

How responsive is the Philippine Health Care System?

Results of the First Health System Responsiveness Survey in the Philippines

by Kenneth Jim Joseph M. Jimeno, RN, MHSS and Frances Claire C. Onagan, MPH
AHEAD Fellows, Health Policy and Systems Research Track

Based on the Pulse Asia Ulat ng Bayan Report Dec 2016-Feb 2017

PERFORMANCE ACCOUNTABILITY

KEY FINDINGS

- ✓ Majority of Filipino adults find the country's health system to be responsive.
- ✓ Social class and capacity to pay are cited as the top two discriminators when accessing services.
- ✓ Variations in perceived responsiveness across socioeconomic classes and geographic areas can be attributed to differences in quality of health care that the lower socioeconomic classes can afford and the quality of health care that a public health care provider (HCP) or health care facility (HCF) can provide.

METHODOLOGY

- A 14-question health responsiveness module was supplemented to the Ulat ng Bayan, a nationwide multi-stage, cross-sectional random sample of 1,200 Filipinos aged at least 18 years
- Additional screening criterion is prior consultation of health care provider in the last six months
- The survey was conducted from December 2016 to February 2017
- The rider questions were administered through face-to-face interview
- Logistic regression analysis was used to tease out patterns in the data
- The overall response rate was 45%

Health System Responsiveness is a measure of how well the health system fulfills the non-medical expectations of the people interacting and participating in the services provided by the health sector - essentially the non-health outcomes of a health system's performance. Responsive health systems are a prerequisite in anticipating and adapting to future health needs and sectoral changes, thus securing the health outcomes of the people.

Responsiveness is measured across eight (8) domains, namely:

1. **Respect for Dignity** by being treated fairly without any form of discrimination.
2. **Autonomy** to participate and make informed health-related decisions
3. **Privacy and Confidentiality** during the person's encounter with the health care provider
4. **Prompt Attention** was given without any further delays
5. **Adequate Quality of Basic Amenities** present in the facility where the person visited to seek care
6. **Access to Social Support** that provides assistance in covering non-direct medical costs that may be incurred when seeking health care services
7. Adequate patient access to care by being treated by the patient's **Choice of Health Care Providers**
8. **Effective Communication** flow from provider to patient, in a way that the patient will be able to comprehend and understand

*Domains 4 and 6 were not covered by the survey.

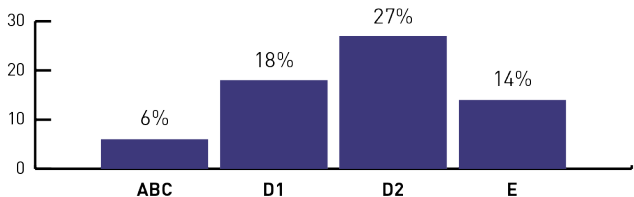
Source: World Health Organization

RESULTS

Domain 1: Respect for Dignity

- More respondents in Class D2 say that the health care providers seldom, once or never treat them with respect.

Figure 1. % Perceived Infrequency of Treatment w/ Respect by Class



Class ABC = Wealthiest 10%

Class D1 = Middle 60%; owns residential lot

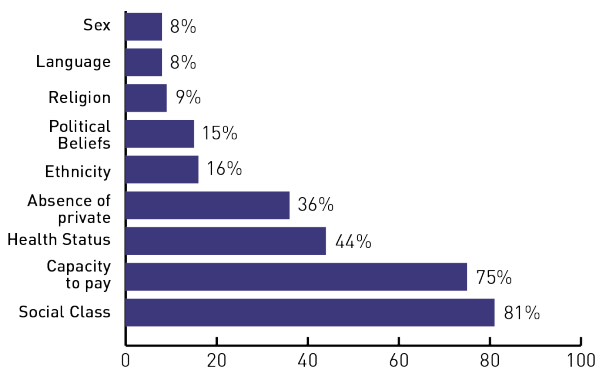
Class D2 = Middle 60%; does not own residential lot

Class E = Poorest 30%

Source: National Statistical Coordination Board, 2017

- Social class (81%) and capacity to pay (75%) were each cited by a large majority of all respondents as hindrances to people getting the health care that they need. Others include health.

Figure 2. % Perceived Barriers to Health Care



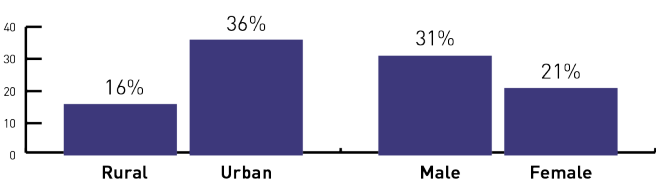
Domain 2: Information on Alternative Treatment

Half of the respondents in the Visayas say that they were seldom, once or never provided with information on alternative treatment options.

Domain 3: Treatment with Privacy

More in the urban areas and males say that their physical examinations and treatment are seldom, once or never done a way that respects their privacy.

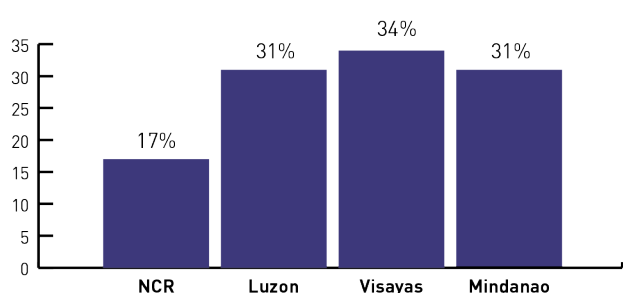
Figure 3. % Infrequency of Treatment with Privacy by Area and Sex



Domain 5: Quality of Health Care Facilities (HCF) surroundings

- The percentages giving moderate/bad ratings to the health care facilities visited are higher in the areas outside NCR and among those who received health care from a public health care provider (37%).
- Moderate/bad rating is 4x more likely among those who received care from a public health care provider compared to those who consulted at a private health care provider.

Figure 4. % Moderate/Bad Ratings of HFC by Location



© Department of Health - Philippines, 2018

The content of this publication does not reflect the official opinion of the Department of Health or Philippine Council for Health Research and Development. Responsibility for the information and views expressed in this publication lies entirely with the author(s). Reproduction is authorized provided the source is acknowledged.

Advancing Health through Evidence-Assisted Decisions with Health Policy and Systems Research (AHEAD-HPSR) operationalizes F1+ for Health's commitment to instill a culture of research and strengthen internal analytic capacity in the Department of Health and build health policy systems research capacity within the sector.

AHEAD is a collaboration between the Department of Health and the Philippine Council for Health Research and Development

To access the full text of this article or other research projects funded by the DOH, contact:

Research Center for Health System Development (RCHSD)

✉ rlc.rchsd.doh@gmail.com
☎ 651-7800 loc 1326

Research Division - Health Policy Development and Planning Bureau
Department of Health
Building 3 2/F San Lazaro Compound,
Rizal Avenue, Sta. Cruz, Manila

Advisory Board

Usec. Mario Villaverde, MD, MPH, MPM, CESO I
Dir. Kenneth Ronquillo, MD, MPH, CESO III

Editors

Beverly Lorraine Ho, MD, MPH
Barbara Michelle de Guzman, MSN, RN

Publication Manager

Juanita Valeza

Creative Director

Jake Matthew Kho



AHEAD-HPSR