

proportionally allocated to address the most burdensome diseases. **Objectives** This descriptive study aims to compare the Philippines' disease burden profile with the budget allocation of DOH and the profile of PHIC case rates.

Methods Data on Philippine disease burden was taken from the Global Burden of Disease 2010 study. DOH budget data was taken from the 2015 General Appropriations Act. PhilHealth case rate data were obtained from the PhilHealth website. Relative rankings of diseases were compared with DOH's Disease Prevention and Control (DPC) budget items, and with PHIC case rates. Case rates reflect PHIC's priorities by indicating willingness-to-pay for medical treatment. Disease categories which were unmatchable to any case rate, were excluded. Lack of utilization data prevented calculation of total expenditure per case rate.

Result Of the DPC items, NCDs, with the highest disease burden, had the 2nd smallest budget. Malaria, lymphatic filariasis, schistosomiasis and leprosy, together comprising the 2nd lowest burden, had the 3rd largest allotment. Of the Top 80% disease burden, low back pain, with 4th largest burden, had the 5th smallest PHIC case rate. Colon and rectal cancers, with 3rd lowest burden, got the 7th largest PHIC case rate. Finally, certain high burden diseases aren't covered by either the DOH-DPC budget or PHIC case rates.

Conclusion Competing considerations (political interests, maximizing government savings, etc.) might have borne more weight than disease burden in the priority-setting process. Entrenchment of established health programs may have also made priority-setting adjustments difficult, despite changes in disease burden. Priority-setting grounded on disease burden as well as cost-effectiveness studies can maximize returns on health investments. DOH and PHIC can reallocate current funds and/or provide additional funding to proportionally finance the Philippines' disease burden.

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BURDENS VS. BUDGETS: A COMPARISON OF THE 2010 GLOBAL BURDEN OF DISEASE STUDY WITH THE 2015 BUDGET OF THE PHILIPPINE DEPARTMENT OF HEALTH (DOH) AND THE PHILIPPINE HEALTH INSURANCE CORPORATION (PHIC) CASE RATES

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Background The road to Universal Health Care is paved with evidence-based priority-setting, ensuring resources are