Health Care Utilization Before and During the COVID-19 Pandemic
Policy Brief

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1. Background

The COVID-19 Pandemic had a substantial impact on various aspects of the well-being of populations around the world. Among the consequences of great concern is the reduction in health care utilization on a global scale. A systematic review of studies on global health care trends in the first half of 2020, or the early pandemic period (Moynihan et al., 2021) found a 37% reduction in over-all health care utilization with the largest reduction observed for health care visits (42%) followed by admissions (28%), diagnostics (31%) and therapeutics (30%). Reduced utilization appeared to be more pronounced for less severe diseases.

It would also be reasonable to assume that the predicament for hard-pressed health care systems in low to middle income countries may be worse. .For instance, the study of Ahmed et al. (2022) revealed reductions in health care utilization in 18 low and low middle income countries and indicated the possible negative effects on maternal and child health outcomes. While Xu et al. (2021) pointed out that in the United States there was an increase in teleconsultations, the safer alternative to in-person health visits during the pandemic, these adjustments may be less possible for countries with substantially less telecommunications capacity.

In the Philippines, Ulep (2021) likewise noted reductions in health care utilization based on data from Philippine Health Insurance Corporation (PhilHealth) claims and government facility reports. Given the already low utilization of basic health services even prior to the pandemic, the paper pointed out to a worsened health care situation during the pandemic with substantial reductions in admission claims, particularly in pediatric cases (70%) and high burden diseases (47%) such as acute gastroenteritis, asthma, chronic pulmonary disease, and pneumonia, particularly among indigent PhilHealth members. Rural health units reported a marked decline, for the period coinciding with the start of lockdowns in March 2020 until the third quarter of that year, in patient visits for: under five pediatric cases, patients over 65, hypertensives, and those receiving tuberculosis treatment. The author of this paper opined that the drop in utilization may be due to pandemic-driven factors such as the fear of COVID-19 contagion, higher costs of health care access given transport restrictions at that time, reductions in purchasing power, and disruptions in health care services (e.g., access restrictions, manpower reductions).

This policy brief highlights findings from the ***Longitudinal Cohort Study on the Filipino Child*** (LCSFC) on household decision making regarding health care, before and during the pandemic, especially as it pertains to households with children (Largo and Alegado, 2023). The LCSFC sample represents Filipino households with children who were age 10 in 2016. The ongoing, yearly study is designed to longitudinally observe the cohort from age 10 until they reach the age of 24 in 2030 (OPS, 2018). These households have the added burden of forming capabilities to determine life trajectories of these children. Obtaining information on health care seeking behavior has implications on the children's welfare and presents handles for policy action which are enumerated in this brief.

2. LCSFC Findings on Household Health Care Utilization Before and During the Pandemic

These findings are based on LCSFC data collected prior to the pandemic [Wave 3 in 2019 (cohort at age 12) and Wave 4 conducted in January-March, 2020 (cohort at age 13)] and during the pandemic [Wave 4A in November, 2020 (cohort at age 14)]. The units of analysis are the LCSFC households and the cohort or index children (ICs).

2.1 Consultations with Health Care Practitioners

Pre-Pandemic Period. In Waves 3 and 4, the top conditions or symptoms reported for the household as well as the ICs (at ages 12 and 13) were fevers, cough and colds, and diarrhea. For illnesses experienced by the ICs, less than half of the households reported seeking care from health practitioners (45% and 39% in Waves 3 and 4, respectively). Consultations for other household members were higher at around 56-58% across the pre-pandemic waves. Those in Luzon consulted at a higher rate for IC illnesses compared to those in the Visayas and Mindanao. Government doctors were the preferred practitioners by half of households followed by private doctors. The latter were consulted more in urban than rural areas while government mid-wives were consulted more in rural compared to urban areas.

These consulted practitioners were mostly located within the same municipality/city but for about half of the households, these practitioners were not in their barangay of residence but in another barangay. A higher proportion of households in rural areas had to travel outside their own municipalities for consultations compared to those in urban areas. Mean travel time and travel costs were lower for urban than rural areas. Average travel costs were observed to be significantly higher in the Visayas than in Luzon and Mindanao.

Pandemic Period. In Wave4A, 15% of the households reported at least one member experiencing COVID-19 symptoms. Perceptions of the gravity of COVID-19 could either drive health seeking behavior (depending on symptom severity) or deter consultations for fear of contagion. About 19% of the households perceived the pandemic as a very low or low health threat, 26% considered it as a moderate threat and half (55%) classified it as a high to very high threat. Thirty percent of all LCSFC households with members that experienced COVID-19 symptoms consulted a health care practitioner. Luzon households consulted at a rate (40%) higher than Mindanao and Visayas households (23% and 19% respectively). Among health care practitioners, those in the government remained the most consulted (63%) for COVID-19 cases. Twenty-six percent of households reported having non-COVID-19 illnesses. Of these, only 44% consulted a health care practitioner, a reduction relative to the consultation rates prior to the pandemic. For non-COVID-19 illnesses, government practitioners were consulted more than private doctors (54% vs 40%), and households in the Visayas consulted a practitioner more than those in Luzon and Mindanao.

2.2 Hospitalizations

Hospitalization data from Waves 3 and 4 show little variation across these two waves. Hospitalizations occurred for approximately 11% of index children and 22-24% of other household members across waves. The hospitalization rates for Mindanao were higher than in the Visayas and Luzon for both index children and other household members. Hospitalization was paid for in part by PhilHealth as reported by 70-80% of households depending on who was hospitalized. Out of pocket payments were reported by half of households who experienced hospitalizations. Only four households reported incidences of hospitalizations for COVID-19 during the pandemic period survey.

2.3 Non-Consultations

Pre-Pandemic Period. For those that did not consult health care practitioners for household illnesses, there was an extremely high tendency (80-90%) for self-management whether for illnesses affecting the ICs or other household members, based on an underlying judgement that the illness was not serious enough to warrant professional consultation. About 10% of the households in Mindanao reported to have wanted to consult but did not have money, and this rate was twice as high as that in the Visayas and Luzon.

Pandemic Period. Households who did not consult health care practitioners for COVID-19 symptoms were asked to provide reasons for not doing so. Self-medication/management was practiced by 66% of households with COVID-19 symptoms while 12% did nothing to address their illnesses/symptoms. An additional 21% refrained from health care consults due to fear of contracting COVID-19. A small proportion (4%) feared being diagnosed with COVID-19 while consulting. Only 1% cited the lack of money as the problem. There was a low incidence of testing for COVID-19 and only 8% of respondents and 2% of index children reported being tested.

3 Policy Implications

These LCSFC findings point to implications for policy action. The low health care utilization in the LCSFC sample, particularly among the cohort, may reflect the low level of severity of the illnesses experienced, as indicated by their preference for self-management/medication. Nevertheless, it must be noted that illness - such as fever, colds, cough, diarrhea - is the most cited reason for school absences in the LCSFC (Nolasco and Dino, 2023) and may still merit the attention of health care practitioners, particularly the most accessible ones in the barangay. The uneven utilization in favor of Luzon households also points to the need to look into deterrents to health care access in the Visayas and Mindanao. The reduction in health care utilization rates for both COVID-19 and non-COVID-19 cases during the early pandemic only provides more evidence of impending welfare losses from postponed or un-accessed health care as estimated in Ulep (2021). Setting public health system features that will offset or mitigate these reductions can be pro-actively set up. As public health practitioners remain the primary health care providers consulted at the instance of disease, ensuring availability of health human resources in the public sector remains essential. Where feasible, they can be complemented by investments in complementary capital such as an online or phone-based consultation system. This will address both the normal period difficulties in health access due to the lack of facilities in the proximate area of the potential patient. The fact that in the pre-pandemic waves, consultations within the barangay only accounted for a third or less of consultations points to travel over distances that might be prohibitive and discourage access even when health care is nominally free at government facilities as argued by El Omari and

Karasneh (2020). Improving availability of and access to medical laboratories and facilities providing diagnostic procedures would likewise be ideal.

To have such large proportions of households engaging in self-management of illness requires a further look into the determinants of this behavior. Health care is notoriously insensitive to price and income for indigent patients in developing countries such that preferences and non-monetary constraints such as time costs of waiting and travel could be ultimately behind the reason to self-medicate and manage. However, when there is room to encourage health care utilization as would be appropriate where adverse preferences and non-monetary constraints are minimal or not binding, the uneven coverage of national social health insurance is a gap that needs to be addressed. This would happen as universal health care financing ramps up and becomes fully implemented. Both purchasing power and time costs have been adversely affecting by the pandemic and its policy responses.

Mitigating the impending losses due to heightened morbidity and mortality and building resilience and flexibility would be the order of subsequent policy response. Understanding the drivers of health care utilization in greater detail will help inform these initiatives especially for households with children. Numerous information gaps exist that can be addressed in future efforts including more research using the LCSFC.

4 References Cited

Ahmed ,T.,Roberton, P., Vergeer, P., Hansen, P., Peters, M., Ofosu, A., Mwansambo, C., Nzelu, C., Sanford, C., Wesseh, C., Smart, F., Alfred, J., Diabate, M., Baye, M., Yansane, M., Wendrad, N., Mohamud, N., Mbaka, P., Yuma, S., Ndiaye, Y., Sadat, H., Uddin, H., Kiarie, H., Tsihory, R., Mwinnyaa, G., Rusatira, J., Fernandez, R., Muhoza,P., Baral, P., Drouard, S., Hashemi, T., Friedman,J., Shapira, G. 2022. Healthcare utilization and maternal and child mortality during the COVID-19 pandemic in 18 low- and middle-income countries: An interrupted time-series analysis with mathematical modeling of administrative data. PLOS Medicine 19(8): e1004070. https://doi.org/10.1371/journal.pmed.1004070

El Omari, S. and Karasneh, M. 2021. Social health insurance in the Philippines: do the poor really benefit? Journal of Economics and Finance (2021) 45:171–187. Retrieved from: https://doi.org/10.1007/s12197-020-09525-5

Largo, F. M. & Alegado, J.L.G. (2023). SDG 3. Health Care Access and Utilization among Households with Adolescents. In USC-Office of Population Studies Foundation, Inc. (OPS). (2023). The Impact of the COVID-19 Pandemic on the SDG Youth Agenda. https://www.opsusc.org/lcsfc-survey-reports.php

Moynihan R, Sanders S, Michaleff ZA, Scott AM, Clark J, To EJ, Jones M, Kitchener E, Fox M, Johansson M, Lang E, Duggan A, Scott I, Albarqouni L. 2021. Impact of COVID-19 pandemic on utilisation of healthcare services: a systematic review *BMJ Open* 2021;11:e045343. Retrieved from: 10.1136/bmjopen-2020-045343

Nolasco, F. A. N. & Dino, M.E. (2023). SDG 3. Ensuring Healthy Lives and Well-being in Filipino Adolescents. In USC-Office of Population Studies Foundation, Inc. (OPS). (2023). The Impact of the COVID-19 Pandemic on the SDG Youth Agenda. https://www.opsusc.org/lcsfc-survey-reports.php

Ulep, V. 2021. Examining The Health Impacts Of The COVID-19 Pandemic In The Philippines. Retrieved from: https://serp-p.pids.gov.ph/avmaterial/public/view?slug=examining-the-health-impacts-of-the-covid-19-pandemic-in-the-philippines

Xu S, Glenn S, Sy L, Qian L, Hong V, Ryan DS, Jacobsen S. 2021. Impact of the COVID-19 Pandemic on Health Care Utilization in a Large Integrated Health Care System: Retrospective Cohort Study J Med Internet Res 2021;23(4):e26558. Retrieved from: https:// doi: 10.2196/26558