

CALL FOR PROPOSALS

Technical Assistance to Conduct Feasibility Study on the Development and Implementation of the Integrated Health Information System (IHIS) for Health Service Providers



World Health Organization

Representative Office
for the Philippines

1. Summary

The World Health Organization (WHO) Philippines is looking for a consultant (individual or an organization) that will provide technical services to the Department of Health's Knowledge Management Information Technology Services (KMITS) to conduct a Feasibility Study on the Development and Implementation of the Integrated Health Information System (IHIS) for Health Service Providers in compliance to Republic Act No. 11223 or Universal Health Care Act (UHC) Implementing Rules and Regulations (UHC IRR) Section 36.6.

The purpose of the consultancy is to conduct a Feasibility Study to determine efficient approach(es) that would be best to use for the development and implementation of an integrated HIS for health service providers, that will be to the best advantage of both DOH and PhilHealth.

The proposals are due by **16 May 2022**.

2. Background

Currently, there are several Health Information Systems (HIS) developed and implemented by health service providers. These systems are often fragmented and may be unable to, or have challenges in, scaling up. There are two (2) Electronic Medical Record Systems developed and implemented by the Department of Health (DOH) namely: Integrated Hospital Operations and Management Information System (iHOMIS) and Integrated Clinic Information System (iClinicSys) for hospitals and primary care health facilities respectively. The iHOMIS is being implemented only by government hospitals, and iClinicSys by primary care facilities such as Rural Health Units (RHU), Health Centers (HC) and Barangay Health Stations (BHS). While other hospitals and some Rural Health Units are using systems that are provided by 3rd party developers, service providers or vendors; or may even have internal/in-house Information and Communication Team Office (ICTO).

Section 36 of the UHC IRR requires, *inter alia*:

- all health service providers and insurers to maintain a health information system consisting of enterprise resource planning, human resource information system, electronic health records, and electronic prescription log
- DOH and PhilHealth to issue detailed guidelines on the scope and standards of electronic health records, enterprise resource planning, human resource information system, electronic health records and electronic prescription log
- DOH and PhilHealth to develop and fund a health information system
- DOH and PhilHealth to issue guidelines for the maintenance of the information systems and access of healthcare providers and insurers, and
- patient privacy and confidentiality shall at all times be upheld, in accordance with the Data Privacy Act of 2012.

(Refer to the Annex for actual provisions of section 36.)

The minimum functional characteristics of the HIS to be developed and funded by the DOH and PhilHealth for use by the health service providers must be comprehensive, integrated, interoperable, scalable, flexible, and maintainable among others.

- a. Complete: includes all the identified modules presented in the Integrated HIS Implementation Model (IHISM) which shall be used to submit health and health-related to PhilHealth and DOH.
- b. Comprehensive: includes the needs or requirements of the entire functional areas to improve patient care, safety and efficiency through streamlined operations, enhanced administration and control, improved responses and to control costs.
- c. Integrated: connect and supports all the departments or offices under a single interface such as the admission, laboratory, medical services, clinics, medical records, pharmacy, human resource, billing, finance, logistics and others; and eliminate the duplication of capturing health and health-related data for better planning and decision making.
- d. Interoperable: allows health service providers to extract health and health-related data from the HIS using health data standards and electronically submit to PhilHealth, through the National Health Data Repository.
- e. Scalable: easily upgradable for more work or larger number of users; accessible across multiple platforms/devices, and modular where independent units or modules can be modified or tested independently.
- f. Elastic: ability to automatically expand or compress the infrastructural resources.
- g. Maintainable: software maintenance is easy, i.e. testing or a change in software is easy to make, as well as enhancing its functionalities.

3. Timeline

The implementation timeline is from **23 May 2022 to 30 September 2022**.

4. Place of Assignment

Manila, Philippines

5. Scope of Work

Under the direct supervision of the Health Systems Strengthening Team Leader and HIS focal point of World Health Organization Philippines in coordination with the DOH-KMITS and PhilHealth-Special Assignment on UHC (PSA-UHC) the contractual partner shall perform the following activities:

Output 1: Inception report

Deliverable 1.1: Present an inception report, which will include an outline of the contents of the Feasibility Study Report, methods that the contractor will use to undertake the feasibility study, timelines and other relevant information. This will need to be approved by DOH-KMITS and PSA-UHC prior to commencing the feasibility study.

Output 2: Draft Feasibility Study Report, comprising three parts:

Deliverable 2.1: A **Baseline Architecture Assessment Report**:

- Select and assess health information systems of health service providers' with successful implementation in the country, to serve as inputs in defining appropriate criteria or measures for developing and implementing an integrated HIS
- Based on this assessment, define appropriate criteria or measures for developing and implementing an integrated HIS

Deliverable 2.2: Comparative Analysis including Cost-Benefit and Risk Analysis

- Identify and evaluate the most feasible approach(es) for the DOH and PhilHealth to develop and implement an integrated HIS for-health service providers.
- The criterion for evaluating the approach(es) must include minimum functional characteristics of an integrated HIS; results of the assessment of selected health service providers; and technical, legal, economic, operational, sustainability, and other considerations to ascertain its feasibility and likelihood of achieving the objectives of the UHC.

Deliverable 2.3: Develop operational guidelines for the implementation and maintenance of an integrated HIS including a roadmap to implement the most feasible approach(es) for an integrated HIS.

Output 3: Final Feasibility Study Report incorporating comments and/or recommendations from the DOH-KMITS, PSA-UHC, DOH and PhilHealth management.

6. Qualifications

The contractual partner or institution's members must fulfil the following educational qualifications and work experience:

Education

- Essential: The team leader and members must a university degree on Computer Science, Information Technology, Engineering/ICT, health information management and or relevant subject.
- Desirable: Advanced Degree in public health or health information management.

Work Experience

- Minimum of five (5) years professional experience in information technology, and ICT infrastructure
- At least 3-5 years' experience in conducting feasibility studies and/or undertaken research projects with government institutions of similar nature and magnitude in the Philippines and/or internationally
- Extensive knowledge and understanding of health information systems, hospital information systems, systems development and implementation, ICT infrastructure and the like

Language Fluency:

- Fluency in English and Tagalog (Expert – read, write and speak).

7. Contract Time

The work to be done under this contract shall be completed as set out in the Terms of Reference. The contract will be completed in not more than 5 months from the commencement of the Work, or otherwise as agreed in writing among the Owner and the Contractor. The work shall be done in strict compliance with the Contract, Specifications, Schedules, and all other Contract documents and all Instructions. Failure to do so shall be at the Contractor's risk and account. Submission of Bid by the Contractor shall constitute acknowledgement by the Contractor that it is aware of and concurs with all of the requirements or conditions incorporated in the Call for Proposal and the other documents.

As time is an essential element of this Contract, for failure to complete all work within the stipulated as set out in the Terms of Reference, the Owner shall charge the Contractor liquidated damages. This shall be in the amount the sum of 0.5% of the total contract amount per day (Saturdays, Sundays and holidays are included) but not to exceed on total 10% (ten percent) of the contract amount. These liquidated damages shall be for the added cost incurred by the Owner for such delay and also for the inconvenience caused to the users of the Work. It is understood that this is not a penalty but a fixed sum representing the liquidated damages for each calendar day of the delay. Delay shall be counted from the agreed completion date, considering further time extensions approved by the Owner, to the date of completion of work.

8. Other Requirements

The contractor (both the institution and any individuals engaged on this work) shall have no direct or indirect involvement or interest, in any form, in arms dealing, drugs, alcohol industry, tobacco industry or human trafficking. The contractor and personnel involved in this work shall have no conflicts of interest in relation to the work being undertaken.

Ethical and Professional Standards

- WHO prides itself on a workforce that adheres to the highest ethical and professional standards and that is committed to put the WHO Values Charter into practice.
- WHO has zero tolerance towards sexual exploitation and abuse (SEA), sexual harassment and other types of abusive conduct (i.e., discrimination, abuse of authority and harassment). All members of the WHO workforce have a role to play in promoting a safe and respectful workplace and should report to WHO any actual or suspected cases of SEA, sexual harassment, and other types of abusive conduct. To ensure that individuals with a substantiated history of SEA, sexual harassment or other types of abusive conduct are not hired by the Organization, WHO will conduct a background verification of final candidates.

Management of Conflict of Interest

Any interest by an entity (organization/company), expert, or member of the project team that may affect or reasonably be perceived to (1) affect the expert's objectivity and independence in providing advice to WHO related to the conduct of a project, and/or (2) create an unfair competitive advantage for the expert or persons or institutions with whom the expert has financial or interests (such as adult children or siblings, close professional colleagues, administrative unit or department).

World Health Organization (WHO) conflict of interest rules is designed to identify and avoid potentially compromising situations from arising thereby protecting the credibility of the

Organization and its normative work. If not identified and appropriately managed such situations could undermine or discount the value of the expert's contribution, and as a consequence, the work in which the expert is involved. Robust management of conflicts of interest not only protects the integrity of WHO and its technical/normative standard-setting processes but also protects the concerned expert and the public interest in general.

Confidentiality Statement

All input from participants and all related documents about the project are confidential and must **NOT** be handed over to third parties. The contractual partner should advise the participants on how to opt-out or withdraw their statement(s) if needed. The DOH and WHO have exclusive ownership of all documents, and only DOH and WHO have the right to disseminate any information outside the agreed project's scope.

9. Submission Requirements

Interested institutions and/or individuals should submit electronic copies of the following:

- Cover letter
- Proposal with financial details and proposed timeline
- Company profile and qualifications of team members (if institution) or curriculum vitae (if individual). This should include reasonably comprehensive descriptions of previous feasibility studies conducted.

Address all cover letters and proposals to:

Dr Rajendra-Prasad Hubraj Yadav

Acting 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 cover letters and proposals with the title **Technical Assistance to Conduct Feasibility Study on the Development and Implementation of the Integrated Health Information System (IHIS) for Health Service Providers** to Mrs Ying Chen (cheny@who.int) and wpphlwr@who.int. Only shortlisted applicants will be contacted by WHO Philippines.

Deadline of submission of proposals is on **16 May 2022**.

ANNEX: Section 36 of the UHC IRR:

36.1 All health service providers and insurers are required to maintain a health information system on enterprise resource planning, human resource information system, electronic health records, and electronic prescription log, including electronic health commodities logistics management information, which shall be electronically uploaded on a regular basis through interoperable systems consistent with standards set by the DOH and PhilHealth and in consultation with the DICT and NPC; Provided, That the applicable standards shall be set depending on variables such as type and level of health care providers.

- 36.2 *The DOH and PhilHealth, in consultation with the DICT and NPC, shall issue detailed guidelines on the scope and standards of electronic health records, enterprise resource planning, human resource information system, electronic health records and electronic prescription log including electronic health commodities logistics management and maintenance of said information system; Provided, That the same shall be without prejudice to future amendments in response to evolving needs and practices.*
- 36.3 *The DOH and PhilHealth shall fund and engage providers, through appropriate mechanisms, to develop and upgrade information systems, which may be availed at no cost by health care providers and insurers.*
- 36.4 *The DOH, PhilHealth. Health service providers and insurers, shall ensure patient confidentiality in the maintenance of health information systems in compliance with RA 10173 (Data Privacy Act).*
- 36.5 *PhilHealth shall use its contracts to incentivize the incorporation of health information systems, automation of clinical information, improvement of data quality, integration and use of telemedicine, and participation in regional or national health information networks.*
- 36.6 *The DOH and PhilHealth shall adopt efficient approaches to the best advantage of both agencies in the development and implementation of health information systems based on the results of feasibility studies.*
- 36.7 *The DOH and PhilHealth shall issue guidelines for the maintenance of the information systems and access of healthcare providers and insurers.*