Improving Access to Medicines in the Philippines through Multi-Stakeholder Partnership

Ranielle Mendoza, RPh, Principal, *RiseAboveNow Business Consulting Group*
Bryan Posadas, RPh, MBA, Associate, *RiseAboveNow Business Consulting Group*
Jeanne Pillejera, RPh, Associate, *RiseAboveNow Business Consulting Group*

C-ANPROM/PH/ADCE/0137

List of Abbreviations

BNB	Botika ng Barangay
COVID-19	Coronavirus 2019
CSDH	Commission on Social Determinants of Health
DPRI	Drug Price Reference Index
DOH	Department of Health
DOST	Department of Science and Technology
EML	Essential Medicines List
F1 Plus BNB	FOURmula One Plus Botika ng Bayan
GIDA	Geographically isolated and disadvantaged areas
HC	Health Center
HIV/AIDS	Human Immunodeficiency Virus / Acquired Immune Deficiency Syndrome
HTA	Health Technology Assessment
HTAC	Health Technology Assessment Council
IA	Implementing Agencies
ICT	Information and Communication Technology
IFC	International Finance Corporation
LGA	Local Government Academy
LGU	Local Government Unit
LPG	Lowest-priced Generics
MAP	Managed Access Program
NCD	Non-communicable Disease(s)
NEDA	National Economic and Development Authority
NTP	National Tuberculosis Program; *referring to Vietnam's National TB Program*
OB	Originator Brand
OOP	Out-of-pocket
PHIE	Philippine Health Information Exchange
PhilHealth	Philippine Health Insurance Corporation
PIDS	Philippine Institute for Development Studies
PNF	Philippine National Formulary
PPI	Public–Private Interactions
PPIP	Public–Private Investment Partnership
PPP	Public–Private Partnership
PPP Center	Public–Private Partnership Center of the Philippines
RHU	Rural Health Unit
TB	Tuberculosis
TF	Temasek Foundation
THD	Town Hall Discussion
THE	Total Health Expenditure
UHC	Universal Health Coverage, also Universal Health Care
UP	University of the Philippines
WHO	World Health Organization

I. Introduction

The 1987 Philippine Constitution recognizes health as a basic human right.[1] Part of this is having reasonable access to medicines.

Access to medicines means having medical preparations continuously available and affordable at public or private health facilities or medicine outlets that are within one hour's walk from the homes of the population.[2] Without medicines, a healthcare system cannot achieve its desired health outcomes. As such, the availability of affordable and effective drugs is among the visible indicators of the quality of health services.[3]

According to the framework of the World Health Organization (WHO), the status of a state's access to medicines can be assessed by three parameters: availability, medicine prices, and affordability.[4]

Availability

Access of Filipinos to medicines is beset with challenges. 50% of deaths in the country are attributed to non-communicable diseases (NCD) which are largely caused by challenges in the access to medicines. The mean availability of surveyed medicines in the public sector was 1.3% for originator brands (OBs) and 25% for lowest-priced generics (LPGs). In the private sector, the availability increased to 34.7% for OBs and 35.4% for LPGs. Still, the numbers are far from ideal.[5]

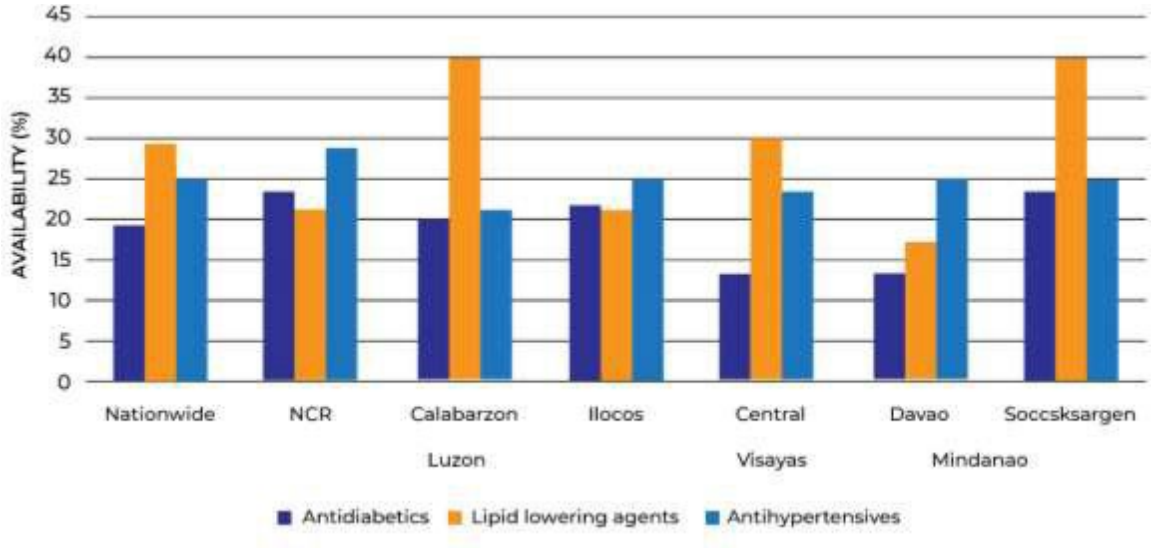

Figure 1. Availability of LPGs in the public sector per pharmacological category, nationwide and across regions (*Source: Lambojon K, et al, 2020*[5])

High Cost of Medicines

According to a report in 2019 by Pulse Asia, 99 percent of Filipinos who need prescription medicines are unable to buy all of their medical treatment requirements due to high cost, leading to unnecessary deaths or prolonged pain and illness.[6]

In the same year, global health insurer Mercer Marsh Benefits reported that drug prices in the Philippines are the second highest in Southeast Asia despite the passage of the Universally Accessible Cheaper and Quality Medicines Act of 2008.[7]

In a survey conducted by the Social Weather Stations in 2021, it is estimated that 85% of expense for medicines is paid out-of-pocket by Filipino families or shared by voluntary private insurance which is among the highest in the world compared with other countries such as Malaysia (45%), South Korea (42%), New Zealand (32%), and Thailand (9%).[8]

Affordability

A treatment regimen is considered affordable if it costs the equivalent of one day's salary of the lowest-paid unskilled government worker; treatments that cost more than this are classed as unaffordable.[4]

To address challenges of high prices of medicines, the government took various steps such as the promotion of generic drugs, the enactment of the Cheaper Medicines Act,[9] and the government-mediated access prices programs and the Department of Health (DOH) medicines access programs. Other measures taken were public sector importation of cheaper medicines and centralization of the procurement of medicines for public hospitals and clinics.

Despite these measures, poor people still find it challenging to purchase the standard treatment of medicines.[10]

A primary reason that creates challenges in medicine affordability would be the insufficient subsidy from the government. The SWS study above shows that there is high preference of Filipinos for free and subsidized medicines as the most helpful ways of obtaining medicines for a grave illness. While at the moment there is a form of government subsidy for medicines, it is only for certain diseases. There is clamor for the government support to expand to cover more health conditions especially for economically challenged patients.[8]

Challenges in access to medicines is a massive undertaking that will benefit from multistakeholder collaboration. The COVID-19 pandemic has highlighted that government departments and public sector bodies are not often sufficiently equipped to resolve vast and intricate public health issues.

In battling the pandemic, the private sector has shown that it can have major contributions to complement the efforts of the government to produce rapid, innovative solutions through effective partnerships.

This paper therefore aims to understand the challenges around access to medicines and how partnerships can help resolve some, if not all, identified challenges.

II. Identifying the Challenges

In order to determine possible solutions to challenges to access to medicines, there is need to identify first what is causing the problems.

The Philippine healthcare system is fragmented

Health care in the Philippines is characterized by dual health delivery system through the public and private sector. The DOH, the lead government agency in charge of the public health delivery system, is mandated to be the over-all technical authority on health. While the DOH is tasked to lay down national health policies and plans, the local government units (LGUs)[1] have full autonomy to finance and operate the local health systems.

Philippine healthcare financing is a mix of the Beveridgean system[2], the Bismarckian system[3], small-pooled private prepayment schemes, and large unpooled financing comprising OOP patient expenditures.

This devolution of the Philippine healthcare system results in fragmented health care system which causes a myriad of difficulties.

First, it highlighted the lack of management capacity. The local health planning and budgeting process tends to be compliance oriented rather than needs- and evidence-based.[11] The local chief executive and/or fiscal officers typically hold central authority over budgeting choices, with local health officials frequently having little say in how resources are allocated. As a result, it is uncertain if budget allocation for health accurately reflects the LGU's actual requirements.

Second, there is significant duplication of process with the DOH, Philippine Health Insurance Corporation (PhilHealth) and LGU despite attempts taken to harmonize activities.[12] The present model causes confusion surrounding the questions, "who-pays-for-what" and "unclear accountability framework, who accounts to whom" problems. Overlapping allocation and activities are also observed since healthcare budget decisions are made at different levels and in silos.

The Philippines has numerous isolated areas due to its archipelagic nature

Historically, the total number of islands in the Philippine archipelago was held to be 7,107, but in 2016 the National Mapping and Resource Information Authority of the Philippines announced the discovery of more than 500 previously uncharted islands. The archipelago stretches about 1,150 miles (1,850 km) from north to south, and its widest east-west extent, at its southern base, is some 700 miles (1,130 km).

Distribution of medicines is an exceptional challenge for the Philippines due to its archipelagic nature, particularly to geographically isolated and disadvantaged areas (GIDA).

According to the DOH, GIDAs refers to barangays which are specifically disadvantaged due to the presence of both physical and socio-economic factors.

1. Physical Factors
   Refer to characteristics that limit the delivery of and/or access to basic health services to communities that are difficult to reach due to distance, weather conditions, and transportation difficulties
2. Socio-economic Factors
   Refer to social, cultural, and economic characteristics of the community that limit access to and utilization of health services

[1] Local Government Units (LGU) is composed of 81 provinces, 146 cities and 1,488 municipalities
[2] Government tax-funded financing of DOH and LGU health facilities
[3] PhilHealth premium- and tax-funded financing
PhilHealth manages the National Health Insurance Program (NHIP) of the Philippines

A common problem faced in public and private health facilities is stockouts and overstocks of essential medicines.

The Philippine healthcare system is characterized by excessive complexity

On top of the complications brought about by the healthcare fragmentation, bureaucratic challenges and delays also negatively affect health system efficiency. This has been attributed to "a system that values procedural compliance over outcomes, resulting in excessive use of administrative formalities due to red tape and risk aversion." [13]

Inefficiencies in the current healthcare system include repetitive regulatory processes for accreditation, certification, and/or budget allocations. These result in significant disbursement delays and burdensome administrative duties assigned to health professionals. The additional workload arising from these duties removes valuable time of healthcare professionals from focusing on patient care.[14]

The Philippines needs to improve its health data management

The struggles concerning access to medicines are exacerbated by the delayed access to timely, reliable, accurate, and complete health information. This condition is further worsened by various health data coming from disparate systems that use differing formats, lacking harmonization, and putting additional strain on already compromised data quality.

On the average, processing and transfer of data from the health center (HC) / rural health unit (RHU)to the provincial or city health office, the regional health office, and to the DOH Central Office takes more than a year with data validation at various levels.

Under the Universal Healthcare (UHC) Act,[4] all public and private, national and local health-related entities shall be required to submit health and health-related data to PhilHealth including, among others, administrative, public health, medical, pharmaceutical and health financing data.[15] All health service providers and insurers shall each maintain a health information system consisting of enterprise resource planning, human resource information, electronic health records, and an electronic prescription log consistent with DOH standards, which shall be electronically uploaded on a regular basis through interoperable systems.[15]

To harmonize the health information from different levels of health care facilities, a Philippine Health Information Exchange (PHIE) was established in 2015.[5] The PHIE is a platform to facilitate efficient exchange of health data and/or information among health facilities, health-care providers, health information organizations and government agencies. Information from various electronic medical record systems and hospital information systems are harmonized and integrated to provide an infrastructure for data/information-sharing between healthcare providers and supports access to patients' records across providers situated anywhere in the Philippines.[6]

A study published in 2022 shows that there are issues and gaps related to the interoperability of eHealth[7] in the Philippines including technical issues such as lack of common semantics, lack of an institutional mechanism to regulate electronic medical records, lack of incentives among eHealth providers and stakeholders to adopt standards for interoperability.[16]

Interoperability is the ability of a system or product to work with other systems or products without special effort on the part of the customer.[17] It allows conversation among users across the border and in this case, among local

[4] The Republic Act No. 11223, also known as the Universal Health Care Act, mandates the institutionalization of health technology assessment (HTA) as a fair and transparent priority setting mechanism that shall be recommendatory to the DOH and PhilHealth for the development of policies and programs, regulation, and the determination of a range of entitlements such as drugs, medicines, pharmaceutical products, other devices, procedures and services

[5] The memorandum of agreement for the Philippine Health Information Exchange was signed by the Secretary of Health, Secretary of Science and Technology (DOST), President and Chief Executive Officer of PhilHealth, and Executive Director of Information and Communications Technology Office of DOST on 17 March 2015

[6] Ibid, *footnote 5*

[7] The World Health Organization defines eHealth is the use of information and communication technologies for the health of people and the management of health systems

government units and health centers; to allow harmonization of health and medical data for healthcare provision by other health units or facilities in the context of privacy and ethics; and to promote and facilitate the long-term integration of technologies.

The Department of Health gathers data on population health through the RHUs and HCs. This data is stored and managed by the Epidemiology Bureau, which can be provided to respective offices, as needed. The collection of these data, however, is limited to cases reported in government health facilities and does not include data from the private health facilities; this limitation hampers appropriate forecasts of the needs of the population.

Cancer and rare diseases are deprioritized

The Philippines has embarked on a major health reform under the UHC Act. One of the stipulations in the UHC Act is the creation of the Health Technology Assessment Council (HTAC). The HTAC is responsible for the review and recommendation of approval for inclusion in the Philippine National Formulary (PNF). The HTA process becomes a bottleneck for approval of innovative medicines needed by patients with rare medical conditions, as review prioritizes medicines used for conditions with higher prevalence.

Patient groups expressed their concerns with accessing innovative medicines for cancer and rare diseases. One of the potential reasons identified is the lack of support provided by the national health system to the pharmaceutical companies in introducing new drugs in the country. The need for these medicines in the country must first be established before they may be allowed to enter the Philippine market. The low prevalence of these conditions among Filipinos do not make these medicines a priority for inclusion.

Procurement Law and the Philippine Drug Price Reference Index (DPRI) are short-sighted

In discussion paper published in 2021, the Philippine Institute for Development Studies (PIDS) urged the government to rethink price setting in the public procurement of drugs and medicines.[18]

The DOH established the Philippine DPRI as the basis for the maximum government procurement price of pharmaceutical products. DPRI was designed to provide transparency in the pricing of essential medicines and to guide all national and local government health facilities in the procurement of essential medicines.

The study of PIDS reveals the following insights [18]:

1. DPRI compliance is not associated with cheaper prices among successful procurements.
2. DPRI compliance is associated with longer posting periods of about 10 percent or roughly two days more than postings that are not DPRI-compliant.
3. DPRI also has a 17.7% probability of procurement failure, which leads to longer delays in the procurement process.
4. Difficulty in procuring medicines with few or sole providers because the approved budget for the contract is “too low in comparison to the market price.”
5. There often is a failure in bidding because of the low ceiling price in the DPRI. This is experienced throughout every region.

Similar challenges arise due to the limitations in the current Procurement Law. The existing Procurement Law is deemed not suitable for many health sector transactions as it is too focused on the lowest bidder with little concern for quality. For instance, in 2000, the local government of Quezon City bought P1.8 million of pharmaceutical preparations which includes multivitamins and antibiotics which were found to be eventually failed quality tests conducted by the Food and Drug Administration as part of a special audit.[19]

Skills in undertaking government procurement are also scarce, especially in LGUs. LGU-procured drug prices are often higher than those procured by the Central DOH.[20] Lack of procurement planning, including drug quantification, small purchases (diseconomies of scale) and emergency procurements are often cited as the reasons behind the higher prices.[19]

III. Solutions through Collaboration

Collaboration between health care, social services, private organizations and other institutions is increasingly seen as a critical element to improving health and health equity.[21]

The following discussion elaborates on possible partnerships that can help address the identified challenges above. Using case studies available locally and abroad, the discussion aims to provide insights on what is possible in terms of improving access to medicines through collaboration.

A. Expanding availability of medicines in various access points and to different patient groups

Public and private partnerships can enhance medicine availability to GIDA. A concrete example is the Botika ng Barangay (BNB) program (later on relaunched as the FOURmula One Plus Botika ng Bayan) which refers to a FOURmula One Plus Botika ng Bayan (F1 Plus BNB) – Pharmacy outlets in RHUs, HCs, Government Hospitals and National and Local Government Centers with Medical Assistance Program where the medicine supplies are funded by the DOH to be provided for free to all priority patients. This is a formal distribution system set up by the DOH to ensure accessibility of essential medicines to patients, specifically to reach those in GIDA of the country.

The BNB Program did not initially meet its goals due to the lack of qualified health workers which led to its temporary closure from 2011 to 2018 due insufficient supplies of medicine and lack of supervising pharmacists.[22,23] To ensure sustainability of patient access programs in the country, it is important establish collaborative efforts among the private sector, patient organizations, and other non-government organizations to address said gap. Presently, the BnBs serve a total population of approximately 90,457,200 thru 167 stores nationwide - 54 in Luzon, 43 in the Visayas, and 70 in Mindanao.[24]

Not only are partnerships beneficial to reach population from remote areas, they can also support the needs of the marginalized Filipinos. Some pharmaceutical companies in the Philippines offer patient assistance programs that either provide full coverage or supplement needed medicines to patients in need. To encourage increased participation of the private sector to improving access to medicines, the government may consider providing tax breaks or other analogous benefits to foster a win-win partnership.

Civil societies and patient groups on the other hand, can lend support to reach targeted population groups. DOH offices have established partnerships with patient groups in distributing medicines for targeted disease programs, including cancer and HIV/AIDS. During the COVID-19 pandemic for example, government offices have successfully leveraged civil society groups to distribute medicines to its members.

CASE: Mercury Drug Pharmacy Scholarship Program[25]

Under the Republic Act 5921 or Pharmacy Law, only registered pharmacists can dispense and sell medicines. As such, the lack of pharmacists in different areas of the Philippines can impede access to medicines.

The Philippine Pharmacists Association, Inc. reported that around 50,000 licensed pharmacists are on their list as of February 2019, however, only 23,500 are active or practicing in the field, highlighting the shortage in the country.[26]

To help augment the number of pharmacists in the country, Mercury Drug launched a pharmacy scholarship program to foster pharmacy education and to help alleviate the shortage of pharmacists in the country. The scholarship is offered to students coming from impoverished families and dependents of soldiers who are in active service, killed in action, incapacitated or died in the line of duty. The scholarship covers tuition, miscellaneous school fees, food and transportation expenses.[25]

B. Improving access to innovative medicines for cancer and rare diseases

There is an opportunity to further improve access to medicines by enhancing the appreciation by the government on innovative medicines for cancer and rare diseases though updated information.

The government may tap pharmaceutical companies, healthcare providers, and patient organizations to collect real-world evidence to aid decision-making and policy development in rolling out Managed Access Programs (MAPs) to allow cancer and rare disease patients to access to novel treatments prior to market availability.

MAP refers to a variety of regulatory mechanisms that provide early access to treatment before market availability. MAPs are often referred to as Compassionate Use, Expanded Access Programs, Named Patient Supply, Special Access Schemes/Programs, Right-to-Try Programs, Emergency Use Protocols, Medicines Under Special Situations, Early Access to Medicine Schemes, Medical Need Programs, or Temporary Authorization for Use.

Real-world data on the use of innovative medicines in the population may be utilized to support and expedite inclusion in the market, specifically in providing evidence to support HTA approval and PNF inclusion.

CASE: Town hall discussions on rare diseases

In 2016, the Rare Disease Law or Republic Act 10747 was passed. Said Law aims to improve access of patients living with rare diseases or patients suspected of having a rare disease, to comprehensive medical care.

On Aug. 15, 2022 the Stratbase ADR Institute†, in partnership with the Philippine Society for Orphan Disorders and UHCWatch, held a hybrid town hall discussion (THD) entitled "The State of Rare Disease Law: Continuing Implementation and the Delivery of Responsive Health Services to the Affected Population."

The THD brought together different stakeholders from the academe, government agencies, civil society/patient organizations, and private sectors. The townhall updated the various stakeholders on the milestones and continuing challenges in implementing RA 10747 and brainstormed on possible way forward to support the implementation of the said law.

Senator Sonny Angara, in his message, expressed gratitude to the private sector for their help and encouraged people to partner with the government in helping make progress against rare diseases. The senator also assured the public of continued support and motivated them to continue the dialogue to keep the attention on rare diseases.[27]

NOTE:
† *The Stratbase ADR Institute for Strategic and International Studies is an independent, international research organization focused on the in-depth analysis of economic, social, political and strategic issues influencing the Philippines and the Indo-Pacific region*

C. Enhancing access through facilities

In the Philippines, several medical procedures such as certain ambulatory surgery, dialysis, and psychiatric care are only available in private health facilities. Hence, cementing partnerships with private healthcare providers is essential if access to medicines is to be improved.

Establishing partnerships between the government and private sector to utilize both public and private health facilities in implementing public health programs should be explored. Leveraging private facilities in providing health care will greatly improve access to services and medicines.

CASE: reach52's Digital Health Model[28]

reach52, together with Medtronic Labs developed a digital health model called Padayon, which creates a community of health teams to provide health care to low-income patients in rural populations with non-communicable diseases (NCDs), specifically, diabetes and hypertension. The model provides subscribed patients with discounted medicines, remote monitoring of blood pressure and blood glucose, and access to coaching sessions for 12 weeks covering nutrition, exercise, stress management, medication adherence, disease complications, and problem solving. The Padayon model provides a way to overcome traditional access barriers for NCDs in low- to middle-income countries.

CASE: Vietnam National Tuberculosis (TB) Programme

Perhaps the Philippines may get inspiration from Vietnam's National Tuberculosis Programme (NTP). In 2018, it is estimated that only 57% of TB cases were notified to NTP (i.e., there is no information about the remaining 43%).[29] It was hypothesized that a majority of the "missing cases" may be receiving care in the private sector.

To improve identification and completion of treatment of cases, an innovative private sector engagement with model was implemented. The government utilized the facility of the biggest tertiary care private hospital in a province considered a poor-performing by NTP.

The partnership resulted to high levels of testing, diagnosis, treatment start and completion among TB patients such that the government considered to scale-up this model nationwide after undertaking a detailed cost-effectiveness analysis.[30]

Learning from Vietnam's model, the Philippines can strengthen its primary care services through partnerships with private polyclinics and pharmacy retail outlets to identify, screen, and refer patients, as needed for different health programs.

D. Creating differentiated medical, social and economic support to patients situated differently through Pharmacoeconomics

Health is influenced by multiple factors which are generally classified under five categories:

(1) Genetics
(2) Behavior
(3) Environmental influences
(4) Medical and health care and social factors
(5) Social determinants of health

The fifth category encompasses economic and social conditions that influence the health of people and communities.

Recognizing the varied situations of different patients, the WHO created Commission on Social Determinants of Health (CSDH) that outlined the principles to eliminate health inequities for local communities and nations and throughout the world.

In order to achieve health equity, CSDH underlined that tackling socioeconomic determinants of health is essential, and global and regional cooperation is essential in this aim.[31]

Indeed, different medical conditions vis-à-vis social condition of patients results to differentiated requirements that need to be addressed. In creating customized interventions, Pharmacoeconomics[8] must be applied to ensure that financial support schemes and treatment regimen for different patient groups are backed with evidence.

[8] Pharmacoeconomics can be defined as the branch of economics that uses cost-benefit, cost-effectiveness, cost-minimization, cost-of-illness and cost-utility analyses to compare pharmaceutical products and treatment strategies

A study published in 2018 regarding Pharmacoeconomics notes that "there is a remarkable disparity among the quality of studies in various countries of the Asia-Pacific. Most of the countries do not have published pharmacoeconomic studies, whereas the high-quality studies are localized to a few countries only." [32]

To address gaps in information, organizing consultation sessions between government offices and patient groups can be held to gain key insights on the needs of these groups. Further collaboration between financing institutions, government offices, and public and private health facilities to offer financial support will ensure patients receive the support they need.

The Philippines can also increase Pharmacoeconomic studies and improve the quality of research by providing advanced training to local experts through partnership with other countries that have produced high quality studies such as Japan and Australia.

CASE: Case: Enhancing the value and efficiency of UHC in China using Pharmacoeconomics[33]

As of 2018, China has achieved near-universal health coverage (UHC) for 95 percent of its population. However, while government spending on healthcare has increased, the economic growth has slowed. Given the increasingly limited funding, alongside growing healthcare demands, the Chinese government began to utilize Pharmacoeconomics to evaluate the health returns and economic costs of pharmaceutical products in a scientific way for the optimal allocation of healthcare resources.

The pharmacoeconomic studies conducted in China is an excellent case of collaboration. The researchers conducting pharmacoeconomic evaluations include scholars from universities and research institutes in related fields, pharmaceutical company employees in the market access and medical research department, experts specialized in health technology assessment or pharmacoeconomics from professional associations, and researchers from medical institutions or consulting companies.

To further meet the growing demand, various universities and professional associations held workshops for professionals on pharmacoeconomics.

In China, the funding for pharmacoeconomic evaluation comes both from the public and the private sector. From the government, it is the National Social Science Fund of China and National Nature Science Foundation of China that provide the funding while pharmaceutical companies fund the evaluation from private sector.

China also gradually applied pharmacoeconomic evaluation in healthcare decision making. In the outlines of the healthcare reform published in 2009, the state council planned to incorporate the pharmacoeconomic evaluation into the pharmaceutical pricing policy.[34]

In April 2011, the Pharmacoeconomics Technical Committee of the Chinese Pharmaceutical Association (PTCCPA) released the first authoritative pharmacoeconomic evaluation guideline in China, the China Guidelines for Pharmacoeconomic Evaluations (CGPE). To continuously support shift toward evidence-based policy making, the PTCCPA released the new 2020 edition of the CGPE.

The CGPE is a product of successful partnership and collaboration among experts coming from different groups. The CGPE expert committee is composed of policy makers from medical regulatory agencies, including the National Development and Reform Commission, National Health Commission, National Medical Product Administration, and National Health Security Administration, professors of pharmacoeconomic and pharmacy administration from universities around the world, and experts from medical research institutes.

During the preparation of the guideline, progress meetings were held monthly to discuss the feedback and reviews from expert committee and invited stakeholders. The CGPE 2020 edition provides a standard to raise the caliber of research on pharmacoeconomic evaluation and to increase the usefulness and effectiveness of UHC in China. It reflects the shared objective of government, healthcare organizations, and pharmaceutical corporations which is to ensure that the public has access to safe, effective, economic, and appropriate pharmaceutical products.

E. Establishing relevant learning and development programs

To improve access to medicine at the local level, it is important that local government officials are properly trained regarding health and health-related policies and framework. It is recommended that part of the

curriculum being offered by the Local Government Academy (LGA)[9] would be medicine access policy to improve availability and affordability of essential medicines at the local level.

In May 2022, the DOH forged partnership with the LGA and the Department of Interior and Local Government personnel to develop supplemental online courses to bridge the health sector to LGUs in support of the UHC Act.

Pharmaceutical companies can also provide training programs to LGAs to apprise local government officials on treatment innovations as part of increasing awareness on cancer and rare disease management in case such training is not provided by the DOH.

Regular engagement between public and private stakeholders may provide key insights on the collaborative opportunities to improve medicines access in the country. Regular discussions through fora, seminars, summits, or simple *kapehan* sessions[10] will establish open communication lines for different stakeholders to discuss programs and policies on medicines access and engage each other to ensure proper implementation of these. In addition, these avenues may be utilized to address the current communication issues, such as process updates and clarity of information on processes and policies.

Collaboration with professional organizations, pharmaceutical companies, and government offices from other countries can also be pursued to enable sharing of best practices in terms of improving access to medicines. Electronic portals (i.e., website, social media platform) that are highly accessible can serve as repositories of insights and learnings from different countries can be created to facilitate speedy exchange of beneficial information.

CASE: Zuellig Family Foundation Health Change Model

Since 2008, the Zuellig Family Foundation has been working with 30 rural municipalities across the country, rolling out a Health Change Model. The Foundation's Health Change Model aims to help local chief executives, municipal health officers and other health professionals, and community leaders, improve health governance and make local health systems equitable, responsive and sustainable.[35]

The Health Change Model has three main components: training, practicum, and coaching.

A roadmap is given to the participants during the training to help identify gaps in the health system. The road map covers the six building blocks of health systems as provided by the World Health Organization:

1) leadership and governance
2) financing
3) access to medicines and technology
4) workforce
5) health information system
6) service delivery

A practicum period happens in between training modules to allow participants apply their learnings. Here, coaches are provided to support local leaders in assessing and improving their complex health systems.[36]

F. Driving evidence-based healthcare management with accurate and timely data through interoperable digital information system

To promote effective and efficient access to medicine, the collection, processing and analysis of healthcare data should be robust in order to generate accurate insights to aid proper decision-making.

To ensure adequate supply of medicines, the national government, the local government units, the private sector and pharmaceutical companies need to work together to have an aligned forecast of medicine requirements to

[9] The LGA is responsible for human resource development and training of local government officials in the Philippines
[10] *Kapehan* or *Kapihan* sessions (coffee sessions when translated to English) are informal gatherings or discussions that can be done face-to-face or virtually to have an open discussion with various stakeholders

ensure supply commensurate to demand. Failure in this aspect may lead to erroneous forecasting that can lead to wastage or stockouts of needed medicines.

In February 2023 for instance, it was reported that 24.6 million doses of COVID-19 vaccines have expired.[37] Without coordination, both the public and private sectors procured COVID-19 vaccines which resulted to excess purchase. "Based on the existing law of the country, the private sector can procure through the mechanisms of the national government, but we are strongly advising the private sector at this point to just rely on the national government's procurement so that we can prevent further wastage of our vaccines," DOH officer-in-charge Ma. Rosario Vergeire told CNN Philippines' The Source.[38]

To improve accuracy of epidemiological data, the DOH may form partnerships with patient organizations and/or private health facilities to widen data collection beyond those that are coursed through RHUs and HCs and create more accurate and comprehensive patient registries of persons living with medical conditions, such as cancers, NCD, and rare diseases. Correct data on disease registries in different local areas across the country will allow for a more accurate forecasting of medical supplies needed.

To aid policymaking, legislators are encouraged to collaborate with financing institutions to leverage studies on financial toxicity and techniques such as microcosting to ensure that policies developed are evidence-based, and the budget allotted for health programs will be appropriate for each medical condition. Utilizing data available and analyzing these using financial analytical tools can provide bases to support prioritization and rationalization of health spending.

CASE: The National eHealth Program

Based on the latest available Philippines eHealth Strategic Framework and Plan,[39] the DOH envisions that "By 2020, eHealth will enable widespread access to health care services, health information, and securely share and exchange client's information in support to a safer, quality health care, more equitable and responsive health system for all the Filipino people by transforming the way information is used to plan, manage, deliver and monitor health services."

From this vision, the DOH, DOST, and PhilHealth, together with UP Manila and Commission on Higher Education, have formally committed themselves to establish and implement the National eHealth Program.

Critical to this pursuit is the close collaboration and partnership among the various public and private segments in the healthcare and Information and Communication Technology (ICT) sectors. The aim is to establish an ICT-enabled environment for purposive, coordinated, harmonized and productive action among major stakeholders in building consensus on policies and protocols, facilitating optimal use of shared resources, and investing in ICT capacities in terms of infrastructure and competencies to support the national health system goals of better health outcomes, sustained health financing and equitable and responsive health systems.[40]

IV. Way forward for the Philippines

Given the huge task involved in improving access to medicine of Filipinos, the government can leverage on partnerships to achieve the country's health goals. For example, through such partnerships, the public health care providers could acquire strategies, technologies and know-how which have long been accessible to the private sector.

The Philippine government has acknowledged the value of partnerships in accelerating UHC goals. In 2019, then Health Secretary Francisco Duque III, in his speech during the Fostering UHC through Public-Private Partnerships (PPP) Forum at the Asian Development Bank in Mandaluyong City, said that he cannot overemphasize the significance of partnership with the private sector in the implementation of the law.[41] However, there is a need to define certain terminologies involved in various collaborative works with the government as there are different legal provisions that will apply depending on their classification either as PPP or public-private interactions (PPIs).

Public-private investment partnerships (PPIPs) refer to health-related PPPs that are may help transform the management of the healthcare system. These are long-term, highly structured agreements between the public and private sectors established to achieve significant and sustainable improvements to health-care systems at national or subnational levels. They are meant to focus on public policy objective/s and usually following the Design-Build-Operate-Deliver model.[11] It aims for equity of access for all and system-wide efficiency gains. They, therefore, address all components of a system, and not just its parts.[42]

PPPs falling outside the definition of PPIPs are considered as PPIs. They are often deemed minor PPPs that are focused on specific aspects of the health-care service delivery to serve as an interim solution instead of addressing the main problem.

As such, the following discussions will revolve mainly on PPPs to uncover sustainable health care system transformations through partnerships that are geared towards the long-term.

In 2010, the Public-Private Partnership Center of the Philippines (PPP Center) was established. It is the National Government Agency charged with coordinating the overall project development process for PPPs. PPP initiatives are established in accordance with the project structuring guidelines issued by PPP Center.

In the same year, under Administrative Order 2010-0036, the DOH sought to forge greater partnerships with the private sector to drive the Aquino administration's health agenda on universal health care for all Filipinos. The said order used the term PPP, which was defined as "a cooperative venture between the public and private sectors, built on the expertise of each partner, that best meets clearly-defined public needs through the appropriate allocation of resources, risks and rewards. This partnership may range from healthcare provision to logistics management, information and communication technology to capacity building of health providers."

In July of 2019, the DOH, University of the Philippines (UP), the International Finance Corporation (IFC), Singapore Cooperation Enterprise and Temasek Foundation (TF) forged the first PPP for UHC. The PPP for UHC program is supported by TF through a grant of SGD582,282 with co-funding support from the IFC and the national government.

There have been many possible partnerships identified that may significantly improve the current state of access to medicines of Filipinos. In order to realize potential benefits, the following are the current stages that formal partnership needs to go through prior to implementation.[43]

[11] Section 2(b) of Republic Act 7718: A contractual arrangement whereby the project proponent undertakes the construction, including financing, of a given infrastructure facility, and the operation maintenance thereof. The project proponent operates the facility over a fixed term during which it is allowed to charge facility users appropriate tolls, fees, rentals, and charges not exceeding those proposed in its bid or as negotiated and incorporated in the contract to enable the project proponent to recover its investment, and operating and maintenance expenses in the project. The project proponent transfers the facility to the government agency or local government unit concerned at the end of the fixed term which shall not exceed fifty (50) years: Provided, That in case of an infrastructure or development facility whose operation requires a public utility franchise, the proponent must be Filipino or, if a corporation, must be duly registered with the Securities and Exchange Commission and owned up to at least sixty percent (60%) by Filipinos

A. Project Identification and Development

Project identification entails carrying out preliminary project development tasks to assess a project's viability, bankability, feasibility, and compatibility with the broader aims of the country and the health sector.

In identifying, prioritizing and developing projects, the DOH uses the DOH PPP Hospital Project Screening and PPP Scoping Guidebook and through the conduct of a pre-feasibility study (on a project-to-project basis).

The projects identified by implementing agencies (IA), the DOH in this case, is then validated by the PPP Center. A full project feasibility study is then conducted to finalize the project development phase. If the results of the assessments are positive, the DOH Secretary (the head of the IA) will then endorse the project to National Economic and Development Authority (NEDA)[12] for approval.

Depending on the result of these exercises, the head of the IA (the Secretary, in the case of the DOH) will approve and endorse the project to the NEDA Investment Coordination Committee and/or NEDA Board for appropriate approval.

B. Project Structuring

It must be noted that only projects structured under the Amended Build Operate Transfer Law [44,45] and the Revised Joint Venture Guidelines[13] [46,47] are legally considered PPPs. Those projects, which do not conform to the PPP regulatory frameworks will be subject to the Government Procurement Reform Act,[48] which does not support long term agreements and has restrictions on realigning or revising approved budgets.

There are two (2) means to identify and develop a PPP project:

1. Solicited track
   Here, the IA identifies projects based on a priority list. After which, the IA, such as the DOH, then selects private partner/s through competitive bidding in compliance with the provisions of the Build Operate Transfer Law (RA 7718).[49]
2. Unsolicited track
   This includes projects that involve new concept or technology not under the priority project list under the solicited track. Here, the private sector submits the proposal to the IA without solicitation. After positive evaluation of the proposal and qualification of the proponent, the IA will then subject the proposal to a Swiss Challenge.[14]

C. Project Approval

With the approval of the Secretary of Health and/or the DOH Executive Committee, the PPP project will then be assessed by NEDA Investment Coordination Committee and/or the NEDA Board for final project approval, the approving body determined depending on the total cost of the project. Regardless, all Joint Venture projects to be implemented in the DOH require the concurrence of the Secretary of Health.

[12] The National Economic and Development Authority is the country's premier socioeconomic planning body, highly regarded as the authority in macroeconomic forecasting and policy analysis and research
[13] In 2022, NEDA submitted draft amendments to the Joint Venture guidelines but the final draft has not been released yet
[14] Section 4-A of the RA 7718 law describes Swiss Challenge procedure as follows: Original proponent submits an unsolicited proposal for a qualified project; Government will publish for three (3) consecutive weeks, an invitation for comparative or competitive proposals; The qualified project shall be awarded to the original proponent if no proposal is received for a period of sixty (60) working days; In the event another proponent submits a lower price proposal, the original proponent shall have the right to match that price within thirty (30) working days

V. Conclusion

The Philippine Government does not need to do it alone. With the herculean task that is improving access to medicines of Filipinos, the government needs to look at partnerships as a strategic way forward to resolve identified persistent issues.

Although the Philippine government through the DOH maintains a major role in improving access to medicines of Filipinos, the collaborative efforts among several key players, such as, medical and health organizations, pharmaceutical companies, regulatory agencies, patient support groups, and not-for-profit organizations are increasingly being recognized to have the potential to create synergistic effects that will sustain a unified endeavor of more accessible medicines for Filipinos.

The evidence is clear that through partnerships, as observed during the pandemic, it is vital in revitalizing the health system of the country and improve access to medicines for every Filipino where there is no one left behind. Socio-economic status must not be a hindrance to health as it is a basic human right protected by the Philippine Constitution.

While proof that partnership will help accelerate the achievement of the goals of the UHC, the Philippine government must identify strategies at reducing bureaucracy and the complexities of government processes to encourage increased participation by the private sector. Incentives such as tax breaks, capital grant and other forms of financial support, revenue guarantee, foreign exchange risk and loan guarantee can be offered to private companies to further encourage desire to forge partnership projects with the government.[50]

References

[1] Republic of the Philippines, 1987. The Constitution of the Republic of the Philippines.

[2] United Nations Development Group, 2003. Indicators for Monitoring the Millennium Development Goals. NY: United Nations.

[3] Attridge CJ and Preker AS, 2005. Improving Access to Medicines in Developing Countries: Application of New Institutional Economics to the Analysis of Manufacturing and Distribution Issues. Health, Nutrition and Population (HNP) discussion paper. Washington, DC: World Bank. Available online: https://openknowledge.worldbank.org/entities/publication/000887f3-815f-5623-921c-4e1c6431b39c License: CC BY 3.0 IGO.

[4] Cameron A, Ewen M, Auton M, and Abegunde D, 2011. The world medicines situation 2011: Medicines prices, availability, and affordability, 3rd ed. Geneva: World Health Organization.

[5] Lambojon K, Chang J, Saeed A, Hayat K, Li P, Jiang M, Atif N, Desalegn GK, Khan FU, and Fang Y, 2020. Prices, Availability and Affordability of Medicines with Value-Added Tax Exemption: A Cross-Sectional Survey in the Philippines. *International Journal of Environmental Research and Public Health* 2020, Jul 21;17(14):5242. doi: 10.3390/ijerph17145242. PMID: 32708060; PMCID: PMC7400398.

[6] Philippine Daily Inquirer, 2022. Cheaper medicines for all. Available online: https://opinion.inquirer.net/155967/cheaper-medicines-for-all#ixzz7wPOGylY3

[7] Mercer ASEAN, 2019. Mercer Marsh Benefits™ survey forecasts Philippines' medical inflation rate as among the highest in Asia. Available online: https://www.asean.mercer.com/newsroom/mmb-medical-trends-in-philippines-2019.html

[8] Social Weather Stations, 31 March 2022. Nearly all Filipinos say gov't must provide free medicines to the people. Available online: https://www.phap.org.ph/pdf/SWS%20Survey%20Press%20Release%20Final.pdf

[9] Republic of the Philippines, 2008. Republic Act No. 9502.

[10] Clarete RL and Llanto GM, 2017. Access to medicines in the Philippines: Overcoming the barriers. Available online: https://think-asia.org/handle/11540/7967

[11] World Bank, 2011. Philippines: Study on Local Service Delivery. Washington, DC: World Bank. Available online: https://openknowledge.worldbank.org/handle/10986/12469 License: CC BY 3.0 IGO.

[12] World Bank, 2011. Philippine health sector review: challenges and future directions. Washington DC: World Bank. Available online: http://documents. worldbank.org/curated/en/500561468295233918/Philippine-health-sector-review-challenges-and-future-directions

[13] Banzon E and Mailfert M, 2018. Overcoming Public Sector Inefficiencies toward Universal Health Coverage: The Case for National Health Insurance Systems in Asia and the Pacific. doi: 10.22617/WPS189361-2

[14] Bernal-Sundiang N, De Mesa RYH, Marfori JRA, Fabian NMC, Calderon YT, Dans LF, Rey MP, Sanchez JT, Galingana CLT, Catabui JT, Paterno RPP, Co EEA, Dans AML. Governance in Primary Care Systems: Experiences and Lessons from Urban, Rural, and Remote Settings in the Philippines. *Acta Medica Philippina* [Internet]. 2022. Available online: https://actamedicaphilippina.upm.edu.ph/index.php/acta/article/view/4834

[15] Republic of the Philippines, 2019. Republic Act No. 11223.

[16] Sylim PG, Lu JL, Marcelo PGF. Discoursing Terminology Standards and Interoperability in relation to the Philippine eHealth Strategy. *Acta Medica Philippina* [Internet]. 2022:56(1). Available online: https://actamedicaphilippina.upm.edu.ph/index.php/acta/article/view/3937

[17] Boone KW, 2012. Health IT Standards 101 [online]. Chicago (IL): Healthcare IT News. Available online: https://www.healthcareitnews.com/blog/health-it-standards-101

[18] Abrigo MRM, Opiniano GA, Tam ZC, Yee SA, and Estopace KMM, 2021. Public Sector Procurement of Medicines in the Philippines. Philippine Institute for Development Studies.

[19] Olarte AM and Chua YT, 2005. Up to 70% of local healthcare funds lost to corruption. Philippine Center for Investigative Journalism. Available online: https://old.pcij.org/stories/up-to-70-of-local-healthcare-funds-lost-to-corruption/

[20] Picazo OF, 2012. Review of the Cheaper Medicines Program of the Philippines Discussion Paper Series No. 2012–13. Makati City, Philippines: Philippine Institute for Development Studies. Available online: https://pidswebs.pids.gov.ph/CDN/PUBLICATIONS/pidsdps1213.pdf

[21] World Health Organization, 1987. Ottawa charter for health promotion. Available online: https://www.who.int/publications/i/item/ottawa-charter-for-health-promotion

[22] Lalu GP, 2018. DOH revives Botika ng Bayan to help LGUs, rural health units [online]. INQUIRER.net. Available online: https://newsinfo.inquirer.net/1010737/doh-revives-botika-ng-bayan-to-help-lgus-rural-health-units

[23] Galarpe L, 2018. 'Botika ng Bayan' launched in Cebu [online]. Philippine News Agency. Available online: https://www.pna.gov.ph/articles/1042152

[24] Department of Health, Republic of the Philippiens nd. Botika ng Barangay (BnB). Available online: https://doh.gov.ph/book/export/html/961

[25] Mercury Drug Foundation, 2023. Pharmacy Scholarship [online] Mercury Drug Fouondation, Inc. Available online: https://www.mercurydrugfoundation.org/pharmacy-scholarship.html

[26] Casamayor LAH, 2019. PH needs more pharmacists [online]. SunStar Davao. Available online: https://www.sunstar.com.ph/article/1803616/davao/business/ph-needs-more-pharmacists

[27] Manalansan A, 2022. Continuing responsive health services for rare disease patients [online]. BusinessWorld Publishing. Available online: https://www.bworldonline.com/opinion/2022/08/23/470107/continuing-responsive-health-services-for-rare-disease-patients/

[28] reach52, 2023. Combatting diabetes and hypertension through 'Padayon': new integrated care model with Medtronic Labs [online]. Available online: https://reach52.com/combatting-diabetes-and-hypertension-through-padayon-new-integrated-care-model-with-medtronic-labs/

[29] World Health Organization, 2022. Global tuberculosis report 2022. Available online: https://www.who.int/teams/global-tuberculosis-programme/tb-reports

[30] Do Thu T, Kumar AMV, Ramaswamy G, Htun T, Le Van H, Nguyen Quang Vo L, Thi Thu Dong T, Codlin A, Forse R, Crewsell J, Nguyen Thanh H, Nguyen Viet H, Bui Van H, Nguyen Binh H, Nguyen Viet N, 2020. An Innovative Public–Private Mix Model for Improving Tuberculosis Care in Vietnam: How Well Are We Doing? *Tropical Medicine and Infectious Disease* 5, no. 1: 26. doi: 10.3390/tropicalmed5010026

[31] World Health Organization, 2008. Closing the gap in a generation: health equity through action on the social determinants of health. Available online: https://www.who.int/publications/i/item/9789241563703

[32] Pandey P, Pandey RD, and Shah V, 2018. Evaluation of Quality of Pharmacoeconomic Studies in Asia-Pacific Region and Identification of Influencing Variables. *Value in Health Regional Issues* 15(2018): 70-75. doi: 10.1016/j.vhri.2017.07.007

[33] Xiaomeng Yue, Yuxiang Li, Jiuhong Wu, Jeff J. Guo, Current Development and Practice of Pharmacoeconomic Evaluation Guidelines for Universal Health Coverage in China, Value in Health Regional Issues, Volume 24, 2021, Pages 1-5, ISSN 2212-1099, https://doi.org/10.1016/j.vhri.2020.07.580

[34] State Council of the People's Republic of China. Opinions of the communist party of china central committee and the state council on deepening the health care system reform. Available at: http://www.gov.cn/test/2009-04/08/content_1280069.htm

[35] Philippine Star, 2011. Public-private partnerships in health [online]. Republic of the Philippines: Public-Private Partnership Center. Available online: https://ppp.gov.ph/in_the_news/public-private-partnerships-in-health/

[36] Zuellig Family Foundation, 2022. Our Approach: Health Change Model [online]. Available online: https://zuelligfoundation.org/about-us/our-approach-health-change-model/#:~:text=The%20ZFF%20Health%20Change%20Model,the%20needs%20of%20the%20poor

[37] Felipe CS, 2023. 44 million wasted vaccines to be destroyed [online]. Philstar Global. Available online: https://www.philstar.com/headlines/2023/02/22/2246671/44-million-wasted-vaccines-be-destroyed

[38] CNN Philippines Staff, 2023. Private sector urged: Rely on gov't supply of bivalent vaccines to prevent wastage [online]. CNN Philippines. Available online: https://www.cnnphilippines.com/news/2023/2/6/DOH-private-sector-rely-on-government-bivalent-vaccine.html

[39] National eHealth Program, Republic of the Philippines, nd. Philippine eHealth Strategic Phases. Available online: http://www.ehealth.doh.gov.ph/index.php/pehsp/philippine-ehealth-strategic-phases

[40] National eHealth Program, Republic of the Philippines, nd. National eHealth Governance. Available online: http://www.ehealth.doh.gov.ph/index.php/transparency/national-ehealth-governance

[41] Philippine News Agency, 2019. Public-private partnership crucial to UHC law's success [online]. Republic of the Philippines: Public-Private Partnership Center. Available online: https://ppp.gov.ph/in_the_news/public-private-partnership-crucial-to-uhc-laws-success/

[42] Banzon EP, Lucero JA, Ho BL, Puyat ME, Quibod EJ, and Factor PA, 2014. Public-Private Partnership Options toward Achieving Universal Health Coverage in the Philippine Setting: Discussion Paper Series No. 2014-48. Makati City, Philippines: Philippine Institute for Development Studies. Available online: https://pidswebs.pids.gov.ph/CDN/PUBLICATIONS/pidsdps1448.pdf

[43] Dela Peña A and Liwag TM, 2019. Streamlining Identification, Development, and Approval of PPP projects for the Department of Health. Health Policy Brief 6(3). Manila, Philippines: Department of Health.

[44] Republic of the Philippines, 1990. Republic Act No. 6957.

[45] Republic of the Philippines, 2022. Implementing Rules and Regulations of R.A. No. 6957, "An Act Authorizing the Financing, Construction, Operation and Maintenance of Infrastructure Projects by the Private Sector and for Other Purposes", As Amended by R.A. No. 7718.

[46] Republic of the Philippines, 2013. Revised Guidelines and Procedures for Entering into Joint Venture (JV) Agreements between government and private entities [online]. Republic of the Philippines: Public-Private Partnership Center. Available online: https://ppp.gov.ph/wp-content/uploads/2020/10/NEDA_2013-Revised-JV-Guidelines.pdf

[47] NEDA – Infrastructure Staff, 2022. Revised Guidelines and Procedures: For Entering into Joint Venture (JV) Agreements between government and private entities (Series of 2022) [online]. Available online: https://ppp.gov.ph/wp-content/uploads/2020/10/NEDA_2013-Revised-JV-Guidelines.pdf

[48] Republic of the Philippines, 2002. Republic Act No. 9184.

[49] Republic of the Philippines, 2002. Republic Act No. 7718.

[50] United Nations Economic and Social Commission for Asia and the Pacific, Transport Policy and Development Section, 2008. 3.5.1. Types of government support and incentives [online]. In: *A Primer to Public-Private Partnerships in Infrastructure Development*. Available online: https://www.unescap.org/ttdw/ppp/ppp_primer/351_types_of_government_support_and_incentives.html

RANIELLE MENDOZA, RPh

Principal, *RiseAboveNow Business Consulting Group*

Ranielle Mendoza is the founding partner of the RiseAboveNow Business Consulting Group. He is a business consultant, workshop and training designer and facilitator, and an executive coach. He specializes in supporting businesses in the healthcare and FMCG segment specially in the Philippine context.

With his in-depth exposure in the healthcare and FMCG industries, he is able to provide consulting services to various companies such as Zuellig, Menarini, Sanofi and NutriAsia. He has conducted strategic marketing workshops, leadership seminars, pharmaceutical route-to-market analysis and trade excellence capability-building sessions.

Prior to becoming an entrepreneur and business consultant, he was a corporate professional who assumed various roles (R&D, innovation management, business development, marketing and general business management) in various industries (FMCG, healthcare, pharma logistics, pharma retail and commercial excellence). He also handled various geographies such as Asia Pacific as regional marketing manager and South East Asia as a business manager.

As a motivational speaker and workshop facilitator, he has been engaged on TedTalks and various media channels, such as CNN, to talk about leadership and goal setting.

In addition to being a registered pharmacist, Ranielle is currently pursuing his degree in JD Law at the University of the Philippines College of Law.

JEANNE PILLEJERA, RPh

Associate, RiseAboveNow Business Consulting Group

Jeanne Pillejera is an account manager for the RiseAboveNow Business Consulting Group. She is a registered pharmacist with work experience in research and project management. Her project involvement includes supply chain management, pharmacy information management services, patient medication counseling, health informatics, data analytics, and digital health.

Jeanne is a registered pharmacist and is currently pursuing her degree in MS Health Informatics at the University of the Philippines College of Medicine

BRYAN POSADAS, RPh, MBA

Associate, *RiseAboveNow Business Consulting Group*

Bryan Posadas is the managing partner of RiseAboveNow Business Consulting Group. He is a trainor, lecturer, consultant, servant-leader, and an advocate of Responsible use of Medicines.

He started his professional journey from the ranks and slowly rose up to manage drugstore / pharmacy operations on the Philippines. He is also one of the founders of Young Pharmacists Group Philippines and Asian Young Pharmacists Group, and served as the National Program Manager of the PPhA Pharmacy-Based Immunization Program.

As a lecturer and trainor, he has been engaged by different pharmaceutical companies, such as Pfizer, Upjohn, AstraZeneca, Unilab, Biomedis, Novartis, MSD, Ritemed, Sanofi and Leo Pharma, to provide training for different companies like Mercury Drug, Watsons, South Star Drug and other sectors in the Pharmacy profession.

In addition to being a registered pharmacist, Bryan also obtained his Master's degree in Business Administration from the International Academy of Management and Economics.