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Human Capital Development Towards Greater Agility



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The country is on the right track in accelerating human capital development by prioritizing reforms and investments in improving nutrition and health, education, and income-earning ability. Major reforms in expanding access to nutrition health and transformative education were instituted in the past three years. The Universal Health Care (UHC) Law was enacted to ensure that care for all Filipinos at all life stages is guaranteed. Implementation of the Kinder (K) to 12 Program and the Universal Access to Quality Tertiary Education Law will also enable Filipinos to continuously develop their skills towards achieving their full potential as productive members of a rapidly changing society.

In 2020, the Philippines' score in the World Bank (WB) Human Capital Index (HCI) Update report is 0.52. This was higher than the average among countries in the lower middle-income group, which means that a child born in the Philippines today will likely reach only 52 percent of his or her potential come adulthood. With the COVID-19 pandemic, risks and challenges in enriching human capital have become even more significant.

For the rest of the Plan period, the government will focus on addressing challenges that hamper the full realization of Filipinos' full potential, such as malnutrition, early pregnancy, and poor quality of education, in addition to disruptions in service delivery due to the COVID-19 pandemic. Efforts will focus on strengthening strategies that transform the country's human capital towards greater agility, for a healthy and resilient Philippines.

Assessment and Challenges

Nutrition and health

Outcomes on nutrition and health were based on several data sources. Some progress has been made, considering that the most recent data fell below target.

Mortality among infants, based on the National Demographic and Health Survey (NDHS), slightly decreased from 23 per 1,000 live births (LB) in 2013 to 21 per 1,000 LB in 2017. Mortality in children under five years of age declined significantly from 31 per 1,000 LB to 27 per 1,000 LB over the same period.¹

¹ Philippine Statistics Authority (PSA), 2017 NDHS, PSA, October 2018.

There were significant reductions observed in the prevalence rate of stunting across age groups, but not in the prevalence rate of wasting. For the under five years of age, prevalence of stunting fell from 33.4 percent in 2015 to 28.8 percent in 2019; prevalence of wasting did not show a significant decline, from 7.1 percent to 5.8 percent over the same period. Both figures in 2019 did not meet the Philippine Development Plan (PDP) targets. Note that there were no targets set for the prevalence of stunting and wasting for the older age groups.

There were varying degrees of success with respect to addressing the triple burden of diseases.² There was a decrease in mortality rate attributed to lifestyle-related diseases, from 462.5 deaths per 100,000 population (aged 30–70 years old) in 2016 to 453.8 deaths per 100,000 population (aged 30–70 years old) in 2018. However, there was an increase in reported cases of human immunodeficiency virus/acquired immunodeficiency syndrome (HIV-AIDS), from 9,624 newly diagnosed cases in 2016 reaching 12,778 in 2019. Incidence of Tuberculosis (TB) also increased from 434 per 100,000 population in 2016 to 554 per 100,000 population in 2018.³ The increase in TB incidence may be explained by a combination of case-detection gaps, delays in diagnosis, health system weaknesses, and broader

social and economic influences on the TB epidemic.⁴ Also, the increase in TB notification rate of cases arose from active case finding and mandatory notification of cases by private physicians.

Meanwhile, there was remarkable progress in eliminating malaria cases. The percent of malaria-free provinces went up from 40 percent in 2016 to 62 percent in 2018. This brings us on track to eliminate the disease by 2030.⁵

Using the revised National Health Accounts, the household out-of-pocket spending on health as percentage of total health expenditure has declined from 45 percent in 2016 to 42 percent in 2019. This may be due to the following health programs: (a) No Balance Billing (NBB) Policy for indigent patients; (b) new and enhanced Philippine Health Insurance Corporation (PhilHealth) benefit packages (e.g., Z benefit packages for children with disabilities, expanded primary care benefits, and newborn care package); and (c) Department of Social Welfare and Development's (DSWD) *Libreng Gamot Para sa Masa (Lingap ng Masa)* that provides medical assistance fund to indigent patients. Also, faster increase in health spending of government (11.5%) compared to household (7.9%) was observed from 2016 to 2019.⁶

² Communicable, non-communicable, and urbanization- and industrialization-related diseases.

³ World Health Organization, Philippines: Tuberculosis country profile 2017.

⁴ Department of Health (DOH), *National TB Prevalence Survey*, DOH, 2018.

⁵ DOH, "Malaria Control and Elimination Program," DOH Website, October 26, 2018.

⁶ Average annual growth rate from 2016 to 2019.

Table 10.1 Core Health and Nutrition Outcome Indicators: Targets vs Accomplishments

INDICATORS		BASELINE VALUE (YEAR)	ACCOMPLISHMENT (YEAR)	TARGET (YEAR)
Infant mortality rate decreased (per 1,000 LB)		23 (2013)	21 (2017)	15 (2022)
Under-five mortality rate decreased (per 1,000 LB)		31 (2013)	27 (2017)	22 (2022)
Prevalence of stunting (%)				
a)	Below 5 years old	33.4 (2015)	28.8 (2019)	26.7 (2019)
b)	5-10 years old	31.2 (2015)	25.2 (2019)	No targets
c)	10-19 years old	31.9 (2015)	26.8 (2019)	
Prevalence of wasting (%)				
a)	Below 5 years old	7.1 (2015)	5.8 (2019)	5.5 (2019)
b)	5-10 years old	8.3 (2015)	8.0 (2019)	No targets
c)	10-19 years old	12.5 (2015)	11.7 (2019)	
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)		462.5 (2016)	453.8 (2018)	367.1 (2022)
Tuberculosis incidence decreased (per 100,000 population)		434 (2016)	554 (2018)	510 (2022)
Number of newly diagnosed HIV cases decreased		9,264 (2016)	12,778 (2019)	18,900 (2022)
Percent of provinces that are malaria-free increased (%)		40 (2016)	62 (2018)	92.5 (2022)
Out-of-pocket health spending as percentage of total health expenditure		45.0 (2016)	42.0 (2019)	No target in 2019 TBD for 2022

The use of modern contraception, on average, has increased marginally between 2013 (23.5%) and 2017 (24.9%) considering all women aged 15 to 49 years. However, among married women from the same age group, the increase was much higher

especially among married women 15 to 19 years of age (from 20.6% to 29.7%) and those 20 to 24 years of age (from 34.3% to 44.0%).

Table 10.2 Use of Modern Method of Contraception

AGE GROUP	CURRENT USE OF ANY MODERN METHOD OF CONTRACEPTION (ALL WOMEN)		MARRIED WOMEN CURRENTLY USING ANY MODERN METHOD OF CONTRACEPTION	
	2013	2017	2013	2017
TOTAL	23.5	24.9	37.6	40.4
15-19	2.4	2.9	20.6	29.7
20-24	16.2	18.7	34.3	44.0
25-29	30.6	31.2	42.3	43.2
30-34	37.7	39.6	44.9	47.0
35-39	37.7	37.5	42.5	44.7
40-44	33.9	35.7	38.8	40.0
45-49	20.2	21.4	23.5	24.4

Managing the COVID-19 pandemic exposed the shortcomings of the country's health care system particularly in terms of prevention, control, and mitigation of infectious diseases. It also became evident that the country lacked health care workers and that digital infrastructure and health information system were fragmented and inefficient. The fragmentation of service delivery has made coordination and communication between national and local government units (LGUs) difficult. Furthermore, since service delivery is mostly facility-based, the ensuing mobility restrictions threatens to worsen nutrition and health outcomes, or reverse the gains achieved so far. Over the near term, the involuntary shifts in lifestyle and behavior in response to the quarantine restrictions has resulted in a rise in mental health problems, especially among those directly affected by the pandemic (e.g., caught the virus, lost their loved ones and their jobs).

Ultimately, the sector with its current capacity must effectively implement its programs and provide quality services both at the national and local levels, in pursuit of improving nutrition and health care outcomes, while maintaining efforts to contain and prevent the spread of COVID-19 and to prepare for massive vaccination. Moving forward, the sector will expand its use of innovative delivery mechanisms, such as telemedicine, enhance outreach programs

by improving the capacity of target beneficiaries for home-based care, and use various media to deliver information, education, and communication services on proper nutrition and health. Moreover, amid competing demands for resources, it is also important to ensure efficient spending and to secure enough funds for the full implementation of key legislations such as the UHC Act and the *Kalusugan at Nutrisyon ng Mag-Nanay* Act.

Basic, higher, and technical education

The Philippines has institutionalized reforms to expand access to education at all levels (i.e., K to 12 Program, Universal Access to Quality Tertiary Education). A major accomplishment is the increase of the mean years of schooling to 10.0 in 2018, which is close to the end of plan target of 11.3. At the basic education level, the elementary and junior high school net enrolment rates (NER) were at 94 percent and 83 percent versus the original 2019 targets of 93.31 percent and 72.32 percent, respectively, while K to 6 and Grades 7 to 12 completion rates in 2019 were at 97 percent and 77 percent versus the targets of 87.18 percent and 77.48 percent for elementary and junior high school.

However, there remains a big gap in the quality of education. Compounding the problem is that the data on quality of learning are not comparable over time. The 2017 National Achievement Test (NAT) scores could not be compared to the 2015 baseline data because the tests have been modified in 2017 to be more aligned with 21st century skills, as emphasized in the K to 12 curriculum. The 2017 scores shown in Table 10.3 pertain to the proportion of students who can be considered as at least moving towards “mastery.” These are estimated at 23.11 percent among Grade 6, 32.78 percent among Grade 10, and 13.54 percent among Grade 12 students. In 2018, the Department of Education (DepEd) changed the methodology to measure “proficiency” instead of “mastery.” The 2018 NAT⁷ scores show that only 16 percent of Grade 6, 34 percent of Grade 10, and 14 percent of Grade 12 learners scored as “nearly proficient.”

At the higher education level, the Universal Access to Quality Tertiary Education Act benefitted 1,132,620 higher education students in state colleges and universities (SUCs) and local universities and colleges (LUCs) in AY 2018-2019. In technical and vocational education and training (TVET), while certification rate remained higher than 90 percent, most of the TVET courses offered are low-level skills, seven of which are even likely to become irrelevant as a result of automation. The passage of the 11th Regular Foreign Investment Negative List (RFINL) and Transnational Higher Education Act (Republic Act [RA] 1148) is expected to improve competitiveness of education and training institutions by bringing international quality standards and expertise into the country.

Table 10.3 Core Education Outcome Indicators: Targets vs Accomplishments, 2017-2019

INDICATOR	BASELINE VALUE (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	10.0	N/A
Functional literacy rate increased	90.3 (2013)	N/A	TBD	N/A	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)	63
Elementary	91.05 (2015)	92.18	92.74	93.31	94.19	94.79	94
Junior High School	68.15 (2015)	70.23	71.27	72.32	75.99	81.24	83
Senior High School	TBD	TBD	TBD	TBD	46.12	48.50	48

⁷ Data is not shown in the table because it estimates the proportion who are considered at least “nearly proficient” rather than the original measure of at least moving towards “mastery.”

INDICATOR	BASELINE VALUE (YEAR)	TARGETS			ACCOMPLISHMENT		
		2017	2018	2019	2017	2018	2019
Completion rate increased (%)							
Elementary	83.43 (2015)	85.31	86.25	87.18	92.41	97.15	97
Junior High School	73.97 (2015)	76.82	77.15	77.48	84.32	88.84	
Senior High School	TBD	TBD	TBD	TBD	N/A	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*	97.15	97
Junior High School	14.37 (2015)	15.98	16.78	17.59	32.78*	N/A due to change in measurement from "mastery" to "proficiency"	
Senior High School	TBD	TBD	TBD	TBD	13.54*		
Proportion of students at low mastery reduced (%)							
Junior High School	14.88 (2015)	11.72	11.51	11.31	N/A	N/A due to change in measurement from "mastery" to "proficiency"	
Senior High School	TBD	TBD	TBD	TBD	N/A		
Quality of higher education and technical education and research for equity and global competitiveness improved							
Number of HEIs in reputable international rankings increased	4 (2016)	5	6	7	8	6	8
Certification rate of TVET graduates increased (%)	91.9 (2016)	85	85	86	93	92	94.3

* 2017 data not comparable with 2015 baselines due to change in methodology. There was a shift in the design of the 2017 NAT because the questions were framed, in line with the K to 12 program's focus on 21st century skills.

Given the huge investments in education, the challenge is to improve the quality of education while also anticipating the demands of the Fourth Industrial Revolution (FIR). Availability of teachers with specialized skills (particularly senior high school [SHS]), mismatch in teaching assignments with areas of specialization, and delayed release of education inputs affect achievement of education outcomes at the basic education level. In higher education, inadequate support and/or incentives to pursue graduate studies, undertake research and publish, and limited domestic and international

collaboration to facilitate knowledge transfer may have contributed to the low performance of the higher educational institutions (HEIs). Further, lack of collaboration with industry partners contributed to the mismatch between skills taught in schools and labor market requirements.

Flexible learning will be adopted to continue delivery of education services during the COVID-19 pandemic. Major challenges like issues of expensive, slow, and unreliable internet connection, and added expenses for devices are needed to access online learning resources. This will also

require adjustment measures to reskill teachers on online teaching and re-orient parents and guardians towards homeschooling, distance education, and other modes of flexible learning.

Labor market policies

Improved and increased employment opportunities in the past three years led to the continuous decline in unemployment rate and overall quality of employment (*see Chapter 1*). After an initial uptick of 5.7 percent in 2017, the unemployment rate fell to 5.3 percent, meeting the upper end of the target for 2018. It declined further to an average 5.1 percent in 2019, in line with the full-year target of 4.3 percent to 5.3 percent for 2019. Youth inactivity, likewise, showed improvement, as the proportion of youth not in education nor in employment (NEE)

consistently declined beginning 2017, thus, putting the government on track, in terms of achieving its annual targets in reducing the share of youths-at-risk.

Meanwhile, fostering women's economic participation warrants improvement, as female labor force participation rate (LFPR) remains modest, relative to the annual plan targets. Among the top cited reasons for deferring work among women, is the assumption of household responsibilities and duties, including childcare. Nonetheless, laws have been recently enacted to further create an inclusive labor market for Filipinos, such as the 105-Day Expanded Maternity Leave Act, First Time Jobseekers Act, Telecommuting Act, and the Social Security System (SSS) Act of 2018.

Table 10.4 Core Labor Outcome Indicators: Targets vs Accomplishments

INDICATOR	BASELINE VALUE (YEAR)	PLAN TARGETS			ACCOMPLISHMENT		
		2017	2018	2019	2017	2018	2019
Sector Outcome: Income-earning ability increased							
Percentage of youth NEE decreased	23.0 (2015)	20.5-22.5	19.5-21.5	18.5-20.5	21.7	19.8	18.7
Subsector Outcome: Employability improved							
Duration of school-to-work (STW) transition of college graduates reduced (years)	2* (2008)	N/A	N/A	N/A	**	**	**
Duration of STW transition of high school graduates reduced (years)	4* (2008)	N/A	N/A	N/A	**	**	**
Percentage of discouraged workers reduced (%)	12.5 (2014)	12.5	12.0	11.5	11.6	11.5	12.6
Labor force participation of women increased (%)	50.1 (2015)	49.3	49.7	50.1	46.2	46.6	47.6

* Based on an Asian Development Bank (ADB) Survey on Filipino Youth Labor Market Experience in 2008.

** The duration of STW transition will be measured through rider questions in the Labor Force Survey (LFS) in 2021. Prior to this, there has been no official means of measuring STW transition.

The onslaught of the COVID-19 pandemic resulted in a surge, perhaps temporary, displacement of workers (i.e., local workers and overseas Filipino workers), as global and domestic economic activities slowed down. The enactment of the Telecommuting Act and SSS Act proved to be very opportune as these reforms laid out the necessary legal framework to support remedial measures to the disruption caused by the pandemic, including the implementation of various flexible work arrangements (FWAs) both in the government and private sectors (e.g., telecommuting, reduction of work hours/days, and rotation of employees) and the provision of unemployment benefits. In addition, the immediate digitalization of the application system of the SSS unemployment benefit in late June 2020, resulted in the increased uptake of the program, catering to an additional 151,617 applicants from July to September⁸ compared to the 27,103 recorded applicants between March to June 2020.

Prior to the pandemic, the landscape of work has changed rapidly with the rise of FIRE. COVID-19, however, has brought unprecedented challenges, causing firms to swiftly migrate to new working arrangements to safeguard workers. With the intensified adoption of remote and flexible work mechanisms, technology plays a critical role in redesigning and transforming the way individuals work. The challenge is to re-tool and upskill the current workforce and develop the future workforce to be able to adapt and thrive amidst the changes. Consequently, there is a need to ensure that new and flexible ways of working will not reduce the well-being of workers or expose them to forms of occupational hazards and health risks. Possible risks include performing work outside regular business hours, developing musculoskeletal disorders due to non-ergonomic facilities (i.e., inadequate computer workstations), and getting infected for those physically reporting to work.

⁸ SSS data as of September 14, 2020.

Strategic Framework

Figure 10.1 Strategic Framework to Transform Human Capital Development towards Greater Agility



Targets and Strategies

Improving nutrition and health outcomes for all

Nutrition and health outcomes for all will be improved as the government (a) guarantees to provide care services at all life stages; (b) ensures a responsive and resilient health system; and (c) sustains equitable financing of nutrition and health services. The targets are given in Table 10.5, followed by a more detailed discussion of the strategies to achieve these targets.

Baseline and targets for mortality rate attributed to cardiovascular disease, cancer, diabetes, chronic respiratory diseases, and TB incidence were recomputed. Indicated targets relating to TB incidence and number of newly-diagnosed HIV

cases are higher than the baseline. According to the Department of Health (DOH), these are expected due to the intensified case findings and the use of better methods for detection. Meanwhile, modern contraceptive prevalence rate was disaggregated to reflect the contraceptive use of all women of reproductive age and those women who are currently married or in union. Moreover, the proportion of fully-immunized children was added as a new core indicator. As part of improving the epidemiological capacity of the country resulting from the COVID-19 pandemic, the percentage of regions with at least one Biosafety Laboratory Level 2 (BSL2) with reverse transcription polymerase chain reaction (RT-PCR) was included in the list of core indicators.

Table 10.5 Updated Plan Targets to Improve Health and Nutrition Outcomes for All

INDICATOR	BASELINE VALUE (YEAR)	TARGETS			
		2020*	2021	2022	END OF PLAN
Sector Outcome: Nutrition and health outcomes for all improved					
Life expectancy at birth increased (years)					
a. Male	69.63 (2015-2020)	**	**	71.3	71.3
b. Female	75.91 (2015-2020)	**	**	77.5	77.5
Subsector Outcome: Care at all life stages guaranteed					
Maternal mortality ratio decreased (per 100,000 LB)	95 (2016)	**	**	108	108
Neonatal mortality rate decreased (per 1,000 LB)	13 (2013)	**	**	10	10
Infant mortality rate decreased (per 1,000 LB)	23 (2013)	**	**	15	15
Under-five mortality rate decreased (per 1,000 LB)	31 (2013)	**	**	22	22

INDICATOR	BASELINE VALUE (YEAR)	TARGETS			
		2020*	2021	2022	END OF PLAN
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)	462.5 (2016)	397.7	382.4	367.1	367.1
Proportion of households meeting 100% recommended energy intake increased (%)	31 (2015)	**	29.3	32.2	32.2
Prevalence of stunting among children under 5 decreased (%)	33.4 (2015)	**	29.8	28.8	28.8
Tuberculosis incidence decreased (per 100,000 population)	434 (2016)	537	526	510	510
Number of newly diagnosed HIV cases decreased ⁹	9,264 (2016)	**	17,900	18,900	18,900
Subsector Outcome: Responsive and resilient health system ensured					
Proportion of women who are using modern contraceptive methods increased (%)					
Among women of reproductive age (15-49 years old) who are currently married or in union	37.6 (2013)	**	62.0	65.0	65.0
Among women of reproductive age (15-49 years old)	23.5 (2013)	28.0	29.0	30.0	30.0
Proportion of fully immunized children increased (%)	68.5 (2013)	95.0	95.0	95.0	95.0
Percentage of regions with at least one BSL2 (with RT-PCR)	70.6 (June 2020)	100	100	100	100
Subsector Outcome: Responsive and resilient health system ensured					
Out-of-pocket health spending as percentage of total health expenditure ¹⁰ decreased	45.0 (2016)	**	**	TBD	TBD
National Health Insurance Program availment rate increased	80.52 (2017)	**	**	100	100
Percentage of population covered by social health insurance	91 (2016)	100	100	100	100

* 2020 original targets set/approved in 2016/prior to the pandemic retained

**Note that the responsible agencies (e.g. DOH, PhilHealth) did not provide annual targets for these indicators as data are not available for these years (or only end-of-plan target was provided by the concerned agencies).

⁹ Due to low condom use, those who have not started treatment could still inadvertently pass the infection to others, thus, the number of HIV cases diagnosed per year is expected to grow.

¹⁰ The Philippine National Health Accounts (PNHA) was revised based on the National Accounts, with 2018 as base year. With this, baseline data of this indicator was changed accordingly. The 2019 PNHA was released in October 2020.

Guaranteeing care at all life stages

Provide quality nutrition and health care interventions at all life stages. The Philippine Plan of Action for Nutrition (PPAN) will continue to prioritize the selected 32 provinces (as determined by the Human Development and Poverty Reduction Cluster) with the highest rates of poverty in its interventions and to pay greater attention to stunting and teenage pregnancy. The LGUs, in coordination with the DOH and National Nutrition Council (NNC), will ensure that appropriate nutrition and health-related interventions and services will be given for the first 1,000 days of life (covers pregnancy and the first two years of life) as the so-called window of opportunity to influence the mental, productive, and health capacity and break the intergenerational cycle of malnutrition.

Addressing malnutrition in all its forms across age groups calls for a whole-of-government approach in the provision of nutrition programs, involving not only LGUs but also national government agencies (NGAs), such as the DOH, NNC, DepEd, DSWD, Department of Agriculture (DA), and the Department of Science and Technology – Food and Nutrition Research Institute (DOST-FNRI). Implementation of nutrition-specific interventions at the local level, such as Nutrition in Emergencies, Overweight and Obesity Management Prevention Program, Supplementary and School-Based Feeding Program, Food Fortification, and National Dietary Supplementation Program will be strengthened, through intensified coordination and collaboration of the LGUs with implementing agencies given new normal conditions. These will be complemented by nutrition-sensitive projects (e.g., *Gulayan sa Paaralan*, sustainable livelihood, adolescent health and nutrition development, farm-to-market [FMR] roads, and child nutrition, among others). The implementation of the Malnutrition Reduction Program of the DOST-FNRI, which provides age-appropriate complementary foods for babies and other vulnerable groups, will be continued. Further, nutritious complementary foods, snack foods, and meals will continue to be produced and consumed. Fortified staples will be produced and included in all social safety net programs, such as dietary supplementation among pregnant

women, 6-23 months old children, and children in child development centers and public elementary schools. This will be scaled up through expanded partnerships with agrarian reform beneficiaries, organizations, cooperatives, small and medium-sized enterprises (SMEs), among others (*see Chapter 11*).

Sexual and reproductive health services will be intensified to address adolescent or early pregnancy. DepEd will ensure that there will be comprehensive sexuality education in schools, to include adolescent-friendly health service packages. Relatedly, the Commission on Population and Development (POPCOM) and DOH will spearhead and intensify demand- and supply-side interventions in improving reproductive health services, including addressing unmet need for modern family planning (FP). These include scaling up community- and facility-based demand generation interventions, and ensuring availability of FP commodities at service delivery points by instituting reforms and enhancements in the FP logistics system. FP competency-based training for health providers will be continuously provided (*see Chapter 13*). Uninterrupted provision of FP and reproductive health services and commodities, especially in areas under enhanced and general community quarantine (CQ), will be pursued.

The triple burden of disease-communicable, non-communicable, and urbanization- and industrialization-related diseases will be continuously addressed, as this remains a serious public health concern. The DOH will continue to intensify COVID-19, TB, and HIV case-finding activities. There will be continuous contact tracing, timely testing, isolation, and treatment of persons affected by COVID-19. Adequate TB services will be provided for TB-infected patients, especially for those drug-resistant TB cases and people living with HIV (PLHIV). Antiretroviral Therapy for PLHIV will continuously be provided. Integrated services for HIV care will be expanded, by establishing social hygiene clinics, sundown clinics, and HIV care facilities. Moreover, TB and HIV education and promotion programs will be enhanced to increase public awareness and reduce stigma.

The DOH will also develop or strengthen programs to address emerging and re-emerging infectious diseases, such as dengue. Moreover, the government will aggressively implement the National Immunization Program, including measures to encourage demand and secure the supply of vaccines and other implements. Relatedly, the government will also guarantee effective delivery of the COVID-19 vaccine once available through the development and implementation of a vaccine procurement and distribution plan, which includes crafting of appropriate vaccine allocation framework, readying logistics channels and cold chain facilities, ensuring communication strategies, and setting-up monitoring mechanisms.

On addressing non-communicable diseases (NCDs), the implementation of policies and programs will be intensified to reduce the prevalence of behavioral risk factors such as tobacco use, harmful use of alcohol, physical inactivity, and unhealthy diet. These include sustained implementation of smoking bans in public areas such as schools, workplaces, sidewalks, and public vehicles; anti-smoking campaigns; smoking cessation program; and increased taxes on tobacco products, in line with the World Health Organization (WHO) Framework Convention on Tobacco Control and existing tobacco policies. The Department of Finance (DOF) will continue to impose excise tax on sweetened beverages along with taxes for alcohol products and e-cigarettes, and strategies to reduce salt consumption. The whole-of-government will implement and encourage wellness and fitness programs, as well as activities to promote work-life balance to avoid NCDs, stress, and other mental health effects. Policies to promote healthy lifestyle and diet will be pursued and implemented both in the public (i.e., government offices, public schools) and private sectors.

Meanwhile, the PhilHealth will offer packages for substance and drug abuse management, rehabilitation, and treatment services. Existing

PhilHealth benefit package, such as medical detoxification will be expanded. More *Balay Silangan* facilities initiated by Philippine Drug Enforcement Agency (PDEA)¹¹ will also be established.

As indicated in the Mental Health Act (RA 11036), the national government, through the DOH, will fund the establishment and assist in the operation of community-based mental health care facilities. The LGUs and academic institutions will create and implement mental health programs, which will be in accordance with the general guidelines set by the Philippine Council for Mental Health (PCMH). These services include prevention, promotion, treatment, and rehabilitation, including psychosocial support, especially during the time of pandemics.

To prevent road traffic injuries, stricter enforcement of laws and standards to mitigate risks factors (i.e., vehicle standards, speeding, drunk driving, wearing of seatbelts or helmets), safer infrastructure, and enhanced post-crash care will be continuously promoted to avoid these accidents.

The health of the elderly will also be given priority through specific interventions, including palliative and hospice care.

Promote a healthy lifestyle. A healthy lifestyle is key to good health. The strategies to promote a healthy lifestyle will first improve nutrition and health literacy, and then, the health-seeking behavior of Filipinos.

Various stakeholders, such as the LGUs, DepEd, DSWD, among others, will be tapped, to ensure that nutrition and health promotion is integrated in their programs. For instance, the LGUs will be enjoined to intensify health and nutrition campaigns. The DepEd will formulate modules on health literacy and health rights to be integrated in the school curricula and activities. More

¹¹ *Balay Silangan* is a national drug reformation program initiated by Philippine Drug Enforcement Agency (PDEA). This is reformatory and rehabilitative in nature intended for non-drug users who voluntarily surrendered or availed of the 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, and personal and life skills. Reformers are also taught with livelihood and skills training programs.

health modules can be incorporated in the Family Development Sessions of the *Pantawid Pamilyang Pilipino* Program (4Ps) of the DSWD. Government instrumentalities will be mobilized for aggressive public health education campaigns, including effective risk communication through various media (i.e., television, radio, social media) to encourage social distancing, better hygiene, self-isolation, and health-seeking behavior at the first sign of infectious disease symptoms (e.g., COVID-19). With the new normal, the minimum public health standards (i.e., for COVID-19 mitigation) through non-pharmaceutical interventions, such as physical distancing, ensuring proper ventilation, regular and thorough disinfection, provision of alcohol/sanitizers/soap, temperature check, use of personal protective equipment (PPE), among others, will be strictly implemented.

To improve health-seeking behavior, the PhilHealth will work with private service providers to offer preventive services, diagnostics, laboratory, medicines, dental and other medical services, as well as packages for regular annual check-up for all employees—public and private.

Ensuring responsive and resilient health system

Ensure access to essential quality and affordable health and nutrition products and services at appropriate levels of care. The passage of UHC Act will ensure that every Filipino has immediate eligibility and access to preventive, promotive, curative, rehabilitative, and palliative care for medical, dental, emergency, and mental health services. The law will address the issue on non-functioning and fragmented service delivery networks and weak referral system in the country (see Box Article 10.1). Moreover, the DOH will require all hospitals to establish a public health unit that will provide navigation support to the patients

within the health facility, support the national health public programs' implementation, and institutionalize coordination mechanism with the primary care provider networks.

In areas where physical access to health professionals are limited or restricted, the country's telehealth system will be strengthened and expanded by the DOH, in coordination with other agencies, including the DICT and DOST. Telemedicine, including primary care consultations, will be established, so that during emergencies (e.g., COVID-19 pandemic), the number of patients going to hospitals and health facilities will be reduced. However, systems, protocols, and quality control measures need to be in place so that this can be effective and not harm patients. Health technology assessment (HTA) process¹² will also be institutionalized.

During emergencies, priority will be given to ensure the supply of essential health and nutrition products and commodities. The DOH will institute an emergency supply management and logistics system, with an adequate national stockpile of medicines, medical supplies, PPEs, ventilators, and related resources, including FP commodities, for use during public health emergency. The Department of Budget and Management (DBM) and Government Procurement Policy Board (GPPB) will work on policies and procedures to expedite procurement of these necessary equipment and health supplies.

Likewise, to ensure that proper nutrition is continuously provided during emergencies (especially among children, pregnant and breastfeeding women, and senior citizens), the Nutrition Cluster will issue advisories to guide the LGUs and relevant partners on appropriate nutrition response. This should be consistent with the National Policy on Nutrition Management in

¹² HTA refers to the 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).

Emergencies and Disasters but will be modified depending on contextual factors. The NNC and DOST-FNRI will also continue advocating for recipes that would help transform relief goods (i.e., canned goods, instant noodles) into more nutritious meals.

Upgrade and equip health facilities. To address the poor conditions of public health facilities in the country, more public health facilities will be constructed and upgraded, especially primary health care facilities (*see Chapter 19*). Hospitals will be equipped with multi-specialty training capabilities, reference laboratories, and advanced medical equipment. There will also be an increased number of fully-equipped isolation rooms and critical care beds in hospitals. Moreover, quarantine facilities in major ports and airports need to be improved to enable the Bureau of Quarantine (BOQ) to better perform its mandate on ensuring health surveillance and security. Budget for construction and rehabilitation of public health facilities will be effectively utilized through improved procurement processes and supply chain management.

Improve the status and supply of Human Resources for Health (HRH). The DOH will ensure that there will be equitable distribution of HRH, including allied health professionals (e.g., dietitians, nutritionists, therapists, medical technologists), and continuous improvement of their working conditions by: (a) continuing the provision of pre-service full scholarship program (with return service contract) to students in medical-related fields (including virology, microbiology, among others) offered by both national and local governments; (b) continuing augmentation, redistribution, and retention of health workers in challenged priority provinces, far-flung municipalities, and geographically isolated and disadvantaged areas (GIDA) through the DOH HRH Deployment Program; (c) monitoring and revisiting the implementation of Magna Carta of Public Health Workers by the LGUs; (d) providing appropriate/competitive salaries, benefits, and incentives to public and private health workers, among others; and (e) progressively increasing the number of permanent positions for health workers

(e.g., provincial/city/municipal nutrition action officers, barangay nutrition scholars, barangay health workers) to achieve the appropriate health worker-to-population ratio.

Accordingly, as provided for in the UHC Act, a National Health Human Resource Master Plan will be formulated and implemented. The DOH will also improve the recruitment and deployment process. Pools of medical and allied health professionals will be mobilized, especially during health emergencies, per level of care nationwide. In addition, a network of community health volunteers who will assist in providing surveillance and information dissemination services during health emergencies will be established. These will ensure that the quality and supply of HRH will meet the needs of the population, especially of vulnerable groups (e.g., persons with disabilities [PWD]) during health emergencies.

Improve epidemiological and surveillance capacities of the country. Epidemiological and surveillance capacities for COVID-19 and other infectious diseases will be improved at the national, regional, provincial, and municipal levels, focusing on areas near major points of entry and strategic LGUs in a region. Specifically, an operational BSL2 must be present in every region, stocked with adequate number of testing kits. Technology, such as mobile applications, can be utilized to facilitate contact tracing and real-time surveillance of infectious diseases particularly COVID-19. Moreover, local or regional Centers for Disease Prevention and Control (CDC) will be established under the supervision of a national CDC or the Research Institute for Tropical Medicine (RITM). The CDC will be a dedicated agency that will protect public health and safety through the control and prevention of diseases.

On the other hand, the DOH and LGUs should also ensure strict implementation of the Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act (RA 11332), especially the provisions on establishing and maintaining functional disease surveillance and response systems. Accordingly, the DOH will spearhead the formulation of a national infection

prevention and control guidelines/strategies, including quarantine and disinfection protocols that will guide national and local implementers, both in the public and private sectors (e.g., hospitals, health facilities). The strategies and guidelines will take into account the country's experience and global best practices in responding to the COVID-19 pandemic and other infectious diseases.

Sustaining equitable health financing

Secure sustainable investment on nutrition and health and ensure efficient and equitable use of nutrition and health resources. To secure investments and ensure equitable use of health and nutrition resources, the following strategies will be pursued: (a) provide additional resources to sustain the implementation of the UHC Act; (b) implement the Philippine Plan of Action for Nutrition's (PPAN) LGU mobilization strategy to focus on promoting strategic nutrition leadership and governance, emphasizing the value for money investment in the first 1000 days of life; (c) promote complementation of health financing among national government, local government, development partners, and other stakeholders (e.g., private insurance, health maintenance organizations); (d) progressively increase the PhilHealth premium contribution with corresponding increase in benefits and improvement in premium payment protocols; (e) focus on financial resources for nutrition and health with high impact interventions; and (f) ensure funding for nutrition and health sector recovery activities and programs, especially at the local/community level. Moreover, the Implementing Rules and Regulations (IRR) of the National Disaster Risk Reduction and Management Council (NDRRMC) Act will be revisited to ensure higher contingency budget for the management of health-related emergencies.

The Sin tax or excise tax levied on goods deemed harmful to society and individuals, will be implemented continuously to curb the practice or augment funding for health interventions under the UHC Act. Thus, increased tax on alcohol products, heated tobacco products (HTPs), and Electronic Nicotine Delivery Systems, which include electronic cigarettes or vapor products, will be pursued,

along with continued imposition of excise tax on sweetened beverages and tobacco products.

Expand health insurance coverage and improve nutrition and health packages. With the UHC Act, all Filipinos are automatically enrolled in the National Health Insurance (NHI) Program. Existing benefit packages will continue to be implemented and can be expanded to include dental, mental, and nutrition packages, as well as benefit coverage for emerging and re-emerging diseases, as indicated in the HTA process. A no co-payment policy will also be implemented for those who opt to avail basic or ward accommodation and services. Moreover, the PhilHealth will enhance provider payment mechanisms to ensure cost-effective quality health care services. These strategies will help reduce households' out-of-pocket payment for health (*see Chapter 11*). Furthermore, the processing and reimbursement of hospital claims will be monitored and fast-tracked.

Cross-cutting strategies

Institute a fully-integrated and interoperable health information system and database. The following measures will be implemented to improve the availability, timeliness, and quality of data and to make the health information system and databases interoperable: (a) conduct training and capacity building for local administrative health and nutrition data collection units; (b) improve electronic medical records in all health facilities that will enable patient records to be accessible throughout the health system and provide real-time data with due regard for data privacy; (c) develop a unified health information system where all data, including those from the private health care providers, will be consolidated to have seamless navigation and referral mechanisms between health care providers; and (d) utilize artificial intelligence and big data analytics to understand the spread of diseases (e.g., COVID-19) to improve treatment methods and streamline medical care, to determine the effectiveness of government response, and to allow real-time collection, consolidation, analysis, and reporting of health data.

Strengthen health research and development, and evidence-based decision-making. Capacity to conduct evidence-based policymaking, decision-making, program planning, and implementation, in the health and nutrition sector will be strengthened. Concerned agencies, including health and nutrition research institutes (e.g., DOH, RITM, NNC, DOST-FNRI, DOST-Philippine Council for Health and Research Development [PCHRD], among others) will enhance their internal capacity to produce high quality health and nutrition studies and researches. There will be increased support for local healthcare scientists and higher investments in health researches especially on vaccine and drug discovery and development (e.g., COVID-19 vaccine) and on zoonotic diseases and risk factors. A Health Impact Assessment (HIA) will likewise be conducted following the UHC Act.

Elicit multi-sector, multi-stakeholder support for nutrition and health. Civil society organizations (CSO), including volunteers, will be mobilized to participate in budget development, service delivery, and monitoring and evaluation (M&E), through their involvement in local development councils and other special bodies. In addition, development partners can also be tapped to provide official development assistance (ODA) aligned with the nutrition and health agenda. Improved health and nutrition outcomes can be achieved with the help and involvement of the private sector in the provision of health care and nutrition services. For nutrition, in particular, the NNC will strengthen the

existing country, regional, and global multisectoral partnerships with CSOs, academe, business, and development partners through the Scaling Up Nutrition Movement networks with the “engage-inspire-invest” slogan. Nutrition and health components will be integrated in all major flagship programs of the government.

Ensure transparency, accountability, and regulatory measures in the nutrition and health sector. This will be done by: (a) developing innovative regulatory and monitoring mechanisms to promote adequately fortified staples and food products, and equitable distribution of quality and affordable health goods and services; (b) establishing a performance monitoring unit to track the progress of reforms and medical audits and to oversee third-party monitoring; (c) adopting responsive organizational structure, staffing patterns and skill-mix at all levels of the health system; and (d) monitoring and evaluating health and nutrition programs through the Monitoring and Evaluation of Local Level Plan Implementation (MELLPI), being conducted by the NNC member agencies, to ensure compliance and improvement of nutrition status at the local level. The DILG will also continue to offer incentives and provide guidelines to ensure transparency and accountability among LGUs, in delivering nutrition and health care services, especially during health emergencies (e.g., pandemics).

Box Article 10.1 The Universal Health Care Act

The UHC Act (RA 11223) was enacted into law on February 20, 2019. Its implementing rules and regulations (IRR) were approved on October 10, 2019. The UHC Act automatically includes all Filipinos into the NHI Program and grants immediate eligibility and access to preventive, promotive, curative, rehabilitative, and palliative care, with primary care services as priority. All members are guaranteed zero co-payments for basic/ward accommodations in government hospitals, and fixed, co-payment for non-basic admissions in government and accredited private hospitals.

Importantly, the UHC Act is not only limited to providing health financing services (i.e., PhilHealth insurance) but also covers improving health service delivery, local health system, health regulation, and health governance and accountability. For instance, under the UHC, all local health systems will be integrated into the province-wide health system to be composed of municipal and component city health systems, and citywide health systems to refer to highly-urbanized city-, and independent component city-wide health systems. The local health system refers to all health offices, facilities and services, human resources, and other operations relating to health under the management of the LGUs. The said integration will be facilitated by DOH and DILG. In addition, a “Special Health Fund” will be created to pool and manage health resources, including income from PhilHealth and province- and city-wide health systems.

Also under the UHC Act, a National Health Human Resource Master Plan will be implemented to provide appropriate health workforce based on population needs. The DOH will lead and institutionalize a multi-stakeholder HRH Network, composed of both public and private organizations and agencies, to formulate and oversee the sustainable implementation, monitoring, periodic evaluation, and reformulation of the Master Plan for the management and development of HRH. Moreover, a National Health Workforce Support System will be established to assist LGUs in human health resource needs. Deployment of health professionals and health workers in GIDAs will be prioritized. Existing and new allied and health-related degree and training programs will be expanded and all allied and health-related government-funded scholars must enter into a return service agreement with both the training institution/facility and DOH for at least three years with compensation.

Source: DOH. UHC. <https://www.doh.gov.ph/UHC>

Strengthen leadership, management capacities, coordination, and support mechanisms. The national government will provide technical assistance to the LGUs to improve the delivery of health and nutrition services at the local level. For instance, the Barangay Health Emergency Response Teams (BHERT) will be trained on prevention and mitigation, preparedness, and response measures during public health emergencies at the local/community level. The LGUs may also initiate their own local programs and projects that will supplement the programs of the national government, to ensure nutrition and health for all. This will further strengthen coordination and collaboration among the national and local government agencies in implementing nutrition and health programs in the country. By 2022, the implementation of the *Mandanas* ruling would further strengthen the capacity of the LGUs in delivering health and nutrition services, as some of the functions of the national government will be shifted to the LGUs.

Ensuring flexible lifelong learning opportunities for all

Table 10.6 provides the updated plan targets in ensuring lifelong learning opportunities for all. Targets on access to basic education (net enrollment rate and completion rate) were adjusted considering the COVID-19 pandemic. Targets for basic education quality were also revised to take into account the shift from measuring mastery towards measuring proficiency, with the new indicator being the proportion of learners achieving at least “nearly proficient” in the NAT, interpreted as learners with a mean percentage score in the range of 50 to 74. The target on functional literacy rate is yet to be determined, after consideration of the effect of the pandemic and the quarantine restrictions.

Table 10.6 Updated Plan Targets to Ensure Lifelong Learning Opportunities for All

INDICATOR	BASELINE VALUE (YEAR)	TARGETS			
		2020*	2021	2022	END OF PLAN
Sector Outcome: Ensuring lifelong learning opportunities for all					
Life expectancy at birth increased (years)					
Mean years of schooling increased	10.0 (2018)	N/A	N/A	11.3	11.3
Functional literacy rate increased (%)	90.3 (2013)	N/A	N/A	TBD	TBD
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	63 (2019)	89.19	92	95	95
Elementary	94 (2019)	93.87	96	97	97
Junior High School	83 (2019)	73.36	89	92	92
Senior High School	48 (2019)	64	68	80	80
Proportion of learners completing levels of education (Completion Rate) increased (%)					
Kinder to Grade 6	97 (2019)	97	97	98	98
Grade 7 to Grade 12	77 (2019)	82	83	84	84
Proportion of learners achieving at least nearly proficient in the NAT increased (%)					
Grade 6	16 (2018)	26	34	44	44
Grade 10	34 (2018)	43	52	61	61
Grade 12	14 (2018)	13	19	28	28
Subsector Outcome: Quality of higher education and technical education and research for equity and global competitiveness improved					
Certification rate of technical and vocational education and training (TVET) graduates increased (%)	91.9 (2016)	86	92	92	92
Number of higher education institutions (HEIs) in reputable international rankings increased	4 (2016)	8	7	8	8

* 2020 original targets set/approved in 2016/prior to the pandemic retained

Achieving quality, accessible, relevant, and liberating basic education for all

Strengthen the implementation of the Early Childhood Care and Development (ECCD) Program. A strengthened ECCD Program will provide future cohorts of learners a solid foundation for basic education. Thus, the ECCD Council will build a competent workforce throughout the country and ensure that child development centers strictly adhere to ECCD policies, guidelines, and standards. Health and nutrition will be emphasized to increase the physical resistance of learners to prevent sickness and disease and mainstream good personal hygiene practices.

Aggressively implement reforms under *Sulong EduKalidad*. The DepEd has embarked on the *Sulong EduKalidad* program to raise the quality of basic education by implementing aggressive reforms in four key areas:

- Review and update of the K to 12 curriculum in close coordination with relevant institutions towards a world-class curriculum that prepares learners for the future. A Futures Thinking Unit will be institutionalized within DepEd, to anticipate and update its curriculum to be responsive and adaptive to the needs of learners in the future.
- Improve the learning environment by ensuring that schools, classrooms, and other learning facilities promote productive learning experiences. Particular focus will be given to Last Mile Schools—schools in GIDAs, which are not prioritized when determining the needed inputs using established formulas and ratios for education inputs. Improved learning environments will utilize best practices in inclusive education, such as the Madrasah, Special Education (SPed) and Indigenous Peoples' Education (IPEd) Programs, as well as the intensified implementation of the Comprehensive Sexuality Education (CSE) Program to address early pregnancy.
- Upskill and reskill teachers through a transformed professional development program that will equip teachers with 21st

century knowledge and skills and reinforce their competencies through the National Educators Academy of the Philippines Transformation; and

- Engage stakeholders for support and collaboration towards better research, analysis, and high-level advice for strategic policy, planning, and programming in delivering quality education for all.

These reforms will need to consider the rapid change in the education environment brought about by the COVID-19 pandemic. As face-to-face classes will only be allowed once a vaccine is available, other learning modalities will be carried out to maintain physical distancing.

Implement the Basic Education Learning Continuity Plan (BE-LCP). In order to mitigate the impact of the COVID-19 pandemic on learners and learning outcomes, the DepEd formulated the BE-LCP in May 2020 and is fully committed to its implementation. Under the new normal, the DepEd will improve and expand its flexible learning options identified in its LCP (i.e., modular and online blended learning, homeschooling, and television- and radio-based instructions) to continuously provide learning opportunities even in the midst of a pandemic. This entails developing self-learning modules, enhancing existing e-learning platforms (DepEd Commons), collaborating with telecommunication and broadcast media companies, and training teachers for the different delivery modes of education and the preparation of schools under *Brigada Eskwela* and *Oplan Balik Eskwela*. Guidelines and health standards in schools and workplaces need to be followed to protect the school community. The BE-LCP will also accelerate the country's transition to the future of education, which involves: (a) exploring new technologies for remote learning; (b) reframing the curriculum to prioritize essential/cross-cutting knowledge, skills, and mindsets; embedding multi-literacies in information technology (IT), science, technology, engineering, and mathematics (STEM), health, financial, and civic literacy; (c) anticipating educational opportunities from innovations; (d) reinforcing learning sciences, assessments, analytics, and knowledge mobilization; and (d)

“smartifying” learning spaces and resources, among others.

Participate in International Large-Scale Assessments (ILSA). The country’s participation in ILSAs such as the Trends in International Mathematics and Science Study, Programme for International Student Assessment, and Southeast Asia Primary Learning Metrics (SEA-PLM) will be prioritized to measure learning outcomes vis-à-vis other countries and provide information to evaluate the country’s progress in improving math, science, and literacy and build evidence for policy development and decision-making.

Improving quality of higher and technical education and research for equity and global competitiveness

Set up joint industry and government bodies for technical and vocational education and training (TVET) quality assurance. This will help technical vocational institutions (TVI) to keep their regulations and competency standards up-to-date and responsive, and to streamline processes needed to quickly undertake program review, facilities evaluation, updating of instruction and learning methodologies and materials, and formulation of innovative programs. This is in line with the thrust of the Technical Education and Skills Development Authority (TESDA) to institute separate and faster mechanisms to hasten the development of competency standards and training regulations of rapidly changing jobs.¹³

Enhance the implementation of Student Financial Assistance Programs (StuFAP), especially the Universal Access to Quality Tertiary Education Act (UAQTE). Given huge investments in expanding access to tertiary education during the first three years of the Duterte administration, sustainability of the program will have to be ensured. Particularly for a college degree, it will take at least four years to realize the returns from these education

investments. Timely awarding of StuFAPs in higher education and TVET will be ensured, especially among UAQTE beneficiaries, as most students may need the allowances to adjust to online and/or blended learning.

The Unified Financial Assistance System for Tertiary Education (UniFAST) Board will consider implementing a voucher system and improve the loan system to provide students their choice in school (whether public or private) and educational tracks (whether TVET or higher education) prior to the enrollment period. This would also level the playing field among quality private and public HEIs and TVIs. Long-term student loan program will be designed to consider factors such as affordability, viability, and risk management. Further, support interventions and adequate monitoring activities will be done to ensure that quality of education is not sacrificed in the course of policy implementation through: (a) strong monitoring of tuition and other school fees being charged by HEIs and TVIs to the government; (b) stricter quality assurance in HEIs, especially those enjoying government subsidies; (c) pursuit of per student normative cost budgeting; and (d) career guidance and financial counseling for student beneficiaries.¹⁴

Boost Philippine competitiveness in international university rankings. The Commission on Higher Education (CHED) will enhance its policies to establish a promotion system in SUCs, that incentivizes research and innovation. A quality assurance mechanism (e.g., SUC levelling and granting of autonomous/deregulated status) will also be institutionalized for both private and public institutions to reward international competitiveness. Support will be provided to centers of excellence and HEIs with quality programs in preparation for international accreditation.

Develop a roadmap for academic and technical programs responsive to the demands of FIRE. Continuous updating of the higher education curriculum will be implemented given the changes

¹³ TESDA National Technical and Education Skills Development Plan 2018-2022: Vibrant Quality TVET for Decent Work and Sustainable Inclusive Growth, TESDA, 2018.

¹⁴ NEDA, Socioeconomic Report 2018, NEDA, 2018.

in the basic education system and emerging needs of the country. Priority programs will be revisited and new programs (e.g., data science, nanotechnology, machine learning, green/renewable energy engineering, virology, molecular biology and biotechnology, urban agriculture, sustainable development, and food value chain) will be developed to steer students toward fields that will cater to emerging disciplines and address the country's post-pandemic needs. The TVET sector will formulate standards and promote TVET programs (diploma courses) that cultivate higher-order thinking skills to meet the demands of the labor market. Further, training centers and/or community colleges will be established at the local level to address regional human resource development requirements. Government agencies will also put in place mechanisms to ensure that regular data on the employability of graduates is available to guide students, educational planners, and industry.

Intensify distance-learning methods to promote learning continuity and retooling. In higher education, a flexible learning strategy will be pursued in delivering instruction by ensuring appropriate facility delivery system, faculty complement, and student support, as provided in CHED COVID-19 Advisory No. 7. The legal framework for distance learning is already in place through the Open Distance Learning Act of 2014 (RA 10650). As such, there is a need to extensively promote its implementation among HEIs. Similarly, the TVET system will adopt flexible learning delivery modes (i.e., face-to-face learning, online learning, blended learning, and distance learning) as provided in *OPLAN TESDA Abot Lahat: TVET towards the new normal*. Digital modalities will be optimized for distance learning, other options, such as TV, radio, printed materials, and/or mobile training laboratories will be made available in areas with zero to limited internet access.

Boost cutting-edge research and innovation initiatives. The government will build a robust national ecosystem for knowledge production and innovation, which is critical for the country's pursuit of a knowledge-based economy. Incentives to researchers in government will be provided by

fully implementing the Magna Carta of Scientists, Engineers, Researchers, and Other Science and Technology Personnel in the Government (RA 11312). The exclusion of SUC faculty from the Scientific Career System will also be re-evaluated to incentivize research productivity among faculty members. HEIs will be encouraged to tap *Balik* Scientists and engage in research and development initiatives in support to the National Harmonized Research and Development Agenda and the country's science, technology, and innovation (STI) priorities, which will be outlined in the National Innovation Agenda and Strategic Development (*see Chapter 14*). Productive partnerships, between HEIs and stakeholders in the community and industry, will also be intensified to integrate formal research and innovation efforts with informal grassroots knowledge and innovation.

Cross-cutting strategies

Develop future-ready adult learning interventions. The education agencies will promote adult learning through online and/or flexible learning (e.g., massive open online courses, blended training programs) to meet the growing demand for retooling and upskilling. Learning approaches will be modified to meet the needs of adult learners, especially workers displaced during the pandemic and those in occupations that are at risk of being automated. Adult learning programs may also be tapped in cultivating important values and functions in society, such as health-seeking behavior, financial literacy, cultural sensitivity, gender sensitivity, climate change adaptation, and disaster risk reduction and management, among others.

Modernize learning and teaching materials and methods. While the Philippines has been investing in curricular reforms and expanding ICT access in schools, other countries have already made substantial improvements in developing and adopting new pedagogical practices, such as artificial intelligence-enabled education, innovative classrooms, and gamification of learning, among others. The education sector needs to revisit pedagogical approaches, including assessment strategies and learning materials, to maximize the

potential of ICT in delivering flexible learning options while also improving learning outcomes. Training activities will be provided to teachers, parents, and guardians to enable them to adjust to flexible learning.

Promote graduate scholarships and teacher training programs. The promotion of graduate scholarships and teacher training programs is an important strategy to improve the quality of education at all levels, especially as the education system adapts to modern and digital learning environment. This will complement the DepEd's thrusts of in-service teacher development by creating a pool of teachers with advanced degrees ready to impart cutting-edge knowledge to students in basic education. Initiatives will be intensified to increase internationally-recognized trainings, graduate studies and post-doctoral opportunities for teachers and trainers.

Maximize government-academe-industry collaborations and international partnerships to ensure alignment of competencies and labor requirements. International partnerships and government-academe-industry collaborations will be tapped, especially in improving quality of instruction. Such linkages will enable the education sector to adapt to modern technologies, update curricula and develop programs or courses more quickly, strengthen work immersion programs (i.e., on-the-job trainings, apprenticeships) being implemented, and enhance complementation of curricular offerings among public and private tertiary education institutions. International collaborations, in particular, will also be useful in bringing global standards in educational institutions. Partnerships with international universities and institutions will improve the capabilities of teachers, enhance pedagogy, and help upgrade normal schools and universities, leading to better performance of students with regard to proficiency standards.

Formulate guidelines on the internationalization of education. Given recent policy reforms (issuance of the 11th RFINL and passage of the Transnational Higher Education Act [RA 11448]) that enabled the entry of international educational institutions,

faculty and trainers, and policy and regulatory frameworks will be updated. As such, the higher education internationalization framework will be revisited and a TVET internationalization framework will be formulated. These policy frameworks will subsequently serve as bases of guidelines and regulations to create mechanisms that will attract prospective international experts and partner institutions.

Develop an action plan to operationalize the Philippine Qualifications Framework (PQF). As the PQF has already been institutionalized, the next step is to come up with a plan or guidelines to facilitate the efficient implementation of the qualifications and recognitions system. The government will ensure that there are corresponding and efficient equivalencies and recognition systems, through the PQF for TVET graduates and technical-vocational-livelihood SHS graduates, should they pursue higher education through ladderized education. This mechanism will allow learners to pursue learning opportunities, upgrade qualifications, and/or smoothly transition through different learning pathways, whether for professional or personal goals.

Develop an accessible sporting culture. A sporting culture accessible to all Filipinos will be developed, as an instrument to promote human development and improve quality of life. This will be accomplished through enhancing the people's awareness of the role of sports for physical, emotional, and mental well-being, improving and expanding the grassroots sports development program of the Philippine Sports Commission (PSC), and strengthening local and international linkages in sports. Sports facilities will be developed and upgraded to be at par with global standards. The PSC's human resources, management, and research capacities will be improved to enhance its ability to lead, manage, and assess the country's sports programs. The Philippine Sports Institute will be institutionalized to direct the development and linkages of the grassroots and high-performance sports programs and the professional development of sports practitioners.

Increasing income-earning ability and enhancing adaptability

income-earning ability and enhancing adaptability of the Filipino workforce. Given the looming global recession due to decreased output, lower employment demand is anticipated in the near term. Hence, targets for core labor indicators were adjusted accordingly.

Table 10.7 shows the updated indicators and corresponding revised targets for increasing

Table 10.7 Updated Plan Targets to Increase Income-earning Ability and Enhance Adaptability of Filipinos

INDICATOR	BASELINE VALUE (YEAR)	TARGETS			
		2020	2021	2022	END OF PLAN
Sector Outcome: Income-earning ability increased					
Percentage of youth not in employment or education decreased	23.0 (2015)	17.5-19.5	18.0-20.0	17.0-19.0	17.0-19.0
Subsector Outcome: Employability improved					
Duration of school-to-work transition of college graduates reduced (years)	2.0 ¹⁵ (2008)	None	N/A	0.75-1.0	0.75-1.0
Duration of school-to-work transition of high school graduates reduced (years)	4.0 (2008)	None	N/A	0.75-1.0	0.75-1.0
Duration of school-to-work transition of TESDA graduates reduced (months)	3.0 (2015)	3.5	3.5	3.25	3.25 ¹⁶
Percentage of discouraged workers reduced (%)	12.5 (2014)	11.00	11.5	11.0	11.0 ¹⁷
Unemployment rate of college graduates decreased (%)	7.3 (2016)	7.2-7.5	10.0	8.0	8.0 ¹⁸
Employment rate of TVET graduates increased (%) ¹⁹	66.2 (2016)	72.0	68.86	69.39	69.39

¹⁵ Based on an Asian Development Bank Survey on Filipino Youth Labor Market Experience in 2008. Data on End-of-plan (EOP) targets will be sourced from the Labor Force Survey. Potential discrepancy between baseline value and EOP targets may arise given changes in the source of data reported.

¹⁶ Lower employment demand is anticipated in the near term as a result of global and domestic economic slowdown.

¹⁷ Increase of discouraged workers may be expected given looming global recession and decrease in output growth by end of 2020.

¹⁸ Labor market disruption brought by the pandemic is seen to result in falling labor demand, especially among hard-hit industry sectors in the near term. In addition, postponement of this year's board examinations due to the pandemic may cause delay in college graduates' employability and will affect the employment absorption in the fields requiring professional board passers.

¹⁹ Refers to percentage of TVET graduates for the period that are already employed over the total number of TVET graduates for the same period. 2021-2022 targets were revised based on NTESD Plan.

INDICATOR	BASELINE VALUE (YEAR)	TARGETS			
		2020	2021	2022	END OF PLAN
Percentage of females with advanced degrees employed increased ²⁰	79.4 (2016)	80.0	81.0	82.0	82.0
Labor force participation of women increased (%)	50.1 (2015)	50.5	48.0-50.0	48.5-50.5	48.5-50.5 ²¹
Subsector Outcome: Productivity improved					
Labor productivity in the industry sector increased (% growth) ²²	2.1 ¹ (2015)	3.0-4.0	2.5-3.6	4.40-4.65	4.40-4.65
Labor productivity in the service sector increased (% growth) ²²	2.7 ¹ (2015)	4.0-5.0	(1.02-0.13)	5.35-5.61	5.35-5.61
Subsector Outcome: Labor mobility and income security enhanced					
Share of employees in precarious work ²³ to total employed (%) reduced	18.9 (2016)	18.1	18.0	17.9	17.9
Share of wage and salary workers in precarious work to total wage and salary workers (%) reduced	30.7 (2016)	28.5	28.4	28.3	28.3

Notes: 2020 targets were retained. 2021-2022 targets for some indicators were adjusted given the impact of the pandemic in the near term.

In light of the current and emerging challenges in the labor market, the government will further strengthen its efforts to raise the quality of human resources and ensure that the current and future workforce will be able to adapt to the changing demands of the labor market. Strategies that will improve the ability of individuals to operate and thrive in a digital environment, while at the same time, ensuring job quality and income security will be pursued. Overall, these are expected to improve people's access to employment opportunities and ensure their employability and productivity, thus, translating to increased income-earning ability and enhanced adaptability of the Filipino workforce.

Improving employability

Ensuring employability of displaced workers, jobseekers, and those in vulnerable sectors calls for

swift and coordinated whole-of-society approach to policy actions. This will be accomplished through the following strategies:

Further advance skills development and retooling through continuing education, training, and digital learning. With the unprecedented disruption in the economy, business operations have been immensely affected, resulting to worker displacement. The government will take an active role in upskilling and reskilling its workforce through comprehensive and coordinated skills development and training programs. Skills retooling programs through flexible and blended training arrangements will be expanded in building skills critical to current and emerging industry demand. For instance, courses and modules, specifically focused on ICT, offered under the TESDA Online Program,

²⁰ Percentage of females with advanced degrees is the proportion of female graduates with post-baccalaureate degree (Masters and PhD) to total working age population of female graduates with post-baccalaureate degree.

²¹ The implementation of distant online learning and blended learning modalities may affect women's labor force participation rate as the need for unpaid domestic care work increases (e.g., child minding, care needs for older persons) in the near term.

²² Adjusted based on revised growth estimates and employment outlook in the near term

²³ Precarious work refers to workers whose nature of employment is short-term or seasonal or casual or those who worked for different employers on day-to-day or week to-week basis.

will be expanded to respond to in-demand skills in the new normal. Targeted training modules will be developed to cater to the needs of youth, displaced workers and repatriated OFWs, new entrants to the labor force, and the vulnerable sector (e.g., informal sector workers, workers in hard-hit industries, casual and gig workers). To facilitate efficient and wider reach of training and retooling assistance, provision of subsidies through issuance of training vouchers to individuals, in partnership with the private sector, through institution-, enterprise-, and community-based, or online modalities is envisioned. Procedures for availing TESDA scholarship programs will also be revisited to improve accessibility and reduce difficulties in application requirements. The Mobile Training Laboratory Program will also be expanded to better serve far-flung areas. Implementation of the *Tulong Trabaho* Fund will be accelerated to help fund such interventions. Meanwhile, the Professional Regulation Commission (PRC) will need to strengthen the Continuing Professional Development (CPD) programs through online-based platforms.

Boost and expand employment facilitation services. The pandemic has amplified the need for comprehensive, well-coordinated, and accessible employment facilitation services that will better connect people to jobs and engage employers and other stakeholders. To this end, capacities of the

Public Employment Service Offices (PESO) in the LGUs will be strengthened. Given the critical role of local governments in the management and implementation of training and employment programs through the PESOs, creating stronger mechanisms to effectively deliver services, boost employment, and generate jobs at the local level is needed (*see Box 10.2*).

Efforts to intensify the institutionalization of PESOs across localities nationwide will be pushed to ensure availability of funds and resources. In particular, it is crucial to have adequate and well-trained staff as well as up-to-date facilities and to keep an updated and expanded database of jobseekers and available jobs that may be accessed by other PESOs nationwide. Moreover, the PESOs will also strengthen the delivery of economic and financial literacy programs for the vulnerable sectors, through intensified partnership with the regional offices of the National Economic and Development Authority (NEDA) and Bangko Sentral ng Pilipinas (BSP). More importantly, firms will be encouraged to hire workers residing in the communities, where they operate, to reduce vulnerability to transport disruptions and community quarantine restrictions. Such practices will also reduce the possibility of virus transmission through cross-LGU mobility.

Box Article 10.2. Improving the Role of LGUs in Employment Facilitation Services

Local governments play an important role in the management and implementation of skills and employment programs through the PESOs. The core services being offered by PESOs in LGUs are mainly on employment referral and placement, counseling/career guidance, and conduct of job fairs and pre-employment seminars. However, the success of PESOs varies highly depending on how a specific LGU implements these services. To realize PESO's key objectives, it is crucial that they continually innovate and find ways to deliver their services that are best suited to their local situation.

Building a good rapport with constituents and having broad and dynamic partnerships with businesses, academe, non-government organizations (e.g., Chambers of Commerce), and other government agencies or LGUs are critical. PESOs should regularly update their database on the labor needs of businesses, especially in emerging industries, and supply of labor. To do the latter, skills mapping in the barangay level needs to be done regularly. PESOs can then organize better designed and targeted skills development programs.

PESOs may also assist unorganized wage employees in forming cooperatives, link microfinance institutions with those with livelihood activities, and develop market linkages for micro, small, and medium enterprises (MSME). PESOs may also link job seekers with PESOs in other LGUs and/or relevant agencies for those aspiring to work abroad.

In Marikina City, the PESO partnered with the LGU Center for Excellence and City Women's Council in coming up with a Labor Market Center, which works as a one-stop shop for all employment-related concerns including training/skills development and wage employment and livelihood facilitation. Meanwhile, in Bulacan, LGUs partnered with local colleges for continuing education and skills development of the workforce.

Amidst challenges, labor market information systems need to keep pace with the dynamic and competitive labor market by enhancing accessibility, expanding coverage, and fostering closer coordination between employers, the academe, and the government. The PhilJobNet, the government's web-based job search, matching, and referral portal, along with the PESO Employment Information System (PEIS) will be enhanced, through intensified promotion among stakeholders and improved collection of data. These platforms will also be expanded to highlight online and home-based job openings. Development of e-recruitment guidelines and intensified advocacy against online illegal recruitment and trafficking will also be pursued.

Strengthen and expand internship, apprenticeship, and dual training programs. A highly-skilled workforce is important to build competitiveness. Yet, the COVID-19 crisis poses great risks for the youth and young workers, as they bear the brunt of the economic and social consequences of the pandemic, which might have far-reaching effect throughout their working lives.²⁴ Thus, there is a need for current internship, apprenticeship, and training programs to be enhanced to respond to the current needs of the government (i.e., contact tracers, profilers, and encoders) and industry. These include: (a) Government Internship Program (GIP); (b) JobStart Philippines program; and (c) apprenticeship, learnership, and dual training programs. Moreover, online modules on life skills training, occupational safety and health, including mental health, productivity, career guidance, and employment coaching will be developed under these programs. The government will likewise forge stronger government-industry-academe linkages to provide quality workplace-based and/or remote and technology-based training opportunities for the youth by designing academic and training curricula that are responsive to the skills needed by the industry and establishing employer-led learning networks. Altogether, these are deemed to improve employment prospects and reduce school-to-work transition among the youth.

Ensure that flexible work arrangements allow members of the workforce to balance their household and work duties. Companies now resort to flexible and remote work arrangements (e.g., flexible schedule, compressed work week, alternative worksite telecommuting), in view of the demands of the new normal. On the one hand, such arrangements may encourage women, who previously opted not to work due to family and household duties, are able to join the labor force. On the other hand, working mothers are likely to be overwhelmed as they juggle household duties (i.e., domestic work and family care) and work in the same physical space. Given this, there is a need to ensure that such flexibility will also guarantee work-life balance, especially among working mothers, to prevent them from opting out of the labor force. Other strategies to increase labor market participation of women include, addressing gender bias and gender role stereotype in basic education curriculum materials and promoting entrepreneurship and advance economic opportunities for women through the use of digital technology.

Improving productivity

Enhance delivery of capacity building for productivity-based incentive schemes and business continuity plans. Technical assistance on enhancing productivity and developing productivity-based incentive schemes, to be spearheaded by the National Wages and Productivity Commission (NWPC), will be delivered using various modes (i.e., virtual and electronic modes) appropriate to various work arrangements, including telecommuting or work from home. The productivity toolbox will be expanded to include the preparation of business continuity plans (BCP).

Ensure safety and health of workers amid intensified adoption of flexible working arrangements. Due to the pandemic, firms have been forced to adopt various forms of flexible and

²⁴ International Labour Organization, ILO monitor: COVID-19 and the World of Work. Fourth edition, May 27, 2020.

alternative working arrangements. However, there is a need to ensure that the flexibility of work will not affect the well-being of workers. The current rules and guidelines on flexible/alternative work arrangements, both in the private and public sectors, as well as the observance of occupational safety and health (OSH), will need to be revisited in light of the new normal. This includes ensuring existing rules and guidelines are responsive, in assuring work-life balance as well as safeguarding health and well-being, given remote work arrangements. Moreover, as some industries require the need for physical reporting (e.g., service-oriented sectors), the provision of PPEs by employers to prevent the spread of COVID-19 and other viruses needs to be institutionalized. Likewise, promoting awareness and expanding coverage of the Employees' Compensation (EC) Program, by including pandemic-related risks as a valid criterion to avail of such program, will be pushed. Meanwhile, guidelines on the provision of hazard pay for workers in the public sector will be reviewed or formulated, if there is none. Protection of Filipinos working overseas, especially the low-skilled workers, can be improved through strengthening bilateral labor agreements with host countries (*see Chapter 21*).

Nurture workplace harmony. In keeping with its firm commitment to ensure conducive workplaces and improve productivity of workers, the government will intensify information dissemination of the recalibrated Labor and Employment Education Services (LEES) of the Department of Labor and Employment (DOLE), which includes labor relations, human relations and productivity, continuing labor education seminars, and labor education for graduating students. This will be undertaken through: (a) developing modules on nurturing workplace harmony in light of the

new normal (i.e., guidelines on alternative/flexible work arrangements [FWA], fostering productivity and occupational safety and health [OSH] in FWAs); (b) using radio and television broadcast, social media, and online platforms; and (c) forging stronger partnership through memoranda of agreement between DOLE-Regional Offices and educational institutions on the use of the DOLE-LEES e-Learning Portal for the conduct of Labor and Employment Education for Graduating Students.

Enhancing labor mobility and income security

Enhance income support and emergency employment. The COVID-19 pandemic has shed light on the importance of robust social safety nets to cushion workers from sudden economic shocks. Apart from wage subsidy programs, the unemployment benefits of the SSS will need to be expanded to assist temporarily laid-off workers. Furthermore, the government will seek to design a more comprehensive unemployment support program that will provide workers more flexibility to search for jobs by improving their skills and capacity as they re-enter the labor market (*see Chapter 11*). Moving forward, financial assistance programs for displaced formal and informal sector workers will be reviewed and strengthened for possible institutionalization.

At the same time, current efforts towards enhancing the implementation of minimum wage policies (i.e., balanced, consultative, and evidence-based approach to minimum wage determination, rationalized number of wage rates, exclusions, and exemptions per region) will be continued to protect vulnerable workers from undue low wages.

Legislative Agenda

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

Table 10.8 Legislative Agenda to Transform Human Capital Development towards Greater Agility

LEGISLATIVE AGENDA	RATIONALE
Sector Outcome: Nutrition and health outcomes for all improved	
Subsector Outcome: Care at all life stages guaranteed	
Policy on the 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 that will address various health, cultural, socioeconomic, and institutional determinants of teenage pregnancy. The policy may be in the form of either an Executive Order or a RA.
Nationwide Firecracker Regulation	This will 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.
Subsector Outcome: Responsive and resilient health system ensured	
Amendment of the law (Presidential Decree 1569) on the Barangay Nutrition Scholar (BNS) Program	The proposed amendment will upgrade the qualification standards, incentives, and benefits and will ensure the security of tenure of BNS. This is essential in the continuing capacity building and sustained delivery of quality frontline nutrition services to the community. Further, this will also ensure that trained and experienced BNS are carried over by succeeding political administrations.
Strengthening the Local Nutrition Program through the creation of plantilla Nutrition Action Officer (NAO) position	This will ensure that the tasks of planning, implementing, and monitoring projects/activities to guarantee adequate food supply, livelihood, health and nutrition caring, and food stability during emergencies, among the most vulnerable population are provided. The full-time NAO will ensure that LGU nutrition policies and programs, as well as national laws on nutrition, are executed to promote good nutrition of the people.
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) adjustment and approval of the authorized bed capacities and corresponding service capabilities of its retained hospitals; and (b) alignment of all adjustment in bed capacity and service capability of each DOH hospital with the Philippine Health Facility Development Plan.

LEGISLATIVE AGENDA	RATIONALE
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) grant quasi-judicial powers to the Bureau of Health Facilities and Services under DOH; (b) establish a regional office to enforce regulatory policies and standards; (c) allow for the income retention of the Bureau to enhance its capacity to expand and improve the quality of its services; (d) extend the validity of health facility's initial license to operate to three years; and (e) implement adjusted penalties and revocation of license.
Counterfeit Pharmaceutical Products Prevention Act (Amending the Special Law on Counterfeit Drugs or RA 8203)	This proposed legislation will make the 22-year-old law responsive to the changes in the industry and in anti-counterfeiting technologies. The measure (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) updates administrative proceedings; (d) revises penalties; and (e) strengthens the rapid alert system.
Drugs and Medicines Price Regulation Act (Amending the Universally Accessible Cheaper and Quality Medicines Act of 2008 or RA 9502)	The proposed measure aims to: (a) create the Drugs and Medicines Price Regulation Board that will regulate the pricing of any or all drugs enumerated in Section 23 of RA 9502; (b) mandate the 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) extend the value added tax (VAT) exemption coverage to all essential ethical medicines listed in the Philippine National Formulary; (d) standardize the prescription of all physicians (should be in generic terminology without any specific brand); and (e) designate the Philippine Pharma Procurement, Incorporated as DOH's and PhilHealth's central procurement agency for drugs, medicines, and common medical supplies.
Pandemic Preparedness Act/Health Emergency Act	This intends to strengthen the national and local response and preparedness during health emergencies (e.g., pandemic, epidemic). The proposed measure may institutionalize national and local/regional CDC. It may also cover establishing medical reserve corps for disasters and health emergencies and providing social assistance (i.e., social amelioration) during pandemic.
Amendment of the Magna Carta of Public Health Workers Act	This aims to make the Magna Carta of Public Health Workers more responsive to the needs and rights of health workers. The proposed measure will provide appropriate benefits to public health workers across LGUs, regardless of LGU income classification, to promote equity in benefits/incentives received, among others.
Philippine eHealth/Telehealth System and Services Act	This measure will establish a National eHealth System that will direct, institutionalize, and regulate the practice of eHealth in the country.
Sector Outcome: Flexible lifelong learning opportunities for all ensured	
Subsector Outcome: Quality, accessible, relevant, and liberating basic education for all achieved	
Legislation on textbook development, printing, and distribution	This legislation aims to ensure timely provision and adequacy of quality textbooks in basic education without compromising the standards set by the DepEd. This would reduce the time it takes for textbooks to be developed, printed, and distributed to schools, with the additional benefit of supporting the local publishing industry.

LEGISLATIVE AGENDA	RATIONALE
Indigenous Peoples' (IP) Education Systems Act	This legislation proposed aims to establish IP-centric educational systems and institutions. Through this proposed law, provision and delivery of education will be in the IP's own languages, in a culturally appropriate manner. The development and implementation of the IP education programs will also consider the special needs, unique histories, indigenous knowledge systems and practices, spirituality, and value systems of the community.
Expansion of government assistance to K to 6 learners in private schools through the Government Assistance to Students and Teachers in Private Education (GASTPE) and expansion of the Teachers' Salary Subsidy (TSS) to elementary and SHS teachers	<p>The proposed amendment on the GASTPE law aims to further expand the coverage of the GASTPE to the elementary level and SHS teachers in private schools in recognition of the complementarity role of private schools in providing basic education to Filipino learners.</p> <p>GASTPE aims to provide education assistance program for students and teachers in private schools under the tuition subsidy to junior high and SHS students, who wish to pursue their studies in private schools, through the Education Service Contracting (ESC) scheme.</p>
Amendment to the Special Education Fund (SEF) provisions in the Local Government Code	The proposed amendment aims to clarify the scope and coverage, tighten the list of eligible expenses chargeable against the SEF, eliminate provisions that are already irrelevant and restate those that are confusing, and strengthen the position of DepEd in the Local School Board (LSB) in decision-making.
Alternative Learning Systems Bill	This proposed bill guarantees support for the expansion and strengthening of the alternative learning system to respond to the needs of out-of-school children, youth, and adults for improved knowledge, values, and life skills and better preparedness for work, higher education, and self-employment. It establishes the Bureau of Alternative Education, which will focus on policy, curriculum, learning program delivery, learning materials, learner assessment, quality assurance, and support systems of the non-formal education system.
Subsector Outcome: Quality of higher and technical education and research for equity and global competitiveness improved	
Bill on the Rationalization and Harmonization of Enterprise-based Training Modalities	This proposed law aims to integrate and harmonize all existing enterprise-based training modalities like apprenticeship, dual training system, on-the-job training, work immersion.
Amendment of the Higher Education Act of 1994 (RA 7722) and Strengthening the CHED	The bill aims to strengthen CHED by incorporating all added mandates (created by 11 new laws passed by Congress since 1994) in a single document. Once passed, it will expand the CHED's mandate to cover sports development, supervision, and regulation of higher education programs offered by local universities and colleges, and internationalization of HEIs, among others.

LEGISLATIVE AGENDA	RATIONALE
Cross-cutting	
ICT in Education Bill	This aims to strengthen the use of ICT in public elementary and high school through establishing computer centers in schools, training of teachers, and digitization of administrative systems.
Flexible Learning System Bill and support for Blended Learning Systems	The proposed legislative measure will allow funding to support and promote flexible learning systems in public and private schools, as well as in HEIs.
Sector Outcome: Income-earning ability increased and adaptability enhanced	
Subsector Outcome: Employability improved	
Amendment to the Apprenticeship Law	This will encourage enterprises to participate in the implementation of apprenticeship programs by enhancing responsiveness to the identified needs of enterprise and prospective apprentices. Specifically, EO 111, s. 1986 that sets the maximum duration of apprenticeship programs must be repealed. Training duration must depend on the complexity of the skills to be learned.
Subsector Outcome: Productivity improved	
Amendment to the Productivity Incentives Act (RA 6971)	This measure seeks to liberalize the restrictive provisions of the RA 6971 to accelerate the adoption of productivity improvement and gainsharing schemes, while (a) making the establishment of productivity incentives committees mandatory in large private business enterprises; (b) reiterating that gainsharing will be contingent on gains from productivity improvement; and (c) easing the requirements for availing tax incentives by business enterprises for granting productivity incentives and grants to employees and workers.
Subsector Outcome: Labor mobility improved	
Amendments to the Labor Code	This will pursue the amendment to the five-day workweek prescribed by the Labor Code, accompanied by more specific guidelines on the implementation of alternative work arrangements for both private and public sector. This will also establish a legal framework on part-time work to increase flexibility for employers while integrating workers' protection.
Subsector Outcome: Income security guaranteed	
Amendments to the Magna Carta of Public Health Workers	A more equitable hazard allowance of public health workers across salary grades will be pursued.
Amendments to the Guidelines and Benefits of EC Program	The guidelines and benefits of the EC Program need to be amended to include compensations for pandemic-related risks at work.