1. **Summary**
The World Health Organization (WHO) Philippines is looking for an individual consultant for data mapping of relevant data required in light of the passing of the Universal Health Coverage (UHC) Act, under an Agreement for Performance of Work (APW) contract. Specifically, the consultant will map all data from different data sources under the Department of Health (DOH) with the goal of eventually integrating these data, provide DOH with robust analytics in order to support its Monitoring and Evaluation (M&E) of the performance of UHC, and actively respond to national health needs with appropriate health programs. The proposals are due by 30 April 2019.

2. **Background**
The full and successful implementation of Universal Health Coverage (UHC), operationalized through FOURmula ONE Plus for Health (F1+), warrants the establishment of a robust planning, monitoring and evaluation (M&E), and knowledge management (KM) system that can support relevant, effective and efficient decision-making at various levels of the Department of Health (DOH) bureaucracy. However, given that the technical roles and responsibilities for sector as well as organizational planning, M&E and KM rest with several bureaus and units of the DOH, it is imperative that a culture of results-oriented inter-office collaboration for tracking progress in UHC/F1+ goals and objectives is built and nurtured so that synergies are achieved and inefficiencies minimized.

In the DOH’s current set-up, the Health Policy Development and Planning Bureau (HPDPB), the Epidemiology Bureau (EB) and the Knowledge Management and Information Technology Service (KMITS) comprise the “troika” of principal business units whose combined responsibilities span defining the parameters for results planning and monitoring (HPDPB) to actual collection and analysis of results data (EB) to the design and roll-out of enabling tools/automated systems that facilitate efficient progress tracking and reporting (KMITS) for both the organization and the health sector.

In operationalizing a robust planning, M&E and KM system for UHC, therefore, it is necessary to build further the capacity of said business units to coordinate with each other as well as to lead and manage collaborations across different organizations in the health sector. Inevitably, the quality of results that contribute to the success of UHC in the Philippines will be a function of the level of coordination, collaboration and performance of these offices as they form the functional backbone for UHC M&E.

As the principal office tasked with developing and managing the management information systems and knowledge systems of the DOH -- including the formulation of policies and standards to govern the seamless integration of these systems – KMITS’ lead role in rationalizing and harmonizing the plethora of overlapping, incongruent and disconnected ICT
solutions that currently plague both the health sector’s and organization’s data ecosystems is quite clear. On the other hand, KMITS’ role in knowledge management (KM) is not as apparent and clear cut and would require further clarification on how its KM functions either intersect, complement and/or overlap with other business units such as HPDPB’s Research Division.

In a broader sense, the above picture is but symptomatic of the major challenge faced by HPDPB, EB and KMITS in terms of concretizing coordination and collaboration which potentially compromises effective planning, M&E and KM for UHC results. Necessarily, effective and efficient coordination and collaboration will require business processes that link and align activities for integrated and seamless planning, monitoring, evaluation, policy development and knowledge management across these DOH units and pertinent health sector stakeholders relevant to UHC. Ensuring efficiency, access and availability of data and information, especially for policy and program development, will involve the use of appropriate technology for data gathering and management and information sharing. Coordination and collaboration, moreover, will require complementing competencies and processes to sustain their use and application and the quality of results derived from such. These may include competencies and processes to evaluate the effectiveness and impact of multi-sector collaborations and inter-agency coordination for UHC, and positioning and communicating the results from these collaborations to the wider publics of UHC.

3. Timeline
The implementation timeline for the project is from May 2019 to 31 July 2019.

4. Place of Assignment
Manila, Philippines

5. Scope of Work
In coordination with WHO Philippines and the Department of Health, the selected contractual partner shall perform the following activities:

Output 1: Map data fields – to inventory all data from various sources, rationalizing these datasets/data fields ensuring that there is common understanding and definition of these data elements – from all relevant source databases to the envisioned single data repository of health information, in support of the information-related goals of the Universal Health Coverage Act (UHC), namely:

- The establishment and monitoring of disease registries
- The establishment of an integrated health human resource database
- The mandating of submission of encoded administrative, clinical, and costing data by health care providers

In coordination with the involved bureaus under DOH, such as PhilHealth, KMITS (Knowledge Management and Information Technology Service), Epidemiology Bureau (EB) and its RESUs (Regional Epidemiology Surveillance Units), and other health care institutions, the individual consultant is expected to produce the following deliverables:

- Deliverable 1.1: A report on identifying all key bureaus, divisions, institutions, and health care providers that are critical to collaborate in order to formulate the intended data map.
The report will also include the definition and coverage of the single data repository and the key actors involved in facilitating such. Prior to the succeeding deliverable, this report should be approved by the Office of Strategic Management (OSM), which is the main driver of the health sector performance monitoring as required by the UHC.

- Deliverable 1.2: Data map of all data fields required under the single data repository mandated by the UHC, showing all fields, databases, database language (SQL or manual spreadsheet), semantic rules, mode of repository (cloud or on-premise), and the data flow between data sources and target repository.
- Deliverable 1.3: Definition of requirements

Output 2: Plan for integration of data among the key actors described in Output 1, factoring in the challenges, gaps, and limitations identified in the data mapping. With the goal of facilitating smooth transfer of data from all sources to the target unified repository, a report outlining the action plan must be submitted, which will include the following:

- Unified databased architecture/design
- Data Map
- Data Dictionary
- Data Conversion Rules
- Identification of Gaps to Achieve Data Integration
- Action Steps of the Different Bureaus under the DOH
- Resource Requirements

6. Qualifications
The contractual partner must fulfil the following qualifications:

Education and Certifications
- The consultant must be a graduate of any four-year management course from a university/college

Work Experience
- The consultant must have a minimum of five (5) years of relevant experience in information systems or enterprise systems planning.

Technical Skills and Knowledge
- Expert skills on database management and data mapping, with extensive knowledge on software and hardware requirements for data integration
- Extensive knowledge on data integration standards such as ETL (Extract, Transform, Load) and other industry-accepted approaches
- Capability to coordinate and relate with technical personnel (IT software/hardware/data warehouse) as well as data collectors and encoders in the facilitation of the project activities

Language Fluency:
- Expert fluency in English and Filipino
7. **Other Requirements**
The individual consultant is expected to travel according to the itinerary based on the proposal activity plan.

In addition, the contractual partner must have no direct or indirect interest in the tobacco industry, alcohol industry, arms dealing or human trafficking.

8. **Submission Requirements**
Interested institutions and/or individuals should submit electronic copies of the following:
- Cover letter
- Proposal with financial details and proposed timeline
- Curriculum vitae

Address all proposals to:
**Dr Gundo Weiler**
WHO Representative in the Philippines
Ground Floor, Building 3, Department of Health San Lazaro Compound
Rizal Avenue, Sta Cruz, Manila

Please submit the electronic copy of the proposals with the title Technical Assistance on Data Mapping Under the Universal Health Coverage Act to Dr. Jesson Butcon (butconj@who.int), Ms. Pao Hernandez (phernandez@who.int) and wpplhr@who.int. Only shortlisted applicants will be contacted by WHO Philippines.

Deadline of submission of proposals is on **30 April 2019**.