



**EpiMetrics, Inc.**

The Guaranteed Health Benefits Package Study Series  
Phase 1 : Technical Assistance to the Philippine Health Insurance  
Corporation in Developing a Benefit Development Plan

## **EXECUTIVE SUMMARY**

# Abstract

Achieving universal health care remains a relevant theme in the Philippines' health agenda. As PhilHealth continues to expand its coverage and scope of benefit packages, it needs a transparent and systematic method of prioritization that will optimize resource allocation for competing health needs. This four-phase study aims to provide our national policymakers with evidence-based information to guide the decision-making process of developing benefit packages in order to ensure financial risk protection, continuity, and quality of care for all Filipinos.

**Phase I** projects the Philippines' burden of disease profile from 2015-2035, based on the 2013 Global Burden of Disease (GBD) database, as well as the age and sex structure of the population. From the list, the most burdensome diseases and their recommended interventions are determined. It was found that 48 conditions contribute to 80% of the total burden of disease of the Philippines during this time period, half of which is attributed to the top 10. As such, it is recommended that the Department of Health (DOH) and PhilHealth address the 48 most burdensome diseases (accounting for 80% of total 20-year burden of disease) by creating Guaranteed Health Benefits Package (GHBP) to provide financial risk protection for cost-effective health interventions.

Full details of the study have been published in the peer-reviewed publication *Health Systems and Reform*: <http://www.tandfonline.com/doi/full/10.1080/23288604.2017.1368432>

# Executive Summary

## A. Introduction

In line with its goal of achieving universal health care, the Philippine Health Insurance Corporation (PhilHealth) has rapidly increased its coverage of the Philippine population and expanded its benefits in recent years. However, PhilHealth needs a transparent and systematic method of prioritization to guide future benefit package development. To this end, this study aims to determine the most burdensome diseases and their recommended interventions in the Philippines from 2015-2035.

## B. Methods

Twenty-year Philippine burden of disease projections were modeled using data from the 2013 Global Burden of Disease Study and the 2010 Census of Population and Housing. Age and sex-specific burden of disease rates, as well as the annual burden for each disease from 2015-2035 were obtained. Disease classifications comprising the majority percentage of DALYs were then examined for cost-effective interventions through a literature review. Finally, an equity screening was applied to the remaining diseases making up the minority percentage of DALYs. A literature review was conducted to identify which diseases disproportionately affect persons of a particular sex, income level, occupation, or educational level, or indigenous group.

## C. Results and Discussion

The Philippines will experience a demographic window from 2015-2035, with an increasing proportion of the population entering the workforce. During this time, the burden of non-communicable diseases as a share of the total Philippine burden of disease will increase by 10%, while the share of communicable, maternal, neonatal and nutritional diseases will fall by 17%. Likewise, the share of injuries will fall by 7%. The group of 10 most burdensome diseases, which account for 40% of Philippine DALYs, will remain the same until 2035. The next 38 most burdensome diseases account for the next 40% of Philippine DALYs. The remaining 221 diseases account for the last 20% of Philippine DALYs, and 68 of these diseases disproportionately affect vulnerable populations. A list of recommended cost-effective interventions was compiled for each of the top 48 diseases, based on literature review.

## D. Conclusions and Recommendation

Given the results of the study, it is recommended that the Department of Health (DOH) and PhilHealth address the 48 most burdensome diseases (accounting for 80% of total 20-year burden of disease) by creating Guaranteed Health Benefits Package (GHBP) to provide financial risk protection for cost-effective health interventions. The remaining 20% should be subjected to Health Technology Assessment, which is a multidisciplinary and systematic process that evaluates social, economic, organizational, and ethical issues of health interventions. It is also recommended that DOH and PhilHealth jointly establish the policies, systems, protocols, and procedures for capacity and institution building for priority setting and benefit package development. These processes should be participatory, transparent, evidence-based, and contestable.

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