

1 Chapter 10

2 **Accelerating Human Capital**
3 **Development**

4 Guided by the *AmBisyon Natin 2040* and the country's commitment to achieve the Sustainable
5 Development Goals, major reforms expanding access to nutrition and health, and transformative
6 education were placed in the past three years. Universal Health Care was enacted to ensure that
7 care for all Filipinos at all life stages will be guaranteed. The implementation of the K to 12
8 Program and the Universal Access to Quality Tertiary Education will also enable Filipinos to
9 continuously develop their skills towards achieving their full potential as productive members of a
10 rapidly changing society.

11 In the Human Capital Index (HCI), the Philippines fared higher than the average among the lower
12 middle-income group of countries with a score of 0.55. This means that a child born in the
13 Philippines today will be as 55% productive when he/she reaches adulthood. Among the areas in
14 health and education captured in the HCI, the country particularly needs to improve poor learning
15 outcomes and address stunting to enable Filipinos to reach full potential.

16 The country is on the right track by prioritizing reforms and investments on accelerating human
17 capital development through improving nutrition and health, education, and income-earning ability.
18 For the rest of the Plan period, the government will build on these gains and focus on challenges
19 hampering full realization of Filipinos' full potential, such as malnutrition, early pregnancy, and
20 quality of education.

21 **Assessment and Challenges**

22 The country is on the right track in prioritizing reforms and investments on accelerating human capital
23 development through improving nutrition and health, education, and income-earning ability/s. For the rest
24 of the Plan period, the government will build on these gains and focus on addressing the realization of
25 Filipinos' full potential through intensified interventions for malnutrition, teenage pregnancy, and quality
26 of education.

27

28 Nutrition and Health

29 The first three years of the administration brought about significant reforms and accomplishments in the
30 sector as **major laws and policies were passed**. Republic Act (RA) No. 11223 or the Universal Health
31 Care (UHC) Law, a landmark legislation was passed in 2019 to ensure that all Filipinos have access to
32 quality health care services. The law brings about major reforms in the country's health system, including
33 reorientation of health care towards health promotion and preventive care-focused system.

34 Other milestone legislations passed were: the First 1,000 Days Act that will intensify nutrition interventions
35 and services for the first one thousand days of life, which is deemed the "golden window of opportunity"
36 for the optimal development of a child; the Masustansyang Pagkain Para Sa Batang Pilipino Act that
37 institutionalizes a national feeding program among children in public day care centers, kindergarten, and
38 elementary; the Philippine Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency
39 Syndrome (AIDS) Policy Act, which increases the accessibility of HIV/AIDS testing and counselling
40 especially among vulnerable groups and lowers the minimum age for HIV testing and counselling to 15
41 years old without the need of parent's or guardian's consent; the National Integrated Cancer Control Act
42 which aims to decrease the incidence and reoccurrence of preventable cancer, ensure affordability and
43 accessibility of treatment, and provide support in the recovery and reintegration of survivors; the Mental
44 Health Act that recognized the importance of mental health care and give importance to the welfare and
45 rights of those with mental, neurological and substance use disorders¹; and, imposing excise tax on
46 sweetened beverages (part of RA 10963)² and increasing the excise tax on tobacco products (RA 11346)
47 which intends to address noncommunicable disease (NCD) risk factors such as unhealthy diet and tobacco
48 consumption while providing needed revenue to fund the implementation of the UHC Law.

49 Sectoral plans were likewise formulated supportive of the outcomes and strategies of this Plan. These
50 include the National Objectives for Health (NOH), the Philippine Plan of Action for Nutrition (PPAN), the
51 Philippine Population Management Program Directional Plan, the Philippine Strategic TB Elimination Plan
52 Phase 1, the AIDS Medium Term Plan, and the National Strategic Plan for the Control and Elimination of
53 Malaria in the Philippines. Moreover, addressing the needs of vulnerable groups were recognized through
54 the Indigenous Peoples Health Strategic Plan and the Philippine Migrant Health Program.

55 Numerous policies, programs and interventions were also issued and implemented by the government such
56 as the intensified implementation of critical actions for attaining and sustaining zero unmet need for modern
57 family planning, establishment of smoke-free environments in public and enclosed places, prioritization of
58 nutrition programs in local government units, and policy guidelines on the implementation of
59 Comprehensive Sexuality Education, among others.

60 **Nutrition and health budget were given priority.** The Department of Health (DOH) budget, including its
61 attached agencies and corporations, increased more than two-fold since 2013 due to the sin tax incremental
62 revenue for health.³ This resulted to expanded coverage, especially among indigents and vulnerable groups
63 (e.g. senior citizens) and improved access to health services.

¹ DOH. DOH Lauds Signing of Philippine Mental Health Law. Retrieved from <https://www.doh.gov.ph/node/14558>

² Tax Reform for Acceleration and Inclusion (TRAIN) Act

³ DOH FY 2019 Budget Briefer

64 **Access to health services improved.** Access to functional and efficient networks is continuously pursued
65 through strengthening of referral mechanisms in service delivery networks (SDNs).⁴ Continuous
66 construction and upgrading of health facilities⁵ were also pursued through the Health Facilities
67 Enhancement Program (HFEP) addressing the lack of and poor conditions of health facilities across the
68 country (*Refer to Chapter 19*), and deployment of Human Resource for Health (HRH), with a total 28,153
69 deployed personnel⁶ in the 1st semester of 2019. Relatedly, interoperability between various health
70 information systems is also being improved to address the untimely and inefficient sharing/use of data of
71 the different concern agencies.

72 **Efforts to eliminate diseases were strengthened with aggressive case findings, information**
73 **dissemination campaigns and provision of diagnostic, preventive and treatment services**⁷
74 Immunization coverage⁸ that improves the chances of children to survive have slightly increased by 1.5
75 percentage points from 2013 to 2017 at 70 percent. On average, this is low considering that herd immunity⁹
76 thresholds of various diseases prevented by the vaccines are above 75 percent¹⁰. Moreover, the effect of the
77 vaccine hesitancy phenomenon brought about by the Dengvaxia controversy has yet to be fully realized
78 given the latest data available was taken at the time of the onset of the controversy. Nevertheless, DOH
79 continuously conduct intensive information campaigns and issuance of public advisories.

80 Tuberculosis, HIV/AIDS¹¹, and malaria¹² were among the diseases where case findings were intensified
81 given existing stigma that hampers and delays access to screening and treatment. Based on report, TB
82 incidence increased from 434 cases per 100,000 population in 2016 to 554 in 2017. Even though trends are
83 increasing, TB treatment success rate of newly and relapsed cases is high at 91% in 2016.¹³ The same holds
84 true for the number of newly diagnosed HIV cases reaching 11,427 in 2018, which is more than 20 percent
85 increase from 2016, having cases among the 15-24 age group with the same increasing trend. Meanwhile,
86 percent of malaria free provinces has significantly increased from 40% in 2016 to 62% in 2018. The country
87 has almost eliminated malaria, which is already less than one incidence per 100,000 population in 2016.
88 Since the disease is very contagious, the DOH pushes for further acceleration of malaria control to transition
89 towards completely eliminating the disease by 2030¹⁴. The same strategy towards enhancing surveillance,
90 prevention, treatment and management, as well as intensified information dissemination and campaigns is
91 being implemented to prevent outbreaks such as that of dengue and polio in 2019.

⁴ SDNs - Network of health facilities and providers within the province- or city-wide health system, offering core packages of health care services in an integrated and coordinated manner.

⁵ Barangay Health Stations, Rural Health Units/Urban Health Centers with provision of additional hospital beds

⁶ With a year on year increase in the number of health workers deployed, a total of 783 doctors, 21,313 nurses and 6,057 midwives were deployed in the 1st semester of 2019. Source: DOH Report to the Cabinet Secretary on DOH Top Priority PAPs as of June 30, 2019

⁷ Use of GeneXpert, which is proven to be a faster method in detecting drug-resistance TB patients and provision of free services offered under the HIV/sexually transmitted infections Prevention Program Source: SER 2018

⁸ Proportion of fully immunized children (FIC) - refers to infants who received one dose of BCG, three doses each of OPV, DPT, and Hepatitis B vaccines, and one dose of measles vaccine before reaching one year of age. Source: PSA

⁹ "Herd immunity describes how a population is protected from a disease after vaccination by stopping the germ responsible for the infection being transmitted [and spread directly] between people." University of Oxford (April 2016). Herd Immunity: How does it work?. Retrieved from <https://www.ovg.ox.ac.uk/news/herd-immunity-how-does-it-work>

¹⁰ The Conversation (August 2019). What is herd immunity and how many people need to be vaccinated to protect a community?. Retrieved from <http://theconversation.com/what-is-herd-immunity-and-how-many-people-need-to-be-vaccinated-to-protect-a-community-116355>

¹¹ Retrieved from the 2016 National Tuberculosis Prevalence Survey (Philippines).

¹² Malaria remained endemic only to some barangays in Palawan, Sultan Kudarat, Maguindanao, Sulu, and Occidental Mindoro. Ninety percent of cases are concentrated in the Palawan provinces.

¹³ Philippines: Tuberculosis country profile 2017. Retrieved from

https://extranet.who.int/sree/Reports?op=Replet&name=/WHO_HQ_Reports/G2/PROD/EXT/TBCountryProfile&ISO2=PH&outtype=pdf

¹⁴ DOH. Malaria Control Program. Retrieved from <https://www.doh.gov.ph/malaria-control-program>

92 **Child health outcomes improved.** The 2017 National Demographic Health Survey (NDHS) reveals that
93 infant mortality rate¹⁵ has slightly improved with decreased deaths per 1,000 live births of 21 in 2017 from
94 23 in 2013. The same is observed for under-five mortality¹⁶ rate of 27 in 2017 from 31 in 2013. Meanwhile,
95 neonatal mortality rate¹⁷ slightly worsened with an increase to 14 deaths in 2017 from 13 in 2013.

96 **Well-being of the pregnant women and mothers were also given priority.** Antenatal care and safe
97 delivery practices, and enhanced surveillance made the Philippines the 44th country to eliminate¹⁸ maternal
98 and neonatal tetanus in November of 2017.¹⁹ _____, maternal mortality ratio²⁰ _____ at
99 _____ from _____ in _____.

100 **Progress on family planning indicators were seen.** Due to the strengthened delivery of Family Planning
101 (FP) services, the use of modern contraceptives among women aged 15-49 increased from 23.5 percent in
102 2013 to 24.9 percent in 2017. Currently married women, of the same age, who were using of modern
103 contraceptive methods also increased from 37.6 percent to 40.4 percent in the same period. Major
104 interventions have also been introduced by the DOH and Commission on Population and Development
105 (POPCOM).^{21,22} (Refer to Chapter 13)

106 With the institutionalization and implementation of nutrition and health reforms, it creates opportunities to
107 boost reforms on remaining laggard health outcomes.

108 **Prevalence of malnutrition in all its forms remains high.** Based on the 2015 National Nutrition Survey
109 (NNS), only one-third of household meet the 100 percent recommended energy intake (REnI). This
110 _____ as the 2018 data reveals _____ meeting the 100 percent REnI. In children under 5, slight
111 improvements on stunting²³ and wasting²⁴ have been observed, while decreasing the prevalence of
112 overweight and obesity remains a challenge.

113 With the passage of the First 1,000 Days Act in 2018, institutionalization of health interventions geared
114 towards providing care, specifically to nutritionally-at-risk, pregnant and lactating women particularly
115 adolescent mothers, women of reproductive age, and all Filipino children in their first 1,000 days of life
116 will be implemented. The Philippine Plan of Action for Nutrition (PPAN) 2017-2022 also outlines the
117 country's thrust in addressing nutrition-related concerns, especially for pregnant mothers and children aged
118 5 and below.

¹⁵ Infant Mortality Rate - the probability of a child born in a specific year or period dying before reaching the age of one, if subject to age-specific mortality rates of that period. IMR is used as a general indicator of the nutritional and health status of the population.

¹⁶ Under-5 Mortality Rate - the probability of a child born in a specific year or period dying before reaching the age of five, if subject to age-specific mortality rates of that period.

¹⁷ Neonatal Mortality Rate - the number of deaths within the first month of life per 1,000 live births.

¹⁸ Less than one case per 1,000 live births in all its cities and provinces

¹⁹ DOH Annual Report 2017

²⁰ Maternal Mortality Ratio - The number of women who die from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) during pregnancy and childbirth or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, per 100,000 livebirths.

²¹ Major interventions include: procuring and distributing FP commodities; conducting counselling and information campaigns on FP; monitoring FP commodity stock status through the FP Hotline; strengthening antenatal care and conducting demand generation activities with partner stakeholders; and providing FP Competency-Based Training for health providers among others.

²² DOH. (2018). 5th Annual Report of the RPRH Law Implementation. Retrieved from <https://www.doh.gov.ph/sites/default/files/publications/5th%20Annual%20Report%20on%20the%20Implementation%20of%20Responsible%20Parenting%20and%20Reproductive%20Health%20Act%20of%202012%20%282018%29.pdf>

²³ Stunting - A state in which a child, as a result of inadequate diet in the past, is small or short for his or her age and for his or her genetic stock.

²⁴ Wasting - Current or recent or active malnutrition characterized by very low weight-for-height as a result of deficits in both muscle tissue and fat mass.

119 **Lifestyle-related diseases remain the top leading causes of mortality.** Non-communicable diseases
120 (NCDs)²⁵ remains the top leading causes of mortality in the 30-70 age group, particularly cardio vascular
121 diseases (CVDs), which accounts to about 267.6 deaths per 100,000 population or 60 percent of the total
122 number of deaths attributed to NCDs (448 deaths) in 2017. This can be attributed to the changes in lifestyle
123 such as unhealthy diet, sedentary lifestyle, tobacco use, and harmful alcohol use leading to increased risk
124 factors²⁶, and also manifested in the significant increase of the prevalence of overweight and obese among
125 adults, and prevalence of tobacco and binge drinking among Filipinos.

126 To address these, numerous policies, programs and interventions are being implemented to promote a
127 healthy lifestyle such as RA 10351 or the Sin Tax law which imposed higher excise tax on alcohol²⁷,
128 tobacco products and sweetened beverages, EO No. 26, s. 2017 that bans smoking in schools, workplaces,
129 sidewalks and public vehicles; various anti-smoking campaigns; smoking cessation program such as DOH
130 Quitline; among others.

131 Given the health outcomes observed, it is also important to acknowledge hindering factors in the pursuit of
132 better nutrition and health outcomes for all such as the poor care-seeking behavior of Filipinos and the
133 fragmentation in the health system.

134 **Health seeking behavior among Filipinos is largely dependent on their ability to pay.** Thus, seeking
135 care is often delayed especially for financially constrained households. Conditions are often dealt with self-
136 care or alternative remedies until it becomes serious and warrants hospitalization. For instance, it was
137 estimated that over 50 percent of people with diabetes are left undiagnosed, which suggests that this may
138 also be true for other NCDs.²⁸ Notably, out-of-pocket (OOP) spending is still the biggest share in the total
139 health expenditure at 53.9 percent in 2018.²⁹

140 In addressing this, the No Balance Billing (NBB) Policy was expanded³⁰, and the passage of the UHC Act
141 mandates that all Filipinos are covered by PhilHealth and will have access to comprehensive set of quality
142 and cost-effective health care services (*Refer to Chapter 11*).

143 With the approval of the IRR of the UHC Act, the DOH is expected to intensify its continuous conduct of
144 intensive information campaigns and public advisories to promote and transition from a curative to a
145 preventive health system focused on primary care that Filipinos should avail, utilizing the different line
146 agencies in its promotion. By providing information to the public on the current and upcoming programs,
147 policies and interventions, it is expected that quality and accessibility is ensured.

148 **Basic, Higher, and Technical Education**

149 Key reforms in the education sector have resulted in increased access to education at all levels. The first
150 three years of plan implementation have seen the completion of the first two cohorts of the country's K to
151 12 Program, representing new generations of learners better prepared for further education, training, or

²⁵ NCDs - Also known as chronic diseases. These are diseases not passed from person to person. They are of long duration and generally slow progression. The four main types of non-communicable diseases are cardiovascular diseases (like heart attacks and stroke), cancers, chronic respiratory diseases (such as chronic obstructive pulmonary disease and asthma) and diabetes.

²⁶ *The Philippine Health Systems Review, Vol. 8, No. 2 2018; PIDS Economic Issue of the Day (July 2017). The Triple Burden of Disease.*

²⁷ *Distilled Spirits, Ad Valorem & Specific Tax; Wines, per Liter of Volume Capacity; and Fermented Liquors, per Liter of Volume Capacity*

²⁸ *Philippine Health Systems review 2018*

²⁹ *PSA (October 2019). Philippine National Health Accounts. Retrieved from <https://psa.gov.ph/pnha-press-release>*

³⁰ *NBB eligible members that include indigents, senior citizens, kasambahays, among others.*

152 entry to the world of work. For higher and technical education, the first half of the administration also saw
 153 the passage and implementation of landmark laws like the Universal Access to Quality Higher Education
 154 (UAQTE) Law, which instituted free higher education and TVET in state-run tertiary education institutions;
 155 making both basic and higher education accessible to the Filipino people.

156 The following table shows the core accomplishments of the education sector for the first half of the Plan
 157 implementation.

158 *Table 1. Accomplishments versus Targets in Ensuring Lifelong Learning Opportunities for All*

INDICATOR	BASELINE (Year)	TARGETS			ACCOMPLISHMENT		
		2017	2018	2019	2017	2018	2019
Sector Outcome: Lifelong learning opportunities for all ensured							
Mean years of schooling increased	8.9 (2014)	N/A	N/A	N/A	9.3		
Functional literacy rate increased	90.3 (2013)	TBD	TBD	TBD	N/A	N/A	N/A
Subsector Outcome: Quality, accessible, relevant, and liberating basic education for all achieved							
Net Enrollment Rate increased (%)							
Kinder	74.65 (2015)	80.46	83.37	86.28	83.70	83.13 (76.00)	
Elementary	91.05 (2015)	92.18	92.74	93.31	94.19	94.79	
Junior High	68.15 (2015)	70.23	71.27	72.32	75.99	81.24	
Senior High	TBD	TBD	TBD	TBD	46.12	48.50	
Completion Rate increased (%)							
Elementary	83.43 (2015)	85.31	86.25	87.18	92.41		
Junior High	73.97 (2015)	76.82	77.15	77.48	84.32		
Senior High	TBD	TBD	TBD	TBD	N/A		
Proportion of students performing at Moving Towards Mastery, Closely Approximating Mastery, or Mastered increased (%)							
Elementary	64.93 (2015)	66.92	68.41	69.91	23.11*		
Junior High	14.37 (2015)	15.98	16.78	17.59	32.78*		
Senior High	TBD	TBD	TBD	TBD			
Proportion of students at Low Mastery reduced (%)							
Junior High	14.88 (2015)	11.72	11.51	11.31			
Senior High	TBD	TBD	TBD	TBD			
Quality of higher education and technical education and research for equity and global competitiveness improved							
Certification rate of TVET graduates increased (%)	91.3 (2016)	85	85	86	93	92	

INDICATOR	BASELINE (Year)	TARGETS			ACCOMPLISHMENT		
		2017	2018	2019	2017	2018	2019
Percentage of students awarded scholarships, grants, and other financial assistance increased (%)	5 (2016)	6	7	7.5	44.97	49.92	
Percentage of tertiary graduates in science, engineering, manufacturing and construction increased (%)	26 (2015)	28	31	33	35.17	37.4	
Percentage of Expanded Tertiary Education Equivalency and Accreditation Program graduates increased (%)	50 (2015)	52	53	55	66.65	61.33	
Number of innovation hubs established within HEIs increased (cumulative)	81 (2015)	81	93	116	71	71	
Number of HEIs engaged in local and global partnerships and collaborations increased (cumulative)	44 (2015)	55	65	70	54	74	

159 * 2017 data not comparable with 2015 baselines due to change in methodology

160 *Quality, Accessible, and Liberating Basic Education for All Achieved*

161 **Access to formal and non-formal basic education have increased.**

162 The Philippines made great strides in increasing access to basic education, with both the net enrollment and
 163 completion rates in elementary, junior, and senior high school continuing to rise, either having surpassed
 164 or are very close to meeting the original end-of-plan targets in the PDP. A major accomplishment is the
 165 increase of the mean years of schooling from 8.9 to 9.3, closer to the end-of-plan target of 11.3. In 2018,
 166 the elementary and junior high school NERs were at 94.79 and 81.24 percent versus the original targets of
 167 95 and 75.44 percent respectively; while elementary and junior high completion rates were at 92.41 and
 168 84.32percent versus the EOP targets of 90 and 78.48 percent. The transition rates from Junior High School
 169 (JHS) to Senior High School (SHS) in school year 2018-2019 also rose to 96.41 percent, higher than the
 170 previous school year's rate by 6.26 percent, indicating that almost all JHS completers successfully went on
 171 to SHS. The promise of the K to 12 Education Program attracted school leavers to return to formal schooling,
 172 with over 926,642 *Balik-Aral* enrollees in elementary and secondary education from 2016 to 2018.

173 Support to basic education learners also continued and increased, with the institution of the Joint Delivery
 174 Voucher-TVL Program to enable learners to take their chosen TVL tracks in private tech-voc institutions
 175 in their areas, as well as the expansion of the Education Service Contracting scheme for JHS to mirror the
 176 tiering system of the existing SHS Voucher Program.

177 Learners in non-formal education under the Alternative Learning System (ALS) increased, from 698,743
 178 learners in SY 2016-2017 to 823,013 in SY 2018-2019, indicative of the current administration's intensified
 179 efforts to reach marginalized learners who are unable to complete formal basic education. The DepEd also
 180 continued the implementation of interventions aimed at keeping children in school, especially through the
 181 School-Based Feeding Program which in 2018 benefitted 2,163,222 undernourished and stunted K to 6
 182 learners.

183
184

185 **Major reforms were instituted and key education inputs were delivered**

186 The Department of Education instituted a number of major reforms that contributed to the increase in
187 education access. Financial management and procurement reforms resulted in increased budget utilization
188 compared to previous years, particularly towards the provision of basic education inputs such as teaching
189 and learning materials, classrooms, and laboratory equipment. For education infrastructure, 50,581³¹ new
190 classrooms were constructed and 49,795 were repaired in 2017 and 2018, resulting in improved elementary
191 classroom to student ratio from 1:35 in 2016 to 1:29 in 2018; and for secondary from 1:43 in 2016 to 1:40
192 for JHS and 1:38 in SHS in 2018. 2017 and 2018 also saw the delivery of 118,599 sets of school seats (45
193 seats, 1 teacher’s chair, and 1 table per set), and the construction of 2,986 technical-vocational livelihood
194 (TVL) laboratories. In terms of learning and instructional materials, 40,853 ICT packages, 87,230 science
195 and mathematics packages, and nearly 150,000,000 learning materials were delivered to schools in 2017
196 and 2018.

197 In terms of policy reforms, the DepEd issued several department orders aimed at improving both the access
198 and quality to basic education. In 2018, DO No. 31 s. 2018 or the policy guidelines on the implementation
199 of comprehensive sexuality education in the K to 12 was issued. In a bid to improve teacher quality, the
200 department also adopted the Philippine Professional Standard for Teachers (PPST) in 2017. In 2019, it also
201 issued the comprehensive policy guidelines on the entire K to 12 Program (DO No. 21 s. 2019), and
202 instituted a new ALS curriculum dubbed as ALS 2.0 via DO No. 13 s. 2019.

203 The implementation of K to 12 also necessitated hiring additional teachers to teach the additional two years
204 of high school. From 694,858 nationally-funded teaching personnel in 2016, this number increased to
205 794,402 authorized teaching positions in 2018.

206 **Education outcomes are being measured to improve quality.**

207 With the vast improvements in access, focus is shifting towards raising the quality of basic education.
208 Reflecting the changes in the curriculum and the emphasis on 21st century skills brought about by the K to
209 12 program, the DepEd reoriented the National Achievement Test to measuring skills, interpreted in terms
210 of proficiency levels from the previous NAT’s measurement of content, in terms of mastery levels. As part
211 of the country’s efforts to assess the quality of our basic education system versus our neighbors, the
212 Philippines has participated in international large-scale assessments such as the Programme for
213 International Student Assessment (PISA) and the Trends in International Mathematics and Science Study
214 (TIMSS).

215 The radical shift in basic education raised challenges in ensuring the supply of teachers with specialized
216 skills necessary to teach the specialized subjects in SHS and the TVL subjects. A study by the Philippine
217 Institute for Development Studies (PIDS)³² noted that supply challenges resulted in JHS teachers being
218 assigned SHS teaching loads, and teachers being assigned to teach subjects not related to their areas of
219 specialization. These challenges must be addressed in order to improve education outcomes. Towards this
220 end, the DepEd issued DO No. 11 s. 2019 in May 2019, directing the implementation of the National
221 Educators Academy of the Philippines (NEAP) Transformation.

³¹ 2018 DepEd Annual Report (upcoming)

³² Brillantes, Orbeta, et.al. (upcoming) Status of Senior High School Implementation: A Process Evaluation.

222

223 *Quality of Higher and Technical Education and research for equity and global*
224 *competitiveness improved*

225 **Access to higher and technical education was expanded.**

226 Percentage of students awarded scholarships, grants, and other financial assistance in higher education
227 significantly increased from 5 percent in 2016 to 44.97 percent in 2017 and 48.77 percent in 2018. This
228 may be attributed to the implementation of landmark laws and policies such as the Free tuition policy in
229 2017 and the Universal Access to Quality Tertiary Education Act (RA 10931) which was rolled out in 2018.

230 The Universal Access to Quality Tertiary Education Act provides free tuition for students in state-run
231 colleges, universities, and state-run technical-vocational institutions (TVIs) regardless of socioeconomic
232 status. The law also provides a Tertiary Education Subsidy (TES) for poor students, whether they are
233 enrolled in private or public higher education institutions, as well as student loans for students in higher
234 education and TVET. Latest data shows that 1,132,620 higher education students in AY 2018-2019
235 benefited from free higher education in SUCs and LUCs, and 232, 120 received TES. On the other hand,
236 170,500 trainees and 36,175 trainees received free technical-vocational education and training (TVET) in
237 2018 and 2019, respectively. A National Student Loan Program will also be available for Filipino students:
238 short-term loans for higher education students was rolled out in April 2019, while a long-term student loan
239 program is targeted to be implemented starting AY 2020-2021.

240 The Tulong Trabaho Act (RA 11230) was also signed into law last February 22, 2019. It aims to strengthen
241 the qualifications of the Filipino workforce through the institutionalization of the Philippine Labor Force
242 Competencies Competitiveness Program and the provision of free quality TVET training to address the
243 unemployment and job-skills mismatch. The law also establishes the Tulong Trabaho Fund, which will be
244 provided to qualified recipients that are 15 years of age, who are not in education, employment, and training
245 (NEET), and employed workers who intend to enhance their current skills and training.

246 **Quality measures need to be scaled up given huge investments in higher and technical education.**

247 Quality issues remain a high concern as evidenced by low national passing rate performance in licensure
248 exams (37.87% as of 2018), low number and percentage of higher education institutions (HEIs) with
249 accredited programs (29.29% or 701 HEIs), and with only eight Philippines HEIs able to compete globally
250 in terms of global university rankings as of 2018. In TVET, certification rate of TVET graduates increased
251 from 91.3 percent in 2016 to 92 percent in 2018. However, most of TVET courses being offered are low
252 level skills,³³ which are also in danger of being automated.

253 **Policies to ease learner mobility and enable world-class education were institutionalized.**

254 Recognition of qualifications will be improved with the passage of the Philippine Qualifications Framework
255 (PQF) Act. The PQF establishes the national standards and levels of educational qualifications, as well as,

³³ *Technical Education and Skills Development Authority (TESDA). (2018). National Technical Education and Skills Development Plan (NTESDP) 2018-2022.*

256 the pathways and equivalencies that will assist people to easily move from formal to non-formal education
257 and vice versa. It is also an instrument to facilitate human capital development and employment; and
258 improving alignment of qualifications with the needs of industry. The PQF was also benchmarked with the
259 ASEAN Qualifications Reference Framework (AQRf), the region's common reference framework that
260 allows ASEAN Member States to compare education qualifications with one another. This initiative will
261 improve labor mobility and maximize opportunities brought by labor framework arrangements for
262 facilitating trade in services, such as the ASEAN Mutual Recognition Arrangements.

263 Restrictions in the entry of training centers and participation of higher education faculty and trainers in the
264 country were eased through the 11th Regular Foreign Investment Negative List (RFINL), issued through
265 Executive Order No. 65, s. 2018, which now allows 100 percent foreign participation in training centers
266 that are engaged in short-term high level skills development that do not form part of the formal education
267 system. Foreigners are also now allowed to teach at higher education institutions, provided the subject being
268 taught is not a professional subject (i.e., included in a government board or bar examination). Moreover,
269 the Transnational Higher Education Act (RA 1148) was also recently passed to promote transnational
270 education in the country with the goal of making higher education globally competitive by bringing
271 international quality standards and expertise into the country. Under the law, foreign higher education
272 institutions (FHEI) may set up in the Philippines through various arrangements with a Philippine
273 counterpart, in accordance to the Constitution and other pertinent laws.

274 **There is a pressing need to upgrade standards and curricular offerings in tertiary education**
275 **institutions.**

276 In anticipation of the impacts of the Fourth Industrial Revolution, integration of ICT and innovative
277 practices in pedagogy also need to be scaled up to improve learning outcomes of students. As the country
278 has shifted into integrating 21st century skills across the education system, the challenges will be on:
279 developing appropriate assessment tools, upgrading teaching and learning methods, and building a strong
280 and competitive faculty that would be capable of fostering such competencies among learners. Normal
281 schools and other education institutions need to pursue more partnerships with industry and academe to
282 keep a responsive curricula, capacitate educators, and boost cutting-edge and relevant research and
283 development.

284 **Labor Market Policies**

285 **The labor market remains strong, with the vibrant economy creating more and better jobs.** Better
286 employment opportunities in the past three years have been created leading to a decline in the
287 unemployment rate and improved overall quality of employment. After an initial uptick to 5.7 percent in
288 2017, the unemployment rate fell to 5.3 percent, meeting the upper end of the target for 2018. It declined
289 further to an average 5.2 percent as of the first three quarters of 2019, in line with the full-year target of 4.3
290 to 5.3 percent for 2019. Underemployment has likewise fallen from 18.3 percent in 2016 to 16.4 percent in
291 2018. The share of wage and salaried employment, continued to increase from less than 62 percent in 2016,
292 to almost 64 percent in 2018; while unpaid family workers fell from 8 percent in 2016 to 5.6 percent in
293 2018.

294 **Youth inactivity and unemployment also continue to decline.** The percentage of the youth (15-24 years
295 old) who are neither in education nor in employment (NEE)³⁴ declined from above 22 percent in 2016 to
296 less than 20 percent in 2018 and to slightly above 19 percent as of the first three quarters of 2019. This was
297 mainly due to a decline in the incidence of female youth NEE (to 12.6% in 2018), which nevertheless
298 remains disproportionately higher than that for males (7.5%). Youth unemployment rate has likewise fallen
299 to 13.4 percent in 2018.

300 **Recent legislative reforms have also been implemented to address various employment challenges,**
301 **especially among the youth.** This includes the First Time Job Seekers Assistance Act (RA 11261, April
302 2019), which aims to facilitate and reduce job search costs by waiving all government fees and charges in
303 the issuance of documents required for employment for first time jobseekers. Another reform is the
304 enactment of the SSS Act of 2018 (RA 11199) earlier this year (February 2019) - providing unemployment
305 insurance for SSS members in cases of involuntary separation.

306 **Fostering women's economic participation remains a challenge.** Labor force participation rate (LFPR)
307 of women declined from 49.3% in 2016 to 46.6% in 2018. One of the most cited reasons for deferring work
308 among females is the assumption of household responsibilities and duties, including childcare. Two recently
309 enacted laws have been passed in response to such challenge. One major reform passed in December 2018
310 is the Telecommuting Act (RA 11165) which provides alternative work arrangements for employees.
311 Likewise, the Expanded Maternity Leave Law (RA 11210), legislated in February 2019 extends the
312 maternity leave benefit of women to 105 days from the previous 60 days.

313 Action Plan

314 The following tables contains the updated plan targets in improving health and nutrition outcomes, ensuring
315 lifelong learning opportunities for all and income-earning ability increased.

316 For nutrition and health indicators, baseline and targets for mortality rate attributed to cardiovascular
317 disease, cancer, diabetes, and chronic respiratory diseases, and tuberculosis incidence were recomputed. It
318 may also be observed that the targets for tuberculosis incidence and number of newly diagnosed HIV
319 cases are higher than the baseline. Per the DOH, this is expected due to their intensified case findings and
320 better methods for detection. Meanwhile, modern contraceptive prevalence rate was disaggregated to
321 reflect the contraceptive use of all women of reproductive age and those women who are currently married
322 or in union. Further, the proportion of fully immunized children is a new core indicator.

323

³⁴ Starting April 2018, the Labor Force Survey has incorporated additional question in order to capture the youth not in training. FY data on youth not in education, employment or training (NEET) will be available by December 2019. Prior to April 2018, the data being monitored and reported is on youth NEE.

324 **Table 2. Updated Plan Targets in Improving Health and Nutrition Outcomes for All**

INDICATOR	BASELINE (YEAR)	TARGETS				
		2019	2020	2021	2022	EOP
Sector Outcome: Nutrition and health outcomes for all improved						
Life expectancy at birth increased (years)						
Male	69.63 (2015-2020)	None	None	None	71.3	71.3
Female	75.91 (2015-2020)	None	None	None	77.5	77.5
Subsector Outcome: Care at all life stages guaranteed						
Maternal mortality ratio decreased (per 100,000 live births)	TBD	TBD	TBD	TBD	TBD	TBD
Neonatal mortality rate decreased (per 1,000 live births)	13 (2013)	12	None	None	10	10
Infant mortality rate decreased (per 1,000 live births)	23 (2013)	17	None	None	15	15
Under-5 mortality rate decreased (per 1,000 live births)	31 (2013)	25	None	None	22	22
Mortality rate attributed to cardiovascular disease, cancer, diabetes, and chronic respiratory diseases decreased (number of deaths per 100,000 population aged 30-70 years old)	194.57 (2016)	175	169	162	156	156
Proportion of households meeting 100% recommended energy intake increased (%)	31 (2015)	35.3	35.9	36.5	37.1	37.1
Prevalence of stunting among children under 5 decreased (%)	33.4 (2015)	28.1	25.9	23.6	21.4	21.4
Tuberculosis incidence decreased (per 100,000 population)	434 (2016)	538	517	493	427	427
Malaria incidence decreased (per 100,000 population)	0.0666 (2016)	0.0256	0.0189	0.0124	0.0061	0.0061
Number of newly diagnosed HIV cases decreased	9,264 (2016)	15,000	16,600	17,900	18,900	18,900
Subsector Outcome: Responsive health system ensured						
Proportion of women of reproductive age (aged 15-49) who are using any contraceptive method increased (%)	34.6 (2013)	TBD	TBD	TBD	TBD	TBD
Proportion of women of reproductive age (aged 15-49) who are using modern contraceptive methods increased (%)	23.5 (2013)	27.0	28.0	29.0	30.0	30.0
Proportion of fully immunized children increased (%)	68.5 (2013)	95	95	95	95	95

325

326 The next table contains the updated plan targets in ensuring lifelong learning opportunities for all. Targets
327 for basic education access (net enrollment rate, completion rate) were increased given the subsector’s good
328 performance in the previous years. Targets for basic education quality were also revised to take into account
329 the shift from measuring mastery towards measuring proficiency, with the new indicator being the
330 proportion of learners achieving at least “nearly proficient” in the NAT, interpreted as learners with a mean
331 percentage score (MPS) in the range of 50 to 74.

332

333

334

335 **Table 2. Updated Plan Targets in Ensuring Lifelong Learning Opportunities for All**

INDICATOR	BASELINE (YEAR)	TARGETS				
		2019	2020	2021	2022	EOP
Subsector Outcome: Quality, accessible, relevant, and liberating basic education for all achieved						
Proportion of School-Aged population participating in basic education (Net Enrollment Rate) increased (%)						
Kinder	76 (2018)	86	89	92	95	95
Elementary	94 (2018)	95	95	96	97	97
Junior High	81 (2018)	85	87	89	92	92
Senior High	51 (2018)	58	64	68	80	80
Proportion of learners completing levels of education (Completion Rate) increased (%)						
Kinder to G6	97 (2018)	97	97	97	98	98
G7 to G12	81 (2018)	81	82	83	84	85
Proportion of Learners Achieving at least <i>nearly proficient</i> in the National Achievement Test (NAT) (%)						
Grade 6	16 (2018)	20	26	34	44	44
Grade 10	34 (2018)	37	43	52	61	61
Grade 12	14 (2018)	10	13	19	28	28
Subsector Outcome: Quality of higher education and technical education and research for equity and global competitiveness improved						
Certification rate of TVET graduates increased (%)	91.3 (2016)	90	92	92	92	92
Number of HEIs in reputable international rankings increased	4 (2016)	7	8	9	10	10

336

337 The table below shows the updated indicators and corresponding revised targets for increasing income-earning ability of Filipinos.

338

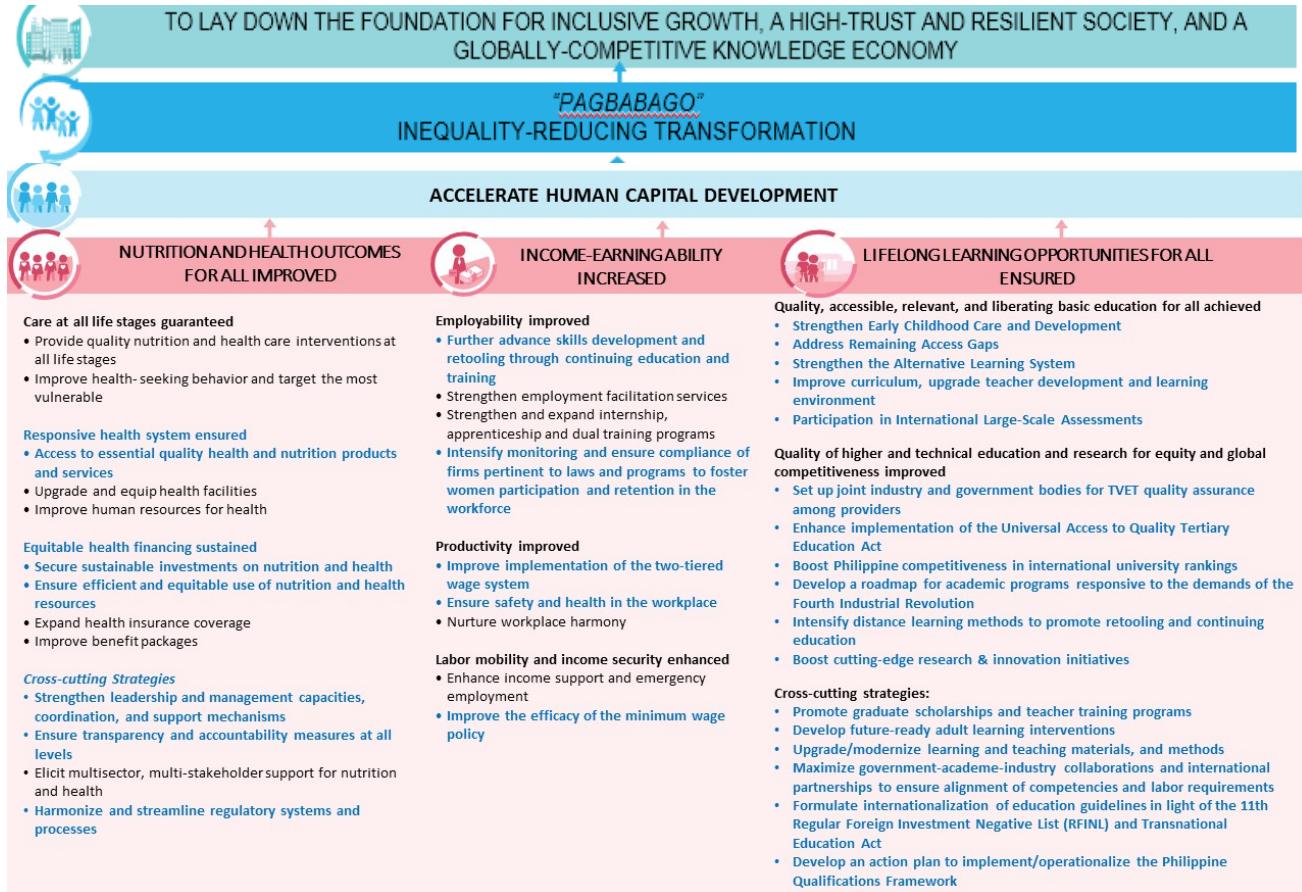
339 **Table 3. Updated Plan Targets to increase income-earning ability of Filipinos (Core Indicators)**

INDICATORS	BASELINE	END OF PLAN TARGET
Percentage of Youth NEE decreased	23.0 (2015)	15.0-18.0
Duration of school-to-work transition of college graduates reduced (years)	TBD (2021)	0.75-1.0
Duration of school-to-work transition of high school graduates reduced (years)	TBD (2021)	0.75-1.0
Duration of school-to-work transition of TESDA graduates reduced (years)	2.9 (2017)	0.25
Percentage of discouraged workers reduced (%)	12.5 (2014)	10.0
Unemployment rate of college graduates decreased (%)	7.2 (2016)	7.0-7.3
Employment rate of TVET graduates increased (%)	66.2 (2016)	75.0
Percentage of females with advanced degrees employed increased	79.4 (2016)	82.0
Labor force participation of women increased (%)	50.1 (2015)	51.3
Labor productivity in industry sector increased (% growth)	2.1 ^r (2015)	3.0-4.0
Labor productivity in service sector increased (% growth)	2.7 ^r (2015)	4.0-5.0

340

341 Chapter Strategic Framework

342 *Figure 1. Strategic Framework to Accelerate Human Capital Development*



343

344 Strategies

345 Improving Nutrition and Health Outcomes for All

346 Nutrition and health outcomes for all will be improved as the government a) guarantees to provide care
 347 services at all life stages; b) ensures responsive health system; and c) sustains equitable financing of
 348 nutrition and health services. To achieve these, the following strategies will be pursued:

349

350 *Care at all life stages guaranteed*

351 **Provide quality nutrition and health care interventions at all life stages**

352 Appropriate nutrition and health-related interventions and services will be given in the first 1,000 days of
353 life (covers pregnancy and the first two years of life) both at the facility and community level. These include:
354 intensive pregnancy tracking and enrolment of pre-natal care services; provision of comprehensive pre-
355 natal care services such as dietary supplementation for pregnant mothers, nutrition counselling on diet of
356 pregnant women, among others; ensure proper management of complications on pregnancy; provision of
357 essential intrapartum and newborn care/mother-friendly hospital initiatives and services, including vitamin
358 supplementation, immunization, newborn screening; provision of lactation services to support exclusive
359 breastfeeding, among others. These interventions will address the issues on maternal and child mortality,
360 and malnutrition.

361 Issues on malnutrition (in all its forms) across age groups will also be addressed through strengthening the
362 implementation and delivery, especially at the local level, of nutrition-specific interventions such
363 Overweight and Obesity Management Prevention Program, Mandatory Food Fortification, National Dietary
364 Supplementation Program, among others, which will be complemented by nutrition-sensitive projects (e.g.
365 Gulayan sa Paaralan, Adolescent Health and Nutrition Development, Farm-to-Market Roads and Child
366 Nutrition, etc.).

367 Provision of adolescent health services will also be ensured. Sexual and reproductive health will be
368 intensified to address the issue on adolescent or teenage pregnancy. Specifically, the implementation of
369 comprehensive sexuality education in schools will be ensured, including the development of adolescent-
370 friendly health service packages. Relatedly, demand and supply side interventions for improving
371 reproductive health services, including addressing unmet need for modern family planning (FP) shall be
372 further intensified. This include scaling up the conduct of community and facility based demand generation
373 interventions, and ensuring availability FP commodities at service delivery points by instituting reforms
374 and enhancements in the FP logistics system. FP competency-based training for health providers will also
375 be continuously be provided (*See Chapter 13*).

376 There will be focus on the interventions that will address the triple burden of disease as this remains a
377 serious public health concern. The DOH will continue to intensify TB and HIV case-finding activities.
378 Adequate implementation of TB services for TB infected patients, especially for those drug resistant TB
379 cases and people living with HIV (PLHIV), will be pursued. Anti-Retroviral Therapy for PLHIV will
380 continuously be provided. Integrated services for HIV Care will be expanded through establishing social
381 hygiene clinics, sundown clinics, HIV Care Facilities. Moreover, TB and HIV education and promotion
382 programs will be promoted to increase public awareness and reduce stigma. Programs that will address
383 emerging and re-emerging infectious diseases such as dengue will be developed or strengthened. An
384 example of this is the implementation of enhanced **4-S** strategy (Search and destroy; Self-protection
385 measure; Seek early consultation; and Support fogging/spraying) as promoted by DOH, to prevent dengue
386 outbreak in the community. To address the re-emergence of polio and prevent the outbreak of
387 communicable diseases with existing vaccines, the demand and supply side requirements for the
388 implementation of the National Immunization Program will be ensured.

389

390 On addressing non-communicable diseases (NCDs), policies and programs will be intensified to reduce the
391 prevalence of behavioral risks factors such as tobacco use, harmful use of alcohol, physical inactivity and
392 unhealthy diet. These include sustained implementation of smoking bans in public areas such as schools,
393 workplaces, sidewalks and public vehicles; anti-smoking campaigns; smoking cessation program; and
394 increased taxes on tobacco products, in line with the Framework Convention on Tobacco Control (FCTC)
395 and existing tobacco policies. Continued imposition of excise tax on sweetened beverages will be ensured
396 while pursuing the increase in taxes for alcohol products and e-cigarettes along with strategies to reduce
397 salt consumption. Wellness and fitness programs as well as activities to promote work-life balance will
398 also be given attention to avoid NCDs (e.g., coronary heart disease, diabetes, etc.), stress and other mental
399 health effects. With the passage of the Mental Health Act (RA 11036), quality and responsive mental health
400 services (e.g. prevention, promotion, treatment and rehabilitation) will be provided, including establishment
401 of mental health services at the community level. In addition, integration of mental health into the
402 educational system will be considered.

403 On addressing drug or substance abuse, drug abuse management and rehabilitation services will be
404 strengthened. For instance, drug abuse and treatment packages will be developed. There will also an
405 expansion of existing PhilHealth benefit package such as for medical detoxification. Moreover, more Balay
406 Silangan facilities, program initiated by Philippine Drug Enforcement Agency (PDEA)³⁵ will be established.
407 To prevent road traffic injuries, stricter enforcement of laws and standards to mitigate risks factors (i.e.
408 vehicle standards, speeding, drunk driving, wearing of seatbelts or helmets), safer infrastructure, enhanced
409 post-crash care will be continuously promoted to avoid these accidents.

410 Elderly health will also be given priority such as provision of specific interventions, including palliative
411 and hospice care.

412 **Improve health-seeking behavior and target the most vulnerable**

413 Health-seeking behavior will be improved by increasing health and nutrition literacy among the public.
414 Increasing awareness can be done through scaling up health promotion. Various stakeholders such as LGUs,
415 DepEd, DSWD, among others, will be tapped to ensure that health and nutrition promotion is integrated in
416 their programs. For instance, LGUs will be enjoined to issue and implement effective health promotion
417 such as intensification of demand generation activities (e.g. health and nutrition campaigns and social
418 mobilization). DepEd will formulate modules on health literacy and health rights to be integrated in the
419 school curricula and activities. More health modules can also be incorporated in the Family Development
420 Sessions of the Pantawid Pamilyang Pilipino Program of DSWD. With these interventions, the re-
421 emergence of infectious diseases (e.g. dengue, polio) due to vaccine scare can be avoided and prevented,
422 while promoting healthy lifestyle among Filipinos.

423 Another strategy to improve health-seeking behavior is to ensure access to comprehensive outpatient benefit
424 packages for all that include preventive services, diagnostics, laboratory, medicines, dental and other
425 medical services. Packages for regular annual check-up for all employees, public and private, is also
426 recommended.

³⁵ *Balay Silangan is a harm reduction program initiated by PDEA. This is reformative and rehabilitative in nature intended for non-drug users who voluntarily surrendered or availed of Plea Bargaining Program. It provides general interventions, like continuing education and health awareness, and psychological/spiritual/physical activities such as counseling, moral recovery, values formation, personal and life skills. Reformers are also thought with livelihood and skills training programs.*

427 Vulnerable groups such as persons with disabilities, children, indigenous peoples, indigents, among others,
428 will also be prioritized in providing healthcare and nutrition services, including development and expansion
429 of PhilHealth benefit packages for them (*See Chapter 11*). Moreover, policies and programs on health and
430 nutrition will be IP and PWD sensitive (e.g. translation of IEC materials, cultural practices during the
431 perinatal period).

432 *Responsive health system ensured*

433 **Ensure access to essential quality and affordable health and nutrition products and services at** 434 **appropriate levels of care**

435 The passage of UHC Act will ensure that every Filipino has immediate eligibility and access to preventive,
436 promotive, curative, rehabilitative and palliative care for medical, dental, emergency and mental health
437 services. The law will also address the issue on non-functioning and fragmented service delivery networks
438 and weak referral system in the country. Local health systems will also be integrated into province-wide
439 and city-wide health systems for the delivery of health care services at the local level. Public and private
440 health care providers will be engaged to establish network of health providers, including primary care
441 provider network that will serve as initial provider of health care and will facilitate referrals for patients, if
442 necessary. Moreover, a public health unit will be established in all hospitals that will provide navigation
443 support to the patients within the health facility; support the national health public programs’
444 implementation; and institutionalize coordination mechanism with the primary care provider networks.
445 Provision of quality and affordable health and nutrition products and services can also be ensured with the
446 institutionalization of health technology assessment (HTA) process³⁶.

447 **Upgrade and equip health facilities**

448 In order to address the poor conditions of public health facilities in the country, the DOH Health Facilities
449 Enhancement Program will be continuously implemented so that more public health facilities will be
450 constructed and upgraded (*See Chapter 19*). Hospitals will be equipped with multi-specialty training
451 capabilities, reference laboratories, and advanced medical equipment. Moreover, budget for construction
452 and rehabilitation of public health facilities will be effectively utilized through improved procurement
453 processes and supply chain management.

454 **Improve human resources for health (HRH)**

455 There will be equitable distribution of HRH and continuous improvement of their working conditions by:
456 a) continuing the provision of pre-service full scholarship program to medical and midwifery students with
457 return service for every year of scholarship offered; b) continuing augmentation, redistribution and retention
458 of health workers to far-flung municipalities and GIDA through the DOH Human Resources for Health
459 Deployment Program; c) monitoring of the implementation of Magna Carta for Public Health Workers by
460 the LGUs; d) progressively increasing the number of permanent positions for health workers (e.g. barangay
461 nutrition scholars, barangay health workers), especially at the local level; e) provide

³⁶ *Health Technology Assessment refers to systematic evaluation of properties, effects, or impact of health-related technologies, devices, medicines, vaccines, procedures, and all other health-related systems developed to solve a health problem and improve quality of lives and health outcomes (UHC Act IRR Section 4.18)*

462 appropriate/competitive salaries and benefits among public and private health workers, among others.
463 Accordingly, the UHC Law provision on the formulation and implementation of a National Health Human
464 Resource Master Plan will be pursued.

465 *Equitable health financing sustained*

466 **Secure sustainable investment on nutrition and health and ensure efficient and equitable use of** 467 **nutrition and health resources**

468 In order to secure investments and ensure equitable use of health and nutrition resources to improve health
469 and nutrition outcomes, the following strategies will be pursued: a) additional resources will be provided
470 with the passage of the UHC Law; b) increase budget allocation for local health and nutrition programs and
471 projects; c) complementation of health financing among national government, local government,
472 development partners and other stakeholders (e.g. private insurance, health maintenance organizations); d)
473 progressively increase the PhilHealth premium contribution with corresponding increase in benefits; and e)
474 focus on financial resources for nutrition and health with high impact interventions.

475 Sin tax or excise tax levied on goods deemed harmful to society and individuals will continually be
476 implemented to augment funding for health interventions under the UHC Act. In this regard, increased tax
477 on alcohol products, and heated tobacco products (HTP) and Electronic Nicotine Delivery Systems (which
478 includes electronic cigarettes or vapor products) shall be pursued, along with continued imposition of excise
479 tax on sweetened beverages and tobacco products.

480 **Expand health insurance coverage and improve nutrition and health packages**

481 With the UHC Act, automatic inclusion of all Filipinos into the National Health Insurance Program is
482 ensured. Moreover, existing benefit packages will continue to be implemented and can be expanded to
483 include dental, mental and nutrition packages, etc., as recommended by the HTA process. No Co-payment
484 Policy will also be implemented to those who opt to avail basic or ward accommodation and services.
485 Moreover, PhilHealth shall pursue enhancement in provider payment mechanisms to ensure cost-effective
486 quality health care services. These strategies will help reduce households' out-of-pocket payment for health
487 (*See Chapter 11*).

488 *Cross-Cutting*

489 **Strengthen leadership and management capacities, coordination, and support mechanisms**

490 The issue on availability, timeliness, and quality of data, along with issues on interoperability of health
491 information system will be addressed by: a) strengthening administrative data collection systems, such as
492 local civil registration and vital statistics to complement national surveys; b) improving electronic medical
493 records that enable patient records to be accessible throughout the health system; c) developing a unified
494 health information system where all health data, including data from the private health care providers, will
495 be consolidated. The schedule of conduct of data collection and reporting – administrative data collection
496 and national surveys (e.g. NDHS) – will be harmonized with the planning (e.g. PDP, sector plan, LDP) and
497 budgeting schedules, and vice versa, to ensure evidence based decision making.

498

499 Evidence-based policy making, decision making, program planning and implementation in the health and
500 nutrition sector will also be pursued. The internal capacity of the concerned agencies (e.g. DOH and NNC)
501 in managing health and nutrition information system, monitoring and evaluation, and in producing high
502 quality health and nutrition studies and researches will be enhanced. Health Impact Assessment shall
503 likewise be conducted in accordance with the UHC Act.

504 To strengthen the support system mechanism, national government will provide technical assistance, as
505 well as financial assistance (if needed) to the LGUs on improving health and nutrition at the local level.
506 This will also strengthen the coordination and collaboration among national and government agencies in
507 implementing nutrition and health programs.

508 **Elicit multi-sector, multi-stakeholder support for nutrition and health**

509 Civil society organizations (CSOs), including volunteers, to participate in budget development, service
510 delivery, and monitoring and evaluation through their involvement in local development councils and other
511 special bodies will be mobilized to elicit support for nutrition and health. In addition, development partners
512 can also be tapped to provide official development assistance (ODA) aligned with the nutrition and health
513 agenda. There will also be integration of nutrition and health components in all major flagship programs of
514 the government in promoting “All for Health towards Health for All”.

515 **Ensure transparency, accountability and regulatory measures in nutrition and health sector**

516 Improved healthcare governance can be achieved through increasing accountability, promoting
517 transparency in the sector and strengthening regulations on health products, devices, facilities and services.
518 Specifically, this will be done by: a) developing innovative regulatory mechanisms for equitable
519 distribution of quality and affordable health goods and services; b) establishing a performance monitoring
520 unit to track the progress of reforms and medical audits, and to oversee third-party monitoring; c) adopting
521 responsive organizational structure, staffing patterns and skill-mix at all levels of the health system; and d)
522 continue implementing monitoring and evaluation of health and nutrition programs such as the Monitoring
523 and Evaluation of Local Level Plan Implementation (MELLPI) being conducted by the National Nutrition
524 Council (NNC) to ensure compliance and improvement of nutrition status at the local level.

525 **Ensuring Life-long Learning Opportunities for All**

526 *Quality, Accessible, Relevant and Liberating Basic Education for All Achieved*

527 **Strengthen Early Childhood Care and Development (ECCD)**

528 A strengthened ECCD program will provide future cohorts of learners a solid foundation for basic
529 education. This will be accomplished by building a competent ECCD workforce throughout the country
530 and ensuring that child development centers strictly adhere to the ECCD policies, guidelines, and
531 standards issued by the ECCD Council.

532 **Address Remaining Access Gaps**

533 In order to improve school attendance, survival, and completion, the DepEd committed to address the needs
534 of Last Mile Schools, schools which are not prioritized for inputs using established formulas and ratios for
535 school inputs, and to establish new or expansion schools in geographically-isolated and disadvantaged areas
536 (GIDA). The Department also plans to expand the coverage of culturally-sensitive and contextually-
537 responsive education under the Inclusive Education Program's various subprograms--Madrasah education
538 for Muslim learners, the Special Education Program; and the Indigenous Peoples' Education program.

539 The School-Based Feeding Program aims to address one of the major reasons for drop-outs of learners at
540 the lower levels by providing undernourished learners with one hot meal per day for 120 days. For learners
541 in high school, the DepEd will intensify the implementation of the Comprehensive Sexuality Education
542 Program to reduce the numbers of students dropping out due to early pregnancy.

543 **Strengthen the Alternative Learning System**

544 The DepEd began implementing the ALS 2.0 this 2019, which is an ALS curriculum more substantially
545 aligned with the competencies of the formal K to 12 curriculum. It also covers information and
546 communications technology and life and career skills competencies not covered in the formal curriculum.
547 The ALS 2.0 is expected to raise ALS completion rates and enhance the employability of learners outside
548 the formal system.

549 **Improve Curriculum, Upgrade Teacher Development, and Learning Environment.**

550 The DepEd will continue to review and improve the K to 12 curriculum towards ensuring the vertical
551 alignment of the curriculum's content. Teacher hiring and career progression through the full
552 implementation of the Philippine Professional Standards for Teachers (PPST) is also expected to result in
553 better learning outcomes as retention of highly-qualified teachers are increased. Alongside the PPST, the
554 DepEd will also focus on implementing the NEAP Transformation, to ensure the continuous professional
555 development of teachers along the PPST's various tracks and strands and address the concerns on
556 inadequate SHS-specific training for teachers and improve teaching practice overall.

557 Improvements in the learning environment will be done by ensuring that all schools have functioning
558 libraries with learning spaces and supplementary books and learning materials, ideal science and math
559 laboratories and TVL workshops, and state-of-the-art ICT packages for computer-aided learning, with
560 3,827 ICT sets targeted for delivery in 2019. Teaching environment will also be improved through
561 addressing the lack of faculty rooms, giving teachers a better working environment. Automation of the
562 DepEd's core processes and improvements in its procurement and finance system will also be prioritized
563 to speed up transactions and address bottlenecks in the delivery of basic inputs.

564 **Participation in International Large-Scale Assessments (ILSAs)**

565 The country's participation in ILSAs such as the Trends in International Mathematics and Science Study
566 (TIMSS), Programme for International Student Assessment (PISA), and the South-East Asia Primary
567 Learning Metrics (SEA-PLM) will also be prioritized in order to measure learning outcomes vis-à-vis other

568 countries and provide information to evaluate the country's progress in improving math, science, and
569 literacy and build evidence for policy development and decision-making.

570 *Quality of Higher and Technical Education and research for equity and global*
571 *competitiveness improved*

572 **Set up joint industry and government bodies for TVET quality assurance among providers.**

573 Such will help TVIs to keep their regulations and competency standards up-to-date and responsive, and
574 streamline processes needed to quickly undertake program review, facilities evaluation, updating of
575 instruction and learning methodologies and materials, and formulation of innovative programs. This is in
576 line with TESDA's thrust to institute separate and faster mechanisms to hasten the development of
577 competency standards and training regulations of rapidly changing jobs.³⁷

578 **Enhance implementation of the Universal Access to Quality Tertiary Education Act.** Given huge
579 investments in expanding access to tertiary education, there is a need to ensure sustainability of the program.
580 Timely awarding of benefits, especially among Tertiary Education Subsidy grantees have to be improved.
581 The long-term student loan program that will be designed, and consider factors such as affordability,
582 viability, and risk management. Support interventions such as career guidance and financial counseling will
583 also be crucial in ensuring both good scholastic performance of scholars/grantees and high repayment
584 collection of student-loan beneficiaries.

585 Adequate monitoring is also crucial in ensuring that quality of education will not be sacrificed in the course
586 of policy implementation. These include: (a) strong monitoring of tuition and other school fees being
587 charged by SUCs, LUCs, HEIs and TVIs to the government; (b) stricter quality assurance in HEIs,
588 especially those enjoying government subsidies; and (c) pursue per student normative cost budgeting.

589 **Boost Philippine competitiveness in international university rankings.**

590 Mechanisms will be explored to encourage HEIs to participate in assessments and surveys for global
591 university rankings and international league tables. Such endeavors will allow HEIs to benchmark with
592 international standards and identify areas they need to improve to become more globally competitive.

593 **Develop a roadmap for academic programs responsive to the demands of the Fourth Industrial**
594 **Revolution.**

595 There is a need to continuously update the higher education curriculum given the changes in the basic
596 education system and emerging needs of the industry. New programs (e.g., Data Science, Nanotechnology,
597 Machine Learning, Green/Renewable Energy Engineering) must be developed to take advantage of
598 lucrative job opportunities created by emerging fields. The TVET sector also needs to formulate standards

³⁷ TESDA. (2018). National Technical and Education Skills Development Plan (NTESDP) 2018-2022: Vibrant Quality TVET.

599 and promote TVET programs (diploma courses) that cultivate higher-order thinking skills demanded by the
600 labor market.

601 **Intensify distance learning methods to promote retooling and continuing education.**

602 Open distance learning will be tapped to encourage more learners to re-tool and upskill. According to the
603 2019 World Development Report, workers are expected to have multiple careers, not just multiple jobs over
604 their lifetime. In this regard, flexible delivery models enabled by online learning and open universities could
605 meet the growing demand for lifelong learning that will allow people to have skills needed to go through
606 different careers.³⁸

607 *Cross-cutting strategies*

608 **Promote graduate scholarships and teacher training programs.**

609 The promotion of graduate scholarships and teacher training programs are key to improving the quality of
610 education at all levels. This will complement the DepEd's thrusts of in-service teacher development by
611 creating a pool of teachers with advanced degrees ready to impart cutting-edge knowledge to students in
612 basic education.

613 **Develop future-ready adult learning interventions.**

614 Adult learning systems are critical in enabling individuals to keep their skills and competencies updated in
615 a changing employment landscape, which could be done through upskilling, re-tooling and/or continuing
616 education. Tailor-fit adult learning approaches may also be needed, especially for groups and individuals
617 in occupations that are at risk of being automated.

618 **Upgrade/modernize learning and teaching materials, and methods.**

619 While the Philippines has been pouring efforts in curricular reforms and expanding ICT access in schools,
620 more developed countries have already made substantial improvements in developing and adopting new
621 pedagogical practices such as artificial intelligence-enabled education, innovative classrooms, and
622 gamification of learning, among others. In order to keep up, the education sector will revisit pedagogical
623 approaches and upgrade learning materials to maximize the potential of ICT in improving learning
624 outcomes, while ensuring that these methods are appropriate in the country's context.

625 **Maximize government-academe-industry collaborations and international partnerships to ensure
626 alignment of competencies and labor requirements.**

627 International partnerships and government academe-industry-collaborations will be tapped, especially in
628 improving quality of instruction. Such linkages will enable the education sector to update curricula and
629 develop programs/courses more quickly and strengthen work immersion programs (i.e., on-the-job trainings,
630 apprenticeships) being implemented. International collaborations, in particular, will also be useful in

³⁸ World Bank. (2019). *World Development Report: The Changing Nature of Work*.

631 bringing global standards in educational institutions. Transnational education initiatives or partnerships
632 with international universities/institutions will capacitate our teachers, enhance pedagogy, and help upgrade
633 our normal schools/universities, leading to better performance of students with regard to proficiency
634 standards.

635 **Formulate guidelines on internationalization of education in light of the 11th Regular Foreign**
636 **Investment Negative List (RFINL) and Transnational Higher Education Act (RA 11448).**

637 Given recent policy reforms enabling entry of international educational institutions, faculty and trainers,
638 there is a need to update policy and regulatory frameworks. As such, the Higher Education
639 internationalization framework may need to be revisited and a TVET internationalization framework has to
640 be formulated. Such policy frameworks will subsequently serve as bases of guidelines and regulations to
641 create mechanisms that will efficient enough to attract prospective international experts and partner
642 institutions.

643 **Develop an action plan to implement/operationalize the Philippine Qualifications Framework.**

644 As the PQF has already been institutionalized, the next step is to come up with a plan or guidelines to
645 facilitate efficient implementation of the qualifications and recognitions system. There is also a need to
646 ensure that there are corresponding and efficient equivalencies and recognition systems through the PQF
647 for TVET graduates and TVL SHS graduates, should they pursue higher education through ladderized
648 education.

649 **Increasing income-earning ability**

650 For the remaining Plan period, the government will seek to further strengthen efforts to raise the quality of
651 human resources and ensure that current and future workforce will be able to adapt to the changing demands
652 of the labor market. In addition, strategies to enhance existing labor market institutions by striking the right
653 balance of flexibility and security will be pursued. Altogether, these are expected to improve access to
654 employment opportunities, ensure employability and productivity thus translating to increased income
655 earning ability of Filipinos.

656 *Employability improved*

657 Ensuring the employability of labor entrants, especially in the face of the fourth industrial revolution,
658 remains crucial. This will be accomplished through the following strategies:

659 ***Further advance skills development and retooling through continuing education and training.*** Even as
660 new technologies contribute to higher output and productivity, jobs are likely to be transformed, including
661 through automation. To ensure employability of the current and future workforce, the government will take
662 an active role in upskilling and reskilling its workforce through coordinated action on skills development
663 and training. This will be critical in addressing the problem of youth unemployment and in further reducing
664 youth not in education, employment or training (NEET). Integration of innovation, productivity,

665 technopreneurship and smart agriculture³⁹ concepts in the education curricula in the basic and higher
666 education and in TVET will be considered.

667 ***Strengthen employment facilitation services.*** With the first batch of K to 12 students expected to graduate
668 from college in 2022, there is an anticipated increase in the number of entrants into the labor market. To
669 assist and facilitate employment of first-time job seekers and those returning in the workforce, the
670 government will further strengthen its employment facilitation systems. The capacity of Public
671 Employment Service Offices (PESOs) at the local government units (LGUs) nationwide will be
672 strengthened to ensure the aggressive implementation of job placement programs throughout the country.
673 Job placement programs can help facilitate the school-to-work transition for the youth by providing labor
674 market information and through coaching, identifying their career choices and internships with potential
675 employers. Furthermore, efforts to intensify the institutionalization of PESOs across localities nationwide
676 will be pushed in order to ensure availability of funds and resources towards better service delivery, to
677 include an adequate number of staff, improved facilities especially an updated and expanded database of
678 jobseekers and jobs that is shared nationwide.

679 Labor Market Information (LMI) systems also need to keep pace with the dynamic and competitive labor
680 market by enhancing accessibility, expanding coverage, and fostering closer coordination between
681 employers, the academe, and the government. The PhilJobNet – the government’s web-based LMI, job
682 search, matching and referral portal will be enhanced through intensified promotion among stakeholders to
683 increase visibility and widen its reach and improve collection of data.

684 ***Strengthen and expand internship, apprenticeship and dual training programs.*** Current programs of the
685 government that need to be enhanced are (a) Government Internship Program (GIP) for those who want to
686 pursue public service; (b) JobStart Philippines Program to enhance employability of “at-risk” youth; and
687 (c) apprenticeship, learnership and dual training programs. These programs are all geared towards helping
688 workers make informed career decisions, and provide a chance to acquire technical and life skills necessary
689 in today’s competitive workplace. The government will likewise forge stronger government-industry-
690 academe linkage to provide quality workplace-based training opportunities for the youth to improve their
691 employment prospects and reduce “school-to-work” transition.

692 ***Intensify monitoring and ensure compliance of firms to laws and programs that foster women’s***
693 ***participation in the workforce.*** Monitoring and strict implementation of programs and policies to further
694 advance women’s economic participation need to be intensified such as the Expanded Maternity Leave Act
695 and Telecommuting Act. Other strategies to increase labor market participation of women include; a)
696 improve access and affordability of child minding and elderly care services; b) addressing gender bias and
697 gender role stereotype in basic education curriculum materials; c) promote entrepreneurship and advance
698 economic opportunities for women through the use of digital technology; and d) encourage firms to adopt
699 flexible work arrangements (e.g., flexible schedule, compressed work week, alternative worksite
700 telecommuting)

701 ***Productivity improved***

702 ***Improve implementation of the two-tiered wage system.*** The two-tiered wage system will be vigorously
703 implemented as an approach to minimum wage-setting and as a strategy to tighten the link between wage

³⁹ See Chapter 8 for further discussion

704 and productivity growth. Efforts will focus on building and strengthening capacities of workers and
 705 enterprises on productivity improvement through: a) inclusion of training modules on productivity concepts,
 706 tools and measurements, and collective bargaining focused on productivity in the Labor Education Program
 707 of the Bureau of Labor Relations; b) mainstreaming productivity improvement in existing bipartite
 708 mechanisms; c) scale-up productivity enhancement programs of the DTI; and d) Revisit Productivity
 709 Incentive Law and reform restrictive provisions of the law to encourage the private sector (especially SMEs)
 710 to avail of productivity incentives.

711 **Ensure safety and health in the workplace.** Along with the changing nature of work, novel occupational
 712 hazards are emerging. To address these, the following strategies will be pursued; a) Establishment of
 713 baseline data on emerging occupational hazards resulting from the changing nature of work through conduct
 714 of study to guide policymaking; b) monitor list of personnel exposed to high-risk occupations to formulate
 715 appropriate programs for them; and c) craft support mechanisms to address psychosocial risks and work-
 716 related stress especially among high-risk occupations (i.e., uniformed personnel).

717 **Labor mobility and income security enhanced**

718 **Enhance income support and emergency employment.** As technological developments shape the current
 719 employment situation and introduce new forms of work (i.e., freelance work and self-employment), there
 720 is an increasing pressure for the flexibility of labor markets. A comprehensive unemployment insurance
 721 (UI) program that will provide workers more flexibility to search for jobs by improving their skills and
 722 capacity as they re-enter the labor market, will be pursued. Moreover, existing programs to aid workers
 723 from sudden and unintended job displacement, namely Adjustment Measures Program (AMP) and the
 724 DOLE Integrated Livelihood and Emergency Program (DILEEP) will be vigorously implemented and its
 725 coverage enhanced.

726 **Improve the efficacy of the minimum wage policy.** A balanced, consultative and evidence-based approach
 727 to minimum wage determination will be pursued towards the goal of protecting vulnerable workers from
 728 undue low wages. Data used for minimum wage setting will be further disaggregated at the subnational
 729 level. Rationalization of the number of wage rates, exclusions and exemptions per region will be pursued
 730 to simplify enforcement. More importantly, efforts to boost firms' adoption of productivity and
 731 performance as a means to further increasing workers' income will be pursued.

732 **Legislative Agenda**

733 The following legislations will be required to support the actions of the executive branch:

Legislative Agenda	Rationale/Description
Sector Outcome: Nutrition and Health Outcomes for All Improved	
Sub-sector Outcome 1: Care at all life stages guaranteed	

Legislative Agenda	Rationale/Description
Prevention of Adolescent Pregnancy	This will facilitate the development of a National Program of Action and Investment Plan for the prevention of teenage pregnancy. The program of action will serve as a national framework for inter-agency and inter-sectoral collaboration at all levels address the various health, cultural, socio-economic, and institutional determinants of teenage pregnancy. The policy may be issued in the form of either an Executive Order or a Republic Act
Nationwide Firecracker Regulation	This is to reduce fireworks-related injury, disability, and death; and update law regulating fireworks. Some of the key features of the proposed legislation are: a) banning of individual/ residential use of both legal and illegal firecrackers except if used as part of a community fireworks display; b) strengthening the enforcement on the regulation of manufacture, sale, distribution, storage and use of firecrackers and pyrotechnic devices; and c) promoting public health and safety from the use of firecrackers and pyrotechnic devices.
Sub-sector Outcome 2: Responsive Health System Ensured	
Amendment of the law on the Barangay Nutrition Scholar (BNS) Program	This is to upgrade the incentives and benefits and ensure security of tenure of BNS. This is essential in the provision of continuous frontline nutrition services to the community. This law would ensure that trained and experienced BNS are carried over by succeeding political administrations.
DOH Hospital Bed Capacity and Service Capability Rationalization Act	This aims to rationalize the distribution of capacity and capability of health facilities. Key features of the proposed legislation include: a) DOH to adjust and approve the authorized bed capacities and corresponding service capabilities of its retained hospitals; and b) Adjustment in bed capacity and service capability of each DOH hospital shall be in accordance with the Philippine Health Facility Development Plan.
Health Facilities and Services Regulation Act	This proposed measure aims to make licensing standards responsive to the needs of the health systems. Specifically, the following will be covered by the proposed measure: a) granting of quasi-judicial powers to the Bureau of Health Facilities and Services under DOH; b) establishment of a regional office to enforce regulatory policies and standards; c) income retention of the Bureau to enhance its capacity to expand and improve the quality of its services; d) extending validity of health facility's initial license to operate to three years; and e) adjusted penalties and revocation of license.
Counterfeit Pharmaceutical Products Prevention Act (Amending RA 8203 or the Special Law on Counterfeit Drugs)	This aims to update the 22-year-old law making it responsive to the changes in the industry and in anti-counterfeiting technologies. The measures will: a) incorporates as economic sabotage (>1M) the illegal manufacture, importation, distribution, sale or offer for sale, or possession of counterfeit pharmaceutical products; b) includes online service/selling/pharmacy services; c) updated administrative proceedings; d) revised penalties; and e) strengthened rapid alert system.
Drugs and Medicines Price Regulation Act (amending Republic Act 9502 or the Universally Accessible Cheaper and Quality Medicines Act of 2008)	The features of the proposed measure are as follows: a) creation of the Drugs and Medicines Price Regulation Board who shall regulate the pricing of any or all drugs enumerated in Section 23 of RA 9502; b) display of prices fixed and approved by the Board for drugs and medicines on a clearly printed poster conspicuously placed within the retail outlet; c) VAT exemption coverage extended to all essential ethical medicines listed in the Philippine National Formulary; d) all physicians should be prescribing in generic terminology without any specific brand; and e) Philippine Pharma Procurement, Incorporated designated as DOH and PhilHealth's national procurement arm/central procurement agency for drugs and medicines and common medical supplies.
Strengthening the Healthcare System in Cultural and Indigenous Communities	Pending inputs from NCIP

Legislative Agenda	Rationale/Description
Sector Outcome: Income-earning ability increased	
Sub-sector Outcome 2: Productivity Improved	
Productivity Incentive Bill	In order to encourage enterprises to adopt productivity improvement and gainsharing schemes, RA 6971 or the Productivity Incentives Act should be amended to liberalize its restrictive provisions and to accelerate the adoption of productivity improvement programs at the workplace by making establishment of productivity incentives committees mandatory in all private business enterprises; reiterating that gainsharing shall be contingent on gains from productivity improvement; and easing the requirements for availing tax incentives by business enterprises for granting productivity incentives and grants to employees and workers.

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