



**EpiMetrics, Inc.**

The Guaranteed Health Benefits Package Study Series  
Phase 3 : Intervention Scoping for the Guaranteed Health  
Benefits Package

**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. This data is fed into Phase II of the study, which aims to develop a formal priority setting process.

Using the data and processes obtained from the first two phases, **Phase III** narrowed down the cost-effective interventions along various life stages and levels of prevention for the 48 most burdensome diseases for possible inclusion in the GHBP. This was done through literature review of international standards of care and local clinical practice guidelines (CPGs), consultations with experts from the various disciplines, and conducting cost-effective analysis and budget impact analysis. Results showed that primary preventive interventions were found to be the cheapest (\$10 to \$441 per DALY averted) for most of the life stages, suggesting potential targets for prioritization for the DOH and PhilHealth.

# Executive Summary

## A. Introduction

Accompanying the expansion of population coverage and benefit payouts are the rapid development of benefit packages such as primary care benefits and multiple Z Benefits for various illnesses. However, the limited health budget necessitates a clear and systematic method of prioritizing the development of future benefit packages to provide adequate financial risk protection to all Filipinos. Using the local burden of disease data and priority setting process generated in the first two phases of the project, Phase 3 identifies which interventions along the spectrum of care for each of the 48 most burdensome diseases are cost-effective for inclusion in the GHBP.

## B. Methods

Reviewing international literature such as the Disease Control Priorities (DCP) for Developing Countries and World Health Organization Choosing Interventions that are Cost-Effective (WHO- CHOICE) served as the starting point, as these sources have already listed proven cost-effective interventions. Selected interventions were then supplemented with local Clinical Practice Guidelines (CPGs) and their cost-effectiveness were identified through existing health economic studies. Consultations with 47 experts from 38 medical societies were done afterwards to assess applicability, appropriateness, adaptability, feasibility of implementation, ability to maintain fidelity, ease of dissemination, and sustainability of selected interventions in the Philippine setting. Resource requirements were derived by using the WHO One Health Tool, local or foreign CPGs, or through KII.

## C. Results and Discussion

Various interventions were analyzed using measures like Incremental Cost-effective Ratio (ICER), which if less than GDP per capita is labelled very cost-effective and if greater than 3 times the GDP per capita is labelled cost-effective. The WHO ICER cut-off was based on the Philippine GDP per capita. Results showed that the most cost-effective interventions (\$10 to \$441 per DALY averted) fall under the primary level of prevention for pregnant women, newborn, infants, adolescents, adults, and elderly.

## D. Conclusions and Recommendation

It should be noted that the interventions are only potential targets for the GHBP, and policymakers should take further care in whether or not to include the interventions for reimbursement. Additional factors to consider are: the appropriateness of the context in which the cost-effectiveness study was conducted, the feasibility of conducting primary HTA locally, the local costs of the intervention, and the need to act quickly before the policy window closes.

It is recommended that currently financed health interventions, PhilHealth packages, and case rates be reviewed for relevance and cost-effectiveness. Furthermore, DOH and PhilHealth should continue costing studies, undertake health technology assessments for expensive yet effective interventions, and consider use of WHO CHOICE to estimate the impact of disease burden averted.

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