

*Note: This PDP 2023-2028 Midterm Update Chapter is still preliminary and subject to further DEPDev review and Economy and Development Council approval. This draft is NOT official, and no part of this document may be cited or quoted. This is being circulated for public consultation processes.*

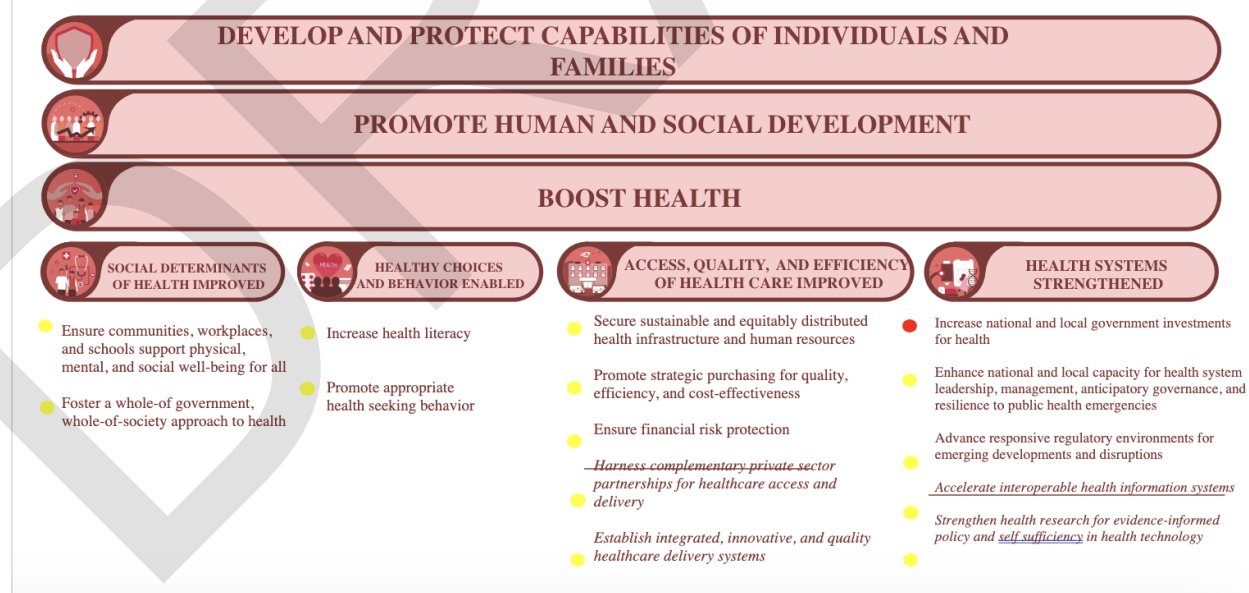
## Subchapter 2.1

# Boost health

The government is steering the health sector toward Universal Health Care (UHC) through expanded PhilHealth benefits, local health system integration, and flagship programs like the PhilHealth *Konsultasyong Sulit at Tama* package (*Konsulta PuroKalusugan*) and *Bagong* Urgent Care and Ambulatory Service (BUCAS) centers to improve access and service delivery. Despite early gains, challenges such as slow implementation and limited stakeholder engagement underscore the need for stronger national-local coordination. Moving forward, the government will focus on primary health care and pursue four strategic outcomes—addressing social determinants of health, enabling healthy behaviors, enhancing access and quality, and building resilient systems—through expanded immunization, health promotion, infrastructure development, human resource for health (HRH) development, and digital integration to deliver inclusive and quality care by 2028.

## Accomplishments

**Figure 2.1 Strategy Framework to Boost Health**



The “triple burden of disease” continued to challenge the health sector. From 2023 to 2024, cases of tuberculosis (TB) increased from 638 to 643, while new human

*Note: This PDP 2023-2028 Midterm Update Chapter is still preliminary and subject to further DEPDev review and Economy and Development Council approval. This draft is NOT official, and no part of this document may be cited or quoted. This is being circulated for public consultation processes.*

immunodeficiency virus (HIV) infections surged 13.0 percent from 28,600 to 32,400. While global trends in HIV infections are decreasing, the Philippines recorded a 543 percent increase in new HIV infections since 2010, emphasizing the urgent need for awareness, prevention, and treatment, especially among the youth. Additionally, premature mortality from non-communicable diseases (NCDs) such as cardiovascular diseases, cancers, and diabetes increased to 5 deaths per 1,000 population aged 30–70 from 4.7 in 2020. In addition, road traffic-related deaths increased to 11.6 deaths per 100,000 population in 2023 from 8 deaths per 100,000 in 2020.

To reduce communicable diseases, the 7<sup>th</sup> Acquired Immunodeficiency Syndrome (AIDS) Medium-Term Plan 2023-2028 was developed to steer multi-sectoral response to end AIDS by 2030. Additionally, the Philippine Acceleration Action Plan for TB (PAAP-TB) 2023-2035 was developed to address the social determinants of the disease and support delivery of a comprehensive TB care. To prevent NCDs, the Department of Health (DOH) led the updating of the Philippine Package of Essential NCD Interventions (PhilPEN), incorporating the latest evidence and emerging technologies, and reduce barriers to care. In addition to promoting road safety awareness, the DOH continues to capacitate LGUs and health facilities on trauma care and road crash information management.

**Multi-sectoral policies contributed to improvements in nutrition, sanitation, and water.** Despite health outcome challenges, progress in social determinants of health has been notable. Stunting among children under five dropped to 23.2 percent in 2023 from 26.7 percent in 2021, reflecting the impact of nutrition programs. Moreover, the percentage of families with access to safe water and basic sanitation increased to 96.3 percent and 84.0 percent in 2022 from 93.9 percent and 80.3 percent in 2020, respectively. These mixed results were guided by multi-sectoral implementation of initiatives such as the Philippine Plan of Action for Nutrition (PPAN) and the National Objectives for Health (NOH).

**Community-based campaigns and education initiatives helped improve health literacy and promote healthier lifestyles.** Promoting healthy behaviors remains a key strategy for disease prevention. Community-based campaigns like *Biyaheng Kalusugan* have helped improve health literacy, which initially decreased to 17 percent in 2023 but rebounded to 24.0 percent in 2024. These efforts emphasize the importance of education, supportive environments, and accessible health information in enabling individuals to make informed health decisions. The establishment of the Medicine Access Program for Mental Health expanded access to essential medicines for mental, neurological, and substance use disorders, especially for marginalized communities. As of December 2024, there are 878 access sites in six regions.

*Note: This PDP 2023-2028 Midterm Update Chapter is still preliminary and subject to further DEPDev review and Economy and Development Council approval. This draft is NOT official, and no part of this document may be cited or quoted. This is being circulated for public consultation processes.*

Community health efforts drove impactful progress, with the rollout of Healthy Workplace Toolkits, Health Promotion Playbooks, and the reinstatement of the School-Based Immunization Program, which reached 2.9 million schoolchildren in 2024. Moreover, supplementary feeding and school-based feeding programs have contributed to halving the prevalence of wasting among beneficiaries, who are primarily young and school-age children. This is in addition to providing nutrition education to parents. The DOH, Department of Transportation (DoTr), and other stakeholders will increase public awareness and support for road safety to reduce road traffic-related deaths. These efforts will be guided by the strategies outlined in the Philippine Road Safety Action Plan 2023-2028 and Active Transport Playbook.

**Healthcare access and infrastructure improved, but persistent gaps in service delivery, financial protection, and workforce development remain.** The number of Konsulta-registered population increased by 34 percent from 20,744,674 in 2023 to 27,803,622 in 2024. However, for 2024, only 23 percent were able to undergo baseline health data collection.

PhilHealth expanded the benefit packages in 2023 and 2024 for catastrophic illnesses, outpatient, preventive oral health services in primary care, emergency cases, and medication coverage. PhilHealth also implemented an unprecedented increase in its All-Case-Rates, covering more than 9,000 cases. PhilHealth started with a 30 percent increase in early 2024 and another 50 percent beginning in 2025 – totaling 95 percent. The Food and Drug Administration also broadened the list of NCD medicines exempted from value-added tax. The move is necessary as out-of-pocket (OOP) health expenditures increased to 44.4 percent in 2023 from 41.2 percent in 2021. The increase in OOP is driven by costly new medical technologies, rising demand for private care, unregulated healthcare professional fees, expensive pharmaceuticals, supply issues (availability of drugs, medicines and supplies in health facilities) and a surge in post-pandemic claims.

Meanwhile, improvements in health infrastructure included the upgrading of 43.5 percent of health facilities and the establishment of 51 BUCAS Centers across 31 provinces. This will augment the country's need for primary care facilities, currently available in only 25 percent of provinces.<sup>1</sup> PhilHealth-accredited facilities also increased to 12,765 in 2024 from 11,904 in 2023 with continuous engagement with partner healthcare facilities. While human resource deployment improved slightly, with more provinces and cities having adequate human resources for health (i.e. medical doctors and registered nurses), the

---

<sup>1</sup> Data is for 2024 and is below the 30.0 percent target.

*Note: This PDP 2023-2028 Midterm Update Chapter is still preliminary and subject to further DEPDev review and Economy and Development Council approval. This draft is NOT official, and no part of this document may be cited or quoted. This is being circulated for public consultation processes.*

sustainability of this progress remains contingent on continued investment in health education. However, the decline in medical scholars was seen in 2024 with only 1,415 students enrolled, from 1,895 students enrolled in 2023.

**Progress in digital health and surveillance boosted the resilience of the health system, but improvements in governance and local capacity are still needed to achieve full implementation.** Efforts to modernize the health system are underway, with 231 public hospitals integrating the Health Information Systems (HIS). The adoption of electronic medical records (EMRs) increased to 85 percent in 2024, though targets were not fully met due to information and communications technology (ICT) and governance constraints. Surveillance capacity improved, with functional epidemiology and surveillance units (ESUs) rising to 69 percent in 2024, surpassing the target. However, uneven progress in universal healthcare (UHC) implementation across LGUs highlights the need for sustained support and capacity-building at the local level.

## **Implementation of the Transformation Agenda**

**National-local synergy and community-based health delivery are prioritized to realize the transformation agenda.** Reforms such as the operationalization of the Special Health Fund, and Health Care Provider Networks (HCPNs), in the context of local health systems integration to mitigate the effects of health system devolution, will allow for greater local-national collaboration. Currently, there are 64 UHC Integration sites ready and qualified for network contracting by PhilHealth. Implementation of flagship programs like *PuroKalusugan*, *DOH Wellness Clinics in malls*, and the opening of BUCAS centers brought essential services closer to communities and reinforced primary care requiring whole-of-government action.

**Digitalization remained a central pillar of the health sector's transformation agenda.** The implementation of the Digital Health Strategy and the enhancement of digital systems, such as Field Health Service Information System (FHSIS), Identity Governance Administration (IGA), VaccTrack, Philippine Integrated Disease Surveillance Response (PIDSR), iClinicSys, other EMRs support data-driven decision-making and promote continuity of care across all levels of the health system. However, challenges with system interoperability continue to hinder seamless integration and information dissemination.

Public-private partnerships (PPPs) for health were harnessed to expand and innovate service delivery. Through strengthened collaboration with private sector providers, PhilHealth's *Konsulta* package was expanded by accrediting private facilities from 344 health facilities (13.2 percent of total facilities) in 2023 to 488 (15.5 percent of total

*Note: This PDP 2023-2028 Midterm Update Chapter is still preliminary and subject to further DEPDev review and Economy and Development Council approval. This draft is NOT official, and no part of this document may be cited or quoted. This is being circulated for public consultation processes.*

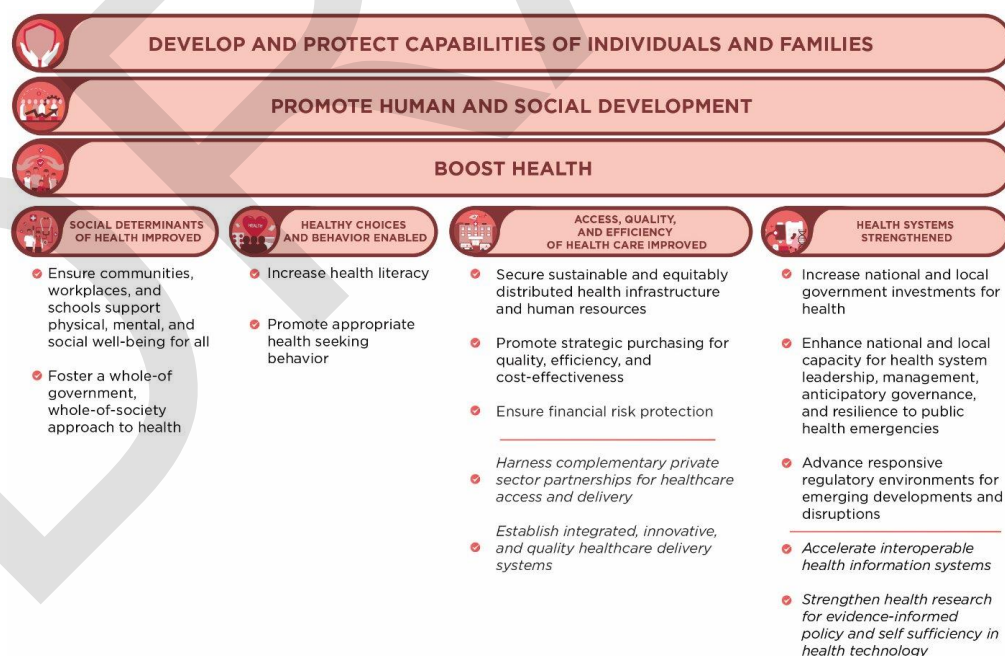
facilities). Moreover, several public facilities such as the University of the Philippines-Philippine General Hospital (UP-PGH) and Baguio General Hospital and Medical Center (BGHMC) also actively engaged in these partnerships, serving as key government counterparts in delivering accessible health care services.

To accelerate the realization of UHC, the country will prioritize the full implementation of a primary health care (PHC)-oriented system. This includes addressing persistent system-wide gaps revealed by the COVID-19 pandemic. There is a need for a robust PHC, resilient health systems, adequate health infrastructure, and equitable distribution of human resources for health (HRH) across all levels of care.

Despite the substantial policy groundwork since the passage of the UHC Act, progress in its implementation remains slow due to the health sector's challenges in sustaining programs and coordinating efforts across agencies. Moving forward, targeted and coordinated actions must be undertaken to bridge implementation gaps, strengthen multi-sectoral collaboration, and ensure that gains from health reforms are reinforced and not reversed.

## Updated Strategy Framework

**Figure 2.1.1 — Strategy Framework to boost health**





*Note: This PDP 2023-2028 Midterm Update Chapter is still preliminary and subject to further DEPDev review and Economy and Development Council approval. This draft is NOT official, and no part of this document may be cited or quoted. This is being circulated for public consultation processes.*

## Strategies

### Outcome 1: Social Determinants of Health Improved

*Sustain and strengthen multisectoral and multistakeholder approaches to health.* The DOH will advance healthy settings (e.g., learning institutions, workplaces, and communities) across the country through partnerships with various stakeholders. For example, DOH and the Department of Education (DepEd), Commission on Population and Development (CPD), will continue to implement Comprehensive Reproductive Health Education and build certified adolescent-friendly health facilities.<sup>3</sup> These programs aim to prevent early pregnancies by capacitating adolescents in making informed choices on reproductive health, hygiene, mental health, and lifestyles.<sup>4</sup>

Recognizing that improved nutrition and a safe, healthy environment address the root causes of poor health outcomes, the National Nutrition Council (NNC), DOH, and other stakeholders will ensure the continuous effective implementation of the PPAN 2023-2028 and the National Environmental Health Action Plan (NEHAP) 2030. Sectoral plans will continue to be monitored, ensuring implementation especially at the local level. LGUs will also be fully engaged through the National Health Promotion Framework Strategy to expand the scope of healthy settings in communities, schools, and workplaces. LGUs will continue to provide access to safe water, sanitation, and nutrition.

*Scale-up health promotion initiatives with robust capacity-building and incentivization to ensure local implementation.* Recognition programs for LGUs will highlight exemplary practices and inspire innovation and knowledge-sharing across sectors. Additionally, the revitalized *Bakuna Eskwela* or School-Based Immunization Program will be fully implemented to protect children from vaccine-preventable diseases. Efforts will focus on enhancing public communication strategies to build trust and demand, while strengthening vaccination supply chain and data management through the development and adoption of digital systems.

### Outcome 2: Healthy choices and behavior enabled

*Reinforce regulations and systems that reduce risk exposure and promote behavioral change, especially among the young and other vulnerable sectors, further enable*

---

<sup>3</sup> In line with the Republic Act No. 10354 or Responsible Parenthood and Reproductive Health (RPRH) Act of 2012

<sup>4</sup> Anchored in the Philippine Population and Development Plan of Action 2023-2028.

*Note: This PDP 2023-2028 Midterm Update Chapter is still preliminary and subject to further DEPDev review and Economy and Development Council approval. This draft is NOT official, and no part of this document may be cited or quoted. This is being circulated for public consultation processes.*

*healthier choices.* In response to the growing alcohol, tobacco, e-cigarette, and vape consumption, the country will work towards limiting access and adding health warnings in advertisements. These will be done while expanding community access to cessation support interventions, especially among the young, vulnerable, and at-risk populations.

*Enhance promotion of healthier diets and address the growing burden of NCDs.* These include the adoption of the Philippine Nutrient Profile Model, which will inform the front-of-pack food labeling (FOPL) system and restrict unhealthy food availability in schools and health facilities. Making nutritional information more accessible and visible will encourage the consumption and production of healthier food options. Social and behavioral change communication (SBCC) campaigns will integrate evidence-based nutrition messaging across all communication platforms. Efforts will focus on the co-development of culturally adaptive information education and communication (IEC) and SBCC materials in partnership with DepEd, Food and Drug Administration (FDA), and the Department of Trade and Industry (DTI). Community radio networks and LGU channels will serve as strategic vehicles for promoting FOPL literacy and supporting healthier dietary behaviors nationwide. Together, these strategies aim to reduce health risks, support informed decision-making, and institutionalize healthier environments across all settings. Moreover, health promotion activities will be assessed, specifically on its impact on health services access (i.e. immunization, *Konsulta*) by introducing a monitoring and evaluation mechanism.

LGUs will also be supported to leverage traditional and digital tools and activate community-based strategies—like the *Biyaheng Kalusugan* campaign—to promote physical activity, encourage use of open spaces, and build health literacy. Moreover, the NNC and DOH, together with its partners, will scale up multimedia-based interventions such as Nutriskwela Community Radio, and community playbooks to influence positive health behaviors.

Further, the PhilHealth Konsulta package is specifically designed to encourage healthy living, enhance health literacy, and ensure all Filipinos have access primary healthcare services.

### **Outcome 3: Access, Quality, and Efficiency of Health Care improved**

*Continue to accelerate the full implementation of PHC as the cornerstone of the UHC reform.* More public awareness campaigns will be conducted to increase *Konsulta* enrolment and availment. Policies and issuances on referral systems will also be studied to ensure their functionality. Local governments will be provided technical assistance, capacity-building opportunities, and infrastructure support to address gaps in unified

*Note: This PDP 2023-2028 Midterm Update Chapter is still preliminary and subject to further DEPDev review and Economy and Development Council approval. This draft is NOT official, and no part of this document may be cited or quoted. This is being circulated for public consultation processes.*

governance, service delivery, workforce, financing, and health information systems. Additionally, referral systems will continue to be harmonized, while public education campaigns will be intensified to improve care coordination and primary care utilization across provinces and municipalities.

*Continue to upgrade and construct health facilities that will widen access to PHC.*

Additional BUCAS centers will be established in at least 32 of the 50 target provinces by 2028 to expand access to timely outpatient and emergency care. This will be supported by the development of standard staffing requirements along with the identification and delivery of necessary equipment. Moreover, a comprehensive monitoring and evaluation (M&E) framework will also be developed to ensure quality and accountability in service delivery.

*Develop and expand monitoring mechanisms of HRH deployment and medical*

*scholarships.* Strategies under the National HRH Master Plan 2020–2040 will be fully implemented including the operationalization of the National Health Workforce Registry. This will better monitor the number of available workers and deployment, whether within the country or abroad. A monitoring and tracking system for scholars will also be established under the Medical Scholarship and Return Service Program to ensure that scholars will fulfill their return service obligations and continue to serve in unserved and underserved areas.

*Re-construct the available benefit packages and expand outpatient drug benefits.* The

healthcare payment model is undergoing a significant transformation, shifting from the All-Case Rates system to a Diagnosis-Related Groupings (DRGs) framework. This transition is aimed at enhancing efficiency and ensuring a more responsive provider payment mechanism. By categorizing patient cases based on clinical diagnoses and resource utilization, the DRG system is expected to promote cost-effectiveness, improve healthcare delivery, and optimize reimbursement processes for medical providers. Further, the list of covered medication under the GAMOT program will be expanded to cover more drugs and medicines, and at the same time offered in non-Health Care Provider Network (HCPN) sites to support the delivery of primary care.

*Fully realize the functions of the Malasakit Centers and introduce a unified digital medical*

*assistance system.* To ensure the efficient implementation of medical assistance programs, the functions of the Malasakit centers will be fully implemented, specifically as the one-stop shop for all types of medical and financial support programs. This will be aided by the development of a unified digital platform that will link all available government



*Note: This PDP 2023-2028 Midterm Update Chapter is still preliminary and subject to further DEPDev review and Economy and Development Council approval. This draft is NOT official, and no part of this document may be cited or quoted. This is being circulated for public consultation processes.*

assistance programs and will be expanded to LGU hospitals. The platform will efficiently assess client eligibility while providing seamless tracking of beneficiaries and the various types of assistance they receive, ensuring transparency and improved resource allocation.

*Encourage private health facilities' participation in local health system integration.*

Awareness campaigns and technical assistance will be conducted to ensure complementary public-private efforts in improving health service delivery at the local level. Continuously engage the private sector in digitalization initiatives in health by establishing a tailored PPP framework for digital health.

*Broaden the implementation of innovative health delivery mechanisms. PuroKalusugan*

will be expanded to additional municipalities and unserved and underserved areas to reach the underserved population and strengthen community-based primary care. Telemedicine and AI-assisted services (e.g., triage and chatbots) will be institutionalized and extend their coverage across HCPNs to enhance access to care, especially in underserved areas. Further, telemedicine and PhilHealth's e-Konsulta will be scaled up and interconnected across all platforms to enhance primary care coverage. Moreover, DOH will promote healthier food environments through the Healthy Public Food Procurement program, which guides government institutions in serving nutritious meals. To support implementation, Training of Trainers sessions in various regions will be scaled up, encouraging healthier food choices and local sourcing for more sustainable food systems.

**Outcome 4: Health Systems strengthened**

*Prioritize the technical assistance to LGUs in pooling financial resources for the Special*

*Health Fund.* LGUs, through the local health boards, will be guided in establishing and utilizing the Special Health Fund and health-related services. Technical assistance, capacity building, and stronger partnership and collaboration among key agencies (DOH, DBM, DOF, DILG) will also be extended to maximize its use.

*Continue implementation of capacity building of local chief executives and activate accountability mechanisms for UHC implementation.*

Capacitate and mobilize newly elected local chief executives and provincial health boards to lead health initiatives and implement the UHC Act. Moreover, the UHC Coordinating Council will be formalized to ensure regular monitoring of implementation progress, functionality of the local health boards to address bottlenecks, and recommend responsive and corrective actions.

*Sustain efforts to build and upgrade surveillance and response capacities both at the national and local levels.*

The strategies in the Philippine National Action Plan on

*Note: This PDP 2023-2028 Midterm Update Chapter is still preliminary and subject to further DEPDev review and Economy and Development Council approval. This draft is NOT official, and no part of this document may be cited or quoted. This is being circulated for public consultation processes.*

Antimicrobial Resistance 2024-2028 and recommendations from the second Joint External Evaluation of National Capacities will be cascaded for adoption of relevant stakeholders.<sup>5</sup> Moreover, strategies to enhance diagnostic and laboratory capabilities and preparedness against emerging and re-emerging public health threats will be pursued. Together, these efforts will reinforce a resilient, data-driven, and people-centered health system.

*Leverage the establishment and integration of digital health solutions as a foundation for UHC.* The Digital Health Strategy will be continuously implemented to guide both public and private sector digital health initiatives, ensuring alignment with UHC goals. This includes operationalizing PhilHealth's National Health Data Repository, which will centralize electronic medical records, health commodity prices, and other health-related data. The repository will be protected by strong cybersecurity and data governance protocols. Moreover, horizontal and vertical interoperability of EMRs will be prioritized, especially among private facilities, to further improve service delivery. This includes PhilHealth's eClaims, while hospitals will transition to iHOMIS Plus, or other similar HIS by 2025–2026.

*Harmonize and expand health research initiatives and translate findings into actionable insights to improve policy planning, policymaking, and programming.* To ensure effective, efficient, and evidence-based health policy and programming, health research initiatives will be expanded to tackle different health priorities from health technology and innovation, health systems strengthening, to HRH, among others. Health research will tackle different determinants of health including climate change, food, and water security. Findings will be translated to actionable recommendations that can be adopted by relevant government agencies, non-government institutions and organizations, and private stakeholders, ensuring a whole-of-society approach to improving health systems.

## Targets

The updated results matrix shows mixed progress in health outcomes. Key indicators like maternal mortality, premature NCD deaths, TB, and HIV remain below target. While access to safe water, reduced stunting, and lower poverty rates show positive trends, challenges persist in achieving healthy settings, health literacy, and adequate health infrastructure. Out-of-pocket spending rose to 44.4 percent, and EMR adoption and surveillance systems improved but still fell short of targets. Accelerated efforts are needed to meet 2028 goals across health access, quality, and system resilience.

---

<sup>5</sup> The evaluation was made in line with the 2005 International Health Regulations.

*Note: This PDP 2023-2028 Midterm Update Chapter is still preliminary and subject to further DEPDev review and Economy and Development Council approval. This draft is NOT official, and no part of this document may be cited or quoted. This is being circulated for public consultation processes.*

323

324

**Table 2.1.1 Updated Results Matrix: Boost health**

Indicator	Baseline Value (Year)	Accomplishment		Updated Targets			Means of Verification	Responsible Agency/ Inter-agency body
		2023	2024	2026	2027	2028		
Subchapter 2.1: Boost Health (Impact Indicators)								
Maternal mortality ratio decreased (per 100,000 live births)	144 (2020)	154 (2021)		78	76	74	PSA Estimates	DOH
Premature mortality rate attributed To cardiovascular disease, cancer, diabetes, and chronic respiratory diseases decreased (number of deaths per 1,000 population aged 30–70 years old)	4.7 <sup>6</sup> (2020)	5.0		3.85	3.65	3.46	PSA CRVS	DOH
Death rate due to road traffic accidents decreased (per 100,000 population)	8.0 (2020)	11.6		5.60	5.20	4.80	PSA CRVS	DOH
Tuberculosis incidence decreased (per 100,000 population)	650 (2021)	638	643	561	476	403	WHO Global TB Report	DOH
Number of new HIV infections decreased	24,400 (2023)	--	32,400 (May 2024)	11,000	7,300	6,800	DOH	DOH
Outcome 1: Social determinants of health improved								
Safe water supply coverage increased (% families)	93.90 (2020) <sup>7</sup>	96.3 (2022)		95.80	96.64	94.78	APIS	PSA
Access to basic sanitation increased (% families)	80.3 (2020) <sup>8</sup>	84.0 (2022)		96.95	97.56	98.17	APIS	PSA
Percentage of targeted communities, schools, and workplaces recognized as Healthy Settings increased (%)	0 (2022)	0	0	60	80	100	DOH	DOH
Prevalence of stunting among children under	26.7 (2021)	23.6		20.8	19.4	13.5	ENNS	DOST-FNRI

<sup>6</sup> Changes per official statistics from PSA

<sup>7</sup> Changes per official statistics from PSA

<sup>8</sup> Changes per official statistics from PSA

*Note: This PDP 2023-2028 Midterm Update Chapter is still preliminary and subject to further DEPDev review and Economy and Development Council approval. This draft is NOT official, and no part of this document may be cited or quoted. This is being circulated for public consultation processes.*

5 years of age decreased (%)								
Poverty incidence decreased (%)	18.1 (2022)	15.5			10.0-10.3	8.8-9.0	FIES	PSA
<b>Outcome 2: Healthy choices and behavior enabled</b>								
Percentage of Filipinos with functional health literacy increased (%)	25.0 (2021)	17.2	24.2	58	63	69	Health Literacy Survey	DOH
Proportion of women aged 15–49 years who make their own informed decisions regarding sexual relations, contraceptive use, and reproductive health care increased (%)	82.3 (2022)	82.3 (2022)		87.4	88.7	90.0	NDHS	PSA
<b>Outcome 3: Access, quality, and efficiency of health care improved</b>								
Percent of provinces with adequate bed-to-population ratios increased (%)	33.3 (2021)	28	26	50	55	60	DOH Admin data	DOH
Percent of provinces with adequate primary care facilities increased (%)	20.9 (2021)	22	25	40	45	50	DOH Admin data	DOH
Percentage of identified cities and provinces with adequate HRH-to-population ratio based on WHO reference ratios to achieve SDGs increased (%)	MD: 3 RN: 2 RM: 82 (2020)	MD: 5 RN: 7 RM: 80		MD: 45 RN: 44 RM: 90	MD: 58 RN: 58 RM: 92	MD: 72 RN: 72 RM: 95	DOH Admin data	DOH
Number of UHC Integration Sites that achieved the target number of Key Results Areas for a particular level in the Local Health Systems Maturity Levels.	0	63 UHC-IS reached at least 70% of the Level 2 KRAs	33 UHC-IS achieved at least 100% of the Level 2 LHS MLO KRAs				DOH Admin data	DOH

*Note: This PDP 2023-2028 Midterm Update Chapter is still preliminary and subject to further DEPDev review and Economy and Development Council approval. This draft is NOT official, and no part of this document may be cited or quoted. This is being circulated for public consultation processes.*

			40 UHC IS achieved at least 70% of Level 3 LHS ML KRAs					
Household OOP health spending as percentage of CHE decreased (%)	41.2 <sup>9</sup> (2021)	44.4		31.9	30.0	28.1	PNHA	PSA
<b>Outcome 4: Health systems strengthened</b>								
Percent of health facilities with paperless electronic medical record (EMR) and regularly submit data increased (%)	80% (2019)	82.93% (2,559/3,106) public HF 82% (934/1,134) private HF	85.32% (2,650/3,104) public HF 65% (737/1,134) private HF	60% of public facilities	80% of public facilities	100% of public facilities	DOH Admin data	DOH
Percentage of functional regional and local Epidemiology and Surveillance Units increased (%)	41 (2020)	40.88	69	75	83	100	DOH Admin data	DOH

## Legislative Agenda

The legislative agenda aims to strengthen the Philippine healthcare system by introducing key policy measures that enhance disease prevention, improve access to healthcare services, and support health workers. Through these measures, the responsible agencies seek to build a more resilient, efficient, and accessible health system for the country.

**Table 2.1.1 — Legislative agenda to boost health**

Legislative Agenda	Rationale/Key Features	Responsible Agency
<b>Creation of the Virology and Vaccine Institute of the Philippines</b>	The Institute will serve as the country's principal virology laboratory, providing investigations, research, and technical coordination of the entire network of virology laboratories across the country.	Department of Science and Technology (DOST); DOH

<sup>9</sup> Changes per official statistics from PSA



*Note: This PDP 2023-2028 Midterm Update Chapter is still preliminary and subject to further DEPDev review and Economy and Development Council approval. This draft is NOT official, and no part of this document may be cited or quoted. This is being circulated for public consultation processes.*

<b>Creation of the Philippine Center for Disease Control and Prevention (CDC)</b>	The proposed measure will create a CDC under the DOH. It will allow for the forecasting, prevention, monitoring, and control of diseases, injuries, and disabilities both of national and international concern; recentralize local epidemiology and surveillance units; strengthen epidemiology, public health surveillance, and research capacities; and ensure investments equipping the country to respond to public health emergencies.	DOH
<b>Magna Carta for Barangay Health Workers (BHWs)</b>	This measure aims to provide a comprehensive set of compensation and incentives and other benefits for BHWs in consideration of the crucial role they play for their communities and the health system. It also defines their roles and responsibilities, prescribes the methods of recruitment and retention, and identifies programs for capability building and career advancement for BHWs.	DOH
<b>Telemedicine Law/Act</b>	This measure aims to create a unified telemedicine policy to improve healthcare access, especially in remote areas, and strengthen the health system.	DOH
<b>Establishment of Medical Reserve Corps (MRC)</b>	The MRC will consist of licensed physicians, medical degree holders, senior medical students, registered nurses, and allied health professionals, ready to support the government and LGUs in addressing public medical needs. The President can mobilize the MRC nationwide to assist the Armed Forces Medical Corps during war, lawless violence, or calamities.	DOH
<b>Health Facilities and Services Regulation Act</b>	This measure seeks to grant quasi-judicial powers to the Health Facilities and Services Regulatory Bureau; establish regional offices for the reinforcement of its policies and standards; retention of their income; extending the LTO validity to three years and adjust the existing penalties and revocation of license.	DOH