1. Summary

Republic Act No. 11223 or the Universal Health Care (UHC) Act mandates the government to, among others: (1) consolidate local health systems at the provincial and city levels to minimize fragmented governance and maximize performance accountability; (2) adopt a primary health care approach to integrated service delivery; (3) classify all health services into either population-based and individual-based services and define clear responsibilities as to their financing and delivery; (4) designate the Philippine Health Insurance Corporation (PhilHealth) as the national purchaser of health goods and provide the necessary market power to do so; and (5) institute the necessary processes to strengthen the ability of the DOH to support health governance, such as health technology assessment, health impact assessment, and public health ethics.

With the above, the World Health Organization (WHO) Philippines is looking for an institution or individual contractual partner who will be tasked to provide technical assistance on Rapid Provincial Readiness Assessment in Preparation for Universal Health Care Implementation Site (UHCIS) Rollout, under an Agreement of Performance of Work (APW) contract.

The proposals are due by 15 November 2019.

Background

The Department of Health and PhilHealth face a formidable task in operationalizing the Universal Health Care Act. The law provides for six (6) years to demonstrate working models for province-wide and city-wide integration local health systems. It is only after a study on the overall benefit of province-wide integration, together with recommendations from concerned government entities, shall all local health systems within the Republic of the Philippines be integrated into province-wide and city-wide health systems.

The country has signed the Implementing Rules and Regulations (IRR) on 10th October 2019 and is also progressing in developing strategic planning for the implementation of the UHC law towards a whole reform of the health sector and service delivery platform.

In general, while there is a lot of information on the "what" of UHC, there is little information available on the "how" of UHC implementation. This lack of information on the "how" of UHC is in part due to the non-linear process through which countries implement health system reforms. There are often stops and starts that are influenced by politics, administrative and technical challenges, and resource constraints—as well as the ever-evolving fiscal and political environments in which UHC decisions are made.

As reported, public service reform, including health sector reform, is affected by the wider political system and the nature of how individual states are organized, the economic climate and the individual public administration system. There are models and theories of public
service reform in the literature, but they do not necessarily provide insights into the dynamics of reform processes, or enable to know whether reform ever achieves its goals.

The scope for an in-depth understanding of public service reform is further complicated by other factors such as the absence of evaluation of reform initiatives, which could shed light on their impact and outcomes, and the difficulty in generalizing of the underlying differences in history, culture, systems and structures.

The scarcity of data that could support evaluation, the lack of agreed criteria by which to measure progress, and the elusive nature of change are further confounding factors in attempts to look systematically at the experience and outcomes of public service reform. Indeed, the absence of evaluation of public service reform is seen by some as ‘one of the great collective failings of public administration’.

Notwithstanding these difficulties, it is possible to discern some dominant trends and approaches to public service reform over recent decades. To this end, in the current peer reviewed and grey literature, the following have been reported as supportive factors in the implementation:

- Sustained political commitment over time
- Leadership that is flexible, relationship based and focused on achieving systems change
- Identification of drivers and challenges of the reform
- Public service values and a learning organisational culture
- Understanding and managing of opponents
- Capacity to innovate and take measured and appropriate risks
- Understanding that reforms can be executed through several attempts
- Development of a robust and simple implementation as the answer to complex political systems
- Use of evidence to shape the implementation
- Collaborative, networked governance arrangements
- Using data to inform decision-making and provide feedback
- Outcomes-focused performance measurement and management
- Engagement and endorsement by stakeholders and beneficiaries of the decision-making process
- Perception values and preferences of providers and beneficiaries
- Acceptability, adaptability, accessibility of the proposed changes
- Communicating the vision for reform and engaging staff and public
- Adequate resources and time frames

Under the proposed contract, the readiness of the provinces will be assessed through mapping of enabling and hindering factors that will influence the reform integration. Likewise, an impact evaluation protocol shall be designed as a result of this activity including all other inputs from independent assessments to be deployed by the UIS TWG.

Other evaluation and specifically the WHO SARA survey for the health facility and an assessment on organizational environment and culture, policy and legal framework, governance, finance, and management will be conducted separately by DOH and other partners.
2. Timeline
The implementation timeline for the project for:

**Phase 1: Rapid Readiness Assessment (November 2019 to March 2020)**

Phase 2: Design of the Impact Evaluation Protocol (TBD) 2020-2021

3. Place of Assignment
Manila with fieldwork required in the Province of Compostela Valley and Aklan

4. Scope of Work

**Phase 1**
In coordination with WHO Philippines, the Department of Health, and the provincial offices of Compostela Valley and Aklan, the selected contractual partner shall perform the following activities:

**Phase 1: Rapid Readiness Assessment**
Output 1: Literature review on implementation of reforms in the public sector with a specific focus on health sector reform and UHC
- Deliverable 1.1: Propose a conceptual framework to illustrate the enabling of a reform initiative under assumptions of the current health system on the basis of the current peer reviewed and grey evidence

Output 2: Development of rapid assessment methodology and tools to determine readiness in the implementation of the UHC law and IRR based on the conceptual framework (deliverable 1.1)
- Deliverable 2.1: Design the protocol for the rapid assessment, ideally a mix-method design to explore both the breadth and depth of idealized phenomena
- Deliverable 2.2: Design data collection tools and propose appropriate measurements for quantitative and qualitative analysis based on approved data collection strategies e.g., survey, key informant interviews, focus group discussions, household assessment, others.
- Deliverable 3: Submit protocol to appropriate Ethics Review Committee and secure clearance for implementation

Output 3: Conduction of rapid assessment
- Deliverable 3.1: Organize and implement actual rapid assessment onsite in close coordination with the Centers of Health Development and the Provincial Health Office and guided by the approved protocol.

Output 4: Data analysis and report writing
- Deliverable 4.1: Present findings of the rapid assessment in a stakeholders’ meeting or round-table discussion for vetting and validation
- Deliverable 4.2: Submit final report on the following: literature review and actual rapid assessment including all validated tools and databases

5. Qualifications
An academic or research firm with established reputation in health social science research as evidenced by strong publication outputs and successful projects. Members of the team must have advanced educational qualifications in the following specializations are preferred:
social medicine and anthropology, public health and public policy, organizational development, related social sciences and business management (public administration).

**Team Composition**
- The team lead must have at least twelve years (12) years of continuous working experience as full time or expert consultant in the fields of public health, and possibly organization development, and change management;
- A majority of the members of the team must have at least five (5) years of experience in working with or consulting with government agencies.

**Technical Skills and Knowledge**
Expert skills on
- social medicine, public health and public policy,
- organizational development, and
- change management

**Language Fluency:**
- Expert fluency in English, Filipino, Bisaya, and Ilonggo

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

6. **Travel**
The consulting partners are expected to travel according to the itinerary based on the proposal activity plan.

7. **Submission Requirements**
Interested institutions and/or individuals should submit electronic copies of the following:
- Cover letter
- Proposal including Executive summary, proposed solution/methodology, financial details and proposed timeline
- Company profile and qualifications of team members (if institution) or curriculum vitae (if individual)

Address all proposals to:

**Dr Rabindra Abeyasinghe**
OIC, 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 Rapid Provincial Readiness Assessment in Preparation for Universal Health Care Implementation Site (UHCIS) Rollout**” to Ms 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 **15 November 2019**.