

Integrating Viral Hepatitis into Primary Health Care:

A LANDSCAPE ANALYSIS OF THE CURRENT STATE OF THE PHILIPPINES

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Abstract
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1 BACKGROUND

Viral hepatitis B and C remains a major public health concern worldwide, especially in LMICs, such as the Philippines.

The latest WHO global sector strategy on HIV, viral hepatitis, and sexually transmitted infections calls for national actions to be both **people-centered and integrated**, requiring a **primary healthcare (PHC) approach**.

THE PHILIPPINES AT A GLANCE

1 in 10

(or around 10 million) Have **hepatitis B** [2]

4 in 1000

(or around 439 thousand) have **hepatitis C** [3]

1 in 20

liver-related deaths were **due to viral hepatitis** in 2020 [4]

2 OBJECTIVE

To describe the national level health system response to chronic hepatitis B and C from 2014 up to the present, as defined by the WHO's operational framework strategic levers for PHC, namely, leadership, governance and policy, funding, and stakeholder engagement

3 METHODS

Search strategy: Two-step thorough analysis of peer-reviewed (through PubMed and Herdin) and grey literature from 2014 to 2022 in English or Filipino

Keywords: hepatitis, Philippines, organization, payment, financing, regulations

Processing peer-reviewed literature: All citations retrieved, abstracts reviewed, then proceeded to full text if inclusion/exclusion criteria is met

Processing grey literature: snowballing national-level documents and unpublished reports from technical experts and government officials

Inclusion criteria: Original research or review reporting on Philippine health sector response to hepatitis; from 2014 to September 2022

Exclusion criteria: Not related to chronic HBV/HCV; unavailable full-text; unreliable, non-extractable, overlap, conflicting, or out-of-date data

WHAT IS WHO'S PHC APPROACH?

a whole-of-government and whole-of-society approach to health

to "equitably [maximize] the level and distribution of health and well-being" [6]

Political commitment

Policy frameworks

Funding and resources

Community engagement

To achieve these ↓

We need to invest in these strategic levers →

Improved access, utilization, quality
Improved participation, health literacy, care seeking
Improved determinants of health

4 DEVELOPMENT OF THE PHC ASSESSMENT TOOL

We developed a four-point assessment tool to benchmark the Philippines' performance against WHO's PHC framework, through:

Criteria selection: Indicators from the M&E framework were matched against the national actions of the operational framework. Indicators/actions were excluded if they are impractical/unfeasible, a duplicate/overlap, a stronger measure of another lever, and not applicable to hepatitis.

Scale: A 4-point was formulated to distinguish progress between levels 1 to 3 and the additional measures were used to distinguish 3 to 4.

Evaluation: Information extracted from literature was categorized by lever, compared to the matrix, and assigned the relevant level in the 4-point scale.

Strategic Lever	None	None to emerging	Emerging	Existing
Political commitment & leadership	No evidence of formal commitments to the integration of hepatitis into primary care or multi-sectoral action to address it	Evidence of formal commitments to the integration of hepatitis into primary care or multi-sectoral action at subnational level only	Evidence of formal commitments at the national level but not followed up with incomplete or inconsistent actions	Evidence of formal commitments at the national level AND consistent efforts to implement it nationally
Governance and policy frameworks	No policy framework for chronic hepatitis care at primary level of national or subnational levels	Evidence of subnational policy but no or incomplete national policy framework	National policy framework present but not backed up by law/regulation or no nationally accountable representative	Comprehensive national policy part of law and has nationally accountable government representative
Funding and resource allocation	Limited public health financing (social health insurance or programmatic) for hepatitis management at primary care level	Financing for primary care management of hepatitis at subnational level or restricted cases (pilots, special populations)	National health financing strategy for primary level care for hepatitis that may include external funding sources	Sustainable national financing, limits out-of-pocket spend and/or raises proportion of outpatient care spending to total
Engaging community & stakeholders	No engagement of community or multi-sectoral stakeholders in hepatitis service delivery/governance	Subnational or ad-hoc engagement of some community and multi-sectoral actors in hepatitis service delivery/governance	Formal engagement of community and multi-sectoral actors at the national level	Active formal engagement with community and multi-sectoral stakeholders and capacity building to increase efficacy of the interactions

5 KEY FINDINGS: APPLYING THE TOOL TO PHL

Strategic Lever	Scale	Explanation
Political commitment & leadership	None to emerging	No standalone national strategy or legislation for hepatitis, but is integrated into other priority programs – most recently from the national HIV/STI Program to the Cancer Control Division Subnational initiatives have been piloted by regional offices for integrated care in decentralized HIV facility networks (Cagayan Valley and Central Luzon regions) and community-based services for injecting drug users (Central Visayas region)
Governance and policy frameworks	None to emerging	Responses for hepatitis are guided by administrative orders/memoranda through subnational hepatitis initiatives' interim clinical guidelines The national health agency's Disease Prevention and Control Bureau - Cancer Control Division is the most recent department accountable to hepatitis initiatives, after being in constant flux with the agency's restructure
Funding and resource allocation	None to emerging	As the national health insurance program only covers inpatient services for the general public and outpatient services for special populations or programs (maternal, HIV/AIDS, and indigent), most primary care is paid out-of-pocket except in <i>Malasakit</i> centers Programmatic funding to cover primary care services is only available in subnational initiative sites, equal to <0.01% of all funding on infectious diseases in 2020
Engaging community & stakeholders	Existing	A national technical working group is convened by the national health agency, and is comprised of government, professional (e.g., Hepatology Society of the Philippines), and patient-led (e.g., Yellow Warriors Society of the Philippines) organizations who regularly met until the COVID-19 pandemic

6 CONCLUSION

The Philippines require further investments in its health system to effectively act on and promote accountability towards hepatitis elimination. While lacking a national strategy for hepatitis, subnational initiatives exist: a promising demonstration project for a hepatitis model of care is in Central Luzon.

Sustainable funding mechanisms are not yet in place, with limited social health insurance coverage of outpatient care. The country does stand to benefit from its multisectoral technical working group convened by the national health agency, which includes an active organization led by people living with hepatitis.

7 IMPLICATION

The application of the PHC operational framework and our assessment matrix could be used cross-nationally to benchmark the progress towards the 2030 goal of eliminating hepatitis.

It may also be applied to other disease areas to support systems-level interventions as identified by the PHC operational framework's strategic levers.

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