

# Guidelines on the Application of Philippine Social Values on HTA

## Preface

In early March 2022, as Chair of the Health Technology Assessment Council (HTAC), I was informed of the need to develop guidelines on the integration of social values in health technology assessment (HTA). It was noted that the present practice of holding consultations with patient groups, experts and consumers as the last step in HTA has not been codified and that HTAC needed clear guidance on how this should be done and how the results should impact HTA. As I started to conjure in my mind how a workshop on this should be run, I worried about how HTAC members, a group of technical experts on drugs, vaccines, clinical trials, medical device, medical and surgical procedures, would relish two days of grappling with social values as an impact factor on decisions in HTA. I was anxious that these experts who are steeped in hard core scientific principles would find the workshop a ho-hum event. How can we breathe life into a workshop on social values with them?

The Health Technology Assessment Division (HTAD) staff, with its usual diligence, immediately came up with a concept note that was complete with workshop objectives and program, a list of social values and their definitions, and a matrix comparing the social values extracted from the study, “Defining the Relevant Social Values in Informing Coverage Decisions” or the “*2019 Philippine Social Values (SV) Study*” and from subsequent consultations with stakeholders in the HTA of “Acceptability of COVID-19 Vaccines among Key Stakeholders in the Philippines”, “High Flow Nasal Cannula (HFNC) Oxygen Therapy for the Treatment of Hypoxemic Respiratory Failure for COVID-19”, “Emtricitabine + Tenofovir Disoproxil Fumarate fixed-dose combination as Oral Pre-exposure Prophylaxis (Oral PrEP) to reduce the risk of sexually acquired HIV infection”, and the “Use of Self-administered Antigen Test (SAAgT) for COVID-19”. The hard work that the staff has put into the development of the concept note was very evident, all the elements have been worked out.

I like to think that preparations for the 4-5 May 2022 Workshop on the Integration of Social Values in HTA can be traced back to the time when the *2019 Philippine SV Study* was commissioned by the Department of Health (DOH) to the University of Santo Tomas (UST) Research Center for Social Sciences and Education (RCSSSED) group of led by Dr. Maria Carinnes P. Alejandria, Asst. Prof. Jay P. Jazul, Dr. Florence Co-Navidad and Dr. Maria Minerva P. Calimag in 2019, much earlier than October 2019 when HTAC, itself, was established. Because the study described the priorities of the Filipino about health and health care, this became the key reference in the workshop where the main objective was to identify and understand the Filipino social values that shall guide HTAC in crafting its recommendations. It was envisioned that HTAC recommendations shall privilege what are in the hierarchy of priorities or values of patients, their families and community (the society). In other words, what is valued by the patient could be the key factor/critical element in making HTAC decide on the final option.

The workshop was divided into three phases. Phase 1 consisted of an initial identification of all possible values expressed and demonstrated in the *2019 Philippine SV Study*, and in the 4 selected stakeholder consultations in the assessment of COVID-19 vaccines, HFNC, Oral PrEP and SAAgT. The participants went into this initial exercise with an enthusiasm that I did not expect! They then proceeded to put the initial list of 17 values into five groups, based on relatedness. Some values were later classified as indicators of values rather than values themselves. I started to smile early on and felt much relief - the group was into it like fish in water! In Phase 2, the values were operationalized as principles, policies or rules that can serve as guides in HTA. I was amused when this was described as "cool" by one of the groups. Indicators of compliance with each of these principles, policies or rules were also proposed. In Phase 3 the future report was designed. It was also decided that this report shall not be an Annex to HTA Methods and Process Guide but that it should be included as a separate Guide from the Process and Methods Guides. The output of the workshop was enhanced through further deliberations afterwards, recognizing the need to include procedural fairness, populations with special considerations and characteristics of interventions.

There was joy in working with this committed and optimistic group of professionals. Let this be the legacy of HTAC 2019-2022.

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Chair, HTA Council

## I. Introduction

Social values (SVs), in its simplest terms, refer to a set of judgments that are embedded within social dynamics, institutions, traditions, and cultural beliefs. These serve as standards in forming individual goals and establishing a sort of social order in defining what constitutes as acceptable in the society ([Tsirogianni, Sammut and Park 2014](#)). In terms of availing and distributing health services, this captures the broadly shared values about the appropriate use and impact of technologies to the population ([Johnson et al 2009](#)). Consequently, it is necessary to understand cultural contexts related to health and wellness so that healthcare policy-making is more aligned with the local values of a particular society ([Muers 2018](#)). This means that social values reflect the judgments of Filipinos in what is deemed acceptable or desirable in accessing healthcare, which can contribute to realizing the goal of Universal Health Care (UHC).

The Republic Act (RA) No. 11223 also known as the UHC Law mandates that all health technologies being considered for coverage or funding allocation from the Department of Health (DOH) and PhilHealth shall be assessed and recommended by the Health Technology Assessment (HTA) Division and Council, respectively. It emphasizes the principles of universality of access, fairness, equity and the empowerment of the general population in the decision-making for the allocation and distribution of HTs to ensure healthcare access to all. It is, therefore, crucial to recognize that technologies are value-laden in which ethical and societal effects of health technology are likely to vary depending on the structure, functioning, and cultural norms of a specific setting ([Lehoux and Williams-Jones 2007](#)). Thus, social values should be considered at all stages of the HTA process, and should be considered on a case-by-case basis. Correspondingly, the [HTA Process Guide \(1st ed\)](#) provides the general steps in conducting HTAs to ensure that HTAC and HTAD are guided in the effective discharge of their functions and responsibilities while ensuring that key stakeholders are informed of their roles and participation in the process. The inclusion of Ethical, Legal, Social, and Health Systems Impact (ELSHI) assessment in the appraisal and assessment of HTs, takes into consideration social values that reflect the beliefs and preferences of Filipinos in ensuring that health care coverage or funding decisions are fair and relevant to the Philippine context.

In this regard, the development of this Guide is necessary in explaining the relevant Filipino social values, principles, and indicators that should be considered in the conduct of assessments and in the development of financing and procurement recommendations by the HTA Council. The formulation of this Guide is mainly drawn from the findings of the *2019 Philippine SV Study* and the experiences on assessing and appraising evidence on ELSHI from the selected HTAC topic assessments.

## **Target stakeholders**

This guide intends to inform key stakeholders and decision-makers towards more effective, inclusive and participatory HTA in the country by reiterating its relevance across different stakeholders and integrating the social values in their general operations. At the same time, stakeholders who participate in any form of engagement [e.g., key informant interviews (KII) and focus group discussions (FGDs)] should take into consideration the SVs in this Guide.

- *The HTA Council and HTA Division* - adhere to the SVs in each HTA process (i.e., topic prioritization, assessment, recommendation, and dissemination), and apply related findings in the Ethical, Legal, Social and Health Systems Impact (ELSHI) assessments
- *Health providers, hospitals, and healthcare organizations* - consider these SVs in the provision of healthcare services and facilities that are inclusive to the needs of every individual
- *National DOH program managers* - consider these SVs in the development, implementation, and evaluation of strategic health programs that are relevant in the context of the Philippines and in understanding the significant barriers that may impact the health programs
- *Health authorities from municipal, provincial, and city health governments* - take into account these SVs as equivalent to other considerations, in the formulation of relevant healthcare policies and community-based health programs and in identifying the HTs to prioritize and allocate budget for.
- *Civil society organizations (i.e., patient advocacy groups/organizations) and the public* - recognize these SVs in understanding various social contexts as well as in identifying the preferences of every individual along with their families, as they serve as a motivating factor in participating in HTA by sharing their perceptions and lived experiences as they nominate topics and participate in stakeholder consultations for the assessment of HTs
- *Industries* - embrace these SVs as basis in identifying the ethical considerations necessary in the formulation and manufacture of HTs
- *Academe* - adopt these SVs in exploring the lived experiences of individuals and communities in the Philippines in order to provide evidence-based recommendations which are inclusive and participatory to policy-makers

## II. Process of developing the Philippine HTA Social Values Guide

This Guide is based on the findings from the study titled “Defining the Relevant Social Values in Informing Coverage Decisions” or the *2019 Philippine Social Values (SV) Study*” which explored the social values among Filipinos in guiding and informing policy decisions related to healthcare. The study examined the perspectives of the general public, healthcare workers, and patient advocacy groups or organizations from four cities, namely Manila, Baguio, Cebu, and Davao. It captures unique social values such as the role of family and *pagdamay* (empathy). Accordingly, it explains the significance of kin-based networks (e.g., blood relatives and extended families) in accessing healthcare services and making health decisions among Filipino households.

Researchers from the *2019 Philippine SV Study*, led by a member of the HTAC Core Committee, presented the summary of findings to the HTAC members. While the study served as the primary basis for the formulation of this Guide, we would like to specify some of its key limitations that were considered in the identification of SVs:

- *The study may not accurately represent those of the rural areas and geographically isolated and disadvantaged areas (GIDAs).*
- *The sex distribution of the survey (N=1389) using systematic random sampling consist of 73.4% (n=1020) female and 26.6% (n=369) males. Hence, responses may potentially be skewed towards preferences of the major sex.*
- *The perspective of HCWs was only based on selected physicians and pharmacists*
- *The study only included several representatives from patient advocacy groups and was not able to include community-based and grassroot-level perspectives*
- *The study was conducted before the COVID-19 pandemic, during which shifts in healthcare perspectives and prioritization of Filipino social values may have emerged.*

In addition, this Guide is developed through the inputs from past decisions and deliberations of HTA Council with emphasis on ELSHI evidence from selected topic assessments for both the public health emergency [i.e., “Acceptability of COVID-19 Vaccines among Key Stakeholders in the Philippines”, “High Flow Nasal Cannula (HFNC) Oxygen Therapy for the Treatment of Acute Hypoxemic Respiratory Failure for COVID-19”, and, “Use of Self-administered Antigen Test (SAAgT) for COVID-19”] and the national health program priorities [i.e., “Emtricitabine + Tenofovir Disoproxil Fumarate fixed-dose combination as Oral Pre-exposure Prophylaxis (Oral PrEP) to reduce the risk of sexually acquired HIV infection”] and other relevant existing studies and literature that substantiated the identification of SVs. The key methodological limitation of the topic assessments is the use of online data gathering and data analysis. Participants were mostly identified through snowball sampling techniques among established networks. Accordingly, narratives of key stakeholders were only gathered through the FGDs while additional empirical evidence was collected through literature scoping. Nonetheless, qualitative data were transcribed, coded, analyzed, and validated by the HTAD and HTAC. During the HTA SV Guide Development Workshop conducted last 4-5 May 2022, the

HTAC reviewed and discussed the available empirical evidence in order to arrive at a consensus on the social values which are relevant to the Philippine context.

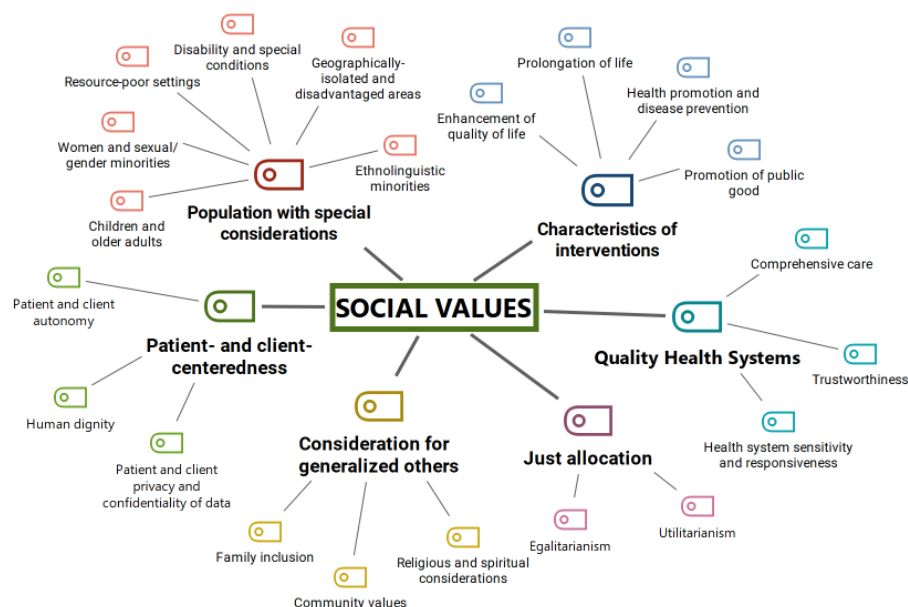
### **III. Procedural fairness**

The HTA Council upholds the value of procedural fairness in the use of this Guide in the assessments and recommendation of HTs. Three features ([Mikula 2001](#)) are considered in the promotion of procedural fairness: (1) opportunity for participation of relevant stakeholders, (2) decision makers' accounting for their recommendations, and (3) treatment of every stakeholder with dignity and respect. Accordingly, the HTA Council recognizes that each assessment varies in terms of clinical and economic evidence as well as ELSHI aspects of the HT for the affected population. We recognize that hereafter, there are social values that are seemingly contrasting (e.g., quality of life vs. prolonging life; utilitarianism vs. equity). Similarly, social values may have varying degrees of applicability in each assessment as some social values may be more evident and relevant for an HT depending on the research focus and contexts. Accordingly, this Guide does not intend to favor a social value over another, but rather seeks to ensure that all their decision-making processes are transparent, empirically-based, and relevant to the Philippine context.

In line with the HTA Process and Methods Guides, the HTAC adheres to the use of relevant qualitative-designed consultations and/or quantitative-designed data collection techniques such as KII and FGDs among patients, family members, and other relevant stakeholders. The process ensures (1) upholding support for patient and client empowerment, (2) use of informed consent and protection of data confidentiality, (3) measures to address stigmatization and discrimination, and (4) adherence to the patient's and client's rights.

### **IV. Social Values**

Here is the summary of the identified social values that are deemed relevant to the Philippine context. The SVs are categorized into (a) priority populations, (b) interventions, (c) healthcare patient-centeredness and client-centeredness, (d) just allocation, (e) consideration of generalized others, and (f) health systems.



## A. Populations with special considerations

This Guide shall uphold social justice in its assessments and recommendations of HTs by prioritizing the healthcare needs of marginalized groups in the Philippines. It emphasizes fairness in the provision of affordable quality healthcare for all, in recognition of their characteristics such as age, sex, socioeconomic status, ethnicity among others. In pursuit of UHC, this Guide suggests that every Filipino has a right to culture-sensitive, affordable, quality, and non-discriminatory treatment that they accept as part of their healthcare. In line with the findings of the *2019 Philippine SV study* and the PROGRESS-Plus (Place of residence, Race/ethnicity/culture/language, Occupation, Gender/sex, Religion, Education, Socioeconomic status, Social capital) framework, this suggests equitable access to an HT and ensures that it will not worsen existing inequalities (e.g., HTs that require regular hospital check-ups may be inaccessible for lower-income households). The vulnerable and disadvantaged groups are identified as follows:

### 1. Children and older adults

*Principle statement: The HTAC shall consider the needs of both children and older adults in its assessment and recommendation of HTs.*

Children (0-17 years old), in particular, are considered vulnerable due to risks of experiencing physical or emotional harm and their deemed inability to protect themselves ([Public Health England 2020](#)). Meanwhile, older adults are at risk of declining health, loss of autonomy and dependence, and poverty ([Schroder-Butterfill and Marianti 2006](#)). The 2019

*Philippine SV Study* indicates that the Filipino public favors funding health interventions for the very young (<14 years old) and older adults (60 and above) based on the principle that every individual should have equal chance to reach the expected life expectancy as the rest of society (i.e., fair innings principle).

## 2. Women and Sexual/Gender Minorities

*Principle statement: The HTAC shall consider the needs of women and LGBTQIA in its assessment and recommendation of HTs.*

In accessing healthcare, sex and gender inequalities also occur in attaining equal opportunities for an individual to be healthy and contribute to a healthy community. These inequalities in the form of higher health costs and difficulties in receiving proper health resources, information and services ([da Cruz Leitao 2015](#)), are intertwined with the issues of socioeconomic status and discrimination especially among women. With the advent of gender-sensitive and gender-inclusive healthcare ([UNDP, USAID 2014](#)), this Guide intends to promote the rights of every individual regardless of their sexual orientation, gender identity, and gender expression (SOGIE) towards a more inclusive and participatory HTA.

## 3. Disability and special conditions

*Principle statement: The HTAC shall consider the needs of individuals with disabilities and special conditions in its assessment and recommendation of HTs.*

Healthcare decisions shall consider Filipinos with disability and special conditions, recognizing their vulnerabilities related to healthcare, along with other barriers, in order to attain the goal of a more inclusive and participatory HTA. In 2012, the Incheon Strategy to “Make the Right Real” for Persons with Disabilities in Asia and the Pacific was launched with the goal of protecting the rights and improving the overall quality of persons with disabilities ([UN ESCAP 2012](#)). This is further supported by the [Dhaka Declaration \(UN OCHA 2015\)](#) which highlights the need for increased attention to the needs of persons with disabilities and recommends for their inclusive and meaningful participation in society, particularly in disaster risk reduction management activities. In relation to this, a study among persons with disabilities in the Philippines revealed that they had significantly lower well-being scores and reduced access to health services, work, rehabilitation among others, compared to people without disability ([Marella 2016](#)).

## 4. Individuals from resource-poor settings

*Principle statement: The HTAC shall consider individuals from resource-poor settings in its assessment and recommendation of HTs.*



Individuals or groups who are more affluent and advantaged are expected to have positive health outcomes ([Adler and Ostro 1999](#)). As affirmed by the *2019 Philippine SV study*, survey results indicate that Filipino respondents exemplify social justice by affirming that healthcare resources should be accessible to all regardless of their socio-economic conditions while still prioritizing poor and lower-income households for high-cost HTs.

#### 5. Individuals from geographically isolated and disadvantaged areas (GIDAs)

*Principle statement: The HTAC shall consider the individuals living in GIDAs in its assessment and recommendation of HTs.*

The gap in equitable geographical distribution of healthcare is usually evident in the concentration of healthcare services, programs, and infrastructures in urban areas. In a study on a disadvantaged area in the Philippines, the inaccessibility of the government health center, including access to medicines and services, reliance on faith healers, and lack of trained healthcare workers was observed ([Collado 2019](#)). This divide is worsened by the inequalities within urban areas, between slums and non-slums due to the continuous urbanization and lacking healthcare services and infrastructures ([DOH 2017](#)). The *2019 Philippine SV Study* findings indicate the need to prioritize areas outside Metro Manila, particularly the geographically isolated and disadvantaged areas (GIDAs) in the Philippines that are often marginalized in accessing healthcare.

#### 6. Ethnolinguistic minorities

*Principle statement: The HTAC shall consider the healthcare needs of ethnic minorities in its assessment and recommendation of HTs.*

Recognizing the influence of various cultures relative to healthcare, this Guide emphasizes the importance of ensuring the careful consideration of culture-specific issues in the evaluation of healthcare needs ([Kleinman 1998](#)). It intends to give attention to the needs of ethnic minorities over major cultural groups and naturalized citizens. Given the said healthcare prioritization based on from the *2019 Philippine SV Study*, this Guide aims to have an inclusive and participatory HTA that recognizes the plurality of religious and ethnolinguistic groups.

### **B. Characteristics of interventions**

This section discusses the characteristics of health interventions to consider when making decisions and recommendations for competing interventions (i.e., prolonging life versus improving quality of life). In so doing, it intends to capture a holistic view in addressing the healthcare needs of every individual, particularly through the prevention of diseases and management of an individual's health over a long period of time ([Starfield 2011](#)). This builds on the *2019 Philippine SV Study* findings that highlights a person-centered approach, characterized

by its emphasis on an individual's healthcare needs, protection of healthcare rights, and goal of improving individual health status [\(Reynolds 2009\)](#).

#### 1. Enhancement of quality of life (QoL)

*Principle statement: The HTAC shall consider the enhancement of quality of life of patients and clients in its assessment and recommendation of HTs.*

This refers to the level of occupational capacity (mobility, functionality, and ability to perform daily activities) and basic comforts of life (physically, emotionally, mentally, and socially). This suggests that individuals with severe conditions and incurable diseases should be provided with healthcare services that help in improving their quality of life, such as by improved mobility, absence or reduction of pain and discomfort, and increased capacity to perform the activities of daily living (ADLs) and socio-occupational functions.

#### 2. Prolonging of life

*Principle statement: The HTAC shall consider the prolonging of life of patients and clients in its assessment and recommendation of HTs.*

Long life is defined medically as the maximization of life-sustaining treatments in lieu of less than optimal organ function. Prolonging of life focuses on HTs that will contribute to the increase of life expectancy of an individual. While QoL was highly preferred by the participants of the 2019 Philippine SV Study, prolonging their lives or that of their family members was also noted as part of their key aspirations.

#### 3. Health promotion and disease prevention

*Principle statement: The HTAC shall consider the promotion of health and prevention of disease in its assessment and recommendation of HTs.*

This social value focuses on empowering individuals towards healthy behaviors and reducing the risk of developing diseases, disabilities, or premature death. This intends to reduce the incidence and prevalence of chronic and acute diseases among the general population as well as older adults. As an example, the stakeholder consultation among selected Filipino healthcare workers on the HTA Report on COVID-19 vaccines affirmed that vaccination could save lives and every individual should be vaccinated, while prioritizing those that are more exposed or at risk to the virus.

#### 4. Promotion of public good

*Principle statement: The HTAC shall consider what will benefit the general public in its assessment and recommendation of HTs.*

A “public good” refers to a product or service which benefits everyone in the community. The focus of this social value is on the concern for the universal well-being of the Filipino population. In the *2019 Philippine SV Study*, respondents expressed that interventions that will be prioritized for government coverage should be HTs that address the burden of disease in the country (e.g., funding HTs for effective monitoring and prevention of endemic diseases in the country).

### **C. Healthcare patient and client-centeredness**

A patient-centered care is characterized by its emphasis on an individual’s healthcare needs, protection of healthcare rights, and goal of improving individual health outcomes ([Reynolds 2009](#)). It captures a holistic view in addressing the healthcare needs of every individual, particularly through the prevention and management of patients' problems over a long period of time ([Starfield 2011](#)). In relation to this, a client-centered care covers curative, palliative, and rehabilitative care for any individual.

#### **1. Patient and client autonomy**

*Principle statement: The HTAC shall promote the autonomy of patients and clients in its assessments and recommendations of HTs.*

Autonomy refers to the capacity of individuals to make independent decisions on the management of their health ([Philippines Code of Ethics of the Medical Profession 2016](#); [Entwistle et al. 2010](#)). As an example, the HTA Evidence Summary on SAAgT highlights the importance of patient and client autonomy as the stakeholders have the capacity to choose their preferred method of COVID-19 testing. As evident in the *2019 Philippine SV Study*, one of the ways in which patients want to develop their autonomy is through upholding their right to be fully informed about their current health status.

#### **2. Human dignity**

*Principle statement: The HTAC shall promote human rights and dignity of each individual in its assessment and recommendation of HTs.*

Dignity is considered as an essential right of the patients when accessing healthcare. It specifies the need to recognize patients as whole persons and not as aggregates of organs, functions, and processes ([Hofmann, 2002](#)). Accordingly, studies have observed that undignified care may lead to depression and loss of will to live ([Ekpenyong et al., 2021](#)). For instance, the HTA Evidence Summary on Oral PrEP showed that societal and cultural misconceptions regarding HIV act as barriers to the access of PrEP and HIV-related services. Risk-based provision, change in message framing, provision of safe spaces, and most importantly, community mobilization were recognized to facilitate better access to PrEP. In addition, the

2019 Philippine SV Study emphasizes the prioritization of caring for patients (e.g., palliative care and geriatric care) over providing cure.

### 3. Patient and client privacy and confidentiality of data

*Principle statement: The HTAC shall promote the patient and client privacy and data confidentiality in its assessment and recommendation of HTs.*

The understanding of the rights of individuals in the management of their illness is crucial to the delivery of high-quality healthcare ([Wiley, 2015](#)). The HTA Evidence Summary on Oral PrEP, in its stakeholder consultations, captures the importance of having safe spaces that ensure the privacy and confidentiality of clients thereby increasing likelihood of accessing oral PrEP. In addition, providing accessible and understandable health information regarding HIV is shown as a means for capacity-building and addressing stigmatization. In relation to this, ethical considerations emphasize the responsibility of HTAC in upholding privacy and confidentiality of data in accordance to the Data Privacy Act of 2012, especially on stigma-related health conditions such as sexually-transmitted diseases ([Lopez et al 2017](#)), drug dependency ([Cunanan and Yabut 2019](#)), mental health issues ([Tanaka et al 2018](#)) and neurological disorders (e.g., *lubag*) ([Elliot et al., 2019](#)), among others.

## **D. Considerations for Generalized Others (Family, Community, Religion)**

The concept of the ‘generalized other’, as introduced by sociologist George Herbert Mead, is a role-taking activity that includes how an organized community or social group gives an individual the unity of his/her self ([Redshaw 2020](#)). The collection of roles and attitudes of these social groups (e.g., family, community, religion) serve as a reference point of individuals on how to behave in a given situation. For instance, the 2019 Philippine SV Study highlighted the Filipinos’ prioritization of prolonging the life of their family members and having a high level of willingness to pay for their family members’ medical expenses for life-prolonging interventions. Participants from patient groups added that they support prioritizing public good as it is important to take care of more patients despite their financial restrictions as well as considerations for more effective disease prevention measures, inclusive health insurance coverage, proper information dissemination, holistic training for healthcare providers, and patient-centered care.

### 1. Family inclusion

*Principle statement: The HTAC shall consider the influence of family on the patient’s and client’s perspective and behavior towards health in its assessment and recommendation of HTs.*

This social value embraces that family involvement is integral to health decision-making. It also refers to the patient’s and client’s perspective on the psychosocial and financial impact of his/her health on his/her family. For instance, one of the findings identified in the 2019 Philippine

SV Study is the Filipinos' prioritization in prolonging the life of their family members, provision of quality care, and a high level of willingness to pay for their family members' medical expenses. On the other hand, stigma may also occur within the family for highly polarizing health conditions such as sexually-transmitted diseases and mental health conditions.

## 2. Community values

*Principle statement: The HTAC shall consider the role of the community on the patient's and client's perspective and behavior towards health in its assessment and recommendation of HTs.*

The HTAC recognizes that, beyond the family, community values are important in the consideration of the health and welfare of an individual. Evident here are the unique social values drawn from the 2019 Philippine SV study such as the *pagdamay* (empathy) and the related concept of *pakikipagkapwa* (shared identity). In some cases, community members also extend voluntary support to those who are in need who are often treated as extended family members. However, individuals may also suffer from health-related stigma within the community they belong to (i.e. perceived risk of transmission of tuberculosis to other community members).

## 3. Religious and spiritual considerations

*Principle statement: The HTAC shall consider the influence of religious beliefs and levels of spirituality on the patient's and client's perspective and behavior towards health in its assessment and recommendation of HTs.*

In 2019, the Social Weather Station reported that a total of 83% of adult Filipinos affirmed that religion is very important in their lives ([Philippine Inquirer 2021](#)). They are usually characterized with a high level of religiosity and spirituality, and exhibit their faith through its indigenous health practices with faith healers and healing masses ([Lagman et al 2015](#)). Religion (i.e., religious conservatism) may also be seen as a barrier to the utilization of HTs addressing stigmatized conditions such as human immunodeficiency virus (HIV)-preventive strategies (e.g., contraceptives, and drugs including Oral PrEP).

## **E. Just allocation**

Social justice in healthcare deals with fairness in the provision and allocation of affordable quality healthcare for all, in recognition of their characteristics such as age, sex, socioeconomic status, ethnicity, among others. Inequalities in healthcare may arise when the health status of an individual or particular group is worse in comparison with others (i.e. at-risk populations) ([Stronks et al 2016](#)). In this Guide, just allocation considers both the perspectives of equity and utilitarianism. As affirmed by the 2019 Philippine SV study, survey results indicate that the selected respondents exemplify social justice by affirming that healthcare resources

should be distributed with prioritization on vulnerable populations (i.e. populations with special considerations).

### 1. Equity

*Principle statement: The HTAC shall consider equity in its assessment and recommendation of HTs.*

Equity in healthcare ensures that all individuals have a chance to be as healthy as possible by addressing health disparities affecting populations with special considerations. In the *2019 Philippine SV study*, survey results indicate that the selected respondents exemplify social justice by affirming that healthcare resources should have equitable access, meaning anyone who wants and willing to access HTs may access the HTs. This will prevent situations that magnify existing inequalities, such as having a patient to have regular hospital check ups or maintenance of costly HTs for chronic and long-term health conditions.

### 2. Utilitarianism

*Principle statement: The HTAC shall consider the maximal total benefit of the population in its assessment and recommendation of HTs.*

In this approach, the HTAC gives importance to the consequence of the decision or action that will maximize utility for the population as a whole ([Marseille and Kahn 2019](#); [Bellefleur and Keeling 2016](#)). This suggests that resources should be allocated consistent with maximizing overall benefit such as deaths averted or Quality Adjusted-Life Year (QALY).

## **F. Quality healthcare systems**

Health systems are responsible for the financing and delivering of health services to the public, and it is crucial towards achieving UHC. According to the [World Health Organization \(n.d.\)](#), quality health services generally increase the likelihood of desired health outcomes. Overall, this Guide identifies a quality health care system which (a) possesses sensitivity and responsiveness, (b) enshrines trustworthiness, and (c) embodies comprehensive care. These social values highlight the capacity of healthcare systems to respond to the healthcare needs of every individual while recognizing various social considerations.

### 1. Health system sensitivity and responsiveness

*Principle statement: The HTAC shall consider the adaptability of the health system in its assessment and recommendation of HTs.*

This emphasizes the adaptability in the allocation of available resources according to the needs of stakeholders (e.g., by age/life cycle, population, gender, socio-economic status,

geographical location) through a dynamic institutionalization of programs. For instance, health system sensitivity and responsiveness suggests that HTs that will be recommended for financing and allocation should contribute to the adaptability of the healthcare system. Consequently, it intends to ensure the overall satisfaction of patients and clients with both medical and non-medical aspects of healthcare ([Mirzoev and Kane 2017](#)).

## 2. Trustworthiness

*Principle statement: The HTAC shall consider the trust of stakeholders in the healthcare system, in its assessment and recommendation of HTs.*

Trustworthiness shows the importance of the healthcare system's credibility, accountability, and transparency in its provision of HTs. One of the key themes that emerged from the 2019 *Philippine SV study* among selected physicians and pharmacists was "being accommodating to patients" which stressed the importance of healthcare providers being responsive to the needs of every individual and ensuring her/his positive health outcomes. In addition, the HTA Report on COVID-19 Vaccines acceptability affirmed the importance of promoting safe, good quality, and effective vaccines with the help of competent and skilled healthcare providers to increase public trust and confidence.

## 3. Comprehensive care

*Principle statement: The HTAC shall consider the realization of UHC on comprehensive care, in its assessment and recommendation of HTs.*

The health care system provides all Filipinos access to a comprehensive set of quality and cost-effective, promotive, preventive, curative, rehabilitative and palliative health services without causing financial hardship and prioritizes the needs of the population who cannot afford such service.

# V. **Application of Social Values Framework to the HTA Process and Methods**

This Guide recognizes that prioritization of social values is dynamic and highly dependent on the HT that will undergo assessment, due to various health and social factors (e.g., public health emergencies) as well as depending on the ELSHI aspects. This Guide also recognizes that the social values highlighted are not reflective of the plurality of cultures and orientations in Philippine society. . Therefore, the Council shall uphold *procedural fairness* (Section III) to ensure that all decisions concerning social values will remain transparent to stakeholders.

Accordingly, this Guide provides the following recommendations to the HTA Process and Methods:

1. The HTAC and HTAD shall thoroughly review the social values that will be included in the appraisal and assessment of evidence for HTA recommendations.
  - a. Each social value should be considered in the development of data gathering tools [e.g. KII guide and FGD questionnaire].
  - b. Review of existing real-world evidence should also capture what social values were being considered for the HT being assessed.
  - c. Upon the identification of social values to be included in the HTA report, the recommended actions to HTA Methods
2. In cases where social values may not be relevant, this Guide suggests to “mute” these values until needed.
3. The HTAC and HTAD will regularly reexamine the prevailing social values in the Philippine context to ensure relevant and evidence-based assessments and recommendations of HTs.



## List of Annexes

Annex A - [Glossary of Terms](#)

Annex B - [List of Acronyms](#)

Annex C - [Tabulation of Social Values](#)

Annex D - [Sample template on using social values](#)

## References

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