ACT TO END NTDS | EAST POLICY BRIEF SERIES

Mobilizing Domestic Resources for Neglected Tropical Diseases:

Lessons from Philippines

Governments face many challenges meeting the health needs of their populations, often managing limited domestic resources to address many competing priorities.

Neglected tropical diseases (NTDs) are a diverse group of 20 disabling and debilitating conditions, mainly of parasitic and bacterial etiology, that affect an estimated 1.7 billion people, primarily in rural and poor urban settings in Africa, Asia, and Latin America. To date, health services and interventions for NTDs have been left out of many national and subnational policy, planning, governance, and finance processes. In order to ensure the long-term sustainability of NTD programming, governments must design effective strategies to integrate NTDs into the policy, planning, governance and financing of priority health services. Additionally, these strategies must be flexible, allowing governments to adapt as programmatic needs shift, ensuring important health gains are sustained.

This series of Act to End NTDs | East (Act | East) policy briefs examines the key factors that have contributed to enhancing domestic financing for NTDs in Colombia, Guatemala, and the Philippines, three countries that have successfully financed NTD efforts with domestic sources. The briefs demonstrate that **NTD programming can be domestically resourced when appropriately prioritized, through political commitment, effective advocacy, governance, and multi-sectoral coordination structures, and integration within broader health system budgeting and planning processes.**

This brief reviews the Philippines' NTD programmatic context, and specifically financing and enabling factors for domestic resource mobilization of three NTDs: lymphatic filariasis (LF), schistosomiasis (SCH), and soil-transmitted helminthiasis (STH). The lessons learned illustrate when and how the government has increased domestic financial commitments for NTD programming, as well as identified and executed actions to address financing challenges.

Focus NTDs for this brief:

Lymphatic Filariasis

Schistosomiasis

Soil-transmitted Helminth Infections

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KEY MESSAGES

- In the Philippines, NTD targets have been included in key policy documents at national and subnational levels of government.
- Epidemiological data has been used to create compelling arguments to increase funding and prioritize NTDs in the national budget.
- The alignment of NTD interventions within health and across sectors has promoted efficiency.
- Clear roles and responsibilities among stakeholders at various levels of the health system have facilitated the financing of NTD services.

COUNTRY CONTEXT

The Philippines is a lower-middle-income country (gross national income per capita of $3,430 in 2020) with an estimated 2021 population of more than 112.9 million people across 17 regions, and 16.6% of the population living in poverty in 2018. Over the past 20 years, several government reforms enabled the country to advance universal health care goals and improve population health outcomes. In 2019, the Universal Health Care Act (Republic Act [RA] No. 11223) increased funding for the government-controlled and funded Philippine Health Insurance Corporation, known as PhilHealth, and expanded coverage of individual-based health services. Despite progress made, household out-of-pocket expenditures remain the largest among sources of health financing in the country (Philippines Statistics Authority [PSA], 2020). In 2019, the percentage of health care costs covered by out-of-pocket expenditures was 47.9% (PSA, 2020).

METHODS

This case study seeks to understand where NTDs fit within the Philippines health finance landscape and is based on a literature review, key informant interviews, and secondary data analysis. The literature review included published papers, program and policy documents, and country reports. Primary data collection included eight semi-structured interviews with key informants, including representatives from the Department of Health (DOH), national and local governments, the World Health Organization (WHO) Western Pacific Regional Office, and partners. Secondary data collection to assess the status of domestic mobilization and current financing for NTDs comprised gathering publicly available information from integrated financial management systems and annual financial reports provided by the DOH (DOH, 2020a).

Medicines to treat lymphatic filariasis are distributed during a national campaign in Philippines.

PROGRESS TO CONTROL & ELIMINATE NTDS IN THE PHILIPPINES

Of the 20 NTDs, there are six of public health significance in the Philippines: LF, SCH, STH, foodborne trematodiases, rabies, and leprosy. All provinces in the country are endemic for at least one of these NTDs.

National filariasis control activities started in 1963 with the identification of LF endemic areas (DOH, 2016) but control efforts were constrained by low priority in programming, limited resources, and absence of feasible strategies. In 2001, more than three decades later and in response to the WHO launching of the Global Programme to Eliminate Lymphatic Filariasis as a public health problem, the Philippine government initiated the corresponding national program (DOH, 2018b). As of 2019, 43 of 46 provinces had been declared LF-free.

The efforts of the Philippine government to prevent, control and eventually eliminate schistosomiasis as a public health threat have evolved from the first case of SCH identified in 1906 (Olveda et al., 2014). Despite various efforts, SCH remains endemic in 28 provinces, 190 municipalities, and 14 cities. Moreover, focal survey results showed that national prevalence is at 4.0% with 435 villages with moderate prevalence and another 479 with high prevalence (DOH, 2020b). To pursue elimination of this disease and to build on gains from several decades of SCH prevention and control efforts, the National Schistosomiasis Control and Elimination Program developed a strategic plan for 2015-2018 to eliminate SCH.

Soil-transmitted helminthiasis (STH) remains a public health problem in the Philippines, mostly affecting children and vulnerable groups like women of reproductive age, indigenous peoples, and military personnel (DOH, 2020c). Because the Integrated Helminth Control Program straddles various public health programs (including Garantisadong Pambata, an integrated package of child health services [DOH, 2010] and Environmental Health), its strategic plan is grounded on multi-sectoral coordination and collaboration.

Table 1 shows NTD control and elimination status for the three focus diseases for this brief. Given their public health relevance LF, SCH, and STH each have their own strategic plans, with corresponding targets and budgetary requirements.

TABLE 1. CONTROL AND ELIMINATION STATUS OF THREE NTDS IN THE PHILIPPINES

DISEASE	ENDEMICITY/PREVALENCE	GOAL	CURRENT STATUS
Lymphatic Filariasis	• Bancroftian filariasis is endemic in 46 of 81 provinces, and Brugian filariasis is found in 10 provinces.	Elimination by 2030	Mass drug administration (MDA) stopped in 43 of 46 endemic provinces (DOH, 2019).
Schistosomiasis	• Present in 28 provinces. There are 12.4 million people at risk, with 2.7 million directly exposed. In 2015, national SCH prevalence was 2.8%.	Reduce to zero incidence of infection at the village level among humans, animals and snails by 2025	MDA with praziquantel started in 2009. Snail control and access to safe drinking water and sanitation activities are being implemented.
STH	• STH is widespread in all 81 provinces, with an average prevalence in school age children (SAC) of 28.4% (ranging between 7.1% and 67.4%) in 2016.	85% national MDA coverage for SAC and pre-SAC by 2022	2019 data show 60.3% MDA coverage for SAC, and 58.5% for pre-SAC.

In 2016, the DOH launched the Master Plan for Neglected Tropical Diseases 2017–2020 to lay out country strategic priorities and guide control and elimination interventions at the national level (DOH, 2016b). National strategies include: (1) preventive chemotherapy or mass drug administration (MDA); (2) intensive clinical case management involving early diagnosis and prompt initiation of treatment; (3) surveillance; (4) multisectoral collaboration; and (5) water, sanitation, and hygiene (WASH) initiatives.

QUICK REFERENCE:

SELECTED PHILIPPINES HEALTH GOVERNANCE STRUCTURES FOR NTDS

DOH Philippines Department of Health

PhilHealth Philippine Health Insurance Corporation

LGU Local Government Unit

PHILIPPINES' HEALTH GOVERNANCE AND NTD PROGRAM MANAGEMENT

The Philippines health system is composed of public and private sectors, with the public sector largely funded through taxes while the private sector is generally funded through user fees. In 1991, the delivery of health services was devolved to local government units (LGUs); however, the development of strategic plans, standards, and guidelines for health services remained with the DOH. In 1995, the government created PhilHealth to advance universal health coverage goals and reduce inequities in health care financing. It is funded through taxes and insurance premiums and pays for the health care rendered by both public and private providers (Dayrit, et al., 2018).

The DOH sets health priorities through the National Objectives for Health 2017–2022, a national health plan that includes targets for LF, SCH, and STH (DOH, 2018a). Programs and strategies included in this plan are prioritized during the budgeting process and in administrative orders through which the government funds its operation. Consequently, strategic plans for NTDs, particularly for LF, SCH, and STH are thus anchored on National Objectives for Health. These plans are then implemented with various stakeholders, including LGUs, that provide vital personnel, logistical, data management, and other support for mapping endemic areas, MDA implementation, monitoring and evaluation, and surveillance (DOH, 2016b).

Programs for LF, SCH, and STH have been housed at the Disease Control and Prevention Bureau of the DOH. Program managers for LF, SCH, STH and their technical groups have been the main champions, who have effectively advocated for increased funds for NTDs at the national and subnational levels. For instance, LF prevalence was used to lobby for the signing of Executive Order 369 s. 2004, which established the national program to eliminate LF. This Presidential directive also opened the door for collaboration with relevant government agencies, and it ensured that LF elimination is prioritized in the DOH budget. Additionally, program managers and their teams have provided provincial health officers and municipal health officers with technical and administrative support for the planning, budgeting, and implementation of NTD control and elimination efforts at the subnational level and prioritization of NTDs in local government budgeting, according to the National Objectives for Health (DOH, 2018a). DOH technical assistance to LGUs includes orientation on new policies (ranging from advocacy to service delivery), planning, and training of personnel.

FINANCING OF THE PHILIPPINES' NTD EFFORTS

The majority of the Philippines' NTD efforts are financed by the government, with different sources of funding for population-based interventions and clinical care. In general, population-based interventions are covered by the DOH and LGUs, while individual-based clinical care interventions are covered by PhilHealth, which reimburses both government-owned and private service providers and LGUs. Each of these bodies has distinct roles, and they work together to cover all NTD services, as shown in **Table 2**.

TABLE 2. FINANCING RESPONSIBILITIES FOR KEY NTD PROGRAMMING FUNCTIONS IN THE PHILIPPINES

COMPONENT	FINANCING RESPONSIBILITIES
Procurement of Drugs and Diagnostics	DOH procures most drugs for LF MDA. Depending on budget availability and other factors, Philippines receives donated test kits and drugs for LF and leprosy from GlaxoSmithKline and Novartis that are facilitated by WHO. LGUs fund drugs for deworming of children and pregnant women.
MDA	According to the strategic plans for LF, STH, and SCH, DOH funds 100% of population-based activities for LF and 91% for both SCH and STH. LGUs and the Department of Education (DepEd) pay for the allowances of health personnel who oversee MDA activities.
Clinical Care (including morbidity management and disability prevention)	Clinical care is funded by LGUs and through PhilHealth. Local health budgets fund individual NTD clinical case outpatient services, and social mobilization costs (e.g., per diem and transport of local teams, food). Similarly, PhilHealth pays for inpatient care for LF, SCH, and STH clinical cases, including hydrocelectomy.
Integrated Vector Control/Management	The DOH allots money for vector control, which is transferred to DOH hospitals. Regions and municipalities also fund population-based interventions such as integrated vector control efforts.
Surveillance	The DOH allocates grants to LGUs to fund surveillance activities, with diagnostics provided by the DOH or through donation programs. Implementation of those activities is led by the LGUs, with the health workforce supported through LGU funds.

NATIONAL GOVERNMENT

LF and SCH funding for MDA and related activities is included in the DOH budget line item, "Elimination of infectious diseases such as malaria, schistosomiasis, leprosy, and filariasis," while the STH budget is housed in the line item, "Prevention and control of other infectious diseases." According to the individual strategic plans for LF, SCH and STH and their estimates of resource needs, the DOH funds 100% of the population-based activities for LF and 91% of required funding needs for both SCH and STH; however, the disbursement rate of both budget lines is often considerably lower, below 50%. Table 3 shows the obligation and disbursement rates for the line items where LF, SCH and STH are lodged. The obligation rate shows an upward trend between 2018 and 2019 for both programs holding the budget for the three NTDs, while the disbursement rate remains under 50% for both programs with a higher proportion for malaria, SCH, leprosy, and filariasis.

In addition to the budget lines for NTDs, the DOH provides performance grants of PHP 1 million ($21,000) to provinces that have achieved LF control and elimination targets and additional funds to LGUs for community mobilization, surveillance, and other logistics during MDA.

TABLE 3. UTILIZATION OF PUBLIC HEALTH PROGRAMS HOLDING THE BUDGET FOR LF, SCH AND STH, 2018-2019 (IN THOUSANDS USD)

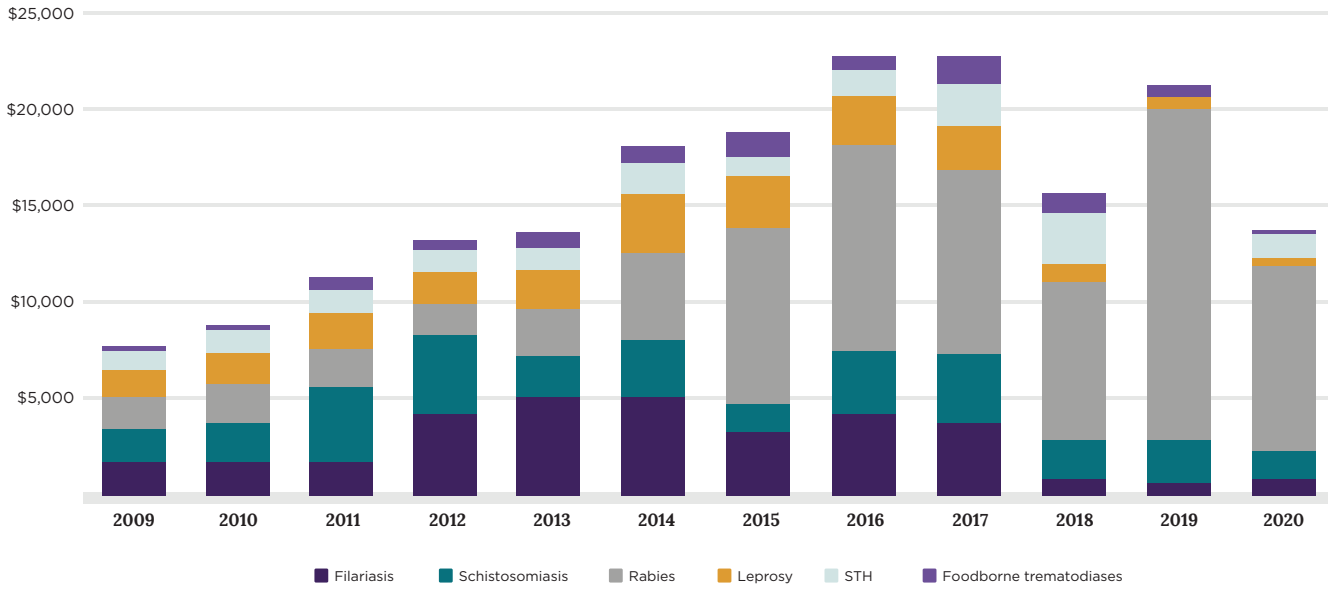
YEAR	2018		2019	
PROGRAM	Elimination of Diseases such as Malaria, Schistosomiasis, Leprosy and Filariasis	Prevention and Control of Other Infectious Diseases (rabies, leprosy, STH and foodborne trematodiases)	Elimination of Diseases such as Malaria, Schistosomiasis, Leprosy and Filariasis	Prevention and Control of Other Infectious Diseases (rabies, leprosy, STH and foodborne trematodiases)
APPROPRIATION	7,074	32,163	4,238	14,266
ALLOTMENT	7,074	32,163	4,238	14,266
OBLIGATION	6,167	26,775	3,876	13,849
DISBURSEMENT	2,899	3,545	1,349	5,953
OBLIGATION RATE (%)	87	83	91	97
DISBURSEMENT RATE (%)	41	11	32	42

Source: ProtectHealth, 2020

To enhance efficiency of programming, the DOH has harmonized activities across NTD control and elimination programs such as training, program review, and monitoring visits (DOH, 2016b). Additionally, combined MDA for SCH and STH targeting SAC is implemented each February The harmonization of population-based interventions across NTDs control and elimination programs has increased operational and economic efficiency, for instance by reducing logistics and workforce costs.

The largest budget allocation for the six NTDs identified by the DOH was made in 2017: $18.64 million (**Figure 1**). Between 2009 and 2020, budget allotment for LF ranged from 10% to 37% of the total amount budgeted, SCH from 9% to 46%, and STH between 4% and 22% of the budget line item where the program is housed.

FIGURE 1. BUDGET FOR ELIMINATION, PREVENTION AND CONTROL OF INFECTIOUS DISEASES, 2009–2020 IN THOUSANDS OF USD*



Source: General Appropriations Act (GAA), various years (Republic Act No. 11465).
** In 2019 there was no funding for STH control, because 2018 funding was rolled over into 2019.*

Lastly, several national laws and policy reforms have enabled the increase of financing for health and, consequently, for NTDs. The most significant reform is the 2012 Republic Act (RA) No. 10351, also known as the "Sin Tax Reform Law", which restructured taxes on tobacco and alcohol and generated additional revenue for the health sector. The Sin Tax Law earmarked 85% of the new revenues to health, 80% of which is allocated to PhilHealth premium subsidies to reach the poorer population, especially in rural areas. The remaining 20% is directed to fund public health programs as the DOH prioritized in the National Objectives for Health (DOH, 2018a). As a result, the DOH budget increased from PHP 53.2 billion ($1.2 billion) in 2013 to PHP 100.6 billion ($2 billion) in 2020 (ProtectHealth, 2020; Republic Act No. 11465, 2020). Given that LF, SCH, and STH have specific targets in the National Objectives for Health, their programs have benefited from this increased budget for the health sector. Similarly, since clinical care for NTDs is included as essential services under universal health coverage, additional resources allocated to PhilHealth premium subsidies are being used to fund NTD services.

LOCAL GOVERNMENT UNITS

LGUs are mandated to deliver primary care services in their jurisdiction. Local health budgets fund individual NTD clinical case outpatient services, drugs (deworming of children and pregnant women), and social mobilization costs (e.g., per diem and transport of local teams, food). The health workforce for all population-based interventions is funded by LGUs. Although surveillance and reporting of notifiable diseases (including NTDs) are part of the LGU mandate, the NTD program managers allocate grants to LGUs to fund these services due to the competing demand for funds from other primary health care services. Additionally, LGUs and DepEd pay the allowances of health personnel who oversee MDA activities as well as the cost of promoting improvements in water and sanitation.

PHILHEALTH

The 2019 Universal Health Care (UHC) Act (Republic Act No. 11223) provides for expanded sources of health funds, including from sin tax collections (as provided for in Republic Act No. 10351, 2012), half of the National Government share of income from the Philippine Amusement and Gaming Corporation, and 40% of the Charity Fund from the Philippine Charity Sweepstakes Office. The UHC Act also institutes premium contributions for those able to pay and makes possible DOH appropriations to support the National Health Insurance Program (in addition to government subsidies to PhilHealth). Whether these provisions translate into increased aggregate government spending on health remains to be seen.

As progress is made toward UHC, all individual-based services are planned to be incorporated into an outpatient/primary care package paid by PhilHealth by 2021. Currently, NTDs are embedded in the *Guidelines on the Classification of Individual-based and Population-based Primary Care Service Packages*, which defines the comprehensive primary care service packages as either individual-based or population-based health services (Admin. Order 2020-0040, 2020). This order guides DOH, LGU, and PhilHealth on financing and contracting services with primary care facilities. Consequently, the progressive inclusion of NTD-related services into clinical care services covered by PhilHealth is expected to reduce household out-of-pocket expenditure.

COMPLEMENTARY FUNDING FROM MULTILATERAL AND BILATERAL DONORS AND AGENCIES

In the Philippines, WHO, UNICEF, and USAID have been the major partners providing technical and financial support over the past two decades. External funding for NTDs has been spent on program support (MDA planning, technical assistance, and dossier development and planning), diagnostic tests, and medicines for MDA (albendazole donated by GlaxoSmithKline and procured through WHO). USAID provides technical and strategic planning support for NTD activities, including support to the health education system to improve NTD-related higher education curricula and institutionalization of an NTD laboratory network. WHO's financial and technical support has been used to pilot new program interventions, such as using ivermectin to pilot IDA MDA in FY22 (Mectizan®, donated by Merck & Co., Inc, Kenilworth NJ), and to generate evidence used to design benefit packages for PhilHealth. Lastly, UNICEF has provided technical and financial assistance for STH, particularly in implementing WASH activities.

ENABLING FACTORS FOR DOMESTIC RESOURCE ALLOCATION FOR NTDS

The Philippines Government's commitment to NTD control and elimination goals has enabled the continued allocation of domestic resources for NTD programming at national and subnational levels. Strong and consistent leadership has been a uniquely important factor in the Philippines, cross-cutting the other enabling factors listed below. The case study highlights the following key enabling factors that have contributed to enhancing domestic financing for NTD programming in the Philippines over the past two decades:

1. **NTD targets have been included in key policy documents at national and subnational levels of government.**

   NTD control and elimination targets are embedded in both national and local health objectives, which ensures budget prioritization. These include the incorporation of NTDs into the National Objectives for Health (DOH, 2018a) and in the budget proposals of respective program units (DOH, LGUs) during annual planning cycles. DOH leadership, including NTD program managers have been instrumental in ensuring that NTDs were included in relevant policy documents at national and subnational levels.

2. **Epidemiological data have been used to create compelling arguments to increase funding and prioritize NTDs in the national budget.**

   In the Philippines, gathering clear evidence of epidemiological trends was used to create compelling arguments to increase funding and prioritize NTDs in the national budget. Additionally, DOH NTD program staff has utilized evidence-based advocacy efforts and provided technical support to provincial and municipal health officers for the planning, budgeting, and implementation of NTD activities. These efforts contributed to new laws and policy reforms that translated into increased funding for NTDs at the local level.

3. **The alignment of NTD interventions within health and across sectors has promoted efficiency.**

   NTDs have been managed under one overarching Infectious Diseases Sub-group, harmonizing the delivery of components such as MDA, training, and monitoring, and embedding NTD strategies within public health programs that target vulnerable populations. This management allows for coordinated and efficient multi-sectoral responses to achieve NTD goals outlined in national and strategic plans. Additionally, it allows programs to more easily draw on technical expertise, leadership and management support from across DOH and other sectors. For instance, strategic collaboration outside the health system on interventions such as WASH that interrupt disease transmission, or programs that sustain support for NTD programming, such as with DepEd, promotes a longer-term view of NTD program goals.

4. **Clear roles and responsibilities among stakeholders at various levels of the health system has facilitated the financing of NTD services.**

   Defining roles and responsibilities within the health sector, as embedded within national policy, allows for coordinated delivery and financing of population-based interventions and clinical care. Although population-based interventions are funded and implemented by the DOH and LGUs, clinical care is supported and funded by PhilHealth and LGUs. In

addition, DepEd organizes and funds school-based deworming, while the LGUs mobilize and fund the community-based deworming. Collaborative partnerships between DOH and LGUs and between DOH and other national agencies such as DepEd lead to efficient use of resources.

CONCLUSION

The Philippines has more than two decades of experience in mobilizing domestic resources for NTD control and elimination. The inclusion of NTD targets in national and local health objectives has increased their visibility in public health resource allocation during the budget cycle. Moreover, harmonization of activities across NTD control and elimination programs and with other sectors has further increased efficiency and reduced funding gaps. Lastly, epidemiological data have been effectively used to advocate for increased funding and prioritization of NTDs in the national budget.

Despite progress made, financing challenges remain in mobilizing domestic resources, including the gap noted in Table 3 between DOH appropriations and disbursements. Strengthened monitoring and analysis of NTD financial resources and programmatic results would better inform policy decisions. For instance, as the country moves toward UHC that is grounded on primary care, several actions are necessary to sustain NTD services, such as generating evidence to show elimination efforts' effectiveness, ensuring availability of clinical care activities, embedding surveillance in primary care services, strengthening LGU level planning and budgeting for NTD services, and integrating the cost of NTD services in the primary health care per capita benchmark. In addition, going forward NTD stakeholders will need to monitor and effectively navigate ongoing restructuring changes to optimize the visibility and resourcing of NTD programming.

Health workers in the Philippines prepare to distribute medicines for lymphatic filariasis.

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