Executive Summary: Team 30

Hinga Pilipinas: An integrated multicomponent intervention for childhood asthma prevention and management in the Philippines

Children with asthma in the Philippines have poor school attendance and high rates of avoidable emergency department visits. To address the multiple barriers to effective prevention and management, Hinga Pilipinas adopts a holistic strategy built on a community-based, integrated, and multicomponent approach.

We will focus on Central Luzon, due to its representative urban–rural population mix, high childhood asthma prevalence, and low school attendance. Our intervention leverages local communities, including barangay health workers (BHWs), formal health workers, school teachers, government agencies, and existing NGOs. To reduce household pollution, traditional wood stoves will be replaced with locally produced Mayon Turbo Stoves that use agricultural byproducts. To improve access to care, BHWs and teachers will be trained in asthma risk identification and screening, with referral pathways established to ensure identified students are directed to local health units for further management. To address the overuse of short-acting beta agonists, canister exchange programs will be introduced alongside education and guidelines promoting appropriate inhaled corticosteroid use, while self-monitoring and treatment compliance will be encouraged through reward systems. We will advocate for the utilisation of the National Health Insurance Program (PhilHealth) Konsulta package by patients, and for provider registration, as the enrolled individuals are eligible for covered primary care, medication and referral services. Consecutively, education and awareness programs will also be conducted to complement these components.

The five-year intervention will be implemented in three phases: Phase 1 will focus on building foundations through training and local community engagement; Phase 2 will include interventions such as screening, awareness campaigns, and self-monitoring and treatment; and Phase 3 will transition ownership to the local community, ensuring full integration into existing health programs.

The initiative will begin with a USD 3 million WHO grant and evolve into a community-driven program sustained through a value-sharing model capable of continuing beyond external support. The intervention ecosystem is designed with a core focus on empowering local communities and stakeholders, ensuring that knowledge and capacity is retained within the community while taking into account the flood-prone nature of the area. The project aims to achieve a 70% reduction in emergency department visits and a 70% uptake of inhaled corticosteroid use. In addition, it seeks to reduce school absenteeism by 50%. The multiple components, community involvement, and focus on building capacity and networks holds potential for community-led tailoring and independence from externalities, allowing a seamless country-wide scaling up, while Central Luzon’s urban-rural nature allows for replicability.

In conclusion, a community-based approach that integrates interventions within the existing ecosystem is essential to reducing the childhood asthma burden in the nation.