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Underlying Health Conditions and Lower Access to Care

The coronavirus pandemic has affected every occupation and healthcare is not an exception. However, not all people are affected equally concerning health access, because others are getting it rougher than others. With the Filipino's experiencing more coronavirus cases recorded, the social and economic of individuals are considered to have increased the chances of individuals getting infected especially those who live in congested areas. Similarly, the poor and minorities are the vulnerable population as they are getting it harder to access high-quality health and medical care (Lau et al., 2020). Lack of health insurance cover has resulted in increased challenges as most of them are unable to pay while others who are employed depend on employer cover. This has led to increased challenges as the COVID-19 regulations have resulted in collateral effects of the disease due to movement restrictions and economic downturn yielding to people being fired from their work hence losing health insurance thus not getting access to care (Lau et al., 2020). Individuals who do not have health insurance are less probable to get antiviral therapy and have lower vaccination rates.

The Filipino healthcare system is also faced with outstanding distrust from the citizens due to inadequate access to service. After the first wave of the coronavirus pandemic, the Filipino health system was faced with significant challenges as they had not prepared for the worst. Considering that even resourceful countries such as the United States had failed to adequately prevent the disease in their country, the Filipino health system has already been stressed with an unsuccessful healthcare system when dealing with the pandemic. For example, on January 1 there were twenty-seven cases, however, by March 1 more than three million confirmed cases came in (Quintos, 2020). Therefore, because of the shortage of resources and systematic failures to deal with the pandemic, Filipino individuals profoundly mistrust the

healthcare system. Furthermore, the mistrust is also intensified as healthcare physicians were uncertain in treating patients due to the inadequacies in protective gear. The health condition was worse despite the providers having the responsibility of treating patients they are also obligated to protect their families.

Health disparities and inequity are also presented in the minority and migrant populations in the Philippines. This population faces an increased problem of both language and cultural barriers. Despite the Filipino health condition being faced with a serious condition, they had to prepare and ensure the right information is spread to all people and in the right language that all will understand (Lau et al., 2020). The minority and migrant population had restrictions in their access to accurate information on deterrence and extenuation hence compelling them to depend on social media to get information that might be inaccurate.

The vulnerable population faced a serious health condition due to their increased risk of contracting the disease. The vulnerable population comprises of old individuals, persons with lower socioeconomic status as well as individuals living in densely populated areas. Therefore, these groups have a high rate of comorbid chronic conditions that places them at augmented risk for infection and spartan consequence for the disease. Other diseases such as pulmonary disease pose a high risk to vulnerable populations considering that access to care is challenging due to lack of insurance cover.

Stigma and systematic inequalities have been experienced in the Philippines since the pandemic struck. Although the pandemic has transformed the working environment, healthcare providers have faced an emotionally difficult situation which is accompanied by stress, stigmatization and uncertainty of contracting the disease (Ramaci et al., 2020). Providers must

take care of patients but they had a challenge in balancing the professional roles and that of their family.

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