

CALL FOR PROPOSALS

Institutional Contractual Partner to Conduct Evidence Review and Policy Scoping for the Expansion of PhilHealth Benefits for Selected Cancers



World Health Organization

Representative Office
for the Philippines

1. Summary

The World Health Organization (WHO) Philippines is looking for an institutional contractual partner to conduct Evidence Review and Policy Scoping for the Expansion of PhilHealth Benefits for Selected Cancers under an Agreement for Performance of Work (APW) contract.

Proposals are due by **30 November 2021**.

2. Background

Cancer is the second leading cause of death among Filipinos. In adults, 11 new cases are diagnosed, and 7 cancer deaths occur every hour. In children, 8 die every day from childhood cancers. This is equivalent to 110,000 new cancer cases every year, with 66,000 deaths. Among the 48 diseases that cause the highest disability-adjusted life years (DALYs), lung, breast, and colorectal cancers were included (2017). Lung cancer tops the leading cause of death among all cancers, including breast, colorectum, liver, cervix, thyroid, prostate, stomach, and leukemia. Cancer remains a national health priority in the Philippines with significant socioeconomic implications in individuals, families, communities, the health system, and the entire society.

In 2019, the government approved the Republic Act No. 11215 or the National Integrated Cancer Control Act (NICCA) aiming to strengthen national efforts against cancer. NICCA's operationalization is synergistically supported by the Universal Health Care (UHC) Act of 2019. Both laws call for health system strengthening, availability of quality services, and more responsive primary care services across the continuum of care, without exposing people to financial hardship.

While UHC mandates the Department of Health (DOH) to set standards of care and ensure the delivery of safe and quality healthcare services, NICCA mandates the Philippine Health Insurance Corporation (PhilHealth) to expand benefits for cancer including, "primary prevention, screening/early detection, diagnosis, referral, optimal treatment and care, surveillance, rehabilitation, supportive care, treatment assistance, palliative care, and pain management, survivorship follow-up care, reintegration, and hospice care or end-of-life care, for all types and stages of cancer, in both adults and children."

PhilHealth Z Benefits were launched in 2012 to increase financial risk protection from catastrophic expenditures in cancer. Z Benefits are available to all patients afflicted with cancer who meet the set criteria. Before the implementation of the Z Benefits, PhilHealth coverage in cancers was under the regular PhilHealth benefit packages. The current coverage for cancers is summarized below.

Target Cancer	Current Coverage Rate
Breast Cancer	Stage 0 to III-A: P100,000
Colon Cancer	Stage I-II (low risk) – P150,000 Stage II (high risk) – III – P300,00

Rectal Cancer	Stage I (clinical and pathologic) – P150,000 Pre-operative clinical stage I but with post-operative pathologic stage II-III - using linear accelerator as a mode of radiotherapy) - P400,000 - using cobalt as a mode of radiotherapy - P320,000 Clinical Stage II-III - using linear accelerator as a mode of radiotherapy) - P400,000 - using cobalt as a mode of radiotherapy -P320,000
Prostate Cancer	Low to intermediate risk: P100,000.00
ALL* in Children	Chemotherapy for three years P500,000.00
Cervical Cancer	Chemoradiation with Cobalt and Brachytherapy (low dose) or Primary surgery for Stage IA1, IA2 – IIA1 P125,000 Chemoradiation with Linear Accelerator and Brachytherapy (high dose) P175,000

*ALL = Acute Lymphoblastic Leukemia

With the limited PhilHealth coverage that is available for people with cancer, Filipino families are subjected to potentially catastrophic or impoverishing situations when faced with extreme medical conditions. Hence, to achieve UHC's goal towards financial risk protection while improving the quality of life and survival for individuals with childhood, lung, liver, thyroid, head, and neck cancers, WHO supports DOH and PhilHealth to enhance health services for cancer care across all cancer stages.

This project is Phase 1 of PhilHealth's Multi-Phase Plan to expand coverage for cancers. The activities per phase are described below.

PhilHealth Phase 1 (2021)

- Summary report of current coverage
- Pathway of Care of common conditions
- Proposed Package Inclusions (Essential Service Package)
- Standards of Care
- Review of coverage in other high-middle-income-countries (HMICs) and Asian countries
- Mapping of policy and institutional mechanisms and policy windows
- Mapping of existing benefits
- Opportunities for UHC, primary care, and healthcare provider network (HCPN) implementation

PhilHealth Phase 2 (2022)

- Submission of health technology assessment (HTA) Nomination for identified essential medicines
- Costing Analysis
- Epidemiology analysis for the Philippine population
- Capacity Survey of the Health Sector
- Policy drafting

PhilHealth Phase 3 (2023)

- Approval processes
- Regional consultations
- Benefits Design
- Actuarial analysis
- Pilot implementation

3. Timeline

The implementation timeline for the project is from **6 December 2021 to 30 May 2022**.

4. Place of Assignment

Metro Manila, Philippines

5. Scope of Work

Under the supervision of the NCD Technical Team of the WHO Country Office to the Philippines, the institutional contractual partner shall accomplish the following outputs and deliverables listed below in close collaboration with DOH Disease Prevention and Control Bureau (DPCB) - Cancer Control Division (CCD), Philippine Health Insurance Corporation, and related DOH offices.

The Objective of the Project:

Determine cancer care services for select cancers (childhood, lung, liver, thyroid, head, and neck) across levels of care.

Specifically, this project aims to:

- Understand the cancer burden in terms of epidemiology, costs, and social impact (How much).
- Describe the services for select cancers in scope and out of scope of current PhilHealth coverage (What).
- Synthesize evidence on select cancers to generate a conceptual framework of services in all levels of care (What and How).
- Determine policy instruments and institutional mechanisms to ensure accessibility and availability of services (How).

Expected Output

Output 1: Inception Report submitted

Deliverable 1.1: Detailed plan of action on how to conduct the project. The report should include the following but not limited to, objectives, the significance of the project, implementation framework, methodology, target participants, data collection tool(s), processes for data collection, analysis, validation, consultation, and presentation of findings. The inception report should also include a project management and control plan;

Deliverable 1.2: GANTT Chart, adhering to expected outputs and deliverables.

Output 2: Meta-synthesis report available

The report should include:

Deliverable 2.1: Summary report of current coverage

Deliverable 2.2: Pathway of Care of common conditions

Deliverable 2.3: Proposed benefit inclusions and payment mechanisms

Deliverable 2.4: Standards of Care

Method(s) to carry out the activity

The first study component focuses on reviewing practices and guidelines on providing services for patients with specified cancer conditions. This study involves the review of literature and records on diagnostic services and interventions for the identified

conditions. Relevant literature, such as practice guidelines, journals, and systematic reviews will be analyzed by the researchers to determine common services provided in the Philippines. On the other hand, technical & clinical experts on the selected cancers will also be interviewed to determine pathways of care and interventions provided in the local setting. The literature review will cover the following areas:

- Stakeholders analysis
- Review of benefits and policies in health facilities
- Review of unmet needs, technologies, services, and coverage for select cancers
 - Definition of condition, categories, and common causes
 - Epidemiology (Global, regional, national, and subnational if applicable)
 - Data on the distribution among the population
 - Burden (DALYs, quality-adjusted life years or QALYs, etc.,)
- Review of practice guidelines on select cancers
 - Standard interventions
 - Status of medicines in the Philippine National Formulary (PNF)
 - Practice guidelines for low-resource settings
- Develop assessment tools and methods matrix for the conduct of the project.
- Perform the triangulation method in data analysis. The conduct of data gathering may be done through survey, workshop, round-table discussion, focus-group discussion, or key informant interview, using the ground-up approach.
- Conduct consultation meetings/stakeholder meetings to develop consensus regarding the proposed inclusions.

Output 3: Scoping Report on Benefits and Policy Mechanisms.

The technical report should include:

Deliverable 3.1: Review of coverage in other HMIC and Asian countries

Deliverable 3.2: Synthesis of existing benefits

Deliverable 3.3: Policy landscape analysis, including institutional mechanisms and policy windows

Deliverable 3.4: PEST/PESTLE analysis for UHC, primary care, and HCPN implementation

Method(s) to carry out the activity

Currently, secondary and tertiary services for many cancer conditions are provided by health specialists in health facilities with limited financial coverage. At the same time, primary care services are usually limited to general education, screening, and referral of patients. The project methodology includes:

- Conduct a rapid assessment of the policy environment (local and global) and policy windows for the potential inclusion of the service packages for select cancers at different levels of care
- Facilitate consultative meetings with DOH offices (Central Office and Centers for Health Development) and technical staff of the National Integrated Cancer Control Council.
- Facilitate consultative meetings with select local government units, non-UHC and UHC implementation sites, health care provider networks, and stakeholders identified from the stakeholders mapping, and development partners.
- Perform document revisions accordingly and finalize the technical report.
- Presentation to DOH and WHO of the findings.

Output 4: Technical narrative reports and financial statement

Deliverable 4.1: Overall project management needs from preparation, implementation, and documentation, including communication and follow-up with target participants,

setting up meetings, logistical requirements, administrative needs, photo, and video documentation;

Deliverable 4.2: Store all project materials (raw data, recordings, minutes of meetings, photos, references, etc.) in a cloud folder. All raw data and source documents shall be submitted to WHO;

Deliverable 4.3: Conduct of regular project meetings, submission of meeting notes and monthly progress report;

Deliverable 4.4: Submission of Output 2;

Deliverable 4.5: Submission of the final technical narrative report that includes project implementation and financial report.

Method(s) to carry out the activity

- Coordinate with WHO accordingly throughout the project. All documents and related materials shall be submitted to WHO Philippines and for approval of WHO and DOH. Any change in the inception report or plan shall be approved by WHO and DOH;
- Effectively manage and control the project, ensuring that the project timeline will be achieved;
- Support the formation of a steering committee;
- Convene participants/stakeholders describing the approach how to gain support and ensure successful project implementation;
- Ensure that all processes in conducting the project adhere to government laws and ethical practices;
- Establish and maintain collaborative working relationships with co-workers and representatives from other organizations and agencies;
- Attend related national, regional, or local meetings, as necessary, and perform other related duties and responsibilities that may be assigned by WHO and DOH.

6. Qualifications

The institutional contractual partner must fulfill the following qualifications:

An agency/organization/institution in existence for at least three (3) years in the Philippines; with a proven track record in public health and/or health policy (systems, services, or policy research and development); background on cancer control and previous work with government agencies or other agencies engaged in research agenda development is an advantage.

EDUCATION

Education of staff involved:

- Essential: Skill mix of experts with a university degree in medicine, public health, health policy, health economics, or any related field in health sciences, social sciences, development studies.
- Desirable: Postgraduate degree in the abovementioned field of study.

EXPERIENCE

Experience required for key staff involved:

- Essential (Project Lead): At least ten (10) years of working experience in Philippine public health, health system, health economics, or health policy.
- Essential (Other Staff): At least three (3) years working experience in the health sector demonstrated related experience in the abovementioned field of expertise - public health, health policy, medicine, allied health sciences, social sciences, development studies.
- Desirable: Experience in health economics, financing, development of PhilHealth benefits, essential services development package, service level allocation, costing, rate setting, and other relevant areas in financing UHC; experience working with WHO or any

UN agency, Department of Health, or any government agency, and cancer control-related advocacies and stakeholders.

TECHNICAL SKILL & KNOWLEDGE

- Consensus building capacity and ability to work harmoniously as a member of a team; adapt to diverse educational and cultural backgrounds and maintain a high standard of personal conduct.
- Excellent coordination, facilitation, good organizational, project planning, and management skills.
- Excellent technical writing skills and able to adapt to project demands and submit deliverables within timelines, preferably with publications.

LANGUAGE

With excellent verbal and written communication skills in English and Filipino.

7. Other Requirements

Must not have a direct or indirect interest in the tobacco, alcohol, or breastmilk substitute.

8. Contract Time

The work to be done under this Agreement for Performance of Work (APW) shall be completed as set out in the Terms of Reference, supported by the approved Inception Report. The contract will be completed in not more than **six (6) 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 an acknowledgment 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 Inception Report, the Owner shall charge the Contractor liquidated damages. This shall be in the amount of 0.5% of the total contract amount per day (Saturdays, Sundays, and holidays are included) but not to exceed 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.

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).

WHO's Conflict of Interest Rules are 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 has the right to disseminate any information outside the agreed project's scope.

9. Submission Requirements

Interested institutions should submit electronic copies of the following:

- Cover letter
- Technical proposal with financial details and proposed timeline
- Company profile and qualifications of team members, including a summary of similar assignments undertaken previously

Address cover letter and proposals 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 proposals with the title “**Institutional Contractual Partner to Conduct Evidence Review and Policy Scoping for the Expansion of PhilHealth Benefits for Selected Cancers**” to Mrs Ying Chen (cheny@who.int) and (wpphlwr@who.int). Only shortlisted applicants will be contacted by WHO Philippines.

The deadline for submission of proposals is on **30 November 2021**.