

Understanding Primary Care in Rural Areas of the Philippines — Using Ethnographic Evidence for the Universal Health Care Law



ATENEIO



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Universal Health Coverage

The global goal of Universal Health Coverage (UHC) has created a renewed focus on Primary Health Care (PHC).

In February 2019, the Philippines enacted the Universal Health Care Act, considered a landmark law, which strategically focuses on strengthening PHC.



Primary Health Care in UHC

Investments in PHC largely and positively impact health outcomes, and are key to achieving UHC.^{1,2} In order to strengthen the primary care system, good evidence, policies, and practices are necessary.



The Value of Ethnography

Ethnography provides thorough data and insights for evidence-based policymaking and administration. It is a systematic way of understanding multiple perspectives and contexts in the field.



Insight into the UHC Law

Themes from this ethnographic study provides significant insight into the feasibility of the UHC law and its prospect of filling in the existing shortfalls of the primary care system.

METHODS

We conducted ethnographic research through 18 non-participant observations and 14 semi-structured interviews with primary care providers (PCP) from 10 rural health units and 4 government-owned district hospitals. Thematic analysis was then applied, and data from interviews, observations, and literature review were triangulated. Emerging themes were further analyzed in the context of the recently enacted UHC law in the Philippines, seeking to answer the following questions: How does the UHC law address the needs of PCPs in rural areas? What impact do the existing contexts have in implementing the law?



A delivery room in one of the rural health units



The only available ambulance at one of the referral facilities in an interlocal health zone



The male medical ward at one of the observed hospitals



Quality of Primary Care

The UHC law requires the certification of PCPs to ensure quality of primary care. This mandate is limited by how primary care practice is seen as inferior to specialized practice. The status of primary care must be elevated in the country, and training that precedes certification must be grounded by actual clinical and non-clinical roles of primary care providers.

PCP Roles in Healthcare Provider Networks

The UHC law provides for the creation of province-wide healthcare provider networks, potentially allowing for a complementation of perennially limited resources among facilities. It will allow for the reimagination of the roles of the PCP and the creation of concrete channels of collaboration among peers and other stakeholders.

Political Integration

A PCP's effectiveness in delivery of care is heavily impacted by local politics. In the UHC law's attempt to integrate managerial roles from the municipal to the provincial level, political integration is crucial. While a formidable challenge, genuine political integration will allow PCPs to be more effective in delivering care, informing local health policy-making, and brokering evidence for budgeting and prioritization of local health programs.

RESULTS

CONCLUSION



Connecting Field and Policy

In the Philippines, where health care has been devolved to local governments, there is often a risk for disconnect between field experience and policies crafted at the national level. A contextualized evidence base through an ethnographic approach can be built to address this disconnect and provide a more in-depth understanding of complex health system issues.



Use of Ethnography to Strengthen PHC

The potential of ethnography in PHC is vast—from identifying and thoroughly describing issues on the ground to informing policies and the practice of primary care.



Exploring the Potential and Challenges of the UHC Law

The potential of the UHC law to strengthen primary care can be explored by how it addresses the real experiences of primary care providers in various contexts in the country. Meanwhile, risks can be managed by understanding the potential impact of local context to the implementation of the law.

RECOMMENDATIONS

1. As the UHC law shines the spotlight of primary health care in the country, educators, training and certification institutions, and relevant stakeholders must work together to provide premium to the practice of primary care. In order to provide each Filipino a primary care provider, as mandated by the law, both supply and demand side barriers must be addressed.
2. The roles of primary care providers in the health care provider network must be established and made transparent, including their expected participation in health policymaking and governance. Provincial and municipal leaders must make efforts towards collaborative health governance, where stakeholders like primary care providers can truthfully communicate and effectively participate.
3. Ethnographically-informed policymaking and UHC implementation can help strengthen primary care in the country. For instance introducing a systematic approach, such as ethnography, to understanding the viewpoint of stakeholders involved in ground-shifting mandates can aid change and risk management in the health system. Ethnographic evidence in the study of health system issues in the Philippines has been scarce. More can be produced not only to aid in UHC implementation but also to explore the rationale for its successes or failures in the future.

The ethnographic approach can also certainly be applied to issues beyond UHC. It is a potent but under-utilised tool that can help public health practitioners gain a deeper understanding of issues among health service providers and users, to inform future health policymaking and public health administration, and to evaluate interventions.



<http://www.ateneo.edu/heals/iprime>

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