Charting a course for sustainable and equitable access to medicines in the Philippines: Proposed roadmap to implementation

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Abbreviations

Abbreviation	Term
AE	Adverse event
AeHIN	Asia eHealth Information Network
AMR	Antimicrobial resistance
ART	Antiretroviral therapy
ASEAN	Association of Southeast Asian Nations
AtM	Access to Medicines
AVPN	Asian Venture Philanthropy Network
BHC	Barangay health center
BHW	Barangay health worker
BoC	Bureau of Customs
CDx	Companion diagnostics
DICT	Department of Information and Communications Technology
DoH	Department of Health
DPRI	Drug Price Reference Index
DSWD	Department of Social Welfare and Development
EMR	Electronic medical record
GIDA	Geographically isolated and disadvantaged area
HAP	Hemophilia Advocates Philippines
HCP	Healthcare professional
HIV	Human immunodeficiency virus
HPA	Healthy Philippines Alliance
HSS	Health system strengthening
IHC	Immunohistochemistry
IT	Information technology
KOL	Key opinion leader
LGU	Local government unit
MAP	Medical Assistance Program
MoU	Memorandum of understanding
NCD	Non-communicable disease
NGO	Non-governmental organization
NGS	Next-generation sequencing
NTD	Neglected tropical disease
OECD	Organisation for Economic Co-operation and Development
OOP	Out of pocket
PAG	Patient advisory group
PCSO	Philippines Charity Sweepstake Office
PEP	Post-exposure prophylaxis
PHAP	Pharmaceutical and Healthcare Association of the Philippines
PhilHealth	Philippine Health Insurance Corporation
PHP	Philippine peso
PPP	Public–private partnership
PrEP	Pre-exposure prophylaxis
PSAC	Private Sector Advisory Council
PSFI	Pilipinas Shell Foundation Incorporated
RMB	Chinese renminbi
SC-PPPC	Special Concerns and Public–Private Partnership Cluster
SMS	Short message service
TB	Tuberculosis
UHC	Universal health coverage
USD	US dollars

1. Introduction

The Access to Medicines (AtM) Summit 2024 saw 206 stakeholders from the government, the healthcare sector, non-governmental organizations (NGOs), patient advisory groups (PAGs), and the pharmaceutical industry gather in Manila to reignite discussions on sustainable and equitable access to medicines in the Philippines, and to explore opportunities for new partnerships and collaborations.

The stakeholders shared perspectives from across the healthcare spectrum, describing the immense challenges to accessing healthcare and medicines faced by patients, and showcased the innovative initiatives that are under way to provide critically needed support in improving patients' lives. Opportunities for new partnerships were explored in the Collaboration Hub networking session, and ideas for facilitating access were generated through roundtable discussions on developing a blueprint for access to medicines and priorities for policy advocacy.

This roadmap summarizes the current challenges that patients face in accessing healthcare and medicines, describes the ongoing initiatives for improving access, and outlines the next steps that stakeholders should take to further enhance sustainable access to medicines in the Philippines. In keeping with Takeda's commitment to healthcare systems strengthening (HSS; see Box 1), the roadmap proposes initiatives that are **locally led**, **integrated** within existing healthcare systems and infrastructure, and aligned with local priorities to ensure **sustainable** improvements in access to medicines for all.

Box 1

Healthcare Systems Strengthening

Takeda's approach to HSS is fundamental to its vision of accelerating patient access to medicines. HSS initiatives seek to reinforce the capacity of a healthcare system to provide access for patients to innovative medicines and vaccines through robust programs with impact measures incorporated from the outset, focusing on gaps in these core focus areas:

- **The patient journey**, including all steps from disease awareness to screening, diagnosis, treatment, and aftercare
- **Health education**, for both patients and healthcare workers
- **Supply chain**, ensuring the uninterrupted availability of medicines
- **Advocacy**, shaping policy to improve access to healthcare and medicines for patients

To address these core focus areas, Takeda is helping to co-create locally owned solutions in partnership with governments, patient organizations, and industry. As such, the HSS initiatives delivered by Takeda and its partners are **locally led**, **integrated** within existing healthcare systems and infrastructure, and **sustainable**.

2. Access to medicines in the Philippines: A status update

2.1. Major barriers to access

Barriers to accessing healthcare and medicines are discussed within the framework of Takeda's four focus areas for access: the patient journey, health education, advocacy, and supply chain (see Box 1). These, in turn, link to the local gaps in access[1-4] identified and discussed at the AtM Summit, including those in the availability, adequacy, acceptability, and affordability of medicines and healthcare.

2.1.1. Patient journey

Patients across different regions of the Philippines continue to face challenges in the physical availability of healthcare services.[2]

As an archipelago of more than 7000 islands, the Philippines' geography presents challenges in providing equitable access to healthcare, particularly for patients in geographically isolated and disadvantaged areas (GIDAs), where physical remoteness is an immense barrier.[2] During the AtM Summit, presenters and delegates frequently noted the burden placed on patients located in GIDAs in traveling long distances and at considerable expense to access care or obtain medicines. For example, Hemophilia Advocates Philippines (HAP) highlighted that only two centers in the Philippines can perform the Bethesda assay for the diagnosis of hemophilia, and only seven centers can deliver hemophilia treatment. As treatment centers are limited, patients experiencing acute bleeding episodes are at increased risk of adverse outcomes.

Where drugs are available, there are nonetheless barriers to their safe and effective use, as described by participants at the summit, including healthcare professionals (HCPs) in various fields. Delegates expressed concerns regarding the quality of very low-priced medicines purchased under the Drug Price Reference Index (DPRI), particularly antimicrobials, given the growing threat of antimicrobial resistance (AMR). Introduced in 2014, the DPRI mandates ceiling acquisition costs for essential medicines.[5] However, participants at the summit opined that its use is restrictive and leads to suboptimal health outcomes as it prioritizes the lowest bidder, which may not be the best supplier of quality medicines. A discussion group at the summit led by an oncologist and including HCP participants also noted that while targeted cancer therapies are available, they cannot be used because molecular testing facilities are lacking, even in specialist cancer centers.

The patient journey is also hampered by limitations in the implementation of healthcare information technology (IT), as remarked by presenters at the summit, including business leaders. It was noted that to date, record keeping in the Philippines is largely manual (ie with pen and paper), resulting in inefficiencies in the healthcare system and limited access for patients to their own health data.

2.1.2. Health education

Discussions at the summit highlighted that gaps in disease awareness and health education present considerable barriers to patients accessing available medicines. For example, stigma faced by specific patient groups and falsely held beliefs about disease transmission and home remedies may prevent patients from seeking care and treatment.

Human immunodeficiency virus (HIV) remains a concerning health issue in the Philippines despite the availability of health screening, preventative health measures (pre- and post-exposure prophylaxis [PrEP and PEP, respectively]), and free antiretroviral therapy (ART; see Section 2.2.3). This speaks to the high levels of stigma that persist around HIV infection, which ultimately affects engagement with HIV services.[6] Populations at risk of HIV may also be reluctant to undergo screening because cultural attitudes prevent them from seeking such care if they feel well with no apparent symptoms.[6] Furthermore, representatives of Pilipinas Shell Foundation Incorporated (PSFI) shared that similar cultural attitudes may prevent people living with HIV in the Philippines from taking ART if they do not have symptoms. This phenomenon may contribute to the large number of

people living with HIV who know their status but have not enrolled for ART, estimated at around 20,000 people in 2023.[7]

Patients with neglected tropical diseases (NTDs) are also frequently the target of social stigma.[8] During the summit, an HCP specializing in the treatment of tropical diseases expressed the opinion that the stigma associated with NTDs and parasitic infections may deter patients from seeking treatment. Instead, they may rely on inaccurate information about home remedies (eg drinking alcohol will kill intestinal parasites).

2.1.3. Supply chain

The sparse healthcare infrastructure in GIDAs was discussed by both presenters and participants at the AtM Summit and was suggested to impact the drug supply chain by limiting the number of places where patients can obtain medicines. For example, ART for the treatment of HIV is only available at 180 HIV primary care facilities and treatment hubs distributed across the country; it cannot be purchased from commercial pharmacies.[6] During the AtM Summit, an example was shared of a person living with HIV in Palawan, who has to travel by boat and then by road for 8 hours to visit the only treatment center in Palawan four times a year to collect their medicine. While this may be an extreme case, it is nonetheless common for patients to live far from the nearest barangay health center (BHC) or primary healthcare facility; only around half of Filipinos have access to a BHC within 30 minutes' travel from home.[9] During discussions at the summit, it was noted that such patients must make long journeys to collect medicines, the cost of which may be considerable for poorer patients, who may have to choose between taking this journey or purchasing other essentials.

Moreover, there is often a mismatch between consumption and supply of medicines at local health facilities.[4] This leads to basic and commonly required medicines often not being stocked at BHCs. On the other hand, surplus stocks of underutilized medicines result in wastage.[4] Such supply chain management issues have been attributed to a lack of staff training on the quantification and selection of medicines and incomplete information on medicines consumption at service delivery points,[4] further highlighting the need for enhancing supply chain efficiency.

2.1.4. Advocacy

The cost of healthcare services and medicines is a critical barrier to access for the average Filipino.[2-4] More than 55% of all healthcare expenditure in the Philippines was derived from out-of-pocket (OOP) spending and voluntary healthcare payment schemes in 2022,[10] compared with the Organisation for Economic Co-operation and Development (OECD) average of 20%.[11] In terms of pharmaceutical expenditure, 85% is derived from private sources, with 15% from government spending.[12]

The cost of medicines is high in the Philippines relative to that in other Asian countries.[2-4] It was noted by participants that prices at private hospital pharmacies and community pharmacies are reported to be over 8 and 4 times higher, respectively, than international reference prices. Moreover, the wholesale prices of some medicines are 2–9 times higher than those in other Association of Southeast Asian Nations (ASEAN) and OECD countries, despite comparable volume requirements. Why this is the case has not been thoroughly investigated,[3] but multiple factors are likely to be involved. For example, value-added tax is applied to medicines at the rate of 12%,[13] the highest rate of indirect tax among ASEAN countries.[14] Wholesaler, hospital, and pharmacy markups may also contribute, as well as the high cost of logistics for distributing drugs across a widely dispersed archipelago. Inefficiencies in hospital drug procurement may also be a factor, including gaps in procurement planning and a lack of pooled procurement mechanisms to leverage economies of scale.[1,15]

Treatments for serious illnesses such as cancer are beyond the reach of most patients. In a video message shared at the summit, titled, 'A heart's struggle: The cost of hope for cancer patients in the Philippines', it was noted that biological treatments for non-Hodgkin lymphoma may cost around 200,000 PHP per cycle, estimated to be affordable for less than 5% of Filipinos. Meanwhile, factor VIII replacement therapy for hemophilia is priced at 4800 PHP per vial.[16] Given the number of vials often required, a mild bleed in the joints can cost 30,000–50,000 PHP to treat, while treatment costs for more severe bleeds in

internal organs can run into the hundreds of thousands or even millions.[16]

Discussions at the AtM Summit suggested that, given the high prices of medicines, patients with serious health conditions rely heavily on imported charitable drug donations facilitated by PAGs such as The Cancer Coalition Philippines and HAP. Customs duties and taxes on such imports are a further source of financial burden for patients. More sustainable financing of medicines is urgently needed to benefit both patients and the healthcare system.

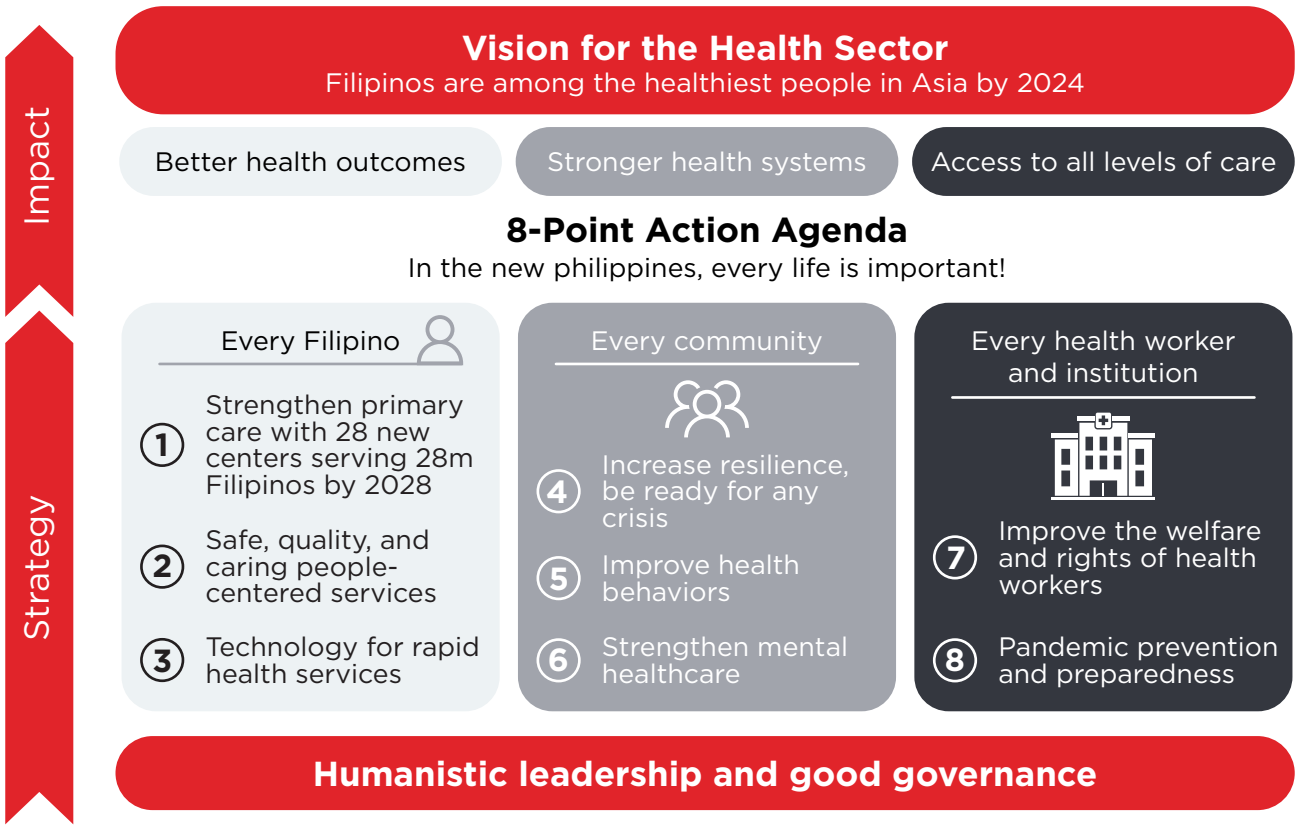
2.1.5. Impact of barriers to access

Barriers to the accessibility of medicines are reflected in the declining health standards of Filipinos in recent years, as discussed at the AtM Summit. Maternal and infant mortality is increasing, with 2400 women and girls dying every year from preventable causes related to pregnancy and childbirth.[17] The incidence of infectious diseases is also high. At 650 cases per 100,000,[18] the incidence of tuberculosis (TB) in the Philippines remains well above the internationally recognized standard for being considered TB-free (10 cases per 100,000). Furthermore, the incidence of HIV has increased rapidly over the last decade, rising from nine infections per day in 2012 to 46 per day in 2023.[6]

2.2. Ongoing initiatives to improve access

2.2.1. Government agenda

The Philippines Government passed the Universal Health Coverage (UHC) Act in 2019, mandating structural and functional changes in health financing, service delivery, and governance, with the goal of achieving UHC.[19] As part of this effort, the Department of Health (DoH) is implementing the medium- to long-term Eight-Point Action Agenda, Para sa Healthy Pilipinas. This agenda, presented at the AtM Summit, will be implemented between 2023 and 2028, with the aim of Filipinos being among the healthiest people in Asia by 2040. The action agenda will improve health outcomes, strengthen health systems, and enhance access to all levels of care.[20]



This figure has been adapted from the original published by the DoH. The original figure can be found at: https://legacy.senate.gov.ph/press_release/2023/%5bclean%20version%5d%20cy%202024%20nep%20slide%20deck%20for%20september%2028,%202023_v1.pdf

In 2018, the government also established Malasakit Centers at general hospitals to improve access for indigent patients.[21] At these centers, financially incapable patients can conveniently request special assistance from government agencies, charities, and PAGs in one place.

Beyond the initiatives implemented by the central government, there are also regional schemes for local populations. In Pangasinan province, headway in tackling barriers is being made with the Kalusugan Karavan (Health Caravan) initiative, which delivers a mobile service, including free medical consultations and laboratory services, to remote areas.[22] Furthermore, having found that hospital re-admissions are driven by patients not completing courses of medication because of financial constraints, Eastern Visayas Medical Center has implemented Project Tambal (Take-Home Medications Benefit Assistance Link), whereby patients are provided with a complete course of medication for free upon discharge from hospital.[23]

2.2.2. Public–private partnerships (PPPs)

In Baguio City, the mayor has signed a memorandum of understanding (MoU) with the Pharmaceutical and Healthcare Association of the Philippines (PHAP) on accelerating the implementation of access to medicines.[24] The MoU has two key aims:

- Consolidation of PHAP members' AtM programs
- Ecosystem building to broaden healthcare access

Details of the MoU's implementation were presented at the summit. Implementation of the MoU began with Project Genesis, a health-profiling study of the healthcare status, patterns of healthcare use, medicine access, and expenditure of 1000 households in Baguio City. The results revealed the high prevalence of hypertension, diabetes, and other non-communicable diseases (NCDs) in the city, and that patients largely access government-funded health services (71% of respondents) rather than private facilities (29%). Nonetheless, patients still accrued OOP costs of 3000–4000 PHP per month. Phase 2 of the study is ongoing, investigating meaningful ways to increase access to medicines in discussion with pharmaceutical manufacturers that may support the program.[24]

The Philippine Pharmacists Association has also implemented the Immunizing Pharmacist Certification Program, details of which were presented at the summit. The program provides training to pharmacists, allowing them to administer vaccines and thereby broadening access to vaccines for Filipinos. At the time of the summit, 1205 pharmacists had been certified.

In Quezon City, Metro Manila, MedProjects, Inc is collaborating with local healthcare providers to pilot the Health Care Information System, a secure, cloud-based health IT system that has led to increased patient access to data and patient empowerment, improved data management, and reduced burden on HCPs, as discussed by panelists during the summit.

2.2.3. Philanthropy and patient advocacy

Patients in the Philippines, particularly those with chronic and/or serious health conditions, rely heavily on philanthropic programs to gain access to medicines. The Philippines Charity Sweepstake Office (PCSO) has administered the Medical Assistance Program (MAP) since the 1990s, funded from the 30% of its proceeds that are dedicated to charity each year.[25] According to the PSCO's Medical Services Department, the MAP provides means-tested support for drug costs, with applications made online or in person at Malasakit Centers.

Many charitable donations of medicines are managed by PAGs. Presentations during the summit suggested that HAP has assisted over 1000 patients with the costs of 3000 treatments for hemophilia since 2016, primarily through utilizing overseas charitable donations. However, customs duties and taxes on such medicines are a further source of financial burden for patients. HAP continues to advocate for a more sustainable source of funding for hemophilia care through the inclusion of hemophilia in Philippine Health Insurance Corporation (PhilHealth) Z List packages. A Bleeding Disorders Bill that seeks to appropriate funds for standard of care and dedicated treatment centers has also been filed with four successive Congresses but has yet to be enacted in law.[16]

Cancer Coalition Philippines provides patients with access to cancer medicines also financed by charitable donations, according to representatives of the coalition present at the AtM Summit, while the coalition's research is funded by a grant from the World Health Organization.

The PSFI is the custodian of a 25 million USD grant from The Global Fund for tackling HIV in the Philippines. The grant has been implemented since 2021 in the form of the PROTECTS (Philippines Response in Optimizing Testing, Empowered Communities, Treatment and Sustainability) grant and has provided ART, PrEP, and PEP, as well as other HIV-prevention commodities, free of charge.[26]

Existing government programs for the management and prevention of NCDs are further supported by CARE Philippines. The group has been delivering assistance to Filipinos since 1949 and is committed to furthering health equity, particularly for women and girls and marginalized communities. Current programs include the LOVE program (limit food; omit sugary drinks; vegetables and fruits daily; exercise).

3. Roadmap to implementing access to medicines: Next steps

As evidenced by the initiatives described in Section 2.2, work is well under way to strengthen access to medicines for Filipinos through initiatives implemented by the government, NGOs, and the private sector, as well as through PPPs. Nonetheless, declining health standards (see Section 2.1.5) underscore the need for further efforts to improve health outcomes by addressing barriers to drug and healthcare accessibility across the patient journey, and to improve health education, supply chain management, and advocacy.

Ideas put forward by participants during discussions at the AtM Summit have been incorporated into a roadmap to access. This roadmap will steer stakeholders' efforts across the focus areas, with calls to action to implement **locally led**, **integrated**, and **sustainable** access solutions.

Box 2

Proposed implementation time frames

Timeframes are suggested for implementing the proposed actions as follows:

- Short term: Actions that may require **less than 1 year** for implementation
- Medium term: Actions that may require **1–3 years** for implementation
- Long term: Actions that may require **more than 3 years** for implementation

The time frames are suggested considering the number of actors required to collaborate on each initiative, with the assumption that initiatives involving more actors may take longer to implement. Similarly, actions that rely on the drafting and implementation of new legislation or other instruments, or that require the development of new physical infrastructure, are presumed to take longer than those based on the reorganization or optimization of existing instruments/facilities.

3.1. The patient journey

Barriers:

The challenges in access to medicines presented and discussed at the AtM Summit impact the entire patient journey. Health data standards have been inconsistently adopted, and healthcare providers are unable to share their patients' health or medical records to allow continuing care.[27] Moreover, low compensation for healthcare workers in the public sector contributes to difficulties in staff retention throughout the country,[2] thus exacerbating existing issues with access to healthcare.

Once a patient has entered the healthcare system, challenges with diagnostic capabilities act as a barrier to optimal treatment, particularly in oncology, in which the limited use of next-generation sequencing (NGS)/molecular profiling prevents patients from accessing innovative targeted cancer therapies.[28] Finally, delegates shared concerns regarding the quality and safety of certain drugs with low DPRI procurement ceilings, which may lead to non-optimal treatment outcomes for patients. There is particular concern regarding the quality of antimicrobial drugs, given the growing threat of AMR.

Call to action

Implement interoperable electronic medical record (EMR) systems

Publish a Joint Administrative Order (from the DoH and the Department of Information and Communications Technology [DICT]) mandating the use of interoperable EMR systems across public healthcare facilities.

Rationale:
As presented by the Asia eHealth Information Network (AeHIN) and Medprojects, Inc, the implementation of digital and interoperable EMR and data systems may reduce the need for patients to provide information repeatedly while also ensuring that information is accurate, shortening HCP consultation time and improving patient safety and outcomes.[27] In 2021, DoH–PhilHealth Joint Administrative Order 2021-0002 mandated that all DoH hospitals move towards an interoperable EMR system.[27] Rollout of the order to other public healthcare providers, such as primary care units, would ensure smooth communication between different branches of the healthcare system. As discussed at the summit, a similar initiative was successfully undertaken in Indonesia, where the government established a Digital Transformation Office in 2022 to provide leadership and coordination and to ensure that all stakeholders know their roles across the digital health transformation. This initiative also adopted an existing digital health blueprint to save time and resources, adapting the UK's blueprint to the Indonesian context.

Policy-focused action

Lead parties:
DoH and DICT.

Measures of impact:
Increase in the number of public healthcare providers using interoperable EMR systems, establishment of disease registries for generating real-world evidence based on EMR data, integration of EMR data into systems for supply chain management (for forecasting, procurement, etc).

Potential collaboration partners:
HCPs, IT professionals, the private sector, PhilHealth, internet providers, Department of Science and Technology, Philippine Council for Health Research and Development, Philippines Statistics Authority, AeHIN.

Implementation time frame:
Long term.

Call to action

Strengthen health sector employment rights

Standardize salaries and create more plantilla positions for healthcare workers in public healthcare settings through review of the Salary Standardization Act and labor code.

Rationale:
Compensation for healthcare workers in the Philippines is low.[2] Moreover, staff retention is impacted by the often contractual nature of employment (rather than permanent, plantilla positions) and the limited capacity of local government units (LGUs) to provide benefits for healthcare workers, including travel allowance, clothing and subsistence allowance, and vacation leave.[29] Delegates proposed the creation of stable, well-paid positions for healthcare workers in public healthcare settings to make such employment more attractive to individuals, improving staff retention and facilitating care throughout the patient journey.

Policy-focused action

Lead parties:
Congress, LGUs, DoH, Department of Budget and Management.

Measures of impact:
Increased number of available plantilla positions, decrease in reported healthcare worker shortages.

Potential collaboration partners:
Public and private hospitals.

Implementation time frame:
Medium term.

Call to action

Enforce stricter criteria for defining specialty/cancer centers

Mandate that centers claiming to be specialty or cancer treatment centers must provide advanced diagnostics (eg NGS, companion diagnostics [CDx], immunohistochemistry [IHC]).

Rationale:
Manufacturers of innovative medicines increasingly focus on personalized approaches to treatment, with targeted medicines leading to improved health outcomes, particularly in oncology. However, challenges with access to advanced diagnostics in the Philippines, such as NGS, prevent the identification of candidates for targeted therapy.[28] Delegates proposed that an executive/presidential order or law that compels specialty treatment centers and cancer centers to provide advanced diagnostic tests would facilitate access to targeted therapies and personalized medicine for Filipinos. Such an executive/presidential order may initially lead to a decrease in specialty cancer centers owing to a lack of technical expertise to meet the requirements of the order, or to centers requiring time to procure equipment and train staff. As such, a long-term plan for monitoring impact should be considered during implementation.

Lead parties:
Executive Department and/or Congress.

Measures of impact:
Increased rates in the diagnosis of molecular subtypes of cancers (vs broad cancer diagnoses), increased appropriate use of targeted therapies.

Potential collaboration partners:
Public and private hospitals, research-based pharmaceutical industry, NGS/CDx/IHC providers.

Implementation time frame:
Medium term.

Call to action

Improve the DPRI and adverse-event (AE) reporting

Revise the DPRI to ensure procurement of high-quality medicines with proven efficacy and safety profiles and develop efficient AE-reporting systems, including the extension of AE-reporting timelines.

Rationale:
During discussions at the AtM Summit, delegates deemed use of the DPRI to be restrictive as it prioritizes the lowest bidder, which may not be the best supplier of high-quality medicines. The DPRI is based on prices for medicines obtained by DoH-retained hospitals, DoH regional offices, and Philippine Pharma Procurement, Inc,[5] but delegates noted that it may not reflect the prices made available to LGUs or individual health facilities. Delegates proposed that increases in the price caps within the DPRI are needed to ensure access to high-quality medicines at local level. To support DPRI reform, more efficient systems for reporting AEs are also needed. Delegates opined that current AE-reporting timelines are not compatible with workloads in public hospitals, and that AEs often go unreported. It was suggested that an adequate AE-reporting framework is needed to capture real-world evidence in cases of substandard drugs purchased via the DPRI that lack efficacy and/or safety.

Lead parties:
DoH, Philippine Government Electronic Procurement System, Central Office Bids and Awards Committee.

Policy-focused action

Measures of impact:
Reduction in failed bids attributable to 'very low approved budget for the contract', reduction in reports of ineffective/unsafe drugs purchased under the DPRI. Note that an initial increase in AE reports may reflect optimized AE-reporting structures. AE reports should decrease again following implementation of DPRI reforms.

Potential collaboration partners:
Procurement offices, bids and awards committees of healthcare facilities.

Implementation time frame:
Medium term.

3.2. Education

Barriers:

Health literacy levels are low[30] and compounded by cultural attitudes and beliefs, causing patients to avoid seeking care/treatment (see Section 2.1.2).

Call to action

Hold focus group discussions to inform health communication and education plans

Engage with the target end users of health communication plans and educational programs to develop educational tools tailored to patients' concerns and programs to upskill barangay health workers (BHWs), targeted to the largest perceived knowledge gaps.

Rationale:
Qualitative research techniques involving representative groups of patients will provide insights regarding patients' concerns about accessing services and treatment, as well as information about their health priorities. The results of such research will inform health communication plans and educational programs, ensuring that they can be tailored to resonate more deeply with the target audience, thereby improving healthy behaviors, including the willingness to seek and accept treatment. A similar approach to education for BHWs will help LGUs to understand where BHWs feel that more robust knowledge or support is needed, improving engagement with education and retention of information.

Lead party:
Academe.
Supporting parties:
LGUs, BHWs.

Measures of impact:
Number of focus group discussions held, success of educational initiatives informed (vs those not informed) by focus group output in terms of increased care-seeking behaviors for the conditions in question, improved treatment enrollment rates, improved acceptance and adherence rates.

Potential collaboration partners:
Research-based pharmaceutical industry, PAGs, DoH, LGUs, city health offices.

Implementation time frame:
Short term.

Call to action

Devise a framework to assess drug acceptability

Develop a guide for experts to comprehensively assess the characteristics of drug treatment from the patient's perspective and anticipate patients' concerns about the acceptability of treatment.

Rationale:
Critical medicines are underutilized in certain therapeutic areas (eg ART for HIV).[7] In such instances, the DoH and the medical community should seek to better understand the concerns of Filipino patients and address these concerns proactively. To this end, a framework for assessing the acceptability of treatments should be developed, considering the treatment's medical characteristics (eg efficacy, side effects), implications for the patient's livelihood (eg cost, pill burden), and sociological factors (eg prejudice associated with the health condition) that may deter patients from seeking access. Complete assessments will support the development of educational initiatives that resonate more deeply with the target patient population, directly addressing and potentially dispelling patients' concerns.

Lead party:
DoH.

Measures of impact:
Improved treatment enrollment rates, improved treatment adherence rates.

Potential collaboration partners:
Medical societies, NGOs.

Implementation time frame:
Medium term.

Call to action

Mobilize key opinion leaders (KOLs) in educating patients

Recruit healthcare influencers, KOLs, and/or other trusted members of the community to deliver patient education initiatives.

Rationale:
Delegates at the AtM Summit suggested that patients may be reluctant to consult HCPs but may place trust in information shared by respected members of society, such as social media influencers or other KOLs. Social media influencers can have a substantial influence on health behaviors, and patients actively exchange health information via social media platforms with one another and with influencers.[31,32] Recruiting such figures appropriately to participate in patient education campaigns and deliver key messages may extend the reach of awareness and enhance campaign success.

Lead party:
LGU health offices.

Supporting parties:
Research-based pharmaceutical industry, PAGs, media, barangays.

Measures of impact:
Increases in care-seeking behavior in the wake of educational campaigns, improved treatment initiation rates, better treatment adherence for chronic diseases, program delivery metrics (the number of events held at local level).

Implementation time frame:
Short term.

3.3. Supply chain

Barriers:

Barriers along the length of the supply chain challenge patients' access to medicines in the Philippines (see Section 2.1.3). Presentations and discussions at the AtM Summit focused on challenges with importing drugs to the Philippines, including bureaucratic importation processes and high taxes on medical imports, which inhibit access to humanitarian medical donations for patients with rare diseases who rely on them. Moreover, there is often a mismatch between consumption and supply of basic medicines at BHCs.[4] Basic, commonly required medicines are often not stocked, while many underutilized medicines are available and must subsequently be disposed of.[4] Finally, the geography of the Philippines is such that patients located in GIDAs (or 'far-flung' areas) face great challenges in accessing care.[2] Participants at the summit emphasized that patients in GIDAs must travel long distances to their nearest primary healthcare facility and/or BHC to obtain medicines and that they may struggle to do so for multiple reasons, including the time needed for travel and the cost of transport.

Call to action

Streamline drug importation

Simplify requirements for the importation of humanitarian medication donations and remove importation taxes on such donations.

Rationale:
Humanitarian medication donations remain an important part of the supply chain in providing high-cost treatments to patients with complex or rare disorders, as reported by representatives of HAP and the Philippines Cancer Coalition during presentations and discussions. Donations often come from overseas and are nearing expiry upon arrival. Participants at the summit agreed that a streamlined process is needed to ensure that medical imports are promptly approved by the DoH and Bureau of Customs (BoC) and reach patients before they expire. An executive order to remove import taxes on such donations is needed to reduce the cost burden on patients.

Policy-focused action

Lead parties:
Anti-Red Tape Authority, National Economic and Development Authority, Department of Social Welfare and Development (DSWD), BoC, Bureau of Internal Revenue, Department of Finance.

Measures of impact:
Reduction in lead times for humanitarian donation imports.

Potential collaboration partners:
PAGs.

Implementation time frame:
Medium term.

Call to action

Develop digital drug inventories and patient portals

Develop interoperable electronic information systems for monitoring drug stocks and supply logistics.

Rationale:
Summit delegates proposed that the implementation of electronic systems for monitoring drug stocks and supply chain logistics will support grassroots healthcare facilities in preventing stockouts, improving patients' access to medicines via their nearest BHC or primary healthcare facility. The interoperability of these systems would also aid integration with patient EMRs to ensure that needed medicines are prioritized and that unnecessary medicines are not wasted. Finally, a patient portal into the digital drug inventory would help patients plan their journeys to local healthcare facilities, allowing them to see whether their required medicine is available and when new stocks are due for delivery.

Lead parties:
DoH, LGUs.
Supporting parties:
Public and private hospitals, industry.

Measures of impact:
Reduced stockouts of medicines, stable availability of required drugs across barangays.

Potential collaboration partners:
Distributors and logistics service providers, consultancies, database and web developers.

Implementation time frame:
Medium term.

Call to action

Deliver drugs to patients with physical barriers to access

Capacitate primary healthcare facilities to deliver medicines to a location closer to, or directly to, families who face financial or other barriers to collecting prescriptions.

Rationale:
Discussion among delegates at the summit often focused on patients living at considerable distances from healthcare providers, who may therefore struggle to travel to collect medication. Summit participants suggested that, for patients with chronic health conditions who have a prescription for their medication, primary healthcare facilities could deliver the medicine to the patient's nearest BHC or their home (for patients who may also struggle to visit the BHC), alleviating the burden on the patient. The service could be further optimized for patients through the development of a delivery notification service, via SMS or smartphone app, to prevent wasted trips to the BHC for collection or missed home deliveries.

Lead party:
LGUs.
Supporting parties:
Private sector, BHCs and BHWs, NGOs.

Measures of impact:
Increase in treatment rates, improved treatment adherence rates, reductions in unfilled prescriptions.

Potential collaboration partners:
Ride-hailing and delivery services (Grab and Angkas), telecom companies, web and app developers.

Implementation time frame:
Short term.

3.4. Advocacy

Barriers:

Patients are responsible for a large proportion of drug costs and must pay a considerable amount OOP.[2-4,10] Presentations at the AtM Summit demonstrated how the large OOP burden disproportionately affects those with serious diseases; patients with rare diseases (eg hemophilia) find it difficult to maintain high-cost treatments in the long term, and specialty cancer treatments are beyond the reach of most patients.

Call to action

Review and revise the Rare Diseases Act (policy)

Support patients with rare diseases in accessing high-cost medications by reviewing the Rare Diseases Act with a view to proposing/implementing necessary amendments.

Rationale:
Delegates at the summit proposed revising the Rare Diseases Act to incorporate coverage of additional rare diseases into PhilHealth packages. Publication of a position paper by PAGs is recommended ahead of legislation review to promote awareness of the challenges faced by those with rare diseases.

Lead parties:
Congress/Senate, private insurance firms.

Supporting parties:
PCSO, DSWD, Philippine Amusement and Gaming Corporation, Health Technology Assessment Council, PhilHealth, PAGs.

Measures of impact:
Inclusion of treatments for rare diseases in PhilHealth packages.

Implementation time frame:
Medium term.

Policy-focused action

Call to action

Conduct health profiling of local populations

Carry out fundamental health research to supplement local epidemiological knowledge, inform service delivery, and determine medication requirements.

Rationale:
There is often a mismatch between consumption and supply of medicines at BHCs. Therefore, available supplies may not meet the needs of the local population and may lead to wastage.[4] In Baguio City, implementation of the MoU signed between the mayor's office and the PHAP began with Project Genesis, a comprehensive review of the healthcare status, patterns of healthcare use, medicine access, and health expenditure of 1000 households in the city.[24] According to information presented during the summit, the project found high rates of NCDs among the population, providing insight into major local health needs. Similar health-profiling studies would assist BHCs in determining the health profiles of the populations they serve, highlighting the types of care and medicines needed to better support the local population.

Lead parties:
DoH and LGUs.

Supporting parties:
BHCs.

Measures of impact:
Insights into the incidence/prevalence of key conditions among local populations, targeted procurement of medicines to suit local health needs (reduction in wastage of medicines due to lack of need).

Potential collaboration partners:
NGOs, academe, research-based pharmaceutical industry.

Implementation time frame:
Short term.

Call to action

Support the development of and endorse supplementary insurance for prescription medicines

Issue a call for private health insurers to develop affordable, supplementary schemes for drug coverage that complement and extend PhilHealth packages to assist patients with access to high-cost drug costs.

Rationale:
At the AtM Summit, examples were shared of patients with rare or serious diseases who rely on charitable donations to obtain their required high-cost medicines (see Section 2.1.4). To help alleviate some of this burden, LGUs and/or the national government could collaborate with private health insurance companies to implement affordable private health insurance plans that would provide supplementary cover for (expensive) prescription medicines for serious diseases not currently covered by PhilHealth. A similar model has been successfully rolled out in major cities in China. Known as City Customized Commercial Medical Insurance (or 'Benefit the People' medical insurance), it is available to beneficiaries of the two basic medical insurance schemes that cover 95% of the population. Premiums are low, usually in the range of 60–120 RMB per year, although annual deductibles can be high, at an average of 20,000 RMB. Nonetheless, the reimbursement provided is substantial, with annual ceilings generally set at 2–3 million RMB per year, covering in- and outpatient fees, as well as certain high-cost drugs.[33]

Lead parties:
LGUs, private health insurance companies.
Supporting party: DoH.

Measures of impact:
Improved treatment uptake and adherence with high-cost treatments, reduction in the average patient spending per medicine for diseases requiring high-cost drugs.

Potential collaboration partners:
NGOs.

Implementation time frame:
Short term.

4. 4. Supporting resources

4.1. DoH Special Concerns and PPP cluster (SC-PPPC)

Responsibility for implementing UHC and ensuring that patients have adequate and affordable access to medicines rests with the government. However, the government cannot achieve these goals alone. Collaboration with NGOs, PAGs and patient advisory services, the research-based pharmaceutical industry, and other private-sector entities is needed.

Collaboration between the government and the private sector is essential. While the government can access financial resources and develop infrastructure, the private sector must be responsible for delivering innovation. Such collaboration goes beyond providing innovative care and treatments for patients who need them and can include fundamental support such as improving health literacy or the joint development of policies on health standards, as outlined in the roadmap in Section 3.

The SC-PPPC within the DoH exists to support such initiatives, being responsible for leading PPPs, steering stakeholder engagement, and providing technical oversight for monitoring and evaluation. The DoH particularly welcomes proposals for partnerships on digitization and the development of infrastructure for primary care.

4.2. Private Sector Advisory Council (PSAC)

The PSAC was founded to share strategic recommendations in support of the government's goals. Drug accessibility is one of the seven strategic pillars in the PSAC's recommendations to government. The PSAC will work with the DoH on the full digitization of both PhilHealth and the Food and Drug Administration, with aims to strengthen local and manufacturing capacity, particularly for TB and HIV.

4.3. Asian Venture Philanthropy Network

Connecting with local and grassroots-level stakeholders is critical to understanding access to medicines in the Philippines and to the successful delivery of initiatives to improve access. The AVPN works actively to identify social investment opportunities in the Philippines, connecting stakeholders at international and local levels and ensuring that partnerships start from a solid foundation.

4.4. Healthy Philippines Alliance (HPA)

The HPA is a network of health-focused civil-society organizations focused on the prevention and control of NCDs and is an affiliate of the worldwide NCD Alliance. The HPA actively encourages the participation of more organizations and advocates in supporting the prevention and control of NCDs in the Philippines.

4.5. Access to Health Framework

Planning the evaluation of initiatives to improve access to medicines is critical to gauging progress, identifying problems, and adapting plans in real time, as well as determining program effectiveness in the long term. The Access to Health Framework guidebook is a comprehensive resource for global health program stakeholders that provides support and guidance on program design, delivery, and evaluation, ensuring a greater focus on outcomes and impact measurement.

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