The Monetary and Non-monetary Costs of Health Care in the Philippines

Over the past decade, there have been vigorous efforts to document the financial burden of health care in the Philippines, charting the cost from both the demand side (e.g., patients' out-of-pocket spending)[1-3] and supply side (e.g., costing analysis)[4,5], analyzing the cost-effectiveness of various interventions[6], and measuring the impacts of various financial protection interventions[7]. With the passage of the Universal Health Care Law in 2019, the recent scholarship has been oriented towards informing case rates and per capita coverage.[8]

All of these works are welcome interventions that have exposed the fact that health care in the country has been chronically underfunded, even as expanding benefits is actually 'financially feasible'.[5,9,10] Building on and going beyond this scholarship, however, there is a need to consider not just the full extent of the monetary costs, but also the *non-monetary* costs of health care in the country, particularly from perspectives of patients and people who, even without accessing formal health care, nonetheless incur health-related costs.

In the first place, the monetary costs - including analyses of out-of-pocket expenditures - often miss out of the *ultimate* sources of health financing. As my colleagues and I wrote in this journal, "The very term 'out-of-pocket expenses'" assumes that people can draw money from their pockets; else, it begs the question of how and from whom they get these funds and at which stage of their disease they do so."[11]

In our research, for instance, we found that *pangungutang* (i.e., borrowing money from family, friends, and loan sharks) and *pagmamakaawa* (i.e., begging politicians for financial assistance) are significant sources of health financing among poor Filipinos, and this phenomenon deserves to be quantified and explored more thoroughly. Aside from the steep financial cost, there are social and opportunity costs in asking for help; people end up not just having *utang* (debt), but *utang na loob* (debt of gratitude). Moreover, *pagmamakaawa* reinforces the culture of political patronage and hence comes with political costs for the country, holding back health reforms.[11]

Indirect costs, such as food and transportation, are also sometimes missed out in costing studies, even as it is long established that these costs constitute "another reason why poor families forewent their PhilHealth benefits."[12]

Beyond such an accounting of what health care expenditures truly entail, there are also various other non-monetary costs that must be accounted for. Patients, for instance, often come with 'bantays' to accompany them, not just because it is a cultural practice but to help fill human resource gaps in the health care system.[13,14] To their credit, some studies have incorporated some of these costs, for instance, by including the food and transportation expenses incurred by the 'bantays'.[15] However, there are opportunity costs borne by entire families that escape easy quantification.

The emotional and psychological costs of health care are even less accounted for, even as there is implicit and indirect evidence of this burden, including stigma and anxiety faced by a diverse range of patient populations, from indigenous peoples to those living with stigmatized conditions (e.g., mental illness, TB, HIV).[16-19]

Finally, the political costs of a fragmented health care system are also salient, especially in light of the fact that the 'pagmamakaawa' we described reflects and reinforces political patronage, perpetuating dole-outs instead of strengthening health systems at the local level.[11,20]

Qualitative works can help shed light on these costs, either on their own or as part of mixed-methods researches. The 'therapeutic itineraries' approach and similar strategies that follow patient journeys hold the potential to capture not just what kinds of expenses are borne by patients and their families, but the *temporal profile* of these expenses.[21-23] In other words, at *which points* during the illness experience do they spend which kinds (and amounts) of costs. For instance, while some families may be able to absorb a cost of P1,000,000 over the course of one year, few may be able to do so over the course of a week or a day. At the same time, developing novel approaches to quantify these costs can furnish a more detailed picture of their magnitude.

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Taken together, these researches can inform efforts to enhance financial and social protections for Filipinos, and also call attention to points that are immediately actionable, for instance, addressing long patient times to reduce opportunity costs for patients and 'bantays' alike, and understanding the sources of stigma and anxiety to lower the emotional or psychological costs of care, especially for particular concerns (e.g., mental health, sexual health) and vulnerable groups (e.g., women, Indigenous peoples, LGBTQ+ individuals). Indeed, the stakes in understanding the *various* costs of health care in the country should inspire further studies in this vital area of health systems research, especially amid efforts to realize Universal Health Care.

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REFERENCES

1. Ulep VG, Dela Cruz NA. Analysis of out-of-pocket expenditures in the Philippines. Philippine Journal of Development. 2013;40(1/2):93-123.
2. Tobe M, Stickley A, del Rosario Jr RB, Shibuya K. Out-of-pocket medical expenses for inpatient care among beneficiaries of the National Health Insurance Program in the Philippines. Health Policy Plan. 2013 Aug;28(5):536-48. doi: 10.1093/heapol/czs092. PMID: 23048125.
3. Ambong RM, Gonzales Jr AM. Health expenditure and utilisation of poor families in a low-income community under the Philippine Conditional Cash Transfer Program. Journal of Health Management. 2024;26(1):116-23. doi:10.1177/09720634231225014.
4. Dans LF, Marfori JR, De Mesa RY, Galingana CL, Fabian NM, Rey MP, et al. Health benefit utilization and out-of-pocket expenses in outpatient care and hospitalizations: Baseline surveys of three primary care sites in the Philippines. Acta Med Philipp. 2024 Sep 13;58(16):133-40. doi: 10.47895/amp.vi0.7453.
5. Rey MP, De Mesa RY, Marfori JR, Fabian NM, Camiling-Alfonso R, Paterno RP, et al. The cost of primary care: An experience analysis in an urban setting. Acta Med Philipp. 2024;58(23):7-18. doi: 10.47895/amp.vi0.6589.
6. Wong JQ, Uy J, Haw NJ, Valdes JX, Bayani DB, Bautista CA, et al. Priority setting for health service coverage decisions supported by public spending: experience from the Philippines. Health Systems & Reform. 2018 Jan 2;4(1):19-29. doi: 10.1080/23288604.2017.1368432.
7. Wagner N, Quimbo S, Shimkhada R, Peabody J. Does health insurance coverage or improved quality protect better against out-of-pocket payments? Experimental evidence from the Philippines. Soc Sci Med. 2018 May;204:51-8. doi: 10.1016/j.socscimed.2018.03.024. PMID: 29574292.
8. Espallardo NL, Sy E, Francisco AA, Laceda J, Dayrit LP, Cruz MV, et al. Primary care services in the UHC: cost identification study. The Filipino Family Physician. 2022 Dec;60(2):260-7.
9. Bredenkamp C, Buisman LR. Financial protection from health spending in the Philippines: policies and progress. Health Policy Plan. 2016 Sep;31(7):919-27. doi: 10.1093/heapol/czw011. PMID: 27072948.
10. Nisperos GA, Ornos ED. The Philippine universal health care law: a differing view. Social Medicine. 2022 May-Aug;15(2):96-105.
11. Lasco G, Yu VG, David CC. The lived realities of health financing: a qualitative exploration of catastrophic health expenditure in the Philippines. Acta Med Philipp. 2022 Jun 29;56(11):5-15. doi: 10.47895/amp.vi0.2389.
12. Obermann K, Jowett M, Kwon S. The role of national health insurance for achieving UHC in the Philippines: a mixed methods analysis. Glob Health Action. 2018;11(1):1483638. doi: 10.1080/16549716.2018.1483638. PMID: 29914319; PMCID: PMC6008596.
13. Javier JS, Ang-Muñoz CD, Abad LR, Campo MB, Caro RM, Rafael EE. Incidence and risk factors of falls and fall-related injuries at the medical and surgical wards of the Philippine General Hospital. Acta Med Philipp. 2016 Dec 31;50(4):313-7. doi: 10.47895/amp.v50i4.784.
14. Lasco G. Notes on the 'bantay' system [Internet]. Philippine Daily Inquirer. 2023 Nov 24 [cited 2024 Dec 2]. Available from: https://opinion.inquirer.net/168465/notes-on-the-bantay-system
15. Rivera AS, Lam HY, Macalino JU, Quebral JD. Healthcare-associated expenses due to injuries in the Philippines. Acta Med Philipp. 2018 Apr 30;52(2):147-52. doi: 10.47895/amp.v52i2.424.
16. Martinez AB, Co M, Lau J, Brown JS. Filipino help-seeking for mental health problems and associated barriers and facilitators: a systematic review. Soc Psychiatry Psychiatr Epidemiol. 2020 Nov;55(11):1397-413. doi: 10.1007/s00127-020-01937-2. PMID: 32816062; PMCID: PMC7578164.
17. Zimmerman E, Smith J, Banay R, Kau M, Garfin AM. Behavioural barriers and perceived trade-offs to care-seeking for tuberculosis in the Philippines. Glob Public Health. 2022 Feb;17(2):210-22. doi: 10.1080/17441692.2020.1855460. PMID: 33275865.
18. Endo Y, Jaramillo J, Yadav RP. Patient-and health-system-related barriers to treatment adherence for patients with drug-resistant tuberculosis in the Philippines: a mixed-methods study. Tuberc Res Treat. 2022 Nov 19;2022:6466960. doi: 10.1155/2022/6466960. PMID: 36444334; PMCID: PMC9701125.
19. Lopez SM, Ramiro VR, Roxas EA. Measuring stigma and discrimination towards people living with HIV among health care workers in a tertiary, government teaching hospital in the Philippines. Acta Med Philipp. 2017 Dec 29;51(4):319-26. doi: 10.47895/amp.v51i4.502.
20. Mendoza JA, Lasco G, Renedo A, Palileo-Villanueva L, Seguin M, Palafox B, et al. (De) constructing 'therapeutic itineraries' of hypertension care: a qualitative study in the Philippines. Soc Sci Med. 2022 May;300:114570. doi: 10.1016/j.socscimed.2021.114570. PMID: 34802782; PMCID: PMC7613024.
21. Yu VG, Lasco G, David CC, Baysic IS. 'Kontra-partido': untangling oppositional local politics and healthcare devolution in the Philippines. Health Policy Plan. 2023 Aug 2;38(7):840-50. doi: 10.1093/heapol/czad039. PMID: 37338203.
22. Abesamis LE. Transgender health dilemmas: an intersectional analysis of the therapeutic itineraries of transgender communities in the Philippines. J Homosex. 2024 Jul 11:1-20. doi: 10.1080/00918369.2024.2378772. PMID: 38989969.
23. Holt B, Mendoza J, Nguyen H, Doan D, Nguyen VH, Cabauatan DJ, et al. Barriers and enablers to people-centred viral hepatitis care in Vietnam and the Philippines: results of a patient journey mapping study. J Viral Hepat. 2024 Jul;31(7):391-403. doi: 10.1111/jvh.13944. PMID: 38654623.