



Healthy
Pilipinas

REPUBLIC OF THE PHILIPPINES

Health Promotion Framework Strategy 2030





Healthy Pilipinas
The Philippines' Health Promotion Framework Strategy 2030

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The HPB sincerely hopes that this initial effort will flourish into deeper, stronger, and more vigorous intersectoral cooperation. We look forward to working with all sectors towards a *Healthy Pilipinas*.

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Vision for a Healthy Pilipinas

By 2030, the DOH envisions a Healthy Pilipinas wherein healthy governance, healthy settings, and health-literate individuals are present, and achieving optimum health for every Filipino is possible.

The DOH together with its partners shall make healthy behaviors the easier choice for everyone, every time, everywhere. In achieving a Healthy Pilipinas, health is a shared responsibility of all Filipinos and all sectors of society. Thus, everyone has a role in making an impact in promoting health.

Policies should be in place to address the various social determinants of health and ensure that services are equitably provided especially to Geographically Isolated and Disadvantaged Areas (GIDAs) and Socio-Economically Disadvantaged Areas (SoEDA).

The vision also includes that every aspect of a Filipino's life is healthy and health-promoting. This includes their physical, social, political, and economic environment; as well as the healthcare services they are able to access. Environments where Filipinos live, study, or work must make the healthy choice not only possible but the easy and obvious choice.

All these make it possible for Filipinos, most especially the youth, to be literate on health issues, to understand and act on their right to health, and to navigate the health system. In a *Healthy Pilipinas*, Filipinos practice healthy habits and behaviors from a young age, with the understanding that their fellow Filipinos, their communities, and their country stand behind them in ensuring their right to health.

Principles of a Healthy Pilipinas

| **Equity**

Health is socially determined. This means that some population groups may face more barriers to engaging in healthy behaviors as compared to others. The following are only a few examples of how certain groups are predisposed to poor health due to their circumstances:

1. Socioeconomic Status

About one-fifth of Filipinos still live below the poverty line¹. For many low-income individuals and families, making ends meet is much more important than making healthy choices. These poor health habits which many had no choice but to pick up can increase the risk of various health conditions, which, in turn, are expensive to treat, reinforcing a cycle of poverty and ill health.

¹ Philippine Statistics Authority (August 2022) Proportion of Poor Filipinos was Recorded at 18.1 Percent in 2021 <https://psa.gov.ph/poverty-press-releases/nid/167972>

2. Disabilities

At least 81% of Filipinos live with some form of disability². Not only can disability take many different forms, but it can also severely limit ones' ability to participate fully in everyday life. While people with disabilities have specific health needs, their health is also negatively affected by discrimination and lack of inclusion³.

3. Gender

LGBT+ people of any age, ethnicity, religion, or socio-economic group are more likely to fall behind in terms of health. They are at higher risk of substance abuse and mental health concerns; STIs; cancer and cardiovascular disease; and gender-based violence, among others. Stigma and discrimination from peers, the community as a whole, and even healthcare providers also exacerbate risks for LGBT+ people⁴.

4. Sex

Women are still marginalized and discriminated against in ways that do not allow them full control of their own bodies and health. Aside from being more vulnerable to various health concerns, gender-based violence, the ill effects of poverty, women's health concerns are often downplayed or not taken seriously. Thus, many suffer from damaging or debilitating conditions, without access to the treatment they need.

5. Indigenous People

The Philippines has about 12 to 15 million indigenous people. Issues such as systemic discrimination, loss of ancestral lands and displacement, destruction of traditional ways of life, and loss of identity and culture can magnify ill health effects for indigenous people⁵.

6. Education

Education is a catalyst for development and a health intervention in its own right. Education matters so much to health as these two are closely tied together by three main connections: education creating opportunities for better health, poor health putting educational attainment at risk, and existing conditions in people's lives.

² Philippine Statistics Authority. (03 May 2019). Disability spares no one: a new perspective. (PSA Reference No. 2019-062). Retrieved from: <https://psa.gov.ph/ndps/disability-survey-id/138567#:~:text=Results%20of%20the%20National%20Disability,23%20percent%20with%20mild%20disability>.

³ CDC - National Center on Birth Defects and Developmental Disabilities. (15 September 2020). Disability and health inclusion strategies. Retrieved from: <https://www.cdc.gov/ncbddd/disabilityandhealth/disability-strategies.html>

⁴ Human Rights Watch. (June 2017). Just Let Us Be: Discrimination against LGBT students in the Philippines. Retrieved from: <https://www.aidsdatahub.org/sites/default/files/resource/human-rights-watch-just-let-us-be-lgbt-philippines-2017.pdf>

⁵ United Nations Department of Economic and Social Affairs. (2016). State of the World's Indigenous Peoples: Indigenous Peoples' Access to Health. Retrieved from: https://www.un.org/esa/socdev/unpfii/documents/2016/Docs-updates/SOWIP_Health.pdf

7. Geographic Location

Different settings and environments play a vital role in shaping risks that may affect the health and well-being of people; this can include an individual's community, housing, and access to transportation and open spaces.

Health promotion activities must be cognizant of the barriers that various sectors may experience as they develop and maintain their health. Efforts must not only acknowledge specific health concerns, but also to ensure accessibility, affordability, and acceptability of the resources and environments that can help minimize disadvantages and ensure that every person is competent, motivated, and supported to live healthy lives. Health promotion is most effective when it works not only for the majority, but also for those who may be economically, politically, or socially disadvantaged.

| Participation

Health is a fundamental human right. Each individual must be allowed to shape their own health and well-being. Thus, participation in governance processes of the health sector is an integral component in ensuring that the interventions are applicable and relevant to those that will be most affected by the policies and programs.

Participation must be cognizant of the different sectors and groups that co-exist within communities, and ensure that their diverse experiences are accounted for in the crafting of plans and implementation of programs. Ensuring representation of vulnerable groups is a key component of achieving health equity and securing everyone's right to good health.

| Partnerships

Championing health promotion cannot be done by the Department of Health alone. Partners engagement ensures the promotion of policies, programs, and plans will be comprehensive and well-rounded. In the same way, policy-determining units or committees in the public health sector ensures professional and ethical practice in championing and prioritizing the promotion and protection of public health.

| Responsiveness

All health promotion policies, programs, and plans must be response to the healthcare needs of the populace and emerging social determinants of health. Not only that these must be implemented in a timely manner but must also be formulated based on cost-effective strategies that maximizes the gains from the use of scarce health resources.

An Introduction to the Health Promotion Framework Strategy

Health promotion is enshrined in the 1986 Ottawa Charter for Health Promotion, the 1998 Rio Declaration of the Social Determinants of Health, the 2005 Bangkok Charter for Health Promotion in a Globalized World, and the more recent 2021 Geneva Charter for Well-Being. By addressing the root causes, or the determinants of poor health, health promotion empowers individuals and communities to take charge of and improve their health and well-being.

The UHC law mainstreams health promotion as part of its efforts to provide affordable and quality healthcare services and produce better health outcomes while providing financial protection for all Filipinos. As mandated by Republic Act 11223 or the Universal Health Care Act, the Health Promotion Framework Strategy (HPFS) of the Department of Health (DOH) will serve as the basis for all programs of the Department in relation to increasing health literacy and addressing the social determinants of health (Figure 1).



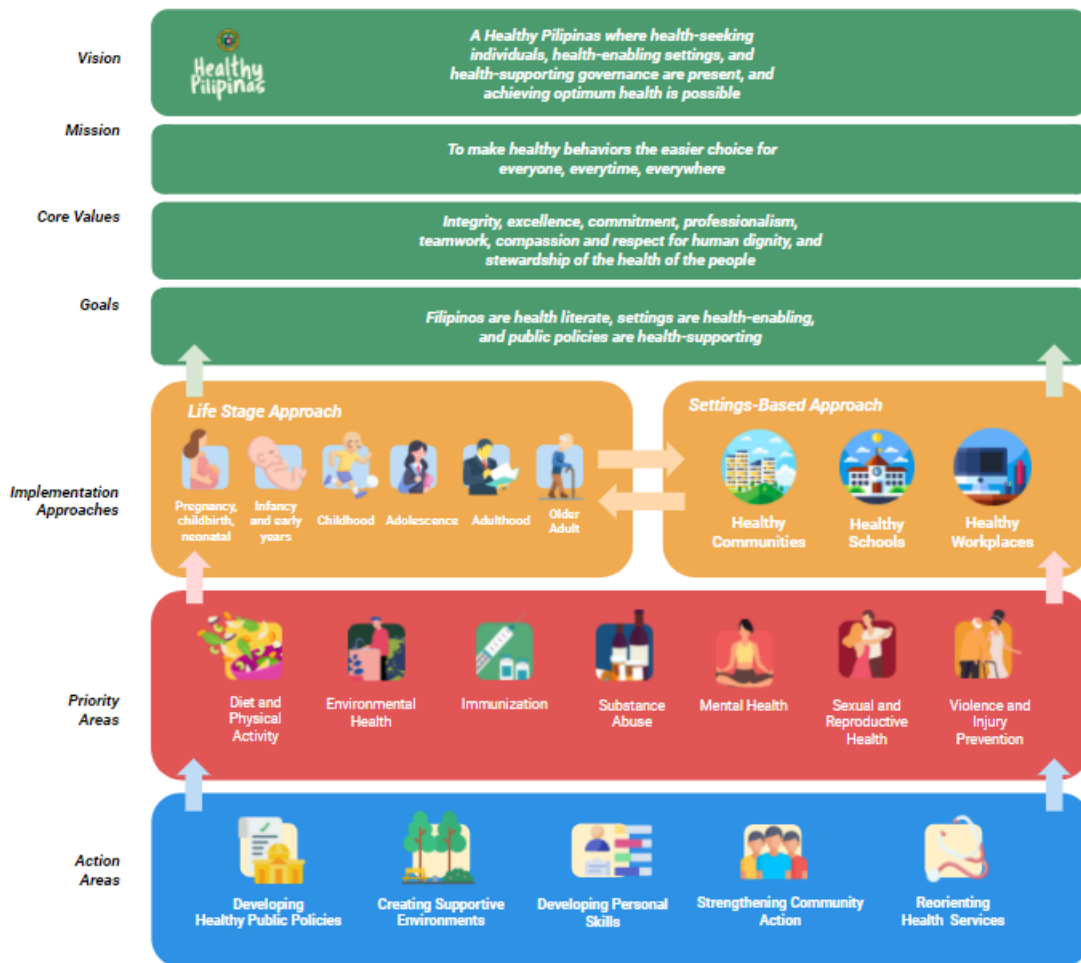


Figure 1. Health Promotion Framework Strategy 2030

The HPFS focuses on promoting health and well-being and reducing inequity by improving individual habits through its identified key priority areas: diet and physical activity, environmental health, immunization, substance abuse, mental health, sexual and reproductive health, and violence and injury prevention; and fostering environments conducive to health by using a settings-based approach to the implementation of its programs and activities. The settings-based approach aims to cultivate healthy communities, schools, and workplaces to address the socioeconomic factors and the physical environment which affect one’s health. Overall, the HPFS provides the foundation for preventing deaths, diseases, disability, and health inequities at a population level, rather than improving individual treatment or disease management.

The HPFS aims to usher a new generation of healthy Filipinos, and make Healthy Pilipinas and Ambisyon 2040 a reality sooner rather than later.

To lay down the foundations for a Healthy Pilipinas, the focus of the HPFS during the early years of its implementation would be to establish structures and processes. This work will serve as the basis to deliver necessary outputs and outcomes on the implementation of healthy settings (communities, schools, and workplaces) and priority areas for action. The structures include the establishment of the Health Promotion Bureau pursuant to Section 30

of the Universal Health Care Law, including the creation of Health Promotion Units in the Centers of Health Development and in Province-wide and City-wide Health Systems. Whereas, the processes include the creation of policies that would provide the basis to implement the programs, research, campaigns, and other activities for health promotion.

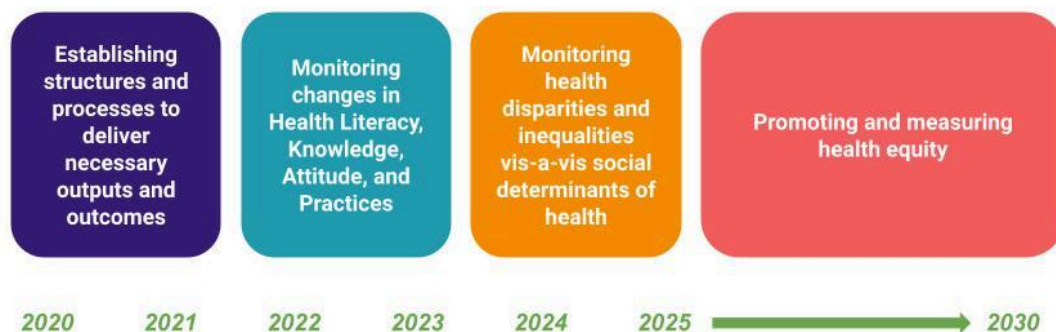


Figure 2. Milestones of the Health Promotion Framework Strategy

Once structures and processes are built and established, the primary focus shifts towards improving health literacy including the knowledge, attitude, and practices (KAP) of the Filipino people on health-promoting behaviors through collaborative work with different sectors of the society, implementation of effective interventions, and social and behavioral change communication campaigns. It is relevant to implement routine measurements of health literacy and KAP so that these changes can be detected. In addition, health disparities and inequalities shall be measured to get a glimpse of the status of health equity in health promotion and shall inform subsequent programs and plans to promote health equity from 2025 onwards.

| Life-Stage Approach

The life-stage approach refers to an approach that recognizes that all stages of a person's life are interlinked. It also recognizes the importance of health interventions at every stage of a person's life from conception to old age. The lifestage of a person include:

1. **Pregnancy, childbirth, and neonatal** - covers all aspects of childbearing, from conception to early infancy.
2. **Childhood** - refers to a person from newborn to below 10 years of age
3. **Adolescence** - refers to a person between the ages of 10 to 19 years of age who is in transition from childhood to adulthood.
4. **Adulthood** - refers to an individual aged 20 years to 59 years and 11 months.
5. **Older adult** - refers to a person at least 60 years old.

While health promotion interventions are available across lifestages, a growing number of literature support that focusing on the youth is a worthwhile investment. Through a focus on youth, the advantages to health and well-being can be maximized by helping Filipinos maintain both from a young age. In addition, transition points, such as the transition from birth to adolescence, from school to work, or from good health to sickness, leave individuals

vulnerable to changes which can affect their health and well-being, so extra attention and support must be provided during these times.

A focus on the youth, and on transition points are key to effective interventions using the life course approach. During these times, managing risk factors such as adverse childhood experiences, crime and violence, substance misuse, and poor educational attainment, will lead to resilience against health challenges in the later stages in life.

| **Settings Prioritized for Health Promotion**

Settings are integral for health promotion – wherever Filipinos live, study, or work, environmental, organizational, and personal factors interact to affect health and well-being. This is why multisectoral action and a settings-based approach to address risk factors, promote health, and prevent disease are necessary. The Universal Health Care Law enshrines the importance of forging partnerships among various sectors and the national and local government in ensuring the creation of enabling settings to improve health and quality of life and to promote health literacy and healthy behaviors among all Filipinos.

The following are key settings for health promotion:

1. **Healthy Communities** - Local governments and other organized communities are instrumental in creating and enabling health-supportive environments and human settlements, providing basic sanitation, and supplying access to health care, among others. Thus, healthy communities must commit to improving political, economic, and social conditions; foster holistic approaches to health management; and encourage communication among leaders and members.
2. **Healthy Schools** - Health promotion in schools can maximize the impact of health education and interventions among school-aged Filipinos, and in addition, has the potential to impact the home environments and communities of Filipino students and school personnel. Healthy schools foster health by creating healthy school policies, improving the physical school environment, facilitating inclusion of students who are differently-abled, teaching health skills and providing health education, linking with parents and communities, and providing access to health services.
3. **Healthy Workplaces** - With more people spending more time at work, healthy workplaces are necessary to ensure a healthy and productive workforce. Workers must be enabled and directly involved in ensuring that the workplace promotes health and well-being, prioritizing the prevention of health hazards and concerns, and creating an integrated response to the specific health needs of all workers.

| **Strategies for Implementing Health Promotion**

The HPFS will work towards its goals through the implementation of strategies based on the Ottawa Charter. The Ottawa Charter proposes advocating for favorable health conditions; enabling people to reach their full health potential; and mediating between different interests in society in the pursuit of health through the following implementation strategies:

- ***Reorienting the health sector***

Health services must shift focus from curative treatment to prevention of disease and promotion and attainment of the total needs of the whole person or community. The development of a strengthened primary care system integrating school, workplace, and community services can prevent health issues from worsening. In addition, by fostering ownership of health and health promotion by all, and opening channels between the health and other sectors, the integration of processes and services that promote health can be more easily achieved.

- ***Creating supportive environments***

This strategy focuses on enhancing social, community living and working, and natural and built environments to prioritize health and build individual, setting, and institutional capacity to support health. By encouraging and embodying care for others and the natural or built environment, all people are able to ensure that environments are safe, stimulating, satisfying, and enjoyable.

Thus, health promotion initiatives, such as the more traditional capacity-building and development, as well as health impact assessments, and encouragement of community-based services and support groups, among others, can be harnessed to reduce stigma, increase supportive behavior among peers, and foster healthy cultures and physical environments that support healthy behaviors.

- ***Strengthening community action***

Health promotion works through inclusive development, community ownership, public participation, and social support. Communities must work together to address the gaps on health system strengthening – this includes setting priorities, planning strategies, and implementing these strategies. As such, communities must be supported.

Interdisciplinary partnerships across national government, civil society, the private sector, and local communities to connect needs with resources; involving the community in end-to-end health intervention development, creating shared value; creating spaces for marginalized groups to participate in decision-making; and harnessing the political will of local leaders in prioritizing health are all ways to strengthen community action.

- ***Building healthy policy***

Healthy policy includes the development of legislation, fiscal measures, and organizational changes that promote health. Joint, coordinated action to identify health issues, obstacles, and solutions is important – thus, all policymakers in all sectors must recognize their potential effect on health, and communities must be involved in policy making on health. In addition, research, data management, and monitoring and evaluation should be used effectively to ensure that policies address the relevant issues and that these policies are implemented effectively.

- ***Developing personal skills***

Health promotion supports personal and social development through the provision of information and education to enhance health and life skills. Freer accessibility of information shall be fostered by increasing and maximizing platforms and channels for health skills onboarding; while improved health education, including education on health rights shall promote the development of functional health literacy. Through these, individuals and communities will be equipped with the skills and information they need to maximize opportunities to improve and maintain health and well-being.

Health messages must not just increase knowledge on improving health and maintaining well-being; they must also lead to behavior change toward the adoption of healthy habits and behaviors and positive health-seeking behavior.

Health Literacy and Health Promotion

The HPFS revolves around the key themes of having health promoting places or environments through healthy governance and healthy settings, as well as health promoting people to develop positive health behaviors. The concept of health literacy is central to these themes as it empowers the people to support and make healthy lifestyle choices. Given the modern day complexities with a surge of unvalidated health information leading to a global infodemic and misinformation, products and environments that foster unhealthy lifestyles, and complex health systems, people find it increasingly difficult to make healthy lifestyle choices. Throughout the years, programs and plans have been set to strengthen and promote the health of the people overlooking the crucial role of health literacy in generating behavioral change.

Health literacy, recognized as one of the key pillars to promote health, is an integrative and intersectoral tool for the implementation of the WHO's Thirteenth General Programme of Work 2019-2023, the Shanghai Declaration on promoting health in the 2030 Agenda for Sustainable Development, and the Health 2020 European policy framework and strategy for the 21st century. It also serves as an essential component of the HPFS from which the seven key priority areas for action were built upon.

The statement from the Ottawa Charter for Health Promotion where "people cannot achieve their fullest health potential unless they are able to take control of those things which determine their health" stresses the links of health literacy to gain autonomy and make informed decisions on health. Studies have shown that health literacy is a stronger predictor of one's health status over income, education levels, and even race. Thus, improving health literacy is expected to generate positive behavioral change, improve health outcomes, and reduce associated costs in health spending. Because gaining the competencies in health literacy is a lifelong process, implementing interventions through a whole-of-government and whole-of-society approach is critical.



Health literacy, defined as "the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions," is classified into two types: comprehensive and functional health literacy. Comprehensive Health Literacy (CHL) refers to the perceived ability of an individual to perform tasks related to his or her ability to access, understand, appraise, and apply health information. Functional Health Literacy (FHL), on the other hand, is the ability of a person to understand and perform basic numerical calculations based on the responses to a set of questions after an exposure to educational health material.

In 2018, the DOH in collaboration with the University of the Philippines - College of Public Health, conducted a survey to assess the CHL and FHL of Filipinos. Results show that less than half (40.21%) of the respondents had sufficient CHL with only 8 out of 100 Filipinos (8.25%) recorded an excellent CHL. The variations across the dimensions show limitations in accessing (45.94%), appraising (43.81%), understanding (35.78%) and applying (35.69%) health information, respectively. In terms of FHL, at least 6 out of 10 Filipinos (63.70%) had adequate FHL. However, given that the health material used in the survey was a carefully designed vaccination flyer by the DOH, the result may be an overestimation and is highly dependent on how well a health material was designed.

Investments in measuring health literacy will ensure that long term improvements are made which translates to effective implementation of policies, programs, and health services. In order to support the implementation of the HPFS, the DOH Health Promotion Bureau (HPB), in collaboration with the Centers for Health Development (CHD), will implement a nationwide assessment on the comprehensive and functional health literacy levels of Filipinos, as well as their their knowledge, attitude, and practices relative to the seven key priority areas. In line with the Local Health Systems (LHS) Maturity Level, an annual surveillance was also set to have the respective localities ensure that any improvements made in health literacy will be sustained as we work through a vision of a Healthy Pilipinas.

Priority Areas for Action

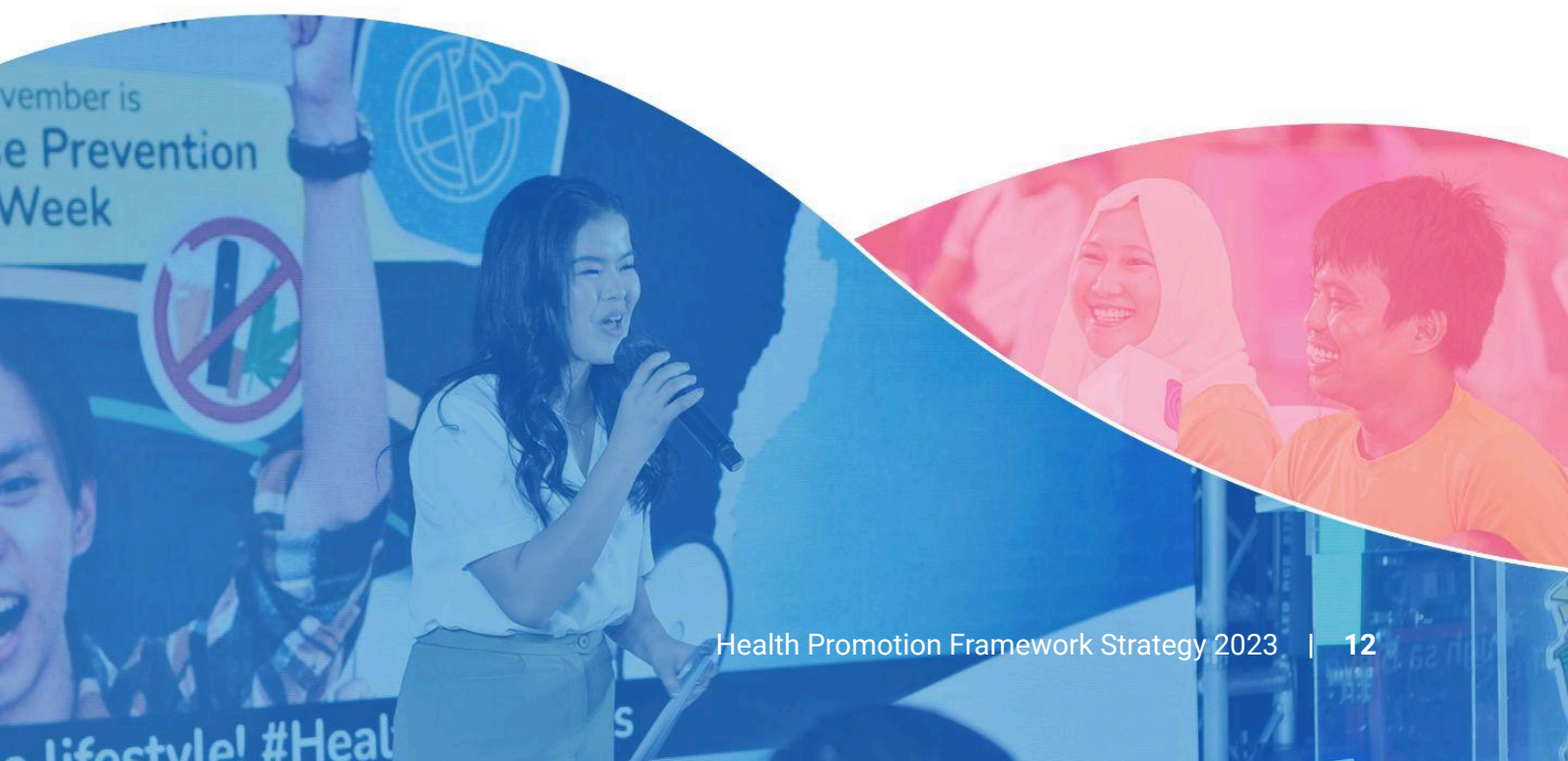
The HPFS has seven priority areas in which efforts to improve health outcomes, through health promotion, shall be focused. These priority areas were chosen through a comprehensive process involving consultations with various stakeholders, including local governments and other NGAs, medical societies, developmental partners, CSOs, and more, both within and beyond the health sector; review of data on the leading causes of health loss; alignment with the Philippines' local and international commitments with regard to health and well-being; and review of data on the modifiability of behavior.

The seven priority areas are as follows:

1. **Diet and Physical Activity:** Enabling improved nutrition and increased physical activity
2. **Environmental Health:** Tackling environmental and climate impacts on health
3. **Immunization:** Promoting vaccine use
4. **Substance Use:** Preventing tobacco use, illicit drug use, and harmful alcohol use
5. **Mental Health:** Increasing psychosocial and mental well-being
6. **Sexual and Reproductive Health:** Promoting positive sexual and reproductive behavior
7. **Violence and Injury Prevention:** Protecting communities from violence and injury

These seven priority areas are aligned with the healthy behaviors that will help Filipinos adopt a healthy lifestyle.

This section discusses each of the seven priority areas and provides context on how health-promoting behaviors contribute to the attainment of the desired health outcome.



The results of the 2021 collaborative study of the DOH and the Philippine Institute for Development Studies (PIDS) entitled, "The Economic Case for Disease Prevention and Health Promotion " as well as other relevant documents guide the formation of recommended or best buy interventions in health promotion.

In recognition of the rapidly growing body of literature and evolving concepts and strategies on health-promoting behaviors, the DOH recognizes that the presented interventions may not be exhaustive and shall continuously adapt as new evidence arises.

Priority Area 1: Diet and Physical Activity

Enabling improved nutrition and increased physical activity

Good nutrition and physical activity are foundations of good health, and work hand in hand to enable a healthy lifestyle. These fundamental components of population health encompass a vast array of social and economic concepts from food security to urban planning, and culturally accepted norms and eating practices. Aside from barriers in relation to the aforementioned, commercial determinants, such as excessive marketing of unhealthy establishments, foods, and drinks, have also begun to deter healthy eating.

Practices that lead to unhealthy diets aggravate health conditions and progress to various diseases, specifically non-communicable diseases. Unhealthy diets contribute to a significant amount of the total burden of disease in the country with 1.5% attributed to high consumption of salt and 0.5% to high consumption of trans fatty acids (TFA). Consumption of sugar-sweetened beverages (SSB) also contributes to about 0.5% of the burden of disease from diabetes and ischemic heart disease.⁶ In addition, insufficient fruit and vegetable consumption of less than the recommended intake of 400 grams per day contributes to an estimated 19% of the total burden of disease specifically from esophageal cancer, ischemic heart disease, and stroke.⁷ For Filipino children, non-exclusive breastfeeding contributes to an estimated 25% to 60% of the total burden of disease of children specifically from diarrhea and lower respiratory tract infections.⁸

In 2019, two in 10 Filipino children under five years old are underweight, while three in 10 are stunted. In addition, 56% of Filipino households remain food insecure while the COVID-19 pandemic and the resulting community quarantine have further increased undernourishment and involuntary hunger locally.

Obesity is also a growing problem with the majority of Filipinos insufficiently physically active. Rapid urbanization, poor urban planning movements, and even the COVID-19 pandemic have contributed for a more sedentary lifestyles. Insufficient physical activity was estimated to contribute to around 12% of the total burden of disease from diabetes,

⁶ World Health Organization. (2019). Prevention and control of noncommunicable diseases in the Philippines: The case for investment. (WHO/UHC/CD-NCD/19.90). Retrieved from: [https://www.who.int/docs/default-source/wpro--documents/countries/philippines/reports/prevention-and-control-of-noncommunicable-diseases-in-the-philippines--the-case-for-investment.pdf?sfvrsn=6005b6d1_2#:~:text=In%202015%2C%20noncommunicable%20diseases%20\(NCDs\),%20\(WHO%2C%202017a\).](https://www.who.int/docs/default-source/wpro--documents/countries/philippines/reports/prevention-and-control-of-noncommunicable-diseases-in-the-philippines--the-case-for-investment.pdf?sfvrsn=6005b6d1_2#:~:text=In%202015%2C%20noncommunicable%20diseases%20(NCDs),%20(WHO%2C%202017a).)

⁷ Uy, A. B., & Jimeno, C. (2021). Cardiometabolic Risk Factors leading to Diabetes Mellitus among the Young (YOD) from the 8th Philippine National Nutrition Survey. *Journal of the ASEAN Federation of Endocrine Societies*, 36(1), 12-24. <https://doi.org/10.15605/jafes.036.01.02>

⁸ Department of Science and Technology - Food and Nutrition Research Institute (DOST-FNRI). (n.d.). Expanded National Nutrition Survey: 2019 Results, Nutritional Status of Filipino Preschool Children (*Presentation*). Retrieved from: <http://enutrition.fnri.dost.gov.ph/site/presentation.php?year=2019>

ischemic heart disease, and stroke. This translates to around 800,000 life-years lost and long-run economic productivity losses in US dollars purchasing power parity (PPP) of 6 billion.

Evidence supports that diet and physical activity are amongst the most impactful behaviors a person can modify to further improve their health. It is imperative that Filipinos eat healthier diets and exercise enough to ensure that whether they are young or old, they are fit, active, and protected from diet-related diseases.

The health-promoting behavior of consuming healthy diets and engaging in physical activity are expected to reduce mortality attributed to non-communicable diseases and reduce all forms of malnutrition. Filipinos engaging in physical activity are also expected to have a reduced burden of mental health disorders due to its positive effects on mental health. Needless to say, multi-sectoral action and collaboration are critical to address unhealthy diets and sedentary lifestyles due to rapid urbanization and globalization.

Table 1 summarizes the behavioral and health outcome targets on diet and physical activity.

Table 1. Diet and Physical Activity Behavioral and Health Outcome Targets

BEHAVIORAL OBJECTIVE	BASELINE	TARGET	HEALTH OUTCOME	BASELINE	TARGET BY 2030
Filipinos consume healthy diets	86.2% <i>Health Literacy Assessment - Knowledge, Attitude, and Practices (2021)</i>	<i>Relative increase from baseline</i> <i>Health Literacy Assessment - Knowledge, Attitude, and Practices (2021)</i>	<i>Reduce mortality attributed to non-communicable diseases</i>	4.7% <i>(PSA Vital Statistics Report, 2019)</i>	3.1% <i>SDG target of reduction by one-thirds</i>
			<i>Reduce all forms of malnutrition</i>	Underweight and CED <5yrs: 19.1% 5-10yrs: 25.5% ≥20 yrs: 8.4% Stunting <5yrs: 29.6% 5-10yrs: 24.9% 10-19yrs: 26.6% Wasting <5yrs: 5.7% 5-10yrs: 7.8% 10-19yrs: 11.5% Overweight and Obesity 0-59 mos: 3.5% 5-10yrs: 10.4% 10-19yrs: 10.7% ≥20 yrs: 36.6%	<i>SDG target to end all forms of malnutrition and Global Nutrition Targets</i> Underweight and CED - 0.0% Stunting 40% reduction <5yrs: 17.8% 5-10yrs: 14.9% 10-19yrs: 16.0% Wasting Reduce to <5% (60% reduction across all age) <5yrs: 2.3% 5-10yrs: 3.1% 10-19yrs: 4.6%



				(Expanded National Nutrition Survey, 2019)	Overweight and Obesity 0% increase 0-59 mos: 3.5% 5-10yrs: 10.4% 10-19yrs: 10.7% ≥20 yrs: 36.6%
Filipinos engage in physical activity	15.3% <i>Health Literacy Assessment - Knowledge, Attitude, and Practices (2021)</i>	<i>Relative increase from baseline</i> <i>Health Literacy Assessment - Knowledge, Attitude, and Practices (2021)</i>	<i>Reduce burden of mental health disorders</i>	10% <i>developed a mental health problem in the past 12 months</i> <i>National Survey on Mental Health and Well-being (NSMHW)</i>	Reduced prevalence of baseline

| **Best Buy Interventions**

| *Diet and nutrition*

The World Health Organization (WHO) recommends best buy interventions to address the burden of unhealthy diets including reduction of salt intake through the reformulation of food products, the establishment of supportive environments such as hospitals, schools, and workplaces, implementation of front-of-pack labeling for food items, and setting targets for the amount of salt in foods and meals. Among the critical components in implementing these interventions is mass media campaigns to foster behavioral change in the population. The reduction of the current sodium consumption in the Filipino diet of 4.1 grams per day to at least 2.0 grams per day can avert 365,214 life-years lost and productivity losses of \$ 3.3 billion (PPP). Reduction of the prevalence of insufficient fruits and vegetable consumption from 92% in 2015 to 62%, a relative reduction of 30 percentage points, will avert 190,123 life-years lost and productivity losses of \$ 16.7 million (PPP). Likewise, promotion of healthy schools that offer healthy foods and provide nutrition education and skills may increase the consumption of fruits and vegetables by 8.4%.

The institutionalization of public policies to improve the diets of Filipinos such as the “National Policy on the Elimination of Industrially-Produced Trans-Fatty Acids for the Prevention and Control of Non-Communicable Diseases” under DOH Administrative Order 2021-0039 aims to support the reformulation of food products to decrease the current 0.2% consumption to 0% and subsequently avert 122,949 life-years lost and productivity losses of \$ 1.1 billion (PPP). The taxation of SSBs under the Tax Reform for Acceleration and Inclusion (TRAIN) Act including other reforms to decrease harmful levels (>120 grams per day) of SSB consumption is expected avert 2,799 life-years lost and productivity losses of \$ 0.2 million (PPP) by decreasing the current 2.1% harmful SSB consumption to 0%.

Improving the availability of healthier beverages in the home environment is among the high-impact interventions shown to have the largest potential of reducing SSB intake by at least 72%. Other interventions include the promotion of drinking water at schools as an



alternative to SSBs, menu board calorie labeling in restaurant chains and cafes, and multi-component community campaigns that focus on lowering consumption of SSBs may potentially reduce intake from around 14% to 38%.

Increasing the proportion of mothers who exclusively breastfeed their children from 49% to 70% can avert at least 154,433 life-years lost and productivity losses of \$ 1.4 billion (PPP). Among the specific interventions to improve breastfeeding, breastfeeding education for mothers and the promotion of baby-friendly hospitals may potentially increase the proportion of mothers who exclusively breastfeed their children by 20% to 24% while personalized breastfeeding support through home visits or appointments with health workers can potentially increase exclusive breastfeeding by 10%.

Box 1. Best Buy Interventions for Diet and Nutrition

Developing Healthy Public Policies

- Elimination of Trans-Fatty Acids (TFA) for the reformulation of food products
- Reduction of salt intake through reformulation of food products to contain less salt and the setting of target levels for the amount of salt in foods and meals
- Reduction of salt intake through the implementation of front-of-pack labeling
- Taxation of sugar sweetened beverages (SSB)

Creating Supportive Environments

- Promotion and improvement of the availability of healthier beverages in the environment (home, school, work, etc.) such as safe drinking water instead of SSB
- Promotion of front-of-pack nutrition labeling
- Reduction of salt intake by enabling provision of lower sodium options and establishing supportive environment in public institutions such as hospitals, schools, workplaces, and nursing homes, and others
- Promotion of menu board calorie labeling in restaurant chains and cafes

Developing Personal Skills

- Reduction of salt intake through behavior change communication and mass media campaign
- Promotion of the baby-friendly hospitals initiative (BFHI) for successful breastfeeding
- Promotion of personalized breastfeeding support through home visits or appointments with health workers

Note: Best Buy Interventions are based on WHO technical paper entitled, "Tackling NCDs: 'Best buys'" and the Philippine Institute of Development Studies paper entitled, "The Economic Case for Diseases Prevention and Health Promotion" (n.d.).

| *Physical Activity*

Community-wide public education and awareness campaigns for physical activity combined with community-based education, motivation, and other environmental programs are among the WHO best buy interventions for physical activity. Reduction in the prevalence of physical inactivity from 43% to 38%, about a 5 percentage points relative reduction (as recommended) is estimated to avert 40,819 life-years lost and productivity losses of \$ 379 million (PPP).

Increasing the awareness or knowledge of the health benefits of physical activity through community-wide campaigns is estimated to reduce the prevalence of physical inactivity by 2.5% to 5.10%. Meanwhile, increasing eHealth interventions for children and adolescents 5 to 19 years old may reduce the prevalence of physical inactivity by 2% to 8%. Depending on the age of the target population, family-based social support reduces the prevalence of physical inactivity by about 20% while community social support on physical activity by about 13% to 15%. Among adolescents, school-based physical education has the largest potential to reduce the prevalence of physical inactivity to as high as 158%. Across all ages, the creation or improvement of places for physical activity has the potential to reduce prevalence by 23% while point-of-decision prompts like signages placed along elevators and escalators to motivate people to be more active have the potential to reduce prevalence by 35% to 40%.

Box 2. Best Buy Interventions for Physical Activity

Creating Supportive Environments

- Creation or improvement of places for physical activity
- Promotion of the use of point-of-decision prompts like signages among elevators and escalators

Strengthening Community Action

- Community-wide public education and awareness campaign for physical activity which includes mass media campaign combined with other community-based education, motivational and environmental programs aimed at supporting behavioral change of physical activity levels
- Community- and family-based social support programs for physical activity

Reorienting Health Services

- Improvement of school-based physical education
- E-Health interventions for children and adolescents

Note: Best Buy Interventions are based on WHO technical paper entitled, "Tackling NCDs: 'Best buys'" and the Philippine Institute of Development Studies paper entitled, "The Economic Case for Diseases Prevention and Health Promotion" (n.d.).

Priority Area 2: Environmental Health

Tackling environmental and climate change impacts on health

We cannot separate our health from the well-being of our environment and planet. Throughout the years, the continuous use and abuse of our natural resources have led to short- and long-term negative impacts on our health and well-being. We constantly face dangers with our environmental exposure to pollution either by land, water, or air. Extreme weather events and disasters also impact not only our health, but our overall lifestyle, and livelihood. Likewise, structural inequalities brought about by poverty and lack of development continue to predispose people to unsanitary environments.

Environmental exposures continue to affect health. In 2017, Filipinos were shown to have a mean annual exposure of 18.07 µg/m³ to air pollutants like methane, nitrous oxide, carbon dioxide emissions, and many others. Exposure to air pollution was estimated to contribute to about 10% to 22% of the total burden of disease from lower respiratory tract infections, lung cancer, ischemic heart disease, and stroke; which translates to about 1.07 million life-years lost.⁹

In terms of sanitation facilities, in 2020 although the majority of Filipino families (97.5%) were reported to have improved sources of drinking water, around 80.2% do not practice any method or treatment to ensure that their drinking water is safe. Only eight out of 10 (80.4%) of Filipino families have basic level sanitation facilities or those considered as improved facilities not shared with other households. Around 2.6% of Filipino families still have unimproved sanitation facilities while 3.5% have none and are still practicing open defecation. When it comes to handwashing facilities, nine out of 10 (90.6%) Filipino families have handwashing facilities, 12.6% of these families rely on mobile objects such as buckets, jugs, or kettles and 6.7% have no soap available.¹⁰ Overall, unimproved water sources and sanitation facilities contribute to an estimated 35% and 25% of the total burden of disease from diarrhea which translates to 188,000 life-years lost. Specifically, lack of handwashing facilities was estimated to contribute to at least 5% to 8% of the total burden of disease from diarrhea which translates to 143,000 life-years lost.

⁹ Global Burden of Disease Collaborative Network (2020). Global Burden of Disease Study 2019 (GBD 2019) Results. Seattle, United States: Institute for Health Metrics and Evaluation (IHME). Available from <http://ghdx.healthdata.org/gbd-results-tool>

¹⁰ Philippine Statistics Authority. (October 2018). Philippines National Demographic and Health Survey 2017. Retrieved from: https://psa.gov.ph/sites/default/files/PHILIPPINE%20NATIONAL%20DEMOGRAPHIC%20AND%20HEALTH%20SURVEY%202017_new.pdf

Environmental risks account for much of the disease burden in the country which includes air pollution (both outdoors and inside the household) and access to safe water and sanitation.

The Philippines is among the most vulnerable countries in terms of experiencing disasters exacerbated by the climate crisis. Natural disasters lead to numerous chronic diseases, infections, and even deaths that can be mitigated through improved natural and built environments through safe and sustainable urban development, as well as increased preparedness and resilience.

Tackling these negative environmental and climate impacts on health requires conscious attention to how we treat the environment and the built infrastructures in which we live. Health promotion's role in this regard is to educate, mobilize, and empower local government units (LGUs) and their respective communities to take action in improving their living environment.

Table 2 summarizes the behavioral and health outcome targets on environmental health.

Table 2. Environmental Health Behavioral and Health Outcome Targets

BEHAVIORAL OBJECTIVE	BASELINE	TARGET	HEALTH OUTCOME	BASELINE	TARGET BY 2030
Filipinos practice sustainable lifestyles	31.2% <i>Health Literacy Assessment - Knowledge, Attitude, and Practices (2021)</i>	Relative increase from baseline <i>Health Literacy Assessment - Knowledge, Attitude, and Practices (2021)</i>	Reduce exposure to environmental/ occupational risk	12.75% DALYs 16.15% Deaths <i>(IHME Global Burden of Disease, 2019)</i>	6.38% DALYs 8.08% Deaths <i>SDG target of substantial reduction</i>
			Reduce the number of persons directly affected by climate-related disasters per 100,000 of the population	5,218 <i>(National Disaster Risk Reduction Management Council, 2018)</i>	2,609 <i>SDG target of substantial reduction</i>
Filipinos practice improved sanitation	76.8% <i>Health Literacy Assessment - Knowledge, Attitude, and Practices (2021)</i>	Relative increase from baseline <i>Health Literacy Assessment - Knowledge, Attitude, and Practices (2021)</i>	Reduce exposure to environmental/ occupational risk	12.75% DALYs 16.15% Deaths <i>(IHME Global Burden of Disease, 2019)</i>	6.38% DALYs 8.08% Deaths <i>SDG target of substantial reduction</i>
Filipinos practice disaster preparedness	73.2% <i>Health Literacy Assessment - Knowledge, Attitude, and Practices (2021)</i>	Relative increase from baseline <i>Health Literacy Assessment - Knowledge, Attitude, and Practices (2021)</i>	Reduce the number of persons directly affected by climate-related disasters per 100,000 of the population	5,218 <i>(National Disaster Risk Reduction Management Council, 2018)</i>	2,609 <i>SDG target of substantial reduction</i>

			Reduce burden of mental health disorders	10% developed a mental health problem in the past 12 months National Survey on Mental Health and Well-being (NSMHW)	Reduced prevalence of baseline
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| **Best buy Interventions**

For environmental health, although cost-effective or “best buy” interventions haven’t been evaluated, there was a multitude of inter-sectoral and collaborative strategies and priority actions that have been highlighted in WHO guidance documents. This includes, but not limited to, improvement of air quality, water, and sanitation safety planning, operationalization of policies and programs for environmental and occupational health services in health care facilities including refugee camps or other areas that host internally displaced persons, development or updating of environmental health emergency profiles and plans including capacities to respond to chemical, radiological, or even nuclear events.

Based on the estimates of the 2021 collaborative study with PIDS, improving air quality from the current 96% exposure of the population to particulate matter (PM 2.5) to 71% could avert an estimated 280,759 life-years lost and productivity losses of \$2.6 billion (PPP). Improving water sources of the Filipino population from 95% to 100% could avert 188,074 life-years lost and productivity losses of \$1.7 billion (PPP). Decreasing the proportion of Filipinos with unimproved sanitation facilities from 23% to 5% could avert 105,267 life-years lost and productivity losses of \$ 978 million (PPP). Finally, increasing handwashing facilities from 82% to 95% could avert 103,643 life-years lost and productivity losses of \$962 million (PPP).

In terms of specific cost-effective interventions, conduct of latrine promotion programs to motivate communities and provision of health information campaigns alone may only increase the proportion of improved sanitation facilities by at least 8%. On the other hand, community-level interventions have been shown to improve the number of functioning sanitation facilities to at least 21% to 24%. Current evidence also shows that school programs promoting handwashing, mass media campaigns, and even training of community-based agents of change are expected to yield around 0.5% to 3.3% increase in handwashing practices.

Aside from these interventions, numerous guidance documents from the WHO such as climate resilience and environmentally sustainable healthcare facilities, urban health initiative¹¹, and frameworks for emergency preparedness were adapted in the context of health promotion to highlight interventions that would contribute to the achievement of the HPFS.

¹¹ World Health Organization. (26 May 2021). Urban Health Initiative a model process for catalysing change, Making health a priority in the design of air pollution free cities. Retrieved from: <https://www.who.int/publications/i/item/WHO-HEP-ECH-AQH-2021-1>



Box 3. Interventions for sustainable lifestyles

Developing Healthy Public Policies

- Adoption of the WHO Chemical roadmap which provides a framework for addressing chemical safety by the health sector and healthcare facilities
- Implementation of radiation safety policies that recognize multiple benefits which can be obtained while addressing and minimizing health risks

Creating Supportive Environments

- Adequate water supply and wastewater treatment facilities
- Affordable waste-water treatment technologies available and functional in small-to medium-scale healthcare facilities
- Transportation planning and use of cleaner fuels and cooking technologies to reduce indoor air pollution
- Limiting amount of meat intake, cutting on fast-food or junk food, composting food waste, supporting local produce and own food production
- Improvement of infrastructures such as incineration technology

Developing Personal Skills

- Increasing awareness of health hazards related to health care waste
- Training in proper waste management

Note: Best Buy Interventions are based on WHO technical paper entitled, "Tackling NCDs: 'Best buys'" and the Philippine Institute of Development Studies paper entitled, "The Economic Case for Diseases Prevention and Health Promotion" (n.d.).

Box 4. Best buy Interventions for improved sanitation

Developing Personal Skills

- Health information campaigns and community motivation to promote awareness of sanitation practices and WASH including Latrine Promotion Programs

Strengthening Community Action

- Community-level interventions to improve functioning sanitation facilities including training of individuals as latrine supply agents who carry out free delivery and installation of sanitation facilities in households
- Promotion of handwashing in school programs that encourage habit formation and public commitment
- Mass media campaigns to promote handwashing combined with training of community-based agents of change such as health workers, teachers, or community leaders

Note: Best Buy Interventions are based on WHO technical paper entitled, "Tackling NCDs: 'Best buys'" and the Philippine Institute of Development Studies paper entitled, "The Economic Case for Diseases Prevention and Health Promotion" (n.d.).

Box 5. Interventions for disaster and emergencies

Developing Healthy Public Policies

- Rebuilding process that is “health focused” or health driven and rather than only health system driven

Developing Personal Skills

- Promotion of awareness on “go bags” for preparedness during disasters
- Experiential learning on emergency management
- Provision of training and guidance in performing actions needed during a disaster
- Engaging survivors in decision-making

Strengthening Community Action

- Promotion of health of the community and families as part of emergency preparedness plans
- Involvement of the community and participation in assessing risks and vulnerability
- Availability of tailored risk information based on an individual characteristic
- Supporting reconnection of scattered members of the community to rebuild
- Building networks with the government, NGOs, CSOs, and services agencies

Note: Best Buy Interventions are based on WHO technical paper entitled, “Tackling NCDs: ‘Best buys’” and the Philippine Institute of Development Studies paper entitled, “The Economic Case for Diseases Prevention and Health Promotion” (n.d.).

Priority Area 3: Immunization

Promoting vaccine use

Every year, vaccines save millions of lives from vaccine-preventable diseases (VPDs). In the Philippines there are 13 recommended vaccines from birth to age 18. However, the recent shift in perception of vaccine effectiveness, importance, and safety has influenced the decline in vaccine confidence and uptake in the country¹².

The Philippines has been experiencing sub-optimal vaccine uptake. Consequently, there have been more reports of refusals and these ultimately led to the measles and polio outbreaks in 2019. It was estimated that in the Philippines, sub-optimal vaccination coverage leads to a significant burden of disease with around 1.1 million life-years lost and lifetime productivity losses of \$ 10.8 billion (PPP).

We must not forget that there are a number of VPDs that still require increased coverage. During the pandemic, vaccines provided people with security in preventing severe cases of COVID-19 and limiting disease transmission. Despite the continuous emergence of variants, vaccine equity remains to be one of the key measures stated by the WHO to curb the pandemic. Vaccinations are not only our right to a healthy life but also our shared responsibility to ensure a healthy future for all.

Table 3 summarizes the behavioral and health outcome targets on immunization.

Table 3. Immunization Behavioral and Health Outcome Targets

BEHAVIORAL OBJECTIVE	BASELINE	TARGET	HEALTH OUTCOME	BASELINE	TARGET BY 2030
Filipinos are fully immunized (FIP)	14.3% <i>Filipinos 18 yrs old and above getting full adult immunization</i> <i>Health Literacy Assessment - Knowledge, Attitude, and Practices (2021)</i>	<i>Relative increase from baseline</i> <i>Health Literacy Assessment - Knowledge, Attitude, and Practices (2021)</i>	<i>Reduce the prevalence of vaccine-preventable diseases</i>	59.98 <i>measles incidence (per 1M population)</i> 650 <i>tuberculosis incidence (per 100k population)</i> <i>WHO Global TB Report, 2021</i>	<i>SDG: Eliminate measles and rubella (0.0)</i> 421 <i>tuberculosis incidence (per 100k population)</i>

¹² Figueiredo, A. D., Simas, C., Karafillakis, E., Paterson, P., & Larson, H. J. (2020). Mapping global trends in vaccine confidence and investigating barriers to vaccine uptake: A large-scale retrospective temporal modelling study. *The Lancet*, 396(10255), 898-908. doi:10.1016/s0140-6736(20)31558-0

| **Best buy Interventions**

WHO recommends complete vaccine coverage or a full immunization status to prevent the incidence of vaccine-preventable diseases not only among children but also among adults. Likewise, vaccination against human papillomavirus (HPV) among 9 to 14-year-old girls was also recommended for the prevention of cervical cancer. Increasing alone the proportion of fully immunized children from 70% to 95% could avert at least 595,077 life years lost and productivity losses of \$ 5.5 billion (PPP), this estimate does not include other routine vaccinations administered until adulthood.

Among the interventions employed to improve vaccination, it was shown that making full use of the health information system by requiring schools and colleges to get students immunized or having them provide their vaccine certification may increase full immunization status to almost 100%. However, these are among the compelling types of interventions which may not look amenable across all learning institutions for various reasons. Instead, students may be encouraged to provide their documentation of vaccinations to open the path towards other effective interventions such as sending reminders or notices to get vaccinated or even getting health education messages to improve vaccination uptake and coverage across population groups. It was shown that setting reminders and provision of recall notices from healthcare providers may potentially increase vaccination coverage by at least 10.7%. These include health education messages on the importance of vaccination delivered through various methods tailored to the preference of an individual such as phone call, text or instant messages, e-mail, and others.

Box 6. Interventions for Immunization

Developing Personal Skills

- Provision of educational opportunities and information resources for immunization
- Promotion of communication tool-based training for healthcare workers to address vaccine hesitancy
- Utilization of mass media as an approach to promote vaccine uptake

Strengthening Community Action

- Assessment of vaccination status among students attending child care & schools/colleges (i.e. review of vaccination certificate / documentation)
- Encouragement of students to provide documentation of vaccination in attending child care, schools, or colleges.
- Implementation of client reminder and recall notices by various methods (i.e. telephone or mobile phone call, SMS or text messages, instant messages, e-mail, etc.)¹³
- Client or family incentive / rewards programs to motivate people to get vaccinated

Reorienting Health Services

- Strengthen immunization information and promote the use of high-quality "fit-for-purpose" data for action

Note: Best Buy Interventions are based on WHO technical paper entitled, "Tackling NCDs: 'Best buys'" and the Philippine Institute of Development Studies paper entitled, "The Economic Case for Diseases Prevention and Health Promotion" (n.d.).

¹³ COVID-19 Global Evaluation Coalition (2020). Effects of digital interventions for promoting vaccination uptake. Retrieved from: <https://www.covid19-evaluation-coalition.org/documents/VACCINES-Brief-2.pdf>

Priority Area 4: Substance Use

Preventing tobacco use, illicit drug use, and harmful alcohol use

The prevalence of substance abuse is a complex public health issue. Its health impacts on those who engage in it are proven to be fatal. In the Philippines, it was estimated that direct smoking results in 2.7 million life-years lost, while second-hand smoking results in an additional 592,000 life-years lost. Moreover, firsthand or secondhand smoking was noted to be a significant contributor on the burden of disease in asthma, diabetes, stroke, ischemic heart disease, and lung or tracheal cancer. When it comes to alcohol consumption, binge drinking defined as 5 or more standard drinks in a row for men or 4 or more standard drinks in a row for women, contributes to around 1% to 3% of the total burden of disease from liver cancer and liver diseases, stroke, and intracerebral hemorrhage which translates to 900,000 life-years lost.

An individual's use of tobacco or nicotine products, excessive drinking, or use of drugs has underlying social determinants, and understanding these factors can help us support users in quitting, and prevent non-users from using them in the first place. For instance, people with lower income and whose jobs are insecure are prone to engage in substance abuse because of stress¹⁴. The social marginalization of gender and sexual minorities is another example. Hence, preventing substance abuse begins with securing every Filipino's psychosocial wellbeing.

Substance abuse also harms those who do not engage in it – some examples of secondary harm due to substance abuse include the inhalation of secondhand smoke, road traffic incidents related to persons driving under the influence of alcohol, dangerous drugs, and similar substances, and cases of domestic violence. With the emergence of novel and highly addictive tobacco and nicotine products, the elimination of substance abuse is all the more urgent and relevant today.

To eliminate the public health concern that is substance abuse, a conducive environment for cessation must be encouraged¹⁵. Substance use that may lead to substance abuse must be curbed. Empowering families and peers to support people who engage in substance abuse is also effective. The culture of fear and stigma surrounding drug use must also be addressed to encourage persons who use drugs to seek help from health professionals. Finally, policies that reduce the accessibility and availability of tobacco products and the advertisement of alcohol can help reduce substance abuse.

¹⁴ Garrett, B.E., Dube, S.R., Babb, S., McAfee, T. (2014). Addressing the Social Determinants of Health to Reduce Tobacco-Related Disparities. Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5104348/>

¹⁵ Galea, S., Vlahov, D. (2002). Social determinants and the health of drug users: socioeconomic status, homelessness, and incarceration. Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1913691/>

Table 4-6 summarizes the behavioral and health outcome targets on substance abuse.

Table 4. Substance Abuse of Tobacco Behavioral and Health Outcome Targets

BEHAVIORAL OBJECTIVE	BASELINE	TARGET	HEALTH OUTCOME	BASELINE	TARGET BY 2030
Filipinos avoid smoking	93.9% <i>Health Literacy Assessment - Knowledge, Attitude, and Practices (2021)</i>	Relative increase from baseline <i>Health Literacy Assessment - Knowledge, Attitude, and Practices (2021)</i>	Reduce the number of current tobacco users, both for adults and the youth	23.8% adults <i>Global Adult Tobacco Survey 2015</i> 16.0% youth <i>Global Youth Tobacco Survey, 2015</i>	16.7% adults <i>National Tobacco Prevention and Control Strategy 2023-2030</i> 11.2% youth <i>National Tobacco Prevention and Control Strategy 2023-2030</i>
			Reduce mortality attributed to non-communicable diseases	4.7% <i>PSA Vital Statistics Report, 2019x</i>	3.1% <i>SDG target of reduction by one-thirds</i>
			Reduce burden of mental health disorders	10% developed a mental health problem in the past 12 months <i>National Survey on Mental Health and Well-being (NSMHW)</i>	Reduced prevalence of baseline

| Best buy Interventions on Tobacco Use

WHO best buy interventions on tobacco control include increase in excise taxes and price of tobacco products, plain or standardized packaging or large graphic health warnings, comprehensive bans on tobacco advertisement, promotion, and sponsorship, mass media campaigns informing people about the harms of smoking as well as second-hand smoke, and elimination of second-hand smoke exposure in all indoor workplaces, public places, and public transport.

A 30% reduction in the current prevalence of direct smoking from 24% to 17% and the current prevalence of second-hand smoking from 22% to 15% could avert a total of 994,198 life-years lost and productivity losses of \$ 1.6 billion (PPP). For tobacco control interventions, tobacco taxation estimates have shown that at least a 75% price increase is needed to expect a 30% reduction in the prevalence of smoking. Graphic health warnings has the potential to reduce prevalence by 52%, bans on tobacco advertising, promotion, and sponsorship by 22.7%, bans on point-of-sale displays for tobacco products by 17.9%, whereas aggressive media campaigns and regulations for workplace and school exposure by 9.3%, 9.4%, and 4.6% respectively.



Box 7. Best buy Interventions for tobacco use

Developing Healthy Public Policies

- Higher excise taxes and prices on tobacco products
- Implementation of plain / standardized packaging or large graphic health warnings on all tobacco packages
- Enactment and enforcement of comprehensive bans on tobacco advertising, promotion, and sponsorship
- Elimination of exposure to second-hand tobacco smoke in all indoor workplaces, public places, public transport
- Implementation of effective mass media campaigns that educate the public about the harms of smoking / tobacco use and secondhand smoke

Note: Best Buy Interventions are based on WHO technical paper entitled, "Tackling NCDs: 'Best buys'" and the Philippine Institute of Development Studies paper entitled, "The Economic Case for Diseases Prevention and Health Promotion" (n.d.).

Table 5. Substance Abuse of Alcohol Behavioral and Health Outcome Targets

BEHAVIORAL OBJECTIVE	BASELINE	TARGET	HEALTH OUTCOME	BASELINE	TARGET BY 2030
Filipinos avoid harmful alcohol use	96.3% <i>Health Literacy Assessment - Knowledge, Attitude, and Practices (2021)</i>	<i>Relative increase from baseline</i> <i>Health Literacy Assessment - Knowledge, Attitude, and Practices (2021)</i>	<i>Reduce binge drinking among currently drinking adults and adolescents</i>	55.6% adults 45.9% adolescents <i>(Expanded National Nutrition Survey, 2019)</i>	44.5% adults 36.7% adolescents <i>SDG target of substantial reduction</i>
			<i>Reduce mortality attributed to non-communicable diseases</i>	4.7% <i>(PSA Vital Statistics Report, 2019)</i>	3.1% <i>SDG target of reduction by one-thirds</i>
			<i>Reduce burden of mental health disorders</i>	10% developed a mental health problem in the past 12 months <i>National Survey on Mental Health and Well-being (NSMHW)</i>	Reduced prevalence of baseline
			<i>Reduce incidence of interpersonal violence</i>	6.2 Monthly average index crime rate <i>(Administrative data - Philippine National Police, 2018)</i>	3.1 Monthly average index crime rate
			<i>Reduce deaths due to road traffic injuries</i>	8.0 per 100,000 population <i>Vital Statistics Report, 2020</i>	4.0 per 100,000 population <i>SDG target of reducing by half</i>
			<i>Reduce incidence of occupational-related injuries</i>	3.8 fatalities 426 non-fatalities per 100,000 employed persons	1.9 fatalities 213 non-fatalities per 100,000 employed persons

				(BLES Integrated Survey/ Occupational Injuries Survey/ Integrated Survey on Labor and Employment, 2015)	SDG target of reducing violence and related death rates
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| **Best buy Interventions for Alcohol use**

For the prevention of the harmful use of alcohol, WHO best buy interventions include increasing the excise taxes of alcoholic beverages, comprehensive bans on advertising and promotion, as well as restrictions on the physical availability of retailed alcohol by reducing hours of sale. A 10% reduction on the prevalence of binge drinking from the current 24% to 22% (based from the WHO recommendations) could avert at least 68,552 life-years lost and productivity losses of \$ 630 million (PPP). For strategies, alcohol taxation has the potential to reduce the prevalence of binge drinking by increments from a 3.4% reduction provided a 25% price increase, a 6.7% reduction provided a 50% price increase, and a 10.1% reduction provided a 75% price increase. Restricting access of alcohol to adolescents and imposition of dram shop liability laws such as holding restaurants, bars, or shop owners or servers responsible for harms inflicted on others by patrons under the influence of alcohol may also potentially reduce the prevalence of binge drinking by 4.0%.

Box 8. Best buy Interventions for alcohol use

Developing Healthy Public Policies

- Higher excise taxes on alcoholic beverages
- Enactment and enforcement of bans or comprehensive restrictions on exposure to alcohol advertising (across multiple types of media)
- Enactment and enforcement of restrictions on the physical availability of retailed alcohol (via reduced hours of sale)
- Promotion of dram liability laws that would hold shop owners responsible for harms inflicted on other persons by patrons under the influence of alcohol

Note: Best Buy Interventions are based on WHO technical paper entitled, "Tackling NCDs: 'Best buys'" and the Philippine Institute of Development Studies paper entitled, "The Economic Case for Diseases Prevention and Health Promotion" (n.d.).

Table 6. Substance Abuse of Drugs and Other Illicit Substances Behavioral and Health Outcome Targets

BEHAVIORAL OBJECTIVE	BASELINE	TARGET	HEALTH OUTCOME	BASELINE	TARGET BY 2030
Filipinos avoid drug use	No data available	No data available	Reduce the number of current drug users aged 10 to 69 years old	2.05% (National Household Survey on the Patterns and Trends of Drug Abuse, 2019) ¹⁶	0.0% SDG target of substantial reduction

¹⁶ Dangerous Drugs Board. (2019). 2019 National Household Survey on the Patterns and Trends of Drug Abuse. Retrieved from: https://www.ddb.gov.ph/images/downloads/2019_Drug_Survey_Report.pdf

			Reduce mortality attributed to non-communicable diseases	4.7% <i>PSA Vital Statistics Report, 2019</i>	3.1% <i>SDG target of reduction by one-thirds</i>
			Reduce burden of mental health disorders	10% developed a mental health problem in the past 12 months <i>National Survey on Mental Health and Well-being (NSMHW)</i>	Reduced prevalence of baseline

| **Interventions for Drug Use**

Prevention of drug use and abuse entail a three-pronged approach which include provision of information within the community, as well as the involvement of schools and families. The impact of drug prevention was shown to be related with age wherein family-based programs would heavily impact young children while conditions with peers heavily impact older children or adolescents. Both approaches highlight the importance of early intervention to transform a child’s trajectory from a risky path to a protective one through social and emotional support from parents and the family.

Box 9. Interventions for Drug Use

Strengthening Community Action

- Implementation of community-wide mass media campaigns on awareness about the harms of drug abuse combined with family- or school-based programs
- Implementation of family-based prevention programs which enhance family bonding and improve parenting skills, as well as provide and reinforce drug education and information for prevention
 - Encouragement of parents to use positive parenting methods, educate that parental stress, depression, or anger affect behavior and psychosocial skills of children
 - Encouragement to improve protective factors such as parental support
 - Encouragement of early intervention of risk factors such as aggressive behavior and poor self-control during childhood toward positive behaviors
- Promotion of school programs which improve both academic and social-emotional learning for early intervention of risk factors and reinforcement of drug-resistance skills and anti-drug attitudes especially among adolescents

Note: Best Buy Interventions are based on WHO technical paper entitled, "Tackling NCDs: 'Best buys'" and the Philippine Institute of Development Studies paper entitled, "The Economic Case for Diseases Prevention and Health Promotion" (n.d.).

Priority Area 5: Mental Health

Increasing psychosocial and mental well-being

Psychosocial resilience is the ability to cope both mentally and emotionally to challenges and adversity. The Philippines has the most number of depressed people in South-East Asia with one in five Filipinos suffering from mental or psychiatric disorders.¹⁷ In fact, mental health is ranked as the third most common disability in the country, especially among the youth. One perfect example of an issue affecting mental health are cases of bullying. Bullying is estimated to contribute to about 34% of the total burden of disease in anxiety and mental disorders. Moreover, cases of bullying do not scar a child only at one point in time; rather, most would have long-term effects on their mental health.

Proactive behavior and treatment are essential for mental hygiene and well-being. If neglected, mental health can become a serious barrier to a satisfying and fulfilling life and may lead to the development of risky behaviors. Thus, equipping people with the skills to understand and regulate their emotions, teaching sensitivity and empathy, as well as promoting balanced and non-toxic culture is more crucial than ever.

In a country that is constantly facing the repercussions of natural disasters and various forms of interpersonal and systemic violence and conflict, greater attention is needed to build psychosocial resilience and well-being. Much has yet to be done in mainstreaming what mental well-being means, and its relevance to all.

Table 7 summarizes the behavioral and health outcome targets on mental health.

Table 7. Mental Health Behavioral and Health Outcome Targets

BEHAVIORAL OBJECTIVE	BASELINE	TARGET	HEALTH OUTCOME	BASELINE	TARGET BY 2030
Filipinos practice self-care	94.7% <i>Health Literacy Assessment - Knowledge, Attitude, and Practices (2021)</i>	<i>Relative increase from baseline</i> <i>Health Literacy Assessment - Knowledge, Attitude, and Practices (2021)</i>	<i>Reduce mortality attributed to non-communicable diseases</i>	4.7% <i>PSA Vital Statistics Report, 2019</i>	3.1% <i>SDG target of reduction by one-thirds</i>
			<i>Reduce burden of mental health disorders</i>	10% <i>developed a mental health problem in the past 12 months</i> <i>National Survey on Mental Health and</i>	Reduced prevalence of baseline

¹⁷ Ayalin, A. (2016, October 6). 1 in 5 Filipinos suffer from mental health disorder, says Solon. ABS. <https://news.abs-cbn.com/news/10/06/16/1-in-5-filipinos-suffer-from-mental-health-disorder-says-solon#:~:text=Hontiveros%2C%20chair%20of%20the%20Senate,illness%20for%20every%20100%2C000%20Filipinos.>

				Well-being (NSMHW)	
			Reduce the incidence of suicide	4,418 <i>(Intentional Self-Harm as cause of death, 2020)</i>	2,945 <i>SDG target of reduction by one-thirds</i>

| **Best buy Interventions**

In 2019, the WHO identified cost-effective interventions to improve mental health and prevent suicide¹⁸, population-based interventions among adolescents include the conduct of a universal and an indicated (i.e., identification of adolescents where intervention is indicated) school-based socio-emotional learning program and regulatory bans of highly hazardous pesticides in collaboration with the agricultural sector. Individual interventions were also needed in terms of basic psychosocial support, psychological treatment, and provision of medicine depending on a person’s mental health condition.

In the Philippines, part of the general approach in promoting school-based programs include addressing school-age bullying. Bullying may not only inflict physical harm but also mental and emotional harm. Consequently, the advent of new technology also resulted in new forms of bullying such as cyber bullying that was shown to grow at an alarming rate among ASEAN countries. It was estimated that in the Philippines, bullying contributes to 34% of the total burden of disease in anxiety and mental disorders which translates to 51,105 life-years lost.¹⁹ In 2007, the Philippines was also identified by the WHO to rank third among countries with high rates of mental health problems in the Western Pacific Region.

Improving mental health was estimated to avert 500,000 life-years lost and productivity losses of \$ 81 billion (PPP). Likewise, reduction of the current prevalence of child bullying from 40% to 20% could avert 25,553 life-years lost and productivity losses of \$ 235 million (PPP). Similarly, an investment case report on mental health in the Philippines developed by the WHO in 2021 has also shown that modeled intervention packages for mental health could save more than 5,000 lives and return 700,000 healthy life years over the course of 10 years.

On the aspect of health promotion, universal school-based socio-emotional learning interventions were also amongst the interventions with the high returns on investment based on the 2021 WHO report. Universal school-based interventions estimated to cost roughly Php 7.5 billion were shown to yield a gain of about Php 22 billion in total productivity and 110,154 healthy life years over 10 years. Similarly, in the PIDS collaborative study, universal school-based programs such as teaching students on the problems of violence, its prevention, or tackling topics or skills in emotional self-awareness, emotional control,

¹⁸ World Health Organization. (July 2021). WHO menu of cost-effective interventions for mental health. Retrieved from <https://www.who.int/publications/i/item/9789240031081>

¹⁹ World Health Organization. (2021). Prevention and management of mental health conditions in the Philippines. The case for investment. Manila: World Health Organization Regional Office for the Western Pacific.

self-esteem, positive social skills, social problem solving, conflict resolution, or team work were shown to have the potential to reduce the prevalence of bullying in children by 24%. Regulatory bans of highly hazardous pesticides were shown to prevent suicide, translated to about 8,181 life years gained. In facilitating service provision, collaborative care management with health care system level integration among primary care providers, patients, and mental health specialists for depressive disorders can potentially decrease the proportion of people with mental health problems in the population by at least 80% while universal school-based cognitive behavioral therapy programs to reduce depression and anxiety symptoms can also decrease this by around 27%.

Box 10. Best Buy Interventions for Mental Health

Develop Healthy Public Policies

- Implementation of regulatory bans of highly hazardous pesticides to prevent suicide

Creating Supportive Environments

- Implementation of universal and indicated school-based programs
 - Improve mental health and prevent suicide in adolescents
 - Tackle emotional self-awareness, control, and other measures to prevent violence or bullying

Reorienting Health Services

- Promotion of a collaborative care management with health care system level integration among primary care providers and mental health specialists

Note: Best Buy Interventions are based on WHO technical paper entitled, "Tackling NCDs: 'Best buys'" and the Philippine Institute of Development Studies paper entitled, "The Economic Case for Diseases Prevention and Health Promotion" (n.d.).

Priority Area 6: Sexual and Reproductive Health

Promoting positive sexual and reproductive behavior

Sexual and reproductive health (SRH) is more than just the absence of sexually-transmitted or reproductive diseases and illnesses. To attain and maintain full SRH, people's sexual and reproductive rights must be respected, protected, and fulfilled. This includes fostering positive and respectful approaches to sexuality and sexual relationships; ensuring sexual experiences are pleasurable, safe, and free from violence; and enabling people to decide if, when, and how often to reproduce.

Legal, economic, and socio-cultural barriers still prevent women, the LGBT+ community, and the youth from attaining full sexual and reproductive health. The Philippines thus records high rates of unplanned and teenage pregnancy; increased maternal risk and mortality associated with unsafe abortion and other complications; increased spread of sexually transmitted infections (STIs), including human immunodeficiency virus (HIV); and poor uptake of modern contraceptive use²⁰. These, in turn, have effects on long-term maternal and child nutrition and health, education, employment, social standing, and more. In fact, it was estimated that unsafe sex practices account for 32% of the total burden of disease from HIV or STIs translating to about 120,210 life-years lost. Furthermore, with the health system disruptions brought about by the COVID-19 pandemic, it was noted that there has been a 61% drop in HIV testing services in 2020 which emphasizes the need for better ways to address sexual and reproductive health of the people.

Sexual and reproductive health inequity is exacerbated by gender, sexuality, socio-economic class, religion, disability, as well as other determinants of health. To increase uptake of healthy sexual and reproductive behavior, supportive environments must be created through reducing cultural and social stigma and discrimination and increasing accessibility of sexual and reproductive health services, especially for vulnerable groups.

Table 8 summarizes the behavioral and health outcomes targets on sexual and reproductive health.

Table 8. Sexual and Reproductive Health Behavioral and Health Outcome Targets

BEHAVIORAL OBJECTIVE	BASELINE	TARGET	HEALTH OUTCOME	BASELINE	TARGET BY 2030
Filipinos do not engage in	81.4% <i>Health Literacy</i>	<i>Relative increase from baseline</i>	<i>Reduce the number of girls aged 15-19 who</i>	8.6% <i>(National)</i>	4.3% <i>SDG target of access</i>

²⁰ Melgar, J.L.D., Melgar, A.R., Salgado, J. (April 2015). Country profile on universal access to sexual and reproductive health: Philippines. Retrieved from: <https://library.pcw.gov.ph/sites/default/files/Country-Profile-SRH-Philippines.pdf>

risky sexual behavior	Assessment - Knowledge, Attitude, and Practices (2021)	Health Literacy Assessment - Knowledge, Attitude, and Practices (2021)	have begun childbearing	Demographic and Health Survey, 2017)	to sexual and reproductive health-care services
			Reduce the number of new HIV infections	24,400 <i>(AIDs Epidemic Model Sprectrum, 2023)</i>	7,400 <i>(DOH-EB and AIDs Epidemic Model Sprectrum, 2023)</i>
			Reduce the number of unwanted or mistimed pregnancies	16% mistimed 11% unwanted <i>(National Demographic and Health Survey, 2017)</i>	8.0% mistimed 5.5% unwanted <i>SDG target of access to sexual and reproductive health-care services</i>
			Reduce burden of mental health disorders	10% developed a mental health problem in the past 12 months <i>National Survey on Mental Health and Well-being (NSMHW)</i>	Reduced prevalence of baseline

| **Best Buy Interventions**

WHO recommendations to promote sexual and reproductive health and rights include comprehensive sexuality education, contraception counseling and provision of care during antenatal, intrapartum and postnatal periods, as well as prevention of STIs and HIV²¹.

Halving the proportion of the Filipinos who practice unsafe sex from 97% to 49% could avert 60,399 life-years lost and productivity losses of \$555 million (PPP). Community or group-level interventions to increase protective behaviors among men who have sex with men (MSM) was noted to be a high impact activity which may reduce the prevalence of unsafe sex practices by 40.1%. Other strategies such as group-based comprehensive risk reduction interventions and parenting interventions to reduce risky sexual behaviors of adolescents also have the potential to reduce the prevalence of unsafe sex practices by at least 14.5% and 7.3% ,respectively.

²¹ World Health Organization. (2011). WHO Guidelines on Preventing Early Pregnancy and Poor Reproductive Health Outcomes Among Adolescents in Developing Countries. Geneva, CH: WHO Press. Retrieved from: https://www.who.int/immunization/hpv/target/preventing_early_pregnancy_and_poor_reproductive_outcomes_who_2006.pdf?ua=1

Box 11. Best Buy Interventions for Sexual and Reproductive Health

Creating Supportive Environments

- Strengthening formal and informal evidence-based comprehensive sexuality education and provision incorporated with concepts of human rights and gender equality

Developing Personal Skills

- Provision of information to enable people make informed choices on their sexual and reproductive health
- Awareness campaigns and reinforcement of the role of the society as a whole for a rights-based prevention and response to sexual violence
- Health education and increase uptake for contraception counseling and provision, and prevention of STI/HIV
- Improvement of caregiver or parenting skills to modify adolescent's risk or protective behaviors on sexual and reproductive health

Strengthening community Action

- Community or group-level HIV behavioral interventions that influence knowledge and beliefs to increase protective behaviors among men who have sex with men
- Group-based comprehensive risk reduction interventions for adolescents by promotion of abstinence and sexual risk reduction to reduce risk of pregnancy, HIV, and other STI

Note: Best Buy Interventions are based on WHO technical paper entitled, "Tackling NCDs: 'Best buys'" and the Philippine Institute of Development Studies paper entitled, "The Economic Case for Diseases Prevention and Health Promotion" (n.d.).

Priority Area 7: Violence and Injury Prevention

Protecting communities from violence and injury

Violence and injury, whether intentional or unintentional, causes harm to millions of people around the world every day. In the Philippines, around 17% of women in 2017 had suffered from physical violence or abuse in their lifetime while about 5% of women had suffered from sexual violence or abuse.²² Overall, the WHO estimates that around 3% to 6% of the total burden of disease from alcohol and major depressive disorders were attributable to sexual violence in women which translates to 11,352 life-years lost. These figures represent only acts of violence of women but it cannot be ignored that this may also occur for men, children, the elderly, and people from all walks of life.

The impacts of violence and injury are both deep and far reaching: they include poorer physical and mental health and disability; maldevelopment or deprivation; poorer access to housing, employment, financial security, and social support; or even death. In addition, there are often significant economic and social effects, which are felt by the entire community, most especially the youth that may span across generations.

Though formerly regarded as accidental and random, injuries are now understood to be largely preventable. Understanding and taking action on the causes of violence and injury can mitigate their effects and reduce their incidence. Addressing individual factors that heighten the risk of violence by building healthier life and relational skills, building an environment that prevents violence and injury, promoting the development of systems of support, and encouraging social structures, norms, and practices to prevent violence and injury, as well as their effects.

Table 9 summarizes the behavioral and health outcome targets on violence and injury prevention.

Table 9. Violence and Injury Prevention Behavioral and Health Outcome Targets

BEHAVIORAL OBJECTIVE	BASELINE	TARGET	HEALTH OUTCOME	BASELINE	TARGET BY 2030
Filipinos do not engage in violent and dangerous behavior	79.7% <i>Health Literacy Assessment - Knowledge, Attitude, and Practices (2021)</i>	<i>Relative increase from baseline</i> <i>Health Literacy Assessment -</i>	<i>Reduce the incidence of interpersonal violence</i>	6.2 Monthly average index crime rate <i>(Administrative data - Philippine National</i>	3.1 Monthly average index crime rate

²² Philippine Statistics Authority. (October 2018). Philippines National Demographic and Health Survey 2017. Retrieved from: https://psa.gov.ph/sites/default/files/PHILIPPINE%20NATIONAL%20DEMOGRAPHIC%20AND%20HEALTH%20SURVEY%202017_new.pdf

		Knowledge, Attitude, and Practices (2021)		Police, 2018)	
			Reduce the death rate due to road traffic injuries	8.0 per 100,000 population Vital Statistics Report, 2020	4.0 per 100,000 population SDG target of reduction by half
			Reduce the number of occupational injuries and diseases acquired	3.8 fatalities 426 non-fatalities per 100,000 employed persons (BLES Integrated Survey/ Occupational Injuries Survey/ Integrated Survey on Labor and Employment, 2015)	1.9 fatalities 213 non-fatalities per 100,000 employed persons SDG target of reducing violence and related death rates
			Reduce burden of mental health disorders	10% developed a mental health problem in the past 12 months National Survey on Mental Health and Well-being (NSMHW)	Reduced prevalence of baseline
			Reduce the incidence of suicide	4,418 (Intentional Self-Harm as cause of death, 2020)	2,945 SDG target of reduction by one-thirds

| **Best buy interventions**

The WHO identified interventions with compelling evidence on its effectiveness in addressing injuries and violence. The package of interventions focuses on the prevention, provision of support, and ensuring availability of high quality trauma-informed care for violence of all forms including gender-based violence, violence against women, intimate partner violence, and sexual violence.

Based on the collaborative study with PIDS, the reduction of sexual violence from 5% to 3% is estimated to avert 5,676 life-years lost and productivity losses of \$ 52 million (PPP). Health promotion programs such as school based programs which promote personal safety and injury prevention, healthy growth and sexuality, prevention of substance use or abuse, and promotion of student-led "safe school committees" have the potential to reduce sexual violence and injury by 22%. These measures are also expected to address other types of violence and injuries among women, men, children, and the LGBT+²³ community.

²³ Human Rights Watch. (June 2017). Just Let Us Be: Discrimination against LGBT students in the Philippines. Retrieved from: <https://www.aidsdatahub.org/sites/default/files/resource/human-rights-watch-just-let-us-be-lgbt-phillippines-2017.pdf>



Box 12. Interventions for Violence and Injury Prevention

Developing Healthy Public Policies

- Implementation of an integrated Safe System Approach that is anchored in the following components: speed management, leadership on road safety, infrastructure design and improvement, vehicle safety standards, enforcement of traffic laws, and survival after a crash
- Enforcement of safe boating, shipping and ferry regulations
- Reduction the availability and harmful use of alcohol
- Stricter regulation on the access to guns, knives, and highly hazardous pesticides

Creating Supportive Environments

- School-based program promoting personal safety and injury prevention, healthy growth and sexuality, and prevention of risky behaviors
 - Prevention programs to reduce dating violence and improve conflict resolution of interpersonal relationships
 - Promotion of student-led “safe school committees”
- Provision of safe places away from bodies of water for preschool children
- Installation of barriers controlling access to water
- Build resilience and manage flood risks and hazards

Developing Personal Skills

- Teach school-age children swimming and water safety skills
- Train individuals in safe rescue and resuscitation

Strengthening Community Action

- Implementation of community and school-based strategies (parent training, parent-child programmes, social development, etc),
- Promotion of settings-based programs to address gender norms and attitudes, and implement victim identification and care and support programs

Note: Best Buy Interventions are based on WHO technical paper entitled, “Tackling NCDs: ‘Best buys’” and the Philippine Institute of Development Studies paper entitled, “The Economic Case for Diseases Prevention and Health Promotion” (n.d.).

Investments in Health Promotion

Financial investments on health promotion is essential for an efficient and effective operationalization of the HPFS to achieve a Healthy Pilipinas. The in-depth discussions on the seven priority areas build the case on the association between interventions that address behavioral outcomes and its impact in terms of the burden of associated diseases, life-years lost and productivity losses.

| **Return of Investment and Public Health Impact**

The estimated costs of identified best buy interventions from the 2021 collaborative study with PIDS and the WHO recommended interventions per priority area were used as reference in assessing the return on investments for addressing each of the priority areas. Table 10 provides the 10-year cost and productivity gains estimates and the benefit-cost ratio per priority area accounting for a 4% annual inflation rate and using the conversion factor of 1 USD = 51.25 Php.

Investments in health promotion have positive economic returns. Interventions that address low immunization coverage are the most cost beneficial with about PhP127.33 returns for every PhP1 spent. This is followed by interventions which address substance abuse (Php 114 for every Php 1 spent), environmental health (Php 48 for every Php 1 spent), and diet and physical activity (Php 35 for every Php 1 spent). The calculation only accounted for outcomes in terms of productivity gains and may be interpreted as an underestimation as it did not consider the gains in terms of healthy life-years gained.

To better inform policies and efficient resource allocation, an investment plan for the implementation of the HPFS will be developed to also look at both the direct and indirect cost of the interventions.



Table 10. Return of Investment and Public Health Impact by Priority Area in 10 years

Priority Area	10-yr cost of interventions (in billions, Php)	10-yr productivity gains (in billions, Php)	Benefit-cost ratio
Diet and Physical Activity	9.09	325.52	35.83
Environmental Health	6.57	321.76	48.99
Immunization	2.23	283.36	127.33
Substance Use	1.03	117.91	114.54
Mental Health	4.24	12.04	2.84
Sexual and Reproductive Health	16.11	28.45	1.77
Violence and Injury	2.76	2.67	0.97
Average	6.00	155.96	47.47

Monitoring the Health Promotion Framework Strategy

A strong monitoring system is necessary to objectively assess the progress and impact of health promotion interventions at the national, regional, and local levels. Guided by the UHC Act Monitoring and Evaluation Framework in the DOH Administrative Order 2021-0026 “Monitoring and Evaluation Framework for Republic Act 11223, otherwise known as the Universal Health Care Act,” the HPFS M&E Framework was formulated to reflect the target behavioral and health outcomes per priority area as well as other strategic goals and targets set by the department’s national objectives for health, relevant mandates as per the Universal Health Care act, and guidelines from the WHO.

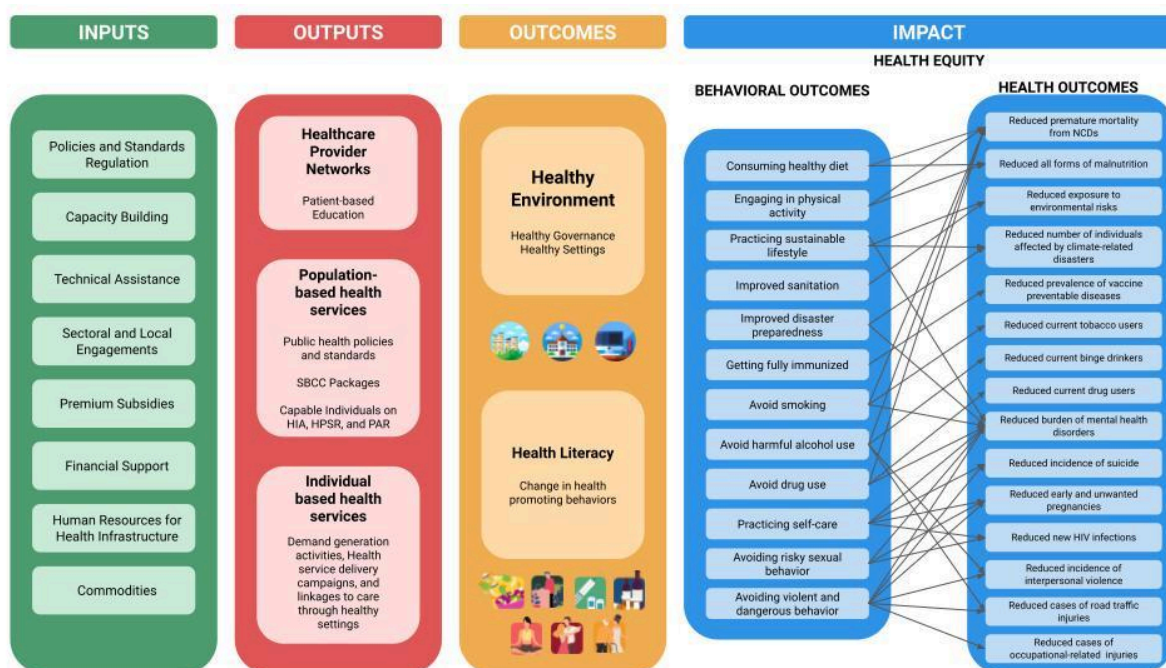


Figure 3. Health Promotion Framework Strategy Monitoring and Evaluation Framework



To track the progress on the country-wide implementation of health promotion interventions, regular monitoring of relevant health and health-related indicators from national surveys or surveillance systems will be done. A baseline study on relevant health promotion indicators shall also be initiated to guide the identification of targets in terms of healthy behaviors, and healthy and health-promoting settings by 2030. Furthermore, the monitoring and evaluation framework of the HPFS shall be reviewed every medium-term to reflect new strategies and data sources to utilize the latest available data or information.

| Impact Evaluation on Improved Behavioral Outcomes

The evaluation of the behavioral outcomes of the HPFS shall be guided by the list of behavioral outcome indicators (Table 11). Annual health literacy assessments and knowledge, attitude, and practice studies shall be conducted to track the progress and inform expansion and/or re-calibration of strategies and targets.

Table 11. Behavioral Outcome Indicators

INDICATOR	BASELINE	DATA SOURCE	HPFS TARGETS	
			2025	2030
Proportion of Filipinos consuming healthy diet	86.2%	HLA-KAP eNNS for supplementary information on dietary pattern and practices	30% relative increase from baseline	50% relative increase from baseline
Proportion of Filipinos engaging in the recommended levels of physical activity Proportion of insufficiently physically active adolescents and adults (*negative indicator)	15.3 10-17 yrs: 82.7% 20-59 yrs: 38.8%	HLA-KAP eNNS	30% relative improvement from baseline 10-17 yrs: 70.7% 20-59 yrs: 34.9%	50% relative improvement from baseline 10-17 yrs: 66.8% 20-59 yrs: 33.0%
Proportion of Filipinos practicing sustainable lifestyles Proportion of Filipinos with improved sanitation Proportion of Filipinos practicing disaster preparedness	31.2% 76.8% 73.2%	HLA-KAP	30% relative increase from baseline	50% relative increase from baseline

Proportion of Filipinos getting fully immunized	14.3	HLA-KAP		
Percentage of children who received all basic vaccinations	12-23 mos: 70% 24-35 mos: 66% (2017)	National Demographic and Health Survey (NDHS)	95% vaccine coverage (Immunization Agenda 2030 and local targets)	95% vaccine coverage (Immunization Agenda 2030 and local targets)
Percentage of children who received all age-appropriate vaccinations	12-23 mos: 61% 24-35 mos: 33% (2017)			
Proportion of Filipinos <u>avoiding</u> : <ul style="list-style-type: none"> • smoking • harmful alcohol use 	93.9 96.3	HLA-KAP	30% relative increase from baseline	50% relative increase from baseline
Proportion of Filipinos practicing self-care	94.7	HLA-KAP	30% relative increase from baseline	50% relative increase from baseline
Proportion of Filipinos <u>avoiding</u> risky sexual behavior	81.4	HLA-KAP	30% relative increase from baseline	50% relative increase from baseline

References

- Air Quality Management Section - Department of Environment and Natural Resources. (2020). Ambient Air Quality Monitoring. Retrieved from: <https://air.emb.gov.ph/ambient-air-quality-monitoring/>
- Asian Development Bank. (October 2018). Philippines: Energy sector assessment, strategy, and road map. Retrieved from: <https://www.adb.org/sites/default/files/publication/463306/philippines-energy-assessment-strategy-road-map.pdf>
- Behlert, B., Diekjobst, R., Felgentreff, C., Manandhar, T., Mucke, P., Pries, L., Radtke, K., Weller, D. (2020). WorldRiskReport 2020. *Bündnis Entwicklung Hilft*. Retrieved from: <https://reliefweb.int/sites/reliefweb.int/files/resources/WorldRiskReport-2020.pdf>
- Centers for Disease Control and Prevention (CDC). (28 January 2020). The Social Ecological Model: A Framework for Prevention. Retrieved From: <http://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html>
- CDC - National Center on Birth Defects and Developmental Disabilities. (15 September 2020). Disability and health inclusion strategies. Retrieved from: <https://www.cdc.gov/ncbddd/disabilityandhealth/disability-strategies.html>
- ClimateWatch. (2020). Greenhouse gas emissions and emissions targets - Philippines. Retrieved from: https://www.climatewatchdata.org/countries/PHL?calculation=ABSOLUTE_VALUE
- Commission on Elections - Elections Records and Statistics Department. (30 October 2019). Number of candidates by sex for local positions by province: May 13, 2019 national and local elections. Retrieved from: https://www.comelec.gov.ph/php-tpls-attachments/2019NLE/Statistics/Num_Candidates_per_Elective_Position_by_Sex.pdf
- COVID-19 Global Evaluation Coalition (2020). Effects of digital interventions for promoting vaccination uptake. Retrieved from: <https://www.covid19-evaluation-coalition.org/documents/VACCINES-Brief-2.pdf>
- Dangerous Drugs Board. (2019). 2019 National Household Survey on the Patterns and Trends of Drug Abuse. Retrieved from: https://www.ddb.gov.ph/images/downloads/2019_Drug_Survey_Report.pdf
- Dayrit, M.M., MD, Lagrada, L.P., Picazo, O.F., Pons, M.C., Villaverde, M.C. (2018). The Philippines Health System in Review. *Health Systems in Transition* 8(2). New Delhi:

World Health Organization. Retrieved from:
<https://apps.who.int/iris/bitstream/handle/10665/274579/9789290226734-eng.pdf>

Department of Health. (2018). National Objectives for Health: Philippines, 2017-2022. Manila, PH. Retrieved from:
[https://www.doh.gov.ph/sites/default/files/health_magazine/NOH-2017-2022-030619-1\(1\)_0.pdf](https://www.doh.gov.ph/sites/default/files/health_magazine/NOH-2017-2022-030619-1(1)_0.pdf)

Department of Health. (14 April 2021). Global Youth Tobacco Survey Fact Sheet, Philippines, 2019. Retrieved from:
<https://doh.gov.ph/sites/default/files/publications/Philippines%20GYTS%202019%20Factsheet%20%28Ages%2013-15%29.pdf>

Department of Science and Technology - Food and Nutrition Research Institute (DOST-FNRI). (2020). Philippine Nutrition Facts and Figures: 2018 Expanded National Nutrition Survey (ENNS). FNRI Bldg., DOST Compound, Gen. Santos Avenue, Bicutan, Taguig City, Metro Manila, Philippines.

Department of Science and Technology - Food and Nutrition Research Institute (DOST-FNRI). (n.d.). Expanded National Nutrition Survey: 2019 Results, Nutritional Status of Filipino Adolescents (*Presentation*). Retrieved from:
<http://enutrition.fnri.dost.gov.ph/site/presentation.php?year=2019>

Department of Science and Technology - Food and Nutrition Research Institute (DOST-FNRI). (n.d.). Expanded National Nutrition Survey: 2019 Results, Nutritional Status of Filipino Preschool Children (*Presentation*). Retrieved from:
<http://enutrition.fnri.dost.gov.ph/site/presentation.php?year=2019>

Department of Science and Technology - Food and Nutrition Research Institute (DOST-FNRI). (n.d.). Expanded National Nutrition Survey: 2019 Results, Nutritional Status of Filipino Adults, 20-59 years old (*Presentation*). Retrieved from:
<http://enutrition.fnri.dost.gov.ph/site/presentation.php?year=2019>

Environmental Management Bureau. (December 2015). National Solid Waste Management Report (2008-2014). Retrieved from:
<https://nswmc.emb.gov.ph/wp-content/uploads/2016/06/Solid-Wastefinaldraft-12.29.15.pdf>

Figueiredo, A. D., Simas, C., Karafillakis, E., Paterson, P., & Larson, H. J. (2020). Mapping global trends in vaccine confidence and investigating barriers to vaccine uptake: A large-scale retrospective temporal modelling study. *The Lancet*, 396(10255), 898-908. doi:10.1016/s0140-6736(20)31558-0

Forest Management Bureau - Department of Environment and Natural Resources. (2019). Philippine Forestry Statistics. Retrieved from:
<https://drive.google.com/file/d/1Cuy-Sup929NPoxqBdVcDml-3iYfG2Nhn/view>

Friis, R.H. (2019). *Essentials of Environmental Health*, Third Edition. Jones & Bartlett

Learning.

- Galea, S., Vlahov, D. (2002). Social determinants and the health of drug users: socioeconomic status, homelessness, and incarceration. Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1913691/>
- Garrett, B.E., Dube, S.R., Babb, S., McAfee, T. (2014). Addressing the Social Determinants of Health to Reduce Tobacco-Related Disparities. Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5104348/>
- Global Burden of Disease Collaborative Network (2020). Global Burden of Disease Study 2019 (GBD 2019) Results. Seattle, United States: Institute for Health Metrics and Evaluation (IHME). Available from <http://ghdx.healthdata.org/gbd-results-tool>
- Human Rights Watch. (June 2017). Just Let Us Be: Discrimination against LGBT students in the Philippines. Retrieved from: <https://www.aidsdatahub.org/sites/default/files/resource/human-rights-watch-just-let-us-be-lgbt-philippines-2017.pdf>
- Institute for Health Metrics and Evaluation (IHME). (November 2020). Philippines profile. University of Washington. Retrieved from: <http://www.healthdata.org/Philippines>
- International Energy Agency. (2020). Data and statistics. Retrieved from: <https://www.iea.org/data-and-statistics/?country=PHILIPPINE&fuel=Renewables%20and%20waste&indicator=SDG72>
- International Labor Organization. (October 2017). Decent work country diagnostics: Philippines 2017. Retrieved from: https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-manila/documents/publication/wcms_588875.pdf
- Jackson SF, Fazal N, Gravel G, Papowitz H. (December 2017). Evidence for the value of health promotion interventions in natural disaster management. *Health Promot Int.* 1;32(6):1057-1066. doi: 10.1093/heapro/daw029. PMID: 27099239.
- Jacob, C.M., Baird, J., Barker, M., Cooper, C., Hanson, M. (2017). The importance of a life course approach to health: Chronic disease risk for preconception through adolescence and adulthood. Retrieved from: <https://www.who.int/life-course/publications/importance-of-life-course-approach-to-health/en/>
- Jambeck, J.R., Geyer, R., Wilcox, C., Siegler, T.R., Perryman, M., Andrady, A., Narayan, R., Law, K.L. (13 February 2015). Plastic waste inputs from land into the ocean. *Science* 347(6223), 768-771. Retrieved from: <https://science.sciencemag.org/content/347/6223/768>

- Jarrett C, Wilson R, O'Leary M, Eckersberger E, Larson HJ; SAGE Working Group on Vaccine Hesitancy. (August 2015). Strategies for addressing vaccine hesitancy - A systematic review. *Vaccine*. 14;33(34):4180-90. doi: 10.1016/j.vaccine.2015.04.040. Epub 2015 Apr 18. PMID: 25896377.
- Kickbusch, I., Allen, L., & Franz, C. (2016). The commercial determinants of health. *The Lancet Global Health*, 4(12). Retrieved from: [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(16\)30217-0/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(16)30217-0/fulltext)
- Langley, J., Brenner, R. (2004). What is an injury? *Injury Prevention* 10(2), 69-71. Retrieved from: <https://injuryprevention.bmj.com/content/injuryprev/10/2/69.full.pdf>
- Larson, H. J., Hartigan-Go, K., & Figueiredo, A. D. (2018). Vaccine confidence plummets in the Philippines following dengue vaccine scare: Why it matters to pandemic preparedness. *Human Vaccines & Immunotherapeutics*, 15(3), 625-627. doi:10.1080/21645515.2018.1522468
- Maibach, E.W., Abrams, L.C., & Salgado, J. (2007). Communication and marketing as tools to cultivate the public health: A proposed "people and places" framework. *BMC Public Health*, 7(1). Retrieved from: https://www.researchgate.net/publication/6313738_Communication_and_marketing_as_tools_to_cultivate_the_public%27s_health_A_proposed_people_and_places_framework
- Melgar, J.L.D., Melgar, A.R., Salgado, J. (April 2015). Country profile on universal access to sexual and reproductive health: Philippines. Retrieved from: <https://library.pcw.gov.ph/sites/default/files/Country-Profile-SRH-Philippines.pdf>
- Melgar, J.L.D, Melgar, A.R., Festin, M.P.R., Hoopes, A.J., Chandra-Mouli, V. (12 December 2018). Assessment of country policies affecting reproductive health for adolescents in the Philippines. *Reproductive Health* 15(205). Retrieved from: <https://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-018-0638-9>
- Mentis, A.A., (2017). Social determinants of tobacco use: Towards an equity lens approach. Retrieved from: <http://www.tobaccopreventioncessation.com/Social-determinants-of-tobacco-use-Towards-an-equity-lens-approach.68836.0.2.html>
- Metro Manila Development Authority - Traffic Engineering Center - Road Safety Unit. (2019). MMARAS Annual Report - 2019. Retrieved from: http://www.mmda.gov.ph/images/Home/FOI/MMARAS/MMARAS_Annual_Report_2019.pdf
- Mock, C.N., Nugent, R., Kobusingye, O., Smith, K.R. (Eds.) (27 October 2017). Injury

Prevention and Environmental Health (3rd Ed.). Washington D.C.: The World Bank.
Retrieved from: <https://www.ncbi.nlm.nih.gov/books/NBK525218/>

National Economic and Development Authority. (2016). *Ambisyon Natin 2040: A long-term vision for the Philippines*. Retrieved from:
<http://2040.neda.gov.ph/wp-content/uploads/2016/04/A-Long-Term-Vision-for-the-Philippines.pdf>

National Institute on Drug Abuse. (10 June 2020). *Preventing Drug Use among Children and Adolescents (In Brief): Prevention Principles*. Retrieved from
<https://nida.nih.gov/publications/preventing-drug-use-among-children-adolescents/prevention-principles>

National Nutrition Council. (2017). *Philippine Plan of Action for Nutrition 2017-2022 Executive Summary: A call to urgent action for Filipinos and its leadership*. Retrieved from:
<https://www.nnc.gov.ph/downloads/technical-papers?download=870:philippine-plan>

Ortiz, D.A.P., Abrigo, M.R.M. (July 2017). *The triple burden of disease. PIDS Economic issue of the day XVII(2)*. Retrieved from:
<https://pidswebs.pids.gov.ph/CDN/PUBLICATIONS/pidseid1702.pdf>

Pan-American Health Organization. (2020). *The role of civil society and community in health policy-making*. Retrieved from:
<https://www.paho.org/salud-en-las-americanas-2017/?p=71>

Peden, M., McGee, K., Sharma, G. (2002). *The injury chartbook: a graphical overview of the global burden of injuries*. Geneva, CH: World Health Organization. Retrieved from:
<https://apps.who.int/iris/bitstream/handle/10665/42566/924156220X.pdf?sequence=1>

Philippine Council for Mental Health. (2019). *National Mental Health Strategic Framework 2019-2023 of the Philippine Council for Mental Health (PCMH)*.

Philippine Institute for Development Studies. (November 2021). *The economic case for disease prevention and health promotion (Unpublished)*.

Philippine Pediatric Society, PIDSP, PFV. (2019). *2019 Childhood Immunization Schedule for the Philippines*. Retrieved from:
<http://thepafp.org/website/wp-content/uploads/2017/05/2019-Childhood-immunization-Schedule.pdf>

Philippine Statistics Authority. (December 2016). *Women and men in the Philippines*. Retrieved from:
<https://psa.gov.ph/sites/default/files/Women%20and%20Men%20Handbook%202016.pdf>

- Philippine Statistics Authority. (06 March 2018). Housing Characteristics in the Philippines (Results of the 2015 Census of Population). Retrieved from:
<https://psa.gov.ph/population-and-housing/statistical-tables/2015>
- Philippine Statistics Authority. (October 2018). Philippines National Demographic and Health Survey 2017. Retrieved from:
https://psa.gov.ph/sites/default/files/PHILIPPINE%20NATIONAL%20DEMOGRAPHIC%20AND%20HEALTH%20SURVEY%202017_new.pdf
- Philippine Statistics Authority. (03 May 2019). Disability spares no one: a new perspective. (PSA Reference No. 2019-062). Retrieved from:
<https://psa.gov.ph/ndps/disability-survey-id/138567#:~:text=Results%20of%20the%20National%20Disability,23%20percent%20with%20mild%20disability.>
- Philippine Statistics Authority. (2019). 2019 Philippine Statistical Yearbook. Quezon City, PH: Philippine Statistics Authority. Retrieved from:
https://psa.gov.ph/sites/default/files/2019-PSY_1003.pdf
- Philippine Statistics Authority. (20 January 2020). 2017-2018 Survey Results: Integrated Survey on Labor and Employment. Retrieved from:
<https://psa.gov.ph/isle/statistical-tables/2017-2018/Occupational%20Injuries%20and%20Diseases>
- Philippine Statistics Authority. (04 March 2020). SDG Watch Philippines: Goal 2. End Hunger, Achieve Food Security and Improved Nutrition and Promote Sustainable Agriculture. Retrieved from:
http://www.psa.gov.ph/sites/default/files/phdsd/PH_SDGWatch_Goal02.pdf
- Philippine Statistics Authority. (04 March 2020). SDG Watch Philippines: Goal 3. Ensure Healthy Lives and Promote Well-being for All at All Ages. Retrieved from:
http://www.psa.gov.ph/sites/default/files/phdsd/PH_SDGWatch_Goal03.pdf
- Philippine Statistics Authority. (07 August 2020). Two in Every Three Families Owned the House and Lot They Occupied (Results from the 2019 Annual Poverty Indicators Survey (APIS)) (PSA Reference Number 2020-179). Retrieved from:
<https://psa.gov.ph/content/two-every-three-families-owned-house-and-lot-they-occupied-results-2019-annual-poverty>
- Philippine Statistics Authority. (03 September 2020). Employment situation in July 2020. (PSA Reference No. 2020-246). Retrieved from:
<https://psa.gov.ph/content/employment-situation-july-2020#:~:text=Underemployment%20rate%20is%20down%20to,July%202019%20at%2013.6%20percent.>
- Philippine Statistics Authority. (2020). 2017/2018 Integrated Survey on Labor and Employment Statistical Report. Retrieved from:
https://psa.gov.ph/sites/default/files/attachments/ird/specialrelease/2017_2018%2

[OISLE%20Statistical%20Report.pdf](#)

Philippine Statistics Authority, Department of Health. (October 2019). 2016 National Disability Prevalence Survey. Quezon City, PHL: Philippine Statistics Authority. Retrieved from: <https://psa.gov.ph/sites/default/files/2016%20NDPS.pdf>

Poushter, J., Kent, N. (25 June 2020). The Global Divide on Homosexuality Persists. *Pew Research Center*. Retrieved from: <https://www.pewresearch.org/global/2020/06/25/global-divide-on-homosexuality-persists/>

Prüss-Ustün, A., Wolf, J., Corvalán, C., Bos, R., Neira, M. (2016). Preventing disease through healthy environments: a global assessment of the burden of disease from environmental risks. *World Health Organization*. Retrieved from: https://apps.who.int/iris/bitstream/handle/10665/204585/9789241565196_eng.pdf;jsessionid=B5FD133C3B6F2EE994E69307297990A9?sequence=1

Rivera, A., Lam, H.Y., Macalino, J.U. (2018). Epidemiology of Injuries in the Philippines: An Analysis of Secondary Data. *Acta Medica Philippina* 52(2), 180-186. Retrieved from: <https://www.actamedicaphilippina.org/api/v1/articles/5163-epidemiology-of-injuries-in-the-philippines-an-analysis-of-secondary-data.pdf>

Schleicher, A. (2019). PISA 2018 Results (Volume III): What school life means for students' lives. *OECD*. Retrieved from: https://www.oecd-ilibrary.org/education/pisa-2018-results-volume-iii_acd78851-en

Slavin, S. (08 October 2016). HIV treatment as prevention: implications for health promotion. *Health Promotion International* 33(2), 325-333. Retrieved from: <https://academic.oup.com/heapro/article/33/2/325/2951045>

UN AIDS. (2019). Country factsheets: Philippines. Retrieved from: <https://www.unaids.org/en/regionscountries/countries/philippines>

UN AIDS. (May 2021). Feature Story: Community-led HIV services stepped up in the Philippines during the COVID-19 pandemic. Retrieved from: https://www.unaids.org/en/resources/presscentre/featurestories/2021/may/20210511_philippines

United Nations Department of Economic and Social Affairs. (2016). State of the World's Indigenous Peoples: Indigenous Peoples' Access to Health. Retrieved from: https://www.un.org/esa/socdev/unpfii/documents/2016/Docs-updates/SOWIP_Health.pdf

United Nations Industrial Development Organization, World Health Organization, Interagency Committee on Environmental Health. (March 2019). Health and pollution action plan in support of the national environmental health action plan 2017-2022. Retrieved from:

<https://www.unido.org/sites/default/files/files/2019-10/Philippines%20HPAP.English.pdf>

United Nations General Assembly. (06 July 2017). Global indicator framework for the Sustainable Development Goals and targets of the 2030 Agenda for Sustainable Development (A/RES/71/313). Retrieved from: https://unstats.un.org/sdgs/indicators/Global%20Indicator%20Framework%20after%202020%20review_Eng.pdf

United Nations Office on Drugs and Crime. (n.d.). Compilation of Evidence-Based Family Skills Training Programmes. Retrieved from: https://www.unodc.org/docs/youthnet/Compilation/10-50018_Ebook.pdf

WHO, CDC, PSA, and DOH. (2015). Global Adult Tobacco Survey: Philippines Country Report, 2015. Retrieved from: <https://www.who.int/teams/noncommunicable-diseases/surveillance/data/philippines>

WHO, CDC, PSA, and DOH. (2015). Global Youth Tobacco Survey: Factsheet, 2019. Retrieved from: <https://www.who.int/teams/noncommunicable-diseases/surveillance/data/philippines>

World Bank Group. (May 2017). Promoting inclusive growth by creating opportunities for the urban poor. Retrieved from: <http://documents1.worldbank.org/curated/en/904471495808486974/pdf/115310-PN-P156898-PUBLIC-Policy-Notes-Inclusive-Growth-FINAL.pdf>

World Health Organization. (n.d.). Disaster Preparedness and Response World Health Organization Regional Office for Europe (*Presentation*). Retrieved from: https://www.preventionweb.net/files/10464_NPmeetingAstanaWHOPPT.pdf

World Health Organization. (2002). World Report on Violence and Health: Summary. Geneva, CH: World Health Organization. Retrieved from: https://www.who.int/violence_injury_prevention/violence/world_report/en/summary_en.pdf

World Health Organization. (11 August 2005). The Bangkok Charter for Health Promotion in a Globalized World. Retrieved from: https://www.who.int/healthpromotion/conferences/6gchp/hpr_050829_%20BCHP.pdf?ua=1

World Health Organization (18 November 2006). Does Health Promotion has a role in disaster management? (*Presentation*) Retrieved from: <https://reliefweb.int/sites/reliefweb.int/files/resources/1924D7FA4AF3A885C125722D0051F5A2-who-lbn-18nov.pdf>

- World Health Organization. (2008). WHO Global Strategy on Diet, Physical Activity, and Health: A Framework to Monitor and Evaluate Implementation. Retrieved from: <https://www.who.int/dietphysicalactivity/M&E-ENG-09.pdf?ua=1>
- World Health Organization. (2010). Violence Prevention: the Evidence. Geneva, CH. Retrieved from: https://apps.who.int/iris/bitstream/handle/10665/77936/9789241500845_eng.pdf?sequence=1
- World Health Organization. (2010). Working with Individuals, Families, and Communities to Improve Maternal and Newborn Health. Geneva, CH. Retrieved from: https://apps.who.int/iris/bitstream/handle/10665/84547/WHO_MPS_09.04_eng.pdf?journalid=F17000E7B69F24F5ACEDFB12D5CB3925?sequence=3
- World Health Organization. (2011). WHO Guidelines on Preventing Early Pregnancy and Poor Reproductive Health Outcomes Among Adolescents in Developing Countries. Geneva, CH: WHO Press. Retrieved from: https://www.who.int/immunization/hpv/target/preventing_early_pregnancy_and_poor_reproductive_outcomes_who_2006.pdf?ua=1
- World Health Organization. (2011). World Report on Disability. Geneva, CH: WHO Press. Retrieved from: https://www.who.int/disabilities/world_report/2011/report.pdf
- World Health Organization. (2013). Global Action Plan for the Prevention and Control of NonCommunicable Diseases 2013-2020. Retrieved from: <https://www.who.int/publications/i/item/9789241506236>
- World Health Organization. (October 2014). Strategies for Addressing Vaccine Hesitancy- A Systematic Review. WHO SAGE working group dealing with vaccine hesitancy. Retrieved from: https://www.who.int/immunization/sage/meetings/2014/october/3_SAGE_WG_Strategies_addressing_vaccine_hesitancy_2014.pdf?ua=1
- World Health Organization. (2015). Climate and health country profile: Philippines. Retrieved from: <https://apps.who.int/iris/handle/10665/208868>
- World Health Organization. (2015). Strategies toward ending preventable maternal mortality. Geneva, CH: WHO Press. Retrieved from: <https://data.unicef.org/resources/strategies-toward-ending-preventable-maternal-mortality/#:~:text=The%20Ending%20Preventable%20Maternal%20Mortality.care%20within%20and%20between%20countries.>
- World Health Organization. (2015). WHO recommendations on health promotion interventions for maternal and newborn health. Geneva, CH: WHO Press. Retrieved from:

https://apps.who.int/iris/bitstream/handle/10665/172427/9789241508742_report_eng.pdf;jsessionid=EEB5DAC53AB2DB9069DC2AF7790292B2?sequence=1

World Health Organization: Western Pacific Region. (2015). External Review of the National Health Sector Response to HIV and Sexually Transmitted Infections, 2013. Manila, PH. Retrieved from:
https://iris.wpro.who.int/bitstream/handle/10665.1/11217/9789290617068_eng.pdf

World Health Organization. (30 November 2015). WHO Global Disability Action Plan 2014-2021. Geneva, CH: WHO Press. Retrieved from:
<https://www.who.int/publications/i/item/who-global-disability-action-plan-2014-2021>

World Health Organization (2016). Action Plan for Sexual and Reproductive Health Towards achieving the 2030 Agenda for Sustainable Development in Europe - leaving no one behind. Retrieved from:
<https://www.euro.who.int/en/health-topics/Life-stages/sexual-and-reproductive-health/publications/2016/action-plan-for-sexual-and-reproductive-health-towards-achieving-the-2030-agenda-for-sustainable-development-in-europe-leaving-no-one-behind-2016>

World Health Organization. (2017). Mental Health Atlas. Retrieved from:
<https://apps.who.int/iris/bitstream/handle/10665/272735/9789241514019-eng.pdf?ua=1>

World Health Organization. (2017). Tackling NCDs: 'best buys' and other recommended interventions for the prevention and control of noncommunicable diseases. World Health Organization. Retrieved from:
<https://apps.who.int/iris/handle/10665/259232>

World Health Organization. (January 2017). A strategic framework for emergency preparedness. Retrieved from:
<https://www.who.int/publications/i/item/a-strategic-framework-for-emergency-preparedness>

World Health Organization. (2018). 2018 Assessment Report of the Global Vaccine Action Plan. Strategic Advisory Group of Experts on Immunization. Retrieved from:
<https://apps.who.int/iris/bitstream/handle/10665/276967/WHO-IVB-18.11-eng.pdf?ua=1>

World Health Organization (2018). WHO's concise guide to implementing and scaling up family planning service improvements. WHO Department of Reproductive Health and Research including the UNDP-UNFPA-UNICEF-WHO-World Bank Special Programme of Research, Development and Research Training in Human Reproduction: Geneva, World Health Organization (WHO/RHR/18.11). License: CC BY-NC-SA 3.0 IGO

World Health Organization (October 2018). WHO recommendations on adolescent sexual

- and reproductive health and rights. Retrieved from:
<https://www.who.int/publications/i/item/9789241514606>
- World Health Organization. (2019). Prevention and control of noncommunicable diseases in the Philippines: The case for investment. (WHO/UHC/CD-NCD/19.90). Retrieved from:
[https://www.who.int/docs/default-source/wpro---documents/countries/philippines/reports/prevention-and-control-of-noncommunicable-diseases-in-the-philippines---the-case-for-investment.pdf?sfvrsn=6005b6d1_2#:~:text=In%202015%2C%20noncommunicable%20diseases%20\(NCDs,\)%20\(WHO%2C%202017a\).](https://www.who.int/docs/default-source/wpro---documents/countries/philippines/reports/prevention-and-control-of-noncommunicable-diseases-in-the-philippines---the-case-for-investment.pdf?sfvrsn=6005b6d1_2#:~:text=In%202015%2C%20noncommunicable%20diseases%20(NCDs,)%20(WHO%2C%202017a).)
- World Health Organization. (2019). The Global Vaccine Action Plan 2011-2020 Review and Lessons Learned. Strategic Advisory Group of Experts on Immunization. Retrieved from:
<https://apps.who.int/iris/bitstream/handle/10665/329097/WHO-IVB-19.07-eng.pdf?ua=1>
- World Health Organization (2019). Seventy-Second World Health Assembly Provisional agenda item 11.6. Health, environment and climate change. Draft WHO global strategy on health, environment and climate change: the transformation needed to improve lives and well-being sustainably through healthy environments. Retrieved from: https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_15-en.pdf?ua=1
- World Health Organization. (2019). Prevention and control of noncommunicable diseases in the Philippines. The case for investment, Philippines, 2019. Geneva: World Health Organization (WHO/UHC/CDS-NCD/19.90). License: CC BY-NC-SA 3.0 IGO
- World Health Organization. (2020). Defining sexual health. Retrieved from:
https://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/
- World Health Organization. (2020). Health topics: Reproductive health. Retrieved from:
<https://www.who.int/westernpacific/health-topics/reproductive-health>
- World Health Organization. (March 2020). Philippines WHO Special Initiative for Mental Health Situational Assessment. Retrieved from:
https://www.who.int/docs/default-source/mental-health/who-special-initiative-country-brief-report---philippines---2020-04-23-brief.pdf?sfvrsn=136a74f3_2
- World Health Organization. (April 2020). Immunization Agenda 2030: A Global Strategy To Leave No One Behind. Retrieved from:
<https://www.who.int/publications/m/item/immunization-agenda-2030-a-global-strategy-to-leave-no-one-behind>
- World Health Organization. (24 August 2020). Regional Strategic Framework for Vaccine Preventable Diseases and Immunization in the Western Pacific 2021-2030. Vaccine-Preventable Diseases and Immunization Unit Division of Programmes for Disease Control, WHO Regional Office for the Western Pacific, Manila, Philippines.

World Health Organization. (October 2020). WHO guidance for climate resilient and environmentally sustainable health care facilities. Retrieved from: <https://www.who.int/publications/i/item/9789240012226>

World Health Organization. (2021). Prevention and management of mental health conditions in the Philippines. The case for investment. Manila: World Health Organization Regional Office for the Western Pacific.

World Health Organization. (19 March 2021). WHO Fact sheets: Injuries and violence. Retrieved from: <https://www.who.int/news-room/fact-sheets/detail/injuries-and-violence>

World Health Organization. (26 May 2021). Urban Health Initiative a model process for catalysing change, Making health a priority in the design of air pollution free cities. Retrieved from: <https://www.who.int/publications/i/item/WHO-HEP-ECH-AQH-2021-1>

World Health Organization. (July 2021). WHO menu of cost-effective interventions for mental health. Retrieved from <https://www.who.int/publications/i/item/9789240031081>



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