RSSH Gaps and Priorities Annex – Template

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Instructions and illustrative examples to support applicants complete this template are available below.

**Section 1 – Analysis of RSSH priorities, including those related to community systems strengthening, based on programmatic gaps**

Identify the top three priorities for RSSH (by module) for each disease program and briefly explain how investing in these areas will help to address specific programmatic gaps for HIV, TB and malaria, while contributing to RSSH and pandemic preparedness.

| Disease component (based on allocation letter) | Top three RSSH priorities (by module), including those related to community systems | Link with specific programmatic challenges and/or priorities to ensure quality |
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| HIV | 1. Laboratory Systems 2. Health Financing Systems 3. Community Systems Strengthening | 1. Limited access to VL testing 2. Treatment facilities have challenges in accessing the outpatient HIV/ADS treatment package (OHAT) of the Philippine health insurance corporation (PHIC) due to issues with related policies and guidelines on the OHAT. 3. Limited participation & representation of CSOs/CBOs in the local health board and the Local AIDS councils for meaningful engagement. |
| TB | 1. Laboratory Systems 2. Health Financing Systems 3. Community Systems Strengthening | 1. Limited access to X-ray for screening and RDT for diagnosis. 2. Majority of TB facilities have stopped reimbursing for the outpatient TB benefit package of PHIC due to issues with related policies and guidelines. 3. Lack of an operational community-led monitoring mechanism for the TB program. |
| Malaria | 1. Monitoring and Evaluation System | 1. The Malaria information system is a stand-alone system that needs to be integrated into the DOH enterprise architecture. |

**Section 2 – Prioritization process**

Based on the analysis above: (1) Explain the approach used by the disease programs to discuss and prioritize their health and community system bottlenecks collaboratively; (2) Summarize why these RSSH areas have been prioritized between the three diseases for inclusion in the funding request; and (3) Explain how these priorities are aligned with those articulated in the national health sector plan and other key national policies and strategies.

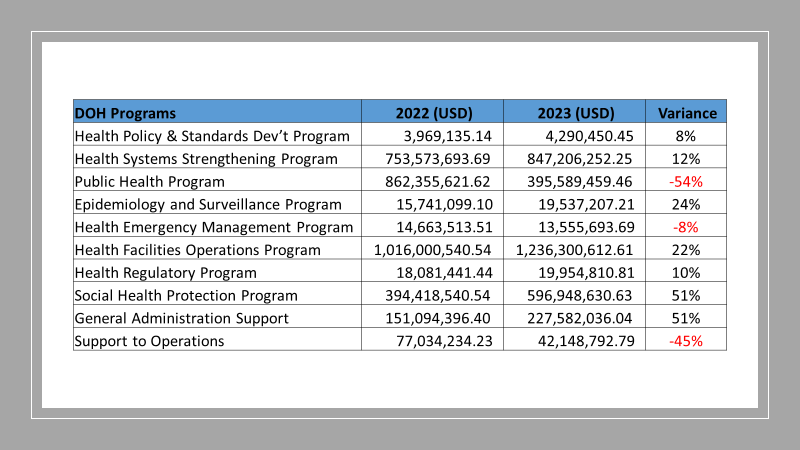
| The Philippine DOH-DPCB conducted the NPSA early in 2022, investigating the performance of fifteen priority disease programs, including HIV, TB, and Malaria. A more in-depth assessment of the TB & HIV programs was done as part of the 2022 Joint Program Review. Unique to these exercises is a deep dive into cross-cutting health systems challenges vis-à-vis the Philippine Universal Health Care law and the Supreme Court Executive Order 134 –supporting full devolution of health services to the local government units.  Anchored on the finding and recommendations from the NPSA and JPR, a TB-HIV co-financing plan for 2024-2026 was drafted and finalized after several stakeholder consultations were conducted among experts, key affected populations, implementing partners, local government units, and DOH central and regional offices. In addition, the DOH central office proposed a long list of RSSH interventions, considering that it is undergoing major organizational development changes resulting from the devolution transition of the health care system to LGUs beginning 2022. As a process, these were shortlisted by eliminating from the list RSSH interventions that: (1) has identified funding commitments from other donors, (2) are included/proposed in the C19RM Wave 1 & 2, (3) are going to be supported from savings generated from ongoing GF grants: and (4) are  The resulting draft of priority RSSH interventions were presented during the country dialogue conducted on February 1-3, 2023. A session was devoted to soliciting feedback on the draft list to enhance the list further. Several consultations were conducted after that, particularly between the TB and HIV program and the DOH offices leading to the finalization of the RSSH intervention list to be proposed as part of this FR.  Anchored on the Philippine Development Plan and the Health Sector Agenda, the DOH Primary Care Strategy, the many stakeholder consultations conducted, and the Global Fund guidance for RSSH, the **cross-cutting RSSH interventions** will include:   1. Laboratory Systems Strengthening.    * The long term plan of the DOH is to expand its laboratory network, increase access to X ray, and use RDTs as muti-disease diagnostic units. This is discussed in the DOH Health Facility Development Plan. In the next few years, access to RDTs for TB diagnosis and HIV VL testing will remain a challenge. The use of specimen and commodity transport riders (STRIDERS) under the TB program has been successful in improving access to RDT for TB diagnosis among both public and private TB facilities nationwide. In the time of the COVID-19 pandemic, similar mechanisms were used by the HIV program to transport ARV and other commodities. As a stop-gap measure, this is being proposed as part of this FR.    * Funding Request: Deploy 400 (STRIDERS) to support access to RDTs among public and private TB and HIV care providers and mitigate incidence of commodity stockout by sharing/transferring small amounts of commodities among adjacent facilities. In addition, to support advocacy activities for LGU absorption of STRIDERS as part of their primary care network. 2. Community Systems Strengthening.    * To increase domestic investments, representation among KAP remains imperative to advocate and communicate for TB, HV, and Malaria. There is a need for KAP champions to be upskilled to become part of health planning and governance. To support continuous improvement of the quality of health care service delivery, CSOs and CBOs should also be empowered to conduct independent monitoring and evaluation activities to provide evidence-based feedback for multi-sectoral action for quality improvement.    * Funding Request: Provide technical assistance to additional 11 regions in setting up their community-led monitoring systems. Continue technical assistance to six regions currently being supported on the same through the ongoing grant. In addition, provide technical assistance to 120 LHBs in improving selection of CSO membership and their active involvement. Furthermore, identify and train additional 17 regional champions to support advocacy and communication for the health programs. 3. Health Financing Systems.    * To support the implementation of the UHC law and the devolution-transition plan from DOH to LGUs, the further enhancement of the PhilHealth comprehensive primary care package (KONSULTA) is imperative. Furthermore, PhilHealth needs to simplify its reimbursement mechanisms, and establish a more transparent tracking mechanism on reimbursement utilisation among LGUs. Because of these, the current outpatient benefit packages for TB, HIV, and Malaria are underutilised. To prevent catastrophic costs, actions are necessary to support PhilHealth and its delivery mechanisms.    * Funding Request: Provide technical assistance support to the PhilHealth central office to review and enhance its primary care benefit packages for TB, HIV, and Malaria, simplify accreditation and reimbursement processes, and establish tracking tools for reimbursement processing and accounting utilisation. In addition, to support dissemination of resulting policies and packages nationwide. Furthermore, to support DOH and PhilHealth design and implement social contracting models that can be piloted for demonstration in region 4B UHC IS or other sites that will be identified. 4. Monitoring and Evaluation    * The long term plan is for DOH to operationalize an integrated HIS for primary care. Review and planning for the DOH enterprise architecture (EA) is envisioned in 2024, since the DOH is still transitioning its systems and processes in 2023. Initiatives are necessary to integrate all disease-program specific information systems in the planned EA.    * Funding Request: To support maintenance and enhancement of the Integrated TB Information System and support DOH in developing their envisioned enterprise architecture that will eventually integrate all disease-specific information systems. In addition, to support conduct of TB-specific studies to include the 2024 Inventory Study, 2024 Clinical Diagnosis Study, and 2025 Catastrophic Cost Study. 5. Health **Sector Planning and Governance for Integrated People-centered Services.**    * The JPR 2022 confirmed that LGUs are not ready to take on the responsibilities as mandated by the UHC Law and the DOH devolution transition plan for 2022-2024, primarily due to lack of competencies to perform the new/expanded functions.    * Funding Request:At the national level, to provide technical assistance to DOH-DPCB in addressing critical findings to support organisational development changes being adopted. At the regional level, to continue supporting CHD 4 in building its capacity to provide TA to its six UHC implementation sites achieve their UHC maturity index goals. At the local levels, to conduct capacity building training to 120 LHBs nationwide on any or all of these focus competencies: OD planning, resource mobilisation, and financial management.      1. **Health Products Management Systems.**    * The DOH-SCMO is a relatively new office in the DOH and requires organisational development support to perform its mandate. With the devolution-transition, LGUs are expected to manage their own SCMS for health, however, they need technical assistance to build their systems and develop necessary competencies to perform.    * Funding Request:At the national level, to deploy experts in the DOH-SCMO to improve delivery of their mandate and support policy and guidelines development. At the local levels, to conduct capacity building among SCM officers on the PSCM cascade, establish QA/QC system for LGU-procured health commodities, develop an LGU PSCM handbook, and provide coaching and mentoring to operationalize the eLMIS. 2. **Human Resource for Health and Quality of Care.**    * The DOH HRH Masterplan 2020-2040 provides the policies and strategies to design and manage HRH based on the population health needs. The UHC Law provides for LGUs to manage their own HRH and that the DOH HRH masterplan should be localised for implementation.    * Funding Request:At the local levels, to deploy HRH consultants to coach and mentor LGUs in localising the DOH HRH masterplan as it applies to their territory and aligned with the devolution transition plan. |
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**Section 3 – Funding gap analysis**

Section 2 outlines the RSSH modules and interventions requested to be supported by the funding request. The analysis below outlines what interventions are being done on the specific modules funded by domestic resources, loans, and non-GF grants. Actual figures for each intervention will be provided, if available.

Overall, the DOH approved budget for 2023 is USD 3,768,198,126, which is 14% higher than in 2021. On the other hand, the PhilHealth approved budget for 2023 is USD 1,806,007,459, which is 25% higher than in 2022.

It is difficult to discuss the RSSH-related investments of the country in TGF terms as requested. However, the table below reflects a comparative matrix of the DOH approved budget for 2023 versus 2022 based on the 2022 General Appropriations Act, which can provide TGF an idea of the domestic investment for social services.



For guidance, the focus of each program are: (1) HPSDP: policy development and research, (2) HSSP: HRH deployment, (3) PHP: Communicable and non-communicable diseases, (4) ESP, (5) HEMP: disaster risk reduction and management for health, (6) HFOP: support to DOH-managed hospitals, laboratories, and rehabilitation centers, (7) HRP: FDA functions, and (8)SHPP: medical assistance program for the poor and the indigent population.

Specific to the prevention and control of communicable diseases under the public health program which included HIV, TB, and Malaria, the 2023 budget is USD 104,377,279, which is 42% lower than in 2022.

It is difficult to provide a costing of the full requirement and the gap specific to TGF RSSH modules vis-a-vis domestic resources to date. The table below captures the contribution of external stakeholders supporting health systems strengthening interventions.

| Module | Government Direction, current actions and external support |
| --- | --- |
| Health Sector Planning and Governance for Integrated People- centered Services | UHC mandates technical, managerial and financial integration in local health systems (DOH AO 2020-0021). The DOH Primary Care Strategy and the Devolution Transition plan further re-devolves additional health functions to the LGUs hence requiring improved governance.  Capacity building packages for LGUs are currently being developed by DOH - HHRDB and DOH-BLHSD.  DOH is implementing Project Equity  USAID has adopted 12 UHC implementation sites to support UHC localization.  In the ongoing GF grant for TB, UHC localization support is being provided to six UHC sites. |
| Community Systems Strengthening | Strategic Objectives of the 2021-2023 CRG National Action plan include: i) Operationalize platforms for patient literacy and feedback and patient experiences, ii) Strengthen the capacity of civil society organisations (CSOs), community-based organisations (CBOs) and patient support groups (PSGs) in policy and governance activities.  The National TB Health Promotion and Communication Strategy 2020-2023 includes engagement of local leaders as TB champions under the policy advocacy strategy.  USAID supports local CSO/CBO engagement for TB through the Local Organization Network (LON) grant.  STBP supports development of CLM through introduction of the OneIMPACT application (CFCS Round 11 grant)  Ongoing GF grant is supporting establishment of CLM in 6 regions. The 11 other regions are included in this FR for nationwide coverage. |
| Health Financing Systems | One of the aims of the DOH Primary Care Strategy (2023-2028) is to develop provincial/city wide health system self-sufficiency in the financing of primary care services. Key interventions to achieve this include national health insurance coverage expansion and maximising utilisation of national health insurance.  DOH has engaged the Ateneo School of Governance to provide TA in the policy design and framework for third-party accreditation (TPA) mechanisms for PhilHealth (Source: DOH UHC TA Agenda). USAID has provided support in reviewing the costing of TB services.  Other identified TA requirements are: i) developing standards, approach and mechanism for network contracting, ii) strengthen monitoring and performance assessment of benefit packages for providers and networks, iii) capacity building for special health fund |
| Health Products Management Systems | Individual-based services will eventually be funded through Philhealth via the local Special Health Funds. This will be in phased manner according to the devolution transition plan. This will require building capacity of local governments in PSCM. Strengthening national level PSCM is still vital while national level support for TB and HIV commodities are still available.  USAID is supporting: i) the development of the electronic Logistics Management System (eLMIS) as a vital tool for supply chain management, ii) training in the implementation of the warehouse operating manual (WOM). The Procurement and Supply Institute of Asia (PASIA) will also train CHDs and select UIS in Essentials of Warehousing, Logistics Management and Cold Chain Management. (DOH UHC TA Agenda) |
| Human Resource for Health and Quality of Care | One of the strategic objectives of the DOH-led Human Resource for Health Masterplan 2020-2040 is “build the capacity of institutions for effective public policy stewardship, leadership and governance.  “Key actions include the plan for filling-up of vacant plantilla positions for health personnel, including timelines and recruitment strategies; mechanism on sharing of health workforce within the Health Care Provider Network (HCPN) through a memorandum of agreement or service contracts with healthcare providers; incremental creation of plantilla positions for health personnel, including funds for the creation of such positions; and learning and development plan or interventions for health personnel as part of the overall human resource development plan of the LGU along with the investments needed to implement such plan.” (DOH.2022. UHC:Policy to Practice) |
| Laboratory Systems Strengthening | One of the aims of the DOH Primary Care Strategy (2023-2028) is to Systematize Equitable Access to Health Service Delivery, with focus on Primary Care. Key interventions include expanding service coverage through fostering an integrated approach in health service delivery through network formation for referral systems. DOH AO 2022-0010 (TB-HIV Integration for UHC) further clarified that: i) the RDT/NAAT shal be used both for TB diagnosis and HIV viral load testing, and ii) existing specimen transport systems shall be used both for TB and HIV.  Strengthening of the local referral network and establishment of specimen transport systems will be implemented by the local government units based on guidelines provided by the DOH. |
| Monitoring and Evaluation | To facilitate the technical integration mandated by UHC, the DOH aims to develop an integrated monitoring and evaluation framework, including for service coverage and quality. This might require establishing a unified data repository where all information systems will be made interoperable.  DOH-EB is leading the assessment of all existing DOH information systems and will develop the framework for integrated HIS.  The Primary Care Strategic Plan (2023-2028) includes implementation of priority research in support of developing evidence-based standards. |