social services. Nevertheless, the Philippines health status indicated that women tend to live longer than men by eight years as the average life expectancy at birth for both sexes were 71 years in 2017. The health system is not just about promoting health, but more on guaranteeing the nations are protected from the financial outcomes of illnesses (Bredenkamp and Buisman, 2015).

According to the World Health Organisation (WHO, 2018) in 1882, when Dr Robert Koch announced the discovery a bacterium that causes TB. Tuberculosis abbreviation as TB is a communicable disease that remains to be significant causes of morbidity and mortality in the Philippines. The common cause of TB suspects is a persistent cough for more than three weeks, profuse sweat, smoking, alcohol and living condition in the slum areas (Lee et al., 2019). Also, Frith (2014) stated that latent TB risk factors are not a spreadable disease onto others, whereas an active TB is a spreadable disease. Likewise, Lonroth (2010) stated that the level of droplets exposure to a communicable droplet from touch to active TB patients is possible to spread the disease.

The statistics showed from (WHO, 2018) that the mortality rate of TB was 591 per thousand's population diagnosed with the disease. TB cases popularity stands high amongst men age group 45-54 by 28% more than women affected in rural areas because of men delay seeking health care than women. This leads to the severity of the illness. Whereas, women living in rural areas in seeking helped priorities households than seeking care as it is a financial burden for the family. On the other hand, hospitalisation delay also occurs from admission to initiation of treatment remains a problem (HU, 2012). Moreover, the data resulted beyond 500 000 disability-adjusted life years (DALY) suffered due to TB as this equivalent to 9% of all years of life lost (YLL) in the Philippines yearly (Peabody et al., 2005).

According to Shimazaki et al. (2013), Filipinos residents in urban slum areas delay seeking health care concerning TB, though the hospital provides free medical care mainly for the poor with further treatments they could not sustain the fund continued care in private sector. However, the level of care supplied to the community is limited and mainly focused on outpatients, immunization, and prenatal care. Whereas the private medical resources located in urban districts provide excellent with faster treatment and use of the latest technology facilities, but services are expensive. Based on this, the unequal access to medical care is about money affordability and time (Akin, 1986).

The Philippines health care system passed a Sin Tax bill (2012) which increased all tobacco and alcohol tax so that death can be prevented concerning peoples' health. The remaining fund is allocated to universal health and particularly to the insurance premiums of the poor (Kaiser, et al. 2015). Moreover, the WHO of the Western Pacific Region (2019a) stated that the country aims to identify 85% of TB patients and successfully tackle at least 90% which prevents young adolescents from conveying the harmful habits and promote others to quit.

Furthermore, the health division of financial stability for the nation used out-of-pocket spending. An increase of 5% from 2000 to 2013 as the initial health expenses were medicine (Bredenkamp and Buisman, 2016). However, as for TB patients, clinical consequences of all financial costs and clinical results adding up between Philippines peso 475-1625 million (roughly £7-£24million) yearly (Peabody et al., 2005). Nevertheless, the corruption on well-being matters in the Philippines reduces the immunization rates with delays on vaccination of new-borns, and the public health centre waiting period increases. Also, crimes in rural areas are diverse than urban cities, and these harms the poor and the wealthy nations (Azfar and Gurgur, 2008).

Philippines health care expenditure has developed regularly from 1995 to 2005 at an average yearly valuation of 8.2% with support from PhilHealth known for public funding and manage health system performance leading. The Philippines government spent more on personal health than public health care annually (Romualdez,2011)

There are several treatments available, according to Romualdez (2007) stated that by undergoing the procedure of necessary diagnostic examinations. The directly observed treatment short-course (DOTS) approach was carried out against TB in the Philippines. Moreover, the burden of tuberculosis in the Philippines has dropped because of the DOTS strategy were used to new TB cases as the doctor-patient connection were focussed on improving TB control (Tupasi, 2006). Besides, the demands in the health workforce regarding TB burden, that staff lacks sufficiently or a qualified staff but at a different sector of knowledge. However, staffs to provide adequate care, a training course was done to handle an appropriate procedure or treatment given, and guidelines of DOTS were followed (Munoz, 2005).

The treatment from 2000 recorded success rate by 88% and case detection was 48%. WHO (2019b) asserts that “Philippines Department of Health (DOH) and WHO together call for an all-out-war against TB”. A campaign was made to tackle and treat 2.5 million people with active TB and 1.4 million people with possible TB by 2022. However, in order to tackle TB, the Filipino people needed to implement and support public health campaign facing TB. Therefore, the Philippines passed a TB elimination law (Republic Act 10767) in 2016 to establish the aims, plans, prevention and treatment against TB; ensure effectiveness in TB withdrawal. Additionally, for the future of the country ending TB, unlocking the gateway for new interventions and technologies, particularly a drug-resistant TB and short procedure to lessen new TB cases by 90% in 2030 (WHO WPR, 2019c)

The Philippines has made progress, according to the World Bank (2012) as the incidence of TB has declined annually, also reported improvements in the economy by eliminating inequality of gender gaps opportunities in business participation. However, the Philippines are still not up to level with the nearby Asian countries. Nevertheless, the disadvantage of the economy due to TB case is wage loss as the illness of a person is prohibited from working until further successful treatment are done. Other's used self-medicated treatments in order to get better quickly and commence working to provide money on the table.

Moreover, WHO (2019) regarding health care developments, several reforms of acts were done to better access to services provided. Nonetheless, the World Health Organisation (2019d), celebrated the World Tuberculosis (TB) Day on 24 March 2019 to promote public recognition about the well-being, social and economic consequences of the disease. They have reached out to work alongside communities, governments and other associate firms to clear out the disease and spread awareness nationwide by media. On the other hand, the United Nations

(2018) stated that ending tuberculosis, as hospitals are the main priority to have access to affordable medicines and generics being produced to 40 million people with diagnostic and treatment by 2022.

In conclusion, effective TB control is a public example; as it is a widespread infectious disease that can lead to the cause of death. The reliability of governments for morbidity and mortality of tuberculosis, data resources from the World Health Organisation showed growth and decline due to actions of treatments. The components of medicine administered can lead to failure or reaction to active and latent TB cases. Therefore, resulting in new TB cases in the country should act fast, and prevention shall be made. As an advantage of seeking delays in health, the TB programs shall encourage and give importance from families and relatives to support a person diagnosed with a disease. Additionally, the Philippines aimed to improve access to services and health communication to promote health and prevention to be forwarded the attention to the nation as policies and legislations created. Also, developments were made by DOTS services, addressing barriers such as treatment delay and economical rate can increase as the burden of unknown infectious diseases in rural, remote and urban areas of the country.