THE LIVED REALITIES OF HEALTH FINANCING

LIVING WITH CATASTROPHIC HEALTH EXPENDITURE IN THE PHILIPPINES

HOW DO ORDINARY FILIPINOS PAY FOR HEALTH CARE?

Despite certain legislative reforms in health care, out-of-pocket expenditure remains high in the country.

- 48.56% (World Bank data, 2019)
- 52.2% (*National Objectives for Health 2017-2022*, DOH)

The term ‘out-of-pocket’ suggests that

people *can* draw money from their pockets.

So what happens when they can’t?

And how does that translate to their lived experiences?

"CATASTROPHIC HEALTH EXPENDITURE"

Qualitatively speaking, this refers to out-of-pocket expenditure that is "**greater than or equal to 40 percent**" of a household's capacity to pay (Xu et al., 2003).

AMBISYON NATIN 2040 FOR HEALTH

- Qualitative study conducted from Nov. 2018 to May 2019
- 10 study sites, 30 FGDs, 250 participants
- Purposive sampling to capture the widest variety of occupational, educational, and geographic sectors

THE "4 Ps" OF HEALTH FINANCING

For many ordinary Filipinos, health financing is a multi-part process necessitating various actors' participation and entailing predictable and unforeseen complications throughout the illness trajectory.

1. PAGTITIÌS

Enduring the symptoms instead of risking (expensive) treatment

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Practices: - not seeking treatment

- self-medication

- alternative/ traditional medicine

1. PAGTITIÌS

Illness trajectory: Early to late

Societal level: Individual and family

WHAT DID WE LEARN?

- Not seeking medical treatment is a "rational" thing to do.
- Money unspent for health care often goes to pay for other expenses.
- Pagtitiis does not automatically mean "not doing anything."
- Pagtitiis is practiced even by the formally employed and relatively "well-off."

2. PANGUNGÚTANG

Borrowing money to pay for health services

2. PANGUNGÚTANG

Practices:

- borrowing money from family, friends, co-workers
- workplace loan schemes
- "co-ops"
- resorting to moneylenders (e.g., "5-6")
- pawnshops

2. PANGUNGÚTANG

Illness trajectory: Early to late

Societal level: Social networks

WHAT DID WE LEARN?

- Borrowing money is often the "first resort."
- Borrowing money is not as easy as it sounds.
- Borrowing money often leads to more "catastrophe."

3. PAGMAMAKAAWA

Soliciting help from state and non-government actors

3. PAGMAMAKAAWA

Practices: - approaching politicians, govt. agencies, NGOs

- employing social capital, patronage politics

- "health cards"

3. PAGMAMAKAAWA

Illness trajectory: Late

Societal level: Government and non-government actors

WHAT DID WE LEARN?

- Paying for health care is literally a laborious process.
- Labor is not just physical; it is also emotional.
- Social relationships are crucial.
- Obtaining help does not equate to sufficient help.

4. PHILHEALTH

The (non-)role of the national health insurance program

4. PHILHEALTH

Practices: - official membership

- employing social capital, patronage politics

4. PHILHEALTH

Illness trajectory: Hospitalization

Societal level: State

WHAT DID WE LEARN?

- Not everyone believes in PhilHealth—or health insurance.
- People have varying misconceptions regarding how it works.
- Again—social relationships matter.

QUESTIONS AND FUTURE DIRECTIONS

- How do we improve health financing "literacy"?
- How do we address misconceptions, cultural perceptions, and prevailing beliefs?

QUESTIONS AND FUTURE DIRECTIONS

- How can improve current systems?
- How do we lessen the "ancillary" and "hidden" costs of health care?

QUESTIONS AND FUTURE DIRECTIONS

- What of political patronage and social capital vis-à-vis health expenditure and the larger frame of health care itself?

QUESTIONS AND FUTURE DIRECTIONS

- How has COVID-19 pandemic affected all this?
- What does this mean in the advent of Universal Health Care?

THANK YOU!

FULL TEXT:

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