

SECTOR ASSESSMENT (SUMMARY): HEALTH

A. Sector Road Map

1. Sector performance, problems, and opportunities

1. **Sector performance.** The Philippines has made significant improvements in health status in the past four decades, with life expectancy at birth improving from 63.7 years in 1980 to 71.0 in 2017.¹ Filipinos born today, on average, now live six years longer than if they were born in 1980.² Infant and under-5 mortality (per 1000 live births) decreased by more than half since 1980. However, reduction slowed down since then. In 2018, infant and under-5 mortality continued to be a problem at 22.5 and 28.4 per 1000 live births respectively, with persistent income, regional, rural, and urban differences. Maternal mortality has likewise declined from 160 in 2000 to 121 in 2017 (Table 1). Facility-based delivery increased from 28% in 1993 to 78% in 2017; most mothers are now attended by skilled providers from 53% to 84% of births in the same period.³ There is wider access to medical services for communicable diseases. About half of provinces are now malaria-free. In almost all regions, except the Bangsamoro Autonomous Region of Muslim Mindanao, maternal and neonatal tetanus has been eradicated.⁴ The country has achieved the Millennium Development Goal set for tuberculosis.⁵

Table 1: Select Health Indicators

Indicator	1980	1990	2000	2010	2017	2018
Life expectancy at birth, total (years)	63.7	66.4	68.8	69.8	71.0	...
Infant mortality rate (per 1,000 live births)	52.8	40.0	28.8	25.0	22.9	22.5
Maternal mortality rate (modeled estimate, per 100,000 livebirths)	160.0	144.0	121.0	...
Under-5 mortality rate (per 1,000 live births)	79.4	56.7	37.8	32.0	29.1	28.4

Note: ... Indicates data not available.

Source: World Bank. [World Development Indicators](#) (accessed 6 February 2020).

2. **Remaining challenges to the health sector.** Despite these achievements, challenges remain for the country's health situation. In 2018, 16.6% of the population falls below the poverty line and has limited or no access to health services.⁶ The health financing and service delivery systems are fragmented with the general government health expenditure remaining low at 31.5% of the total health expenditure. The number and distribution of health facilities do not meet the needs of the population; they are largely concentrated in urban areas, and unable to respond adequately to the needs of the poor and those living in rural areas. About 47.2% of barangays do not have health stations. The private sector represents 65.3% of the 1,236 hospitals with most private hospitals situated in urban areas where more health professionals are concentrated. Out-of-pocket spending remains persistently high with health care costs catastrophic and impoverishing for many poor and vulnerable groups of the population. The number of HIV cases is rapidly increasing with the Philippines among those with the fastest-growing HIV rates

¹ World Bank. [World Development Indicators](#) (accessed 6 February 2020).

² World Bank. World Bank Open Data. [Philippines](#).

³ Taken from the National Demographic and Healthy Survey 2017 with sample respondents with live births in the 5 years before the survey. Philippine Statistics Authority (PSA) and ICF International Inc. 2018. *Philippines National Demographic and Health Survey 2017*. Quezon City, Philippines, and Rockville, Maryland, USA: PSA and ICF.

⁴ World Health Organization (WHO). Immunization, Vaccines and Biologicals. [Maternal and Neonatal Tetanus Elimination \(MNTE\)](#).

⁵ WHO. 2016. [Global Tuberculosis Report 2015](#). Geneva.

⁶ PSA. 2016. [Philippines Statistics in Brief 2016](#).

worldwide.⁷ The country's large base of overseas workers, together with tourist arrivals, increases risks of spreading infectious diseases, as shown with the ongoing coronavirus disease (COVID-19) pandemic. The pandemic has shown the country's lack of access and availability of essential health services, and its vulnerability to health security threats.

3. **COVID-19 in the Philippines.** With the rapid spread of COVID-19, the WHO declared a public health emergency of international concern on 30 January 2020. On the same day, the first case of COVID-19 was reported in the country. This first imported case was followed by a second imported case which also became the first reported death due to COVID-19 outside the People's Republic of China. Local transmission was confirmed on 7 March 2020,⁸ prompting a declaration of a state of public health emergency on 8 March 2020 and the raising of the COVID-19 alert system to code red sublevel 1. The increasing number of confirmed cases in the Philippines, and the risk of a surge in the number of cases that would overwhelm its health system led to the declaration of code red sublevel 2 on 13 March 2020, with a community quarantine imposed on the National Capital Region (NCR) starting 15 March 2020. This quarantine was upgraded to "enhanced community quarantine (ECQ)" for the whole of Luzon on 16 March 2020, to further limit the spread of the virus. Subsequently, a number of cities and provinces in the Visayas and Mindanao imposed city- and/or province-wide ECQs. On 15 May 2020, the government modified the ECQ for the NCR, Laguna, and the cities of Cebu and Mandaue which remained in effect until 31 May 2020. Other places either moved into general community quarantine (GCQ) status if the daily reported number of new cases were decreasing or were required to implement minimum health standards if no new cases were reported in the last two weeks. On 1 June 2020, the NCR transitioned to GCQ and continues to be under GCQ for the period of 16 to 31 July 2020. The government also announced the guiding principles of minimum health standards in the health and other sectors, or the "new normal," aiming to prevent the spread of COVID-19 cases as all types of quarantine are lifted. The imposition of the ECQ, modified ECQ, and GCQ is expected to prevent surge of community outbreak and an overwhelmed health system. The outbreak was expected to peak from June to August 2020. Recent studies projected that without quarantine measures, the country's hospital system would require 1.51 million beds, 456,000 intensive care unit beds, 246,000 ventilators, 727,000 doctors, a million nurses, 91,000 medical specialists, and 36 million personal protective equipment (PPE) sets.^{9 10}

4. **Limited testing and contact tracing capabilities.** The Philippines started with one government molecular laboratory conducting molecular assays or polymerase chain reaction (PCR) tests that detect the presence of the virus on 30 January 2020. The Research Institute for Tropical Medicine (RITM) was the national pandemic reference laboratory and the only one capable of conducting PCR tests. As the number of hospital admissions of probable COVID-19 cases increased, the country began to increase the number of government molecular laboratories capable of PCR testing and mobilized private sector and non-governmental laboratories to supplement the government's testing capacity.

5. **Inadequate infection control measures.** The COVID-19 virus has resulted in widespread nosocomial infections, or infections that are contracted inside a hospital. This highlights the urgency and need to isolate suspect cases and provide adequate supply of PPE to

⁷ Joint United Nations Programme on HIV/AIDS. 2018. [Cities in Philippines Pledge to Lower HIV Infections and Improve their Track Record](#). 14 August.

⁸ WHO. [Coronavirus disease \(COVID-19\) in the Philippines](#).

⁹ A PPE set includes eye protection, face masks and face shields, isolation gowns, N95 respirators, gloves, and other equipment that prevent transmission of the virus.

¹⁰ M. Abrigo et al. 2020. [Projected Disease Transmission, Health System Requirements, and Macroeconomic Impacts of COVID-19 in the Philippines](#). *Philippine Institute for Development Studies*. No. 2020-15. Quezon City.

the healthcare workers.¹¹ There are limited isolation rooms and negative pressure rooms in the country.¹² At present, there is an acute shortage of PPE as compared to the required number of around 30 sets per day per case.¹³ Owing to the rapid increase in the number of possible cases and confirmed cases in the hospitals, the risk of healthcare workers being infected with the COVID-19 virus is very high. As of 25 July 2020, there were 4,443 Filipino healthcare workers with COVID-19 (1,023 doctors, 1,585 nurses, and 1,835 others including lab technicians) with 36 fatalities.¹⁴

6. **Low treatment capacity of moderate to severe cases.** There is a limited number of healthcare workers at only 17 healthcare workers (4 doctors, 9 nurses, and 4 midwives) per 10,000 people. Similarly, there is also a limited number of hospital beds and isolation rooms in the Philippines. There are 23 beds per 10,000 people in the NCR, and 8.2, 7.8, and 8.3 beds per 10,000 people for Luzon (excluding the NCR), Visayas, and Mindanao, respectively.¹⁵ Isolation and negative pressure rooms needed for handling COVID-19 cases are also inadequate. Negative pressure rooms are usually available only in bigger hospitals such as the RITM.¹⁶ There is a limited supply of ventilators in the country. No official numbers are available, but local pulmonologists estimate the number of installed ventilators at approximately 2,000 nationwide as of 20 July 2020, which is below the required capacity to address the growing number of infections. As the government designated a number of government hospitals as COVID-19 referral hospitals, this has reduced available hospital beds for non-COVID-19 cases. In particular, the Philippine General Hospital has stopped admitting non-emergency cases to free up wards and rooms for COVID-19 cases, while the Lung Center of the Philippines has dedicated at least 40 beds for COVID-19 cases which reduced available beds for non-COVID-19 cases.¹⁷

7. **Development problem.** The core development problem is the inadequate ability of the Philippines health system to manage and control the highly infectious COVID-19 and its potential for rapid exponential spread and recurring outbreaks due to limited testing capacities, inadequate infection control measures, and weak treatment capacity. These weaknesses have been partly brought about by (i) the fragmented health financing and service delivery system; and (ii) inadequate supply and unreliable health care services (see Problem Tree).

2. Government's Sector Strategy

8. **Government response.** The government's Executive Order 168 in 2014 enabled the creation of the Interagency Task Force (IATF) for the management of emerging infectious diseases (EID) as a response to the Middle East respiratory syndrome coronavirus epidemic. The Department of Health (DOH) heads the IATF, with members from the Department of Foreign Affairs, Department of Interior and Local Government, Department of Justice, Department of Labor and Employment, Department of Tourism, and Department of Transportation and Communication. The task force prepared an EID manual which includes protocols for: (i) quarantine and immediate containment of EID within ports of entry; (ii) epidemiological investigation and contact tracing; (iii) treatment of infected cases and containment of affected

¹¹ Y. Niu and F.Xu. 2020. [Deciphering the power of isolation in controlling COVID-19 outbreaks](#). *The Lancet*. 8 (4).

¹² Isolation rooms using negative air pressure to prevent cross-contamination.

¹³ WHO. 2020. [Shortage of personal protective equipment endangering health workers worldwide](#). 3 March.

¹⁴ Government of the Philippines, Department of Health. 2020. *Beat COVID-19 Today. A COVID-19 Philippine Situationer: Full Weekly Report. Issue 90. Manila*.

¹⁵ M. Dayrit et. al. 2018. *The Philippines Health System Review*. 8 (2). New Delhi: WHO, Regional Office for Southeast Asia.

¹⁶ RITM. [In-patient Services](#).

¹⁷ D. Galvez. 2020. [PGH, 2 other institutions chosen as COVID-19 referral hospitals](#). *Inquirer.Net*. 20 March.

areas; (iv) formulation of a risk communication plan and EID materials for the general public; and (v) the respective responsibilities of government agencies and instrumentalities.¹⁸ The IATF was re-convened on 28 January 2020 to handle the government's response to the COVID-19 outbreak, which at that time was intensifying in the People's Republic of China and had started spreading overseas.¹⁹ After two days, DOH confirmed the first imported case of COVID-19.

9. **Test, trace, isolate and treat.** As of 10 August 2020, there were 129,913 confirmed cases (including 239 serious or critical ones and 67,673 recoveries), and 2,270 deaths out of the 1,769,881 tests conducted in the country.²⁰ DOH has taken steps to further increase testing capacity and contact tracing. The number of government PCR laboratories has increased from one to 17, which now include 2 university laboratories, 1 local government unit public laboratory, and 1 Department of Agriculture laboratory. Convening the Task Force T3 (Test, Trace, and Treat) has mobilized private sector support to increase the testing capacity of government molecular laboratories, upgrade the capacities of private laboratories, set up new private laboratories particularly outside the major urban centers, and improve inventory and logistics management.

10. As of 25 July 2020, the Philippines has now conducted 12,168 tests per million compared to the 2,722 tests per million people conducted around 25 May 2020. It is higher than Indonesia, Thailand and Viet Nam, but still lower than Singapore and Malaysia. As of 25 July 2020, 40 private PCR laboratories have been certified to supplement the government PCR laboratories, bringing the combined total of government and private PCR laboratories to 70. An additional 23 GeneXpert laboratories have also been certified. These have increased daily testing to an average of around 26,000 in the week of 19–25 July 2020. A further increase to over 30,000 tests a day is expected by end-August 2020, with nearly 100 laboratories being reviewed for certification and a supply for PCR test kits and consumables being sustained. Additionally, the government is expanding the coverage of testing from symptomatic patients and front-liners to residents of hotspot barangays; workers in transport and logistics, education, security and sanitation, food and non-food retail, construction and factory, services, and market vendors; and workers in planned bubbles in tourism sites and economic zones.

11. The challenge of increasing the number of testing performed is to ensure enough trained laboratory personnel, and sufficient number of PCR test kits, PPE, and other supplies. The government has procured and distributed at least 900,000 sets of PPE across the country. The Philippine Health Insurance Corporation has expanded the benefit coverage of all COVID-19 patients and health workers to also include PCR testing. In addition, DOH is providing additional benefits such as special risk allowance, cash compensation for severe COVID-19 infection, and expanded death benefits for health workers. Twenty-two government hospitals, including the university hospital of the state-run University of the Philippines (Philippine General Hospital), and one private hospital, have been designated as COVID-19 referral hospitals. Several convention centers, stadiums, and other public facilities are also being converted into temporary health facilities to house suspect and mild COVID-19 cases.

12. **Harnessing private sector support with Task Force T3.** The Asian Development Bank (ADB) has supported the convening of Task Force T3. This has brought in private hospitals, clinics, pharmaceutical, and other private companies to support DOH efforts in various ways. This

¹⁸ Official Gazette. 2014. [Executive Order No. 168 Creating the Inter-Agency Task Force for the Management of Emerging Infections Diseases in the Philippines](#). Manila.

¹⁹ DOH. 2020. [Inter-Agency Task Force for the Management of Infectious Diseases-Resolution No. 01-Recommendations for the Management of the Novel Coronavirus Situation](#). Manila.

²⁰ Worldometer. [Philippines](#) (accessed 20 July 2020); and Government of the Philippines, DOH. [COVID-19 Tracker](#) (accessed 10 August 2020).

includes directly supporting the operations of government molecular laboratories including providing PCR machines and test kits, and supporting inventory and logistics management; upgrading of existing private hospitals and stand-alone laboratories to conduct PCR tests; and setting up new private sector laboratories, including mobile modular laboratories. The Task Force T3 expects to reach the following targets in three areas of testing capacities (Table 2).

Table 2: Task Force T3 Testing Capacities Targets

Capacity	Targets	Latest Status	Location
Installed laboratory PCR test processing maximum capacity	30,000 actual tests by 31 August 2020	Average of 22,500 tests for the week of 12 to 18 July 2020	All over the country
Collection (swabbing) capacity	100,000 for the month of May 2020	Around 120,000 swabs in May-June 2020	Four locations in Metro Manila
Turnaround capacity (swabbing to results)	28 to 48 hours	48 to 72 hours as of end of June 2020	Metro Manila

PCR = polymerase chain reaction test.

Source: Asian Development Bank.

13. DOH is also expanding its infection control measures with plans to adequately increase ventilated isolation rooms, negative pressure rooms, intensive care beds, and the supply of PPE. It is increasing the treatment capacity of moderate to severe cases through the expansion of medical interventions for severe and critically ill patients by providing essential life support, such as oxygen supplies and mechanical ventilators.²¹ Based on early studies conducted in the United Kingdom, it is estimated that around 30% of hospitalized patients will require critical care (invasive mechanical ventilation).²² Accordingly, the hospitals are increasing their surge capacity to handle the influx of patients with severe disease. There are currently 75 designated referral hospitals for COVID-19 patients nationwide which can accommodate 3,194 patients and there are additional monitoring facilities that can accommodate 4,413 patients.²³ DOH is also responding to the acute shortage of ventilators of only 1.2 ventilators per 100,000 people, which is well below Italy's 12 per 100,000 people or Germany's 48 per 100,000 people. Beyond acquiring the machines, DOH is also increasing the number of qualified staff who will operate them.

14. The Philippine Health Insurance Corporation is reimbursing all inpatient care of COVID-19 cases, PCR testing for COVID-19, and care provided for mild, probable, and suspect COVID-19 cases in the communities.

B. Major Development Partners: Strategic Foci and Key Activities

15. Collaborative and coordinated efforts between government agencies and different stakeholders are key to preventing the spread of COVID-19. This will ensure that relief efforts are channeled correctly and not duplicated. To streamline coordination with development partners, identified liaison/coordination lead agencies will support the government cluster leads. Humanitarian country teams (HCTs) will prioritize support following the government cluster leads and based on the National Action Plan for COVID-19's 5 priority response pillars: (i) health, (ii) food security, (iii) risk communication, (iv) multi-sector services/logistics, and (v) protection (Table 3).

²¹ D. Newman and N. Shindo. 2020. Covid-19: what is next for public health, *The Lancet*. 395 (10223). pp. 542–545.

²² Imperial College COVID-19 Response Team. 2020. [Impact of non-pharmaceutical interventions \(NPIs\) to reduce COVID-19 mortality and healthcare demand](#). London.

²³ J. Ornedo. 2020. [Philippines now has 75 COVID-19 referral hospitals -DOH](#). *MSN News*. 13 April.

Table 3: Humanitarian Partners and their Pledges in Support of the Five Priority Response Pillars

Humanitarian Partner	Pillar Response	Pledges
World Bank	Health	Emergency loan to the health sector
USAID	Health/Logistics	1. Online IPC training for healthcare workers 2. Tracking/mapping tool for logistics, health facilities, health care workers availability
UNICEF	Health	1. Online IPC training for community health workers 2. Medical triage tents to 5 provincial hospitals 3. PPE donations
IMC	Health/Logistics	1. Transport of recovered patients to their homes 2. PPEs donation
WFP	Health/Logistics	1. Tents 2. 1 unit of 14KVA generator
FAO, WFP, and UNICEF	Food	food security and nutrition assessment
Americares	Health	N95 masks donation
Government of the PRC	Health	Test kits and PPE sets donation
Government of Australia	Health/Risk communication	Purchase of equipment for 10 hospitals
UNFPA	Health	1. Masks, thermometers, PPE donations 2. Medical triage tents 3. Women friendly space tents 4. Hygiene kits for women
UNDP, UNAIDS	Health/Risk communication	1. Communication resources on HIV and COVID-19 2. Survey on treatment and care concerns of people with HIV
ADB	Health	Setting up a pandemic sub-national reference laboratory in Jose B. Lingad Memorial Regional Hospital. This contribution is over and above the proposed project.

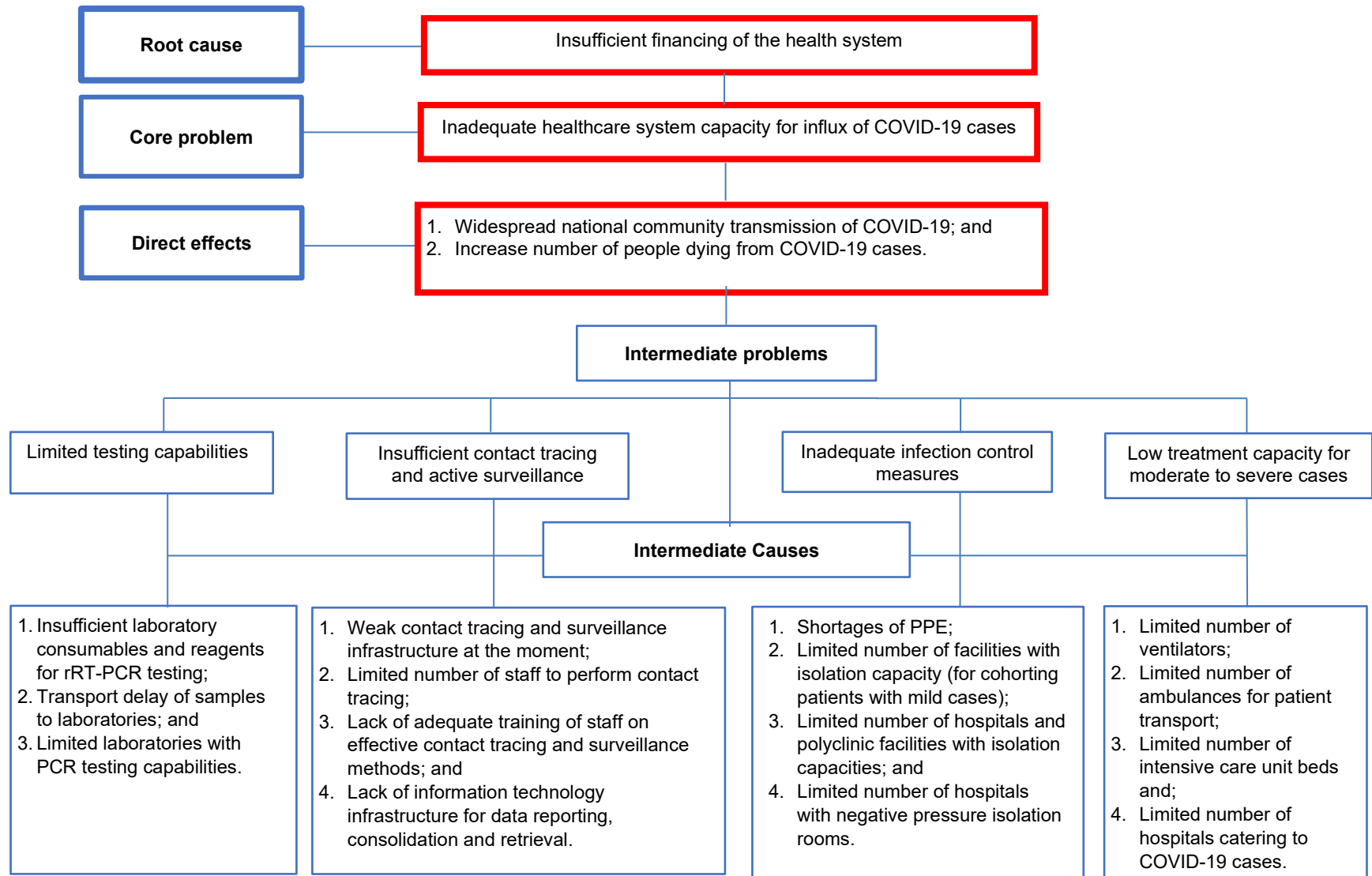
ADB = Asian Development Bank, COVID-19 = coronavirus disease, FAO = Food and Agriculture Organization, HIV = human immunodeficiency virus, IMC = International Medical Corps, IPC = infection, prevention and control, PPE = personal protective equipment, PRC = People's Republic of China, UNAIDS = The Joint United Nations Programme on HIV and AIDS, UNDP = United Nations Development Programme, UNFPA = United Nations Population Fund, UNICEF = United Nations Children's Fund, USAID = United States Agency for International Development, WFP = World Food Programme.

Source: Asian Development Bank; Philippines Humanitarian Country Team. 2020. *COVID-19 Response Plan March–June 2020*. Manila.

C. Institutional Arrangements and Processes for Development Coordination

16. Following the WHO's Strategic Preparedness and Response Plan for COVID-19, the Philippines has adopted a whole-of-society coordination mechanism. DOH's Emergency Operating Center under the Secretary of Health leads the national contingency planning process, involving all relevant government agencies, private sector, and nongovernment organizations, such as the Philippine Red Cross. The WHO supports DOH in coordinating with development partners to support the implementation of the National Action Plan for COVID-19. ADB is coordinating closely with WHO, World Bank, United States Agency for International Development, and other development partners to ensure complementary support to the government's plan against COVID-19.

PROBLEM TREE



COVID-19 = coronavirus disease, PCR = polymerase chain reaction, PPE = personal protective equipment, rRT-PCR = reverse transcription polymerase chain reaction.
Source: Asian Development Bank.