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Health Technology Assessment
Department of Health

Guidelines on the Application of Philippine Social Values on HTA



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MESSAGE OF THE CHAIR

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, technical experts on medicines, vaccines, clinical trials, medical device, medical and surgical procedures, anthropology and health promotion and education, 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 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 well.

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 led by Dr. Maria Carinnes P. Alejandria, Asst. Prof. Jay P. Jazul, Dr. Florence Co-Navidad and Dr. Maria Minerva P. Calimag, 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 or six 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.


Dr. Marita V. Tolentino-Reyes
Chair, HTA Council



Health Technology Assessment Council
Guidelines on the Application of Philippine Social Values on HTA Workshop
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GLOSSARY OF TERMS

Term	Definition
Assessment	Application of formal scientific methods of evidence synthesis to assess the clinical, economic, health system, ethical, legal, and social impact of covering or disinvesting a particular health technology in the local Philippine context [see HTA Process Guide (1st ed)]
At-risk groups	At-risk groups or population-at-risk refers to the group of individuals susceptible to the event of interest (e.g., infection, disease, death) at or during the time period of interest (Duarte et al., 2014).
Autonomy	This 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).
Client	An individual receiving preventive and promotive care, as well as the patient's family (e.g. blood relatives and extended families) as kin-based networks that provide support and contribute to the decision-making process (Wing 1997).
Disability	Long-term physical, mental, intellectual, or sensory impairments which in interaction with various barriers may hinder full and effective participation in society on an equal basis with others (Adopted from the Republic Act No. 7277 or the Magna Carta for Persons with Disability)
Discrimination	Discrimination in the healthcare setting can be defined as negative actions or lack of consideration given to an individual or group that occurs because of a preconceived and unjustified opinion (Togioka, Duvivier, Young 2022). It also refers to unjust and unfair treatment between individuals or groups on the basis of ethnicity, gender, age, language, sexual orientation, race, color, religion, political or other opinion, national, social or geographical origin, disability, property, birth, or other status as identified by human rights standards [see RA No. 9710 Magna Carta of Women]
Egalitarianism	Equal treatment of all individuals in a society and recognition of their equal rights and opportunities
Equity	(1) Minimizing avoidable inequalities in health and their determinants between groups of people who have different levels of underlying social advantage or privilege (2) Equity in delivery of health services ensures that all people have access to a minimum standard of health services if and when required and not by certain criteria such as ability to pay

Family	Kin-network of an individual which includes blood relatives and extended families
Generalized Others	Collection of roles and attitudes that people use as a reference point for figuring out how to behave in a given situation. An individual is able to have a “self” based on the perspectives and attitudes of the others (Vail 2007)
Gender identity	A person’s sense of their own gender (e.g., man, woman, transman, transwoman, non-binary) (Weeks 2015).
Gender expression	Physical and behavioral manifestations of an individual’s gender identity including behavior, mannerisms, appearance, or interests (e.g., masculine, feminine, androgynous) (Weeks 2015).
Health system	Consists of all organizations, people, and actions whose primary intent is to promote, restore, or maintain health
Health technology	Application of organized knowledge and skills in the form of devices, medicines, vaccines, procedures, and systems developed to solve a health problem and improve quality of lives [see HTA Process Guide (1st ed)]
Human dignity	Intrinsic value as a human being.
Indigenous peoples	Refers to a group of people or homogenous societies identified by self-ascription and ascription by others, who have continuously lived as organized community on communally bounded and defined territory, and who have, under claims of ownership since time immemorial, occupied, possessed and utilized such territories, sharing common bonds of language, customs, traditions and other distinctive cultural traits, or who have, through resistance to political, social and cultural inroads of colonization, non-indigenous religions and cultures, became historically differentiated from the majority of Filipinos [see RA 8371 on Indigenous Peoples’ Rights Act of 1997]
Marginalization	A spatial metaphor for a process of social exclusion in which individuals or groups are relegated to the fringes of a society, being denied economic, political, and/or symbolic power and pushed towards being ‘outsiders’.
Patient	Patient refers to individuals who are sick and directly receiving healthcare services (e.g. curative, palliative, rehabilitative)
Religion	Institutionalized system of religious attitudes, beliefs, and practices (Giordan 2007).

Resource-poor settings	This recognizes the difficulties of individuals and their families within poverty or below poverty groups relative to more affluent groups in accessing healthcare, including the impact of household income in attaining positive health outcomes.
Spirituality	Personal experience of the divine (Giordan 2007).
Stakeholders	Stakeholders are individuals and organizations that have an interest in or are affected by your evaluation and/or its results (US Center for Disease Control and Prevention, n.d.).
Stigma	An aspect of social life that complicates daily individual interactions and limits full social acceptance, such as related to race, ethnicity, and disability and other special conditions [see Goffman 1963].
Sexual orientation	An individual's pattern of emotional, romantic, and sexual attraction (e.g., straight, bisexual, gay/lesbian, asexual) (Weeks 2015).
Sexual and gender minority	Sexual and gender minorities refer to individuals whose sexual orientation and/or gender identity differ from the majority of the surrounding society such as lesbian, gay, bisexual, and transgender individuals (Math and Seshadri 2013).
Utilitarianism	Gives importance to the consequence of the decision or action that will maximize utility (Marseille and Kahn 2019 ; Bellefleur and Keeling 2016).

LIST OF ACRONYMS

ADL	Activities of Daily Life
CSO	Civil Society Organization
COVID-19	Coronavirus disease
DALY	Disability-adjusted life years
DOH	Department of Health
ELSHI	Ethical, Legal, Social, and Health Systems Impact
FGD	Focus Group Discussions
GIDA	Geographically-isolated and disadvantaged area
HCW	Healthcare worker
HIV	Human immunodeficiency virus
HT	Health technology
HTA	Health Technology Assessment
HTAC	Health Technology Assessment Council
HTAD	Health Technology Assessment Division
HFNC	High Flow Nasal Cannula
KII	Key informant interview
LGBTQIA	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Asexual
MSME	Micro, small, and medium enterprise
Oral PrEP	Oral Pre-exposure Prophylaxis
PHIC	Philippine Health Insurance Corporation
PNF	Philippine National Formulary
PROGRESS Plus	Place of residence, Race/ethnicity/culture/language, Occupation,

	Gender/sex, Religion, Education, Socioeconomic status, and Social capital *Plus refers to (1) Personal characteristics associated with discrimination (e.g. age, disability) and (2) features of relationships (e.g. smoking parents, excluded from school)
QALY	Quality Adjusted Life Year
QoL	Quality of life
RA	Republic Act
SAAgT	Self-administered antigen test
SOGIE	Sexual Orientation, Gender Identity, and Gender Expression
SV	Social Values
UHC	Universal Health Care

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 and receiving 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. 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. 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](#)).

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, this SV Guide ultimately aims to highlight the significance of a set of core social values of the Filipinos, their perspectives and insights, which are fundamental in the adoption, use and diffusion of health technologies. These values should be considered across the different types of health technologies at all stages of the HTA process to enhance the relevance, acceptability, and legitimacy of healthcare decisions.

Whereas this SV Guide is intended for use by the HTAC and HTAD in the development of recommendations, this Guide is also meant to be shared with key stakeholders, viz:

- *Health providers, hospitals, and healthcare organizations*
- *National DOH program managers*
- *Health authorities from municipal, provincial, and city health governments*
- *Civil society organizations (i.e., patient advocacy groups/organizations) and the public*
- *Industries*
- *Academe/researchers*

Specific strategies and methodologies on stakeholder consultations shall be detailed by HTA Philippines in a separate Stakeholder Engagement (SHE) framework.

II. Process of developing the Philippine HTA Social Values Guide

This SV Guide is primarily based on the findings of 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 captured 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 2019-2022, Dr. Maria Carinnes P. Alejandria presented the summary of findings to the HTAC members as an initial activity. Some key limitations of the study were identified :as follows:

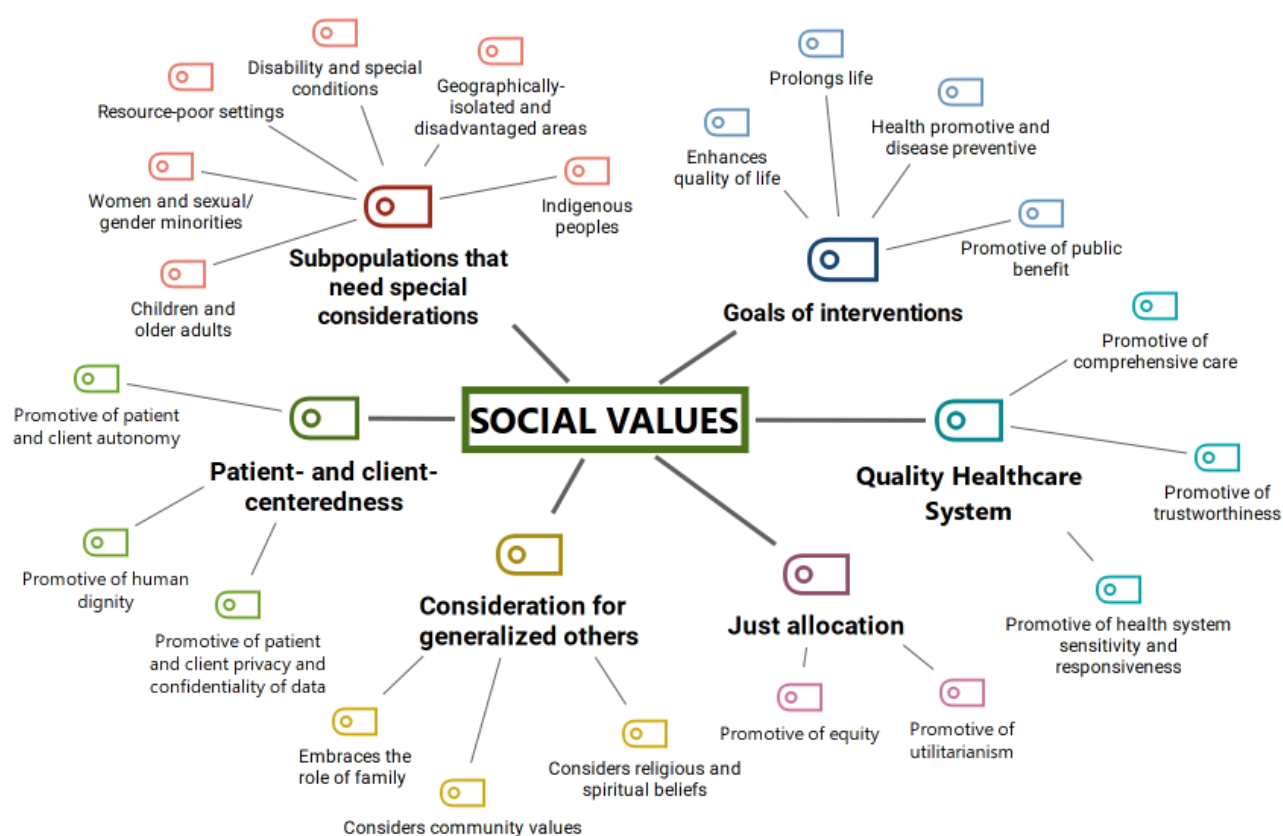
- *The study may not accurately represent those in the rural areas and geographically isolated and disadvantaged areas (GIDAs).*
- *The sex distribution of the survey (N=1389) using systematic random sampling consisted of 73.4% (n=1020) female and 26.6% (n=369) males. Hence, responses may potentially be skewed towards preferences of the female respondents.*
- *The perspective of HCWs was based only on selected physicians and pharmacists.*
- *The study 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.*

Thus, the findings of the *2019 Philippine SV Study* were supplemented by evidence generated from selected HTAC assessments for public health emergency (2020-2021) [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 for the purpose of this Guide. The key methodological limitation of the topic assessments is the use of online data gathering and data analysis during the COVID-19 pandemic. Participants were mostly identified through snowball sampling

techniques among established networks. Accordingly, narratives of key stakeholders were gathered through the FGDs and KIs 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 SVG 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. Social Values (SVs)

In the determination of what is considered important by Filipinos in healthcare, the study of Alejandria et al in 2019, and the 2020-2021 ELSHI assessments of HTAC generated 21 different goals, groups, and attributes of healthcare and HTs. These were categorized into (a) subpopulations that need special considerations, (b) goals of interventions, (c) healthcare patient-centeredness and client-centeredness, (d) just allocation, (e) consideration of generalized others, and (f) quality healthcare systems.





A. Subpopulations that need special considerations

The Filipino recognizes and accepts that there are groups that need special attention and consideration by reason of age, gender, socioeconomic status, ethnicities, geographic locations, and specific disabilities. This means that the Filipino desires equitable access to an HT and an assurance that the HT 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

Policy statement: In the assessments and recommendations of HTs, the HTAC shall consider the needs of both children and older adults.

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.

2. Women and Sexual/Gender Minorities

Policy statement: In the assessments and recommendations of HTs, the HTAC shall consider the different needs of women and LGBTQIA.

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. The *2019 Philippine SV Study* identified two policies that direct attention to the vulnerabilities of women: (1) RA 10354 or Responsible Parenthood and Reproductive Health Act of 2012 for the elimination of violence against women and children and other forms of sexual and gender-based violence; and (2) RA 11148 or Kalusugan at Nutrisyon ng Mag-Nanay Act that addresses health and nutrition issues among newborns, infants, young children, pregnant and lactating women, and adolescent females. With the advent of gender-sensitive and gender-inclusive healthcare ([UNDP, USAID 2014](#)), this Guide also recognizes 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

Policy statement: In the assessments and recommendations of HTs, the HTAC shall consider the needs of individuals with disabilities and special conditions.

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 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

Policy statement: In the assessments and recommendations of HTs, the HTAC shall consider its use and viability in resource-poor settings.

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)

Policy statement: In the assessments and recommendations of HTs, the HTAC shall consider access and use of individuals living in GIDAs.

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](#)).

6. Indigenous peoples

Policy statement: In the assessments and recommendations of HTs, the HTAC shall recognize the traditional and cultural beliefs of indigenous peoples.

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](#)). 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 ethnolinguistic groups.



B. Goals of interventions

To the Filipino, interventions that are beneficial to the greater population is considered important. This section discusses the goals 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](#)).

1. Enhances quality of life (QoL)

Policy statement: In the assessments and recommendations of HTs, the HTAC shall consider the enhancement of quality of life of patients and clients.

This social value adheres to the [WHO QoL parameters \(WHO 2012\)](#), which defines Quality of Life as an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. 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. Prolongs life

Policy statement: In the assessments and recommendations of HTs, the HTAC shall consider prolonging the life of patients

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 promotive and disease preventive

Policy statement: In the assessments and recommendations of HTs, the HTAC shall consider the promotion of health and prevention of disease.

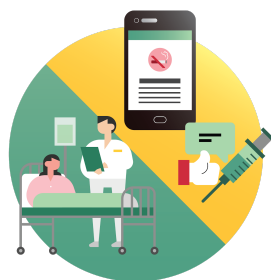
This social value supports individuals and communities towards healthier behaviors, reducing the risk of developing diseases, disabilities, or premature death, along with the promotion of health-oriented public policies and enabling environments. This intends to reduce the incidence and prevalence of 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. Promotive of public benefit

Policy statement: In the assessments and recommendations of HTs, the HTAC shall consider what will benefit the general public.

The focus of this social value is 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 for effective monitoring and prevention of diseases in the country).

C. Healthcare patient-centeredness and client-centeredness



An important characteristic of the provision of care is that which puts the individual 's healthcare needs, protection of healthcare rights, and improvement of health outcomes as central goals ([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. Promotive of patient and client autonomy

Policy statement: In the assessment and recommendation of HTs, the HTAC shall consider the promotion of patient and client autonomy.

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.

2. Promotive of human dignity

Policy statement: In the assessment and recommendation of HTs, the HTAC shall consider the promotion of human rights and dignity of all.

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](#)). 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.

3. Promotive of patient and client privacy and confidentiality of data

Policy statement: In the assessment and recommendation of HTs, the HTAC shall consider the promotion of patient and client privacy and data confidentiality.

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 captures the importance of having safe spaces that ensure the privacy and confidentiality of patients and 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.

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

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 benefit 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. Embraces the role of family

Policy statement: In the assessment and recommendation of HTs, the HTAC shall consider the influence of family on the patients' and healthcare clients' perspective and behavior towards health.

This social value embraces family involvement as integral to health decision-making. It also refers to the perspectives of patients and clients the psychosocial and financial impact of their health on their families. For instance, the 2019 *Philippine SV Study* identified 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. Considers community values

Policy statement: In the assessment and recommendation of HTs, the HTAC shall consider the role of the community on the patients' and healthcare clients' perspective and behavior towards health.

This 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. Considers religious and spiritual beliefs

Policy statement: In the assessment and recommendation of HTs, the HTAC shall consider the religious and spiritual beliefs of healthcare patients and clients.

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

The Filipino support social justice in healthcare. This means 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.

1. Promotive of equity

Policy statement: In the assessment and recommendation of HTs, the HTAC shall consider equity.

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 everyone should have equitable access to healthcare resources, meaning anyone who needs 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. Considers utilitarianism

Policy statement: In the assessment and recommendation of HTs, the HTAC shall consider what will contribute to the maximal total benefit of the population.

In this approach, the HTAC gives importance to the consequence of the decision or action that will maximize benefits for the population as a whole. This suggests that resources should be allocated consistent with maximizing overall benefit as measured by deaths averted or Quality Adjusted-Life Year (QALY), among others.



F. Quality healthcare system

The Filipino want a health system that (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. Promotive of health system sensitivity and responsiveness

Policy statement: In the assessment and recommendation of HTs, the HTAC shall consider its contribution to the adaptability of the health system.

This emphasizes the adaptability in the allocation of available resources according to the needs of stakeholders through a dynamic institutionalization of programs. 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. Promotive of trustworthiness

Policy statement: In the assessment and recommendation of HTs, the HTAC shall consider its contribution to strengthening the trust of stakeholders in the healthcare system.

Trustworthiness reflects or is the result of the healthcare system's credibility, accountability and transparency in its provision of HTs. 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. Promotive of comprehensive care

Policy statement: In the assessment and recommendation of HTs, the HTAC shall consider its contribution to the realization of UHC on comprehensive care.

The healthcare system should provide 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.

IV. 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. In this regard, the Council shall uphold procedural fairness to ensure that all decisions concerning social values will remain transparent to stakeholders.

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. Thus, 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 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 and rigorous 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.

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

1. The HTAC and HTAD shall use the attached template (see Annex B) in ensuring that relevant social values (e.g., *population with special considerations, interventional characteristics, healthcare client- and patient-centeredness, consideration for generalized others, just allocation, and quality healthcare*) were included in the appraisal and assessment of an HT.

- a. Each social value should be considered in the development of data gathering tools [e.g., KII guide and FGD questionnaire] during the scoping and protocol development stage.
 - b. Review of existing real-world evidence should also capture what social values were being considered for the HT being assessed.
2. In cases where social values may not be relevant or applicable to the assessment of a particular HT, these values may not be highlighted in the report. It is not necessary to include all of the social values for every HT assessment.
3. Cognizant of the dynamic and context-based nature of social values, the HTAC and HTAD will regularly re-examine any shift or change in the prevailing social values in the Philippine context (i.e. during public health emergencies, or any other crises) in reference to this Guide to ensure relevant and evidence-based assessments and recommendations of HTs.

List of Annexes

1. Annex A - Tabulation of Social Values
2. Annex B - Template on using social values

Annex. A - Tabulation of Social Values

Table 1. Social Values (Subpopulations that needs special considerations)

	Children and older adults	Women and gender/sexual minorities	Disability and special conditions	Resource-poor settings	GIDAs	Ethnolinguistic groups
<i>Definition</i>	This emphasizes the age-based health risks specifically among children who have less developed immune systems and the older adults who are predisposed to have chronic diseases and disabilities.	This recognizes the health-related vulnerabilities of women and sexual minorities as they have increased disease risks and often experience discrimination within the healthcare system.	This refers to long-term physical, mental, intellectual, or sensory impairments which in interaction with various barriers may hinder full and effective participation in society on an equal basis with others (Adopted from the Republic Act No. 7277 or the Magna Carta for Persons with Disability)	This recognizes the difficulties of individuals and their families within poverty or below poverty groups in accessing healthcare, including the impact of household income in attaining positive health outcomes.	This refers to the arrangement of populations as distributed across physical locations. In the context of the <i>2019 Philippine SVP Study</i> , the geographical distribution of the country is categorized into its NCR, Luzon, Visayas, and Mindanao.	This recognizes the diverse traditional and cultural beliefs of ethnolinguistic groups in making healthcare decisions.

	Children and older adults	Women and gender/sexual minorities	Disability and special conditions	Resource-poor settings	GIDAs	Ethnolinguistic groups
<i>Policy statement</i>	<i>In the assessments and recommendations of HTs, the HTAC shall consider the needs of both children and older adults.</i>	<i>In the assessments and recommendations of HTs, the HTAC shall consider the needs of women and LGBTQIA.</i>	<i>In the assessments and recommendations of HTs, the HTAC shall consider the needs of individuals with disabilities and special conditions.</i>	<i>In the assessments and recommendations of HTs, the HTAC shall consider its use and viability in resource-poor settings.</i>	<i>In the assessments and recommendations of HTs, the HTAC shall consider access and use of individuals living in GIDAs.</i>	<i>In the assessments and recommendations of HTs, the HTAC shall recognize the traditional and cultural beliefs of ethnolinguistic groups</i>
<i>Recommended action to HTA Process</i>	HT assessments should include the perspectives/inputs of the young and/or the elderly.	HT assessments should include the perspectives/inputs of women and/or sexual minorities.	HT assessments should include the perspectives/inputs of individuals with disability and special conditions.	HT assessments should include the perspectives/inputs of individuals from lower socioeconomic status.	HT assessments should include the perspectives/inputs of individuals from GIDAs.	HT assessments should include the perspectives/inputs of ethnolinguistic minorities.
<i>Recommended action to HTA Methods</i>	When appropriate, HT assessments should conduct qualitative-designed consultations and/or quantitative-designed data collection among the identified stakeholders (i.e. priority populations).					

	Children and older adults	Women and gender/sexual minorities	Disability and special conditions	Resource-poor settings	GIDAs	Ethnolinguistic groups
<i>Indicator/s</i>	Were the young and/or the elderly appropriately represented among the stakeholders consulted?	Were women and/or sexual minorities appropriately represented among the stakeholders consulted?	Were individuals with disability and special conditions appropriately represented among the stakeholders consulted?	Were individuals from resource-poor settings appropriately represented among the stakeholders consulted?	Were individuals from GIDAs appropriately represented among the stakeholders consulted?	Were the ethnolinguistic minorities appropriately represented among the stakeholders consulted?

Table 2. Social Values (Goals of interventions)

	Enhances of quality of life	Prolongs life	Health promotive and disease preventive	Promotive of public benefit
<i>Definition</i>	This refers to the level of occupational capacity (mobility, functionality, ability to perform daily activities) and basic comforts of life (physically, emotionally, mentally, socially)	Long life is defined medically as the optimization of life-sustaining treatments in lieu of less than optimal organ function. This may be done through ordinary or extraordinary means. The life of the patient may be prolonged at the expense of other family needs.	This social value focuses on empowering individuals towards healthy behaviors and reducing the risk of developing diseases, disabilities, or premature death	This refers to a product or service which benefits everyone in the community. It highlights concern for the universal well-being of the Filipino population.
<i>Policy statement</i>	<i>In the assessments and recommendations of HTs, the HTAC shall consider the enhancement of quality of life of patients and clients.</i>	<i>In the assessments and recommendations of HTs, the HTAC shall consider prolonging the life of patients and clients</i>	<i>In the assessments and recommendations of HTs, the HTAC shall consider the promotion of health and prevention of disease.</i>	<i>In the assessments and recommendations of HTs, the HTAC shall consider what will benefit the general public.</i>
<i>Recommended action to HTA Process</i>	Inclusion of quality of life considerations in: 1. Quality of life as overall objective 2. Cost-effectiveness (ICER: cost per QALY/DALY)	1. Prolong life as overall objective • Effectiveness of the technology 2. Cost-effectiveness (ICER: cost per QALY/DALY)	Prioritization of preventive and promotive HTs.	Core committee client representative should be an expert lay person (e.g. cancer survivors, kidney clients or their family members) Ensure comprehension of

	Enhances of quality of life	Prolongs life	Health promotive and disease preventive	Promotive of public benefit
				stakeholders via regular health literacy surveys (also included in health client-centeredness)
<i>Recommended action to HTA Methods</i>	Inclusions of quality of life consideration in: 1. Focus Group Discussion 2. Key Informant Interview To include as key informants including relevant experts on quality of life or components of it. (e.g., occupational safety and health (OSH) experts to gather data about functionality/occupational capability of the specific life stage) (For additional questions to be included in the instrument)	Inclusion of Prolonging of Life Considerations in: 1. Focus Group Discussion 2. Key Informant Interview 3. Review of hospital records	Inclusion of health promotion and disease prevention in: 1. Focus Group Discussion 2. Key Informant Interview	Assessments already have the burden of disease (magnitude and severity) included as a criteria. Strengthen representation of all stakeholders in public consultations by establishing an extensive network of various sectors of the population
<i>Indicator/s</i>	<ul style="list-style-type: none"> Level of employment <ul style="list-style-type: none"> Was data from the Department of Labor and Employment data (released yearly) included? 	<ul style="list-style-type: none"> Does the HT consider the proportion of survival outcomes? Does the HT consider the mobility and functionality of the HT user? 	<ul style="list-style-type: none"> Does the HT consider the promotion of health? Does the HT consider the prevention of diseases? 	Does the burden of disease consider public benefit?

	Enhances of quality of life	Prolongs life	Health promotive and disease preventive	Promotive of public benefit
	<p><i>(Note: DOLE data cannot fully capture all those that are employed, like those within the informal sectors)</i></p> <ul style="list-style-type: none"> ○ Were standard benefits provided by the relevant agency? ● Was QALY/DALY used in the assessment? ● Were EuroQol 5-Dimension Quality of Life (EQoL-5D) Tool and other QoL relevant tools to the technology being assessed used in the assessment? 	<ul style="list-style-type: none"> ● Does the HT consider comfort of life (e.g. not a burden to family)? ● Does the HT consider decreasing amenable mortality? 		

Table 3. Social values (Healthcare client- and patient-centeredness)

	Promotive of healthcare client and patient autonomy	Promotive of human dignity	Promotive of healthcare client and patient privacy and confidentiality of data
<i>Definition</i>	This highlights the capacity and right of the healthcare patient and client to make informed decisions.	This refers to intrinsic value as a human being.	This promotes the patient and client's right to demand that all information, communication and records be treated as confidential.
<i>Policy statement</i>	<i>In the assessment and recommendation of HTs, the HTAC shall consider the promotion of autonomy of patients and clients.</i>	<i>In the assessment and recommendation of HTs, the HTAC shall consider the promotion of human rights and dignity of all.</i>	<i>In the assessment and recommendation of HTs, the HTAC shall consider the promotion of patient and client privacy and data confidentiality.</i>
<i>Recommended action to HTA Process</i>	Legal, ethical, social issues to include support for patient and client empowerment, informed consent for the use of data and procedure, data protection measures, measures to address stigmatization and discrimination, and adherence to the patient's and client's rights.		
<i>Recommended action to HTA Methods</i>	N/A	Health technology must support healthcare client privacy. To incorporate identified indicators: 2.5.3 - Assessment of Ethical, Legal, and Social Implications (ELSI) 2.5.4 - Assessment of Health System Impact	Health technology must support healthcare client privacy and confidentiality of data. To incorporate identified indicators: 2.5.3 - Assessment of Ethical, Legal, and Social Implications (ELSI) 2.5.4 - Assessment of Health System Impact

	Promotive of healthcare client and patient autonomy	Promotive of human dignity	Promotive of healthcare client and patient privacy and confidentiality of data
<i>Indicator/s</i>	<ul style="list-style-type: none"> Does the use of the HT support client empowerment? <ul style="list-style-type: none"> Acceptance of level of invasiveness of HTs Ease of use of technology Ease of navigating the healthcare system 	<ul style="list-style-type: none"> Does the use of HT address stigmatization and discrimination? Does the use of HT adhere to <u>patient and client's rights</u>? 	<ul style="list-style-type: none"> Does the use of HT include informed consent of participants for the use of their data and procedure? Does the use of HT include data protection measures?

Table 4. Social values (Consideration for generalized others)

	Embraces the role of family	Considers community values	Considers religious and spiritual beliefs
<i>Definition</i>	This refers to the patient's and client's perspective on the psychosocial and financial impact of his/her health on his/her family. This embraces the principle that family involvement is integral to health decision-making.	This includes the influence of the community's values on the patient's and client's perspective and behavior towards health.	This focuses on how religious beliefs and spirituality influence patient's and client's considerations on health and welfare.
<i>Policy statement</i>	<i>In the assessment and recommendation of HTs, the HTAC shall consider the influence of family on the patients' and healthcare clients' perspective and behavior towards health.</i>	<i>In the assessment and recommendation of HTs, the HTAC shall consider the role of the community on the patients' and healthcare clients' perspective and behavior towards health.</i>	<i>In the assessment and recommendation of HTs, the HTAC shall consider the religious and spiritual beliefs of healthcare patients and clients.</i>
<i>Recommended action to HTA Process</i>	HT assessments should include the perspectives/inputs of patients, clients, and families.	HT assessments should include the perspectives/inputs of community members.	HT assessments should include religious beliefs and forms of spirituality of patient and client.
<i>Recommended action to HTA Methods</i>	When appropriate, HT assessments should conduct qualitative-designed consultations and/or quantitative-designed data collection among family members as stakeholders.	When appropriate, HT assessments should conduct qualitative-designed consultations and/or quantitative-designed data collection among community members as stakeholders.	When appropriate, HT assessments should include religious beliefs and forms of spirituality in instruments for qualitative-designed consultations and/or quantitative-designed data collection among patients, clients, family members, and community.

	Embraces the role of family	Considers community values	Considers religious and spiritual beliefs
<i>Indicator/s</i>	Were the patients, clients, and family members included among the stakeholders consulted?	Were community members included among the stakeholders consulted?	When appropriate, religious beliefs and forms of spirituality will be incorporated in the HTA recommendation?

Table 5. Social values (Just allocation)

	Promotive of equity	Promotive of utilitarianism
<i>Definition</i>	Equity related to health and health care may be viewed from broad perspectives: (i) equity in health and (ii) equity in health service delivery, 1. Equity in health is defined as minimizing avoidable inequalities in health and their determinants between groups of people who have different levels of underlying social advantage or privilege. 2. Equity in the delivery of health services is to ensure that all people have access to a minimum standard of health services if and when required and not by certain criteria such as ability to pay.	This gives importance to the consequence of the decision or action that will maximize utility (Marseille and Kahn 2019 ; Bellefleur and Keeling 2016)
<i>Policy statement</i>	<i>In the assessment and recommendation of HTs, the HTAC shall consider equity.</i>	<i>In the assessment and recommendation of HTs, the HTAC shall consider what will contribute to the maximal total benefit of the population.</i>
<i>Recommended action to HTA Process</i>	<ol style="list-style-type: none"> 1. In cost-effectiveness studies, consistently include in the cost of providing access to the technology for vulnerable, marginalized and at risk groups, if data is available. 2. In cost-effectiveness studies, consistently include in the cost promotion and communication that targets vulnerable and marginalized groups. 3. Include a weight system such that vulnerable groups have higher weights during prioritization. 	N/A
<i>Recommended action to HTA</i>	<ol style="list-style-type: none"> 1. Identify the vulnerable and at risk groups during every health technology assessment. 	Inclusion in assessments of disease burden and impact among economic and health system frontliners, if

	Promotive of equity	Promotive of utilitarianism
<i>Methods</i>	<ol style="list-style-type: none"> 2. Prioritize vulnerable, marginalized and at risk groups in each assessment. 3. Improve quality of data through collaboration with other relevant institutions and data from indigenous peoples. (to give the HTAC an accurate view of the number and location of the vulnerable groups) 	applicable or data is available
<i>Indicator/s</i>	Does the use of HT benefit the vulnerable and at-risk groups?	Does the HT consider the maximum benefit for all?

Table 6. Social values (Quality healthcare system)

	Promotive of health system sensitivity and responsiveness	Promotive of trustworthiness	Promotive of comprehensive care
<i>Definition</i>	This highlights 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.	This covers the demonstration of the healthcare system's characteristics of credibility, accountability, and transparency of processes and having quality assurance systems.	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 services.
<i>Policy statement</i>	<i>In the assessment and recommendation of HTs, the HTAC shall consider its contribution to the adaptability of the health system.</i>	<i>In the assessment and recommendation of HTs, the HTAC shall consider its contribution to strengthening the trust of stakeholders in the healthcare system.</i>	<i>In the assessment and recommendation of HTs, the HTAC shall consider its contribution to the realization of UHC on comprehensive care.</i>
<i>Recommended action to HTA Process</i>	N/A	<ol style="list-style-type: none"> 1. Inclusion of stringent technical requirements or specifications in the HT recommendation (aligned with specs of international organizations and stringent regulatory agencies) 2. Public accessibility of ongoing HTA 	Inclusion of UHC principles in the prioritization, protocol development, scoping, review/assessment, appeals, and consultation

	Promotive of health system sensitivity and responsiveness	Promotive of trustworthiness	Promotive of comprehensive care
		<ol style="list-style-type: none"> Public consultation on the preliminary recommendations Transparency regarding the various considerations in the HTA process through public briefers Compliance with the Freedom of Information Law 	
<i>Recommended action to HTA Methods</i>	Include impact of the health technology on the adaptability of the healthsystem as part of the ELSHI.	<ol style="list-style-type: none"> Consistent expert consultation in scoping and protocol development in alignment with the HTAC process and methods Adequate representation of stakeholders during the ELSHI consultation, e.g. FGDs 	Observance of the mandated HTAC decision framework in the recommendations
<i>Indicator/s</i>	<ul style="list-style-type: none"> Is the HT among the prioritized health services? Does the HT address the particular needs of stakeholders according to the following: <ul style="list-style-type: none"> age/life cycle population gender socio-economic status geographical location Is the HT timely, efficient, and equitable? 	<ul style="list-style-type: none"> Does the assessment of HT involve adequate representation of stakeholders in various consultations? Does the HTAC recommendation include inputs from stakeholders? Does the public response to the media or publication of HTAC recommendations indicate trust in government processes? 	<ul style="list-style-type: none"> Does the HTAC recommendation consider the UHC principles (<i>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</i>)?

Annex.B - Template on using social values

Topic: Self-administered Antigen Test (SAAgT)		
Social Values (SVs)	Does the HTAC consider these social values in the appraisal and assessment of evidence?	Context
Subpopulations that need special considerations		
<i>Children and older adults</i>	✓	Streamlining self-testing prioritization
<i>Women and sexual/gender minorities</i>	✓	A representative from HIV/AIDS patient organization was interviewed
<i>Individuals with disability and special conditions</i>	✓	Streamlining self-testing prioritization
<i>Resource-poor settings</i>	✓	Economic frontliners (e.g. jeepney driver, delivery riders, and market vendors) were interviewed
<i>Individuals living in geographically-isolated and disadvantaged areas</i>	✓	Access to self-testing (i.e. logistical concerns)
<i>Indigenous people</i>		
Goals of interventions		
<i>Enhances quality of life</i>	✓	Self-testing for workload reduction in health facilities
<i>Prolongs life</i>	✓	Testing and case management (i.e. surveillance, initial identification, and prerequisite for confirmatory testing)
<i>Health promotive and disease preventive</i>	✓	Centralized reporting and patient information system
<i>Promotive of public benefit</i>	✓	Streamlining self-testing

Topic: Self-administered Antigen Test (SAAgT)		
Social Values (SVs)	Does the HTAC consider these social values in the appraisal and assessment of evidence?	Context
Healthcare patient and client-centeredness		
<i>Promotive of patient and client autonomy</i>	✓	Self-reliance on testing
<i>Promotive of patient and client privacy and confidentiality of data</i>	✓	Confidentiality of results reporting
<i>Promotive of human dignity</i>	✓	Health education on proper self-testing
Consideration for Generalized Others		
<i>Embraces the role of family</i>	✓	COVID-19 transmission
<i>Considers community values</i>	✓	COVID-19 related stigma or “hiya”
<i>Considers religious and spiritual beliefs</i>		
Just allocation		
<i>Promotive of equity</i>	✓	Consideration of marginalized and at-risk groups
<i>Promotive of utilitarianism</i>		
Quality healthcare system		
<i>Promotive of health system sensitivity and responsiveness</i>	✓	Health education on proper self-testing
<i>Promotive of trustworthiness</i>	✓	Confidence in the accuracy of test results
<i>Promotive of comprehensive care</i>		

References

Bellefleur, O. & Keeling, M. (2016). Utilitarianism in public health. Montréal, Québec: National Collaborating Centre for Healthy Public Policy.

http://www.ncchpp.ca/docs/2016_Ethics_Utilitarianism_En.pdf

Cunanan, A.L. and Yabut, H.J. (2019). Lived experiences of stigma among Filipino Former Drug Dependents: An Interpretative Phenomenological Analysis. *Philippine Journal of Psychology*, 52(1), pp. 127-154. <https://doi.org/10.31710/PJP/0052.01.05>

Cutler, D. and Meara, E. (2001). Changes in the Age Distribution of Mortality over the 20th century. <http://www.nber.org/papers/w8556>

Department of Health (DOH) Health Technology Assessment (HTA). (2020). High-Flow Nasal Cannula Oxygen Therapy for the Treatment of Acute Hypoxemic Respiratory Failure for COVID-19.

<https://hta.doh.gov.ph/2021/01/24/high-flow-nasal-cannula-oxygen-therapy-for-the-treatment-of-acute-hypoxemic-respiratory-failure-for-covid-19/>

Department of Health (DOH) Health Technology Assessment (HTA). (2021). Acceptability of COVID-19 Vaccines among Key Stakeholders in the Philippines.

<https://hta.doh.gov.ph/2021/02/23/covid-19-vaccines/>

Department of Health (DOH) Health Technology Assessment (HTA). (2021). Health Technology Assessment (HTA) and the inclusion of Drugs in the Philippine National Formulary (PNF)

<https://hta.doh.gov.ph/2022/02/10/htac-recommendation-oral-prep/>

Donaldson, M., Yordy, K., and Vanselow, N. (1994). The New Definition and an Explanation of Terms. In: *Defining Primary Care: An Interim Report*. Washington DC: National Academies Press.

<https://www.ncbi.nlm.nih.gov/books/NBK231308/>

Duarte, P., Hill, A., Morley, P. (2014). Epidemiology of Equine Infectious Disease. In *Prevention and Control of Infectious Diseases*. <https://doi.org/10.1016/B978-1-4557-0891-8.00061-0>

Entwistle, V., Carter, S., Cribb A., and McCaffery, K. (2010). Supporting patient autonomy: The importance of clinician-patient relationships. *Journal of General Internal Medicine*, 25(7):

741-745. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2881979/>

Galvez-Tan, J.Z. (2013). Health in the hands of the people. JZGalvezTan Health Associates, Inc: Quezon City.

http://docjimmygalveztan.com/wp-content/final_health_in_the_hands_of_the_people.pdf

Kleinman, A. (1998). Experience and Its Moral Modes: Culture, Human Conditions, and Disorder. *The Tanner Lectures on Human Values*.

<https://tannerlectures.utah.edu/resources/documents/a-to-z/k/Kleinman99.pdf>

Giordan, G. (2007). Spirituality: From a religious concept to a sociological theory. *In: A Sociology of Spirituality* (1st ed).

<https://www.taylorfrancis.com/chapters/edit/10.4324/9781315565231-10/spirituality-religious-concept-sociological-theory-giuseppe-giordan>

Lagman, R.A., Yoo, G.J., Levine, E.G., Donnell, K., Lim, H.R. (2015). "Leaving it to God": Religion, Spirituality and Filipina American Breast Cancer Survivors. *Journal of Religious Health*, 53(2), pp.449-460. [10.1007/s10943-012-9648-z](https://doi.org/10.1007/s10943-012-9648-z)

Lehoux, P. and Williams-Jones, B. (2007). Mapping the integration of social and ethical issues in health technology assessment. *International Journal of Technology Assessment in Healthcare* 23(1): pp. 9-16.

<http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.538.7287&rep=rep1&type=pdf>

Marella, M., Devine, A., Armeccin, G., Zayas, J., Marco, M., and Vaughan, C. (2016). Rapid assessment of disability in the Philippines: understanding prevalence, well-being, and access to the community for people with disabilities to inform the W-DARE project.

<https://pophealthmetrics.biomedcentral.com/articles/10.1186/s12963-016-0096-y>

Marseille, E. and Kahn, J. (2019). Utilitarianism and the ethical foundations of cost-effectiveness analysis in resource allocation for global health. *Philosophy, Ethics, and Humanities in Medicine*, 14(5).

<https://peh-med.biomedcentral.com/articles/10.1186/s13010-019-0074-7>

Math, S. and Seshadri, S. (2013). The invisible ones: Sexual minorities. *Indian Journal of Medical Research*, 137(1), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3657897/>.

Mikula, G. (2001). Justice: Social Psychological Perspectives, *International Encyclopedia of the Social & Behavioral Sciences* pp. 8063-8067

<https://www.sciencedirect.com/science/article/pii/B0080430767018088>

Muers, S. (2018). Culture, Values and Public Policy. Retrieved from <https://www.bath.ac.uk/publications/culture-values-and-public-policy/>

Philippine Inquirer. (2021). SWS: Number of Filipinos who think religion is ‘very important’ drops from 83% to 73%. <https://newsinfo.inquirer.net/1413554/losing-faith-filipinos-who-think-religion-is-very-important-down-survey-says>

Philippine Medical Association. (2016). Code of Ethics of the Medical Profession. <https://www.philippinemedicalassociation.org/wp-content/uploads/2018/07/Code-of-Ethics-of-Medical-Profession.pdf>

Redshaw, S. (2020). Generalized Other. In: The Blackwell Encyclopedia of sociology. <https://onlinelibrary.wiley.com/doi/10.1002/9781405165518.wbeosg030.pub2>

Starfield, B. (2011). Is patient-centered care the same as person-focused care? The Permanente Journal, 15(2), pp. 63-69. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3140752/>

Togioka, B., Duvivier, D., and Young, E. (2022). Diversity and Discrimination in Healthcare. In: StatPearls. <https://pubmed.ncbi.nlm.nih.gov/33760480/>

Vail, D. Angus. (2007). Generalized Other. In: The Blackwell Encyclopedia of Sociology. <https://doi.org/10.1002/9781405165518.wbeosg030>

Weeks, J. (2015). Sexual Orientation: Historical and Social Construction. In: International Encyclopedia of the Social and Behavioral Sciences (2nd ed.) pp. 785-790. <https://www.sciencedirect.com/science/article/pii/B9780080970868102090>

Wiley, L. (2015). From Patient Rights to Health Justice: Securing the Public’s Interest in Affordable, High-Quality Health Care. Cardozo Law Review, 37. Retrieved from https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2676336

Wing, P. (1997). Patient or client? If in doubt, ask. *Canadian Medical Association* 157 (3), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1227829/pdf/cmaj_157_3_287.pdf

World Health Organization. (nd). Quality of care. https://www.who.int/health-topics/quality-of-care#tab=tab_1