

# Health is Wealth:

## COVID-19 Testing, Healthcare Access, and Inequality in the Philippines and Southeast Asia

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Funded by CHW under the Internships in Global Health Program

### Introduction

- The Philippines has been one of the hardest hit Southeast Asian countries by the COVID-19 pandemic and has an under-resourced and inequitable healthcare system
- A disproportionate number of low-income and poverty stricken people will contract the coronavirus and have worse mortality outcomes (see: social patterning of health)
- COVID-19 testing capabilities can be used as a proxy measurement of socioeconomic and healthcare inequality

### Objective

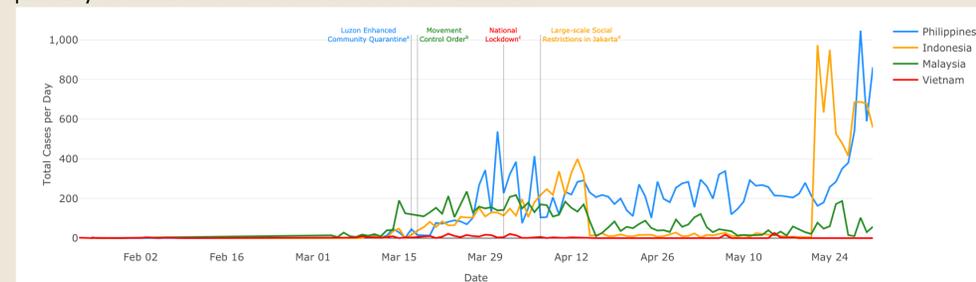
The objective of this study is to reveal the degree of healthcare utilization and access inequality in the Philippines by using COVID-19 testing, case and resource numbers. The goal, then, is to elucidate ways in which the federal response to the COVID-19 pandemic in the country may be more effective and how healthcare inequality may be reduced in all aspects in the future.

### Methods

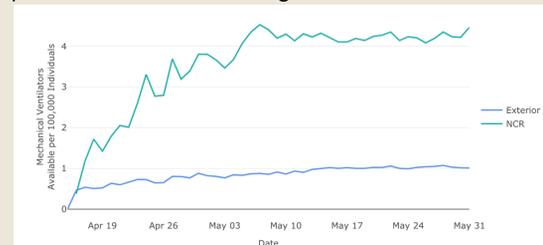
- Collect, graph, and analyze government-issued national testing data from Indonesia, Malaysia, Vietnam, and the Philippines
- Collect, graph, and analyze testing, mask, and ventilator data from the Philippines DOH
- Using 2018 Current Health Expenditure by province, create a Lorenz curve and calculate a Gini coefficient

### Results

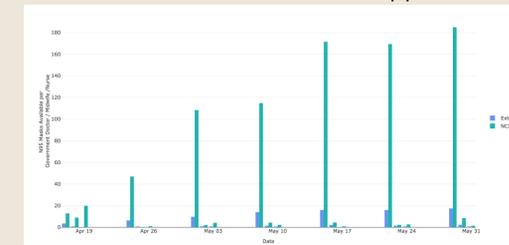
The Luzon Enhanced Community Quarantine did not appear effective enough to control and stop the transmission of the coronavirus in the Philippines; this may have been because the country has not tested enough and does not have enough contact tracers to adequately locate and isolate COVID-19 cases.



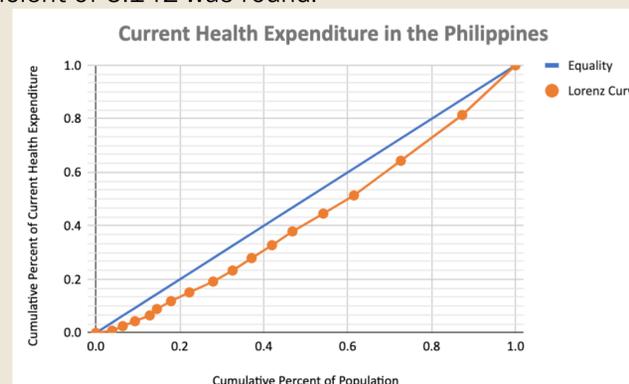
Despite growth in the number of ventilators purchased and the number of ventilators made available over time as people recovered, the differences in availability demonstrates where both government and private funds are being directed.



Healthcare workers in the NCR, a region that already has the greatest density of healthcare workers, are far better equipped than those in the exterior. This may account for the high mortality rate of healthcare workers in the Philippines.



Inequality in health expenditure in the Philippines as related by region. From this Lorenz curve, a Gini coefficient of 0.142 was found.



### Discussion

- As of May 31, the Philippines was not performing tests at a high enough rate for its population size or compared to other Southeast Asian countries
- COVID-19 resources reveal a glut in the country's healthcare system and inequality in healthcare access and utilization on a provincial level
- The Gini coefficient of 0.142 for healthcare expenditure may be explained by high out-of-pocket healthcare costs, thus making broader socioeconomic inequality a driver behind healthcare inequality

### Questions

Where are testing and swabbing sites located in the country? How accessible are these? How can the country leverage community health workers in barangays to reach those who cannot get to testing centers? What barriers exist that prevent people from accessing testing (ie. are asymptomatic people being tested)?

### Conclusion

By adopting a justice-driven approach to combatting the COVID-19 pandemic, the Philippine government will have the unique opportunity to remedy existing issues of healthcare access and utilization inequality.

### Acknowledgments

I would like to thank my colleague, Kendall Wilson, for her help and support in the research and analysis of this paper. I would also like to thank Dr. Lincoln Lau for his unwavering support and insights.