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POLICY BRIEF

Intervention Scoping for the Guaranteed Health Benefits Package

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INTRODUCTION

The **Intervention Scoping for the Guaranteed Health Benefits Package (GHBP)** study is Phase III of a series of studies providing evidence-based information for the 48 most burdensome diseases in the country. The objective of this study is to create a list of cost-effective interventions for possible inclusion in the GHBP to ensure financial risk protection, continuity, and quality of care for all Filipinos.

METHODS

Scoping for interventions was performed through a search of related literature. The primary sources used were the second and third edition of the Disease Control Priorities (DCP) for Developing Countries and the World Health Organization Choosing Interventions that are Cost-Effective (WHO-CHOICE). Both DCP and WHO-CHOICE contained interventions that have undergone cost-effective analysis; hence these interventions were already proven to be cost-effective. Interventions were then compared and supplemented with Philippine Clinical Practice Guidelines (CPGs).If no local guidelines were found for a specific disease, foreign guidelines were used. Other interventions were scoped with the use of various databases, such as the Cochrane Library, the Campbell Library, and the National Center for Biotechnical Information. Critical appraisal of these interventions was done with Appraisal Guide for Research and Evaluation II (AGREE II) and Critical Appraisal Skills Program (CASP). The cost-effectiveness for these interventions were identified through search of health economic studies.

These interventions were then validated through key informant interviews (KIIs) with experts identified and endorsed by presidents of different medical societies. A total of 47 experts were included in the study with whom specificities of the interventions and local feasibility were validated. KIIs also tackled questions regarding applicability, appropriateness, adaptability, feasibility of implementation, ability to maintain fidelity, ease of dissemination, and sustainability. Resource requirements were derived by using the WHO One Health Tool, local or foreign CPGs, or through KIIs.

RESULTS

A list of 745 interventions was found and from these, 57.3 percent had cost-effective studies. Across all the diseases, the median USD per DALY averted of the interventions ranged from $3.41 (for trichuriasis) to $8,826 (for COPD).The highest USD per QALY gained was identified at $23,375 (for COPD) while the lowest was at $72 (for tuberculosis).

Table 1. Median Incremental Cost-effective Ratio (ICER) in USD per DALY Averted Across Life Stages and by Level of Prevention

LEVEL OF PREVENTION	LIFE STAGE						
	Pregnant	Newborn	Infants	Child	Adolescent	Adult	Elderly
Primordial	470.00 N = 27	1139.00 N = 11	1139.00 N = 17	955.00 N = 25	279.00 N = 35	493.00 N = 35	470.00 N = 49
Primary	62.00 N = 26	10.20 N = 9	74.5 N = 10	303.00 N = 8	186.75 N = 10	441.25 N = 18	42.50 N = 19
Secondary	152.00 N = 13	414.50 N = 27	113.00 N = 6	212.50 N = 6	523.00 N = 22	1182.00 N = 33	1182.00 N = 33
Tertiary	180.50 N = 5	82.00 N = 15	103.00 N = 21	161.75 N = 36	208.00 N = 39	615.00 N = 71	606.00 N = 72
Rehabilitation							

** These are the values only from studies with Applicability Grades 2 and 3.*
*** N refers to the number of interventions*

Among the five levels of prevention, primary interventions were found to be the cheapest for the pregnant women, newborn, and infant life stages ranging from $10 to 74 per DALY averted. On the other hand, tertiary prevention interventions were found to be the cheapest starting from the children to elderly life stages ranging from $162 to 606 per DALY averted. There were no ICERs for rehabilitation level of prevention across all life stages because no interventions were found and/or the interventions found do not have cost-effective studies.

Among the five levels of prevention, secondary prevention interventions were the cheapest with the lowest median ICERs ranging from $44 to 702 per QALY gained for the life stages pregnant women, children, and adults. For the elderly group however, tertiary prevention interventions had a slightly lower median of about $2,400 per QALY gained. There were no ICERs for the following life stages: newborn, infants, and adolescents. There were also no ICERs for the rehabilitation level of prevention across all life stages. Similar to Table 2, this was because no interventions were found and/or the interventions found do not have cost-effective studies.

The study showed that most interventions were graded as medium (24.1%). This means that the ICERs came from lower middle- income countries outside of the WHO PRO-B region.

Table 2. Median ICER in USD per QALY Gained Across Life Stages and by Level of Prevention

LEVEL OF PREVENTION	LIFE STAGE						
	Pregnant	Newborn	Infants	Child	Adolescent	Adult	Elderly
Primordial							
Primary	15883.00 N = 5			1130.00 N = 2		1130.00 N = 2	15883.00 N = 7
Secondary	702.00 N = 3			43.725 N = 2		43.725 N = 2	2921.25 N = 8
Tertiary	2380.00 N = 7		220.00 N = 1	645.00 N = 6		645.00 N = 6	2395.00 N = 16
Rehabilitation							

** These are the values only from studies with Applicability Grades 2 and 3.*
*** N refers to the number of interventions*

CONCLUSION

The universe of interventions for the 48 most burdensome diseases in the country have been narrowed down to a list of cost-effective and feasible interventions for possible inclusion in the GHBP. These interventions have been categorized by disease, life stage, and level of prevention.
Care must be taken however in interpreting the results of the study as the results are only potential targets for the GHBP. Besides cost-effectiveness, additional factors should be considered when making reimbursement decisions. These include the appropriateness of the context in which the cost-effectiveness study was conducted, the feasibility of conducting primary Health Technology Assessment (HTA) locally, the local costs of the intervention, and the need to act quickly before the policy window closes.

RECOMMENDATIONS

A. Policy Recommendations

- Review PhilHealth Packages and Case Rates
  PhilHealth should compare the list of diseases and their interventions against the interventions they are funding and evaluate them retention, modification, or delisting.

- Review DOH Primary and Secondary Interventions
  DOH should review their current primary and secondary prevention interventions using cost-effectiveness as one of the criteria for prioritization and resource allocation. The criteria of equity should also be considered seriously and integrated into the decision-making.

- All-for-Health Approach to Primordial Interventions
  DOH should act as a catalyst for inter-agency cooperation in assessing and potentially implementing the primordial interventions identified in study.

B. Research Recommendations

- Costing Studies for GHBP and Strategic Purchasing
  DOH and PhilHealth should undertake a costing study based on these identified interventions to support the development of the proposed global budgeting provider payment mechanism and cost-sharing policies.

- HTA for Identified Expensive yet Effective Interventions
  DOH and PhilHealth should jointly undertake health technology assessments of the expensive yet effective interventions identified by this study.

- Utilize Available WHO-CHOICE Tools for HTA
  DOH and PhilHealth should utilize the WHO-CHOICE tools to undertake generalized cost-effectiveness analysis of multiple interventions across several diseases, to project their budget impact, and to estimate the impact of the set of interventions in terms of disease burden averted.

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