

CHAPTER 10

Transforming Human Capital Development towards Greater Agility

The country continues to respond to and recover from the COVID-19 pandemic. The downward trend of COVID-19 cases and positivity rate towards the end of 2021 is attributed to the government's successes in implementing the Prevent, Detect, Isolate, Treat, Reintegrate, and Vaccinate (PDITR-V) strategy, particularly the accelerated COVID-19 vaccination program. These key interventions for pandemic response, the increasing budget and expenditure for health and nutrition, and expanded Philippine Health Insurance Corporation (PhilHealth) coverage and benefits show how the country values the health of its people. Flexible learning modalities in education and training as well as the preparations to return to in-person schooling also seek to lower the learning and productivity losses brought about by the closure of schools since 2020. The labor market also continued to recover through better management of risks.

For the rest of the Plan period, the government will continue to address challenges that hinder the realization of the Filipino's full potential. The efforts will focus on transforming human capital development towards greater agility through promoting quality health and nutrition and health interventions at all life stages, ensuring a responsive and resilient health system, instituting catch-up programs to offset learning losses, developing lifelong learning programs, and advancing skills development and retooling, among others.

NUTRITION AND HEALTH OUTCOMES FOR ALL IMPROVED

ASSESSMENT

Various data sources with different frequencies of reporting are being used to monitor nutrition and health outcomes. Some are reported through program or administrative data that can be generated annually while some are through surveys that are conducted every five years, such as the National Demographic and Health Survey (NDHS) with the most recent report published in 2017.

Most of the available data on accomplishments are before the pandemic. Nevertheless, the sector must continue to augment its capacity and innovate its service delivery to effectively implement programs and services while continuing COVID-19-response efforts, such as the vaccination program. These will further improve outcomes and mitigate the possible reversal of gains in the sector.

As policy shifts from eliminating COVID-19 to living with the virus, the sector must adapt to the changing environment and manage health risks towards recovery.¹ Moreover, it is important to ensure efficient spending to secure enough funds for the full implementation of key legislations—such as the Universal Health Care Law (RA 11223), also known as the UHC Law—and to sustain national and local government cooperation to guarantee smooth transition in the full/re-devolution of basic services in line with the Mandanas-Garcia ruling.

IMPROVING NUTRITION AND HEALTH OUTCOMES FOR ALL

Child and maternal health outcomes improved pre-pandemic. Mortality among infants slightly decreased from 23 per 1,000 live births (LB) in 2013 to 21 in 2017. Meanwhile, mortality among children under five also decreased from 31 to 27 per 1,000 LB during the same period. Antenatal care and safe delivery practices, and enhanced surveillance made the Philippines the 44th country to eliminate maternal and neonatal tetanus in November 2017.² Family planning services were also strengthened, resulting in the increase in the percentage of women who use modern contraception [see [Chapter 13](#)].

There have been varying degrees of success in addressing malnutrition. Reduction in the prevalence of malnutrition among children under five showed significant improvements. From 2015 to 2018-2019, prevalence of stunting among this age group (in percentage) decreased from 33.4 to 29.6; wasting from 7.1 to 5.7; and overweight from 3.9 to 3.5. However, the targets for the reduction of stunting and wasting were not met. Meanwhile, the proportion of households meeting the 100 percent recommended energy intake (in percentage) worsened from 31.0 to 21.8 during the same period. Disruptions in the delivery of nutrition services at the beginning of the COVID-19 pandemic threatened to exacerbate the prevalence of malnutrition in the country. The quarantine restrictions also affected the mobility and livelihood of households, resulting in increased food insecurity³ [see [Chapter 11](#)]. To mitigate the pandemic's impact, the Nutrition Cluster⁴ issued guidelines on the provision of nutrition programs during emergencies like the pandemic. This resulted in the continuation of nutrition service delivery in the country.

The triple burden of diseases⁵ remains a priority public health concern. Mortality rate attributed to lifestyle-related diseases increased from 462.5 deaths per 100,000 population (aged 30 to 70 years old) in 2016 to 467.0 deaths per 100,000 population in 2019. Cardiovascular diseases, specifically ischemic heart diseases as the leading cause of death in the country in 2015, can be attributed to unhealthy lifestyle and the prevalence of several risk factors (metabolic and behavioral) such as alcohol consumption, tobacco use, and sedentary lifestyle.⁶ The involuntary shifts in lifestyle and behavior due to the pandemic have also resulted in a rise in mental health issues.⁷

¹ NEDA presentation entitled “Living with the virus, Recovering to Pre-pandemic Levels in 2022”. Retrieved from <https://neda.gov.ph/living-with-the-virus-recovering-to-pre-pandemic-levels-in-2022-brewing-aim-december-1-2021/>

² UNICEF Article on maternal and neonatal tetanus elimination. Accessed from: <https://www.unicefusa.org/stories/good-news-moms-and-babies-philippines-has-eliminated-mnt/33733>

³ DOST-FNRI. (2020). “Rapid Nutrition Assessment Survey on Food Security, Coping Mechanisms, and Nutrition Services Aailed during COVID-19 Pandemic in Selected Areas in the Philippines”

⁴ Sub-cluster of Health at the national level composed of partner agencies from government, the United Nations, and non-government organizations, guides the implementation and monitoring of programmatic measures to reduce nutrition-related mortality and morbidity as a result of emergencies (like COVID-19) and disasters impact on public health, economy and social aspects.

⁵ Communicable, non-communicable, and urbanization- and industrialization-related diseases

⁶ Prevention and Control of NCDs in the Philippines: The Case for Investment (UNDP, WHO 2019)

⁷ Mental health in a time of pandemic: The invisible suffering. Retrieved from <https://newsinfo.inquirer.net/1544354/mental-health-in-a-time-of->

In terms of communicable diseases, active case-finding and mandatory notification resulted in the increased incidence of tuberculosis (TB) from 434 per 100,000 population in 2016 to 539 in 2020.⁸ For HIV/AIDS, the number of newly diagnosed cases decreased from 9,624 in 2016 to 8,058 in 2020.⁹ With pandemic-related disruption in service delivery, HIV testing decreased by 61 percent from 2019 to 2020.¹⁰ The emergence of COVID-19 also affected the delivery of services under the Department of Health's (DOH) Malaria Control and Elimination Program. Thus, the 2020 and 2021 targets for malaria indicators were not met.¹¹

COVID-19 cases declined in the 4th quarter of 2021 while the vaccination program is in full swing. Since the first confirmed case on January 31, 2020, the country has recorded over 2.84 million COVID-19 cases, with 51,000 deaths as of December 31, 2021. COVID-19 has been reported as the third leading cause of mortality in 2021.¹² It continued to proliferate until September 2021 with the emergence of the highly transmissible Delta variant in the country. New confirmed cases started to decrease from a daily average of about 11,145 cases in the last week of September 2021 to 1,286 cases in December 2021. This decline occurred at the same period when COVID-19 vaccination program gained momentum, with about 109 million doses administered.¹³ The government also conducted National Vaccination Days in November and December 2021 to ramp up COVID-19 vaccination nationwide.¹⁴ With continuous efforts from the national government to secure the steady supply of vaccines, the country received a total of 210.63 million COVID-19 vaccines as of December 31, 2021. The increased supply of vaccines, particularly in the fourth quarter of 2021, led to the increased vaccination rate in the country and protected as many Filipinos as possible. As of December 31, 2021, 106.9 million doses have been administered, 49.77 million Filipinos were fully vaccinated, and about 1.81 million received booster shots. Nevertheless, the vaccination program still needs to be fast-tracked given the emergence of more transmissible COVID-19 variants such as Omicron.

Continuous construction and upgrading of health facilities. During the onset of the COVID-19 pandemic in 2020, the country had a very limited number of COVID-19 testing laboratories. But as of the end of 2021, all regions in the country have at least one Biosafety Laboratory Level 2 (BSL2) (with RT-PCR) for the diagnosis of the COVID-19 virus. Moreover, under the DOH Health Facilities and Enhancement Program (HFEP), 32 COVID-19 referral hospitals were identified, and 8,557 Temporary Treatment and Monitoring Facilities (TTMFs) were established, 21 of which are Mega TTMFs.¹⁵

Inequitable and inadequate supply of health and nutrition workers. A number of provinces did not have adequate human resources for health (HRH) - only 30 percent, 77 percent, and 95 percent of the provinces have adequate physicians, midwives, and nurses to population ratio,¹⁶ respectively, in 2021. The factors affecting the misdistribution of health workers include: (a) disparities in pay

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⁸ National TB Prevalence Survey

⁹ HIV/AIDS and ART Registry of the Philippines (HARP)

¹⁰ 2020 Annual HIV Report

¹¹ <https://doh.gov.ph/press-release/DOH-PARTNERS-FIRM-ON-ITS-TARGET-TO-REACH-ZERO-MALARIA-CASE-BY-2030>

¹² PSA Press Release No. 2022-11: Causes of Death, in the Philippines, Preliminary: January to December 2021

¹³ National Taskforce against COVID-19 on Vaccine Doses Administered during April 2022 Presidential Communications Operations Office Talk to the People Program.

¹⁴ DOH. Updates on COVID-19 Vaccines. Retrieved from <https://doh.gov.ph/vaccines>

¹⁵ 2020 and 2021 DOH Annual Report

¹⁶ Recommended numbers of HRH in primary health care facilities - 1 physician per 20,000 population; 1 nurse per 10,000 population; and 1 midwife per 5,000 population (Source: National Objectives for Health 2017-2022)

between private and public sectors, within the public sector, and between national and local levels; (b) limited capacity of local government units (LGUs) to hire health and nutrition workers; and (c) poor working conditions in the place of assignment.¹⁷

Immunization outcome improved slightly, and a polio outbreak was ended. Based on the NDHS, the proportion of fully immunized children (FIC) slightly increased from 68.5 percent in 2013 to 70 percent in 2017. However, it is still far from the PDP end-of-plan target of 95 percent. Meanwhile, data from the Field Health Service Information System (FHSIS) reported a lower percentage of FIC in 2020 at 65.2 percent. In 2019, a polio outbreak in the country was recorded after 19 years of being polio-free. The government intensified its immunization and surveillance activities, including various campaigns and risk communication on polio prevention, that have ended the polio outbreak in June 2021.¹⁸

Budget and expenditure for health and nutrition have been increasing. The budget of DOH, including its attached agencies and corporations,¹⁹ increased by 20 percent from PHP176 billion in 2020 to PHP212 billion in 2021. The increase in the allocation was observed in the Public Health, Human Resources for Health Deployment, and Medical Assistance to Indigent Patients Programs. In the 2021 Government Appropriations Act (GAA), an additional PHP75.5 billion was allocated for the COVID-19 Vaccination Program and for the construction, upgrading, and rehabilitation of health facilities, particularly in the geographically isolated and disadvantaged areas (GIDAs) and UHC Integration Sites. Among the DOH's attached agencies and corporations, PhilHealth has the highest budget appropriation of PHP71.3 billion for the health insurance premium of indirect contributors of the National Health Insurance Program (NHIP).²⁰

Based on the 2020 Philippine National Health Accounts, the total health expenditure grew by 10.4 percent in 2020, with an increase in Gross Domestic Product (GDP) share of 5.6 percent in 2020 from 4.7 percent in 2019. Government health spending also increased by 23.8 percent share from 2019 to 2020 and has the largest share of the total health expenditure of 40.8 percent. It was followed by the household out-of-pocket (OOP) spending that contributed PHP400.10 billion or 39.9 percent share in 2020, from 42 percent share in 2019.

Expanded PhilHealth coverage and benefits. With the passage of the UHC Law in 2019, all Filipinos are automatically covered by the NHIP, making the coverage rate 100 percent. However, in terms of registered PhilHealth members, only 98.0 million of the 110.2 million²¹ Filipinos (89%) are listed in the PhilHealth database in 2021.²²

¹⁷ Human Resources for Health Master Plan 2020-2040 (Draft)

¹⁸ WHO and UNICEF Joint News Release (11 June 2021): WHO, UNICEF laud end of polio outbreak in the Philippines

¹⁹ Attached agency – National Nutrition Council; Attached Corporations – Philippine Health Insurance Corporation (PhilHealth), Lung Center of the Philippines, National Kidney and Transplant Institute, Philippine Children's Medical Center, Philippine Heart Center, and Philippine Institute for Traditional and Alternative Health Care

²⁰ 2021 DOH Budget Brochure

²¹ 2021 Projected Population is 110,198,654 updated estimation from the 2015 PopCen by PSA (<https://psa.gov.ph/content/updated-projected-mid-year-population-philippines-2020-2025>).

²² 2021 PhilHealth Stats and Charts. Retrieved from https://www.philhealth.gov.ph/about_us/statsncharts/snc2021.pdf

New and expanded benefit packages were developed and are currently being provided by PhilHealth. Most of the packages are COVID-19 benefit packages such as Testing Packages (RT-PCR and Cartridge-based PCR), Home Isolation Benefit Package, Community Isolation Benefit Package, In-Patient Care Packages, and Vaccine Injury Compensation. However, there has been an issue with PhilHealth's delayed payment/reimbursement of COVID-19 claims to government and private hospitals. According to the Anti-Red Tape Authority (ARTA), causes of delay include issues on PhilHealth's Information and Communication Technology (ICT), wrong diagnoses and faulty documentation in its Return-to-Hospital applications, and lack of human resources.²³

Aside from COVID-19-related benefits, PhilHealth also enhanced the primary care benefit package, also known as the *Konsultasyong Sulit at Tama (Konsulta)* Package, that covers initial and follow-up consultations with primary care providers, targeted health risk screening and assessment, 13 diagnostics/laboratory services (e.g., urinalysis, CBC, X-ray, ECG, etc.), and 21 drugs and medicines (e.g., anti-diabetic, anti-hypertensive, anti-dyslipidemia, etc.). However, as of December 2021, only 6.8 percent of the expected *Konsulta* providers have been accredited to offer this package.

Digitalization of health and nutrition sector has started. Telehealth/teleconsultation services were utilized during the pandemic, given the mobility restrictions and to lessen the foot traffic in hospitals. As such, health care providers had to adapt and provide these services to cater to non-COVID-19 patients. Relatedly, there was a need to develop facilities' information and data management systems for an almost real-time reporting of COVID-19-related data and information to the DOH. The same had to be done by LGUs as they are in charge of the vaccination roll-out in their respective areas.

²³ <https://arta.gov.ph/press-releases/arta-sec-belgica-bares-agencys-initial-findings-on-philhealths-unpaid-hospital-claims/>

IN FOCUS: MICA ALVAREZ, MOTHER-TO-BE



Mica Alvarez is a 15-year-old junior high school student experiencing an unplanned pregnancy.

She is the second of four children in the Alvarez family. Her father is a tricycle driver, and her mother is a housewife. Mica wants to have access to quality and appropriate healthcare for herself and her child, such as maternal and child health services, reproductive health services, and nutrition services. She wants to have access to sufficient, nutritious, and diverse food for the whole family. She also wishes to live a long, healthy, and happy life and ensure a safe future for her child.

However, Mica is very frustrated with her current situation and condition. She is in her second trimester of pregnancy, and she and her partner, Ronald, also a 15-year-old, still do not know what, how, and where to access prenatal and postnatal health services. Mica realized that if both of them knew more about reproductive health, her unintended pregnancy could have been prevented. Moreover, with her father's income not enough for daily needs, she is worried for her family and her child's nutrition during and after her pregnancy.

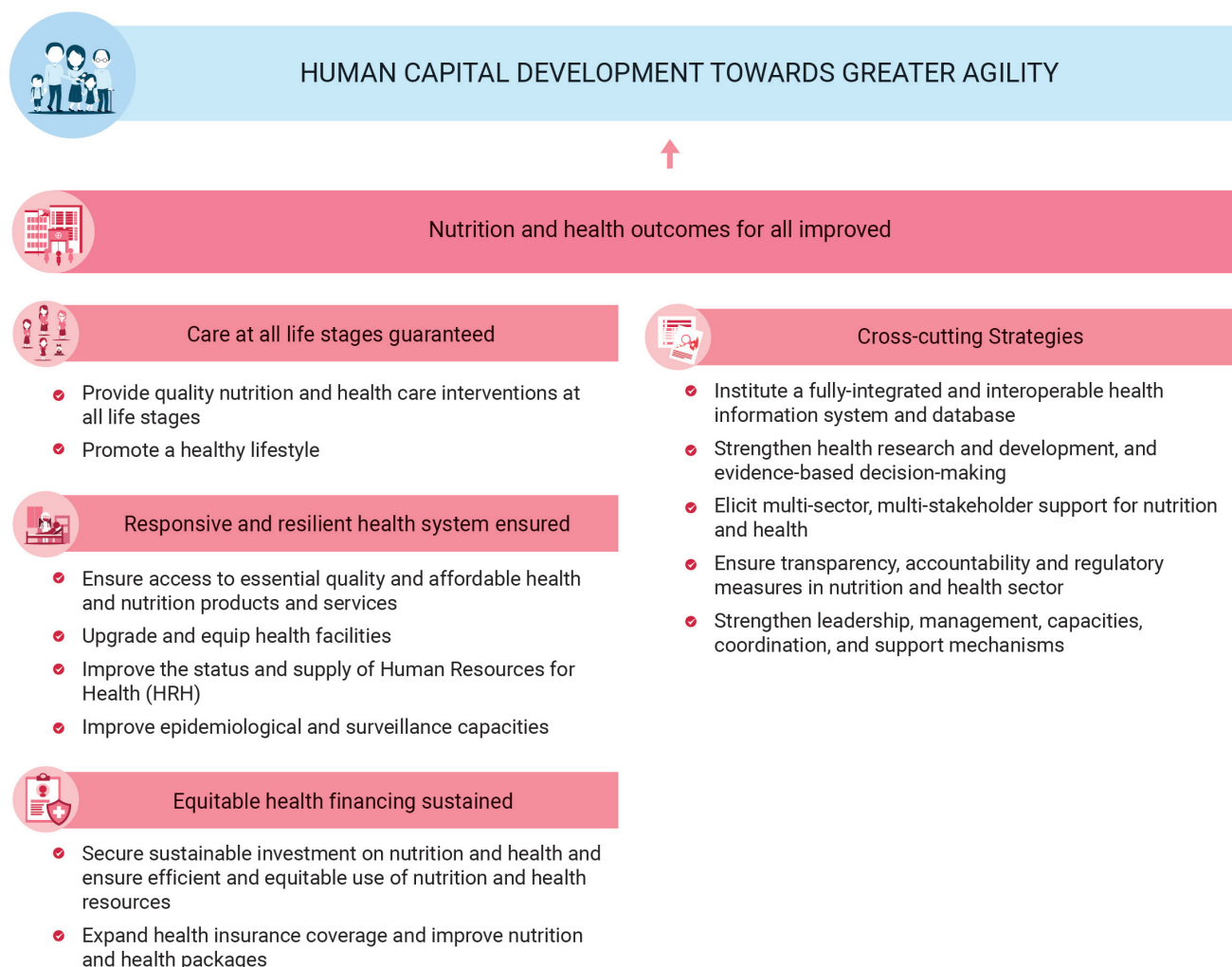
STRATEGIC FRAMEWORK

This unprecedented public health crisis highlighted the importance of the health and well-being of every Filipino. Young mothers and would-be-mothers especially like Mica face daunting challenges in accessing appropriate health and nutrition services for herself and her child amidst the pandemic, which may hamper them from reaching their full potential as adults and productive citizens. Thus, it is paramount that the government ensures availability, affordability, and accessibility of quality health and nutrition services and interventions for all to reverse health losses and produce healthy and resilient Filipinos.

To improve nutrition and health outcomes for all, the government, in collaboration with the private sector and other stakeholders, will continue to pursue strategies to: (a) guarantee care at all life stages; (b) ensure responsive and resilient health system; and (c) sustain equitable health financing.

Aside from the strategies stipulated in the Updated PDP 2017-2022, additional specific strategies discussed below will also be pursued. With this, we can help and support every Filipino, like Mica, to address concerns regarding health and nutrition and attain the goal of living a long, healthy, and happy life.

Figure 10.1 Strategic Framework to Improve Nutrition and Health Outcomes for All



STRATEGIES

IMPROVING NUTRITION AND HEALTH OUTCOMES FOR ALL

Guaranteeing care at all life stages

Provide quality nutrition and health care interventions at all life stages. To quickly recover the pre-pandemic gains in maternal and child health outcomes, the DOH, National Nutrition Council (NNC), and other relevant agencies must ensure that comprehensive, converged, and continuous nutrition and health-related interventions and services will be given, especially during the first 1,000 days of life (covering pregnancy and the first two years of life) for the mother and the child.²⁴ Aside from this, sexual and reproductive health services for women-of-reproductive age will also be intensified to prevent adolescent or early pregnancy, which will be spearheaded by the DOH and Commission on Population and Development (POPCOM) [see [Chapter 13](#)]. Moreover, the Department of Education (DepEd) will ensure that comprehensive sexuality education, including an adolescent-friendly health service package, will be properly taught in schools. It is also important that all these services are provided continuously even during the pandemic and other emergencies.

The NNC, as the highest policy-making body for nutrition, will ensure a multisector approach to nutrition and monitor the implementation of nutrition-specific and nutrition-sensitive interventions. Nutrition-specific interventions include supplementary feeding programs; mandatory food fortification; obesity/overweight management; and prevention of and nutrition in emergencies, among others. Nutrition-sensitive interventions include food production; community/school food gardens; water, sanitation, and hygiene services; and farm-to-market roads. Innovative approaches in the delivery of nutrition programs and services will be sustained, such as the distribution of food packs in lieu of facility-based feeding, and utilization of mid-upper arm circumference (MUAC) tapes in growth monitoring to reduce exposure of children in public setting. The *Tutok Kainan* program, a supplementary feeding program covering 6- to 23-month-old children and nutritionally-at-risk pregnant/lactating mothers needs to undergo comprehensive evaluation before being institutionalized, together with the Supplementary and School-based feeding programs of the Department of Social Welfare and Development (DSWD) and DepEd. Ultimately, food security must be ensured especially among the most vulnerable (see [Chapter 11](#)).

Programs will be developed and strengthened to address emerging and re-emerging infectious diseases such as COVID-19, dengue, HIV/AIDS, and TB, among others. The Inter-Agency Task Force for the Management of Emerging Infectious Diseases (IATF-EID) will continue to determine and recommend to the President policies, strategies, and guidelines to be followed during health emergencies. The government will continue to implement the PDITR-V strategy. Minimum public health standards and social distancing measures will also remain. As experts expect the virus to become an endemic disease, the country has begun and will continue to shift its strategies from eliminating COVID-19 to managing or learning how to live with the virus. This may entail yearly vaccination against COVID-19 similar to a flu shot, to further

²⁴ PIDS Discussion Paper Series No. 2021-41 (December 2021). Breaking the Curse: Addressing Chronic Malnutrition in the Philippines Using a Health System Lens

minimize the impact of the virus to the population. With the 80 to 90 percent herd immunity target for 2022, the DOH, with the economic agencies such as the Department of Finance (DOF), Department of Budget and Management (DBM), NEDA, and other concerned agencies will continuously work together to secure resources for additional vaccines and booster shots, if needed.

For HIV/AIDS and TB, active case-finding and treatment will be intensified, coupled with education and promotion programs to increase public awareness and reduce stigma. Moreover, to fully eliminate malaria in the country by 2030, the DOH will continue implementing the malaria control and elimination program. This includes diagnosis and treatment of malaria cases, vector control and surveillance, as well as advocacy and social mobilization.

Promote a healthy lifestyle. The COVID-19 pandemic emphasized the importance of health and having a healthy lifestyle. Social and Behavior Change Communication (SBCC) campaigns and interventions will be developed and implemented continuously to encourage the public to live healthily and make good choices for their health (e.g., decrease the intake of unhealthy food, exercise and be active, have regular check-ups and avail of vaccination, and adhere to minimum public health standards) to prevent risks in acquiring non-communicable diseases or lifestyle-related diseases. The SBCC will also be used to increase COVID-19 vaccine acceptance/uptake. Culture-sensitive content will be used in improving health and nutrition promotion (e.g., development of health and nutrition promotion playbooks and modules, and use of short message service [SMS] and other digital platforms, among others). Concerned agencies and LGUs will also utilize various community groups (e.g., “*Nanay*” organization) in different online and physical platforms to provide information on health and nutrition to their target population.

Ensuring a responsive and resilient health system

Ensure access to essential quality and affordable health and nutrition products and services. Pursuant to the UHC Law, the DOH, PhilHealth, and LGUs will facilitate the registration of Filipinos to a public or private primary care provider of their choice. Likewise, the conduct of Health Technology Assessment (HTA) will ensure that government-provided health and nutrition products and services are safe, effective, and affordable.

In living with the COVID-19 virus, the government will need to secure enough and adequate vaccines doses (i.e., primary, additional, and booster doses) for the eligible population. To improve access to affordable COVID-19 testing, the use of over-the-counter antigen testing kits will also be explored and introduced.

Upgrade and equip health facilities. The government will continue to construct, rehabilitate, and upgrade health facilities, especially primary health care facilities—such as barangay health stations (BHS) to achieve the recommended 1 BHS:1 barangay ratio—and the rural health units (RHUs). The DOH will also upgrade its hospitals to become training hospitals. Health facilities will also be equipped with digital infrastructure needed for telehealth services and an electronic medical record system. This will be guided by the Philippine Health Facilities Development Plan 2020-2040, which outlines the requirements and needed investments in strengthening the country’s health system to meet the future needs of every Filipino.

Improve the status and supply of Human Resources for Health (HRH). The HRH Master Plan 2020-2040 will be implemented both at the national and local levels to serve as a guide for appropriate generation, recruitment, retraining, regulation, retention, and reassessment of the health workforce based on population health needs. The Master Plan also covers strategies that will ensure the welfare, protection, and career development of public and private HRH. The government will continue to provide pre-service scholarship programs with return service agreements to create a pool of competent health workforce in the country. DOH will also prioritize the deployment of physicians in Level I and II hospitals to address the need for specialized medical care, particularly in the unserved and underserved areas in the country. Moreover, training and deployment of infectious diseases and public health experts will be prioritized.

To fully implement the programs and activities under the Philippine Plan of Action for Nutrition (PPAN) at the local level, LGUs will ensure the deployment of adequate and competent nutrition workers. The NNC recommends deploying at least one Barangay Nutrition Scholar (BNS) per barangay to facilitate the referral system for nutrition services in a timely manner.

Improve epidemiological and surveillance capacities. The DOH and LGUs will ensure the strict implementation of the revised implementing rules and regulations (IRR) of the Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act (RA 11332), through official public health information, and disease surveillance and response systems such as the Field Health Services Information System (FHSIS). The DOH will also ensure that the data collected from various local units can be collated in a central database for future analysis and decision-making processes [see [Cross-cutting strategies](#)]. Further, the DOH will conduct functionality assessment and monitoring and evaluation of the Epidemiology and Surveillance Units (ESUs) for the identification of needs and gap analysis. Capacity building and training of trainers on Basic Epidemiology, Disease Surveillance, and Event-based Surveillance for the Regional ESUs will also be conducted.

Sustaining equitable health financing

Secure sustainable investment in nutrition and health and ensure the efficient and equitable use of nutrition and health resources. The following strategies will be pursued to ensure the efficient and equitable use of nutrition and health resources: (a) focus on financial resources for nutrition and health with high-impact interventions; (b) improve HTA processes and methods to serve as an evidence-informed, priority-setting mechanism in financing, procurement, and coverage decision on health and nutrition products and benefit packages; and (c) ensure funding for nutrition and health sector recovery activities and programs, especially at the local/community level. In addition, a health crisis fund will be established, which will be a shared responsibility of the national and local government to ensure funding in cases of public health emergencies such as a pandemic.

Expand health insurance coverage and improve nutrition and health packages. PhilHealth will continue to expand its benefit packages, as recommended by the Health Technology Assessment Council, including the full implementation of the Philippine Integrated Management of Acute Malnutrition package, outpatient benefits under the *Konsulta* package, and telemedicine services. PhilHealth will also review and improve its existing benefit packages such as in-patient and COVID-19-related packages, to meet the needs of its members.

Moreover, PhilHealth will revisit the policies and requirements for accreditation of health care providers, including telemedicine providers, to cover small private clinics, and policies on the reimbursement/ payment of claims. PhilHealth will also consult public and private health care providers before the issuance of guidelines or policies regarding its benefit packages, accreditation, and reimbursement of claims, among others. Further, PhilHealth's data management, IT system, and human resources will be strengthened to improve the efficiency of claims processing.

CROSS-CUTTING STRATEGIES

Institute a fully integrated and interoperable health information system and database.

Digitalization of health and nutrition information and management systems will be improved by concerned agencies and entities. This includes (a) strengthening the functionality of hospital information systems (e.g., electronic medical records) for interoperability with other facilities and easier data generation for the processing of PhilHealth claims; (b) developing a unified health information system where all health data, including data from private health care providers, will be consolidated to have seamless navigation and referral mechanisms between health care providers; (c) fully implementing the National Nutrition Information System to harmonize existing health, nutrition, and social protection databases; and (d) utilizing artificial intelligence and big data analytics to understand the spread of diseases, improve treatment methods, and streamline medical care, among others. Data sharing agreements among relevant agencies adhering to data privacy guidelines will also be pursued.

Strengthen health research and development, and evidence-based decision-making. Increase investments in and support for: (a) researches on health and nutrition-related technologies, and research translation activities by health and nutrition research institutes (e.g., DOH, RITM, NNC, DOST-FNRI, and DOST-Philippine Council for Health and Research Development, among others) to support evidence-based decision-making; (b) adoption/diffusion of quality, sustainable, and affordable health and nutrition innovations [see [Chapter 14](#)]; and (c) researches on vaccine and drug discovery and development (e.g., COVID-19 vaccine and medicines) and on zoonotic diseases and its risk factors. Moreover, there is a need to document and analyze the country's COVID-19 pandemic response through a pandemic playbook, to prepare for possible public health emergencies in the future. The conduct of the Health Impact Assessment, where applicable, will also be implemented in accordance with the UHC Law.

Elicit multi-sector and multi-stakeholder support for nutrition and health. Similar to the country's COVID-19 response, stakeholders will be involved through regular consultations and briefings for the health and nutrition sector. Local-level participatory governance will be pursued through private sector or civil society organization representation in local development councils and bodies. Moreover, the IATF on Zero Hunger, which aims to address hunger, nutrition, and food security in the Philippines, will continue to collaborate with the private sector in pursuing zero hunger in the country [see [Chapter 11](#)].

Ensure transparency, accountability, and regulatory measures in nutrition and health sector.

National government agencies will continue to be transparent in the implementation of programs and services, while the Department of the Interior and Local Government (DILG) will endeavor and encourage the LGUs to exercise the same, especially since basic services will be fully devolved with the implementation of the Mandanas-Garcia ruling. Monitoring and evaluation of nutrition and health programs will be improved to make the programs more effective. Adopting a responsive organizational structure, staffing

patterns, and skill mix at all levels of the health system will also be pursued. For PhilHealth claims, gaps or avenues for corruption of health systems data will be identified through forensic data analysis to ensure transparency and accountability on dubious claims.

Moreover, concerned agencies and NEDA will advocate for the passage of priority legislations for health and nutrition in the Updated PDP 2017-2022.

Strengthen leadership, management, capacities, coordination, and support mechanisms. Coordination and collaboration between the national government and LGUs will be further strengthened. The national government will continue to provide technical assistance and support to LGUs in the implementation of the devolution transition plans of the sector. DOH will support LGUs through the Centers for Health Development (CHDs) in the integration of local health systems pursuant to the UHC Law. The national government will also help LGUs to strengthen their capacity on health emergency preparedness and response, and the functionality of multisectoral health and nutrition platforms at the local level.

FLEXIBLE AND CONTINUOUS LIFELONG LEARNING OPPORTUNITIES FOR ALL ENSURED

ASSESSMENT

The COVID-19 pandemic severely impacted the education sector. School closures led to a shift of classes towards distance learning modalities, both online and print, since March 2020. The Department of Education rapidly formulated and rolled out the Basic Education Learning Continuity Plan (BE-LCP), and more recently, began the gradual return to in-person learning, starting with pilot face-to-face classes in November 2021.

Basic education enrollment already surpassed the target of 80 percent of 27,790,114 learners in school year (SY) 2019-2020, with 26,799,736²⁵ learners in SY 2020-2021 representing 96.44 percent of the previous year's enrollment. The net enrollment rate (NER) for elementary and junior high school (JHS) decreased from 94 to 89 percent and 83 to 81 percent, respectively, for the years 2019 and 2020. JHS is the only grade level with NER that is better than the targets. Further, quality indicators are not available due to the inability to conduct the National Achievement Test (NAT) for the two previous school years.

At the tertiary education level, the Technical Education and Skills Development Authority (TESDA) launched “OPLAN TESDA *Abot Lahat*: TVET Towards the New Normal” to ensure continuity of training and skills development programs amid the pandemic. Technical-Vocational Institutions (TVIs) implemented flexible learning modalities which may have contributed to the attainment of Plan targets of

²⁵ DepEd Learner Information System data as of January 15, 2021.

92 percent certification rate in 2021. Likewise, the Commission on Higher Education (CHED) adopted flexible learning arrangements in delivering education services and continued to support projects geared towards the internationalization of higher education institutions (HEIs), such as the development of institutional capacity, participation in the ASEAN University Network, and research, among others.

ACHIEVING QUALITY, ACCESSIBLE, RELEVANT, AND LIBERATING BASIC EDUCATION FOR ALL

Functional literacy improved. The functional literacy rate improved from 90.3 percent in 2013 to 91.6 in 2019 based on the results of the Functional Literacy and Mass Media Survey (FLEMMS).

NER in junior high school were better than the target. However, kindergarten and senior high school (SHS) enrollment rates were below targets. The lower-than-target kindergarten NER of 66 percent in 2020 is attributed to the strict implementation of the age cut-off policy through DepEd Order (DO) No. 20, series of 2018.²⁶ The NER for elementary and junior high school decreased from 94 to 89 percent and 83 to 81 percent, respectively, for 2019 and 2020. Junior high school is the only grade level with NER that is better than the targets. The total enrollment for K to 12 in SY 2020-2021 was at 24.9 million, lower than the previous school year's 27 million. According to the DepEd, the suspension of face-to-face classes, difficulty in adjusting to new learning modalities, and the job and income losses of households are some of the factors that contributed to the low enrollment in all levels of basic education.

Completion rates in basic education are worse in 2020. The completion rates for kindergarten to grade 6 decreased from 97 percent in 2019 to 79 percent in 2020, while completion rates for grades 7 to 12 decreased from 77 percent to 69 percent in the same period. The low enrollment results and increase in the number of school leavers resulted in a decrease in the number of learners who completed a specific cycle of education.

IMPROVING QUALITY OF HIGHER AND TECHNICAL EDUCATION AND RESEARCH FOR EQUITY AND GLOBAL COMPETITIVENESS

Improvements were seen in the international ranking of a number of HEIs. The number of HEIs included in the Quacquarelli Symonds (QS) ranking doubled from seven in 2020 to 14 in 2021. High impact and research-intensive internationalization projects launched by CHED with the universities helped the Philippine HEIs to enter the said rankings and ratings.

Technical-vocational education and training (TVET) certification rate remained high. TVET certification rate in 2021 is at 92 percent but was slightly lower than the previous years due to the pandemic.

²⁶ DO No. 20, series of 2018 or the Omnibus Policy on Kindergarten Education specifies that the age qualification for kindergarten learners in both public and private schools shall be five years old by June 1 of every calendar year. The school may consider learners who will turn five years old by the end of August, provided that the Philippine Early Childhood Development (ECD) Checklist shall be administered to the learner prior to the start of the school year. For schools opening beyond June, July, and August, the learner must be five years old by the first day of said months and the extension period ending on the 31st of August, September, and October, respectively.

IN FOCUS: XANDER, SENIOR HIGH LEARNER



Xander Wendel Alvarez is a 16-year-old Grade 10 student and is the eldest of the Alvarez family's four children. Presently, his goals are to get good grades, finish Senior High School, and pursue higher levels of education to help the family earn additional income and support the educational needs of his siblings.

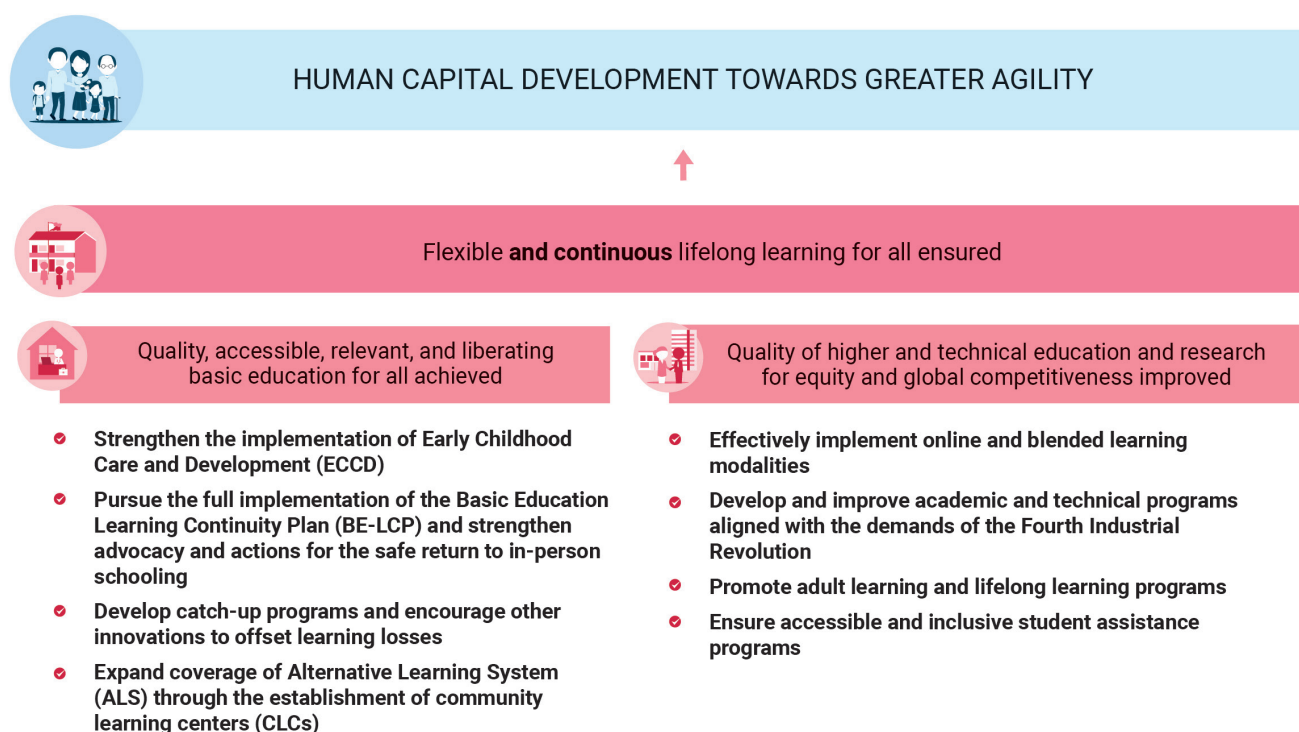
Xander Wendel is frustrated with the modes of education delivery during the pandemic. Given the lack of in-person learning and without sufficient guidance from his teachers, he finds accomplishing his printed take-home modules difficult. The available space at home is also not conducive for learning and he is expected to help take care of his siblings. He has trouble accessing online classes due to lack of e-learning devices and expensive and unstable internet connectivity. He also feels frustrated that he cannot meet, study, or play with his friends due to COVID-19 restrictions. Lastly, he is worried that he might not be able to pursue higher levels of education.

STRATEGIC FRAMEWORK

The pandemic has brought hardships and anxiety to learners who will form part of the country's workforce in the future. It is important to implement a comprehensive set of strategies to help young people like Xander overcome the challenges and hasten the process of making up for learning losses and transitioning into a new and better normal of learning and development.

To ensure flexible and continuous lifelong learning for all, the government will continue to pursue strategies that will ensure quality, accessible, relevant, and liberating basic education for all and improve the quality of higher and technical education and research for equity and global competitiveness. These will be pursued through adjusted strategies that respond to the needs of learners during and after the pandemic, such as addressing the digital divide in distance learning.

Figure 10.2 Strategic Framework to Ensure Flexible and Continuous Lifelong Learning for All



Note: Text in bold are revised/new strategies to address the challenges identified in the sector.

STRATEGIES

TO ACHIEVE QUALITY, ACCESSIBLE, RELEVANT, AND LIBERATING BASIC EDUCATION FOR ALL

Strengthen the implementation of Early Childhood Care and Development (ECCD). Government will continue to build a competent ECCD workforce in the country and ensure adherence to ECCD policies, guidelines, and standards. Health and nutrition concepts and good practices will also be emphasized to improve the physical resistance of learners to sickness and diseases and mainstream good personal hygiene practices. Emphasis on science and mathematics education is also needed for young learners in the long term.

Pursue the full implementation of the BE-LCP and strengthen advocacy and actions for the safe return to in-person schooling. While in-person classes are expected to resume, distance learning modalities remain as the widespread mode of delivery of education with current guidelines encouraging alternating physical presence of students in schools. During spikes in cases, schools and learners under granular lockdowns will need to implement distance learning. At the same time, advocacy and actions for the safe return to in-person schooling need to be strengthened and to be responsive to the needs of the new normal (i.e., well-ventilated classrooms, availability of water, sanitation, and hygiene [WASH] facilities). Behavioral changes responsive to the pandemic, such as frequent handwashing, physical distancing, and proper wearing of masks, must also be reinforced. The DepEd and the DOH need to pursue the full vaccination and provision of booster shots for teachers and school personnel, and the vaccination of learners pursuant to guidelines set by the DOH and the IATF.

Other actions that may be pursued include increasing the coverage of free public Wi-Fi access or free mobile data for education to ensure that learners can access lessons and learning materials, and implementing a gradual shift from printed modules towards digital learning materials that can be easily distributed and accessed online or through storage devices. Parents will also need to be constantly oriented and supported by the DepEd in providing their children an enabling environment for distance learning.

Develop catch-up programs and encourage other innovations to offset learning losses. Catch-up programs are needed to reduce, if not reverse, the negative impact of prolonged distance learning on the learning outcomes. These may include focused tutoring programs in language (including reading), mathematics, and science. Innovative ideas and approaches that can be pursued may be an area for the newly created National Innovation Council to focus on.

Expand coverage of Alternative Learning System (ALS) through the establishment of community learning centers (CLCs). The enactment of the ALS Act (RA 11510) provides that DepEd and/or the LGUs shall provide at least one ALS CLC in every municipality and city to facilitate the ALS K to 12 Basic Education Curriculum (BEC) and other ALS programs. Additional CLCs in municipalities and cities will help increase access for learners.

TO IMPROVE THE QUALITY OF HIGHER AND TECHNICAL EDUCATION AND RESEARCH FOR EQUITY AND GLOBAL COMPETITIVENESS

Effectively implement online and blended learning modalities. Higher education and technical-vocational institutions will continue to implement online and blended learning modalities. They will maximize technologies such as digital learning resources, learning management systems, and video-sharing sites in conducting learning sessions. Teacher training programs will continue to be conducted to build competencies of HEI faculty, TVET trainers, and would-be teachers in adopting new pedagogical practices such as the use of open educational resources and gamification of learning. Alternative assessment (i.e., online assessment) and certification methods (i.e., use of micro-credentials) will also be developed and institutionalized to evaluate student performance, determine skills gaps, and validate skills acquired. For in-person classes, courses and subjects that require hands-on/laboratory activities will be prioritized.

Develop and improve academic and technical programs aligned with the demands of the Fourth Industrial Revolution. The tertiary education sector will continue to develop and improve academic and technical programs to equip learners with the knowledge and skills needed in the labor market. At the higher education level, this will be done through institutionalizing data science subjects in cross-disciplinary programs, maximizing government-industry-academe collaborations, and building institutional capacity of education institutions in developing innovative curricular programs. For the TVET sector, enterprise-based training will be expanded and promoted. Moreover, the implementation of the *Tulong Trabaho* Act (RA 11230) will be strengthened. To facilitate seamless transition from TVET to higher education, the ladderized education program will be expanded and promoted.

Promote adult learning and lifelong learning programs. Short-term and massive open online courses (MOOC) will be offered by education agencies to promote adult learning and lifelong learning and meet the demands for retooling and upskilling.

Ensure accessible and inclusive student assistance programs. Harmonization of various scholarship and grants-in-aid programs and monitoring of tuition and other school fees being charged by HEIs and TVIs to the government will be pursued to enhance the implementation of student financial assistance programs. Ensuring the timely awarding of financial assistance is also crucial, especially among beneficiaries of the Universal Access to Quality Tertiary Education (UAQTE), as most students may need the allowances for online and/or blended learning. Other support services for students will also be offered to address school dropouts.

INCREASING INCOME-EARNING ABILITY AND ENHANCING ADAPTABILITY

ASSESSMENT

The labor market continued to recover as the country managed the risks brought about by the COVID-19 pandemic. However, the achievement of the intended outcomes for the labor sector may remain challenging given the uncertainties in pandemic evolution. The pandemic may have protracted impact on the economy. Support infrastructure needed for the labor sector's transformation also remains limited.

Despite the pandemic, the share of youth not in education, employment, or training (NEET) improved. The youth NEET declined to 16.8 percent in 2021, exceeding the target for the **year**. This may be attributed to the relaxation of community quarantine restrictions and the utilization of online/digital platforms in areas of training, education, and employment bridging.

The proportion of discouraged workers²⁷ significantly declined, as more individuals cited the recently incorporated option “ECQ/lockdown/COVID-19” as the reason for not looking for work.²⁸ However, it has slightly increased from 3.9 percent in FY 2020 to 4.9 percent in FY 2021, owing to the lingering effects of the pandemic on the economy, aggravated by the slowdown in global economic recovery.

The female labor force participation rate (LFPR) notably increased, exceeding its 2021 target. Recent data shows that female LFPR went up to 51.3 percent in 2021 from 45.8 percent in FY 2020 as a result of more online job and entrepreneurship opportunities and the wide implementation of flexible work arrangements. Both trends are expected to persist in the new normal labor market.

Growth in the industry and services sectors' labor productivity²⁹ remained negative for 2021. Given the faster rebound of employment compared to output, the industry and services sectors continued to post declines in labor productivity.

Reducing the share of precarious work³⁰ to total employment remains a challenge. Because of temporary business closures and reduced working hours that accompanied stringent community quarantines, the share of precarious work to total employment worsened from 22.2 percent in 2019 to 23.8 percent in 2020 and to 26.2 percent in 2021, as recovery remains subdued due to variant-induced surge in cases.

²⁷ Discouraged workers are defined as those those unemployed individuals who cited being tired or believed that there is no work available.

²⁸ FY 2020 and 2021 figures may not be comparable with the FY 2019 figure given that an additional valid reason (i.e., ECQ/COVID/lockdown) was incorporated in the LFS questionnaire.

²⁹ Labor productivity equation used is GVA (constant 2018 prices) divided by total employment in the sector.

³⁰ This refers to jobs that are short-term in nature and involve working for different employers. Figures for this indicator are available on a monthly basis from the LFS results.

IN FOCUS: ROWENA, FULL-TIME MOM WANTS TRAININGS TO INCREASE CHANCES OF GETTING EXTRA INCOME



Rowena, the matron of the Alvarez family, is a 37-year-old housewife who did not finish college due to childbirth and lack of money. Amidst the daily grind of combining household chores with childcare, including helping her children who are in blended learning, Rowena is one of the many housewives who want to be economically active.

She hopes to have decent work or start a business to augment the household income, provide the needs of the family, set aside enough savings to send all her children to school until they finish college, and own a house in a safe environment. To realize these aspirations, she wishes to participate in various training programs to improve her knowledge and skills.

However, she is constrained by the lack of internet connection and digital devices. They have no capital to start a small business and often resort to loans from neighbors during emergencies. She cannot look for work given her childcare and household duties. With her husband getting retrenched from his regular work due to the pandemic and her daughter giving birth soon, it is becoming increasingly difficult to meet the family's needs.

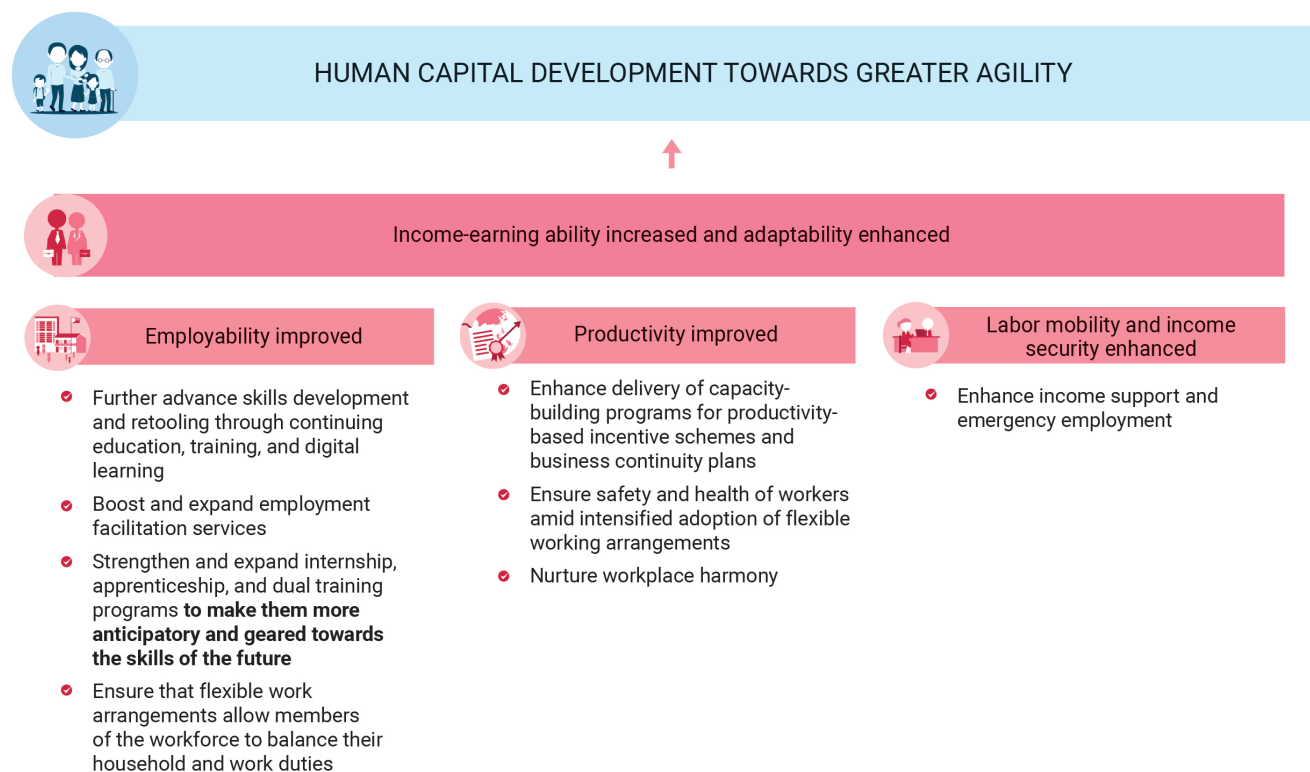
STRATEGIC FRAMEWORK

Rowena's situation resonates with the experiences of an ordinary Filipino in augmenting household income and providing for the needs of the family. In order to help achieve her aspirations, there is a need to accelerate labor market recovery, which is contingent on addressing the COVID-19 health crisis [see *Chapter 10: health subsector*] and on improving access to digital technology [see *Chapter 19*].

Amidst the uncertainties on the country's recovery and digitalization, the identified major strategies for the labor sector in the updated PDP 2017-2022 [see *Figure 10.3*] remain relevant in increasing the income-earning ability of Rowena and many other Filipinos. However, the focus must be oriented towards expanding the upskilling and retooling programs and employment facilitation services, primarily by leveraging digital technologies, to be able to transform human capital for greater agility.

The intensified and sustained implementation of the action points under the National Employment Recovery Strategy (NERS) 2021-2022 will also support the strategies under the labor subchapter [see *Figure 10.3*]. Among others, the government will continue current initiatives geared towards capacitating critical groups—such as those engaged in tourism, transport, agriculture, and information and technology, as well as overseas Filipino workers (OFWs), young entrepreneurs, and startups—to ensure a more resilient and adaptive workforce post pandemic.

Figure 10.3 Strategic Framework to Increase Income-earning Ability and Enhance Adaptability



Note: Text in bold are revised/new strategies to address the challenges identified in the sector.

STRATEGIES

TO IMPROVE EMPLOYABILITY

Further advance skills development and retooling through continuing education, training, and digital learning. The government will continue to digitalize education and training, roll out employment bridging modules, and provide subsidies through the issuance of training vouchers, in partnership with the private sector. Through these, there will be employment gains from expected job diversification and flexible movement of the labor force. We will also pursue the full implementation of the Philippine Skills and Qualifications Frameworks (PSF/PQF) towards building the skills and competencies of the country's human capital for the digital economy.³¹ Further, we will ensure access to digital learning and training in underserved areas by enhancing the information, education, and communication (IEC) initiatives of TVET through various platforms such as the TESDA's Mobile Training Laboratory Program.

Boost and expand employment facilitation services. Given the growth in e-commerce and increased demand for digitally competent workers, we will expand the Labor Market Information (LMI) platforms to focus on digital careers.³² Both traditional and new forms of LMI dissemination will be maximized along with current systems such as the PhilJobNet, PESO Employment Information System, and the recently established Careerinfo.ph (Career Information System).³³ Likewise, online employment facilitation mechanisms (i.e., virtual job and business fairs, *e-Trabaho*, *Negosyo*, *at Kabuhayan*) will be expanded to respond to the needs of job seekers and employers amidst the challenges of the pandemic. With these, we can provide timely, relevant, and accessible information towards informed career and education choices.

Strengthen and expand internship, apprenticeship, and dual training programs to make them more anticipatory and geared towards the skills of the future. Training programs, especially those that are enterprise-based, accelerate knowledge and skills transfer, thereby increasing the employability and agility of the workforce. To take advantage of advancements in technology, we will strengthen the collaboration with academe and industry associations to aid the government in policy and program design.³⁴ Meanwhile, we will continue the implementation of recently improved employment programs like: the (a) Government Internship Program (GIP); (b) JobStart Philippines Program; and (c) Special Program of the Employment of Students (SPES). For the SPES and GIP, the DOLE also introduced alternative work arrangements for their beneficiaries.³⁵

³¹ This is also identified as a strategy under Chapter 10: higher education subsector. Initially, the PSF will be formulated for the country's identified priority sectors such as Logistics, Construction, Manufacturing, Health and Wellness, Creative Industry, Information and Technology-Business Process Management (IT-BPM), Tourism, and Food Agriculture. Of the eight sectors, the PSF for Supply Chain and Logistics (SCL) has already been launched in June 2021, while another one is still in the pipeline.

³² LMI provides timely relevant and accurate signals on the current labor market such as in-demand jobs and skills shortages by developing client-specific LMI, Education and Communication materials (Retrieved from <https://www.dole.gov.ph/about-lmi/>).

³³ A Career Information System developed and maintained by the DOLE Bureau of Local Employment (BLE). It serves as a database of Career Information Pamphlets that provides valuable information such as nature of work, basic educational requirements, skills and competencies, attributes, employment opportunities, and cost of education training. (Retrieved from <https://careerinfo.ph/about-us/>)

³⁴ Notably, the National Employment Recovery Strategy (NERS) that was rolled out in response to the pandemic has fostered cooperation with the employers' and workers' sectors in generating and preserving jobs while supporting existing and emerging businesses amidst the crisis and may continue to serve as an avenue for key structural reforms in the medium-term. Further, the TESDA intends to establish industry boards to ensure cutting-edge training programs.

³⁵ The DOLE issued several advisories on the implementation of GIP for FY 2021, particularly on the performance of work arrangements during various community quarantines. GIP interns may perform a work-from-home/alternative work arrangement as monitored by the DOLE Regional Office. Further, to maximize the DOLE-GIP and address Post-COVID Recovery Activities given a more relaxed community quarantine status, a minimum of one-month period of engagement has been allowed until the end of December 2021.

Ensure that flexible working arrangements allow members of the workforce to balance household and work duties. Varied working arrangements allowed business continuity amidst quarantine measures and facilitated increased labor force participation, especially of women. Strategies to sustain this include: (a) improving access and affordability of child minding and elderly care services; (b) addressing gender bias and gender role stereotype in basic education curriculum materials; (c) promoting entrepreneurship and advancing economic opportunities for women through the use of digital technology; and (d) continuing the adoption of flexible work arrangements (e.g., flexible schedule, compressed work week, alternative worksite telecommuting).

TO IMPROVE PRODUCTIVITY

Enhance the delivery of capacity-building programs in productivity-based incentive schemes and business continuity plans. The Department of Trade and Industry (DTI) will continue to provide businesses, especially micro, small, and medium enterprises (MSMEs), with training and materials to build their capacity to create business continuity plans considering the latest technological developments. The National Wages and Productivity Commission (NWPC) will continue to provide technical assistance to workers and enterprises in designing and implementing productivity-based incentive schemes to increasingly link workers' compensation and labor productivity. The NWPC will also continue to conduct training for workers and MSMEs on various productivity concepts and technologies. To help MSMEs recover from the impact of the pandemic and resume business operations, the NWPC enhanced existing modules and developed new ones designed to build more resilient enterprises. These modules focus on business continuity and risk/disaster-proofing strategies. The deployment of productivity training programs has also transitioned from physical to online platforms.

The government will also seek to provide viable support for businesses to follow best practices such as the establishment of decent workers' quarters and shuttle services in high-risk areas. All these are seen to improve resiliency amidst shocks, especially among MSMEs and their workers.

Ensure safety and health of workers amid increased adoption of flexible working arrangements.³⁶ The pandemic forced many businesses to adopt various forms of alternative work arrangements, including telecommuting. The Telecommuting Act of 2018³⁷ (RA 11165) and its accompanying IRR have supported the transition during the pandemic. Concerns remain however, such as compliance with labor laws and social dialogue, as reported in the DOLE-Institute on Labor Studies (ILS) study.³⁸ Hence, the government will further evaluate the Telecommuting Act and related policies to address these challenges. Further, policies on alternative work arrangements in the public sector will be revisited to ensure flexibility and workers' protection under the law.

³⁶ This is also related to the Updated PDP 2017-2022 strategy, "Ensure that flexible work arrangements allow members of the workforce to balance their household and work duties" under Chapter 10: Labor Subsector

³⁷ Republic Act No. 11165 or An Act Institutionalizing Telecommuting as an Alternative Work Arrangement for Employees in the Private Sector

³⁸ Exploring Telecommuting as the New Normal Work Arrangement: A Rapid Assessment of Telecommuting Practices Prior and During The Covid-19 Pandemic (Retrieved from <https://ils.dole.gov.ph/exploring-telecommuting-as-the-new-normal-work-arrangement-a-rapid-assessment-of-telecommuting-practices-prior-and-during-the-covid-19-pandemic/>)

Nurture workplace harmony. The government will continuously intensify the on-going information dissemination of the recalibrated Labor and Employment Education Services (LEES) of the Department of Labor and Employment (DOLE), primarily by maximizing the use of wide-ranging platforms (e.g., radio and television broadcast, social media); and forging stronger partnership through memoranda of agreement between DOLE-Regional Offices and educational institutions on the use of the DOLE-LEES e-Learning Portal.

Enhance income support and emergency employment. While the Social Security System Act³⁹ (RA 11199) has a provision on unemployment insurance to give the private sector workers some financial cushion during episodes of involuntary separation from work, a more robust unemployment benefits system (e.g., unemployment insurance linked to labor market policies, and with optimal benefits, among others) needs to be designed following a rigorous study. The implementation of emergency employment programs (e.g., DOLE's *Tulong Panghanapbuhay sa Ating Disadvantaged/Displaced Workers [TUPAD]*)⁴⁰ will also be evaluated and institutionalized.

³⁹ Republic Act No. 11199 or An Act Rationalizing and Expanding the Powers and Duties of the Social Security Commission to ensure the Long-Term Viability of the Social Security System, repealing for the purpose Republic Act No. 1161, as Amended by Republic Act 8282, otherwise known as the "Social Security Act of 1997 (Retrieved from <https://www.officialgazette.gov.ph/downloads/2019/02feb/20190207-RA-11199-RRD.pdf>)

⁴⁰ A Study on Public Work Programs for Better Labor Market Outcomes: The Cases of TUPAD and Cash-For-Work (Retrieved from <https://ils.dole.gov.ph/a-study-on-public-work-programs-for-better-labor-market-outcomes-the-cases-of-tupad-and-cash-for-work/>)

RESULTS MATRIX

Table 10.1 Results Matrix: Core Nutrition and Health Outcome Indicators

INDICATOR	BASELINE (YEAR)	TARGETS			ACTUAL		
		2020	2021	2022	LATEST AVAILABLE DATA (YEAR)	2020	2021
Sector Outcome 1: Nutrition and health outcomes for all improved							
Life expectancy at birth increased (years)							
Male	69.63 (2015-2020)	-	-	71.3	-	69.63	-
Female	75.91 (2015-2020)	-	-	77.5	-	75.91	-
Subsector Outcome 1.1: Care at all life stages guaranteed							
Maternal mortality ratio decreased (per 100,000 live births)	95 (2016)	-	-	108	-	105	-
Neonatal mortality rate decreased (per 1,000 live births)	13 (2013)	-	-	10	14 (2017)	-	-
Infant mortality rate decreased (per 1,000 live births)	23 (2013)	-	-	15	21 (2017)	-	-
Under-5 mortality rate decreased (per 1,000 live births)	31 (2013)	-	-	22	27 (2017)	-	-
Mortality rate attributed to cardiovascular disease, cancer, diabetes, and chronic respiratory diseases decreased (number of deaths per 100,000 population aged 30-70 years old)	462.5 (2016)	397.7	382.4	367.1	467.0 (2019)	-	-
Proportion of households meeting 100% recommended energy intake increased (%)	31.0 (2015)	-	29.3	32.2	21.8 (2018-2019)	-	-
Prevalence of stunting among children under 5 decreased (%)	33.4 (2015)	-	29.8	28.8	29.6 (2018-2019)	-	-
Tuberculosis incidence decreased (per 100,000 population)	434 (2016)	537	526	510	-	539	-
Number of newly diagnosed HIV cases decreased	9,264 (2016)	-	17,900	18,900	-	8,058	-
Subsector Outcome 1.2: Responsive and resilient health system ensured							
Proportion of women who are using modern contraceptive methods increased (%)							
a) All women of reproductive age (15-49 years old) who are currently married or in union	37.6 (2013)	-	62.0	65.0	40.4 (2017)	-	-
b) All women of reproductive age (15-49 years old)	23.5 (2013)	28.0	29.0	30.0	25.0 (2017)	-	-
Proportion of fully immunized children increased (%)	68.5 (2013)	95.0	95.0	95.0	70.0 (2017)	-	-
Percentage of regions with at least 1 Biosafety Laboratory Level 2 (BSL2) (with RT PCR)	70.6 (Jun 2020)	100	100	100	70.6 (Jun 2020)	100	100
Subsector Outcome 1.3: Equitable health financing sustained							
Out-of-pocket health spending as percentage of total health expenditure (%)	45.0 (2016)	-	-	TBD	-	39.9	-

INDICATOR	BASELINE (YEAR)	TARGETS			ACTUAL		
		2020	2021	2022	LATEST AVAILABLE DATA (YEAR)	2020	2021
National Health Insurance Program Availment Rate increased (%)	80.52 (2017)	-	-	100.0	80.52 (2017)	-	-
Percentage of population covered by social health insurance	91.0 (2016)	100.0	100.0	100.0	-	100.0	100.0

Note: 2020 targets were set prior to onset of the COVID-19 pandemic and retained in the midterm update. 2021, 2022, and end-of-plan targets were adjusted to take into consideration the effects of the COVID-19 pandemic.
Latest Available Data (Year) – were provided since the 2020 and 2021 actual data are not yet available. The next data for indicators based on the National Demographic and Health Survey will be available in 2022.

Table 10.2 Results Matrix: Core Education Outcome Indicators

INDICATOR	BASELINE (YEAR)	TARGETS			ACTUAL		
		2020	2021	2022	2019	2020	2021
Sector Outcome 2: Quality, accessible, relevant, and liberating basic education for all achieved							
Mean years of schooling	10.0 (2018)	N/A	N/A	11.30	-	9.9	9.9 (Q1)
Functional literacy rate (%)	90.3 (2013)	N/A	N/A	TBD	91.6	-	-
Sub-chapter Outcome 2.1: Quality, accessible, relevant, and liberating basic education for all achieved							
Net Enrolment Rate (NER) (%)							
Kinder	63 (2019)	89.19	92	95	63	66	-
Elementary	94 (2019)	93.87	96	97	94	89	-
Junior High School	83 (2019)	73.36	89	92	83	81	-
Senior High School (SHS)	48 (2019)	64	68	80	48	49	-
Completion rate (%)							
Kinder to Grade 6	97 (2019)	97	97	98	97	79	-
Grade 7 to 12	77 (2019)	82	83	84	77	69	-
Proportion of learners achieving at least “nearly proficient” level in NAT increased (%)							
Grade 6	16 (2018)	26	34	44	N/A	N/A	-
Grade 10	34 (2018)	43	52	61	N/A	N/A	-
Grade 12	14 (2018)	13	19	28	N/A	N/A	-
Sub-chapter Outcome 2.2: Quality of higher education and technical education and research for equity and global competitiveness improved							
Number of higher education institutions (HEIs) in reputable international rankings increased	4 (2016)	8	7	8	8	7	14
Certification rate of Technical and Vocational Education Training (TVET) graduates increased (%)	91.9 (2016)	86	92	92	94.3	93.7	92

Table 10.3 Results Matrix: Core Labor Outcome Indicators

INDICATOR	BASELINE (YEAR)	TARGETS			ACTUAL		
		2020	2021	2022	2019	2020	2021*
Sector Outcome 3: Income-earning ability increased and adaptability enhanced							
Percentage of youth not in education, employment, or training (NEET) decreased (cumulative)	23.0 (2015)	17.5-19.5	18.0- 20.0	17.0- 19.0	18.6	18.5	16.8
Subsector Outcome 3.1: Employability improved							
Duration of school-to-work transition of college graduates reduced (years)**	2 (2008)	None	N/A	0.75-1.0	N/A	N/A	N/A
Duration of school-to-work transition of high school graduates reduced (years)***	4 (2008)	None	N/A	0.75-1.0	N/A	N/A	N/A
Duration of school-to-work transition of TESDA graduates decreased (months)	3.0 (2015)	3.5	3.5	3.25	3.42	3.35	N/A**
Percentage of discouraged workers decreased (%)	12.50 (2014)	11.0	11.5	11.0	12.4	3.9	4.9
Unemployment rate of college graduates reduced	7.3 (2016)	7.2-7.5	10.0	8.0	6.7	12.4	9.6
Employment rate of TVET graduates increased	66.2 (2016)	72	68.9	69.4	84.2	70.5	N/A*
Percentage of females with advanced degrees employed increased (% cumulative)	79.4 (2016)	80.0	81.0	82.0	78.7	75.7	65.1
Labor force participation rate of women increased (%)	50.1 (2015)	50.5	48.5-50.5	48.5-50.5	47.6	45.8	51.3
Subsector Outcome 3.2: Productivity improved							
Labor productivity in industry sector increased (% growth) ⁴¹	2.0 (2015)	3.0-4.0	2.5 - 3.6	4.40 - 4.65	1.8	-2.1	-1.4
Labor productivity in service sector increased (% growth) ⁴²	2.8 (2015)	4.0-5.0	(1.02 -0.13)	5.35 - 5.61	2.4	-1.1	-3.4
Subsector Outcome 3.3: Labor mobility and income security enhanced							
Share of employees in precarious work to the total employed (%)	18.9 (2016)	18.1	18.0	17.9	22.2	23.8	26.2
Share of wage and salary workers in precarious work to the total wage and salary workers (%)	30.7 (2016)	28.5	28.4	28.3	26.3	27.4	29.8

Note: 2020 targets were set prior to the onset of the COVID-19 pandemic and retained in the midterm update. 2021, 2022, and end-of-plan targets were adjusted to take into consideration the effects of the COVID-19 pandemic.* figures for FY 2021 are based on the average monthly results of the Labor Force Survey (LFS), except for the percentage share of youth NEET, and labor productivity in industry and service sector.

** no data yet since the indicator will still be measured through rider questions in the LFS in 2022. Prior to this, there was no official means of measuring STW transition.

*** no data yet since the 2021 Study on the Employment of TVET Graduates of TESDA is still ongoing.

⁴¹ Figures have been adjusted using 2018-based prices

⁴² Ibid.