

CALL FOR PROPOSALS

Technical Assistance in mapping Social Protection and Social Health Protection schemes in the Philippines



World Health Organization

Representative Office
for the Philippines

1. Summary

The World Health Organization (WHO) Philippines is looking for a contractual partner to map all relevant social protection schemes, with a focus on social health protection schemes, to support universal health coverage in the Philippines under an Agreement for Performance of Work (APW) contract.

The proposals are due by 25 August 2021.

2. Background

Universal health coverage (UHC) means that all individuals and communities, regardless of their nationality and immigration status, receive the health services they need without suffering financial hardship. It includes the full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation, and palliative care, across the life-course. However, out-of-pocket (OOP) expenditure by households has accounted for more than 50% of current health expenditure in the Philippines (54% in 2018). Such a high rate of OOP expenditure increases the risk of the population incurring catastrophic health expenditure, especially the poor and vulnerable. In 2016, the Global Monitoring Report on Financial Protection in Health found that 6.3% of households in the Philippines suffered catastrophic expenditure at the threshold of 10% of total household spending and 1.4% of households at the 25% threshold spending (Sustainable Development Goal [SDG] 3.8.2). Households of patients with certain diseases face even higher rate of catastrophic expenditures. For instance, 42% of people with TB who sought “free” treatment and care in public health facilities in the Philippines suffered from catastrophic expenditure in 2017.

While not reflected in the UHC Law, refugees, asylum seekers, stateless persons, stateless applicants, and populations at risk of statelessness (collectively referred to as persons of concern or POC) are able to access health and protective services, given the protection status granted to them by the Philippine Government. Through the Inter-Agency Steering Committee (IASC) on the Protection of Asylum Seekers, Refugees and Stateless Persons, POC have been accommodated in select health programs as a stopgap measure, but the country has yet to institutionalize protective services for POC.

Social protection consists of policies and programs developed to reduce poverty and vulnerability and strengthen people’s capacity to manage economic and social risks, such as unemployment, exclusion, sickness, disability, and old age. Within the broader context of social protection, social health protection is essential to increase coverage of essential health services and prevent people from being pushed into poverty because of expenses for health care. Social health protection is central to reaching the objective of UHC, which emphasizes the importance of financial protection, effective access to health care services and ensuring a healthy and productive population. The SDG targets on universal health coverage (SDG 3.8) and universal social protection systems, including floors (SDG 1.3), are two complementary and closely linked

priority measures aimed at achieving a healthy and dignified life for all, which is at the heart of sustainable development and social justice.

The Philippines has many social protection schemes like the national health insurance program (PhilHealth), Pantawid Pamilyang Pilipino Program (4Ps), Modified Conditional Cash Transfer (CCT), Social Security System (SSS) and so on. However, these are fragmented and do not benefit a significant proportion of people who seek healthcare. Several social protection schemes are also limited to Filipino nationals, which puts POC at further risk of being left behind. For instance, according to PhilHealth, health facilities submitted claims for only 2-5% of people with TB who had registered for treatment in 2018-2019, although the PhilHealth nominal coverage rate is close to 100%. Besides, health facilities may not pass the benefits from PhilHealth claims to the patients, as prescribed. Similarly, while POCs have access to health programs, including PhilHealth, their exclusion under social protection programs, including the new UHC Law of 2019, will continue to exacerbate the vulnerabilities they face if they remain excluded. There remains a need to institutionalize the access of vulnerable and marginalized populations to services, including health, to ensure their social and financial protection.

Additionally, the Key Affected Population Committee of the Country Coordination Mechanism of the Philippines has requested that the Department of Health provide information on availability and eligibility of various social health protection schemes to patients. We need to do this regardless of nationality and immigration status.

The purpose of this proposed consultancy is to contribute to an increased understanding of the social protection landscape in the Philippines, with a focus on social health protection schemes, particularly in these areas: (1) existing social protection and social health protection schemes in different geographical areas for different individuals and communities, based on various eligibility criteria; (2) the links and interplay between social protection and social health protection schemes, and (3) how the national social protection and social health protection systems can be made more accessible and inclusive of target populations and specific health conditions, including gender-responsive and POC-friendly approaches.

3. Timeline

50 working days from **1 September 2021** to **15 December 2021**.

4. Place of Assignment

Manila, Philippines, but remote work would be acceptable.

5. Scope of Work

The consultant will work with World Health Organization, other UN agencies and concerned government agencies to implement this consultancy with the following terms of reference:

1. Conduct a mapping and landscape analysis of existing social protection schemes in the Philippines for UHC by:
 - Developing a guiding, inclusive and non-discriminatory framework, including a checklist of key parameters and functions to consider in the mapping based on ILO normative documents

- Carrying out a mapping exercise of social protection schemes through desk reviews and key informant interviews, including those of beneficiaries from vulnerable and marginalized populations
 - Preparing a report with key findings and policy recommendations on how social protection schemes can be more inclusive, including POCs and people with disabilities¹, better integrate gender-responsive approaches, and better social health protection schemes in the social protection policy and legal framework.
2. Conduct a mapping and landscape analysis of existing social health protection schemes for UHC by:
- Developing a guiding, inclusive and non-discriminatory framework, including a checklist² of key parameters and functions³ to consider in the mapping based on WHO and ILO normative documents
 - Carrying out mapping exercise through desk review and key informant interviews, , including those of beneficiaries from vulnerable and marginalized populations and including comparative analysis of all social protection and social health protection schemes and corresponding benefit packages for various major health conditions, and exploration of gender-dynamics and gender-responsive approaches
 - Preparing a report with key findings and policy recommendations on how social health protection schemes can be made more inclusive and used to target specific vulnerable and marginalized populations as well as health conditions that may afflict them, with a case study using TB and another one using POC as illustrative examples⁴, and recommend ways forward that truly foster the principle of leaving no one behind.

6. Qualifications

Education of staff involved:

- Essential: Masters in health economics
- Desirable: PhD in health economics

Skills:

- Essential: Expertise in social health protection, economic analysis, investment case studies and public health

Experience required:

- Essential: At least five years of experience as a health economist and social health protection specialist
- Desirable: At least three previous case studies on social protection and/or social health protection

Language requirements:

¹ The mapping exercise on existing social health protection schemes, which will include their geographical coverage and eligibility criteria, will contribute to development of materials for a separate information campaign using social media and digital apps.

² The framework and checklist could be used as a separate exercise for designing a decision-making tool.

³ This would include data management systems, and therefore would cover some issues related to a data linkage model.

⁴ The mapping exercise on existing social health protection schemes, which will include their geographical coverage and eligibility criteria, will contribute to development of materials for a separate information campaign using social media and digital apps.

- Written and spoken fluency in English is essential

Other requirements:

- Essential: No conflict of interest regarding the concerned companies which might bias judgement; no direct or indirect interest in the tobacco industry, alcohol industry, arms dealing or human trafficking.

7. Competencies

- Technical competence in health economics and social health protection
- Ability to engage and communicate with multiple stakeholders
- Skills to respect and promote individual and cultural difference
- Capability of working harmoniously with a positive attitude at work

8. Submission Requirements

Interested persons should submit electronic copies of the following:

- Cover letter
- Proposal with financial details and proposed timeline
- Curriculum vitae (for individuals)
- Company profile (for institutions)

Address all documents to:

Dr Rabindra Abeyasinghe

WHO Representative to the Philippines

Ground Floor, Building 3, Department of Health San Lazaro Compound

Rizal Avenue, Sta Cruz, Manila

Please submit the electronic copy of the documents with the title “**Technical Assistance in mapping Social Protection and Social Health Protection schemes in the Philippines**” to wpphlwr@who.int. Only shortlisted applicants will be contacted by WHO Philippines.

Deadline of submission of proposals is on **25 August 2021**.