

Viewpoint: Bridging Rural Health Gaps Through Mobile Clinics in the Philippines



Nadina Jose, MD,¹ Suzette Cody, MDM,² Julietta Gabiola, MD³

Access to healthcare in rural areas remains a pressing global challenge, particularly in low- and middle-income countries. In many remote Philippine provinces, patients travel long distances—often on foot, by bus, or by motorcycle—to reach a clinic or hospital. For those living in geographically isolated communities, healthcare remains a privilege rather than a right.

Mobile health clinics are emerging as an innovative response to this gap. By bringing healthcare services directly to underserved areas, these clinics bridge the divide between community need and health system reach. They provide preventive care, chronic disease management, and health education, thereby reducing inequities that have long affected rural populations.

This model supports the United Nations' Third Decade for the Eradication of Poverty (2018–2027) and aligns with the 2030 Agenda for Sustainable Development, particularly Sustainable Development Goal 3 (Good Health and Well-Being). It also reflects the World Health Organization's advocacy

for mobile and community-based delivery systems as a key strategy for strengthening primary care and advancing universal health coverage.

Dr. Julietta Gabiola, Clinical Professor of Medicine at Stanford University and founder of ABC's for Global Health, has long championed mobile health interventions to improve chronic disease outcomes among Filipinos both in the Philippines and abroad. In collaboration with Dr. Nadina Jose, Assistant Professor in the Master's Program in Clinical Research Management at Rutgers University, their team is conducting a retrospective observational study assessing obesity prevalence among patients served by a nonprofit mobile health clinic in multiple rural Philippine districts.

Preliminary data show that individuals aged 20–59 years have higher BMIs and an increased likelihood of hypertension. Women, in particular, exhibit higher BMI levels and a greater prevalence of hypertension compared with men. [1,2] Although the study continues to expand and evolve, these early findings already underscore the value of real-world data obtained through routine BMI assessments. Such insights reveal important nuances about the health needs of rural populations in developing countries, where chronic illnesses remain disproportionately common. [3,4] They also highlight the promise of decentralized healthcare delivery—bringing care directly to patients through mobile clinics equipped with technology capable of capturing real-world data. [5]

Following preliminary data gathered during the COVID-19 pandemic, when access to healthcare

✉ Mary Suzette Cody
suzcody@icloud.com

¹ School of Health Informatics, Rutgers, The State University of New Jersey

² Tech-Observer, CRO, New Jersey, USA.

³ Stanford Medical School, Stanford University

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was severely limited, these mobile clinics became a critical link in sustaining essential services and bridging gaps in healthcare delivery. They provided continuity of care for chronic disease management at a time when health systems were overwhelmed and mobility was restricted. Building on these findings, the team aims to expand the initiative from one provincial district to multiple underserved areas across the Philippines, with plans to collect prospective data to monitor health trends and outcomes over time.

Mobile health clinics close the gap that distance creates by bringing healthcare to people where they

live. They reduce barriers related to transportation, long waiting times, and administrative challenges, making medical care faster, more accessible, and within reach. [6] By emphasizing prevention, regular checkups, and chronic disease management, these clinics are transforming how remote communities access and sustain better health. [7]

Ultimately, the Philippine mobile health clinic experience illustrates how innovation, data-driven care, and local collaboration can converge to advance health equity in the most underserved populations—one visit at a time.

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