

Philippine Medium-Term Clinical Practice Guideline Agenda

2025-2029





2025–2029 Philippine Medium–Term Clinical Practice Guideline Agenda

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Suggested citation. Department of Health. (2024). *2025–2029 Philippine Medium–Term Clinical Practice Guideline Agenda*. National Practice Guidelines Program.

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Table of Contents

Foreword	5
Acknowledgements	6
Abbreviations	7
CPG Topic Prioritization Committee	8
Organizing Committee	10
Funding and Conflict of Interest Management	11
Executive Summary	13
Introduction	15
Policy Bases.....	15
Purpose.....	15
Scope and Target Audience.....	15
Methodology	17
CPG Topic Prioritization Framework.....	17
1. Identifying the target audience and understanding the context.....	17
2. Gathering potential topics.....	18
3. Forming the CPG Topic Prioritization Committee.....	19
4. Prioritizing the CPG Topics.....	20
5. External review of the prioritized topics.....	23
6. Finalizing the topic selection.....	24
Priority Topics for 2025–2029 CPG Development	25
2025 CPG Topics for Development.....	26
Topic 1. Breast Cancer.....	26
Topic 2. Lung Cancer and Pulmonary Nodules.....	27
Topic 3. Hearing Loss.....	28
Topic 4. Disease-related Malnutrition in the Hospital.....	29
Topic 5. Hospital Acquired and Ventilator-associated Pneumonia.....	29
Topic 6. Antimicrobial Resistant Infections.....	30
Topic 7. Neonatal Sepsis.....	30
Topic 8. Acute Respiratory Distress Syndrome in Neonates.....	31
Topic 9. Function-based Rehabilitation.....	32
Topic 10. Obstetric Hemorrhage.....	33
2026 CPG Topics for Development.....	34





Topic 1. Chronic Kidney Disease.....	34
Topic 2. Venous Diseases.....	35
Topic 3. Psoriasis and Psoriatic Arthritis.....	36
Topic 4. Fatty Liver Disease.....	36
Topic 5. Overweight and Obesity.....	37
Topic 6. Viral Hepatitis.....	38
Topic 7. Pediatric Palliative Care.....	39
Topic 8. Autism and Attention Deficit Hyperactive Disorder in Children and Adolescents.....	39
Topic 9. Rehabilitation for Chronic Respiratory Diseases.....	40
Topic 10. Prenatal and Antenatal Care.....	41
2027 CPG Topics for Development.....	42
Topic 1. Chronic Myelogenous Leukemia.....	42
Topic 2. Bradyarrhythmias.....	43
Topic 3. Hoarseness/Benign Voice Disorders.....	43
Topic 4. Allergic and Chronic Rhinitis.....	44
Topic 5. Rational Blood Use.....	45
Topic 6. Surgical Site Infections.....	46
Topic 6. Hypoxic-Ischemic Encephalopathy.....	46
Topic 8. Major Depressive Disorders and Suicidal Behaviors.....	46
Topic 9. Immediate Postpartum Family Planning.....	47
Topic 10. Occupational-Related Diseases and Chemical Accidents.....	48
2028 CPG Topics for Development.....	49
Topic 1. Chronic Heart Failure with Preserved Ejection Fraction.....	49
Topic 2. Epithelial Ovarian Cancer.....	50
Topic 3. Cleft Lip and Palate.....	50
Topic 4. Obstructive Sleep Apnea.....	51
Topic 5. Vaccine Updates (PCV, HPV, RSV).....	51
Topic 6. Syphilis.....	52
Topic 7. Neonatal Hyperbilirubinemia.....	53
Topic 8. Anxiety, Psychotic Disorders, and Affective Disorders.....	54
Topic 9. Delirium in Older Persons.....	54
Topic 10. Geriatric Screening.....	55
2029 CPG Topics for Development.....	56
Topic 1. Lower Extremity Artery Disease.....	56
Topic 2. Colorectal Cancer.....	57





Topic 3. Ascites, Spontaneous Bacterial Peritonitis, Hepatorenal Syndrome & Portosystemic Encephalopathy.....	57
Topic 4. E-cigarette/Vaping Use-Associated Lung Injury.....	58
Topic 5. Central Line-associated Bloodstream Infections.....	58
Topic 6. Human Papillomavirus Infection.....	59
Topic 7. Low-Grade Glioma.....	59
Topic 8. Retinopathy of Prematurity.....	60
Topic 9. Post-stroke Return to Work and Driving.....	60
Topic 10. Sarcopenia in the Geriatric Population.....	61
General Discussion Points from the Plenary Proceedings.....	62
Process Feedback from the.....	63
Organizing Committee.....	63
Dissemination, Implementation, Monitoring & Evaluation.....	66
Appendices.....	67
Appendix 1. Declared Interest of the COI Review Committee Members.....	67
Appendix 2. Topic Nomination form.....	68
Appendix 3. Categories of Nominated CPG Topics.....	69
Appendix 4. CPG Topic Prioritization Criteria.....	74
Appendix 5. Workshop Program of Activities.....	79
Appendix 6. Role of the Topic Nominators in the Development of the Prioritized CPG Topics.....	81
Appendix 7. References.....	82



Foreword

The Republic Act No. 11223, also known as the “Universal Health Care Act” mandated the Department of Health (DOH), in cooperation with professional societies and the academe, to set standards for clinical care through the development, appraisal, and use of clinical practice guidelines (CPGs) based on the best evidence, to assist practitioners in clinical decision-making. To ensure that this mandate is met, the DOH released Administrative Order (AO) No. 2023-0002 entitled Institutionalization of the Expanded National Practice Guidelines Program, which directs the Disease Prevention and Control Bureau to oversee the establishment of a structured CPG agenda that identifies priority topics for development or updating.

Adherence to the recommendations of high-quality CPGs helps ensure the safety and efficacy of care delivered to patients and reduces variability in clinical practice. However, CPG development is a resource-intensive activity. To guide the rational allocation of funds, a systematic, transparent, and valid prioritization process for the creation of the CPG Agenda is necessary. The CPG agenda is intended to identify high-impact and relevant topics by assessing clinical, public health, economic, and political factors, as well as responsiveness to local healthcare needs.

Through a productive and multistakeholder collaboration with well-esteemed experts from our institutional partner - the University of the Philippines Manila - National Institute of Health (UPM NIH), the Health Technology Assessment Council (HTAC), Philippine Health Insurance Corporation (PhilHealth), Association of Philippine Medical Colleges Foundation Inc. (APMC), Association of Municipal Health Officers of the Philippines (AMHOP), Philippine Academy of Family Physicians, Philippine Academy of Rehabilitation Medicine (PARM), Philippine College of Physicians (PAFP), Philippine College of Surgeons (PCS), Philippine Nurses Association (PNA), Philippine Obstetrical and Gynecological Society (POGS), Philippine Pediatric Society (PPS), Philippine Psychiatric Association (PPA), and Philippine Society of Geriatrics and Gerontology (PSGG), and a patient representative from the Philippine Alliance of Patient Organizations (PAPO), we were able to systematically develop the **2025-2029 Philippine Medium-Term Clinical Practice Guidelines Agenda**.

The *2025-2029 Philippine Medium-Term Clinical Practice Guidelines Agenda* reflects the sectoral priorities for CPG development in the country. It shall be used by the DOH to identify priority topics for funding, development, and updating. We also enjoin all our partners in health and all relevant stakeholders, such as professional organizations, academic and research institutions, patient organizations, and other national government agencies, to utilize and refer to this agenda to guide their efforts and activities for the realization of Universal Health Care.

I sincerely hope that this agenda will guide us in our mission to provide safe, effective, and person-centered care to all Filipinos dahil
Sa Bagong Pilipinas, Bawat Buhay Mahalaga.

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Acknowledgements

The 2025-2029 Philippine Medium-Term Clinical Practice Guidelines Agenda was developed under the guidance of Dr. Anna Marie Celina Garfin, Director IV of the Department of Health - Disease Prevention and Control Bureau, and Dr. Marissa Alejandria, Director of the University of the Philippines Manila - National Institutes of Health - Institute of Clinical Epidemiology.

We would like to express our sincerest gratitude for the contribution of the members of the CPG Prioritization Committee for meticulously reviewing the topic nominations and providing their expert insights during the discussions, namely: Dr. Maria Lowella De Leon, Dr. Nephthalie Ordonez, Dr. Joy Grace Jerusalem, Dr. Vinna Marie Quinones, Dr. Maria Cynthia Tan, Ms. Marimel Lamsin, Dr. Susan Peralta, Dr. Ruth Divine Agustin, Dr. Melvin Miranda, Mr. Robert Matthew Marquez, Dr. Josefina Tuazon, Dr. Leticia Gay Aguda, Dr. Jingle Mae Villarin, Dr. Maria Victoria Villavicencio, and Dr. Maria Teresa Oquinena.

Furthermore, much appreciation is due to the technical team from the Department of Health - Disease Prevention and Control Bureau and the University of the Philippines Manila - National Institutes of Health - Institute of Clinical Epidemiology for coming up with the workshop design and writing up the proceedings. The authors include Dr. Evelyn Salido, Dr. Juan Raphael Gonzales, Ms. Roselle Guisihan, Mr. Dan Louie Renz Tating, and Mr. Miguel Gaston Agcaoili. The other contributors were Dr. Leonila Dans, Dr. Marie Carmela Lapitan, Dr. Diana Tamondong-Lachica, and Dr. Lia Aileen Palileo-Villanueva. Administrative coordination was provided by Ms. Zaireyl Jed Gelua and Ms. Era Dela Cruz, from the University of the Philippines Manila - National Institutes of Health - Institute of Clinical Epidemiology.

Credit for the modern and imaginative layout of the manuscript goes to Mr. Joshua James Vicente, Mr. Jhosua Rhoy Bernal, Ms. Ericka Marie Insigne, Mr. Darwin So, Mr. Jake Alantason, Mr. John Raymond Pena, Ms. Gayle Malanum, and Dr. Zashka Alexis Gomez, coming from Department of Health - Communication Office and the Disease Prevention and Control Bureau.

Finally, we thank all stakeholders who contributed to the review and validation of the agenda.



Abbreviations

AMR	Antimicrobial Resistance
AR	Allergic Rhinitis
CBR	Community-Based Rehabilitation
CKD	Chronic Kidney Disease
CLABSI	Central Line-associated Bloodstream Infections
CLAP	Cleft Lip and Palate
CML	Chronic Myelogenous Leukemia
CNS	Central Nervous System
COI	Conflict of interest
COPD	Chronic Obstructive Pulmonary Disease
CP	Cerebral Palsy
CPAP	Continuous Positive Airway Pressure
CPG	Clinical Practice Guideline
CT Scan	Computed Tomography Scan
EVALI	E-cigarette/Vaping Use-Associated Lung Injury
DALYs	Disability-Adjusted Life Years
DOH	Department of Health
GOLD	Global Initiative for Obstructive Lung Disease
FDA	Food and Drug Association
HAP	Hospital-Acquired Pneumonia
HIC	High-Income Countries
HIE	Hypoxic-Ischaemic Encephalopathy
HFpEF	Heart Failure with Preserved Ejection Fraction
HPV	Human Papillomavirus
LGG	Low-Grade Glioma
LMICs	Low- and Middle-Income Countries
LOS	Length of Hospital Stay
MDD	Major Depressive Disorder
MSM	Men who have sex with men
OSA	Obstructive Sleep Apnea
PAD	Peripheral Artery Disease
PCV15	15-valent pneumococcal conjugate vaccine
PhilHealth	Philippine Health Insurance Corporation
PLWH	People Living with HIV
PPH	Postpartum hemorrhage
ROP	Retinopathy of Prematurity
RSV	Respiratory Syncytial Virus
SDG	Sustainable Development Goals
TKIs	Tyrosine Kinase Inhibitors
UHC	Universal Health Care
VAP	Ventilator-Associated Pneumonia
VLU	Venous Leg Ulcers
VTE	Venous Thromboembolism
WHO	World Health Organization





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Funding and Conflict of Interest Management

The Department of Health (DOH) funded this project. All members of the CPG Topic Prioritization Committee underwent and passed the conflict of interest (COI) assessment conducted by an independent COI Review Committee (see Appendix 1 for the COI of the COI Review Committee).

CPG Topic Prioritization Committee Member	Declared Conflicts of Interest	Management of COI
Maria Lowella De Leon, MD, FPCP, FPCCP	Position in government (Medical Specialist in Baguio General Hospital and Medical Center)	Allowed; Broadcast
Nepthalie Ordonez, MD, MHA, FPPS, FPAPP	None	Allowed
Joy Grace Jerusalem, MD, FPCS, FPSGS	None	Allowed
Vinna Marie Quinones, MD, FPPS	Investigator in COVID-19 vaccine trials	Allowed; Broadcast
Cynthia Fernandez-Tan, MD	<p>Previous chairmanship position in Council for Residents' Education, Enhancement, and Development (CREED)</p> <p>Current position as Adviser of committee in POGS</p> <p>Involvement in a past CPG on cervical cancer</p>	Allowed; Broadcast
Marimel S. Lamsin	Membership in Kidney Transplant Association of the Philippines in partnership with Novartis in 2023	Allowed; Broadcast
Susan Peralta, MD	Position in government (Municipal Health Officer in Pidigan, Abra)	Allowed; Broadcast





CPG Topic Prioritization Committee Member	Declared Conflicts of Interest	Management of COI
Ruth Divine Agustin, MD, MBA, FPCP, FPCC	Position in government (Evidence Generation and Technical Support Division, Disease Prevention and Control Bureau, Department of Health)	Allowed; Broadcast
Melvin Miranda, RN	None	Allowed
Robert Matthew Marquez, RN, MAN	Board membership in the Philippine Society of Geriatrics & Gerontology	Allowed; Broadcast
Josefina Tuazon, RN, MN, DrPH	Position in government (Health Technology Assessment Council)	Allowed; Broadcast
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Jingle Mae Villarín, MD	Position in government (Armed Forces of the Philippines Reserve Center)	Allowed; Broadcast
Maria Victoria Villavicencio, MD, DSBPP, FPPA	None	Allowed
Maria Teresa Oquinena, MD, FPARM, DPBRM	CPG Committee membership in the Philippine Academy of Rehabilitation Medicine	Allowed; Broadcast





Executive Summary

The Philippine Republic Act (RA) No. 11223, also known as the Universal Health Care (UHC) Act, aims to ensure that all Filipinos have equitable access to quality and affordable health care. A key strategy for its implementation is institutionalizing the funding and development of clinical practice guidelines (CPGs) to address various health conditions across all life stages. Given the resource-intensive nature of developing CPGs, the DOH, in collaboration with the University of the Philippines Manila - National Institutes of Health (UP NIH), established a structured framework for prioritizing CPG development topics for 2025 to 2029.

A scoping review was undertaken by the UP NIH to identify current CPG topic prioritization methods utilized by organizations worldwide. A framework for prioritizing topics was created, which includes a prioritization tool with a defined set of criteria. The DOH issued a call for nominations to interested CPG developers. The topics submitted were assessed and ranked by a multisectoral committee using the developed prioritization tool. The list of prioritized topics was identified through a consensus-building process by the CPG Topic Prioritization Committee and finalized after an external review. The prioritized topics in the 2025-2029 Philippine Medium-Term Clinical Practice Guidelines Agenda are shown in Figure 1. The topics ranked 11th to 15th from each cluster were endorsed for possible funding and development of other stakeholders, such as professional societies, development partners, and research institutions (Figure 2).



Introduction

Policy Bases

The Republic Act No. 11223, also known as the UHC Act, mandates the DOH, in cooperation with professional societies and the academe, to set standards for clinical care through the development, appraisal, and use of CPGs based on best evidence to assist practitioners in clinical decision-making. The DOH Administrative Order (AO) No. 2023-0002: *Institutionalization of the Expanded National Practice Guidelines Program* also directs the DOH to prioritize CPG topics for development or updating and to establish a mechanism for CPG development, adoption, and dissemination.

Purpose

CPGs are essential tools in achieving UHC. Well-developed CPGs provide evidence-based recommendations to enhance healthcare delivery, empower patients, and influence public policy. However, CPG development is resource-intensive; thus, health organizations need to prioritize topics for guideline development. The selection of relevant topics involves assessing clinical, public health, economic, and political factors to ensure that the guidelines are responsive to health system needs.

The 2025-2029 Philippine MTCPGA serves as a reference for prioritizing CPG topics for DOH funding. It also establishes the projected timeline for developing and completing CPG topics prioritized for government funding. Furthermore, the 2025-2029 Philippine MTCPGA sets the roadmap for all relevant stakeholders, who are interested in addressing the guideline needs of the health sector.

Scope and Target Audience

The prioritized CPG topics encompasses screening, diagnosis, or treatment of disease conditions across the life stages.

The following are the target users of the 2025-2029 Philippine MTCPGA:

- Policymakers for development of health policies and decision making for funding and procurement



- Academe for alignment of their research agenda and capacity building of professionals on guideline development and service delivery
- Medical societies and health organizations for alignment of priorities for guideline development and funding
- Patient groups for alignment with patient needs and concerns



Methodology

CPG Topic Prioritization Framework

The CPG Topic Prioritization Framework was developed through a scoping search conducted in PUBMED, Google Scholar, and Google covering publications from 2000 to September 15, 2023, using the following keywords and MESH terms: “clinical practice guidelines”, “topic selection”, “topic prioritization”, “development”, “guideline scope.” Journal articles, manuals, commentaries, editorials, systematic reviews, and other articles in English from medical societies or healthcare institutions pertaining to topic prioritization for national or medical society-level CPG development were included, and their bibliographies were reviewed. Thirty-five published articles or manuals were retrieved.

Thematic analysis was employed to identify the major steps in the CPG topic prioritization. The key steps and criteria in topic prioritization were then formulated through a series of discussions between the DOH and UP NIH until an agreement was reached. The CPG Topic Prioritization Framework was developed to ensure that the process is robust, data-driven, and transparent. The steps in CPG prioritization are shown in Figure 3 and elucidated in the following sections.

1. Identifying the target audience and understanding the context

The first step involved setting clear objectives for the CPG Agenda activity. Similar to CPG development, it is critical to determine the need to develop or update CPGs and the key issues of the target population and critical knowledge gaps identified through scoping search, surveys, and evaluation of existing health programs.¹⁻⁵

The target audience of this document include policymakers, researchers, medical societies and health organizations, as well as patient groups. The 2025-2029 Philippine MTCPGA ultimately serves as a reference to ensure



alignment of research and public health initiatives, allocation of resources, and patient needs. This document primarily intends to identify funding topics from 2025-2029. It also reflects sectoral priorities that other funding bodies or developers, such as the development sector and professional societies, may fund and develop.



Figure 3. CPG Topic Prioritization Steps

2. Gathering potential topics

The DOH called for topic nominations through its website and social media platforms. Potential CPG topics were nominated by members of medical organizations, healthcare professionals, research institutions, and the public. The topic nomination form (see Appendix 2) was shared with all interested parties from December 13, 2023, to January 17, 2024.

After the deadline, all topic nominations were screened for completeness and sufficiency of evidence. Due to the varying completeness and sufficiency of the



evidence submitted, the topic nomination was reopened from March 5 to April 1, 2024, ensuring ample time to complete the information needed to support the nomination and satisfy the prioritization criteria. There were 116 nominated topics from different stakeholders, including professional medical societies, pharmaceutical companies, public and private hospitals, and DOH program units.

The submitted topics were organized by body region or system, age of the target population (child or adult), nature of the condition (infectious or non-communicable), and the continuum of care (primary prevention to rehabilitation). There were 113 topics focusing on adult health and 3 topics focusing on child health. Of the 116 nominated topics, the themes revolved on the following: infections (n=20), geriatric conditions (n=16), cancer (n=15), gastrointestinal (n=7), head and neck (n=8), obstetrical and gynecologic (n=4), cardiovascular (n=5), pulmonary (n=5), musculoskeletal (n=4), mental health (n=3), neurologic (n=3), dermatologic (n=3), rehabilitation (n=3), emergencies (n=2), hematologic (n=2), obesity (n=1), renal (n=1) and occupation-related diseases (n=1) (see Appendix 3). The consolidated topic nominations can be referred to in Annex 1.

To ensure that each topic was fully evaluated by and equitably distributed to the members of the CPG Topic Prioritization Committee, the topics were divided into 5 clusters consisting of 19-26 topics per cluster. The five clusters were as follows: (1) non-communicable diseases (NCD) in Adults Cluster 1, (2) NCD in Adults Cluster 2, (3) Infections in Adults, (4) Pediatric Diseases and Neurologic and Mental Health Disorders in Adults, and (5) Diseases in Special Populations.

3. Forming the CPG Topic Prioritization Committee

Fifteen organizations that represented government health policymakers, the academe, the patient, and healthcare providers involved in providing services for all life stages and across the care continuum (promotion, prevention, screening, diagnosis, treatment, rehabilitation, palliation, and end-of-life care) were invited to send at least two nominees to the CPG Topic Prioritization Committee. They were encouraged to select nominees from different regions of the country.

Each nominee submitted their curriculum vitae and COI disclosure form. An independent COI review committee reviewed these documents and required the absence of financial COIs for inclusion and full participation in the committee. Those with non-financial interests, such as working in a government-funded institution, advocacies, or serving as an officer of a specialty society, were

allowed to participate in the discussion and voting after their COIs were broadcasted. Nominees with financial interests, such as ownership of stocks in hospitals and other institutions involved in healthcare and manufacture and distribution of drugs, medical products and devices, and honoraria or grants for lectures, advisory board membership, and/or travel from pharmaceutical companies, were not accepted into the committee. Within each organization, the nominee without or with the least COI was selected as their representative.

4. Prioritizing the CPG Topics

4.1. CPG Topic Prioritization Criteria

International organizations, such as the World Health Organization (WHO) and the National Institute for Health and Care Excellence use predefined criteria or tools to prioritize CPG development topics.

Similarly, the DOH and UP NIH co-developed CPG Topic Prioritization Criteria based on the scoping search conducted. The CPG Topic Prioritization Criteria (see Table 3) were presented to the Topic Prioritization Committee and approved during the 2025-2029 Philippine Medium-Term Clinical Practice Guideline Agenda (MTCPGA) Workshop.

The prioritization tool has five criteria including:

- **Burden of Disease (30 points).** The burden of disease, the highest weighted criterion, is based on the top 20 mortality, morbidity, or disability in the Philippines or, in the absence of local data, Southeast Asian or global statistics. By giving equal and full weight to the three disease outcomes (mortality, morbidity, and disability), the tool makes it possible for relatively rare and non-life-threatening but disabling diseases to be selected.
- **Economic Burden (20 points).** Economic burden is defined through estimates of inpatient, surgical procedure, or outpatient costs of diagnosis and treatment of the disease. The equal weights given for each category of costs (inpatient, surgical, and outpatient) make it possible for all types of diseases to be prioritized, whether acute needing intensive room care or chronic non-life-threatening diseases.
- **Urgency (20 points).** Urgency refers to the need for swift and immediate creation of a guideline for the disease because (1) it is a priority of the government, evidenced by the existence of a law or



program or alignment with current strategic agenda documents or (2) it is an emerging life- or organ-threatening condition.

- **Clinical Practice Variation (20 points).** Presence or degree of clinical practice variation is evidenced by misuse of interventions, either as underuse, overuse, or the use of unproven and potentially harmful tests or treatments.
- **Gaps in Healthcare Delivery (10 points).** Gaps in healthcare delivery due to the absence of CPGs are recognized as an important reason for CPG development. Likewise, significant advancements in medicine, such as the emergence of novel diagnostic and therapeutic modalities, provide a reasonable basis for updating CPGs.

The prioritization tool provides a list of suggested information sources for the required justification for all the criteria. Published peer-reviewed data are preferred, but in their absence, the nominator or CPG proponent must provide the best available justification and document their sources, which may be the organization's position paper, a Food and Drug Association (FDA) advisory, a news article, lecture video, hospital report, panel discussion, and other less formal information sources. These sources may especially be needed for the last three criteria (urgency, clinical practice variation, and healthcare gaps) since data relevant to the Philippine situation in formal publications may be scarce.

4.2. 2025-2029 Philippine Medium-Term Clinical Practice Guidelines Agenda Workshop

Prior to the workshop, the topic nominations were sent to the assigned members of the CPG Topic Prioritization Committee for initial assessment and pre-workshop scoring. An alignment meeting among the workshop facilitators was also held to review the mechanics of the scoring and group discussion and ensure the smooth conduct of the workshop activities.

The workshop was conducted from May 16, 2024 to May 17, 2024 in Tagaytay City, attended in person by 12 CPG Topic Prioritization Committee members and online by three CPG Topic Prioritization Committee members. The program of this two-day activity can be seen in Appendix 5.



4.3. CPG Topic Prioritization Process

During the workshop, the prioritization process had three rounds: (1) individual scoring and ranking of the topics within each cluster, (2) discussion and finalization of the scores and ranks within the cluster, and (3) plenary presentation and approval of the top 15 ranked topics from the clusters.

4.3.1. Individual Scoring and Group Discussion

In the first round, the members of the CPG Topic Prioritization Committee independently scored their assigned topics using the Topic Prioritization Tool. Scoring was primarily based on the information provided in the topic nomination form. Scores were consolidated and were used to rank the topics from highest to lowest.

In the second round, the three members assigned to each of the five clusters discussed their scoring for each topic. The hybrid setup was maintained during this discussion. The members discussed their individual scores and addressed issues that arose. Each cluster had an assigned facilitator to provide clarifications as needed. At the end of this session, the cluster's ranking of the topics was finalized, and the top 15 topics from each cluster were identified. It was important for the selection of topics to be based on ranks as this reduced the effects of individual scoring styles, i.e., the tendency of some individuals to give very low or relatively high scores repeatedly.

4.3.2. Consensus-Building

During the third round, the top 15 topics of each cluster were presented to the whole CPG Topic Prioritization Committee. During the discussion, all CPG Topic Prioritization Committee members were given equal opportunities to clarify the issues and the ranking. Frequently, the questions were about the scope or the target audience of the intended CPG, whether an update or a de novo CPG was proposed, the reasons for a planned update, whether certain related topics can be combined, and the extent or completeness of supporting data provided in the nomination form.

Topics with ongoing development were also removed from the ranking list. The Committee deleted bronchial asthma from the prioritization list because it has already been approved for development. The committee suggested revising the title,



expanding or limiting the scope of some topics, and merging or grouping some topics if topics were deemed too specific or too broad.

A consensus was reached when 75% of the CPG Topic Prioritization Committee members voted for approval or disapproval of each selected topic and its rank. In addition, consensus was accepted when no further comment regarding a specific topic was raised, and the facilitator validated the agreement.

At the end of the process, 50 topics were prioritized (Table 1). The selected topics were distributed over the next five years (2025 to 2029) by collating two topics from each cluster. The top two topics from the five clusters were slated for development in 2025. The rest of the top ten topics per cluster were scheduled from 2025 to 2029, with higher-ranked topics plotted earlier. The topics ranked 11th to 15th from each cluster were listed as topics for funding and development of other sectors (Table 2).

4.3.3. 2025-2029 Philippine Medium-Term Clinical Practice Guidelines Agenda Report Writing

The proceedings during the two-day workshop were collected from notes and voice recordings. The Organizing Committee iteratively reviewed the report to ensure that the discussion points were adequately captured and that the entire process was reported in a transparent manner. The final draft was subjected to external review, as described in the succeeding section.

5. External review of the prioritized topics

The conduct of an external review to ensure clarity and transparency of the prioritization process and relevance of the prioritized CPGs for development is an important part of the prioritization process.⁸

From August 21, 2024 to September 20, 2024, the DOH conducted a public consultation to gather feedback on the prioritized CPG topics. An online survey was posted across DOH social media platforms for visibility. A letter of invitation to comment on the prioritized CPG topics using the online survey were also sent to various stakeholders, including professional medical societies, allied health professional organizations, and DOH Disease Prevention and Control Bureau offices. Finally, an online conference was held on September 13, 2024 to provide

an opportunity for live discussion between the DOH and the fifty-three (53) stakeholders from various sectors who attended.

The National Practice Guidelines Secretariat received seven documented appeals: four (4) did not provide complete evidence on the prioritization criteria, two (2) appealed for a new topic or a topic outside the prioritized list, and one (1) did not submit an appeals form.

6. Finalizing the topic selection

After incorporating the key points from the external review, the priority list may be finalized by a designated task force or committee within the specialty society^{11,12} or government agency.^{4,8,13}

The external review process resulted in no changes in the prioritization list. This was ratified by the CPG Topic Prioritization Committee through email. The final Philippine MTCPGA was reviewed by the Public Health Services Cluster for release as a Department Circular and for widest dissemination.

Priority Topics for 2025-2029 CPG Development

During the consensus-building process, the committee intensively reviewed each condition in the final list of priority topics. The summary of key points that fulfill the prioritization criteria was obtained from the nomination form. The discussion points considered by the Committee are shown below. Full references for each of the prioritized topics can be viewed in Annex A.



Figure 4. Prioritized Topics in the 2025-2029 Philippine Medium-Term Clinical Practice Guidelines Agenda

2025 CPG Topics for Development



Figure 5. 2025 Prioritized CPG Topics

Topic 1. Breast Cancer

Breast cancer is the most prevalent and the second deadliest cancer in the Philippines. In 2022, there were over 33,000 new cases and nearly 12,000 deaths reported. A study in 2019 shows that the Philippines has one of the highest breast cancer mortality rates and the lowest mortality-to-incidence ratio in Asia.

The economic burden of breast cancer is significant, with treatment costs in the US reaching \$29.8 billion annually and in the Philippines, cost projections for initial and continuing care phases of around 66 billion pesos in 2023.

The Philippines' healthcare system is challenged with late-stage diagnosis in 53% of cases. There has also been a 22% increase in new cases among females from 2020 to 2022. Immediate preventive measures could significantly mitigate this rapid rise in cases. Approved chemopreventive drugs, especially selective estrogen receptor modulators, are rarely prescribed in the Philippines due to the focus of care on case treatment and secondary prevention rather than primary prevention. Likewise, there is

no comprehensive and up-to-date local guideline on systemic therapy and interventions for advanced and metastatic breast cancer. Healthcare institutions have created clinical pathways to guide physicians on management. However, they have not been standardized, so their use has led to practice variations. Developing a practice guideline could improve patient outcomes and standardize care, potentially reducing disease and economic burden.

Discussion

In the cluster discussion, the topic of breast cancer had widely discrepant ranks because one committee member scored it low on the disease burden criterion, arguing that it has received adequate funding from multiple sources. However, it was suggested that the lower score was more appropriate for the Gaps in Healthcare criterion. After revising the scores, breast cancer was ranked as the top priority within the group.

In the consensus-building process, it was raised that there is already a 2022 CPG for the diagnosis, management, and surveillance of breast cancer. However, the committee recommended retaining it in the priority list because some aspects of the management of breast cancer were not included in the 2022 CPG, such as screening for breast cancer in the high-risk population instead of the average-risk population and primary prevention.

Topic 2. Lung Cancer and Pulmonary Nodules

In the Philippines, according to a study done in 2016, lung cancer has the second highest cancer incidence, with over 23,000 new cases per year and the highest mortality rate, with less than 21 thousand deaths per year. A local study done in 2018 revealed an estimated mean out-of-pocket expenditure of P 180,000.00 (3rd month) to 350,000.00 (12th month) for lung cancer treatment.

More attention should be paid to systematic ways of managing lung nodules in the Philippines. Clinical practice variation exists in using imaging modalities for investigational and diagnostic procedures and lung nodule management. There is no clear statement on how radiologists and clinicians in the Philippines should implement lung cancer screening programs or manage incidental pulmonary nodules.

Lung cancer management is primarily based on international guidelines, which may not fully consider the challenges and peculiarities of treatment in the Philippine setting. Despite the recommendation in different international guidelines to use immunotherapy for metastatic lung cancer, immunotherapy is underutilized in the country. This emphasizes the need for a local CPG to provide contextualized guidance



on managing the condition.

Discussion

There is a 2021 CPG on Diagnosis, Staging, and Management of Lung Cancer. This CPG may need updating since its focus on immunotherapy was lacking. The committee agreed to merge the topic on pulmonary nodules and include it as part of the update of the CPG on lung cancer.

Topic 3. Hearing Loss

Based on a Philippine national survey in 2011, the prevalence rates of moderate or worse hearing loss were 14.7% in ages 18-64 and 49.1% for people above 65. In a 2020 survey, 7.5% of Filipino children less than 18 years of age were found to have moderate hearing loss or worse.

Limited support has been given to aural rehabilitation in adults as private health insurance systems do not currently subsidize it. Supportive and adjuvant management (e.g., speech therapy, counseling) is often ignored. Management options presented to patients also largely depend on the professional's experience (otolaryngologists vs. audiologists). Among children, there is variation in the type of hearing screening done among school-aged children across the world.

There is still no locally developed CPG concerning hearing loss in adults and children. There are no guidelines on preventive strategies for high-risk hearing loss groups and none on appropriate treatment options.

The development of a CPG on hearing loss aligns with the government priorities, including Sustainable Development Goals (SDG) 3, which aims to reduce mortality from NCDs through prevention and treatment and promotion of mental health and well-being; and SGD 10, which aims to empower and promote the social, economic, and political inclusion of all, irrespective of age, disability, and financial status by promoting health equity, disease prevention, and social inclusion.

Discussion

This topic covers both adult and pediatric hearing loss. There was no further discussion on the topic.



Topic 4. Disease-related Malnutrition in the Hospital

There is a significant association between malnutrition and an increased length of hospital stay (LOS), 30-day mortality, and hospitalization costs. The cost of malnutrition in hospitalized patients has been estimated at \$30 billion annually in Asian countries, including the Philippines.

Policies that limit the recognition and provision of medical nutrition therapy to one or two professions have only aggravated the burden of malnutrition and disease-related malnutrition. Key aspects of managing disease-related malnutrition include involving different disciplines, clarifying roles and multidisciplinary interrelationships, communication, information sharing, clinical leadership, and management support, all of which facilitate collaborative working. Another factor contributing to the healthcare delivery gap is the lack of a standardized nutrition screening tool to diagnose malnutrition and guidance to treat disease-related malnutrition.

Despite existing guidelines from the DOH on nutrition care processes, there remains a critical gap in healthcare delivery due to physicians' need to recognize and treat malnutrition. The need for standardized nutrition screening tools and clear guidelines exacerbates this issue, hindering early identification and intervention.

Guidelines for appropriate and safe use of nutrition therapy and support should be well presented with evidence, including the important active role of physicians in the management.

Discussion

There was no further discussion on the topic. Hence, it was approved.

Topic 5. Hospital Acquired and Ventilator-associated Pneumonia

There are reports of high rates of Hospital-Acquired Pneumonia (HAP) and Ventilator-Acquired Pneumonia (VAP). Because there are no unified definitions and parameters related to HAP and VAP, there is a tendency to overestimate and underestimate their occurrence. Although there are many sources of guidance from international bodies, there is no national policy or CPG on HAP and VAP.

Discussion

There was no further discussion on the topic. Hence, it was approved.



Topic 6. Antimicrobial Resistant Infections

Recent data from the 2022 Philippine Antimicrobial Resistance Surveillance Program Annual Report highlight varying rates of resistance across different organisms and geographical locations. For instance, rates of methicillin-resistant *Staphylococcus aureus* (MRSA) range from 51-71% in Mindanao, 11-50% in Visayas, and 21-40% in Luzon sentinel sites. The presence of antimicrobial resistance (AMR) requires the use of novel antimicrobials with higher acquisition costs.

To effectively address AMR in the Philippines, the 2018 National Antibiotic Guidelines should be updated with information on the appropriate use of recently FDA-approved novel antibiotics, for example, beta-lactams and beta-lactam/beta-lactamase inhibitor combinations. Without updated local guidelines for treating drug-resistant bacterial infections, healthcare providers rely on the 2018 National Antibiotic Guidelines, international guidelines, and expert opinions. This can cause variations in practice and potentially lead to antibiotic resistance due to misuse or overuse.

According to the WHO, 12 new antibiotics have been approved since 2017, 10 of which belong to existing classes with established mechanisms of antimicrobial resistance (AMR). Information on which drugs have entered the Philippines and are being used locally needs to be updated. Global Infectious Disease Specialists recognize that lengthy timelines for developing new or updated CPGs impede addressing rapidly evolving issues like AMR. Thus, alternative approaches are endorsed.

Discussion

A committee member cited that this can be a good strategy for updates instead of a per-disease approach. There was no further discussion on the topic, so it was approved.

Topic 7. Neonatal Sepsis

Neonatal sepsis represents a significant health challenge globally, particularly in resource-limited settings like the Philippines. It is a leading cause of neonatal mortality, with an estimated incidence of clinically suspected sepsis at 166 per 1000 live births and laboratory-confirmed sepsis at 46.9 per 1000 live births in low- and middle-income countries (LMICs). While there are no local studies that have adequately investigated the economic burden of neonatal sepsis, a study done in sub-Saharan Africa conservatively estimated that 5.29-8.73 million Disability-Adjusted Life Years (DALYs) are lost annually in these regions due to neonatal sepsis.

Variations in clinical practice exist due to the absence of a consensus definition for neonatal sepsis and the reliance on empirical treatment in the face of negative blood



cultures. There are also a lot of practices that are "hand-me-down" or advocated by senior healthcare workers that may lack research evidence. There are also numerous international guidelines on neonatal sepsis. However, evidence for the recommendations is scarce for developing countries, and these foreign guidelines cannot be adapted without considering the resource-limited local setting. Developing a local CPG for neonatal sepsis is urgent to standardize practices, conserve resources, and improve outcomes.

Discussion

The committee agreed with the importance of this topic and cited increasing PhilHealth case rates as further supporting the need for it to be prioritized. The practice guidelines will be used by PhilHealth as reference for updating Quality Policy for Neonatal Sepsis. Furthermore, improving child survival and maternal health was an identified need in the Millennium Development Goals 4 and 5, respectively. The 2019 Philippine CPG on neonatal sepsis needs to be updated, considering that new evidence has also been published in the literature.

Topic 8. Acute Respiratory Distress Syndrome in Neonates

The neonatal mortality rate in the Philippines has fallen gradually from 24.8 deaths per 1,000 live births in 1972 to 12.3 deaths per 1,000 live births in 2021. However, acute respiratory distress syndrome (ARDS) in neonates still ranks 2nd among the top causes of infant mortality. Aside from the administration of exogenous surfactant, one of the mainstays of ARDS management is the early use of continuous positive airway pressure (CPAP) in infants at risk of RDS and who are symptomatic upon delivery. However, most healthcare facilities cannot access commercially available CPAP because of its high cost and the complexity of its operations, which require additional technical support.

Variations in practice include the unavailability of life-saving equipment and medications, as well as different levels of awareness of the latest evidence among healthcare staff; inconsistent early administration of antenatal steroids to women in preterm labor; the unavailability of CPAP machines in some centers; and differences in the timing of surfactant administration.

Currently, there are no existing Philippine guidelines on the management of ARDS. International guidelines are tailored for centers capable of delivering high levels of care. This proposed CPG will support the Z Benefit Package for premature and small babies. It will guide clinicians (and the government) in providing timely and appropriate management to expectant mothers of preterm babies and preterm babies who develop ARDS.



Discussion

Because of their apparent relationship, the committee recommended merging CPAP for premature neonates and ARDS in neonates into one CPG topic. The suggested revised title is *Prevention, Diagnosis, and Treatment, including CPAP, of Premature Neonates with Respiratory Distress Syndrome*.

Additionally, the PhilHealth representative disclosed that they were aiming to develop a benefit package for sepsis in children 29 days old and above. It would be beneficial if a CPG for the topic would be developed.

Topic 9. Function-based Rehabilitation

NCDs are the leading cause of disability globally, accounting for 80% of cases. In the Philippines, NCDs such as ischemic heart disease, cerebrovascular disease, and diabetes mellitus are among the leading causes of disability. Varying degrees of disability are present in 81% of Filipinos aged 15 and older, with 12% categorized as severe disabilities. Chronic conditions like diabetes and cardiovascular diseases entail high costs for families and healthcare systems due to the need for access and integrated rehabilitation services.

People with disabilities are recognized by the National Institutes of Health as a population facing health disparities, leading to shortened lifespans and social inequalities due to barriers in accessing essential services and support. In the Philippines, barriers to healthcare access for persons with disabilities include inadequate evaluation and diagnostic testing, treatment options, and skilled healthcare providers, compounded by high out-of-pocket expenses and limited facility accessibility.

While community-based rehabilitation (CBR) aims to promote community-inclusive development, its implementation in the Philippines lacks established health-specific guidelines, hindering its integration into primary healthcare systems. Clear guidelines are essential for standardized service delivery, ensuring quality care and equitable access for persons with disabilities. Challenges such as ambiguous implementation frameworks and decentralized health systems in the Philippines obstruct effective service delivery and hinder the establishment of a robust referral system. Developing structured CBR guidelines tailored to local contexts is crucial for sustainable implementation and equitable healthcare access.

Discussion

There was no further discussion on the topic. Hence, it was approved.



Topic 10. Obstetric Hemorrhage

Postpartum hemorrhage (PPH) remains a critical issue in maternal health globally and in the Philippines, contributing significantly to maternal mortality despite being preventable and treatable. Data from the POGS National Statistics of 2023 highlight PPH as a leading cause of maternal death. The economic burden is significant, with increased healthcare costs, including outpatient visits, hospital admissions, surgical interventions, and significant income losses.

Addressing PPH is urgent, given the persistently high maternal morbidity and mortality rates globally. Despite efforts, targets for reducing maternal mortality related to PPH have not been adequately met. In the Philippines, not all women, particularly those at high risk living in far-flung areas, have access to a facility that will cater to their emergent needs. There is also variation in the availability of blood and medications necessary to avert and arrest uterine atony across healthcare facilities. Finally, fewer trained physicians can best manage such cases, practicing in the barrios while most are in urban areas. Therefore, national guidelines should be developed to update evidence and introduce new interventions that will impact the practice of Obstetrics and improve patients' outcomes.

Discussion

There was no further discussion on the topic. Hence, it was approved.

2026 CPG Topics for Development



Figure 6. 2026 Prioritized CPG Topics

Topic 1. Chronic Kidney Disease

Chronic Kidney Disease (CKD) presents a significant health and economic burden in the Philippines, with a prevalence of 35.94%, causing approximately 33,358 deaths, 1.15 million DALYs in 2019, and increasing numbers of patients needing dialysis (7,870 in 2002 to 58,815 in 2016). CKD ranks as the fourth leading cause of death. In 2022, claims for hemodialysis topped relative value scale-based package and procedure claims paid by PhilHealth, amounting to more than 17.4 billion pesos. Their costs may significantly impair compliance with recommended interventions. While there are relatively inexpensive medications, such as bicarbonate (approximately P1.00 per tablet) and RAS-Inhibitors, which may even be free at barangay health care centers, but others are still costly to the average-earning Filipino.

Despite global and national priorities to address CKD, there is no national practice guideline for the continuum of care for CKD in the Philippines. This deficiency results in inconsistent care, inefficient resource use, and missed chances for early intervention, leading to severe complications, including end-stage kidney disease, which requires renal replacement therapy.



Discussion

A committee member has highlighted that the burden of kidney transplantation in the Philippines is increasing. As such, including kidney transplantation as a subtopic was suggested to support the updating and revision of the existing PhilHealth benefit package for kidney transplant.

Topic 2. Venous Diseases

Among 7,212 subjects surveyed in the 2008 National Nutrition and Health Survey (NNHeS), Chronic Venous Disease was found to be prevalent in 52.5%, with 1.6% having the more advanced clinical forms of edema, skin changes, and ulcer formation, comprising Chronic Venous Insufficiency.

Pulmonary embolism, a venous thromboembolic (VTE) disorder, is the 3rd most common cause of cardiovascular mortality, and the resulting chronic thromboembolic pulmonary hypertension is a significant cause of heart failure, patient morbidity, and mortality. Massive pulmonary embolism also requires invasive treatment such as intravenous thrombolysis, percutaneous thrombectomy, or surgical embolectomy, which entails high costs on top of the cost of treatment of standard therapy (anticoagulation).

Venous leg ulcers (VLU) are the most severe stage of Chronic Venous Disease, causing significant morbidity, prolonged disability, and substantial socioeconomic burden, with high recurrence rates and estimated annual direct medical costs reaching approximately \$10.73 billion across developed countries. Numerous guidelines on VLU showcase that a consensus between different specialties from various countries has not been reached.

Streamlining the diagnostic tests requested and the appropriate management for VTE is necessary. Furthermore, there are no local guidelines for managing chronic venous disease, and international guidelines may not adequately address the diagnostic and therapeutic challenges present in resource-limited areas within various localities of the country.

Discussion

The committee suggested combining Chronic Venous Diseases and VTE into a single CPG, focusing on the diagnosis, prevention, and management of venous diseases. This is to ensure cost-efficiency in developing the CPG.



Topic 3. Psoriasis and Psoriatic Arthritis

In the country, an estimated 1.8 million Filipinos are living with psoriasis. Despite considerable therapeutic advances, the burden from psoriasis remains significant, with little change over time. Determining the precise economic impact of psoriasis can be challenging due to differences in healthcare systems, treatment approaches, and societal influences. However, numerous studies have demonstrated that psoriasis imposes a substantial financial burden on individuals, healthcare systems, and society. A 2020 survey by Psoriasis Philippines found that many employed participants experienced work absences due to psoriasis. A study shows a mean direct cost of ₱22,672.28 and a mean indirect cost of ₱26,071.20 for employment status change and ₱75,804.30 for work impairment over six months.

While psoriasis is primarily known as a chronic skin condition, emerging evidence suggests its association with life-threatening comorbidities such as cardiovascular disease, metabolic syndrome, and certain cancers. Additionally, severe cases of psoriasis can lead to complications such as psoriatic arthritis, which can significantly impact organ function and quality of life. Given the potential for psoriasis to affect multiple organ systems and increase the risk of life-threatening conditions, there is a critical need for guidelines to ensure early detection, appropriate management, and prevention of complications.

Clinical practice variation for psoriasis is a multifaceted phenomenon characterized by differences in treatment approaches, patient management strategies, and healthcare provider preferences across various healthcare settings. This variability may stem from factors such as the availability of resources, physician expertise, patient demographics, and evolving scientific evidence. Consequently, there is a need for standardized guidelines and increased collaboration among healthcare professionals to ensure optimal outcomes and consistency in care delivery for individuals living with psoriasis.

Discussion

In the cluster discussion, one member suggested a higher score on the Disease Burden criterion due to the condition's disabling nature. The ensuing revision of the scores placed Psoriasis among the top 15 priorities.

Nominated initially as separate topics, the committee suggested combining psoriasis and psoriatic arthritis into a single CPG.

Topic 4. Fatty Liver Disease

Globally, non-alcoholic fatty liver disease (NAFLD) prevalence among the adult population is projected at 33.5% in 2030. As a result, the incidence of decompensated



cirrhosis will increase by 168% to 105,430 cases by 2030, while the incidence of hepatocellular carcinoma (HCC) will increase by 137% to 12,240 cases due to NAFLD. Consequently, liver deaths will increase by 178% to an estimated 78,300 deaths in 2030. A 2008 study showed a prevalence of 12.2% in a tertiary public hospital in Manila. In 2018, a study reported that the prevalence of NAFLD in the country ranges from 10 to 19.9%.

Meanwhile, liver cirrhosis leading to death can be attributable partly to alcohol consumption. When compared to other conditions attributed to alcohol consumption, the alcohol-attributable fraction is highest for liver diseases, especially cirrhosis.

To curb the burden of FLD, which is regarded as a silent epidemic, the creation of a CPG should be a priority. The lack of public and political awareness of the magnitude of the problem results, in large part, from the paucity of research on liver diseases.

There is an underuse of recommended diagnostic modalities, lifestyle modifications, and drugs with proven benefits in the management of NAFLD. Moreover, there has been an overuse of food supplements with unproven benefits. Currently, the Philippines is one of the few countries without guidelines for managing FLD.

Discussion

Although initially nominated as separate topics, the panel suggested combining alcoholic liver disease and metabolic dysfunction-associated fatty liver disease into a single CPG topic.

Topic 5. Overweight and Obesity

Obesity poses a significant health burden in the Philippines. It has a substantial impact on metabolic and cardiovascular health, including increased risks of diabetes, ischemic heart disease, and stroke. The Department of Science and Technology - Food and Nutrition Research Institute's survey reported that 38% of adults are overweight and obese. The prevalence is particularly pronounced in urban areas and among older adults. Childhood obesity has also become a highly challenging public health issue globally. Children with obesity are very likely to remain obese as adults and are at risk of developing serious NCDs.

Many physicians vary in their approach to managing obesity, with some unaware of effective dietary interventions, leading to the prescription of medications that may be ineffective or unsafe. There are misconceptions about the efficacy and safety of pharmacologic and surgical options such as liposuction and bariatric surgery, compounded by a lack of local guidance on the most suitable and cost-effective bariatric procedures. The recommended pharmacologic agents are not all available



locally, and these recommendations were made over five years ago and did not include newer effective agents like glucagon-like peptide-1 receptor agonists. These newer agents have demonstrated benefits in weight reduction, improving metabolic profiles, and reducing major adverse cardiovascular events.

The creation of a CPG on managing obesity in adults and children will significantly improve and prevent the increase in obesity prevalence. This will help to reduce the metabolic and cardiovascular consequences of obesity, such as diabetes, ischemic heart disease, and stroke.

Discussion

A committee member disclosed that this nomination would continue the *Philippine Clinical Practice Guidelines for the Screening and Diagnosis of Obesity in Adults* published in 2023. The committee recommended that the update include the pediatric population and updates in treatment and monitoring.

Topic 6. Viral Hepatitis

Viral hepatitis poses a significant health challenge in the Philippines, with approximately 10 million people infected with hepatitis B and 439,000 with hepatitis C nationwide. Liver-related deaths due to viral hepatitis accounted for a notable proportion in 2020.

The public system offers low-cost services. However, it appears to be underutilized, implying that there may be gaps in health care delivery. Access to care is limited due to the complex navigation required for transportation and the high costs to patients. Testing supplies and medications are also not consistently available in primary care facilities.

Localized CPGs are needed to support the implementation of programs targeting viral hepatitis. Urgent action is required to meet WHO's targets for eliminating hepatitis by 2030, including significant reductions in incidence and mortality rates through improved diagnosis, treatment access, and public awareness.

Discussion

A committee member noted that there is an existing CPG for hepatitis B entitled *2021 Clinical Practice Guidelines on the Management of Hepatitis B in the Philippines*. Since there was no further discussion on the topic, it was approved.



Topic 7. Pediatric Palliative Care

Pediatric palliative care faces substantial challenges and disparities, especially in LMICs like the Philippines, where access to specialized treatment for children with life-threatening conditions, including cancer, is severely limited. The lack of pediatric palliative care brings about significant economic burdens. Families may incur high out-of-pocket expenses for medical treatments, hospitalizations, medications, and supportive care services, leading to financial strain and hardship. Additionally, primary caregivers may need to reduce or stop working to provide care for their child, resulting in lost income and economic instability for the family.

Variations in pediatric palliative care practices arise from factors such as clinical judgment, local practices, resource availability, and cultural influences. These differences affect the timing of care initiation, communication styles, symptom management approaches, specialist involvement, cultural considerations, and the transition to end-of-life care, impacting the effectiveness and experience of care for children and their families.

Gaps in pediatric palliative care in low-income and low-middle-income countries are significant, encompassing limited access to specialized services, trained healthcare providers, facilities, and essential medications, which hinder quality care for children with life-threatening and life-limiting conditions.

Implementing CPGs for pediatric palliative care in the Philippines is crucial to meeting the needs of children with life-limiting illnesses, enhancing their quality of life, alleviating suffering, supporting families, ensuring dignified end-of-life experiences, and upholding humanitarian and ethical principles.

Discussion

The committee recommended revising the title to *Clinical Practice Guidelines on Pediatric Palliative Care* to better reflect the scope of the CPG and focusing the steering committee on questions requiring CPG recommendations.

Topic 8. Autism and Attention Deficit Hyperactive Disorder in Children and Adolescents

Autism spectrum disorder presents a significant challenge in the Philippines, affecting children's behavior, communication, and social skills. Although specific prevalence rates in the country are unavailable, data from the US suggests ASD affects 1 in 150 individuals, with a higher incidence among boys. According to the Autism Society Philippines, it is estimated that one in 100 Filipinos (around 1.2 million) are on the autism spectrum. The economic impact is substantial, particularly for low-income families,



who allocate 21% of their budget to ASD-related services due to varying needs and costs associated with care.

Presently, there are no existing CPGs for managing ASD in the Philippines, and the variations in care quality across settings and primary care gaps persist.

Discussion

There was no further discussion on the topic. Hence, it was approved.

Topic 9. Rehabilitation for Chronic Respiratory Diseases

In the Philippines, chronic lower respiratory diseases, including COPD, belong to the top ten causes of mortality. Based on a local prevalence study, the prevalence of COPD in a rural community in the Philippines was 20.8% for Global Initiative for Obstructive Lung Disease (GOLD) Stage I or higher and 16.7% for GOLD Stage II or higher. Low and middle-income countries bear the majority of COPD's global economic burden despite accounting for a smaller proportion of disability-adjusted life-years. Locally, hospitalization costs for COPD exacerbations are significantly lower for charity admissions compared to private admissions. Despite financial assistance from PhilHealth, in-patient coverage for this condition is still considered insufficient because of the high out-of-pocket expenditures.

The need for an immediate creation of a CPG on pulmonary rehabilitation is due to the increasing burden of noncommunicable diseases (NCDs), including COPD. Furthermore, there are variations in the clinical practice and delivery of services offered by pulmonary rehabilitation programs. These include out- and in-patient settings, home-based rehabilitation, telerehabilitation, and pediatric pulmonary rehabilitation. International CPGs for pulmonary rehabilitation have provided recommendations and updates relevant to implementing these clinical programs. However, none has specifically addressed the provision of pulmonary rehabilitation for Filipino patients afflicted with COPD and other chronic respiratory diseases.

Discussion

The disease burden and the need for community screening were highlighted during the cluster discussion. The committee acknowledged that there was a recent CPG on COPD. However, it did not focus on rehabilitation. The committee recommended changing the title of the CPG to Rehabilitation for COPD to emphasize its focus on rehabilitation.



Topic 10. Prenatal and Antenatal Care

The WHO reported that almost 95% of all maternal deaths in 2020 occurred in low and lower-middle-income countries, most of which could have been prevented by the provision of essential antenatal care. The Philippines' maternal mortality rate in 2020 was 78 per 100,000 live births. There is an annual loss of Php 30 billion due to complications and neonatal care in pregnancies of vulnerable populations (e.g., teens).

High-risk populations with pregnancy complications like preterm labor, infections, malnutrition, hypertension, and diabetes necessitate intense management strategies with additional out-patient and in-patient procedures. A well-organized prenatal care system, supported by the UHC Act and the existing PhilHealth Maternal Care Package, will enhance maternal-fetal health, reduce family healthcare costs, and uphold Filipino women's right to comprehensive healthcare.

Basic procedures needed for adequate prenatal work-up when done in local government units and during private facility consultations vary. One example is the limited availability of combined First Trimester Screening and Preeclampsia Prediction, which have been proven to prevent numerous pregnancy complications. Complete testing services for these are available only in two private hospitals nationwide.

The WHO report in 2015 on inequalities in reproductive, maternal, newborn, and child health showed that women in low to middle-income countries have lower antenatal care coverage and worse pregnancy outcomes. Antenatal surveillance technologies are available locally in larger institutions, and mothers will benefit if they are made available in the communities or at least through the development of national referral systems.

Discussion

There was no further discussion on the topic. Hence, it was approved.

2027 CPG Topics for Development



Figure 7. 2027 Prioritized CPG Topics

Topic 1. Chronic Myelogenous Leukemia

In the Philippines, chronic myelogenous leukemia (CML) affects the younger population compared to Western countries, with a median diagnosis age between 36-50 years. While most patients are diagnosed in the chronic phase, progression to accelerated and blast phases poses significant health challenges, necessitating intensive management. This progression also increases the healthcare burden due to the need for lifelong treatment with tyrosine kinase inhibitors (TKIs) and potential complications if left untreated.

The high cost of TKIs constitutes a significant portion of treatment expenses. Moreover, challenges in resource-limited settings include the limited availability of newer-generation TKIs, which impacts treatment options and patient outcomes. Additional economic burdens arise from the costs associated with chemotherapy and palliative care, particularly for patients experiencing relapse or refractory disease, further straining healthcare budgets and patient finances.

National initiatives in the Philippines support access to effective CML treatments, including providing TKIs through government hospitals and specialized care centers equipped to handle complex cases. However, enhancing healthcare infrastructure and



policy frameworks to ensure equitable access and quality care for all CML patients nationwide is still urgent.

The Philippines faces challenges in standardizing clinical practices for CML due to the absence of locally endorsed guidelines. Recent advancements in CML treatment, including the availability of newer TKIs, have not fully addressed gaps in healthcare delivery. Underutilization of these therapies due to access and affordability issues persists, particularly in resource-poor settings.

Discussion

There was no further discussion on the topic. Hence, it was approved.

Topic 2. Bradyarrhythmias

The burden of arrhythmias requiring pacemaker implantation in the Philippines is notable but underrepresented in hospitalization claims. From PHIC data in 2017 and 2018, there were 958 and 1144 hospitalization claims, respectively, for arrhythmias necessitating pacemaker implantation. This corresponds to a prevalence rate of 0.04% of total hospital claims in both years.

The economic burden associated with pacemaker implantation in the Philippines is substantial, primarily due to the high cost of pacemakers. PhilHealth coverage inadequately covers these costs, leaving patients and their families with a significant financial responsibility.

Addressing arrhythmias requiring pacemaker implantation is critical to prevent severe outcomes like syncope, injury, and sudden death, particularly in patients with bradyarrhythmias. Despite its proven effectiveness, pacemaker technology is underused, with a significant gap between diagnosed patients and those receiving the procedure. This gap is especially pronounced in non-centralized regions and public healthcare settings where access to specialized cardiac care and pacemaker services is limited. Prompt diagnosis, appropriate referral, and timely intervention are essential to mitigate the adverse effects of untreated bradyarrhythmias.

Discussion

There was no further discussion on the topic. Hence, it was approved.

Topic 3. Hoarseness/Benign Voice Disorders

Hoarseness represents a significant health issue, with various underlying causes, such as acute and chronic laryngitis, nonspecific dysphonia, and benign vocal fold lesions



being the most common. Similar challenges in the Philippines regarding hoarseness likely require robust healthcare responses.

The economic impact of hoarseness is substantial, with total annual direct costs ranging from \$178.5 million to \$294.8 million in the U.S. These costs include pharmacy claims (20.1% to 33.3%), procedure claims (50.4% to 69.9%), and medical encounters (8.6% to 16.3%). Notably, antireflux medications and antibiotics contribute significantly to these costs.

Timely otorhinolaryngology referrals are crucial for addressing complications from benign and malignant vocal cord lesions, which often have similar symptoms. Differences in hoarseness management between primary care and specialists highlight the need for a new CPG. Delayed referrals to specialists for hoarseness represent a significant gap in healthcare delivery. Implementing a new CPG would improve healthcare outcomes by guiding providers on when to promptly make referrals and seek specialized care.

Discussion

The high prevalence of this condition was highlighted during the cluster discussion. The committee noted that the scope of the topic nomination was vague. However, upon further inspection of the evidence submitted, it was indicated that it also covers benign voice disorders, so a recommendation was made to revise the topic title to reflect this. The committee also suggested further defining the scope of the topic and including screening for laryngeal disorders.

Topic 4. Allergic and Chronic Rhinitis

Allergic rhinitis (AR) significantly impacts global health, affecting around 400 million people, including 20% of the Philippine population. Filipinos suffer from AR symptoms for an average of 298 days annually, with about 90% receiving inadequate treatment. This leads to a socioeconomic burden marked by absenteeism and reduced workplace productivity. Proper treatment adherence could save \$29.1-102 billion and enhance workforce productivity. While no specific economic studies exist for the Filipino population regarding chronic rhinosinusitis, U.S. estimates for direct and indirect CRS costs range from \$13 to \$60 billion annually.

The high prevalence of perennial allergens in Asia, including the Philippines, makes Filipinos particularly vulnerable to AR. The incidence of AR is rising in the Asia-Pacific region. Clinical practices for AR vary, with differences in diagnostic methods, treatment preferences, and the capacity of primary care facilities to diagnose and manage the condition effectively. Biologics used to treat chronic rhinitis in Western countries are also very limited in the Philippines. Limited awareness and resources in primary care



led to underdiagnosis and undertreatment of rhinitis. This highlights the need for education and awareness campaigns to improve public knowledge and encourage timely medical consultation.

Discussion

The high prevalence of this condition was highlighted during the cluster discussion.

Nominated initially as separate topics, the committee suggested combining allergic rhinitis and chronic rhinosinusitis into a single CPG.

Topic 5. Rational Blood Use

Blood transfusion is critical in treating various medical conditions, from anemia to surgical procedures. Transfusion therapy enables complex procedures, including organ and stem cell transplants. Anemia remains a moderate public health concern in the Philippines, affecting 29.9% of women aged 15-49 and 36.5% of pregnant women.

Blood transfusion spans various medical specialties and conditions, significantly impacting healthcare costs and straining the blood supply. Implementing guidelines for rational blood use is crucial to conserving blood resources, ensuring safety, and reducing costs. Studies demonstrate substantial healthcare savings through effective blood management practices, such as lowering inappropriate red blood cell and platelet utilization.

Blood transfusion is not limited to hematologic disorders but is integral across all medical disciplines, including surgery and obstetrics. Standardizing practices and streamlining processes are essential for enhancing healthcare delivery and ensuring consistent and appropriate use of transfusion services across diverse medical specialties.

Despite updated evidence favoring restrictive transfusion practices since the 1990s, variations persist in clinical practice locally. The existing CPG for blood transfusion in the Philippines dates back to 2009, needing updates on newer evidence and leading to clinical practice disparities. Issues such as inadequate outpatient facilities for transfusion and limited coverage for repeat admissions under PhilHealth pose significant challenges, resulting in substantial out-of-pocket expenses for patients requiring frequent transfusions, especially in cases of chronic conditions like bone marrow failure syndromes and hematologic malignancies.



Discussion

There was no further discussion on the topic. Hence, it was approved.

Topic 6. Surgical Site Infections

Certain procedures are associated with a higher risk of surgical site infection. Various surgeons have different ways of giving preoperative antimicrobial prophylaxis. Although a general recommendation to give one dose of preoperative prophylaxis has been present for over a decade, surgeons are reluctant for various reasons.

Discussion

There was no further discussion on the topic. Hence, it was approved.

Topic 6. Hypoxic-Ischemic Encephalopathy

Hypoxic-ischemic encephalopathy (HIE) is a notable cause of mortality in newborn babies and of neurodevelopmental disability in infancy and childhood, especially in LMICs. The median cost/case for survivors was \$58,552 (IQR \$32,476–\$130,203) and non-survivors \$29,760 (IQR \$16,897–\$61,399). Infants who suffer HIE at term are at risk of dying or developing severe cerebral palsy (CP). The direct and indirect cost of CP is 900,000 USD. CP, intellectual disability, epilepsy, and visual impairments all affect employment prospects in adulthood and will reduce the ability of young people to seek gainful employment and contribute to society.

This therapy is the standard of care for neonatal hypoxic-ischemic encephalopathy in high-income countries (HICs), and it has profoundly changed the management of hypoxic-ischemic encephalopathy. However, LMICs have been slow to adopt therapeutic hypothermia due to the non-availability of expensive cooling equipment, the need for well-equipped neonatal intensive care units with trained staff, high incidence of home deliveries, frequent comorbid sepsis, and delayed transport and referral.

Discussion

There was no further discussion on the topic. Hence, it was approved.

Topic 8. Major Depressive Disorders and Suicidal Behaviors

Suicide and other suicide-related behaviors remain to be major public health concerns. Suicide deaths reach at least 700,000 annually and affect families, loved ones, communities, and societies. More than 10% of people with mental illness die by suicide



within the first ten years of diagnosis. A suicide attempt may also be a sign that mental illness is developing.

The total costs of premature death due to mental health conditions in the Philippines were estimated to be 11 billion PHP (US\$ 201 million) in 2019. 852 million PHP is the estimated cost of premature death attributed to suicide.

Suicide prevention strategies and surveillance, as well as management of major depressive disorders (MDD), vary across facilities and institutions. This emphasizes the need for a CPG to standardize care for mental health conditions.

Discussion

The committee panel agreed that MDD has one of the highest burdens among mental health disorders and needs a separate CPG. It was separated from other conditions under the mental health topic in the original nomination (anxiety, affective, psychotic disorders) due to its broad scope and merged with the topic of suicidal behavior.

The ranking of the newly separated topics was reconsidered, and the committee agreed that the topic on MDD and Suicidal Behaviors ranks higher. A committee member highlighted that MDD has the highest disease burden among mental health disorders in adults.

Topic 9. Immediate Postpartum Family Planning

Maternal health in the Philippines faces significant challenges, with an interim estimate of 154 maternal deaths per 100,000 live births in 2021, surpassing the national target of reducing this ratio to 70 by 2030. Additionally, there is a high unmet need for modern family planning, with 17.5% of women lacking access to desired contraceptive methods. Adolescent pregnancies are also prevalent, with a notable increase in births among very young mothers, underscoring the risks associated with early childbearing and complications for both mothers and infants.

While PhilHealth covers modern family planning services, including contraception and procedures like vasectomy and tubal ligation, there is inadequate coverage and utilization. Limited access and poor awareness of family planning services, and higher healthcare costs are associated with unintended pregnancies and maternal health complications.

Improving maternal health outcomes is critical to reducing maternal mortality linked to unintended and closely spaced pregnancies. Effective family planning can prevent a significant number of unintended pregnancies, unsafe abortions, and maternal deaths, highlighting the urgency to enhance access and utilization of family planning services



nationwide.

Variations in postpartum family planning practices persist due to socio-cultural factors, misconceptions, and access barriers. Furthermore, there is a substantial gap in meeting the family planning needs of postpartum women in the Philippines despite the high demand to delay or avoid pregnancies. The current uptake of modern family planning within the first six months postpartum is only 32%. This highlights the need to expand access and utilization of family planning services during this critical period to optimize maternal and neonatal health outcomes.

Discussion

There was no further discussion on the topic; hence, it was approved.

Topic 10. Occupational-Related Diseases and Chemical Accidents

According to the Philippine Statistics Authority, the total number of cases of occupational diseases in workplaces reached over 125,000 in 2015. Back pain is the most common type of occupational disease, making up 32.8% of the reported cases. This is followed by essential hypertension (11.5%) and neck and shoulder pain (11.4%). Workers in administrative and support service activities (34.3%) and the manufacturing industry (31.1%) jointly comprised almost two-thirds of the total cases of occupational diseases among those employed in the formal economy in 2015. Workers in the informal sector, such as the informal mining, transport, and agricultural sector, are also more vulnerable to occupational diseases due to the nature of their work, increased risk of exposure to occupational hazards due to substandard working conditions, low social protection coverage, and general lack of awareness on occupational health and safety practices.

Incidents related to work activities, whether direct or indirect, environmental or individual health due to known and unknown hazards, have a more significant impact that warrants surveillance, preparation, and proper response for mitigation.

There are no treatment guidelines or health systems practice guidelines specific to screening and surveillance of occupational-related diseases. Locally, clinical algorithms are utilized for individual treatment of poisoned patients, but screening and surveillance strategies are not contextualized to local settings.

Discussion

There was no further discussion on the topic. Hence, it was approved.



2028 CPG Topics for Development



Figure 8. 2028 Prioritized CPG Topics

Topic 1. Chronic Heart Failure with Preserved Ejection Fraction

Chronic Heart Failure with Preserved Ejection Fraction (HFpEF) poses a significant health and economic burden to patients and the government. This burden likely includes costs associated with treatment, hospitalizations, and possibly lost productivity due to illness.

The variability in understanding and managing this chronic HFpEF among primary care physicians highlights the need for guidelines and education. Many physicians may lack sufficient information, resulting in gaps that hinder optimal care delivery. Addressing these knowledge gaps is crucial to enhancing patient outcomes and ensuring consistent and effective chronic HFpEF management across healthcare providers.

Discussion

There was no further discussion on the topic. Hence, it was approved.

Topic 2. Epithelial Ovarian Cancer

Ovarian cancer ranks 10th among the most common cancers and 5th most common cancer among women in the Philippines. Out of the 86,484 new cancer cases in 2020, ovarian cancer constitutes 6.2%, totaling 5,395 cases. It is the 7th leading cause of cancer-related deaths in 2020. Data from the Philippine General Hospital (2015-2020) indicate 996 new ovarian cancer cases in the outpatient department, with 21% insufficiently staged or lacking proper management or referral to a gynecologic oncologist.

Different institutions vary widely in their approaches to screening and diagnostic criteria, the extent and types of surgical procedures, choices, duration, sequences of chemotherapeutic agents, adoption of targeted therapies, and strategies for post-treatment surveillance, including imaging and biomarker monitoring.

Limited access to resources such as precision medicine diagnostics, chemotherapeutic drugs, targeted therapies, and immunotherapy often hinders the adoption of cutting-edge treatments in LMICs. Disparities in the different existing healthcare systems and facilities, financial constraints, and lack of awareness further contribute to challenges in delivering advanced ovarian cancer care compared to upper-income countries.

Discussion

There was no further discussion on the topic. Hence, it was approved.

Topic 3. Cleft Lip and Palate

Cleft lip and palate (CLAP) is a common congenital anomaly that affects approximately 1 in 1000 live births worldwide. Local data reported between 1.94 in 1000 (1 in 500) and 1 in 625 live births among Filipinos. In contrast, worldwide prevalence estimates range from 1 in 700 to 1 in 1000.

There are no published local studies about the economic and health burden of CLAP. However, based on foreign literature, the spectrum of lost wages resulting from unemployment and underemployment due to unrepaired cleft conditions falls within the range of \$73,787,728 to \$88,645,104, equivalent to 0.017% to 0.021% of the Philippines' annual gross domestic product, which stood at \$431.3 billion. The potential lost income from unemployment and underemployment is projected to be between PHP 3.7 billion and PHP 4.5 billion. Over 20 years, the anticipated impact on family income is at least PHP 87.5 billion, leading to a government tax loss of at least PHP 9.9 billion.

Limited access to specialized care, delayed diagnosis and treatment, and inadequate continuity of care exist, particularly in underserved populations. While not a surgical



emergency, timely intervention for CLAP is critical to mitigate functional and psychosocial impacts on children and their families. Delayed surgical correction can lead to prolonged feeding, speech, and psychological well-being issues, affecting self-esteem and social interactions.

Discussion

The high prevalence of this condition was highlighted during the cluster discussion. There was no further discussion on the topic. Hence, it was approved.

Topic 4. Obstructive Sleep Apnea

As of 2019, around 15.8 million Filipinos were estimated to have obstructive sleep apnea (OSA). It has been associated with chronic medical conditions such as hypertension, coronary artery disease, heart failure, cardiac arrhythmia, chronic obstructive pulmonary disease (COPD), obesity hypoventilation syndrome (OHS), stroke, renal insufficiency, diabetes mellitus 2, and perioperative complications as well as motor vehicle or workplace accidents.

One of the foremost issues in diagnosing OSA is confirming the diagnosis among patients who are at high risk for OSA. Diagnosis is crucial in initiating treatment. This can be performed by using home-based portable diagnostic testing devices and treatment titration options, which are less costly compared to in-laboratory sleep studies or when access to sleep labs is limited or difficult. Another issue that should be considered when treating OSA is the availability and cost of positive-airway devices.

The Philippine Clinical Practice Guidelines on the Diagnosis and Management of Obstructive Sleep Apnea in Adults 2016 does not recommend auto-titrating CPAP to determine a fixed CPAP pressure. However, the American Academy of Sleep Medicine recommends that certain Automatic Positive Airway Pressure devices may be used as an option in unattended home titration to determine the CPAP pressure for patients without any co-comorbidities. This necessitates an update of the existing local CPG to address variations in clinical practice.

Discussion

The high prevalence of OSA was highlighted during the cluster discussion. The committee recommended revising the scope of the topic to include the diagnosis and treatment of OSA.

Topic 5. Vaccine Updates (PCV, HPV, RSV)

Streptococcus pneumoniae presents as a medical burden for bacterial pneumonia in adults. For human papillomavirus (HPV), certain groups like People Living with HIV



(PLWH), Men Having Sex with Men, and sexual abuse survivors face a higher burden, including increased risks of both high-risk and low-risk types, co-infections, persistent infections, and HPV-related cancers compared to the general population. Respiratory Syncytial Virus (RSV) infection is increasingly recognized as an important cause of acute respiratory illness in older adults and those with chronic cardiopulmonary or metabolic diseases, as well as immunocompromised patients.

As of 2015, the treatment cost for CAP Moderate risk ranged from PHP 25,000 to PHP 90,000, while CAP High Risk ranged from PHP 93,000 to approximately PHP 214,000. The economic burden was estimated at PHP 8.48 billion for CAP moderate risk and PHP 647.3 million for CAP high risk. The estimated annual costs of RSV hospitalization are more than \$1 billion, and the direct medical-related costs are almost \$3 billion.

The DOH National Objectives for Health 2023-2028 prioritizes immunization as one of seven key areas in its Health Promotion Framework Strategy. This emphasis is also evident in the Disease Prevention and Health Promotion aspect of the DOH's 8-point agenda.

The *Philippine Guidelines on Periodic Health Examination: Adult Immunization, 2023 Updates* already include HPV vaccinations for vulnerable adult populations. However, newly licensed vaccines, like the 15-valent pneumococcal conjugate vaccine, are not covered in these guidelines. Furthermore, the *Philippine Guidelines on Periodic Health Examination: Adult Immunization, 2023 Updates* does not discuss RSV vaccination.

Discussion

Originally nominated as separate topics, the CPG Topic Prioritization Committee members recommended combining all topics as immunization updates.

Topic 6. Syphilis

The Philippines' Epidemiology Bureau data shows a rising reactivity rate of syphilis cases in recent years: 1.1% in 2020, 1.5% in 2021, and 1.9% in 2022. The escalating rates of syphilis cases among high-risk populations, such as men who have sex with men (MSM) and pregnant women, and the increasing reactivity rates observed in recent years highlight the pressing need for standardized protocols to guide prevention, diagnosis, and treatment efforts.

The treatment for syphilis varies depending on the stage of infection and the presence of central nervous system (CNS) involvement. Parenteral penicillin is the preferred treatment for syphilis despite limited comprehensive trial data.

Reductions in syphilis and gonorrhea in the US between 1990 and 2003 resulted in



substantial cost savings estimated at \$5.0 billion, encompassing expenses related to primary and secondary syphilis, congenital syphilis, and gonorrhea, as well as HIV costs linked to these diseases.

Despite the established treatment protocols, there is no formal local guideline addressing the standardized diagnosis, treatment, and prevention of syphilis in the country. Failing to address syphilis comprehensively not only jeopardizes individual health but also poses significant public health challenges, leading to adverse outcomes such as stillbirths, neonatal deaths, and lifelong health issues for affected infants. Establishing locally tailored guidelines can enhance healthcare delivery, improve patient outcomes, and mitigate the substantial burden of syphilis on both maternal and child health.

Discussion

There was no further discussion on the topic. Hence, it was approved.

Topic 7. Neonatal Hyperbilirubinemia

Neonatal jaundice (hyperbilirubinemia) is a significant cause of death in the first month of life globally, with higher prevalence in African and Asian regions. However, accurate population-level data is often lacking in low-resource settings.

Predischarge bilirubin screening is cost-effective. In a study done in Canada, the estimated cost per transcutaneous bilirubin screen in hospital and community (urban and rural) settings was \$3.54 and \$3.76, respectively. Among Thai newborns under the bilirubin screening program, the costs for detecting hyperbilirubinemia (via serum) and severe hyperbilirubinemia were \$6.22 and \$247.87 per case, respectively.

The majority of healthy-looking Filipino newborns who are discharged early are at risk of developing severe forms of hyperbilirubinemia. It can lead to kernicterus while at home and subsequent disabilities such as CP and hearing loss, with higher burdens observed in low to middle socio-demographic index countries.

The most common guideline (American Academy of Pediatrics) may not necessarily apply to low- to middle-income countries like the Philippines. In the Philippines, guidelines require healthy-term newborns discharged before 48 hours to have a follow-up within the same timeframe. However, pediatricians differ in follow-up times, from 48 hours to two weeks post-discharge. This variation may lead to undetected hyperbilirubinemia, especially among Filipino neonates at higher risk due to East Asian ethnicity, G6PD deficiency, and breastfeeding challenges.



There is no existing CPG on risk assessment, screening, diagnosis, management, and prevention of neonatal hyperbilirubinemia in the Philippine setting. Healthcare providers usually utilize different protocols as guides in their clinical practice.

Discussion

There was no further discussion on the topic. Hence, it was approved.

Topic 8. Anxiety, Psychotic Disorders, and Affective Disorders

The Philippines utilizes the National Survey for Mental Health and Well-being and other global research to assess the burden of various mental health conditions within its population. The country has conducted a study under the guidance of WHO, United Nations Development Programme, and other agencies, funded by the Russian Federation, to create an investment case for mental health interventions. This report outlines the costs associated with interventions and the potential return on investment for each.

Presently, existing guidelines being utilized across facilities for mental health are not standardized.

Discussion

Originally nominated as single topics under mental health, anxiety, psychotic disorders, and affective disorders were clustered together and separated from MDD and suicidal behavior.

Topic 9. Delirium in Older Persons

Delirium is one of the most common acute disorders in general hospitals, affecting around 25% of older patients. Delirium is closely linked with adverse outcomes, including higher mortality, increased length of stay, long-term cognitive and functional decline, and risk of institutionalization. The local economic burden of delirium among older adults in the Philippines has not been studied. Data is scarce as well. However, two local studies showed that it results in a longer LOS, increased morbidity, and mortality.

Older adults are at a higher risk of developing delirium, especially in acute care settings. Many studies have stressed the short-term and long-term implications of delirium on the quality of life. In the 8-point agenda of DOH, delirium must be well diagnosed and managed for “every Filipino experiences health and well-being,” as well as “Mental health and overall well-being” to Enhance Filipinos’ well-being and ensure quality mental health services.



Other countries have different approaches to managing delirium. However, in the Philippines, there are existing guidelines on diagnosing and managing this condition.

Discussion

There was no further discussion on the topic. Hence, it was approved.

Topic 10. Geriatric Screening

Geriatric syndromes are common health conditions that are multifactorial, highly prevalent, and associated with substantial morbidity and poor outcomes among older adults. Based on the Asia-Pacific consensus, these syndromes include dementia, incontinence, delirium, falls, hearing impairment, visual impairment, sarcopenia, malnutrition, frailty, immobility, gait disturbance, and pressure ulcers. These conditions do not fit into distinct organ-based disease categories, making it difficult to screen, diagnose, and manage.

Anchored on the Health and Wellness Program for Senior Citizens is the conduct of the comprehensive geriatric assessment. It is supported by several policies, including the Primary Health Care Guarantees for All Citizens-Benefit Packages for All Life Stages (DOH AO 2016-012), PhilHealth Circular 2018-0017, and Policy Guidelines on the Standards of Care for Older Persons in All Healthcare Settings (DOH AO 2017-001). Geriatric Screening is also included in the DOH Omnibus Health Guidelines for the Elderly.

Not all DOH hospitals identified as geriatric centers conduct CGA for their geriatric patients. Only 5 (18%) hospitals use CGA to screen all their geriatric patients; the rest have specific conditions or guidelines regarding whom they can administer CGA. Most hospitals utilize CGA only in specific age brackets; other hospitals do so only through referrals, when the patient is admitted, or when they think the patient is frail or at risk.

Although geriatric screening is included in the DOH Omnibus Guideline for the Elderly, there is no current guidance for the screening and management of geriatric syndromes in the country.

Discussion

The committee agreed that the topic is important for CPG development, but the topic nomination needs to be more specific since geriatric screening has a wide scope. The committee recommended focusing on topics that do not have existing recommendations. The 2023 Philippine Guidelines on Periodic Health Examination: Renal, Metabolic, Nutrition and Endocrine Disorders includes recommendations on musculoskeletal disorders, particularly, screening for falls, osteoporosis, and sarcopenia.



2029 CPG Topics for Development



Figure 9. 2029 Prioritized CPG Topics

Topic 1. Lower Extremity Artery Disease

The 2003 National Nutrition and Health Survey indicated that the prevalence of peripheral artery disease (PAD) was 4.2-5.0% using validated indices. The 2003 Philippine Peripheral Arterial Disease study showed that the prevalence of PAD was 26-31.7% in a high-risk population (mean age 61 years, hypertensive, smokers). A study of 70 asymptomatic diabetic patients seen at an outpatient clinic, using the ankle-brachial index, showed a frequency of PAD of 33% at rest and 37% after a 6-minute walk test. In a 2012 study at the Philippine Heart Center among 125 patients who had cardiovascular risk factors, the prevalence of PAD was 33.2-39%.

The mortality rate of adult Filipino patients with acute limb ischemia was 46%, according to an unpublished review of medical records at the Philippine General Hospital. Those who died underwent limb amputation, and septic shock was the most common cause of death (50%). For those who survived but had limb amputation, the prognosis for adverse cardiovascular events and limb-related events is poor.

A US population-based analysis of 286,160 hospitalizations for PAD showed that hospitalizations occurred for major adverse limb events despite guideline recommendations for the use of antiplatelet agents, statins, and blood pressure and glycemic control. The median hospital length of stay (LOS) was 5 days, and costs were \$15,755 (\$8,972, \$27,800), resulting in an annual cost burden for hospitalization of patients with PAD of ~\$6.31 billion.

Discussion

There was no further discussion on the topic. Hence, it was approved.

Topic 2. Colorectal Cancer

Colorectal cancer is the second most common cancer for both males and females and is the fourth cause of cancer mortality. It is preventable and treatable if caught early. However, primary health care workers/barangay health workers do not usually prioritize cancer screening and prevention.

At present, not all government hospitals are equipped to screen for colorectal cancer, especially in high-risk patients.

Discussion

There was a wide discrepancy in ranking among the cluster members. Two members gave a low rank due to insufficient data from the topic nominators, while another member ranked this topic high based on personal experience with the disease. After discussion within the cluster, the scores and the ranking were maintained. There was no further discussion on the topic. Hence, it was approved.

Topic 3. Ascites, Spontaneous Bacterial Peritonitis, Hepatorenal Syndrome & Portosystemic Encephalopathy

Ascites, a common complication of cirrhosis, affects approximately 60% of patients with compensated cirrhosis within 10 years of diagnosis, significantly impacting their prognosis and quality of life. Spontaneous bacterial peritonitis is a very common bacterial infection in patients with cirrhosis and ascites. With early diagnosis and treatment, mortality from this infection is reduced to approximately 20% (from 90%).

Currently, there is variation in practice and underuse of some interventions. Presently, there are no existing local guidelines for its management.



Discussion

The committee recommended including other aspects of care for the CPG.

Topic 4. E-cigarette/Vaping Use-Associated Lung Injury

E-cigarette/vaping use-associated lung injury (EVALI) is not well studied in the Philippines. Existing local literature includes case studies reported by the University of the Philippines–Philippine General Hospital. The mortality rate is 2.4% based on US data from 2019–2020.

The Republic Act (RA) No. 11900, or the “Vaporized Nicotine and Non-Nicotine Regulation Act,” mandates the regulation of vaporized nicotine and non-nicotine products, including their assembly, manufacture, sale, packaging, distribution, use, advertisement, promotion, and sponsorship.

Currently, there is only an interim guidance document for EVALI developed by the DOH, but a CPG has yet to be developed. During the Tobacco Prevention and Control Technical Working Group Meeting, it was manifested that there were gaps in service delivery for patients with EVALI due to the lack of a CPG.

Discussion

A DOH interim guidance document on case definition and spectrum of care for EVALI already exists. Given the lack of data, the CPG Topic Prioritization Committee questioned the necessity to develop a full CPG. Additionally, it was raised whether EVALI is coded in the International Classification of Diseases as a distinct entity or included in the group of diseases categorized as acute lung injury. These have practical implications since established guidelines exist for managing acute lung injury. Despite these issues, the committee agreed to retain it on the list due to the increasing prevalence of EVALI. The committee recommended further refinement of the scope of the CPG.

Topic 5. Central Line-associated Bloodstream Infections

Although central line-associated bloodstream infections (CLABSI) are uncommon in hospitals, their cost and morbidity implications are very high. Because of the various types of central lines, there is a wide range of uses, including indication, placement, care, and duration. Currently, there are no existing local guidelines for CLABSI.



Discussion

There was no further discussion on the topic. Hence, it was approved.

Topic 6. Human Papillomavirus Infection

Certain population groups, including PLWH, MSM, and individuals who have experienced sexual abuse, will experience a higher health burden of Human Papillomavirus (HPV) infections and related associated conditions, including both high-risk and low-risk types, higher rates of co-infection and persistence of infection, and higher risk of HPV-related cancers compared to HIV-negative individuals and the general population.

A vaccine is available to protect against HPV infections and prevent HPV-related sequelae; however, vaccination rates have remained low, and there is poor access among vulnerable groups.

Discussion

There was no further discussion on the topic. Hence, it was approved.

Topic 7. Low-Grade Glioma

Low-grade gliomas (LGG) account for an estimated 30-50% of CNS tumors in children. Survival rates of LGG in HICs reach 80-90%. In LMICs, however, overall survival rates vary and may not even reach 50% due to challenges in diagnosis and treatment capabilities.

Pediatric LGG is one of the six common childhood cancers identified by the WHO Global Initiative for Childhood Cancer. The Philippines was the first focus country in the Western Pacific, where the CureAll campaign was launched in 2018. Several stakeholders, including the DOH - Cancer Control Division, Philippine Health Insurance Corporation (PhilHealth), healthcare professionals, and non-governmental childhood cancer advocates, expressed their commitment to pursue efforts to increase the prioritization of childhood cancer at national and global levels.

Disparities in healthcare infrastructure, including the availability of pediatric oncology centers and multidisciplinary teams, contribute largely to variations in the management of pediatric LGG. Lack of access to essential resources such as imaging technology, particularly Computed Tomography Scans and Magnetic Resonance Imaging machines, impacts the ability to diagnose pediatric LGG accurately. Moreover, treatment options such as neurosurgery, chemotherapy, and radiation therapy may not be readily available. Hence, optimal outcomes are not realizable. Through evidence-based



guidelines, healthcare providers can optimize treatment approaches that improve survival rates and better long-term outcomes.

Discussion

There was no further discussion on the topic. Hence, it was approved.

Topic 8. Retinopathy of Prematurity

Retinopathy of Prematurity (ROP) is recognized as an important cause of avoidable childhood blindness worldwide. It is a major cause found in 60% of blind children in moderately developed countries. In the Philippines, sub-optimal resources and varying practices in neonatal intensive care settings tip the scale towards an increasing prevalence of ROP, even in larger, more mature, but sick babies. ROP is a retinal vasoproliferative disorder of premature babies. This translates to economic loss and will be an important health indicator for the country.

Several factors substantiate the urgency of addressing ROP. Suboptimal neonatal care caused by the lack of resources leads to higher rates of severe ROP in extremely premature and larger, more mature infants. Lack of awareness, skilled personnel, and financial constraints also lead to inconsistent availability of screening and treatment programs in neonatal units in many cities. Due to the wide regional variability of service availability, establishing ROP screening programs is recommended for hospital facilities that admit high-risk infants using local protocol.

The timing of referrals or initial eye examinations for ROP varies according to the patient's gestational age course. A standard practice guideline should emphasize this.

Discussion

There was no further discussion on the topic. Hence, it was approved.

Topic 9. Post-stroke Return to Work and Driving

While substantial progress has been made in understanding, preventing, and treating strokes through evidence-based practices, a comparable emphasis on comprehensive, evidence-driven guidelines or best practice recommendations contextualized in the local setting, particularly for community reintegration and post-stroke clearance, is lacking. The absence of a universally accepted standard assessment framework poses a challenge in establishing a consistent protocol for evaluating stroke survivors, creating a situation where cases may be approached with a degree of subjectivity.



Discussion

There was no further discussion on the topic. Hence, it was approved.

Topic 10. Sarcopenia in the Geriatric Population

According to the European Working Group on Sarcopenia in Older People, the prevalence range varies from 10-27% in individuals over 60 years. The prevalence of sarcopenia in the Philippines remains to be underreported, probably due to a lack of awareness among healthcare practitioners. Not all physicians are aware of the impact of sarcopenia on the morbidity and mortality rates in the older population. Individuals with sarcopenia had greater odds of hospitalization (OR, 1.95; $p < .001$) compared to those without. Literature shows that the cost of hospitalizations in individuals with sarcopenia (>65 years) was USD 19.12 billion.

In the Philippines, the prevalence of sarcopenia is expected to rise following the country's aging population. Thus, there is a need to promote change in clinical practice towards systematic and standardized screening and diagnostic criteria for older adults at risk for developing sarcopenia in the Philippine setting, as well as promote early intervention to support healthy aging. Nutritional supplementations are initially thought to be the most effective intervention for sarcopenia. However, recent studies have shown that strength and resistance training is the most effective intervention for sarcopenia. Yet, it remains underused, probably due to a lack of awareness.

The differences in the diagnostic criteria for sarcopenia published by several working groups (e.g., EWGSOP, Asian Working Group for Sarcopenia, International Working Group on Sarcopenia, etc.) necessitate the need to develop our own CPG to standardize the diagnosis and management of Sarcopenia in the Philippines.

Discussion

The committee recommended that the CPG for development be focused on the prevention, diagnosis, and management of sarcopenia since screening recommendations were formulated in the 2023 Philippine Guidelines for Periodic Health Examination: Screening for Musculoskeletal Disorders.





General Discussion Points from the Plenary Proceedings

Several issues and clarifications were raised regarding the scoring of the topic nominations, particularly regarding the varying completeness and sufficiency of the evidence submitted for some topics.

Some nominations had little to no information on the topic, resulting in lower scores. The lack of local data on some conditions was also noted. The gap in information was bridged as the CPG Topic Prioritization Committee members shared their experience and expertise on the topic during the group discussions. This highlights the importance of complete and sufficient evidence on the topic nomination and a diverse set of CPG Topic Prioritization Committee members with different experiences and expertise on the disease conditions.

Clarifications on the topic prioritization criteria were also discussed. For instance, including indirect costs in the economic burden was not apparent as only surgical, in- and out-patient costs were listed. It was then clarified that conditions that do not necessitate surgical management may not have surgical costs but may still impose a high economic burden because of lifelong outpatient expenses. The committee also noted poor awareness of the government's current health priorities in relation to the urgency criterion. The committee was then referred to the list of possible references (see Appendix 3), such as the list of existing DOH health programs, DOH 8-point Agenda, and SDG 2030, among others, to address this concern. A DOH representative, also a member of the CPG Topic Prioritization Committee, shared insights during the consensus-building. It was also clarified whether CPG topics focused on primary care should merit a higher score for urgency. It was explained that while the context of some may be primary care, the target audience for CPGs should be broad, encompassing all relevant stakeholders.





Process Feedback from the Organizing Committee

Composition of the CPG Topic Prioritization Committee

The diverse representation of groups from various societies and regions across the country was appreciated in this initiative. This diversity ensured that the selection of CPGs for development was broadly applicable and reflected the different needs and perspectives across various populations. It will be essential to maintain and further enhance this inclusivity in future CPG prioritization activities to ensure inclusivity and equity.

Quality of Topic Nominations

As evident in the recently conducted workshop, the completeness and sufficiency of data provided by the nominators must be emphasized. An orientation meeting for interested CPG nominators can be done to ensure better compliance. Developing a briefier or an orientation video on filling out the nomination form may also be published on the DOH website, along with the call for nomination, to help improve the quality and completeness of submissions. The nomination form should also include a section indicating whether the proposed CPG is novel or updated.

Assignment of Weights and Definition of the Topic Prioritization Criteria

The weights assigned to each topic prioritization criteria reflect the criterion's relative importance in the decision-making process. Clinical practice variations were recommended to receive greater weight as they have a more significant impact on patient outcomes than gaps in healthcare delivery.

Additionally, it was recommended that the need to update CPGs should be included in the definition of the Gaps in Healthcare Delivery criterion. It was explained that the



phrase “new evidence or intervention that can affect practice and patient outcomes” in the definition only referred to CPG updates. As part of the Economic Burden criterion, it was suggested that the potential need for surgery in the natural history of the disease be included for conditions not primarily managed surgically.

Conduct of the Scoring Process Using the Topic Prioritization Criteria

An orientation on the prioritization tool and the scoring process for the CPG Topic Prioritization Committee is a crucial step at the beginning of the workshop. This may reveal some questions and scenarios experienced during the recent topic prioritization workshop. The tool must contain clear instructions on scoring. In the absence of data for certain criteria in the nomination form, there may be a need to set guidance, i.e., whether this will be scored zero or otherwise but with a cap on the highest score that can be given.

The three steps in prioritization, as practiced during the workshop, were appropriate. It was suggested that the scoring and the ranking spreadsheets be two separate files to facilitate efficient scoring.

Resolution of Discrepancies in Ranking

To resolve large differences in the ranking of topics among the evaluators in a cluster, it is recommended that they review and discuss the justifications behind their original individual scores, revise the score, and then revise the rank instead of outright revision of the rank. This approach maintains the integrity of the original assessments and ensures a more transparent and accountable process.

Facilitation of Group Discussions

Preparing a facilitator’s guide and conducting an orientation for the facilitators can improve the structure and organization of facilitation during group/cluster discussions. Some key points for emphasis in group facilitation are to prevent participants from interrupting each other or dominating the discussion, ensure equal opportunities for all participants to contribute to the discussion, and maintain the focus on the objective of the activity.

Role of the PhilHealth and HTAC in the Cycle of CPG Development

PhilHealth and HTAC can be targeted sources of CPG topic nominations for disease conditions lined up for developing benefit packages and as references for recommended drugs that have yet to be integrated into the Philippine National Formulary.

As expressed by the PhilHealth representative in the committee, the creation of CPGs will guide the development and updating of PhilHealth benefit packages. Conversely, PhilHealth claims may be a source of data for analyzing drug use for particular diseases, which can inform possible practice variations and give feedback about the other aspects of care for a condition. Despite the lack of targeted invitation for PhilHealth to nominate, their priorities were considered in the list of government priorities in the criteria.

Furthermore, the HTAC representative also mentioned some devices and drugs recommended in DOH-approved CPGs that were not yet in the Philippine National Formulary (PNF). The DOH representative responded that there are ongoing talks to streamline the process for including CPG-recommended drugs in the PNF.

The feedback from PhilHealth and HTAC underscores the significance of aligning priority health topics across the various government agencies to produce a greater impact on improving public health outcomes.

Availability of Local Data

The need for reliable and accessible Philippine data on health and disease may partly be addressed by an ongoing project of the DOH on electronic medical records and the PhilHealth-led creation of the National Health Data Repository as mandated by the UHC law. The creation of a national compendium of health data sources may also be helpful. Developing local research on disease epidemiology, economic burden, clinical practice variation, and quality of care studies may fill this information gap.

CPG Development for Rare Diseases

It was suggested that a separate mechanism of prioritization be developed for rare diseases, as these will not reach a high evaluation following the usual process. A similar rigorous process shall be followed in the selection of priority topics.



Dissemination, Implementation, Monitoring & Evaluation

The 2025-2029 Philippine Medium-Term Clinical Practice Guidelines Agenda will be officially launched during the 20th National Health Research Forum for Action (NHRFA) in October 2024, in line with the World Evidence-based Healthcare. Several dissemination strategies will also be utilized to ensure visibility, including releasing a DOH Department Circular, posting visual material on DOH social media platforms, and publishing the MTCPGA outcome and process in an international, peer-reviewed journal.

The top 50 topics will be included in the priority list of CPG topics for funding by DOH with each year having 10 topics from 2025 to 2029. The UP NIH will assemble the steering committee, technical working group, and consensus panel for each CPG topic, with the involvement of the topic nominator/s in the CPG development (see Appendix 6 for more details). The DOH will annually review the prioritized CPG topics to ensure that they remain relevant and responsive to emerging needs and urgent health issues.

The next 25 topics (ranks 51 to 75) will be endorsed to development partners and professional societies for their possible funding and development, as these reflect national priorities for guideline development in the country.

As part of the monitoring and evaluation process, CPG Topic Prioritization Committee members will be asked to provide process feedback on the conduct of the 2025-2029 Philippine Medium-Term Clinical Practice Guidelines Agenda Workshop and the planned succeeding annual reviews, respectively. Any changes in the prioritized CPG topics during the annual review will be documented. The proportion of CPGs funded by the DOH is aligned with the 2025-2029 Philippine MTCPGA, and the total amount of funding allocated for priority CPGs will also be recorded. Other data that will be collected are the number of published CPGs aligned with the 2025-2029 Philippine MTCPGA used for clinical standards setting, procurement, financing, and other policy decision-making matters.





Appendices

Appendix 1. Declared Interest of the COI Review Committee Members

Committee Member	Current Affiliations
Maria Vanessa V. Sulit, RN, MSc	Asia-Pacific Center for Evidence-Based Healthcare, Inc. <i>Faculty Member & Workshop Course Coordinator</i> UP NIH Institute of Clinical Epidemiology <i>Adjust Research Faculty</i>
Jai Te, MD	Manila Doctors Hospital <i>Active Consultant</i> <i>Co-chair, Institutional Review Board</i> <i>Member, Training Committee, Section of Cardiology</i> ManilaMed (MCM) <i>Active Consultant</i> <i>Chair, Section of Cardiology</i> Diliman Doctors Hospital <i>Head, Section of Cardiology</i> Cardinal Santos Medical Center <i>Visiting Consultant</i> Philippine Orthopedic Center <i>Medical Specialist II</i>
Miriam R. Timonera, MD, FPCP	Asia-Pacific Center for Evidence-Based Healthcare, Inc. <i>Faculty Member</i> Adventist Medical Center <i>Chairman, Committee on Research</i> <i>Member, Medical Ethics Committee</i> Iligan Medical Society <i>Chair, Ethics Committee</i>

Appendix 2. Topic Nomination form

TOPIC NOMINATION FORM

Topic
Proposed sub-topics/ questions/ clinical issues
Classification (novel or update)

Criteria	Description/ Explanation	Data Sources/ References
Disease Burden		
Economic Burden		
Urgency		
Clinical Practice Variation		
Gap in Healthcare Delivery		
Other Relevant Information		

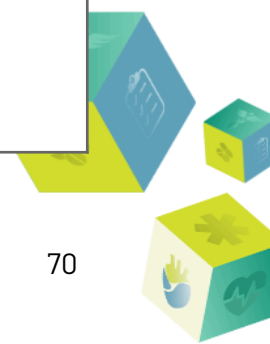


Appendix 3. Categories of Nominated CPG Topics

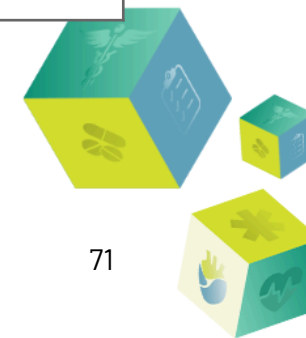
Disease Cluster and Organizations Assigned to the Cluster	Categories by Disease Etiology or Body Site	Diseases
Non-communicable Diseases in Adults (NCD1) <ul style="list-style-type: none"> ● PCP ● PAPO ● HTA 25 topics	Cancer (15)	<ol style="list-style-type: none"> 1. Basal cell carcinoma 2. Breast cancer 3. Chronic myelogenous leukemia 4. Colorectal cancer 5. Epithelial ovarian cancer 6. Lung cancer 7. Melanoma 8. Squamous cell carcinoma 9. Thyroid cancer 10. Peritoneal carcinomatosis 11. Pseudomyxoma peritonei 12. Multiple myeloma 13. Myelodysplastic neoplasm 14. Plasma cell neoplasms 15. Ionizing radiation in diagnostic imaging procedures (cancer-related)
	Musculoskeletal Conditions (4)	<ol style="list-style-type: none"> 1. Axial Spondyloarthritis 2. Knee osteoarthritis 3. Psoriatic arthritis 4. Low back pain
	Cardiovascular conditions (5)	<ol style="list-style-type: none"> 1. Bradyarrhythmia 2. Chronic heart failure with preserved ejection fraction 3. Lower extremity arterial disease 4. Venous thromboembolism 5. Chronic venous disease



Disease Cluster and Organizations Assigned to the Cluster	Categories by Disease Etiology or Body Site	Diseases
Non-communicable Diseases in Adults (NCD 2) <ul style="list-style-type: none"> ● APMC ● AMHOP ● PHIC 23 topics	Renal (1)	1. Chronic Kidney Disease
	Pulmonology (5)	1. Interstitial lung disease 2. Bronchial asthma 3. Pulmonary nodule 4. Obstructive sleep apnea 5. E-cigarette or vape-associated lung injury
	Gastrointestinal Disease (7)	1. Alcohol liver disease 2. Metabolic-associated fatty liver disease 3. Ascites, Spontaneous Bacterial Peritonitis (SBP), Hepatorenal Syndrome (HRS), Portosystemic Encephalopathy (PSE) 4. Liver transplant 5. Acute pancreatitis 6. Dyspepsia and Gastroesophageal reflux disease 7. Disease-related Malnutrition
	Dermatologic Conditions (3)	1. Acne vulgaris 2. Vitiligo 3. Psoriasis
	Head and neck (8)	1. Cleft lip and palate 2. Hoarseness 3. Hearing loss (Screening and use of technology) 4. Allergic rhinitis 5. Chronic rhinosinusitis 6. Acute laryngitis 7. Periodontal diseases 8. Diabetic retinopathy



Disease Cluster and Organizations Assigned to the Cluster	Categories by Disease Etiology or Body Site	Diseases
Infectious Diseases in Adults and Others <ul style="list-style-type: none"> ● PCS ● DPCB ● PAFP 23 topics	Infections and Related Topics (20)	<ol style="list-style-type: none"> 1. Herpes zoster 2. Human papillomavirus (HPV) 3. Syphilis 4. Pneumonia (hospital-acquired; ventilator-associated) 5. Bloodstream infections (central line-associated) 6. Surgical site infections 7. Skin and soft tissue infections 8. Schistosomiasis 9. Antibiotic resistance 10. Antimicrobial stewardship 11. Scabies 12. Dermatophytosis 13. Pediculosis 14. Cutaneous parasitosis 15. Pulmonary TB 16. Vaccination 17. Newly licensed PCVs 18. HPV Vaccination 19. RSV (older adults) 20. Viral hepatitis
	Others (3)	<ol style="list-style-type: none"> 1. Overweight and obesity 2. Rational blood use 3. Iron deficiency in adults



Disease Cluster and Organizations Assigned to the Cluster	Categories by Disease Etiology or Body Site	Diseases
Pediatric conditions Mental Health and Neurologic Diseases in Adults <ul style="list-style-type: none"> ● PPS ● PPA ● PNA 19 topics	Pediatric Conditions (13)	<ol style="list-style-type: none"> 1. Respiratory distress syndrome 2. Retinopathy of prematurity 3. Neonatal sepsis 4. Neonatal transport 5. Neonatal hyperbilirubinemia 6. Hypoxic Ischemic Encephalopathy 7. Simple febrile seizure 8. Palliative care (focus on pediatric patients) 9. Preoperative evaluation for elective surgery 10. Low-grade glioma 11. Neurological disorders among children and adolescents 12. CPAP for respiratory distress syndrome 13. Immediate Kangaroo Mother Care for premature and low birth weight newborns
	Mental Health Conditions (3)	<ol style="list-style-type: none"> 1. Anxiety, major depressive disorder, affective disorders, and psychotic disorders 2. Suicidal Behavior 3. Substance abuse (drugs, alcohol, tobacco)
	Neurologic Conditions (3)	<ol style="list-style-type: none"> 1. Alzheimer's disease and Dementia 2. Parkinson's disease 3. Primary Headaches
Special Populations and Concerns <ul style="list-style-type: none"> ● POGS ● PSGG ● PARM 	Obstetrics and Gynecology (4)	<ol style="list-style-type: none"> 1. Obstetric hemorrhage 2. Low and high-risk gravid patients 3. Pre-invasive lesions of the cervix 4. Immediate post-partum family planning



Disease Cluster and Organizations Assigned to the Cluster	Categories by Disease Etiology or Body Site	Diseases
26 topics	Rehabilitation (3)	<ol style="list-style-type: none"> 1. Return to Work and Drive Practice Guideline 2. Function-based rehabilitation 3. Pulmonary rehabilitation
	Geriatric-context Conditions (16)	<ol style="list-style-type: none"> 1. Anxiety 2. Chronic pain 3. Delirium 4. Depression 5. Osteoarthritis 6. Frailty 7. Incontinence 8. Malnutrition 9. Pressure injuries 10. Sarcopenia 11. Productive aging 12. Physical activity and quality of life 13. Elder abuse and neglect 14. Screening of older adults 15. Hospital assessment of older adults 16. Peri-operative management among older adults
	Emergencies (2)	<ol style="list-style-type: none"> 1. Basic emergency care: A disease-agnostic approach 2. Holistic Palliative Care in a Community Setting
	Occupation-related diseases (1)	<ol style="list-style-type: none"> 1. Occupational-related diseases and chemical incidents, emergencies, and disasters (CIED) with work-related activities

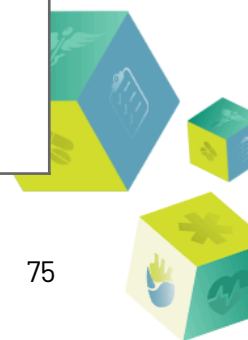


Appendix 4. CPG Topic Prioritization Criteria

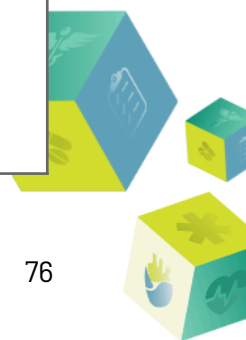
PRIORITIZATION CRITERIA	ELABORATION	POSSIBLE DATA SOURCES OR REFERENCES Note: Additional sources not included in these lists may be cited.
Disease Burden	<p>In the Philippines, SE Asia, or globally, the disease/CPG Topic is included in the top 20 reasons for:</p> <ol style="list-style-type: none"> a. Mortality b. Morbidity, or c. Disability (measured in Disability-adjusted life years, DALYs, or other quality-of-life metrics) 	<p><u>Philippine Health Statistics 2020</u></p> <p><u>Weekly Disease Surveillance Report - Department of Health</u></p> <p><u>2023 Causes of Deaths in the Philippines (Provisional as of 31 October 2023)</u></p> <p><u>IHME Health research by location</u></p> <p><u>Data sources Institute for Health Metrics and Evaluation</u></p>
Economic Burden	<p>Various costs associated with the disease entity or CPG topic include:</p> <ol style="list-style-type: none"> a. Inpatient costs (estimated by the length of hospital stay) <ol style="list-style-type: none"> i. ICU or prolonged hospital stay (>30 days) ii. Require acute hospitalization (i.e., <30 days) iii. Require emergency care without hospitalization b. Surgical Procedures Cost- <i>Estimated through RVS set by the PCS</i> <ol style="list-style-type: none"> i. $RVS \geq 350$ (major) 	<p>Formal costing studies or economic analyses in peer-reviewed journal articles</p> <p>Statistical data from government websites or professional associations, such as: PhilHealth:</p> <ul style="list-style-type: none"> ● <u>Statistics and Charts</u> ● <u>List of Procedure Case Rates for Primary Care Facilities</u> ● RVS from PCS: <u>2020 RVS</u> <p>Other cost information based on informal or unpublished sources, anecdotes, etc. (use sparingly and carefully)</p>



	<ul style="list-style-type: none"> ii. RVS 200- 300 (medium) iii. RVS \leq150 (minor) <p>c. Outpatient costs (maintenance drugs, laboratory testing, and others, which are estimated throughout the disease duration)</p> <ul style="list-style-type: none"> i. Lifelong outpatient expenses (> 12 months) ii. Long-term (>6 to 12 months) iii. Short-term expenses (1- 6 months) 	
Urgency	<p>The need for swift and immediate creation of a guideline for the disease entity or CPG topic due to: Inclusion as a priority of the government, evidenced by the existence of a law or program or the alignment with current strategic agenda documents Emerging life- or organ-threatening conditions</p>	<p>Government priorities:</p> <ul style="list-style-type: none"> ● <u>SDGs: 2030 Agenda for Sustainable Development</u> ● <u>DOST PCHRD: National Unified Health Research Agenda 2017-2022</u> ● <u>8 Point Agenda - Department of Health</u> ● <u>National Objectives for Health 2023-2028</u> ● <u>DOH Resource Stratified Framework for Specialty Centers</u> <p>Existing health programs of the DOH:</p> <ul style="list-style-type: none"> ● Adolescent and Women's Health ● Blood Management ● Cancer ● Emerging & Re-emerging Infectious Diseases ● Environmental and Occupational Health ● Food and Waterborne Diseases ● HIV/AIDS & STIs ● Immunization



		<ul style="list-style-type: none"> ● Maternal, Newborn, and Child Health ● Mental Health ● Men’s Health ● Neglected Tropical Diseases ● Non-communicable Diseases ● Nutrition ● Oral Health ● Sexual Reproductive Health ● Traditional and Alternative Health ● Tuberculosis ● Vector-Borne Diseases ● Violence and Injury Prevention <p>Selected Philhealth Primary Care Benefits:</p> <ul style="list-style-type: none"> ● <u>Konsulta Package 2</u> (specifically Annex C, D, E) ● <u>Konsulta with SDG Package</u> (specifically Annex A) ● <u>Outpatient Drug Benefit Package</u> (specifically Annex A.1, A.2) <p>The nature of the life—or organ-threatening condition brought about by the disease entity or CPG Topic, based on natural history, empirical studies, etc.</p>
Clinical Practice Variation	Presence and degree of practice variation, such as overuse, underuse, use of unproven or emerging interventions, etc.	<p>Quality of care based on published studies, hospital reports, etc.</p> <p>Position papers of professional medical societies on clinical issues</p>



		News reports or <u>FDA advisories</u> on the use of unproven interventions
Gaps in Healthcare Delivery	Absence of existing guidelines or New evidence or intervention that can affect practice and patient outcomes	Sources of local and international guidelines: <ul style="list-style-type: none"> ● <u>Compendium of DOH-approved CPGs</u> ● DOH <u>Omnibus Health Guidelines</u> for Primary Care ● Websites of professional associations ● Peer-reviewed journal articles, statistical data from government websites investigating gaps, new and innovative interventions, etc. ● Local information about the national healthcare setting is available through the <u>2021 DOH Annual Report</u>, etc.



SCORING

The individual rater's score can be any number between zero and the maximum score.

Criterion	Maximum score	Implications
Disease burden	30	Very high disease burden
Economic burden	20	Very high cost
Urgency	20	A government priority or emerging life-threatening disease
Clinical variation practice	20	Highly variability in clinical practice
Gaps in healthcare delivery	10	A gap in healthcare delivery with demonstrated effects on patient outcomes

Appendix 5. Workshop Program of Activities

Time	Activity	Person Responsible
Day 1: May 16, 2024 (Thursday)		
8:00 AM - 8:45 AM	Registration	Secretariat
8:45 AM - 9:00 AM	Opening Remarks	RUTH DIVINE D. AGUSTIN, MD-MBA, FPCP Division Chief, Evidence Generation and Management Division Disease Prevention and Control Bureau
9:00 AM - 9:30 AM	Plenary Session 1: The Role of CPGs in UHC	DAN LOUIE RENZ P. TATING, MS (cand), RN Supervising Health Program Officer Evidence Generation and Management Division Disease Prevention and Control Bureau
9:30 AM - 9:45 AM	Plenary Session 2: Clinical Practice Guideline Topic Prioritization Project Introduction of the Project Team	MARISSA ALEJANDRIA, MD, MSc, FPCP, FPSMID Program Lead University of the Philippines Manila - National Institutes of Health
9:45 AM - 10:15 AM	Plenary Session 3: CPG Topic Prioritization Process and Criteria	EVELYN O. SALIDO, MD, FPCP, FPRA University of the Philippines Manila - National Institutes of Health
10:15 AM - 12:00 PM	Workshop 1: Finalization of the Prioritization Criteria	DIANA R. TAMONDONG-LACHICA, MD, FPCP University of the Philippines Manila - National Institutes of Health
12:00 PM - 1:00 PM	Lunch	
1:00 PM - 3:00 PM	Workshop 2: Scoring and Ranking of Nominated Topics (Individual Work)	Assigned Facilitators per group: <ul style="list-style-type: none"> ● Adult NCD 1 ● Adult NCD 2 ● Adult Infectious Diseases ● Pediatrics ● Special Topics and Populations (., Rehabilitation, Environmental and Occupational Health, Obstetrics and Gynecology, Geriatrics, etc.)
3:00 PM - 4:30 PM	Workshop (continued): 2	



Time	Activity	Person Responsible
	Scoring and Ranking of Nominated Topics (Group Discussion)	
4:30 PM - 5:00 PM	Synthesis and Feedback	DIANA R. TAMONDONG-LACHICA, MD, FPCP University of the Philippines Manila - National Institutes of Health
Day 2: May 17, 2023 (Friday)		
8:00 AM - 9:00 AM	Registration	Secretariat
9:00 AM - 12:00 PM	Plenary Session 4: Presentation of the Selected Topics per Group and Deliberations	DIANA R. TAMONDONG-LACHICA, MD, FPCP University of the Philippines Manila - National Institutes of Health
12:00 PM - 1:00 PM	Lunch	
1:00 PM - 1:30 PM	Plenary Session 5: Presentation of the Prioritized CPG Topics for 2025-2029	DIANA R. TAMONDONG-LACHICA, MD, FPCP University of the Philippines Manila - National Institutes of Health
1:30 PM - 2:00 PM	Closing Remarks	EVELYN O. SALIDO, MD, FPCP, FPRA University of the Philippines Manila - National Institutes of Health
2:00 PM - 3:00 PM	Check-out	
3:00 PM - Onwards	Travel Home	



Appendix 6. Role of the Topic Nominators in the Development of the Prioritized CPG Topics

The DOH will notify all topic nominators of the publication of this CPG agenda.

The UP NIH, as the institutional partner of the National Practice Guidelines Program, will convene the CPG task force for the prioritized topics. Topic nominators and other relevant stakeholders will be contacted by the UP NIH at most six months prior to the scheduled year of development. For example, topic nominators of 2026 CPG topics will be contacted on July 2025 at the latest.

Topic nominators may be involved in the CPG task force as part of the Steering Committee or the Consensus Panel, depending on the composition agreed upon by UP NIH and DOH and subject to COI review by an appropriate committee. These potential roles are described below:

- The Steering Committee oversees the guideline development process, including setting the scope and objectives, determining the target users, formulating and/or finalizing the guideline questions, developing and/or finalizing the research questions, deciding on the methodology, and identifying quality indicators for monitoring and evaluation in line with a dissemination strategy.
- The Consensus Panel reviews the evidence and creates the recommendation statement as a multisectoral group of relevant stakeholders. They are identified based on whether their activities will be affected by the guideline and are expected to contribute significantly to the discussion.

All funding support from the DOH for the prioritized CPG topics will be through the UP NIH, until enabling mechanisms are in place to allow fund transfers to private institutions or non-government entities.

Appendix 7. References

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National Practice Guidelines Program Products

The DOH-Approved Clinical Practice Guidelines

www.doh.gov.ph/dpcb/doh-approved-cpg

Quick Guide on the Adoption and Implementation of Clinical Practice Guidelines and Other Case Management Protocols for Local Health Systems Maturity Level Monitoring

www.doh.gov.ph/sites/default/files/npg-lh-sml-guide.pdf

Interim Public Health and Clinical Guidance

www.doh.gov.ph/dpcb/interim-guidance

The Omnibus Health Guidelines

www.doh.gov.ph/dpcb/omnibus-health-guidelines

The Omnibus Health Guideline: Rollout Guide ver. 1. 2023

bit.ly/OHGRolloutGuide_v1

Implementation Support Tools

www.doh.gov.ph/dpcb/implementation-of-national-practice-guidelines/

Health Examination Forms per Lifestage

www.doh.gov.ph/dpcb/implementation-of-national-practice-guidelines/



