

Letter to the Editor**Strengthening community health workers in the Philippines through lessons from rural health access studies in Guyana and Peru****AUTHOR**Tiffany Ruth R Quinitip¹ PhD, Associate Professor *  [https://orcid.org/0009-0009-2137-0012]**CORRESPONDENCE***Dr Tiffany Ruth R. Quinitip tquinitip@dmmsu.edu.ph**AFFILIATIONS**¹ College of Management, Don Mariano Marcos Memorial State University, San Fernando, La Union 2500, Philippines**PUBLISHED**

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This work is licensed under a [Creative Commons Attribution 4.0 International Licence](https://creativecommons.org/licenses/by/4.0/)**Dear Editor**

The study by Houghton et al (2023) offers critical insights into the multifaceted barriers to healthcare access in rural and Indigenous communities in Guyana and Peru¹. Using a mixed-methods approach, it identified seven dominant themes: traditional medicine, gender and family dynamics, ethnicity and trust, health literacy, geographic and financial accessibility, and limitations in health human resources¹. These themes resonate deeply with the realities faced in the Philippines, particularly in geographically isolated and disadvantaged areas, where community health workers (CHWs), typically called Barangay health workers, are at the frontline of primary health care.

In both the Latin American and Philippine contexts, rural populations often depend on community-based health initiatives due to limited access to formal facilities. The Philippines' Barangay Health Workers program – anchored in the local government code of 1991 and guided by the Department of Health – was established to address these gaps². However, just like in Guyana and Peru,

Filipino CHWs face similar barriers: inadequate training, under-compensation, lack of resources and poor integration into the formal health system.

One key lesson from Houghton et al's study is the necessity for culturally competent and community-embedded care. The Philippines, with its diverse ethnolinguistic communities, especially in Mindanao and the Cordilleras, mirrors the sociocultural diversity seen in Peru's Amazon and Guyana's hinterlands. The study underscores the importance of intercultural skills among health workers, an area in which CHWs, being local residents, inherently excel but are often undervalued. Strengthening their capacity through structured intercultural training and legitimizing their role in care planning could significantly increase service acceptability and trust.

Furthermore, the emphasis on the complex interaction of barriers – geographic inaccessibility, poverty and weak health system infrastructure – parallels the Philippines' own challenges. For instance, Houghton et al note that even free services are out of reach when transport costs or the absence of female providers discourage health-seeking¹. In the Philippine context, CHWs often

fill these gaps, conducting home visits and serving as mediators between the community and the health system. Yet their roles are rarely institutionalized, often reliant on the discretion of local government units^{3,4}.

This calls for urgent action. The Philippines must enact policies that formally recognize CHWs as indispensable to achieving Universal Health Coverage, especially under the framework of the Universal Health Care Law (RA 11223)⁵. Beyond recognition, this involves providing adequate financial support, standardized training, career pathways, and integration into digital health and telemedicine platforms – another key recommendation echoed in the study as essential for overcoming geographic barriers.

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The Guyana and Peru case studies provide compelling evidence that the road to equitable health systems begins with rural-proofing policies and empowering community health actors. In the Philippines, this means strengthening CHWs – not as volunteers on the periphery but as central figures in the primary care workforce⁶. Through investments in capacity-building, institutional support and policy integration, we can unlock their full potential to deliver equitable, culturally competent and accessible primary health care in every community.

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