



Republic of the Philippines
Department of Health



NATIONAL OBJECTIVES FOR HEALTH PHILIPPINES 2023-2028

National Objectives for Health, Philippines 2023-2028

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Philippines, 2023-2028
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Foreword

In 2019, the Philippine health sector achieved a historic milestone by passing the Universal Healthcare (UHC) Law, a landmark legislation that guarantees accessibility of quality health care for all Filipinos. However, the COVID-19 pandemic has brought about unprecedented challenges for the Philippines and the world, putting the country's commitment to universal healthcare to the ultimate test. As part of the National Task Force Against COVID-19 as a special adviser, I witnessed how our healthcare system faced these challenges, exposing vulnerabilities and underscoring the urgency of our collective efforts.

The pandemic has highlighted the critical importance of a robust and adaptive healthcare system. As a people, we have embraced the necessity to shift gears and find innovative solutions to the challenges we face. This has urged us to address vulnerabilities and gaps in our public health infrastructure and to accelerate efforts to safeguard the health and well-being of every Filipino.

Our healthcare workers have emerged as heroes on the frontline, demonstrating unparalleled dedication and working tirelessly to provide care and support to those in need, often sacrificing their well-being. We have also witnessed the resilience of our communities as they rallied together to protect the vulnerable and uphold the spirit of "*bayanihan*." We have seen how our leaders prioritized health, placing the responsibility of fortifying our health systems on their shoulders and making enabling policies and interventions as they realized that the consequences of inaction and indecision were detrimental to society's economic and social fabric. Our determination to fight the pandemic has been reinforced by the strong resolve of our government, private sectors, and international partners, who have united under a common goal – to safeguard the health and welfare of the Filipino people.

While the road ahead remains challenging, we can take pride in our strides. The lessons learned from this pandemic have reinforced our resolve to create a more resilient and responsive healthcare system.

Beyond the immediate response to the pandemic, we have been reminded of our nation's long-term aspirations expressed in *Ambisyon Natin 2040*. **Our collective vision of a *matatag, maginhawa, at panatag na buhay para sa lahat* continues to guide our path towards a healthier, more prosperous Philippines.** In alignment with the current administration's vision of a *Bagong Pilipinas*, the country expounded its vision through the Philippine Development Plan (PDP) 2023-2028, articulating the country's call for deep and fundamental transformations in all sectors – social, economic, institutional and environmental.

For the health sector's medium-term strategy, the Department of Health (DOH) developed the **National Objectives for Health (NOH) 2023-2028 articulated through the 8-Point Action Agenda, which is aptly titled, "Sa Bagong Pilipinas, Bawat Buhay Mahalaga,"** outlining strategic priorities and actionable targets that align with our overarching national vision.

At its core, the 8-Point Action Agenda, which embodies our commitment to improving the overall health landscape of our nation through the lens of every Filipino, every community, and every health worker and institution, making Universal Healthcare through the implementation of a primary health care approach, a felt and tangible reality for every constituent.

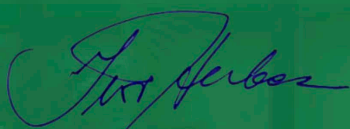
Guided by the end in mind, key areas in the 8-Point Action Agenda are divided into three sections: 1) *Para sa bawat Pilipino*, ensuring that every Filipino achieves the highest level of health by providing safe, high-quality, and patient-centered services, utilizing modern technology for efficient service delivery; 2) *Para sa bawat komunidad*, empowering communities and addressing determinants of health through health promotion, preparing them for crises, and fostering mental health and well-being, ensuring that every community thrives in the face of challenges; and 3) *Para sa bawat health worker at institusyon*, prioritizing health care workers' welfare and rights, and strengthening our health institutions against the threat of future pandemics. These action points will guide our efforts and mobilize all stakeholders to work hand in hand in achieving our shared objectives.

This publication represents the collaborative efforts of numerous stakeholders — healthcare workers, policymakers, advocates, and most importantly, the Filipino people. It is a testament to our determination, resilience, and unity in advancing the health and well-being of our nation. As we move forward, let us embrace this blueprint for health with enthusiasm and dedication, knowing that the path may be arduous, but the rewards are immeasurable. Let us work together with unwavering determination to turn our vision into a tangible reality. By doing so, we can make a profound and lasting impact on the health and well-being of every Filipino in every community across the islands.

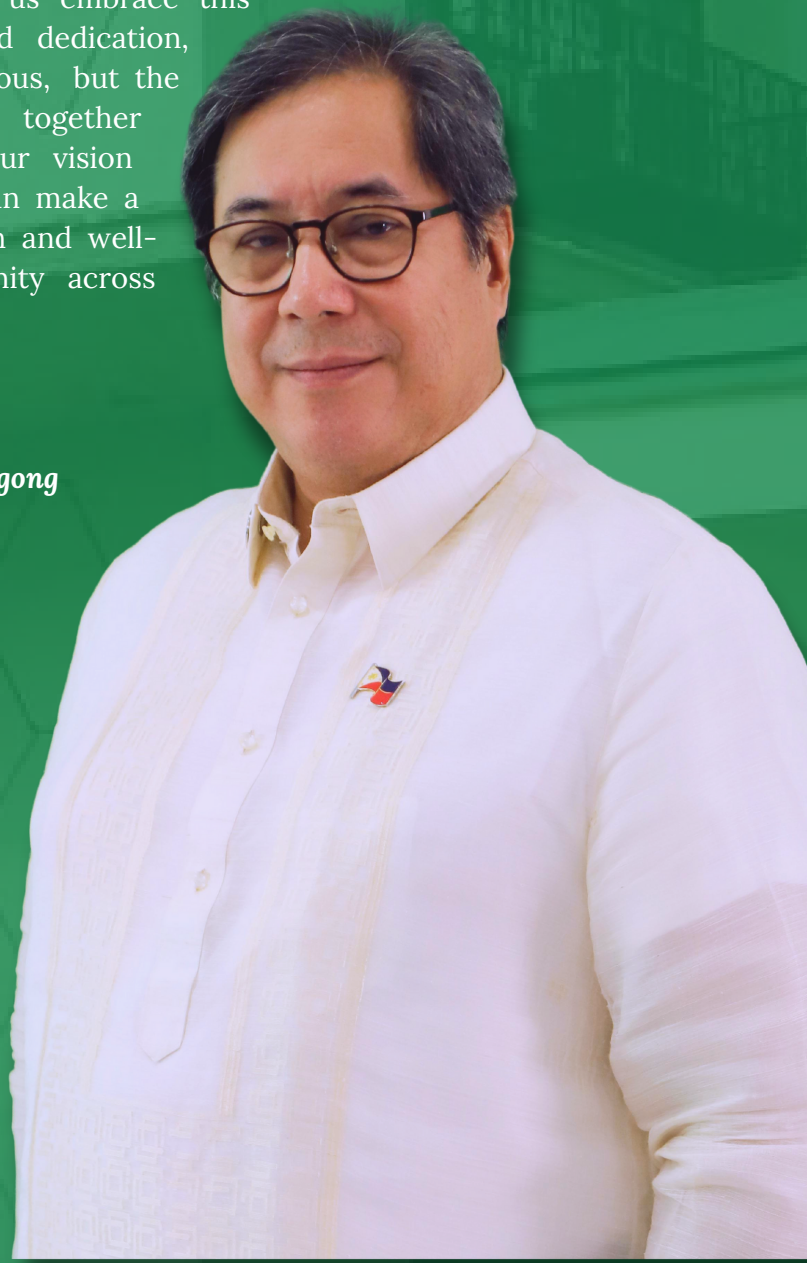
Let us dream together. Let us act together.

Let us stand united in this journey *dahil sa bagong Pilipinas, bawat buhay mahalaga.*

Mabuhay ang bawat Pilipino!



TEODORO J. HERBOSA, MD
Secretary of Health



Preface

I am honored to present the Philippines National Objectives for Health 2023-2028, a significant milestone in our journey towards achieving a healthier and more prosperous nation. This document serves as a comprehensive blueprint aligned with the Philippine Development Plan 2023-2028, prioritizing the health and well-being of every Filipino at the forefront of our national agenda.

As a nation, we have made remarkable strides in advancing healthcare accessibility and quality over the years. However, we recognize that critical challenges still exist, and it is our commitment to ensure that no Juan or Juanas are left behind. The COVID-19 pandemic has underscored the vital importance of a resilient and equitable health system, highlighting the urgent need to address existing gaps and challenges while building a future-proof healthcare infrastructure. In response to these challenges, the Philippines National Objectives for Health 2023-2028 lays out a comprehensive framework that will guide our efforts in transforming the health landscape of our nation. With the vision of universal health care firmly in our sights, the NOH 2023-2028 outlines a strategic framework to build a robust and inclusive health system that caters to the needs of all Filipinos.

At the core of NOH 2023-2028 lies the 8-Point Action Agenda, which serves as a guiding principle for implementing our national health objectives. This agenda encompasses a broad spectrum of health priorities, ranging from preventive and promotive health care to providing essential health services, focusing on addressing health inequities and strengthening the health systems. By pursuing these agendas, we aim to improve health outcomes, enhance access to healthcare services, and protect the most vulnerable members of our society.



Implementation is the key to transforming these objectives into tangible and sustainable outcomes. It requires the collective effort and commitment of all stakeholders, including the government both at the national and at local level, healthcare professionals, civil society organizations, and the private sector. Collaboration, innovation, and evidence-based decision-making will be crucial in successfully executing the strategies outlined in this document.

I would like to express my heartfelt gratitude to all the individuals and organizations who have contributed to the development of the Philippines National Objectives for Health 2023–2028. Your expertise, dedication, and passion have been instrumental in shaping this comprehensive roadmap for our nation's health. Together, we can create a future where every Filipino has access to safe and high-quality healthcare services, regardless of their socio-economic background or geographic location.

As we embark on this transformative journey, let us remember that the true measure of our success lies in the improved health and well-being of our people. Let us work hand in hand, united by a shared vision of a healthier and more prosperous nation ***dahil sa bagong Pilipinas, bawat buhay mahalaga.***



LILIBETH C. DAVID, MD, MPH, MPM, CESO I
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Acknowledgment

The National Objectives for Health (NOH) 2023–2028 is the outcome of thorough consultations and collaborative efforts involving various offices, national government agencies, local government units (LGUs), private sector, academe, and development partners.

We extend our heartfelt appreciation to the World Health Organization (WHO), under the leadership of Country Director Dr. Rui Paulo de Jesus, along with Dr. Graham Harrison and Dr. Florante Trinidad, for their invaluable support in mobilizing experts and consultants to assist the Department of Health (DOH) team in drafting the previous version of the publication. We would also like to express our special thanks to the Strategic Engagement for Enabling Development (SEED) Inc., composed of Napoleon Espiritu II, Rhodora Tiongson, Donabelle de Guzman, Jocelyn Ilagan, Joyce Encluna, Mary Ann Evangelista, Beatrice Cruda, Tanya Mara Gagalac, Marvin Tort, and Former Undersecretary Mario Villaverde., engaged by WHO, for their technical assistance in which played a vital role in laying the groundwork for the NOH.

We express our deep gratitude to the dedicated individuals and teams who generously shared their time and expertise to ensure the completion of the assessments, strategies, and indicators contained in the NOH: Public Health Services Team, Field Implementation and Coordination Teams, Health Systems Development Team, Health Regulation Team, Philippine Health Insurance Corporation, National Kidney and Transplant Institute, Jose R. Reyes Memorial Medical Center, Philippine Children's Medical Center, DOH Attached Agencies, DOH Centers for Health Development (CHDs) especially National Capital Region, Davao, Central Visayas, and Bicol for their active participation in the regional consultations, alongside health officers and stakeholders from LGUs.

Lastly, we recognize that the timely production and publication of the NOH would not have been possible without the selfless efforts of the Health Systems Development Team, led by Undersecretary Lilibeth C. David, and the DOH Health Policy Development and Planning Bureau, led by Director Frances Rose Elgo-Mamaril. We extend our gratitude to the entire team, including Eileen Diane Cheng-Fernandez, Dr. Adriel R. Pizarra, Ferna Criselda S. Viesca, Michael Niel Angelo C. Bulatao, Joel L. Dela Paz, Jr., and Ma. Sarina I. Magdales. We are also grateful to the Governance and Organizational Development Team, led by Undersecretary Kenneth G. Ronquillo, composed of Lindsley Jeremiah D. Villarante, Jose Miguel J. Deanon, and Mary Joy C. Padilla, who served as members of the Editorial Team.

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List of Acronyms

AO	Administrative Order
ARTA	Anti-Red Tape Authority
BARMM	Bangsamoro Autonomous Region in Muslim Mindanao
CHD	Center for Health Development
CHED	Commission on Higher Education
CLN	COVID-19 Laboratory Network
CPD	Continuing Professional Development
DBM	Department of Budget and Management
DPAC	Drug Price Advisory Council
DC	Department Circular
DILG	Department of the Interior and Local Government
DO	Department Order
DOF	Department of Finance
DOH	Department of Health
DOST	Department of Science and Technology
DPCB	Disease Prevention and Control Bureau
DRRM-H	Disaster Risk Reduction and Management in Health
DTI	Department of Trade and Industry
EMR	Electronic Medical Record
EREID	Emerging and Re-Emerging Infectious Diseases
EDCS	Epidemic-prone Disease Case Surveillance
ESU	Epidemiologic Surveillance Unit
ESR	Event-based Surveillance and Response
FDA	Food and Drug Administration
FIC	Fully Immunized Children
FNRI-ENNS	Food and Nutrition Research Institute Expanded National Nutrition Service
HCPN	Health Care Provider Network
HFSRB	Health Facilities and Services Regulatory Bureau
HPB	Health Promotion Bureau
HPDPB	Health Policy Development and Planning Bureau
HPFS	Health Promotion Framework Strategy
HTA	Health Technology Assessment
HTAC	Health Technology Assessment Council
HRH	Human Resource for Health
HSS	Health Sector Strategy
IMR	Infant Mortality Rate
IRB	Internal Review Board
IRR	Implementing Rules and Regulations
KMITS	Knowledge Management and Information Technology Service
LCE	Local Chief Executive

List of Acronyms

LDI	Learning and Development Intervention
LDMS	Learning and Development Management System
LGC	Local Government Code
LGU	Local Government Unit
LHS	Local Health System
LIPH	Local Investment Plan for Health
LRN	Laboratory Response Network
M&E	Monitoring and Evaluation
MMR	Maternal Mortality Ratio
MRP	Maximum Retail Price
MWP	Maximum Wholesale Price
NDHRHIS	National Database of Human Resource for Health Information System
NEDA	National Economic Development Authority
NGA	National Government Agency
NGO	Non-Government Organization
NHRHMP	National Human Resource for Health Master Plan
NHWR	National Health Workforce Registry
NOH	National Objectives for Health
NPRMS	National Policy on Regulatory Management System
OHL	Office for Health Laboratories
P/CWHS	Province-wide and City-wide Health System
PCDC	Philippine Center for Disease Control
PCF	Primary Care Formulary
PCHRD	Philippine Center for Health Research and Development
PCPN	Primary Care Provider Network
PDP	Philippine Development Plan
PD	Pharmaceutical Division
PGRP	Philippine Good Regulatory Principles
PHEIC	Public Health Emergency of International Concern
PHFDP	Philippine Health Facility Development Plan
PHU	Public Health Unit
PhilHealth	Philippine Health Insurance Corporation
PIDSR	Philippine Integrated Disease Surveillance and Response
PMP	Philippine Medicines Policy
PRC	Professional Regulation Commission
PSA	Philippine Statistics Authority
RITM	Research Institute for Tropical Medicine
SHF	Special Health Fund
SDH	Social Determinants of Health
TAHC	Traditional and Alternative Health Care
TB	Tuberculosis

List of Acronyms

TESDA	Technical Education and Skills Development Authority
TOC	Theory of Change
U5MR	Under-Five Mortality Rate
UHC	Universal Health Care
VIP	Virology Institute of the Philippines
WHO	World Health Organization

Introduction

A. The Philippines and its Health System

Geographic Characteristics

The Philippine Archipelago, situated within the Southeast Asian region, is characterized by its extensive biodiversity. Geographically located in the Pacific Ocean near the equator, the country is composed of three primary island groups, namely: Luzon (the largest and northernmost island), Visayas (the central region), and Mindanao (the southern extremity). As an archipelagic nation of approximately 7,641 islands (Figure 1), the unique geographical layout presents significant challenges for infrastructure development, healthcare supply chains and distributions, and interregional communication networks.

The Philippines ranks highest in the disaster risk index at 46.81, exceeding that of Indonesia (42.31), India (41.46), and Colombia (38.37), according to the World Risk Report 2022 (Bündnis Entwicklung Hilft, 2022). This risk evaluation is based on the fundamental concept that the probability of a catastrophe is contingent upon not only the intensity of natural hazards impacting a society but also its vulnerability to these adverse effects. The Philippines' ranking can be attributed to its position along the seismically active Pacific Ring of Fire and within the center of a typhoon-prone region, making the country susceptible to typhoons, earthquakes, volcanic eruptions, and droughts. Furthermore, the palpable consequences of anthropogenic climate change have influenced the frequency and severity of extreme natural events and their impact on the population. For instance, the rising sea level has differentiated coastal flooding from riverine flooding.

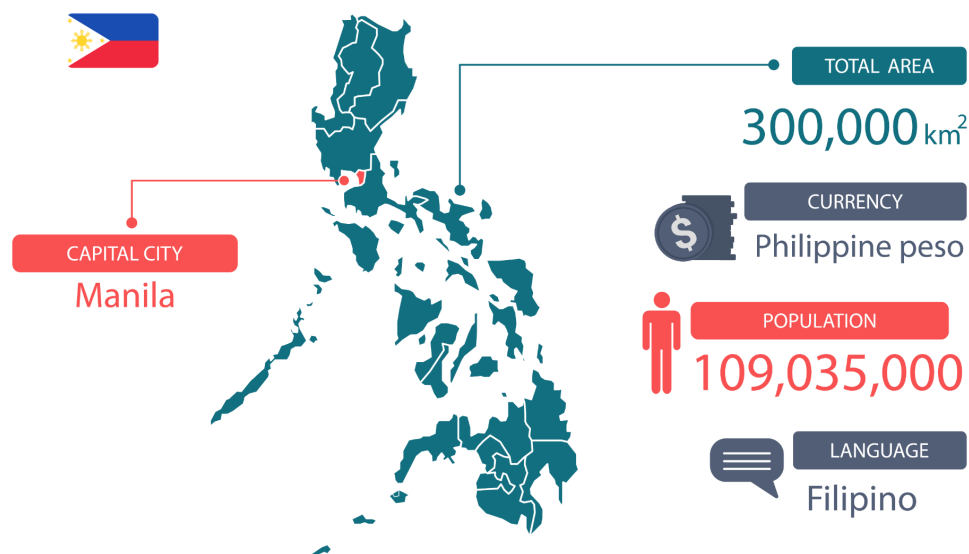


Figure 1. Philippine map

Government and Politics

The Philippines operates under a presidential system of government, wherein the President serves as both the head of state and the head of government. Governmental powers are distributed among three distinct branches: the executive, the legislative, and the judiciary. The President presides over the executive branch and appoints cabinet members to lead various government agencies, which are organized into cabinet clusters. The Department of Health (DOH) falls under the Social Development Cluster and is overseen by a Secretary who is appointed by the President.

Healthcare service provision was devolved to local government units (LGUs) through the enactment of the Republic Act (RA) 7160, or the Local Government Code (LGC) of 1991. As a result, the public health system, formerly structured as health districts comprising provincial or district public hospitals, health centers or rural health units (RHU), and barangay health stations (BHS), was placed under the management and supervision of LGUs. Specifically, the responsibility for public hospital service, excluding hospitals retained by the DOH, was transferred to city and provincial governments. Primary care delivery was delegated to cities and municipalities. Community-based service delivery involves BHS staffed by barangay health workers (BHW) and midwives. The DOH is responsible for formulating policies and establishing standards for healthcare (EO 102 series of 1999) that govern local health system development, program directions, and service delivery. However, retrospectively, the LGC effectively fragmented the basic unit of operations, administration, and budgetary authority of the nation's public health system. Moreover, in response to the Supreme Court's ruling in the Mandanas-Garcia case, which granted LGUs a larger portion of national revenues, EO 138 series of 2021 mandated the full devolution of health services.

Socio-economic Situation

The Philippines is categorized as a lower-middle-income economy according to the World Bank Income Group classification in 2021 (World Bank, 2023). In the same year, the Philippine government allocated approximately USD 57 per capita for healthcare expenditures. The nation's healthcare system comprises both public and private healthcare providers. Notably, the private sector caters to about 40 percent of the population (PSA and ICF, 2018) and significantly surpasses the public system in terms of financial resources and staffing (Oxford Business Group, 2018). Of the 1,284 hospitals operating in the country in 2022, approximately 66 percent are privately owned (DOH, 2023a).

In 2021, the poverty rate in the Philippines was reported at 18.1 percent (Table 1), equating to nearly 20 million Filipinos living below the poverty threshold of roughly PhP 12,030.00 (USD 244) per month for a family of five (PSA, 2021a). Among all regions, the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM) exhibited the

highest poverty incidence at 37.2 percent, followed by Caraga at 33.2 percent, and Zamboanga Peninsula at 30.1 percent.

Table 1. Poverty Incidence Among Population, 2021

Region	Poverty Incidence Among Population (Percent)
National Capital Region (NCR)	3.5
Cordillera Administrative Region (CAR)	9.9
Region IV-A (CALABARZON)	10.2
Region III (Central Luzon)	11.4
Region I (Ilocos Region)	14.4
Region II (Cagayan Valley)	15.4
Region XI (Davao Region)	16.8
Region VI (Western Visayas)	19
MIMAROPA Region	20.8
Region X (Northern Mindanao)	26.1
Region VII (Central Visayas)	27.6
Region XII (SOCCSKSARGEN)	28.1
Region VIII (Eastern Visayas)	28.9
Region V (Bicol Region)	29.3
Region IX (Zamboanga Peninsula)	30.1
Region XIII (Caraga)	33.2
Bangsamoro Autonomous Region in Muslim Mindanao (BARMM)	37.2

Source: Philippine Statistics Authority Press Release Reference No.: 2022-350: Proportion of Poor Filipinos was Recorded at 18.1 Percent in 2021

B. Sectoral Goals and Targets

Major Health Outcomes

The DOH monitors select impact indicators to assess health sector performance for better and more equitable health outcomes, a responsive health system, and financial risk protection. In previous years, Philippine health outcomes improved gradually, particularly in the average life expectancy and stunting among children. However, other health outcomes such as the maternal mortality ratio (MMR), the infant mortality rate (IMR), and the tuberculosis (TB) incidence rate, have worsened during the pandemic (Figure 2).



Figure 2. Summary of Select Health Outcomes (NOH 2017-2022)

According to the Philippine Development Plan (PDP) Report (NEDA, 2023), the average life expectancy of Filipinos has been steadily increasing. The target of life expectancy at 72 years was achieved in 2022. Since 2012, the MMR shows a slow decline, but a sharp increase was observed in 2020 at 144 per 100,000 live births (PSA, 2022a) which is quite far from the 2022 target of 90 per 100,000 live births. The same trend was observed for infant deaths. While there was a decrease to 21 per 1,000 live births in 2017, it fell short of achieving the 15 per 1,000 live births target in 2022 at 22 per 1,000 live births (PSA, 2022a). Similarly, an increase in the TB incidence rate in 2021 was recorded from 539 per 100,000 population to 650 (WHO, 2022c). Meanwhile, there was a considerable decline in the prevalence of stunting among children under five years old from 28.8 percent in 2019 to 26.7 percent in 2021 based on the 2020 Expanded National Nutrition Survey (PSA, 2021b).

The indicators to measure the responsiveness of the health system include provider responsiveness. Around 93 percent or nine out of ten Filipinos reported good health responsiveness from the healthcare facility that they consulted in for the past 12 months. On the other hand, the client satisfaction rate for basic amenities at public facilities was at 85 percent, and at private facilities at 97 percent (DOST, 2020).

In terms of financial risk protection, household out-of-pocket (OOP) health spending as a percentage of current health expenditure was reported at 41.5 percent thus, achieving the target of not more than 50 percent (PSA, 2021e). Financial risk protection

is further measured by the incidence of catastrophic health expenditure. Thirty percent of patients who had at least one inpatient care experienced catastrophic health expenditure, with their OOP spending exceeding the ten percent threshold of the household total expenditure (Javier, et. al., 2021).

Determinants of Health

To improve the health outcomes of Filipinos, a paradigm shift within the health sector is necessary to adopt a comprehensive approach to population health. This shift entails recognizing and prioritizing factors that extend beyond traditional healthcare delivery systems, including socio-economic determinants. It is important to recognize that a person's health is profoundly shaped by their socio-economic status, which encompasses income, education, employment, and social support networks.

Socio-economic disadvantages manifest in various forms. It encompasses limited family assets, subpar education in youth, unstable employment, stagnant careers, inadequate housing, challenging family circumstances, and insufficient retirement funds. These disadvantages often cluster within specific demographics and their adverse health impacts can accumulate over time. Prolonged exposure to stressful economic and social conditions results in increased physiological wear and tear, diminishing the prospects of a healthy old age (WHO, 2003).

One notable socio-economic determinant is income inequality. A 2019 study highlighted significant disparities in health outcomes across different income groups in the Philippines. The research shows that lower-income individuals often face barriers to accessing healthcare services, leading to poorer health outcomes. Addressing income inequality through policies and interventions that provide equitable access to healthcare is imperative for improving the overall health of the population (Tabunda & Flores, 2019).

Furthermore, gender is a crucial social determinant of health. Women face significant challenges in accessing family planning, reproductive health services, and adequate care due to several factors, including gender-based violence, low male involvement in reproductive health, early marriage, and the lack of women in leadership roles (PCW, 2022; WHO 2019). Additionally, the health disparities experienced by the people of diverse sexual orientation, gender identity, gender expression, and sex characteristics (SOGIESC) due to stigma, discrimination, and lack of access to appropriate healthcare services are noteworthy. Despite some progress in improving critical health indicators, gender inequality remains a persistent challenge in the healthcare sector (Blondeel et al., 2018).

A comprehensive approach to population health in the Philippines must extend beyond the healthcare sector and consider socio-economic determinants such as income inequality, education, access to clean water and sanitation, and housing conditions. Addressing these determinants through evidence-based policies and interventions is crucial for improving the health outcomes of Filipinos, as underscored by local research and data sources. This will require a strong governance and multi-sectoral approach that collaborates with government agencies, local communities, and private entities to create a healthier future for all Filipinos.

Emerging Trends and Drivers

Changes in societal, geopolitical, technological, political, and environmental factors have largely contributed to disease outbreaks and health system issues, both locally and globally. These changes are shaping the healthcare landscape in aspects such as, but not limited to, service delivery, information systems, investments, and behaviors.

Burden of Disease

In 2022, the top three causes of death in the country were ischemic heart disease, cerebrovascular diseases, and cancer (Table 2) whereas in 2021, ischemic heart disease, cerebrovascular disorders, and the COVID-19 virus were identified as the major causes of mortality. Ischemic heart disorders were the biggest cause of mortality in 2022, accounting for 77,173 cases or 18.5 percent of all fatalities in the country. Cerebrovascular disorders, on the other hand, ranked second with 42,890 fatalities (10.3 percent) followed by cancer, accounting for 42,497 recorded cases (10.2 percent share) (PSA, 2023a). Back in 2020, ischemic heart disease and diabetes mellitus have already outperformed their five-year averages (2015-2019).

Additionally, COVID-19, both with and without the virus identified, was listed among the top 20 causes of mortality. The COVID-19 with virus detected was the 11th largest cause of death in the country, accounting for 9,749 cases or 2.3 percent of all deaths. Registered deaths due to COVID-19 with no virus identified totaled 4,134 representing 1.0 percent of total deaths and making it the 19th leading cause of death (PSA, 2023a).

Table 2. Top Burden of Disease in the Philippines (FHSIS & PSA 2023)

TOP BURDEN OF DISEASE	
Ten (10) Leading Causes of Morbidity	Ten (10) Leading Causes of Mortality
1. Acute Respiratory Infection	1. Ischaemic heart diseases (I20-I25)
2. Hypertension	2. Cerebrovascular diseases (I60-I69)
3. Animal Bites	3. COVID-19 virus identified
4. Urinary Tract Infection	4. Neoplasms (C00-C96)
5. Acute Lower Respiratory Tract Infection	5. Diabetes mellitus (E10-E14)
6. Skin Diseases	6. Hypertensive diseases (I10-I13)
7. Pneumonia	7. Pneumonia (J12-J18)
8. Diseases of the Heart	8. Chronic lower respiratory diseases (J40-J47)
9. TB, All Forms	9. Other heart diseases (I26-I51)
10. Fever of Unknown Origin	10. Remainder of diseases of the genitourinary system (N17-N98)
Source: DOH-Epidemiology Bureau, Preliminary data as of March 23, 2023 Based on the 42 Notifiable Diseases in FHSIS	Source: 2022 Causes of Deaths in the Philippines (Preliminary as of 28 February 2023), Philippine Statistics Authority

Socio-demographic trends

Since the 1970s, the population of the Philippines has increased more than three-fold. According to the 2020 census (PSA, 2021c), there were approximately 109 million Filipinos and the population continues to increase at a rate of 1.6 percent annually (Figure 3).

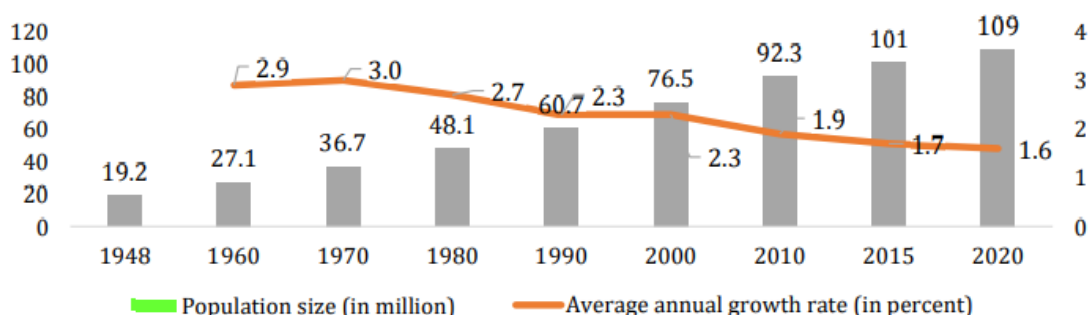


Figure 3. Population size and annual growth rate, Philippines (various population censuses, PSA)

Across regions, more than 39 percent of the population are found to be living in the mega-regions of CALABARZON, NCR, and Central Luzon, which is indicative of unequal spatial distribution. The unmanaged internal migration of Filipinos in highly urbanized areas has caused rapid urbanization and brought about concomitant social and

environmental issues (NEDA, 2022). Consequently, the impact of population congestion and crowding in highly urbanized areas became pronounced during the pandemic, when the spread of the disease was highly prevalent.

According to the National Demographic and Health Survey (NDHS) (PSA, 2022a), the total fertility rate (TFR) of Filipino women aged 15 to 49 years fell from 2.7 children per woman in 2017 to 1.9 children per woman in 2022. As a result, the Philippines is now below the replacement fertility norm of 2.1 children per woman. While the future population in the Philippines is projected to continuously grow at a slower rate, factors like fertility rate, migration, and access to education and healthcare for women, among others, may change the direction of population growth (Vollset, et. al., 2020).

The WHO further forecasts that in 2030, one in six individuals worldwide will be 60 years of age or older. In the Philippines, seniors account for 8.5 percent of the population and is projected to hit 14 percent by 2035 (Perez, 2022). A population is said to be aging when more than 7% of its members are 65 years of age or older, and it is said to be aged when more than 14% of its members are 65 years of age or older (Kansai, 2021). Consequently, this may result in a potential increase in medical costs and long-term care services. These future tendencies must be considered in a public health response, and policies must be created accordingly (WHO, 2022a).

Technological trends

Known studies of global megatrends highlight the significance of technology and its disruptive impact, the opportunities for improving economic development, and the well-being of millions. The Fourth Industrial Revolution is anticipated to be supported by the Internet of Things, digitalization, automation, and connectivity, including huge data, technological monitoring, research and development, and doing activities to inform, will be extremely significant for both commercial and governmental strategy (Hausmann, 2022).

Health services are also becoming more accessible through remote service delivery (Al-Shorbaji, 2021). It enables those from geographically isolated and disadvantaged areas (GIDAs) to access a wide array of health services and diagnostics. This will eventually allow health professionals to provide their services from anywhere and anytime (Gunasegaran, 2021; American Hospital Association, 2021).

In the Philippines, the recognition on the critical use of digital health as a tool in improving the delivery of health care services to the Filipino people paved the way for increased support in the development of local technologies and innovations i.e., telemedicine, smart technologies (Hani 2021; Nelson, 2020). The vital role of ICT in providing solutions for health was further magnified during the height of the COVID-19 pandemic as these digital interventions bridged gaps in the health care service delivery system (Philippine News Agency, 2021). Similarly, in the local context, the Internet of

Medical Things is leveraging its efficiency on delivering health services to the population especially as these impacts on lowering care costs and driving better health outcomes (Hani, 2021).

These technologies will open unregulated markets for health goods and services. Existing regulatory agencies must be able to keep up with the emerging online retail and logistics companies that consumers use. Further, regulatory offices need to strengthen the monitoring and enforcement of regulatory rules that is at par with the constantly evolving virtual marketplaces.

Geopolitical trends

Contrary to popular belief, supply chains, even in healthcare, are not entirely immune to the impacts of political decisions. While it is true that many aspects of these supply chains are managed by third-party providers, minimizing direct political interference, the overall framework within which they operate is heavily influenced by politics. Decisions regarding the allocation of funds and procurement processes are deeply entrenched in political governance. Therefore, geopolitical tensions and political instability can have significant repercussions. These issues can disrupt the supply of essential drugs, healthcare supplies, and vaccines, leading to reduced healthcare access, the spread of diseases, and an increase in mortality rates. This interplay highlights the delicate balance between political decisions and the seemingly autonomous nature of healthcare supply chains.

The Philippines is among the many countries which are affected by the US-China geopolitical conflict. Since the Philippines heavily imports goods such as medical equipment and supplies from China (International Trade Administration, 2022), any disruptions in the supply chain caused by the conflict affect the availability and affordability of critical resources, resulting in difficulty providing quality healthcare services. This will also be evident if territorial disputes in the West Philippine Sea continue to increase tensions between the Philippines, China, and other affected countries. Negative impacts may include hindrance to international cooperation, which will be disadvantageous to continuous and adequate medical supply, thus disrupting health services (Mendoza, Siriban, & Ty, 2019).

The ongoing war between Russia and Ukraine significantly exacerbates disruptions in the global supply chains of drugs and medicines. This situation has led to widespread shortages and affected the production capacity of pharmaceuticals worldwide. Consequently, there is an observable rise in drug prices, further compounded by limited access to certain medications within various countries. The war's impact on these supply chains highlights the vulnerability of global health systems to geopolitical events, emphasizing the need for resilient and diversified sources in pharmaceutical production and distribution.

Internal challenges can also disrupt health service delivery as in the case of ongoing peace and order challenges in Muslim Mindanao. The RA 11054, the Bangsamoro Organic Law (2018), has started the process of transitioning to complete autonomy of the BARMM. This entails fostering good intergovernmental relations between BARMM and the national government to push forth the country's health agenda. With the BARMM belonging to the regions with the poorest health outcomes, success will rely on how well the region can build its health service capacity and how the national health sector can also support the BARMM's capacity building efforts. The same considerations similarly must be extended to other regions that are in progress to likewise be autonomous such as the Cordillera Administrative Region, in anticipation of a Cordillera Autonomous Bill. This bill also seeks the complete autonomy of the Cordillera people to pursue sustainable and inclusive growth, and promote their rights and culture (National Development Authority CAR, 2019).

Environmental trends

Climate change continuously threatens our agriculture sector and consequently the country's food security. The Philippines consistently ranks high among the nations that are most vulnerable to the effects of natural disasters and climate change. Extreme weather occurrences, such as super typhoons (i.e. Haiyan), are very likely to become stronger and more common. Sea levels are also expected to rise, endangering the smaller islands. The combined drought and erratic rainfall patterns can severely impact and endanger food production. An increase in zoonotic diseases, heat-related ailments, respiratory issues, and other climate-related health hazards all pose greater risk in GIDAs, which are characterized by weak health infrastructure that is vulnerable and at risk to climate change (Aquino & Atienza, 2021).

Concurrently, about 10% of households in the Philippines face food insecurity. It is notably more severe in the country's poorer regions (Cruz, 2022). The three regions with the highest food insecurity levels—BARMM, Region VIII, and XII—are also among the seven poorest in the Philippines.

Further, the impacts of climate change and extreme weather events result in increased forced displacement of the population. According to the Global Report on Internal Displacement 2023, the country had 5.4 million displaced individuals in 2022 due to disasters (IDMC, 2023). Repeated large, forced displacements will further take a toll on the capacity of the health system to absorb the increasing needs of this population.

On the other hand, health care is accountable for 4.4% of global net emissions, representing the largest carbon footprint in any service sector (Karliner et al., 2019). The primary sources of these emissions in healthcare include energy consumption, transportation, and the supply chain. Direct emissions from healthcare facilities and vehicles owned by the sector contribute 17% to this footprint. Indirect emissions, those from purchased energy, constitute 12%. The most significant portion, 71%, stems from

the healthcare supply chain. This includes emissions from the production, transportation, and disposal of various products, including food, medical equipment, and pharmaceuticals.

Economic trends

Over the past decade, job market indicators improved, with lower unemployment (6.3 percent) and higher employment rates (93.7 percent) in 2015, which kept rising until just before 2020. However, the pandemic in 2020 led to worse numbers: 10.3 percent unemployment and 89.7 percent employment, the lowest in 20 years. Two years since the pandemic began, job numbers are better, with unemployment back to pre-pandemic levels (5.3 percent). Still, inflation for the bottom 30 percent of income households jumped from 3.5 percent in February 2022 to 9.7 percent in February 2023 (PSA, 2023b).

The pandemic led to a challenging financial situation for the national government, with reduced revenues, high deficits, and increased borrowing. To address this, a fiscal consolidation strategy was implemented to maintain fiscal stability in the medium term and slowly reduce the deficit to pre-pandemic levels. The national government debt is expected to exceed the 60 percent indicative limit, limiting the ability to handle future risks and crises. Consequently, all agencies, including the DOH, should prioritize pressing concerns given the limited fiscal resources and ongoing COVID-19 recovery efforts (DBM, 2023).

Recognizing these limitations, the future growth of the Philippine economy may be experienced by maximizing the potential of technology and innovation, infrastructure development, digitalization, renewable energy, trade relations, and other contributing developments (NEDA, 2023).

Relevant Policy Considerations

Over the past few years, the Philippines has witnessed significant developments in the health sector through the implementation of key health laws. These legislative measures aimed to improve healthcare access, enhance the quality of services, and address specific health concerns, complementing the landmark UHC Act. These include Malasakit Centers Act, Mental Health Act, National Integrated Cancer Control Act, Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concerns Act, and Sin Tax Reform Law.

In addition, the Supreme Court ruling on the Mandanas-Garcia case in 2021 is expected to provide a larger share of national taxes to the LGUs. This could significantly increase the latter's revenue, improving their capacity to deliver healthcare services and facilities to their constituents. This puts the LGUs in a more critical role in achieving

the country’s development and growth targets. To mitigate the fiscal impact of the ruling, EO 138 s. 2021 or the Full Devolution of Certain Functions of the Executive Branch to Local Governments, and its implementing rules and regulations (IRR) were released, directing the re-devolution of functions and services of specific programs, activities, and projects of national government agencies (NGAs) to LGUs based on the LGC within a three-year transition period. In response, the NGAs and LGUs developed Devolution Transition Plans (DTPs). As of this writing, there is an ongoing review of the said EO by the Committee on Devolution, which will be the basis for determining the need for extending the transition period of its implementation.

C. The 8-Point Action Agenda Policy Framework

The overall direction of the DOH is guided by the directions set forth in the 8-Point Action Agenda. This policy framework (Figure 4. The Strategy Map for the 8-Point Action Agenda) is aligned with the Philippine Development Plan 2023-2028 and it builds upon the lessons learned from the COVID-19 response. Critically, the development of this policy framework has involved extensive engagement and discussions with a diverse array of stakeholders within the health sector. These consultations have brought together experts, civil service organizations, private sector, and other stakeholders in public health to collectively shape the direction of the DOH's efforts.

The central focus of this policy framework is on taking tangible actions. It emphasizes specific key areas that demand attention and resources, with the ultimate aim of achieving the broader goals and objectives established for the health sector. The 8-Point Action Agenda is firmly rooted in a well-informed, collaborative, and action-oriented approach, ultimately working towards enhancing the health and well-being of the population it serves.



Figure 4. Strategy Map for the 8-Point Action Agenda

The 'hub and spoke' model presents a structural paradigm for this process of priority setting. In this model, the Department of Health (DOH), acting as the hub, coordinates and facilitates actions addressing a spectrum of health-related concerns (the spokes). These concerns include individual health, community health, and the welfare and protection of health workers (Figure 5). This model establishes an orderly framework for the effective implementation of initiatives, policies, and programs, with the ultimate objective of enhancing health outcomes for Filipinos by 2028.

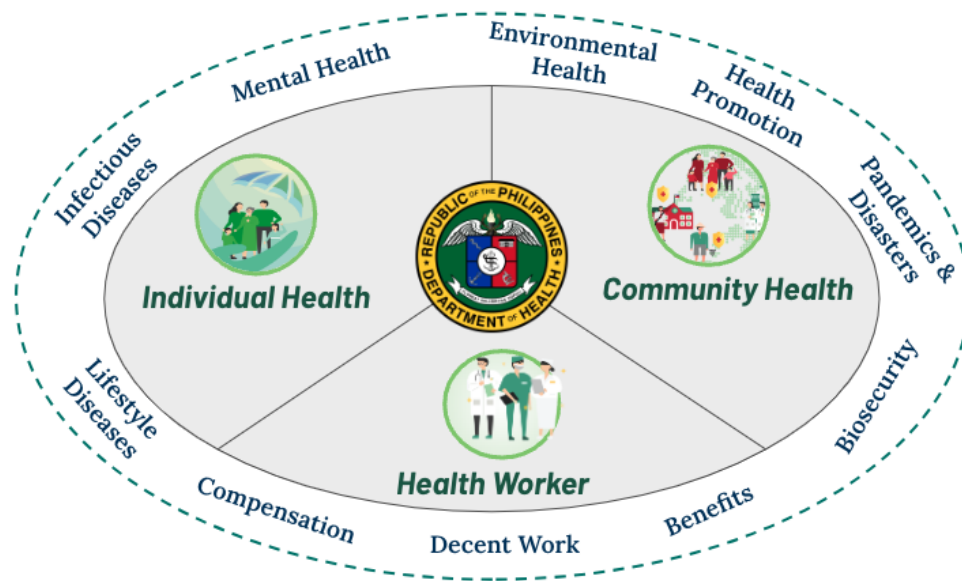


Figure 5. Major Trends and Action Priorities for DOH

The 8-Point Action Agenda were organized into three (3) major categories: 1) **Para sa Bawat Pilipino (For Every Filipino)** that will prioritize optimal health for every Filipino through the establishing provider networks ensuring provision of safe, high-quality, and patient-centered services, employing modern technology for efficient delivery; 2) **Para sa Bawat Komunidad (For Every Community)** focusing on empowering communities by promoting health, addressing health determinants, fostering mental well-being, and enhancing crisis readiness, to ensure community resilience; and, 3) **Para sa Bawat Health Worker at Institusyon (For Every Health Worker and Institution)** that will give emphasis on healthcare workers' well-being, rights, and fortifying health institutions against pandemics.

With the vision that “Filipinos are among the healthiest people in Asia by 2040,” the DOH will continue to move towards the attainment of its goals of better health outcomes, a stronger health system, and access to all levels of care through inter-sectoral collaboration and partnerships with various stakeholders. The 8-Point Action Agenda initiative echoes a call: “*Sa Healthy Pilipinas, Bawat Buhay Mahalaga!*”

D. The Health Sector Strategic Plan

The National Objectives for Health (NOH) 2023-2028 is the blueprint of the health sector for the medium term. This document is anchored on the 8-Point Action Agenda (DOH, 2023a) which drew upon insights from various stakeholders spanning different sectors, acknowledging the significance of factors beyond health care in influencing health outcomes. The approach revolves around placing each Filipino individual at the core of healthcare reform efforts, underscoring the involvement of local communities in advancing health and recognizing the indispensable contribution of healthcare workers within the healthcare system. This strategic blueprint is rooted in a commitment to expeditiously enhance the health sector, with a clear focus on achieving concrete improvements that resonate with every Filipino citizen, each community, as well as every dedicated healthcare worker and health establishment. This Agenda encompasses the six building blocks of the health system: Financing, Service Delivery, Human Resource, Information Systems, Access to Essential Medicines and Technology, and Leadership and Governance, along with the very critical concern on Social Determinants of Health (SDH).

To provide guidance to the health sector, the NOH 2023-2028 will elucidate the responses to the following fundamental inquiries (Figure 6):

1. Where have we been? This encompasses an examination of historical contexts, as well as the issues and challenges that the health sector has confronted.
2. Where are we now? This entails an assessment of the present circumstances and an overview of ongoing initiatives within the health sector.
3. Where do we want to go? This defines the specific aims and targets the health sector aspires to achieve in the future.
4. How do we get there? This segment outlines the specific actions required to actualize the objectives and overarching goals of the health sector.



Figure 6. National Objectives for Health 2023-2028 Development Framework

Gender and Development

In the development of the NOH 2023-2028, key gender issues and their corresponding gender actions were identified to mainstream gender and development (GAD). The NOH prioritizes improving health outcomes for all Filipinos, including promoting health equity across gender, social, and economic status. To achieve this goal, the NOH recognizes the need for a gender-responsive approach to health planning and service delivery. The GAD Sectoral Agenda will be issued, which lays out specific strategies and actions to ensure that gender equity is prioritized across health policies and programs

Strategic Foresight

As we undertake major reforms under UHC, there is a need for the DOH to be more anticipatory and responsive towards disruptive or challenging scenarios of the future. As a result, the DOH has adopted strategic foresight as an approach to ensure that strategies under the NOH are resilient and robust across various and potentially challenging scenarios. Strategic foresight is the systematic and organized exploration of multiple plausible future scenarios and developments to inform present decisions. It involves identifying emerging trends and drivers of change, creating scenarios for the future based on these trends, plotting pathways for attaining a desired future, and building a common agenda for change to realize these pathways.

PARA SA BAWAT PILIPINO

(For Every Filipino)

Ensuring that every Filipino achieves the highest level of health by providing safe, high-quality, and patient-centered services, utilizing modern technology for efficient service delivery.

The Department of Health (DOH) envisions that Filipinos being among the healthiest people in Asia by 2040 (DOH, 2023). This vision is in line with the Philippine Development Plan 2023-2028, which aims to ensure that every Filipino achieves the highest level of health. The department is committed to equitable access to healthcare services for all Filipinos, emphasizing "Para Sa Bawat Pilipino" (For Every Filipino).

To realize this vision, the DOH aims to provide safe, high-quality, and patient-centered services to all Filipinos, regardless of their socio-economic status. This also aims to prevent catastrophic health financial spending, which can push families into poverty. By utilizing modern technology for efficient service delivery, the DOH hopes to improve the quality of healthcare services and make them more accessible especially to the Filipinos in remote and underserved areas. These efforts are not only critical for achieving the DOH's vision of making Filipinos the healthiest people in Asia by 2040 but also for ensuring that every Juan and Juanas has the opportunity to live a longer and more productive life in a Healthy Pilipinas.

All of these are to be operationalized under the following three Action Agendas, namely:

1. Bawat Pilipino, ramdam ang kalusugan (every Filipino experiences health and well-being)
2. Ligtas, dekalidad at mapagkalingang serbisyo (safe, high quality, and people-centered health services)
3. Teknolohiya para sa mabilis na serbisyong pangkalusugan (technology for efficient health service delivery)

ACTION AGENDA I:

BAWAT PILIPINO RAMDAM ANG KALUSUGAN

(Every Filipino experiences health and well-being)

Mainstream and strengthen the primary health care approach, ensuring that every Filipino has access to comprehensive health services without experiencing financial hardship.

The Alma Ata Declaration of 1978 introduced the concept of Primary Health Care (PHC) as a global strategy to achieve health for all by the year 2000 (Rifkin, 2018). In 2018, 40 years later, the Declaration of Astana reinforced this commitment by refocusing efforts on primary health care to ensure that everyone, everywhere, is able to enjoy the highest possible attainable standard of health. In the Philippine context, this approach has been redefined to put health in the hands of the people (DOH, 2020a). The goal is to establish primary health care as the backbone of the healthcare system, ensuring that preventive measures are prioritized alongside curative interventions, thus minimizing the overall burden of disease. Furthermore, by removing financial barriers associated with accessing healthcare, the objective seeks to make healthcare services not only available but genuinely accessible to all, reinforcing the adage "*bawat Pilipino, ramdam ang kalusugan* (every Filipino experiences health and well-being)."

The passage of Republic Act 11223, or the "Universal Health Care (UHC) Act," further strengthens this vision by guaranteeing every Filipino access to comprehensive health services without discrimination. The UHC Act aims to remove the financial barriers that often hinder access to quality healthcare, creating a healthcare system where no Filipino is denied essential care due to economic constraints, and fostering a healthier and more equitable society.

The mainstreaming of primary health care emphasizes the integration of primary care into the continuum of care within the Health Care Provider Network (HCPN). The goal is to enable every Filipino, regardless of creed, religion, race, belief, or socioeconomic status, to access comprehensive health and nutrition services without enduring financial hardships. This requires the development of a comprehensive network of health services that cover preventive, promotive, curative, rehabilitative and palliative care. Achieving this objective requires the development of robust health facilities and systems while enhancing the accessibility and affordability of health services.

To achieve this, the Action Agenda: *Bawat Pilipino Ramdam ang Kalusugan*, will be operationalized through the following four strategic interventions:

- 1.1. Ensure Access to Primary Health Care Services;
- 1.2 Strengthening the Primary Care Provider Network (PCPN) and Health Care Provider Network;
- 1.2. Ensuring every Filipino is registered to a Primary Care Provider (PCP); and
- 1.3. Boosting national and local financing for primary care.

Strategic Intervention 1.1.

Ensure Access to Primary Health Care Services

The first action agenda Bawat Pilipino Ramdam ang kalusugan lies in its commitment to expand and reinforce the primary health care system across the Philippines. This initiative is essential to achieving universal health coverage and ensuring that every Filipino has equitable access to essential health services across the country.

Primary health care (PHC) is fundamental in providing the first level of contact for individuals within the health system, addressing the majority of health needs. According to World Health Organization (WHO), primary health care has three fundamental components (Figure 7): (1) Integrated health services with an emphasis on primary care and public health functions, focusing on delivering a range of health services from prevention to rehabilitation, ensuring continuity and comprehensiveness in care; (2) Multisectoral policy and action, which involves integration of health policies and actions across various sectors recognizing that health determinants often lie outside the traditional health sector; and (3) Empowered people and communities underscoring the importance of community engagement and empowerment in health care (WHO, 2020).



Figure 7. Primary Health Care Components, WHO

These components put emphasis on community-based services aimed at addressing diverse healthcare needs of all individuals, integrating care, prevention, health promotion and health education (Weel et al., 2018). In the Philippines, the issue of limited access to essential healthcare services persists as a significant concern. This problem primarily arises from the inadequate availability and uneven distribution of healthcare facilities across various regions. There were approximately 3,900 primary care facilities (PCFs), with 2,593 of them being Rural Health Units/Health Centers (RHU/HCs). Approximately half of the population faces difficulties in reaching PCFs within a 30-minute travel radius (DOH, 2021a).

In the UHC Act, one of the critical provision of the law is to increase investments in capital infrastructure. Relevant to this, is the need to identify ideal sites for the establishment of new healthcare facilities, specially primary care facilities. This strategy entails the construction of additional 600 to the existing 1,665 PCFs that are well distributed across the country. Additionally, there is a pressing requirement for

over 600,000 primary care physicians (PCPs) to adequately address the present primary care demands.

Further, the integration of primary health care in the communities, schools and workplaces through a wide range of policies, strategies, activities and services will require substantial transformation of the ways in which health sector's actions are prioritized, funded and implemented. This reorientation of the health system requires clear political commitment and strong leadership at all levels to effectively implement all levers and achieve the desired results (WHO, 2020).

Strategic Intervention 1.2.

Strengthen Primary Care Provider Network and Health Care Provider Network

The World Health Organization (WHO) anticipates a global demographic shift by 2030. Their projection indicates that the proportion of individuals aged 60 and above will increase to one in six, marking a significant surge from the current count of one billion within this age group. This extends not only among affluent nations but even in developing countries, including the Philippines (WHO, 2022). The rising demands for health care brought about by the aging population and the growing burden posed by chronic illness and multiple morbidities have caused a considerable strain on existing healthcare systems, making it difficult to adequately meet the needs effectively (WHO, 2018). Health services need to deliver proactive, comprehensive, and continuous care that is built on sustainable patient-provider relationships. The fragmented approaches to health care reduce the capacity of the health system to provide continuity of care, leading to difficulties in timely access to care, poor-quality services, duplication of efforts, and inefficient use of resources (Kruk et al., 2018). To address these challenges, it is important to strengthen support for the establishment and contracting of Healthcare Provider Networks (HCPNs) and institutionalize patient navigation and referral systems.

The concept of provider networks has evolved with the National Objectives for Health (NOH) 2017-2022 and Administrative Order (AO) No. 2017-0014, aiming to provide equitable, comprehensive, integrated, and continuous high-quality health services to a defined population with minimal duplications and inefficiencies (DOH, 2022). The Universal Health Care (UHC) Act further expands this concept by mandating the formation of HCPNs that encompass primary to tertiary care providers, facilitating financial integration to ensure sustainability (DOH, 2020b)

Primary care providers (PCPs) and facilities organized as primary care provider networks (PCPN) serve as gatekeepers at the community level, providing navigational assistance to clients within the network to improve their health-seeking behavior as well as rationalize access to and use of health services. The UHC Act makes primary

care a prerequisite for accessing higher levels of care by ensuring that PhilHealth pays for primary care services, and that secondary and tertiary care are paid only for providing appropriate levels of care (DOH, 2022).

The DOH has issued several policies to guide the integration of local health systems into Province-Wide/City-Wide Health Systems (P/CWHS) and establish PCPNs and HCPNs. These policy measures include (1) contracting of P/CWHS (AO No. 2020-0018); (2) guidelines for the service delivery design of HCPNs (AO No. 2020-0019); (3) integration of local health systems (AO No. 2020-0021); and (4) allocation, utilization, monitoring, and accountability for the pooled funds (DOH-DBM-DOF-DILG-PHIC JMC 2021 - 0001).

To ensure effective implementation, the DOH has embraced the concept of Local Health Systems Maturity Levels (LHS ML) as a monitoring and evaluation framework through AO No. 2020-0037. This framework offers a comprehensive approach to assess the progress of Local Government Units (LGUs) committed to integrating their respective local health systems into P/CWHS. It complements existing monitoring systems, such as the LGU Health Scorecard, to ensure accountability and track the performance of these integrated health systems.

The establishment of HCPN has been progressing steadily, with much of the efforts dedicated to the necessary preparatory work for integrating local health systems into P/CWHS and setting up provider networks. Despite some challenges at the local level, the commitment to overcoming them remains strong. However, the FY 2020 LHS ML National Baseline Assessment Report for the Universal Health Care Integration Sites (UHC-IS) showed that progress was still needed across the 58 UHC-IS. The FY 2021 3rd Quarter LHS ML Progress Report for these sites indicated that the integration reform efforts were temporarily overshadowed as LGUs prioritized addressing the effects of the COVID-19 pandemic within their jurisdiction. Despite these challenges, the drive to establish HCPNs and achieve integration continues.

To enhance the implementation of HCPNs, it is important to encourage the private sector to contribute to primary care services and the development of HCPNs. Their involvement can bring innovation and additional resources to improve service delivery. Additionally, expanding the number and ensuring equitable distribution of specialty centers can enhance access to specialized care for patients in need.

Furthermore, supporting innovative mechanisms and approaches in improving service delivery is essential. This includes adopting a multisectoral approach that fosters collaboration and coordination among various sectors involved in nutrition and healthcare. Engaging stakeholders from sectors such as health, agriculture, education, and social welfare can collectively address complex issues like malnutrition and healthcare delivery (WHO, 2018).

In conclusion, addressing the challenges in strengthening primary care provider networks and healthcare provider networks requires a comprehensive and coordinated effort towards comprehensive and continuous care for all:

1. Strengthening support for HCPN establishment and contracting,
2. Institutionalizing patient navigation and referral systems,
3. Encouraging private sector involvement,
4. Supporting innovative approaches, and
5. Expanding specialty centers.

Strategic Intervention 1.3.

Ensure Every Filipino is Assigned to a Primary Care Provider

The UHC Act aims to provide comprehensive healthcare coverage to every Filipino. One crucial aspect of this legislation is the requirement for every individual to register with a primary care provider (PCP) of their choice. The PCP acts as a guide, coordinator, and initial point of contact within the healthcare system, ensuring individuals receive the necessary care at the appropriate stages of their lives.

To facilitate this process, the DOH and PhilHealth issued Joint Administrative Order (JAO) No. 2020-0001, titled "Guidelines on the Registration of Filipinos to a Primary Care Provider." However, the registration process has faced difficulties, hindering the achievement of widespread coverage.

According to the PhilHealth Membership and Marketing Group (MMG), prior to the automatic inclusion of senior citizens and individuals in the National Household Targeting Survey (NHTS) with a PCP, only 8.5 percent of PhilHealth members had registered with accredited primary care (Konsulta) providers (PhiHealth, 2022c). PhilHealth's Annual Report cited operational concerns in registering beneficiaries with a PCP within their respective jurisdictions and integrating local health systems into the P/CWHS (PhilHealth, 2020).

In addition, implementing community-based registration is another viable solution. By bringing the registration process closer to the communities, it becomes more accessible and convenient for individuals to register with a PCP. This approach eliminates potential barriers, such as transportation issues or lack of awareness, and encourages greater participation.

Moreover, expediting the implementation of the comprehensive outpatient benefit package (COBP), including Konsulta, can serve as a solution to overcome these challenges. By demonstrating the effectiveness and value of this package, more Filipinos will be motivated to register with PCPs, understanding the benefits they can receive through primary care

Nonetheless, with PhilHealth's initiatives to expedite registration, 60 percent of its target members, including seniors and those identified through the NHTS, had already registered with PCPs by the close of the year 2022 (PhilHealth, 2023c).

To ensure every Filipino is assigned to a Primary Care Provider, there is a need to:

1. Expedite registration of Filipinos to PCPs through assistance to licensing and accreditation of health facilities and enrollment of Filipinos in PhilHealth.
2. Pilot and fast-track the roll-out of the comprehensive out-patient benefit package (COBP) which includes Konsulta.

Strategic Intervention 1.4

Boost national and local financing for primary care

The Philippines faces challenges in investing adequately in primary care, resulting in low per capita spending on health services and a substantial proportion of the financial burden borne directly by individuals. According to one estimate, primary care spending per capita is only around USD 52 (Maele, et al., 2019). A significant portion of current health expenditure, 44.7 percent in 2022, remains out-of-pocket (OOP) (PSA, 2023), creating vulnerability to impoverishing and catastrophic health spending (Banaag, Dayrit, & Mendoza, 2019).

Supply challenges may be a contributing factor to the poor performance of primary care in the country. The PHFDP emphasizes the need for Rural Health Units (RHUs) and skilled health workers to address supply challenges, with only about half of the population having timely access to RHUs (DOH, 2021). However, the investments in primary care/ambulatory care remained stagnant at 4 percent of the current health expenditure since 2014 while hospitals received a disproportionate share due to higher costs. The Philippine National Health Accounts data show that from 2014 to 2020, almost half (41 percent to 43.8 percent) of Total Health Expenditure (THE) in the country is consistently spent on hospitals (PSA, 2021).

PhilHealth benefit payouts reflect the same narrative, with inpatient services accounting for 91 percent of claims from 2015 to 2019. The primary care benefit package's contribution to PhilHealth payments is almost negligible, revealing a disparity between local government and PhilHealth per-capita spending on primary care. Efforts to strengthen primary care systems, like the Comprehensive Outpatient Benefit Package (COBP) and primary care provider networks (PCPNs), are ongoing. The introduction of Konsulta in 2018 aimed to bridge gaps, but challenges in operational implementation hindered its success nationwide (Nuevo et al., 2021).

To boost national and local financing for primary care, the following specific actions are need to be done:

1. Expand PhilHealth benefit packages for primary care.
2. Ensure adequate financing for primary care delivery inputs.

Action Agenda 1: BAWAT PILIPINO RAMDAM ANG KALUSUGAN

Mainstream the primary health care approach, ensuring that every Filipino experiences and benefits from comprehensive health services without experiencing financial hardship.

Indicators:

Percent of population with access to an ambulatory (primary) care facility within 30 minutes

Baseline: 50% (2020)

2028 Target: 60%

Percent of provinces with adequate ambulatory (primary) care facilities

Baseline: 21% (2022)

2028 Target: 50%

Percent of Konsulta-accredited ambulatory (primary) care facilities

Baseline: TBD

2028 Target: 100%

Percent of Functional Health Care Provider Network contracted by PhilHealth

Baseline: 0 (2022)

2028 Target: 100¹

Percent of Filipinos registered to a Primary Care Provider

Baseline: 15% (2022)

2028 Target: 90%

Percent of priority population with first-patient encounter in a Konsulta accredited facility

Baseline: TBD

2028 Target: 100%

PhilHealth Support Value

Baseline: 66% (2019)

2028 Target: 80%

Ambulatory care spending as a percent of current health expenditure

Baseline: 4% (2019)

2028 Target: 8%

Recommended Health Partner Activities	Priority DOH and Philhealth Activities
LGUs <ul style="list-style-type: none"> Appropriate NTA and local income for: 	DOH Policy Development:

¹ The current KONSULTA package of PhilHealth will just be transitioned to the full COPB package by 2025

Recommended Health Partner Activities	Priority DOH and Philhealth Activities
<ul style="list-style-type: none"> ○ The capacity of primary care facilities to become KONSULTA later on COPB accredited by PhilHealth ○ Adequate certified primary care workers ○ health infrastructure needs ○ agreed counterparts for the implementation of telehealth or telemedicine and functionality of mobile clinics (i.e., HRH, maintenance and operating expenses) ○ Demand generation activities ● Implement a financial integration mechanisms ● Achieve LHS ML functionality and comply with HCPN and PCPN contracting ● Engage with the private sector for Public-Private-Partnership <p>Private sector</p> <ul style="list-style-type: none"> ● Invest in primary care facilities for accreditation by Philhealth and in health workers to be DOH certified primary care workers. ● Engage with the DOH for PPP on: <ul style="list-style-type: none"> ○ Health infrastructure development. ○ Telehealth or telemedicine. ● Deploy capital to develop private facilities. ● Implement a patient navigation system within the HCPN to enhance healthcare service delivery and accessibility. ● Undertake mapping of Konsulta accredited providers to optimize patient care pathways. 	<ul style="list-style-type: none"> ● Collaborates with government and Congress to enforce health policies and initiatives for inclusive health financing and comprehensive benefits <p>Technical Assistance and Capacity Building:</p> <ul style="list-style-type: none"> ● Offers support and technical assistance to local entities, focusing on adherence to health standards and enhancement of health services in high-disparity areas. <p>Stakeholder Engagement:</p> <ul style="list-style-type: none"> ● Advocates accreditation, fosters diverse partnerships for health investments, and prioritizes telehealth initiatives to reach underserved areas. <p>Monitoring and Evaluation:</p> <ul style="list-style-type: none"> ● Ensures adherence to standards and allocates resources effectively, emphasizing high-need areas and utilizing extensive assessments for health service inclusions. <p>PhilHealth</p> <p>Policy Development:</p> <ul style="list-style-type: none"> ● Formulates guidelines, advocates for innovative financing mechanisms, rationalizes financing schemes, emphasizing cost-sharing and benefits complementation. <p>Technical Assistance and Capacity Building</p> <ul style="list-style-type: none"> ● LGUs in registration to accredited providers and employs

Recommended Health Partner Activities	Priority DOH and Philhealth Activities
<ul style="list-style-type: none"> • Profile individuals to assess their specific healthcare needs and provide targeted services. <p>Other NGAs and the Congress</p> <ul style="list-style-type: none"> • [OP] Issue the EO on mandatory local health system integration • [DBM, COA, DOF] Issue enabling policies for the implementation of the special health fund • [Congress] Enact an RA on the PHFDP to enforce its implementation including the provision of necessary budgetary support • [NEDA and DOF] Negotiate for bilateral agreements in support of budgetary requirements to implement the PHFDP • [DBM] Allocate the needed budgetary cover to implement the PHFDP • [Congress] Appropriate the needed budgetary cover to implement the PHFDP • [DICT] Support the DOH digital health strategy through the provision of health information infrastructure in GIDA • [DBM] Allocate the needed budgetary cover to implement the digital health strategy and procurement and deployment of mobile clinics • [DBCC: DBM, DOF, NEDA, OP, BSP] approve the UHC Medium Term Expenditure Plan (MTEP) and allocates the annual budget in alignment with the plan • [DBM and DOF] Ensure funding sources for UHC implementation 	<p>methodologies for health service costing.</p> <p>Stakeholder Engagement:</p> <ul style="list-style-type: none"> • Facilitates accreditation of LGU-owned and privately-owned facilities and engages with economic managers and Congress to secure budgetary outlay for UHC. <p>Monitoring and Evaluation:</p> <ul style="list-style-type: none"> • Implements testing sites for live-testing financial reforms under UHC Act and oversees the contracting of UHC-IS HCPNs and PCPNs for individual-based services. <p>Others</p> <ul style="list-style-type: none"> • Manages premium collection, maximizes revenues through flexible investment of reserve funds, and adheres to UHC law in financial operations.

Recommended Health Partner Activities	Priority DOH and Philhealth Activities
<p>are available and sufficient: earmarked sin taxes, PCSO & PAGCOR revenues, premium contributions from direct contributors, premium subsidy from NG for indirect contributors, and General Appropriations Act (GAA)</p> <ul style="list-style-type: none"> • Congress appropriates the needed budgetary cover to implement the National Health Insurance Program PhilHealth members (Direct contributors) pay appropriate premiums • Congress to support the rationalization of various funds for individual-based services (MAIP, CAF for NICCA, Mental Health, etc.) <p>All Health Providers (LGU and Private)</p> <ul style="list-style-type: none"> • Providers adhere to co-payments and co-insurance arrangements among members, PhilHealth, HMOs, and PHI companies. • HMO/PHI companies support the complementation mechanism of covered health services of DOH and PhilHealth. • HMOs, life and non-life insurance comply with coinsurance schemes 	

ACTION AGENDA 2:

LIGTAS, DEKALIDAD, AT MAPAGKALINGANG SERBISYO **(Safe, high-quality, and people-centered services)**

Ensure the provision of high-quality, safe, and people-centered services, which include access to affordable medicines, across the lifestages.

The availability, accessibility, and affordability of quality, safe pharmaceuticals, technologies, and healthcare services are essential in a well-functioning health system. The Philippines has made progress in achieving global health targets under the Sustainable Development Goals (SDGs) and its predecessor, the Millennium Development Goals (MDGs). However, the health sector still faces significant challenges. A focus on equity means providing high-quality healthcare that is available and affordable for all people, regardless of their social disadvantages (Kruk et al., 2018).

This action agenda encompasses not only making essential medicines and treatments accessible and affordable for all segments of society but also focuses on providing people-centered care that considers the unique health needs of individuals. It highlights the need to ensure the delivery of comprehensive and integrated health, and nutrition services across all levels of care. Prioritizing comprehensive care and personalized treatment options aligned with the patient's needs and rational use can significantly improve overall health and well-being. Realizing this vision involves implementing measures to ensure the availability and affordability of essential commodities and adopting an agile regulatory framework to support healthcare providers in underserved areas. Streamlined regulatory processes can expedite the approval, accessibility and availability of innovative medical interventions, facilitating timely access to high-quality, safe, and people-centered services .

This agenda adapts to the changing and evolving needs of healthcare delivery, thereby fortifying the commitment to ensure a *ligtas, dekalidad at mapagkalingang serbisyo para sa lahat*.

Action Agenda 2: *Ligtas, Dekalidad at Mapagkalingang Serbisyo* (safe, high quality, and people-centered services) will be operationalized through the following three strategic interventions:

- 2.1. Ensure delivery of comprehensive and integrated health and nutrition services across all levels of care,
- 2.2. Implement mechanisms for commodity availability and affordability, and
- 2.3. Adopt an agile regulatory framework to support providers in underserved areas.

Strategic Intervention 2.1

Ensure delivery of comprehensive and integrated health and nutrition services across all levels of care

The commitment to provide comprehensive, high-quality health and nutrition services that are cost-effective and accessible to all necessitates a fundamental shift in our healthcare approach. This change will span the full spectrum of care, including health promotion, disease prevention, screening, diagnosis, treatment, rehabilitation, and palliative care, with particular emphasis on programs related to maternal care, immunization, tuberculosis (TB), HIV, and nutrition. It requires reorienting the healthcare system away from a traditional, hospital-focused, curative approach to a more holistic, primary care-oriented, and people-centered model.

Central to this transformation is the institutionalization of service delivery standards. These standards will not only guarantee consistency, effectiveness, and high quality in healthcare services but also provide a framework for ongoing evaluation and improvement of the healthcare delivery system.

The DOH introduced the Omnibus Health Guidelines (OHG) through DOH AO No. 2022-0018, a comprehensive policy framework designed to guide the entire life-course approach to healthcare service delivery. It covers different levels of care, various care settings, and the full gamut of healthcare services. The OHG aims to be the primary point of reference for developing guidance on self-care and household care for individuals and households, clinical care for healthcare providers, community-based care for local governments and primary care managers, care in workplaces, learning institutions and closed settings for settings-based managers, and national policies and incentives on quality health service delivery for NGAs. In addition, in the development of health entitlements and expansion of benefit packages, the OHG and quality-appraised clinical practice guidelines (CPGs) shall be taken into consideration. This translates to a healthcare landscape wherein individuals can effortlessly access the requisite care they need, be it preventive measures, diagnostic procedures, therapeutic interventions, or palliative support, without encountering unnecessary obstacles or fragmentation in the healthcare system.

Another key initiative is to mainstream the use of traditional and complementary medicines (TCM) within the health system. Recognizing the significance and efficacy of TCM, the Department is committed to incorporate these practices into mainstream healthcare, offering patients a diverse array of treatment options. By integrating TCM into our healthcare practices, we can offer a more comprehensive and holistic approach to care, resonating with the needs of the Filipino people.

In ensuring delivery of comprehensive and integrated health, and nutrition services across all levels of care, there is a need to:

1. Develop Standards of Care for integrated service delivery across life stages and all levels.
2. Comprehensive care at the appropriate level made available.
3. Ensure the people-centeredness and responsiveness of the health system.
4. Mainstream the use of Traditional and Complementary Medicines (TCM).

Strategic Intervention 2.2

Implementing mechanisms for commodity availability and affordability.

Securing the availability of healthcare supplies is important, particularly in a country characterized by diverse geography and infrastructure limitations that may hinder access to essential medical resources. Efficient supply chain and logistics management are essential in addressing these challenges and ensuring a continuous flow of healthcare supplies to those who need them.

From 2015 to 2017, the mean value of procured medicines and vaccines amounted to eight billion pesos, equivalent to nearly half (48 percent) of the total Annual Procurement Plan (APP) of the DOH. Given the substantial investment in medicines and vaccines, it becomes imperative to establish an efficient procurement and supply chain management system (DOH, 2018).

Efforts to improve the system were noted during the assessment of the NOH 2017-2022. Initiatives included expanding the DOH Central Office Bids and Awards Committee (COBAC), requesting additional procurement management officer positions from the Department of Budget and Management (DBM), and transforming the Logistics Management Division into the Supply Chain Management Service (SCMS) in 2019. Furthermore, it has also identified its capacity building and technical assistance roadmap for the CHDs which includes the orientation and implementation of the Warehouse Operations Manual and the Electronic Logistics Management Information System (eLMIS). Moreover, training initiatives on the essentials of supply chain, warehousing management, and cold chain management for select Universal Health Care Implementing Units (UHC IUs) have been instituted.

To further ensure availability and affordability of health commodities, there is a need to:

1. Enhancing Pharmaceutical Supply Chain Efficiency and E-Procurement in Support of National Health Programs.
2. Implement mechanisms for self-sufficiency on drugs and medicines.

Strategic Intervention 2.3

Adopting an Agile Regulatory Framework to Support Providers in Underserved Areas

Risk encompasses the likelihood and potential severity of harm. The level and complexity of regulation towards products or interventions are based on their risk to the health and well-being of a (sub)population, with higher-risk items facing stricter regulation (OECD, 2021). Governments use regulations to guide healthcare behaviors, promote well-being, and ensure economic sustainability. However, inadequate regulation can detrimentally affect businesses, erode confidence, and enable corruption. To strike a balance between safeguarding public health and fostering innovation, it is essential to adopt an agile and risk-based regulatory approach.

An agile regulatory framework involves actively scanning the horizon for new developments and considering their policy and ethical implications. Anticipating potential risks and drawing out the implications, regulatory offices can proactively address emerging challenges. This approach allows for regulations to align proportionately with associated risks, ensuring that measures are targeted towards factors that may cause harm.

The adoption of a risk-based regulatory approach focuses on identifying and addressing activities, technologies, or interventions posing the highest risk to public well-being. It also aims to reduce burdens for lower-risk sectors and firms, creating a level playing field and promoting resource efficiency for regulating entities. It will also entail a paradigm shift from the traditional command-and-control model to promoting meaningful compliance. Meaningful compliance means that following the rules helps achieve regulatory objectives. This can be achieved by regularly incorporating behavioral insights into the regulatory process (OECD, 2021)

Risk assessment is the starting point, allowing for less stringent regulatory measures for lower-risk services or facilities. These may include shorter application times, simpler procedures, pre-approved applications, and other flexible schemes for applicants or select products, technologies, or services.

To address the challenges faced by healthcare providers in underserved areas, it is important to strengthen facilitated regulatory pathways and adherence to the RA No. 11032 also known as the Ease of Doing Business Act. These pathways simplify and expedite the regulatory process, reducing administrative burdens for healthcare providers and creating a business-friendly environment that encourages investment and innovation in the healthcare sector. For instance, AO No. 2021-0029, the *Guidelines on the Prioritization of Processing of Application for DOH Authorizations of Health Facilities Located in GIDAs in the Philippines*, exemplifies risk-based regulation by eliminating processing fees, extending permit validity for construction, and granting automatic licenses in case of inspection difficulties, whether physical or virtual.

Similarly, in 2020, the DOH issued AO No. 2020-0045, *Establishing Facilitated Regulatory Pathways for Drug Products, including Vaccines and Biologicals*, to institutionalize good reliance practice, leading to a more efficient regulatory mechanism and improved access to drugs. Further, *FDA Circular 2022-004 or the Implementing Guidelines on the Abridged and Verification Review Pathways for New Drug Registration Applications* streamlined and accelerated the registration process for drug products by leveraging regulatory assessments made by benchmark reference drug regulatory agencies.

In summary, adopting an Agile Regulatory Framework to support providers in underserved areas entails the following specific action:

1. Anticipate future risks and challenges through proactive horizon scanning;
2. Develop and adopt an agile and risk-based approach in regulation;
3. Strengthen Facilitated Regulatory Pathways and Adherence to RA 11032 or the Ease of Doing Business Act; and
4. Enhance Health Technology Assessment.

ACTION AGENDA 2: LIGTAS, DEKALIDAD, AT MAPAGKALINGANG SERBISYO

Ensure the provision of high-quality, safe, and people-centered services, which include access to affordable medicines, across the lifestages.

INDICATORS:

Percent of ambulatory (primary) care facilities, schools, and workplaces delivering integrated and comprehensive primary care services

Baseline: TBD

2028 Target: 100%

Percent of provinces with adequate bed-to-population ratios

Baseline: 27% (2022)

2028 Target: 60%

Percent of functional designated specialty centers established

Baseline: 74% (2022)

2028 Target: 100%

Proportion of fully immunized children

Baseline: 72% (2022)

2028 Target: 95%

Percent of women aged 15-49 who received antenatal care from skilled health personnel for the most recent birth

Baseline: 86% (2022)

2028 Target: 92.7%

Tuberculosis Case Notification Rate, All forms

Baseline: 382 (2022)

2028 Target: 523

Percent of PLHIV on Antiretroviral Treatment (ART)

Baseline: 62% (2022)

2028 Target: 95%

Median consumer price ratio of selected essential medicines in drug retail outlets

Baseline: 3.22 (2022)

2028 Target: <4x the International Reference

Recommended Health Partner Activities	Priority DOH Activities
<p>DOST:</p> <ul style="list-style-type: none"> Collaborate with DOH to enhance HTAC and strengthen the HTA Research Network. Provide support in establishing the HTA Research Network with universities, enhancing assessment production, and training programs. 	<p>Policy Development:</p> <ul style="list-style-type: none"> Adopt agile, risk-based regulation in adherence to RA 11032. Formulate strategies for healthcare delivery in GIDAs to meet community needs.

Recommended Health Partner Activities	Priority DOH Activities
<p>Healthcare Providers:</p> <ul style="list-style-type: none"> • Enhance readiness to implement and optimize telemedicine services. • Adopt standardized practices and protocols for telemedicine. • Engage in training and capacity-building initiatives to leverage telemedicine services effectively. <p>LGUs and Private Sector:</p> <ul style="list-style-type: none"> • Collaborate to identify and address community healthcare needs. • Develop and implement initiatives to support health facilities in underserved areas, focusing on service delivery and capacity-building. • Engage with community engagement initiatives to support healthcare providers in underserved areas 	<ul style="list-style-type: none"> • Proactively identify and assess future risks and challenges to inform policy. <p>Technical Assistance and Capacity Building</p> <ul style="list-style-type: none"> • Innovate and partner to strengthen health systems in underserved areas. • Utilize HTA as a regulatory pathway and to draft staffing proposals for DBM. • Collaborate with DOST to enhance HTAC and form the HTA Research Network with universities. <p>Stakeholder Engagement:</p> <ul style="list-style-type: none"> • Facilitate collaboration with LGUs and private sector for integrated community-based health strategies. • Enhance health facilities' responsiveness through multi-sectoral collaboration. <p>Monitoring and Evaluation:</p> <ul style="list-style-type: none"> • Monitor adherence and assess impacts of facilitated regulatory pathways. • Evaluate and adjust strategies for healthcare delivery in GIDAs as needed.

Action Agenda 3:

TEKNOLOHIYA PARA SA MABILIS NA SERBISYONG

PANGKALUSUGAN

(Technology for efficient health service delivery)

Leverage digital health and technology for efficient and accessible health service delivery.

The health sector in the Philippines faces a multitude of challenges in delivering effective and equitable healthcare services. These challenges have their roots in a complex interplay of socio-economic, infrastructural, and regulatory factors. One significant issue is the fragmentation of digital health solutions within the sector. While there are numerous digital health solutions available, the lack of interoperability and integration between these systems leads to redundancy and inefficiency in data collection.

To help address these challenges, the sector will have to leverage digital health and technology to make health services more efficient and accessible. The use of digital health technologies, such as electronic medical records (EMRs), telemedicine platforms, and mobile applications, can help improve the quality of care, reduce costs, and increase access to health services. The widespread adoption of health data standards is crucial to enable the interoperability of health information systems and facilitate the exchange of health data across different healthcare providers (DOH, 2013). The action agenda *Teknolohiya para sa mabilis na serbisyong pangkalusugan* aims to strengthen health systems by employing digital health technologies for health professionals, healthcare providers, and industry towards empowering patients realizing the vision of health for all (WHO, 2021).

The WHO defined digital health as the field of knowledge and practice associated with the development and use of digital technologies to improve health (WHO, 2021). Accurate and up-to-date health information holds the utmost importance in facilitating evidence-based decision-making. However, data collection, analysis, and reporting systems remain underdeveloped in many parts of the country (DOH, 2017).

The Philippines has invested considerably in digital health with 88 percent of its public primary care facilities using electronic medical records (EMRs). However, according to the PHFDP, 59 percent of private primary care facilities remain without EMRs. Sixty-three out of seventy DOH-retained hospitals are implementing telemedicine, but data from private health providers are not yet included in the report. Despite enabling laws, only 6 percent of health facilities are connected to the Internet. Data in 2023 suggests that the country's overall digital health phase has improved over time at rank 4 in the Global Digital Health Monitor. The country ranks 59 in the Global Innovation Index which describes its fastest innovation catch-up across other middle-income

countries. The index emphasizes the need for the Philippines to sustain innovation efforts over time.

Action Agenda 3: *Teknolohiya para sa mabilis na serbisyong pangkalusugan* (technology for efficient health service delivery) will be operationalized through the following four strategic interventions:

- 3.1. Increase efficiency and productivity and productivity in service delivery by harnessing digital health technologies
- 3.2. Streamlining administrative processes and data management in the DOH and the health sector through digital transformation
- 3.3. Improving benefit payment processing through leveraging data services and innovative technologies.
- 3.4. Engaging the private sector in digitalization initiatives in health

Strategic Intervention 3.1.

Increase efficiency and productivity and productivity in service delivery by harnessing digital health technologies

In today's fast-paced world, efficiency and productivity are crucial in service delivery, particularly in the health sector. However, the Philippines faces unique challenges due to its archipelagic nature and varying levels of technological infrastructure and connectivity across regions. In addition, there exists a lack of appreciation for health data standardization, hindering seamless integration and the effective use of data for decision-making. To address these, it is essential to develop a comprehensive national strategy on digital health through an all-inclusive multi-stakeholder approach.

In 2013, the DOH released the AO No. 2013-0025 or the *National Implementation of Health Data Standards for eHealth Standardization and Interoperability*, an important policy to standardize health data for national reporting and exchange. This policy emphasized the importance of common data formats to ensure interoperability and meaningful data exchange. With the enactment of the UHC Act in 2019, it becomes even more critical to connect digital health interventions in healthcare providers through a health data standard.

However, integrating health information systems is a complex process, further complicated by the cultural and administrative diversity among healthcare institutions. A study conducted by the Philippine Institute for Development Studies in 2020 highlighted the intricate interplay of regulations, protocols, and workflows that differ among various healthcare providers. Harmonizing these disparities to enable a standardized data-sharing framework demands substantial effort and collaboration. Achieving this requires significant effort and collaboration, not only in terms of technological investments but also in meticulous policy implementation and stakeholder engagement.

In navigating these challenges, the Philippines has the opportunity to draw insights from successful integration models in other countries. For example, Estonia's unified electronic health record system overcame similar hurdles through a combination of robust technological infrastructure and comprehensive policy orchestration (Evans, 2016). By learning from such models, the country can develop tailored solutions that fit its unique context.

Improving digital health infrastructure and promoting data-driven decision-making are vital for timely monitoring of patient records, medical histories, and treatment results. This enables healthcare providers to make informed decisions and improve the quality of care. Furthermore, integrating telemedicine as a standard in healthcare delivery can connect patients and healthcare professionals, particularly in underserved areas.

As digital health technologies are adopted, it is essential to ensure cybersecurity and data privacy. With the growing dependence on digital systems in healthcare, safeguarding patient information from cyber threats is of utmost importance. Implementing strong cybersecurity measures and enforcing stringent data privacy regulations are necessary to instill trust and protect sensitive healthcare data.

Moreover, as service delivery progresses with digital health, it is also necessary for processing of claims to keep pace with these advancements. Improving payment claims will streamline the financial aspects of healthcare delivery. By leveraging digital health technologies, healthcare providers can automate and expedite the claims process, reducing administrative burdens and enhancing overall efficiency.

To summarize, to increase efficiency and productivity in service delivery by harnessing digital health technologies, the following specific actions need to be delivered:

1. Develop a comprehensive national strategy on digital health through an all-inclusive multi-stakeholder approach;
2. Enhance digital health infrastructure and data-driven decision-making;
3. Embed telemedicine as a standard in healthcare delivery;
4. Prioritize cybersecurity and data privacy; and
5. Improve claims payment processing.

Strategic Intervention 3.2.

Streamline administrative processes and data management in the DOH and the health sector through digital transformation.

The current challenges in healthcare administration call for a shift away from traditional bureaucratic methods toward a more streamlined, digital-first approach. A key aspect of this transformation involves the development of a Digital Administrative Workflow Platform. By digitizing administrative processes DOH can benefit from streamlined workflows, real-time tracking of task progress, and reduced reliance on physical documents. These changes will lead to a more efficient approval process, faster inter-departmental communication, and significant cost savings. Additionally, improved digital processes also promote transparency, enabling systematic audits and performance assessments, thereby facilitating continuous improvements.

Furthermore, within the field of data management, the value of an integrated digital repository becomes evident. Dealing with extensive non-clinical data, ranging from budget allocations to PAPs and research reports, requires a system that provides easy access while preserving data integrity. To achieve this, the integration of a Centralized Data Management System (DMS) is essential. Such a system will effectively organize diverse datasets, enabling department officials and health partners to access and analyze crucial information without the need to navigate disjointed databases. Moreover, the inclusion of integrated analytics tools within the DMS will offer valuable insights, trends, and projections. This will empower the DOH and the sector to develop proactive strategies and make well-informed policy decisions.

In brief, streamlining administrative processes and data management in the DOH and the health sector through digital transformation entails the following specific actions:

1. Develop a Digital Administrative Workflow Platform; and
2. Integrate a Centralized Data Management System (DMS).

Strategic Intervention 3.3

Improve benefit payment schemes through leveraging data services and innovative technologies

In the Philippine healthcare system, there is an urgent requirement to improve benefit payment processes through the use of technology and data services. Significant challenges, including the fragmented EMR systems, underline the importance of integrating with the NHDS. Collaborative efforts with organizations like PhilHealth are essential to create a standardized EMR framework. The goal is to achieve efficient and transparent claim processing, supported by reliable medical data.

In addition to streamlining claims management, there is a strong emphasis on utilizing advanced data analytics and reporting tools. These tools, coupled with predictive

capabilities, will enable better prediction, processing, and handling of claims. Introducing a standardized digital health data protocol will ensure the seamless integration of diverse health records, reducing discrepancies and expediting claim processing. This strategy, grounded in technological advancements and data-driven approaches, aims to establish a robust and efficient benefit payment system.

Enhancing the payment claims process through a unified EMR framework is a crucial step towards improving the overall efficiency of benefit payment schemes. By integrating fragmented EMR systems with the NHDS, healthcare providers can access a comprehensive and standardized medical record for each patient. This integration will facilitate streamlined claim processing, reducing the administrative burden and improving the accuracy of payment claims.

To strengthen data analytics and reporting for benefit claims, it is important to leverage advanced tools and techniques. Utilizing data analytics can help identify patterns and trends, enabling more accurate predictions of claim outcomes. By harnessing predictive capabilities, insurers can proactively manage claims, ensuring timely and accurate payments. Furthermore, implementing robust reporting mechanisms will provide stakeholders with valuable insights into the claims process, enabling informed decision-making and continuous improvement.

Setting a uniform standard for digital health data in benefit claims is essential for seamless integration and efficient processing. The introduction of a standardized digital health data protocol will enable different healthcare systems and providers to exchange information seamlessly. This will minimize discrepancies and errors in claim processing, leading to faster and more accurate benefit payments. By setting a uniform standard, the health sector can ensure interoperability and compatibility, fostering a more efficient and transparent benefit payment system.

In conclusion, improving benefit payment schemes in the healthcare system requires leveraging data services and innovative technologies that will include the following specific actions:

1. Enhance Payment Claims Process through a Unified Electronic Medical Record Framework;
2. Bolster Data Analytics and Reporting for Benefit Claims; and
3. Set a Uniform Standard for Digital Health Data in Benefit Claims.

Strategic Intervention 3.4.

Engage the private sector in digitalization initiatives in health

This strategic intervention underscores the significance of fostering collaboration between public health institutions and the private sector to expedite the digitalization of health facilities in the Philippines. The objective is to harness the private sector's infrastructure and technological expertise while aligning with public health goals. A key approach is the establishment of a tailored Public-Private Partnership (PPP) Framework for digital health, which will provide clarity on roles, create incentives, and facilitate knowledge transfer.

Additionally, to attract private investments in health technology infrastructure, fiscal incentives and institutional recognition may be offered. This approach positions digital health transformation as both an operational imperative and a noteworthy opportunity for Corporate Social Responsibility (CSR) of the private sector. These collective efforts aim to drive a comprehensive digital transformation of the country's health facilities, combining innovative solutions with efficient healthcare delivery.

In summary, to encourage the private sector to engage in digitalization initiatives in health, the following specific actions are proposed:

1. Establish a Public-Private Partnership (PPP) Framework for Digital Health Initiatives; and
2. Incentivize Private Sector Investment in Health Technology Infrastructure

ACTION AGENDA 3: TEKNOLOHIYA PARA SA MABILIS NA SERBISYO

Indicators:

Percent of health facilities utilizing interoperable electronic medical records for digitalized service delivery

Baseline: TBD

2028 Target: 100%

Recommended Health Partner Activities	Priority DOH Activities
<p>DICT:</p> <ul style="list-style-type: none"> Support the DOH through the provision of health information infrastructure <p>Private Sector:</p> <ul style="list-style-type: none"> Collaborate on PPP initiatives for digital health; offer tech solutions and innovations; actively participate in Digital Health Summits and similar events to showcase solutions and gather feedback Offer advanced analytics tools and services; collaborate with both national agencies and LGUs on data-driven projects; provide predictive modeling for healthcare trends <p>Healthcare Providers:</p> <ul style="list-style-type: none"> Provide technological solutions for EMR integration; collaborate with the government on tailoring solutions to Philippine context; ensure private health entities are compliant with EMR standards. <p>LGUs</p> <ul style="list-style-type: none"> Manage local healthcare data repositories; ensure LGU health units are compliant with national standards; facilitate community-level patient data recording. Monitor and report local health trends to the DOH; ensure community health initiatives are 	<p>DOH</p> <p>Policy Development:</p> <ul style="list-style-type: none"> Develop comprehensive telemedicine guidelines that cover clinical, ethical, legal, technical, and operational aspects. Finalize and implement the revisions of the Health Privacy Code (HPC) to align with international standards. Develop and enforce accreditation and licensing standards for healthcare providers offering telemedicine and digital health solutions. <p>Technical Assistance and Capacity Building:</p> <ul style="list-style-type: none"> Spearhead the deployment and integration of a centralized Data Management System (DMS) and Digital Administrative Workflow Platform. Provide extensive training sessions to ensure the seamless adoption of new digital solutions across various departments. Offer technical assistance to healthcare providers for the integration of EMRs with the NHDS.

Recommended Health Partner Activities	Priority DOH Activities
data-driven	<p>Policy Development:</p> <ul style="list-style-type: none"> ● Develop and enforce clear and transparent policies for the standardization of benefit claim processes and payment schemes. ● Collaborate with DOH in formulating policies that support the integration of EMRs with NHDS. ● Formulate policies to integrate advanced data analytics in claims processing and fraud detection. <p>Technical Assistance and Capacity Building:</p> <ul style="list-style-type: none"> ● Provide technical support to healthcare providers in aligning their EMR systems with the standardized framework. ● Conduct training and workshops for internal staff and external partners on the new digital protocols and standards for claims processing. ● Offer guidance and support in utilizing advanced analytics tools for claims management. <p>Stakeholder Engagement:</p> <ul style="list-style-type: none"> ● Engage with healthcare providers, government agencies, and private entities to foster collaboration in the digitalization of healthcare processes. ● Promote dialogue between stakeholders to address concerns and gather inputs for the improvement of digital health initiatives. ● Actively participate in Public-Private Partnership (PPP)

Recommended Health Partner Activities	Priority DOH Activities
	<p>initiatives to harness innovation and technological advancements in healthcare delivery.</p> <p>Monitoring and Evaluation</p> <ul style="list-style-type: none"> ● Regularly monitor and evaluate the implementation and efficacy of new digital health protocols and data analytics tools in claims processing. ● Assess the compliance of healthcare providers with the standardized digital health data protocols. ● Evaluate the outcomes of the collaborations and partnerships in terms of improved service delivery and stakeholder satisfaction.

PARA SA BAWAT KOMUNIDAD

In every society, the well-being of its communities is of utmost importance. To achieve this, it is vital to empower the communities, schools and workplaces, and address the determinants of health through comprehensive strategies. However, this requires a whole-of-nation, whole-of-government effort. It necessitates collaboration among community leaders, healthcare professionals, policymakers, and other stakeholders. By working together, these stakeholders can align their efforts, share resources, and implement comprehensive strategies that address the diverse needs of each community. By focusing on health promotion, preparing for crises, and fostering mental health and well-being, communities can take charge of their well-being and create a resilient and supportive environment. ensure that each community thrives even in the face of challenges.

All of these are to be operationalized under the following three Action Agendas, namely:

- Action Agenda 4: Handa sa Krisis (ready for health crises and emergencies)
- Action Agenda 5: Pag-iwas sa sakit (disease prevention and health promotion)
- Action Agenda 6: Ginhawa ng isip at damdamin (mental health and overall well-being)

Action Agenda 4:

HANDA SA KRISIS

(Ready for health crises and emergencies)

Ensure a responsive and resilient health system and communities that can effectively prevent, prepare for, respond to, and recover from public health emergencies and crises.

The Philippines, situated in the Pacific Ring of Fire and within the typhoon belt, is acutely vulnerable to a range of natural disasters, a situation exacerbated by the impacts of climate change. The country endures an average of 20 typhoons annually, with about 8 to 9 making significant landfall, often resulting in extensive damage and loss of life. This heightened vulnerability is reflected in the World Risk Report 2022, where the Philippines tops the disaster risk index with a score of 46.81 (Bündnis Entwicklung Hilft, 2022).

Typhoons, or tropical cyclones, pose a significant threat due to their destructive capability, which is intensified by climate change. These storms, fueled by the country's warm ocean waters and geographical location, bring devastating winds, heavy rainfall, storm surges, and flash floods, leading to widespread destruction. The Philippines is also prone to earthquakes, a risk inherent to its position along the Pacific Ring of Fire. Situated on the boundary of the Philippine Sea Plate and the Eurasian Plate, the country is susceptible to seismic activities. Additionally, volcanic eruptions present a significant hazard. Home to several active volcanoes like Mount Mayon and Mount Pinatubo, the Philippines faces risks of sudden eruptions, which can release ash clouds, pyroclastic flows, and lahars, posing consequences for nearby communities.

These natural disasters, compounded by the effects of climate change, represent ongoing public health emergencies, necessitating a robust response mechanism. Preparing for these events involves comprehensive planning, investing in resilient infrastructure, allocating adequate resources, and implementing effective policies focused on public health and safety. It is crucial to engage experts from various fields, to develop informed and comprehensive strategies. Effective communication and collaboration among all stakeholders are essential to coordinate and enhance the efficacy of responses to future disasters. Building green and safe health facilities and advancing mass casualty management capabilities are imperative to reduce mortality and morbidity, and to ensure the continuous delivery of health and nutrition services in the face of these amplified challenges.

Action Agenda 4: *Handa sa krisis* (ready for health crises and emergencies) will be operationalized through the following two strategic interventions:

- 4.1. Strengthening the climate resilience and environmental sustainability of health care facilities,
- 4.2. Advancing capability to manage large-scale health emergencies

Strategic Intervention 4.1

Strengthen the climate resilience and environmental sustainability of health care facilities

Climate change presents significant challenges for the healthcare sector in the Philippines, with extreme weather, rising temperatures, and sea-level rise posing threats to public health and healthcare facilities. This leads to direct dangers and secondary hazards like landslides, floods, and droughts. The country's vulnerability to landslides due to heavy rainfall and deforestation, coupled with the flood risks in low-lying coastal areas, intensifies these challenges. Droughts also aggravate the situation, leading to water shortages and agricultural disruptions, which in turn impact livelihoods. Many health facilities, particularly in remote areas, grapple with inadequate power and infrastructure (DOH, 2020h), and hospitals, as significant energy consumers, substantially contribute to the nation's carbon footprint (DOH, 2023b).

Moreover, the Philippine healthcare system also contributes to climate change. Pre-pandemic, it emitted about 5 million metric tons of CO₂, placing it 36th in emissions among 68 nations (San Pascual, 2021). Predominantly, these emissions stem from fossil fuel combustion in hospital operations, healthcare-related transport, and the manufacturing and distribution of medical supplies, comprising 84% of the total. This situation underscores the urgent need for environmental improvements in the sector.

These issues not only risk healthcare services and patient safety but also escalate healthcare costs. Addressing these challenges requires investment in climate-resilient infrastructure, aligning with the Philippines' Nationally Determined Contribution (NDC) to the United Nations Framework Convention on Climate Change (UNFCCC, 2021). The NDC commits to adaptation measures in various sectors, including health, aiming for sustainable, low carbon, and climate-resilient development. A crucial aspect is establishing green health facilities, which are both climate-resilient and environmentally sustainable. This involves efficient water and energy use and managing biological, chemical, and radiological hazards (WHO, 2020b).

To combat these issues, the 2023 General Appropriations Act includes a special provision for promoting green, safe, and climate-resilient health facilities. It requires the DOH to enhance energy and water efficiency, conservation, and sustainable waste management. Sustainable cooling systems and eco-friendly practices will help reduce health facilities' environmental impact and bolster their climate resilience.

To strengthen the climate resilience and environmental sustainability of health care facilities, the following specific actions are necessary:

1. Promote moving towards green and safe health facilities.

2. Enforce implementation of hospital safety measures that are resilient to climate and disaster impacts.

Strategic Intervention 4.2

Advance capability to manage large-scale health emergencies

The Philippines is one of the world's most disaster-prone countries. Situated along the Pacific Ring of Fire, the country is prone to earthquakes, volcanic eruptions, and tsunamis. It is also located within the typhoon belt, making it susceptible to powerful storms and heavy rainfall (ACAPS, 2014). These factors, combined with the country's dense population and inadequate infrastructure in some areas, contribute to the significant risks faced by the Philippines often leading to numerous casualties during mass emergencies.

The Philippines experiences varying degrees of intensity and impact. These typhoons often result in widespread flooding, landslides, and infrastructure damage. The country's numerous rivers and steep mountain slopes increase the risk of flash floods and landslides, particularly in deforested areas where soil erosion is more prevalent. One of the most devastating typhoons in recent history was Typhoon Haiyan, known as Yolanda in the Philippines, which struck the country in November 2013. It was one of the strongest typhoons ever recorded, with wind speeds reaching up to 195 miles per hour (315 km/h). The storm caused widespread destruction, claiming the lives of over 6,000 people and affecting millions more. The aftermath of Typhoon Haiyan highlighted the urgent need for improved disaster preparedness and response capabilities in the Philippines.

The country is also home to numerous active volcanoes, including Mount Mayon, Mount Pinatubo, and Taal Volcano. These volcanic eruptions can release ash clouds, pyroclastic flows, and lahars (mudflows), which pose risks to nearby communities and can cause widespread damage to infrastructure, agriculture, and livelihoods.

The Philippines' vulnerability to natural disasters has highlighted the urgent need for improved disaster preparedness and response capabilities, especially in managing large-scale health emergencies. The devastating impact of events like Typhoon Haiyan emphasized the importance of a comprehensive and efficient disaster management system.

During these incidents of disasters and other large-scale emergencies, enhancing the coping capacity is of utmost importance in order to prevent local management agencies and the healthcare system from becoming overwhelmed.

In ensuring there will be an adequate workforce, a legislative initiative of establishing the Health Emergency Auxiliary Reinforcement Team (HEART) was introduced. This program aims to expand the country's human resources for health (HRH) during disasters, public health emergencies, and other health threats at both national and

local levels. HEART contributes to a more comprehensive and efficient disaster management system by increasing the availability of trained healthcare professionals,

An additional approach entails the promotion of hospital establishment within military camps, offering a strategic advantage for healthcare services, particularly in remote regions with its strategic locations. Leveraging the military's expertise in disaster preparedness and planning, this initiative proves beneficial in assisting communities to create and execute effective response plans for diverse public health emergencies.

To ensure a coordinated and integrated approach, mechanisms for an action plan focused on field management and providing medical aid during disasters have been strengthened. This includes improved coordination among government agencies, humanitarian organizations, and local communities. By working together, these stakeholders can effectively respond to emergencies and mitigate their impact on the population.

Furthermore, sustainable and safe management of water, sanitation, and healthcare waste services has been prioritized during public health emergencies. Adequate provision of these essential services is important for maintaining public health and preventing the spread of diseases in disaster-affected areas.

Recognizing the value of international collaboration, the Philippines actively engages in knowledge-sharing and learning from the experiences of other countries in managing mass casualty incidents. For instance, the Philippines was introduced to the EMT initiative of the WHO during the Typhoon Haiyan. The initiative's mission is to enhance the surge capacity of countries through promotion of rapid mobilization and efficient coordination of both national and international medical teams and the health-care workforce to reduce loss of life and prevent long-term disability caused by disasters, outbreaks and other emergencies.

Lastly, disaster risk reduction and management for health must be strengthened for all LGUs. This ensures that LGUs across the country have the necessary resources, training, and plans in place to effectively respond to health-related disasters. By empowering local authorities, communities can better withstand and recover from emergencies.

In summary, advancing capabilities in managing large-scale health emergencies includes the following specific actions:

1. Establishment of the Health Emergency Auxiliary Reinforcement Team;
2. Promote the establishment of hospitals in the military camps;
3. Strengthened mechanisms for an integrated and comprehensive action plan for field management and providing medical aid during disasters;
4. Ensuring sustainable and safe management of water, sanitation, and health care waste services during public health emergencies;

5. Engage in international collaboration and knowledge-sharing to learn from the experiences of other countries in managing mass casualty incidents; and
6. Strengthen Disaster Risk Reduction and Management for Health for all Local Government Units

ACTION AGENDA 4: HANDA SA KRISIS

Ensure a responsive and resilient health system and communities that can effectively prevent, prepare for, respond to and recover from public health emergencies and crises.

INDICATORS:

Percent of hospitals recognized as safe, green, and climate resilient

Baseline: 7% (2022)

2028 Target: 50%

Percent of LGUs with evident DRRM-H system for public health emergencies

Baseline: 0% (2022)

2028 Target: 100%

Recommended Health Partner Activities	Priority DOH Activities
<p>LGUs</p> <ul style="list-style-type: none"> • Allocate necessary resources for the greening and climate-change proofing of its health facilities. • Allocate necessary resources for the procurement and maintenance of capital assets based on the hospital development plans and local investment plans for health. • Enforce all existing national and local codes and safety measures. <p>Other NGAs and the Congress</p> <ul style="list-style-type: none"> • [DBM] Continue the inclusion of GAA general provision on the greening and climate-change proofing of health facilities. To shift from advice to directive with the commensurate budgetary outlay • [DND] Support establishment of health care facilities in military camps. Oversee the operations and maintenance once established. • [DND] Monitor and evaluate the 	<p>Policy Development</p> <ul style="list-style-type: none"> • Develop plans, policies, guidelines, protocols, and standards on Hospitals Safe from Disasters (structural and non-structural components) and ensure they are disseminated and adhered to. • Serve as the lead in ensuring the structural and non-structural safety of hospitals and other healthcare facilities. (This involves policy-making regarding structural and non-structural safety). • Ensure that risk assessment and management are integrated into the planning and development of all existing and new hospitals and other healthcare facilities. <p>Technical Assistance and Capacity Building</p> <ul style="list-style-type: none"> • Provide technical assistance to CHDs, LGUs and other stakeholders to ensure the safety of hospitals, capacity building for DRRM-H system, and implementation of the establishment of health facilities

Recommended Health Partner Activities	Priority DOH Activities
<p>implementation and administration of health facilities in military camps.</p>	<p>in military camps.</p> <ul style="list-style-type: none"> • Provide a financial mechanism for DOH-retained hospitals to support the greening of health facilities. <p>Stakeholder Engagement</p> <ul style="list-style-type: none"> • Engage with the private sector for public-private partnerships (PPP) to collaborate on implementing policies, improving healthcare facilities, and enhancing standards

Action Agenda 5:

PAG-IWAS SA SAKIT

(Disease prevention and health promotion)

Address determinants of health and improve healthy behaviors through the promotion of health-enabling settings, implementation of healthy public policies, and enhancement of health literacy.

The international community has repeatedly collaborated to advance the agenda for health promotion. The Ottawa Charter (WHO, 1986), the Bangkok Charter for Health Promotion in a Globalized World (WHO, 2005), and the Shanghai Declaration on Health Promotion (WHO, 2016) all recognize health and well-being as essential to sustainable development. It reaffirms that health is a universal right, a necessary resource for everyday living, a shared social objective, and a political priority for all countries.

The Shanghai Declaration in particular advocates the importance of health literacy to empower individual citizens and enable their engagement in collective health promotion action; the development of healthy cities that are inclusive, safe, and resilient; and improved governance for health at all levels. According to the WHO (2016), improving health literacy in populations enables citizens to take an active role in improving their health, engage in community action for health successfully, and pressure governments to fulfill their health and health equity responsibilities. Addressing the health literacy needs of the most disadvantaged and marginalized societies will particularly accelerate progress in reducing inequities in health and beyond. Efforts to raise health literacy will be crucial in fully realizing the social, economic, and environmental ambitions of the 2030 Agenda for Sustainable Development (UN, 2015).

Under the UHC Act and its IRR, the DOH is mandated to strengthen national efforts in providing a comprehensive and coordinated approach to health development, emphasizing scaling up health promotion and preventive care. This guarantees every Filipino access to information that builds on personal skills and opportunities to engage in strengthening community action and thereby enable them to participate in the creation of supportive environments.

Action Agenda 5: *Pag-iwas sa sakit* (disease prevention and health promotion) will be operationalized through the following two strategic interventions:

- 5.1. Enabling adoption of healthy behaviors of the seven priority areas of the Health Promotion Framework Strategy,
- 5.2. Strengthening intersectoral action and health promotion governance at all levels

Strategic Intervention 5.1

Enable adoption of healthy behaviors of the seven priority areas of the Health Promotion Framework Strategy

The Administrative Order (AO) 2021-0063, Health Promotion Framework Strategy (HPFS) 2030, describes a comprehensive and coordinated approach to health promotion (DOH, 2021a). It sets the overall direction and strategies for health promotion toward achieving the goal of ensuring that (1) all Filipinos are health literate; (2) settings are health-enabling; and (3) public policies are supportive and protective of health. The HPFS 2030 (DOH, 2021a) emphasizes that all health promotion policies, programs, and activities will focus on the following priority areas, and be implemented using life-stage and settings-based approaches:

a. Diet and Physical Activity

Under this priority area, improving nutrition through healthy diets and increasing physical activity will be focused on reducing all forms of malnutrition and preventing non-communicable diseases (NCDs).

Despite efforts to deliver essential nutritional interventions, the country has shown limited progress in maternal, infant, and young child nutrition. According to the Global Nutrition Report (Development Initiatives, 2022a) the Philippines showed slow progress in achieving targets for reducing low birth weight incidence, which stood at 20.1 percent. Meanwhile, the country is on course to meet the exclusive breastfeeding target for infants aged 0-5 months, currently at 54.9 percent. However, the Philippines still faces a double burden of malnutrition in children, with 28.8 percent of children under five years old suffering from stunting, 5.8 percent from wasting, and an increasing prevalence of overweight at 2.9 percent.

Adolescent malnutrition in the Philippines is a serious issue, characterized by high rates of both undernutrition and obesity. In 2019, about a third of Filipino adolescents (10-19 years old) were stunted, and 12 percent were overweight or obese, with an upward trend since 2003. Globally, the proportion of overweight children (5-19 years old) increased from 1 in 10 to almost 1 in 5 between 2000 and 2016 (Development Initiatives, 2022a).

A high prevalence of insufficient physical activity exists among male and female adolescents, as well as rural and urban adolescents. From the 2022 Philippine Report Card on Physical Activity for Children and Adolescents (Cagas et.al., 2022), the vast majority of Filipino adolescents do not meet global physical activity recommendations, unchanged since 2003. However, the gender disparity remains notable, with more females being insufficiently active than males. These findings underscore the need for local authorities and stakeholders to create more physical activity opportunities for all Filipino children and adolescents, particularly females.

Among adults, the country's obesity prevalence is slightly lower than the regional average of 10.3 percent for women and 7.9 percent for men, with obesity prevalence at 8.8 percent in Filipino women and 6.4 percent in Filipino men.

Consequently, this combination of poor diet and limited physical activity contributes to preventable deaths annually. Concurrently, the prevalence of diabetes is estimated at 7.8 percent in adult women and 7.9 percent in adult men (Development Initiatives, 2022b). In January - September 2022 alone there were 77,173 (18.5 percent) deaths due to ischemic heart disease; 42,890 (10.7 percent) due to cerebrovascular accidents; 26,774 (6.4 percent) due to diabetes mellitus, and 23,971 (5.7 percent) due to hypertension (PSA, 2023a).

b. Environmental Health

Environmental health pertains to environmental factors and processes that affect the health of an individual. It encompasses the monitoring and measurement of the incidence and prevalence of water-borne, vector-borne, and airborne diseases. According to the HPFS 2030, sustainable lifestyles and resilient communities will be fostered to minimize environmental risks and climate impacts on health.

From 2010 to 2019, the annual average number of reported cases of water-borne diseases reached 50,058, which includes typhoid and paratyphoid fever, acute bloody diarrhea, confirmed cholera, viral hepatitis, rotavirus, and leptospirosis. In 2019, 71,774 (85 percent) cases of water-borne diseases were because of acute bloody diarrhea (PSA, 2021d).

Vector-borne diseases such as dengue and malaria account for 208,017 and 2,308 annual average cases from 2010 to 2019, respectively. There are 22.5 percent of reported cases of dengue among children between five to nine years old. Additionally, 1,138 cases of Chikungunya disease were reported in 2019. Significant progress has been noted, however, in reducing the geographical transmission of malaria to only one province with 126 barangays in 2022 from four provinces with 168 barangays in 2018 (DOH, 2022b).

c. Immunization

In this priority area, vaccine use will be promoted to reduce the incidence of vaccine-preventable diseases, disabilities, and deaths. In 2022, the proportion of fully immunized children (FIC) was at 72 percent (PSA, 2022a), a significant decrease from 2014's rate of 87 percent. According to the FHSIS Report in 2022, the FIC was reported to be at 60 percent, a decrease from the gains of 69 percent in 2019. This slowdown was further exacerbated by the need to prioritize COVID-19 vaccination from 2020-2022, and the lingering stigma around vaccination caused by the Dengvaxia controversy in 2018 (DOH, 2022b).

From 2010 to 2019, the country recorded an annual average of 54.4 percent of measles cases among children 0 to 4 years old. This age group accounted for 29,507 (59.3 percent) of all cases reported in 2019. In 2019, the incidence of acute lower respiratory tract infections and pneumonia reached a total of 18,595,000 cases (PSA, 2021d).

d. Substance Use

Tobacco use, illicit drug use, and harmful use of alcohol will be prevented to reduce or eliminate the ill effects or associated health conditions under the HPFS 2030.

On tobacco use. Comparing 2015 to 2019 rates, a reduction in prevalence of current tobacco use can be seen among the 10-19 years old, and 20 years old with a 2.1 percent and 3.4 percent reduction points, respectively (DOST-FNRI, 2015).

On drug use. Drug use is higher in adult males than in females with a 10:1 ratio, and a mean and median age of 33 years old. Around 28.4 percent of cases belong to the 40 years and above age group; the youngest user at 13 years old and the oldest at 66 years old (PDDB, 2021).

Moreover, these users live in urban settings wherein 20.1 percent are residents of the NCR and 16.8 percent are from Central Luzon. Around 41.2 percent started using drugs between the ages of 15 and 19 years old. With regard to the frequency of use, almost 36.6 percent admitted to having taken drugs two to five times a week, while 26.8 percent used drugs monthly and 18.9 percent used drugs on a weekly basis (PDDB, 2021).

The leading drug of abuse remains to be methamphetamine hydrochloride or “shabu,” which comprised 91.8 percent of total admissions, followed by cannabis or “marijuana” at 26.29 percent.

On Alcohol Use. More than half of Filipinos aged 20 to 59 engage in the harmful use of alcohol in the form of binge drinking or drinking excessively in one sitting. The youth are also at risk for adverse health effects of alcohol consumption as 14.9 percent of those aged 10 to 19 consume alcohol, and 36.7 percent of whom are underage drinkers (DOST-FNRI, 2015).

Consequently, the alcohol-attributable number of road and traffic accidents in the Philippines has reached a total of 10,372 fatal and non-fatal accidents from 2016 to 2018, as reported in the DOH Online National Electronic Injury Surveillance System (ONEISS).

Note: Related strategies, interventions, and activities on substance abuse will be further discussed under Action Agenda #6: Ginhawa ng isip at damdamin.

e. Mental Health

Under this priority area, psychosocial and mental well-being will be improved and protected to reduce the burden of mental health disorders and the incidence of suicide. However, recent data revealed that mental illness has become the third most common disability in the Philippines and the country ranks third in the Western Pacific region (Martinez et al., 2020). In 2020, it was estimated that 3.6 million Filipinos suffer from at least one kind of mental, neurological, or substance use disorder (DOH, 2020q). Suicide rates, albeit underreported, are pegged to be at 3.2 per 100,000 population with higher rates among males (i.e. 4.3/100,000) than females (i.e. 2.0/100,000) (Lally et al., 2019; Martinez et al., 2020).

The youth of diverse SOGIESC face an increased risk of having suicidal thoughts and attempting suicide. For instance, according to the 2021 Young Adult Fertility and Sexuality Survey (UPPI, 2021), young gay and bisexual men in the Philippines are twice as likely to have contemplated suicide compared to their heterosexual peers. A similar pattern was observed for young lesbian and bisexual women, with a higher percentage of them contemplating and attempting suicide compared to young heterosexual women (Manalastas, 2016). Moreover, the country can only provide 1.08 mental health beds in general hospitals and 4.95 beds in psychiatric hospitals per 100,000 of the population. According to Isaac et al (2018 in WHO, 2014), there are 0.52 psychiatrists and 0.07 psychologists for 100,000 inhabitants. This ratio is lower than in other Western Pacific countries with similar economic status, like Malaysia and Indonesia (Lally et al., 2019).

Note: Related strategies, interventions, and activities on mental health will be further discussed under Action Agenda #5: Ginhawa ng isip at damdamin.

f. Sexual and Reproductive Health (SRH)

For SRH priority, positive sexual and reproductive behaviors will be promoted to reduce early and unwanted pregnancies, the incidence of HIV infection, and sexually-transmitted diseases. MMR showed very minimal changes in performance in the past five years. In 2019, there were 1,458 registered maternal deaths which increased to 2,478 deaths in 2021 (PSA, 2021f). There was also a slow decline in IMR since 2017 with 22 reported in 2022 (PSA, 2022a). Among the top three causes of infant mortality were respiratory distress of newborn, bacterial sepsis of newborn, and pneumonia.

According to the NDHS 2022 report, teenage pregnancy among Filipino women aged 15 to 19 years declined from 8.6 percent in 2017 to 5.4 percent in 2022. Among women aged 15 to 19 who have been pregnant as of 2022, the highest percentage was recorded in women aged 19 years (13.3 percent). This was followed by women aged 18 years (5.9 percent) and women aged 17 years (5.6 percent) (PSA, 2022a)

Another key finding in the NDHS 2022 presents that 12 percent among currently married women have unmet need for family planning while 42 percent with unmet need for family planning were reported from those women who are sexually active and unmarried. Modern family planning use increased to 42 percent in 2022 among currently married women of reproductive age (PSA, 2022a).

In terms of sexually transmitted infection, the HARP (DOH, 2022d) continues to document an alarming rise in new HIV infections (i.e. newly diagnosed cases per year) from 11,101 in 2017 to 13,623 in 2022. As of December 2022, the average number of people newly diagnosed with HIV per day is 41. The same registry reported 861 confirmed HIV positive individuals of which 230 (27 percent) had clinical manifestation of advanced HIV infection. There was only a dip in the numbers in 2020, which might have been attributed to under-reporting caused by the pandemic.

g. Violence and Injury Prevention

Safe and inclusive communities will be the focus of this priority area by eliminating the various forms of violence and injuries, including interpersonal or gender-based violence, especially on road traffic-related injuries. In 2020, the death rate due to road accident injuries was eight per 100,000 (PSA, 2020). Globally, 1.35 million individuals are reported to get killed on the world's roadways each year. (WHO, 2018)

Further, in 2020, mortality rate attributed to unintentional poisoning at 0.1 percent (i.e. 0.2 percent for males, 0.1 percent for females) (PSA, 2020).

It is necessary to promote a community that is both safe and inclusive to all to reduce the mortality and morbidity caused by violence and injuries such as interpersonal or gender-based violence, as well as road traffic, fireworks, and occupational-related injuries.

To enable adoption of healthy behaviors of the seven priority areas of the Health Promotion Framework Strategy (HPFS), the following specific actions is necessary:

1. Develop personal skills towards health literacy.
2. Reorient health services and communities to health promotion.
3. Cascade and disseminate standardized key campaign messages.
4. Integrate family-based interventions in disease prevention and control strategies.

Strategic Intervention 5.2

Strengthen intersectoral action and health promotion governance at all levels

Strengthening intersectoral action and health promotion governance at all levels is critical to effectively tackle the social determinants of health (SDH) and promote well-being. In recent years, SDH have gained prominence as a fundamental principle in the field of population and public health (Lucky K. & McLaren L, 2017). When policies, economic structures, and governance are inadequate or unequal, it can create challenging conditions. Ideally, socio-political-economic factors should support a society where all citizens have access to a fair distribution of social resources. The quality, quantity, and distribution of these resources significantly impact the health and well-being of the population. This includes factors like education, a healthy living environment, nutrition, healthcare, and employment. Addressing SDH requires an intersectoral approach that goes beyond the traditional healthcare sector.

To strengthen intersectoral action and health promotion governance at all levels, the following specific actions will be done:

1. Prioritize Health Promotion through the Establishment of Leadership and Governance.
2. Address the social determinants of health through promotion of supportive environments where people work, live, and age.

ACTION AGENDA 5: PAG-IWAS SA SAKIT

Address determinants of health and improve healthy behaviors through the promotion of health-enabling settings, implementation of healthy public policies, and enhancement of health literacy.

INDICATORS:

Percent of Filipinos with Good Health Seeking Behavior

Baseline: 79% (2021)

2028 Target: 80%

Percent of Filipino adults 18 years old and above with sufficient or excellent comprehensive health literacy

Baseline: 35% (2021)

2028 Target: 69%

Percent or number of healthy settings recognized:

A. Communities¹

B. Workplaces²

C. Schools³

Baseline: TBD*

2028 Target: 60%

¹Target timeline for the Health Communities baseline data is 2023 provided agreements with the Inter-Agency Technical Working Group on Healthy Communities (IATWG-HC)

²Target timeline for the Healthy Workplaces baseline data is 2024 provided that Implementation of the Healthy Workplace Initiative is being piloted for 2023

³Target timeline for the Healthy Schools baseline data is 2023 provided agreements with the National Technical Working Group on Healthy Learning Institutions (NTWG-HLI)

Proportion of women aged 15–49 years who make their own informed decisions regarding reproductive health care

Baseline: 82.3% (2022)

2028 Target: 90%

Age-standardized prevalence of current tobacco use among persons aged 15 years and older

Baseline: 19.5% (2021)

2028 Target: 15%

Recommended Health Partner Activities	Priority DOH Activities
<p>LGUs</p> <ul style="list-style-type: none"> Invest in health promotion interventions on identified priority areas, Partner with local academic institutions for participatory research and data collection to inform local policies. 	<p>Policy Development:</p> <ul style="list-style-type: none"> Lead the conduct of impact assessment for policies and programs to ensure equitable and health-promoting DOH and non-DOH policies and programs <p>Technical Assistance and Capacity Building</p>

Recommended Health Partner Activities	Priority DOH Activities
<ul style="list-style-type: none"> ● Foster a network of health promotion partners, movers, and stakeholders at the local level ● Ensure lines of communication to the community ● Develop and implement complementary public policies that support the health and well-being of teachers, school personnel, and students. ● Ensure that healthy workplace policies and programs are being implemented for the benefit of their workers ● Develop and implement healthy public policies that strengthen and broaden existing health policies, those focusing on healthy lifestyle, tobacco control, mental health, or ordinances outside of the health system (i.e. water, local environment, housing) that equally affect health ● Monitor the implementation of LGU-specific health promotion activities <p>CSOs and Development Partners, Private Sector (i.e., Professional organizations, and Pharma Groups) and Development Partners</p> <ul style="list-style-type: none"> ● Provide technical assistance on SBCC campaigns to upscale health promotion in seven priority areas of HPFS ● Ensure that healthy workplace policies and programs are being implemented for the benefit of their workers <p>Academe and Training Centers</p> <ul style="list-style-type: none"> ● Conduct research studies on 	<ul style="list-style-type: none"> ● Provide technical and capacity development assistance to national and local partners for cascading relevant capacities to partners on the ground. ● Advocate and provide TA on the use of the Health Promotion Playbook in the local setting. ● Provide technical assistance and capacity development to workplace employers, managers, and supervisors ● Provide TA on guidance materials, and capacity development to NGAs and LGUs for promoting SDH across governance levels ● Operationalize HIA for development projects to address potential health impacts on affected communities. <p>Stakeholder Engagement</p> <ul style="list-style-type: none"> ● Develop and implement campaigns to increase health literacy, awareness, and promote healthy behaviors among stakeholders. ● Build media networks to enhance capacity for reporting health and well-being information. ● Engage in social partnerships through health promotion communication, public relations, and risk management ● Convene Healthy Communities TWG to oversee the planning, implementation, and enforcement of the HC framework and to recognize healthy communities ● Convene the HLIN TWG to jointly develop and coordinate relevant initiatives that aim to promote health across all levels of education settings

Recommended Health Partner Activities	Priority DOH Activities
<p>health promotion</p> <ul style="list-style-type: none"> • Incorporate health promotion-related modules in training centers <p>Other NGAs and Congress</p> <ul style="list-style-type: none"> • [DepED, DSWD, CHED, LEB, TESDA, DILG] Ensure the promotion of health of students, faculty, and personnel with special needs or with learning disabilities or other developmental conditions, senior citizens, marginalized groups, and people of diverse SOGIESC • [DepEd, CHED, DOST, other Education Agencies] Integrate health information, health literacy and health rights into formal or informal curricula, programs, and co-curricular activities • [NBI, DICT, PIA, DSWD] Regulate quad media platforms • [DBM, NEDA] Ensure allocation for health promotion • [TESDA] Incorporate health promotion in BHW training • [DILG-LGA] Incorporate UHC modules in eLearning platform • [DepEd, TESDA, and CHED] Develop and implement healthy education or learning related policies in collaboration with the private sector • [DOLE,CSC] Develop and implement policies and programs that aim to protect and promote the health and well-being of the Filipino workforce • [DA] Sustainable and resilient food systems • [DPWH, DILG] Infrastructure and public spaces that promote mobility and safe road use • [DILG] Safe and inclusive neighborhoods • [DILG, Congress supported by 	<ul style="list-style-type: none"> ○ Provide technical assistance and capacity development to local schools and learning institutions, its administrators, teachers and personnel, and parents and guardians <ul style="list-style-type: none"> • Ensure a platform where healthy workplace interventions can be discussed and coordinated among relevant actors and institutions • Engage with relevant NGAs to co-develop healthy public policies that would contribute <ul style="list-style-type: none"> ○ Sustainable and resilient food systems ○ Infrastructure and public spaces that promote mobility and safe road use ○ Clean and sustainable natural and built environments ○ Affordable, accessible and livable housing and shelter ○ Access to quality education ○ Adequate living wage and inclination toward a decent standard of living ○ Safe and inclusive neighborhoods ○ Smoke-free, vape- free, and drug-free environments • Carry out information and advocacy campaigns for all relevant stakeholders in support of the implementation of this framework

Recommended Health Partner Activities	Priority DOH Activities
<p>DOF for taxation] Smoke-free, vape-free, and drug-free environments</p> <ul style="list-style-type: none"> • [DENR] Clean and sustainable natural and built environments • [DHSUD] Housing and Urban Development Coordinating Council 	

Action Agenda 6:

GINHAWA NG ISIP AT DAMDAMIN

(Mental health and overall well-being)

Enhance Filipinos' well-being and ensure quality mental health services.

The well-being of individuals is a cornerstone of a thriving society. In the Philippines, recognizing the importance of mental health and well-being has led to significant efforts to address mental health issues and ensure access to quality mental health services. Addressing mental health issues in the Philippines is important for several reasons. First, it profoundly impacts individuals' overall well-being, including their quality of life, relationships, and personal productivity. By addressing these issues, the country can enhance individuals' lives and promote fulfillment. Second, untreated mental health conditions have a significant economic impact, leading to reduced productivity, increased absenteeism, and higher healthcare costs. Prioritizing mental health can alleviate this burden, fostering a more productive workforce and contributing to overall economic growth.

Furthermore, mental health issues extend beyond individuals and affect families, communities, and society as a whole. By addressing these issues and reducing stigma, the country can foster social cohesion, empathy, and understanding, creating a more inclusive and supportive society. Additionally, prioritizing mental health education, awareness, and accessible services enables early identification and intervention in mental health issues, preventing their escalation into more severe conditions. This approach reduces the long-term impact of mental health problems and improves outcomes for individuals. Finally, prioritizing mental health aligns with the UN-SDG, as mental health is a vital component of sustainable development, contributing to social progress, economic growth, and equitable development.

This agenda prioritizes the mental and emotional well-being of Filipinos by strengthening services and infrastructure related to mental, neurological, and substance use (MNS) disorders. The aim is to guarantee that every Filipino has access to high-quality MNS care. By reducing the stigma associated with mental health challenges and fostering a supportive environment, a culture is nurtured that prioritizes overall well-being and comprehensive psychological support. Furthermore, this approach incorporates both conventional and alternative healthcare strategies, providing a holistic and comprehensive pathway to wellness.

Action Agenda 6: *Ginhawa ng isip at damdamin* (mental health and overall well-being) will be operationalized through the following three strategic interventions:

- 6.1. Improving access to health services for mental, neurological and substance use disorders,
- 6.2. Integrating client-focused approaches towards holistic care
- 6.3. Institutionalizing Enhanced Treatment Program for outpatient services for drug users

Strategic Intervention 6.1

Improve access to mental, neurological, and substance use (MNS) disorders health services

The current state of mental health accessibility reveals that there are only 75 mental health facilities across the country. Additionally, there are 30 mental health (MH) commodities available at 362 Mental Health Management and Assistance Program (MH-MAP) access sites. There are plans to expand these access sites to 515, aiming to serve 225,677 individuals identified with MNS disorders. To effectively address the growing challenges of MNS disorders, a comprehensive and multi-dimensional strategy is imperative. This approach will prioritize capacity building in various settings, employing innovative methods to deliver information and services, actively involving service users, and overcoming policy barriers by implementing evidence-based medicine.

In building capacities, a key aspect of the strategy is prioritizing capacity building across different settings, including communities, schools, workplaces, and primary care providers. This entails providing training, resources, and support to individuals and organizations involved in MNS care. Strong leadership from LGUs is essential in driving these efforts.

Moreover, in order to reach a larger population and ensure the provision of timely and effective care, it is vital to explore innovative delivery models integrating innovative technologies such as the Lusog Isip app and WHO-backed Quality Rights e-training can enhance accessibility and improve the quality of mental health services. This involves leveraging technology and digital platforms to bring information and services directly to the people.

With various innovations, improving service quality requires meaningful engagement with service users. Recognizing the importance of user perspectives, the establishment of an Internal Review Board (IRB) is a significant step towards involving service users in decision-making processes. The IRB should aim for balanced representation from service users and be responsible for promptly reviewing cases, disputes, and controversies involving the treatment, restraint, or confinement of individuals receiving services at health facilities. This ensures that the voices and experiences of service users are considered in shaping mental health policies and practices.

Lastly, shifting the policy orientation from a primarily punitive approach, especially in cases of substance use, to a more rehabilitative one is of utmost importance. This shift will be based on research and community-based interventions that prioritize the well-being and recovery of individuals. Addressing policy barriers, such as stigma and discrimination, and embracing evidence-based medicine will help shape effective policies and practices that promote mental health and well-being.

To summarize, improving access to mental, neurological, and substance use (MNS) disorders health services will entail the following specific actions:

1. Build capacities for mental health across communities, schools and workplaces
2. Bring information and services to people using innovative delivery models
3. Meaningfully engage service users (PCMH, IRB, LHB)
4. Address Policy Barriers and Apply Evidence-Based Medicine.

Strategic Intervention 6.2

Integrate client-focused approaches towards holistic care

A comprehensive healthcare framework, especially within the Filipino context, must include gender and cultural considerations in health facilities and services. Acknowledging the significant impact of gender on healthcare outcomes and experiences, there is a commitment to developing holistic and inclusive health programs that reflect the diverse makeup of Filipino society. Integrating gender sensitivity into the foundation of healthcare practices aims to mitigate disparities and establish an environment that authentically represents and serves the Filipino population.

Beyond gender considerations, it is essential to promote and incorporate Filipino art and culture within health facilities. Embracing and highlighting the rich artistic heritage of the Filipino people can cultivate an atmosphere of cultural authenticity and inclusivity. This integration within healthcare settings not only improves the patient experience but also bolsters the connection between healthcare providers and the communities they serve.

In summary, to integrate client-focused approaches towards holistic care, the following specific actions must be taken:

1. Integrate gender considerations in the health facilities and services.
2. Promote and imbibe Filipino art and culture in the health facilities.

Strategic Intervention 6.3

Institutionalize Community-Based Enhanced Treatment Program for Outpatient Services for Drug Users

The 2019 data reveals that 2% of Filipinos aged 10-69 have used illegal drugs, amounting to approximately 1.7 million individuals (DDB, 2020). Additionally, 6% of Filipinos have reportedly used drugs at least once in their lifetime (DDB, 2020). A 2016 study found that 1.9% of People Who Use Drugs (PWUDs) suffer from a mild substance use disorder, while 2% experience a moderate to severe disorder (Grant et al., 2016). The 2022 audit report by the Commission on Audit (COA) on the Bureau of Jail Management & Penology (BJMP) highlighted a 367% average congestion rate in prison facilities (Chi, 2022). This overcrowding is linked to the increased admission of persons deprived of liberty (PDLs), a consequence of the government's anti-drug campaign and the judiciary's slow processing of cases.

To effectively address Substance Use Disorders (SUDs), a shift towards a comprehensive and rehabilitative strategy is necessary, moving away from purely punitive measures. Central to this strategy is the emphasis on community-based outpatient services. These services are vital in offering ongoing support, early intervention, and treatment, facilitating the smoother reintegration of individuals into their communities. The focus is on enhancing outpatient services specifically designed for those with substance use disorders, combining evidence-based treatments with consistent monitoring and robust community support to ensure effective reintegration into society.

Another significant challenge in implementing community-based outpatient services is ensuring accessibility for all individuals in need. Accessibility encompasses various dimensions, including geographical proximity, affordability, and availability of services. Thus, it is important to establish a network of outpatient centers strategically located in areas with high substance abuse rates. These centers should be easily accessible by public transportation and offer flexible scheduling options to accommodate individuals' work and personal commitments. Additionally, efforts should be made to reduce financial barriers by providing affordable or subsidized treatment options and collaborating with insurance providers to expand coverage for outpatient services.

In brief, institutionalizing community-based enhanced treatment program for outpatient services for drug users will require the following specific actions:

1. Develop community-centric, evidence-based treatment protocols;
2. Enhance accessibility to outpatient services.

Action Agenda 6: GINHAWA NG ISIP AT DAMDAMIN

Enhance Filipinos' well-being and ensure quality mental health services.

Indicators:

Proportion of ambulatory (primary) care facilities providing mental health services

Baseline: TBD

2028 Target: 100%

Proportion of ambulatory (primary) care facilities with Community-Based Drug Rehabilitation Program

Baseline: TBD

2028 Target: 100%

Recommended Health Partner Activities	Priority DOH Activities
<p>DEPED, CHED, Health Education Institutions, DOLE, CSC, and Private Sector:</p> <ul style="list-style-type: none"> Promote learning institution and workplace mental well-being to foster mental health Develop and implement comprehensive, proactive strategies for early awareness and intervention in mental health. <p>DPWH:</p> <ul style="list-style-type: none"> Partner with DOH in promoting and imbibing Filipino art and culture in the health facilities <p>Healthcare Providers:</p> <ul style="list-style-type: none"> Continuously upgrade their skill set to effectively identify and address mental health challenges. Participate in specialized training programs that focus on mental health diagnosis and treatment. <p>Service User Organizations (SUOs):</p>	<p>Policy Development</p> <ul style="list-style-type: none"> Review policies to shift from punitive to rehabilitative measures for substance use disorders. Formulate CPGs and referral pathways for MNS <p>Technical Assistance and Capacity Building</p> <ul style="list-style-type: none"> Establish regional hotlines in partnership with regional hospitals to expand the mental health services. Enhance MNS facilities and services Integrate EBM into policy formulation and practice to craft more targeted and efficient mental health programs. <p>Stakeholder Engagement</p> <ul style="list-style-type: none"> Collaborate with local and international bodies to integrate technology solutions for mental health care accessibility. Foster partnerships with SUOs and

<ul style="list-style-type: none"> ● Engage actively in the IRB to ensure quality feedback and independent assessments of mental health services. ● Collaborate with CHDs and hospitals for registration and accreditation <p>LGUs</p> <ul style="list-style-type: none"> ● Institutionalize community-based mental health and enhanced treatment program for outpatient services for drug users ● Provide leadership in translating mental health strategies from paper to practice. ● Prioritize resource mobilization, inter-sectoral coordination, and strategy implementation tailored to the needs of their communities. ● Develop supportive environments that are free from stigmatization of mental health issues. ● Encourage open dialogues about mental health challenges and promote awareness campaigns at grassroots levels. 	<p>other relevant organizations for effective representation and feedback.</p>
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PARA SA BAWAT HEALTH WORKER AT INSTITUSYON

In order to effectively address the threat of pandemics and safeguard public health, it is imperative to prioritize the welfare and rights of health care workers while simultaneously strengthening our health institutions. This can be achieved by ensuring an adequate, competent, and committed health workforce through the provision of fair compensation, decent work conditions, and opportunities for career development. By valuing and supporting healthcare professionals, we can attract and retain skilled individuals who are essential in responding to outbreaks and potential pandemics.

Furthermore, it is important to enhance our healthcare systems and structures to prevent, manage, and recover from disease outbreaks. This involves investing in reliable infrastructure, adequate resources, and training programs to improve the capacity of healthcare institutions to respond effectively to emergencies. By reinforcing our healthcare systems, we can enhance surveillance and early detection methods, establish efficient coordination and communication channels, and implement evidence-based interventions. This comprehensive approach will not only safeguard the well-being of healthcare workers but also protect the wider population by reducing the impact of pandemics and ensuring a resilient healthcare system.

All of these are to be operationalized under the following two Action Agendas, namely:

- Action Agenda 7: Kapakanan at karapatan ng health workers (Advancement and protection of health workers' rights and well-being)
- Action Agenda 8: Proteksyon sa anumang pandemya (Protection against any pandemics)

Action Agenda 7:

KAPAKANAN AT KARAPATAN NG HEALTH WORKERS

(Advancement and protection of health workers' rights and well-being)

Prioritizing health care workers' welfare and rights, and strengthening our health institutions against the threat of pandemics.

The Global Strategy on Human Resources for Health 2030 (WHO, 2016) stresses the importance of equitable access to health workers to accelerate progress toward achieving UHC and the SDGs. It is not enough that healthcare workers are available; they must be equitably distributed and accessible by the population, possess the required competency, and be motivated and empowered to deliver quality care. Healthcare workers are vital in building resilient communities and health systems to respond to disasters and public health emergencies.

In alignment with the above, the National Human Resources for Health Master Plan (NHRHMP) 2020-2040 was formulated to provide policy and strategic directions to guide the management and development of the country's human resources for health according to the goals of UHC – all towards ensuring sustainable production, practice-ready training, job generation and competitive salaries, accessibility and retention mechanisms, productivity and career development for the Filipino health workforce.

Action Agenda 7: *Kapakanan at karapatan ng health workers* (advancement and protection of health workers' rights and well-being) will be operationalized through the following three strategic interventions:

- 7.1. Increasing availability of health workers in health facilities, institutions, and communities
- 7.2. Strengthening capacities of health workers to deliver health quality services
- 7.3. Improving working conditions of healthcare workers at all levels of the health care system

Strategic Intervention 7.1

Increase availability of health workers in health facilities, institutions, and communities

To address the challenges of inequitable access to and distribution of healthcare workers in the country, the DOH has implemented the National Health Workforce Support System (NHWSS). This comprehensive program encompasses various facets of healthcare workforce management and development, including human resource management, salaries, benefits, incentives, and occupational health and safety for healthcare professionals deployed to GIDAs and underserved regions (DOH, 2020p; DOH, 2022l).

Under the umbrella of the NHWSS, several initiatives have been launched to augment the healthcare workforce in LGUs. These initiatives include the Doctors to the Barrios Program (DTTB), the Nurse Deployment Project, and the HRH program, which deploys nurses, dentists, nutritionists, medical technologists, physical therapists, and midwives to areas in need. Additionally, the Post-Residency Deployment Program (PRDP) and the newly introduced Espesyalista para sa Bayan Program aim to deploy specialist physicians to underserved regions after completing their residency training in DOH hospitals (DOH, 2022m).

Despite the implementation of these initiatives, the national health worker density in the Philippines, while meeting the World Health Organization (WHO) threshold with a ratio of 61.2 health workers per 10,000 population, still reveals significant disparities among specific healthcare professional categories (DOH, 2021g). Notably, shortages persist across all categories, except for nursing personnel, who exceed WHO standards in terms of density. However, the outmigration of nurses remains a pressing concern. The number of licensed medical doctors and dentists is failing to keep pace with population growth, and the licensed midwife workforce is dwindling. Furthermore, approximately 25% of all barangays, each of which should ideally have a dedicated health worker, and DOH hospitals grapple with significant staff vacancies, primarily attributed to lower remuneration levels.

These disparities in healthcare worker distribution are particularly pronounced when contrasting urban and rural regions. Poor and remote areas face severe shortages of HRH compared to more capable urban areas. For instance, regions like BARMM, characterized by the highest poverty incidence, experience critical shortages of healthcare professionals, while the NCR, with a lower poverty rate, has greater access to health workers. These urban-rural disparities underscore the urgent need for concrete strategies to rectify the inequality in HRH distribution and ensure that all Filipinos have equitable access to healthcare services.

To address these issues, the following specific actions will be pursued:

1. Increase investments for sustainable production of health workers.
2. Implement competency-based recruitment and placement policies for health workers.
3. Establish a harmonized system of collection, management, and governance of health workforce data across the health labor market.

Strategic Intervention 7.2

Strengthen capacities of health workers to deliver quality health services

The Department of Health (DOH) is earnestly addressing the pressing need to augment the capabilities of the healthcare workforce within its sector and local government units by implementing a meticulous, competency-driven Human Resource for Health (HRH) system throughout all strata of healthcare. In light of discernible competency gaps and variances in proficiency levels, the DOH introduced the Learning and Development Management System (LDMS) in 2021. This initiative is not just a reactive response but a proactive strategy aimed at holistic enhancement, focusing on strengthening skills and improving job performance across varied healthcare roles. The constant refinement of the DOH Competency Catalog is central to this issue, serving as a delineated framework for competencies essential for success in diverse healthcare positions. It addresses disparities by providing a robust, well-structured competency matrix that encapsulates roles in various healthcare facilities and sectors, ensuring that healthcare professionals, irrespective of their role and level, are uniformly equipped with the indispensable skills, knowledge, and behaviors required to uplift healthcare service delivery standards. This comprehensive approach underscores the urgency and significance of resolving competency discrepancies to ensure the delivery of optimal and effective healthcare services.

To strengthen capacities of health workers to deliver quality health services, the following specific actions will be pursued:

1. Provide relevant LDIs to health workers for effective delivery of services and career growth.
2. Institutionalize competency standards of health workers across all relevant sectors.

Strategic Intervention 7.3

Improve working conditions on healthcare workers at all levels of the health care system

The International Labour Organization (ILO) stipulates that decent work conditions encompass fair income, job security, safe environments, equal opportunities, social protection, opportunities for personal development, and the freedom for workers to voice concerns. In the healthcare sector, adherence to these principles is crucial for ensuring the well-being of workers, thus facilitating optimal patient care. Numerous healthcare workers, particularly during the COVID-19 pandemic, have contended with stressful, hazardous conditions, marked by PPE shortages and escalating workloads due to understaffing, impacting their mental health and overall well-being. Additionally, there are substantial wage disparities within the healthcare sector, both domestically and internationally, prompting Filipino healthcare professionals to seek employment abroad, where salaries are comparatively higher. The government has

initiated some reforms, including salary standardization and adjustments to tackle these disparities and ensure the delivery of Magna Carta benefits to public health workers. Furthermore, career development paths in healthcare need refinement and clear delineation, allowing professionals to make informed decisions regarding their progression in clinical care or public health tracks, with the sector grappling with uncertainties in career trajectories and promotions in both public and private domains.

To address these issues, the following specific actions will be pursued:

1. Implement policies on decent working conditions for health workers in all health facilities, institutions, and communities.
2. Update and implement relevant laws, policies, and standards on health workers' salaries, compensation, benefits, and incentives.
3. Establish mechanisms for integration and reintegration of returning health workers in the health workforce.

Action Agenda 7: KAPAKANAN AT KARAPATAN NG HEALTH WORKERS

Ensure an adequate, competent, and committed health workforce by providing fair compensation, decent work conditions, and opportunities for career development

Indicators

Percent of cities and provinces with adequate Human Resources for Health to population ratio

Baseline: 3% (Physician), 2% (Nurse), 82% (Midwife)

2028 Target: 72% (Physician), 72% (Nurse), 95% (Midwife)

Percent of cities and municipalities with adequate number of Primary Care Worker-certified Human Resources for Health

Baseline: TBD

2028 Target: 80%

Human Resources for Health Engagement Index

Baseline: TBD

2028 Target: TBD

Recommended Health Partner Activities	Priority DOH Activities
<p>CHED:</p> <ul style="list-style-type: none"> Promote quality health sciences education (HSE) that results in high passing rate in licensure exams Ensure accessibility of HSE. Uphold academic freedom and foster intellectual growth. <p>TESDA:</p> <ul style="list-style-type: none"> Formulate/update technical education and skills development programs tailored to the health sector's needs. <p>PRC:</p> <p>Administer, implement, and enforce regulatory laws, policies, standards, and ethics for professional practices.</p> <p>Congress:</p> <ul style="list-style-type: none"> Enact laws to ensure fair compensation for health workers, which includes: <ul style="list-style-type: none"> Magna Carta of Health Workers Magna Carta of Barangay Health Workers Amendment to the LGC concerning LGU NTA programming for social service 	<p>Policy Development and Legislation:</p> <ul style="list-style-type: none"> Engage Congress for fair compensation and right sizing of health institutions. <p>Technical Assistance and Capacity Building:</p> <ul style="list-style-type: none"> Engage with CHED, PRC, TESDA, and health professional organizations to reorient health curricula towards primary health Partner with PRC for the development and use of an HRH registry, covering all health roles. Estimating health sector HRH needs; identifying and updating HRH competencies. <p>Stakeholder Engagement and Partnership:</p> <ul style="list-style-type: none"> Collaborate with CHED and HEIs to expand government-funded scholarship programs and monitor compliance with RSAs.

<p>human resources</p> <ul style="list-style-type: none"> • Push for the right-sizing of public health institutions, focusing on: <ul style="list-style-type: none"> ◦ Rightsizing of the PH government institutions ◦ Bed rationalization of hospitals by DOH, including the need to adjust staffing patterns in line with patient trends. <p>CSC</p> <ul style="list-style-type: none"> • Prescribe minimum standards and guidelines for the design and implementation of Organizational Structures and Staffing Patterns (OSSPs) in LGUs considering the DOH recommendations in the DTP. • Address appeals of aggrieved parties in LGU reorganization in accordance with R.A. No. 6656 and its IRR. <p>CSC and DBM:</p> <ul style="list-style-type: none"> • Provide TA in the design and implementation of the OSSP in LGUs within their jurisdiction <p>DILG and DOLE:</p> <ul style="list-style-type: none"> • Oversee and ensure the effective implementation of compensation schemes for health workers in LGUs and the private sector. <p>DMW:</p> <ul style="list-style-type: none"> • Collaborate with global entities to manage health professional migration, addressing issues of oversupply and undersupply and setting up reintegration programs. <p>CHED, TESDA, Health Education Institutions:</p> <ul style="list-style-type: none"> • Launch and maintain accredited programs for various medical training, ensuring they are in line with the Career Progression, Specialization and the Philippine Qualifications Framework. <p>LGUs</p> <ul style="list-style-type: none"> • Appropriate NTA and local income for HRH hiring and fair compensation and benefits. 	
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Action Agenda 8:

Proteksyon sa Anumang Pandemya

(Protection against any pandemics)

Strengthen health systems and structures to prevent, manage, and recover from disease outbreaks and potential pandemics

Prevention and control of disease are fundamental functions of any health system. Various laws and comprehensive plans have been initiated to support the strengthening of health systems toward prevention and preparedness in anticipation of possible disease outbreaks and epidemics. The RA 11332, the Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concerns Act, and UHC Act stressed the importance of strengthening both national and local epidemiologic surveillance. Further, the rapid change brought about by the COVID-19 pandemic highlighted the country's dire need for an integrated and resilient health system, a mechanism for resource pooling, the capacity to manufacture essential vaccines, and the ability to rapidly scale up surveillance and response for large-scale health events such as epidemics and pandemics.

Action Agenda 8: *Proteksyon sa anumang pandemya* (protection against any pandemics) will be operationalized through the following two strategic interventions:

- 8.1. Strengthening disease surveillance and epidemic response,
- 8.2. Institutionalization of Philippine Health Laboratory System

Strategic Intervention 8.1

Strengthen Disease Surveillance and Epidemic Response

The COVID-19 pandemic tested the country's devolved health system. Faced with the urgent need to address this crisis, a unified command structure that transcended local autonomy became essential. In response, the Inter-Agency Task Force for the Management of Emerging Infectious Diseases (IATF-EID) was established, designed specifically to address the implementation challenges of public health services within autonomous local governments.

A critical aspect of effectively managing and preventing disease outbreaks is the ability to gather disease surveillance data, including mortality rates, morbidity statistics, and program coverage. This also includes the capability to detect and respond to public health emergencies of international concern (PHEIC) as well as those of national significance. To strengthen this capacity, Epidemiologic Surveillance Units (ESUs) were established at various administrative levels, including the national, regional, provincial, city, and municipal levels. While national and regional ESUs are equipped to generate weekly and monthly disease surveillance reports, local ESUs may not possess the same capability (DOH, 2022b).

In 2019, the importance of public health authorities in generating public health data was affirmed through RA 11332, the Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act. This legislation explicitly mandates public health authorities to carry out various critical functions, including the mandatory reporting of reportable diseases and health events of public health concern, conducting disease outbreak investigations, performing case investigations, patient interviews, reviewing medical records, contact tracing, specimen collection and testing, risk assessments, laboratory investigations, population surveys, and environmental investigations. It also empowers them to enforce quarantine and isolation measures and implement rapid containment strategies for disease prevention and control.

To strengthen disease surveillance and epidemic response, the following specific actions will be implemented:

1. Establish the Philippine Center for Disease Prevention and Control (PCDC), and the Virology Institute of the Philippines (VIP);
2. Develop streamlined and long-term National Health Security Plan;
3. Enhance local epidemiology and surveillance;
4. Establish infectious disease hospital wings in every provincial hospital, with a sufficient number of physicians/residents specializing in infectious diseases such as TB, HIV and Dengue;
5. Create more fellowships for specialty programs on infectious diseases with the regional hospitals and specialty centers; and
6. Promote active participation in the International Agreements and Instruments for Pandemic Related Response

Strategic Intervention 8.2

Institutionalize public health laboratory network

In 2020, the WHO declared COVID-19 as a PHEIC, prompting countries like the Philippines to rapidly expand and develop testing capacity for SARS-CoV-2. The Research Institute for Tropical Medicine (RITM) played a pioneering role by establishing the first COVID-19 RT-PCR laboratory. This marked the beginning of a network of 350 COVID-19 testing laboratories across the country, all of which perform confirmatory RT-PCR SARS-CoV-2 tests (DOH, 2022e).

To ensure the effective coordination and responsiveness of this growing network of COVID-19 testing laboratories, the DOH established the COVID-19 Laboratory Network (CLN). The primary purpose of the CLN is to coordinate and oversee a well-organized laboratory network capable of providing high-quality and accessible testing services. Its aim is to deliver timely and accurate laboratory results to guide healthcare providers and decision-makers as they respond to the challenges posed by the COVID-19 pandemic (DOH, 2020b).

The long-term vision for the CLN is to transition into the Laboratory Response Network (LRN). The LRN is envisioned as a network of national, regional, provincial, city, and municipal public health laboratories, as well as sentinel clinical laboratories. This network will possess diverse testing capabilities and will be equipped to respond effectively to a range of public health emergencies, including emerging and re-emerging infectious disease (EREID) outbreaks, epidemics, health threats, and other diseases of significant public health importance.

To institutionalize the public health laboratory network, the following specific actions will be done:

1. Invest in public health laboratories to make sure it is available at all levels of the health system.
2. Establish regional level 3 biosafety laboratories and genome centers that are well-distributed.
3. Develop standards, processes and tools to form the laboratory response network.

ACTION AGENDA 8: PROTEKSYON SA ANUMANG PANDEMYA

Strengthen systems and structures to prevent, manage, and recover from disease outbreaks and potential pandemics

Indicator:

Percent of regions and provincial/city/municipality LGUs with functional epidemiology and surveillance unit

Baseline: 41% (2020)

2028 Target: 100%

Percent of Public Health Laboratories Institutionalized in the Philippine Health Laboratory System

Baseline: 31% (2022)

2028 Target: 68%

Recommended Health Partner Activities	Priority DOH Activities
<p>LGUs</p> <ul style="list-style-type: none"> ● Appropriate NTA and local income for requirements or counterparts for: <ul style="list-style-type: none"> ○ Functionality of local epidemiology and surveillance units at all levels of the health system ○ Philippine Health Laboratory System ○ International Health Regulation ● To perform as first responders to contain disease outbreaks <p>Other NGAs and the Congress</p> <ul style="list-style-type: none"> ● [Congress] Legislates and appropriates funds for the following: <ul style="list-style-type: none"> ○ Centers for Disease Prevention and Control (under the DOH) ○ Virology Institute of the Philippines (under the DOST) ○ Health Emergency Auxiliary Reinforcement Team or HEART (under the 	<p>Policy Development</p> <ul style="list-style-type: none"> ● Engages with Congress for the enactment of a law that institutionalizes certain measures. ● Engages with Congress to enact a National Health Security law to strengthen the implementation of the International Health Regulations. <ul style="list-style-type: none"> ○ Centers for Disease Prevention and Control (under the DOH) ○ Virology Institute of the Philippines (under the DOST) ○ Health Emergency Auxiliary Reinforcement Team or HEART (under the DND) <p>Technical Assistance and Capacity Building</p> <ul style="list-style-type: none"> ● Provides technical assistance and capacity building for the following: <ul style="list-style-type: none"> ○ Functionality of local ESU at all levels of the health system ○ Philippine Health Laboratory System ● Provides technical assistance on strengthening the International Health Regulations' 19 technical

Recommended Health Partner Activities	Priority DOH Activities
<p>DND)</p> <ul style="list-style-type: none"> ○ National Health Security law ● [DBM] Allocates budgetary cover to implement enabling laws and for the DOH and LGUs to ensure functionality of ESUs, Laboratory System and IHR technical areas ● [DILG] Supports LGUs in the creation of necessary health-related ordinances and the implementation of public health interventions during public health events of concern <p>Private Sector:</p> <ul style="list-style-type: none"> ● Provide financial support and technology for laboratory infrastructure and equipment. ● Contribute expertise in construction, management, and operation of high-level biosafety laboratories. ● Offer logistical and operational support for laboratory network coordination. <p>Academe:</p> <ul style="list-style-type: none"> ● Conduct research to improve laboratory technologies and methodologies. ● Collaborate in genomic research and training for laboratory personnel. ● Assist in creating standardized protocols and training materials for laboratory operations. ● Provide expertise in epidemiology and public health for network coordination. <p>Other Stakeholders</p> <ul style="list-style-type: none"> ● Advocate for increased funding and support for public health laboratories. 	<p>areas.</p> <p>Monitoring and Evaluation</p> <ul style="list-style-type: none"> ● Develop and implement a robust surveillance system to detect and monitor disease outbreaks and potential pandemics. ● Monitor the implementation of response plans and protocols to ensure adherence and identify areas for improvement. ● Conduct post-outbreak evaluations to identify lessons learned and best practices for future preparedness and response ● Use monitoring and evaluation findings to inform policy development, resource allocation, and capacity-building efforts

HUMANISTIC LEADERSHIP AND GOOD GOVERNANCE

Humanistic leadership and good governance have been identified as cross-cutting agendas that support the 8-Point Action Agenda. These elements are emphasized as key approaches for health sector stakeholders to ensure the attainment of sectoral goals and objectives.

Humanistic Leadership

In the implementation of the 8-Point Action Agenda, all stakeholders are invited to imbibe a humanistic leadership approach when necessary. This leadership approach calls on all stakeholders to demonstrate genuine empathy, care, and support for others. The essence of this leadership style is its service-driven and people-oriented nature, which places a significant emphasis on recognizing and valuing the unique roles and contributions of each stakeholder to the overall betterment of the health system. Moreover, this approach implies the need to have the wisdom to understand the stakeholders' intrinsic motivation and the ability to leverage this understanding for effective organization and mobilization.

Strategic Intervention: Enhance leadership and management skills among DOH and LGU public health institution leaders

The DOH, in partnership with the academe and other relevant stakeholders, will assess the leadership and management skills in the public sector and develop programs to address identified gaps. In addition, a culture of coaching and mentoring will be advocated in the public health sector to foster an engaged and competent workforce.

Good Governance

Good governance calls on all stakeholders to ensure that health commitments are judiciously pursued using strategy, performance, and quality management systems. This involves clarity in defining roles, responsibilities, and accountabilities. Moreover, good governance implies collaborations to tap the influence and power of other stakeholders through effective network building, among other methods.

Strategic Intervention: Ensure strategy execution at all levels of the health system

Strengthen the role of the DOH as a steward of the health system, orchestrating the contributions of health stakeholders. Health stakeholders are encouraged to align their commitments with the 8-Point Action Agenda and monitored through scorecards.

Dialogues between the DOH and stakeholders through the Private Sector Advisory Council and the Multi-sectoral Governance Council will be sustained and enhanced for greater productivity. Additionally, an engagement agenda will be developed and implemented to forge essential networks and collaborations, capitalizing on the competitive advantages of stakeholders.

Strategic Intervention: Transform public health institutions through an organizational development approach

The DOH will lead the transformation of public health institutions to meet the evolving needs of the population, specifically the state policy to implement UHC and ensuring health security based on the learnings from the pandemic. This vision includes “right-sizing” of public health institutions and facilities. Organizational development will review the following components of every organization: strategy, systems and processes including resources, staffing and structure, organizational culture and employee engagement.

Strategic Intervention: Mainstream and streamline quality assurance and improvement systems in full support of the strategy

In synergy with the UHC coverages ensured by the DOH, LGUs and PhilHealth, quality management systems will be mainstreamed. Dedicated teams will ensure both technical and experiential quality, with the former focusing on adherence to standards and the latter on client and patient responsiveness and satisfaction.

Performance Accountability

To achieve health sector goals, it is important to hold stakeholders accountable for their specific roles and commitments within the entire health system, at both national and local levels.

The DOH Central Office harmonized several existing governance management systems, including: (1) the Quality Management System (QMS); (2) the Strategic Performance Management System (SPMS); and (3) the Performance Governance System (PGS). This has resulted in a unified performance management system that specifies data collection, scoring methods, and monitoring and analysis mechanisms, that has since been implemented by the Performance Monitoring and Strategy Management Division (PMSMD). The harmonization also involves cascading of the DOH Organizational Strategy map, which defines strategic targets and commitments in the DOH Central Office and CHDs. As part of this implementation, various scorecards have been developed as monitoring and evaluation tools across the health sector. These include the Secretary's Scorecard, Level 1 (Executive Committee), and Level 2 (Bureau or Service Level) scorecards for DOH Central Office; LGU Scorecards under BLHSD; International Health Partner Scorecards under Bureau of International Health Cooperation (BIHC); Hospital Scorecards under Health Facilities Development

Bureau (HFDB); and attached agencies scorecards for PhilHealth, PITAHC, and NNC. The scorecards are monitored by the respective implementing units and consolidated by the PMSMD for evidence-based reporting and policy formulation (DOH, 2022b).

Strategic Intervention: Elevate performance monitoring in tandem with systems for evaluation, accountability and learning (MEAL)

Monitoring and evaluation systems will shift focus to accountability and learning. Accountability and learning systems will be mainstreamed to foster a learning culture in public health institutions and to promote a continuous quality improvement mindset and approach. The shift will include integrating systems to gather and act on information related to experiential quality. Additionally, incentivizing mechanisms will be established to reinforce the behaviors and decisions of policymakers, leaders, and officials regarding health matters.

Strategic Intervention: Streamline program evaluation as input to decision making

The National Evaluation Policy Framework will be adopted and mainstreamed, encouraging all national government agencies to commission high-quality third-party evaluations of programs, projects, and activities. Evaluations will focus on major public health and systems strengthening programs, as well as those indicated in the UHC law.

Summary of Key Performance Indicators and Targets

No.	Indicator	Baseline (Year)	2028 Target	Data Source	Reporting Unit
Health Impact Indicators: Better Health Outcomes					
1	Average Life Expectancy (years)	Male 70 (2020) Female 76 (2020)	Male 71 Female 77	Civil Registration and Vital Statistics (CRVS)	PSA
2	Prevalence of stunting among children under five years of age	27 (2021)	13.5	Expanded National Nutrition Survey (ENNS)	DOH-NNC
3	Mortality Rates				
3.1	Infant mortality rate per 1,000 live births	22 (2022)	11.52	National Demographic and Health Survey (NDHS)	PSA
3.2	Maternal mortality rate per 100,000 live births	144 (2020)	<111	CRVS	PSA
3.3	TB Mortality Number	TBD	0	Administrative Data	PSA
3.4	Death rate due to road traffic injuries per 100,000 population	8 (2020)	4.80	CRVS	PSA
3.5	Premature mortality rate attributed to non-communicable diseases per 1,000 population	4.6 (2020)	3.46	CRVS	PSA
Health Impact Indicators:: Stronger Health System					
4	Percent of ambulatory care-sensitive conditions in hospitals	34 (2022)	≤17	Administrative Data	DOH-PHIC

No.	Indicator	Baseline (Year)	2028 Target	Data Source	Reporting Unit
5	International Health Regulations Joint External Evaluation	TBD	≥3	IHR JEE Mission Report	DOH-EB
6	UHC Service Coverage Index	58 (2021)	≥63	WHO UHC Service Coverage Index	WHO
Health Impact Indicators: Access to All Levels of Care					
7	Responsiveness score	93 (2019)	>93	UHC Household Survey	DOH - PMSMD
8	Client Satisfaction Rate	85% (public facilities) 97% (private facilities) (2019)	>85 (public facilities) >97 (private facilities)	UHC Household Survey	DOH - PMSMD
9	Household (out-of-pocket) health spending as percentage of current health expenditure	44.7 (2022)	28.1	Philippine National Health Accounts (PNHA)	PSA
10	Incidence of catastrophic health expenditure among those who had at least one inpatient care	30% (2021)	<23	Special Study using Family Income and Expenditure Survey Data	DOH- PMSMD
Action Agenda #1: Bawat Pilipino ramdam ang kalusugan					
11	Percent of population with access to an ambulatory (primary) care facility within 30 minutes	50% (2020)	60%	Administrative Data	DOH-HFDB
12	Percent of provinces with adequate ambulatory (primary) care facilities	21% (2022)	50%	Administrative Data	DOH-HFDB

No.	Indicator	Baseline (Year)	2028 Target	Data Source	Reporting Unit
13	Percent of Konsulta-accredited ambulatory (primary) care facilities	TBD	100%	Administrative Data	DOH-PHIC
14	Percent of Functional Health Care Provider Network contracted by PhilHealth	0 (2022)	100%	Administrative Data	DOH-PHIC
15	Percent of Filipinos registered to a Primary Care Provider	15% (2022)	90%	Administrative Data	DOH-PHIC
16	Percent of priority population with first-patient encounter in a Konsulta accredited facility	TBD	100%	Administrative Data	DOH-PHIC
17	PhilHealth Support Value	66% (2019)	80%	Administrative Data	DOH-PHIC
18	Ambulatory care spending as a percent of current health expenditure	4% (2019)	8%	PNHA	PSA
Action Agenda #2: Ligtas, dekalidad, at mapagkalingang serbisyo					
19	Percent of ambulatory (primary) care facilities, schools, and workplaces delivering integrated and comprehensive primary care services	TBD	100%	Administrative Data	DOH-DPCB, HPB
20	Percent of provinces with adequate bed-to-population ratios	27% (2022)	60%	Administrative Data	DOH-HFDB

No.	Indicator	Baseline (Year)	2028 Target	Data Source	Reporting Unit
21	Percent of functional designated specialty centers established	74% (2022)	100%	Administrative Data	DOH-HFDB
22	Proportion of fully immunized children	72% (2022)	95%	National Demographic and Health Survey (NDHS)	PSA
23	Percent of women aged 15-49 who received antenatal care from skilled health personnel for the most recent birth	86% (2022)	92.7%	National Demographic and Health Survey (NDHS)	PSA
24	Tuberculosis Case Notification Rate, All forms (per 100,000 population)	382 (2022)	523	Administrative Data	DOH-DPCB/EB
25	Percent of PLHIV on Antiretroviral Treatment (ART)	62% (2022)	95%	HIV/AIDS and ART Registry of the Philippines (HARP)	DOH-EB
26	Median consumer price ratio of selected essential medicines in drug retail outlets	3.22 (2022)	<4x the International Reference	Administrative Data	DOH-PD
Action Agenda #3: Teknolohiya para sa mabilis na serbisyo					
27	Percent of health facilities utilizing interoperable electronic medical records for digitalized service delivery	TBD	100%	Administrative Data	DOH-KMITS

No.	Indicator	Baseline (Year)	2028 Target	Data Source	Reporting Unit
Action Agenda #4: Handa sa krisis					
28	Percent of hospitals recognized as safe, green, and climate resilient	7% (2022)	50%	Administrative Data	DOH-HFDB
29	Percent of LGUs with evident DRRM-H system for public health emergencies	0% (2022)	100%	Administrative Data	DOH-HEMB
Action Agenda #5: Pag-iwas sa sakit					
30	Percent of Filipinos with Good Health Seeking Behavior	79% (2021)	80%	Health Promotion and Literacy Longitudinal Study	DOH-HPB
31	Percent of Filipino adults 18 years old and above with sufficient or excellent comprehensive health literacy	35% (2021)	69%	Health Literacy Survey	DOH-HPB
32	Percent or number of healthy settings recognized: A. Communities B. Workplaces C. Schools	TBD	60%	Administrative Data	DOH-HPB
33	Proportion of women aged 15–49 years who make their own informed decisions regarding reproductive health care	82.3% (2022)	90%	National Demographic and Health Survey	PSA

No.	Indicator	Baseline (Year)	2028 Target	Data Source	Reporting Unit
34	Age-standardized prevalence of current tobacco use among persons aged 15 years and older	19.5% (2021)	15%	Global Adult Tobacco Survey	DOH-EB
Action Agenda #6: Ginhawa ng isip at damdamin					
35	Proportion of ambulatory (primary) care facilities providing mental health services	TBD	100%	Administrative Data	DOH-DPCB
36	Proportion of ambulatory (primary) care facilities with Community-Based Drug Rehabilitation Program	TBD	100%	Administrative Data	DOH-DPCB
Action Agenda #7: Kapakanan at karapatan ng health workers					
37	Percent of cities and provinces with adequate Human Resources for Health to population ratio	Physician 3% Nurse 2% Midwife 82% (2022)	Physician 72% Nurse 72% Midwife 95%	Administrative Data	DOH- HHRDB
38	Percent of cities and municipalities with adequate number of Primary Care Worker-certified Human Resources for Health	TBD	80%	Administrative Data	DOH- HHRDB

No.	Indicator	Baseline (Year)	2028 Target	Data Source	Reporting Unit
39	Human Resources for Health Engagement Index	TBD	TBD	UHC Household Survey	PMSMD
Action Agenda #8: Proteksyon sa anumang pandemiya					
39	Percent of regions and provincial/city/municipality LGUs with functional epidemiology and surveillance unit	41% (2020)	100%	Administrative Data	DOH-EB
40	Percent of Public Health Laboratories Institutionalized in the Philippine Health Laboratory System	31% (2022)	68%	Administrative Data	DOH-HFDB

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