FINAL REPORT | JUNE 2020

Human Resources for Health in 2030 in the Philippines

DISCLAIMER

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ACTIVITY DETAILS

IMPLEMENTING PARTNER
Chemonics International

IMPLEMENTATION PERIOD
October 2017 – June 2020

AWARD NUMBER
AID-OAA-A-15-00046

SUBAWARDEES
Alliance for Improving Health Outcomes, American International Health Alliance, EpiMetrics, Integrative Competitive Intelligence Asia, Nephila Web, Open Development, Palladium

GEOGRAPHIC COVERAGE
Central, regional, and selected provinces

TOTAL ESTIMATED INVESTMENT
US$ 8.095 million

ABBREVIATIONS

BARMM	Bangsamoro Autonomous Region of Muslim Mindanao
CPD	Continuing Professional Development
DBM	Department of Budget and Management
DOH	Department of Health
FP	Family Planning
FPP	Family Planning Program
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GIDA	Geographically Isolated and Disadvantaged Areas
HHRDB	Health Human Resource Development Bureau
HLMA	Health Labor Market Analysis
HRH	Human Resources for Health
HRH2030/Philippines	Human Resources for Health in 2030 Philippines' Activity
HRIS	Human Resource Information System
iDOTS	Integrated Directly Observed Treatment, Short-course
IP	Implementing Partner
LDIMS	Learning and Development Information Management System
LGU	Local Government Unit
LMS	Learning Management System
MCH	Maternal and Child Health
MDRTB	Multi-drug Resistant Tuberculosis
NEDA	National Economic and Development Authority
NHFR	National Health Facility Registry
NHWA	National Health Worker's Account
NTP	National Tuberculosis Control Program
NTRL	National Tuberculosis Reference Laboratory
PBSP	Philippine Business for Social Progress
PhilHealth	Philippine Health Insurance Corporation
PHILSTEP1	Philippine Strategic TB Elimination Plan 1
PRC	Professional Regulatory Commission
PTE	Post-training Evaluation
PX	Patient Experience
RHU	Rural Health Unit
RSA	Return Service Agreement
TB	Tuberculosis
TTF	Technical Task Force
UHC	Universal Health Care
USAID	United States Agency for International Development
USG	U.S. Government
WHO	World Health Organization
WISN	Workload Indicators of Staffing Need

EXECUTIVE SUMMARY

Health workers form the foundation of an efficient and resilient health system to address population health needs. In the Philippines, there are significant variations in access to and quality of health services. Currently, only about 10 percent of the country's health workers serve in rural areas, leaving some municipalities without an acceptable health workforce. While local government units are responsible for delivering quality health care services, oftentimes their ability to effectively plan for, hire, retain, manage, and develop the health workforce is insufficient, leading to inequities in health services and outcomes.

As a result, the Philippines faces a difficult path to eliminate tuberculosis (TB) and achieve their family planning (FP) goals. TB affects an estimated 2.5 million Filipinos and is the country's sixth leading cause of death and illness, inflicting huge costs to the family household and to the Philippines' economy. Meeting the population's reproductive health intentions is also a challenge in the Philippines where 49 percent of unmarried, sexually active women and 17 percent of married women have an unmet need for family planning.

The Philippines Department of Health (DOH) recognizes that increased investments in the health workforce are needed to achieve national goals in TB, family planning, and other disease burdens of concern, and to save lives and provide an improved quality of life for its people. The passage of the country's Universal Health Care (UHC) Act in 2019 opened up the opportunity to accelerate support to the national government to develop a Human Resources for Health Master Plan (2020-2040), and to optimize the health workforce as the backbone of a health care system that is accessible, accountable, affordable, and reliable.

As a strategic development partner to the DOH, the United States Agency for International Development (USAID) supports the DOH's goal of having an adequate number and type of human resources for health, with the competencies and skills necessary to deliver UHC. Since 2017, USAID's Human Resources for Health in 2030 (HRH2030) program has been working to strengthen the health workforce to improve TB and family planning services, two of the key elements for a healthy and prosperous Filipino population. USAID's HRH2030 program has focused on three main objectives:

1. Improve health workforce planning and distribution for TB, family planning, and maternal and child health services

2. Strengthen human resources for health (HRH) performance management and development with a focus on TB, family planning, and maternal and child health

3. Advance the use of data for HRH decision-making at central, regional, and provincial levels

Over the course of three years, through HRH2030, USAID has supported the DOH with strategic technical assistance to strengthen recruitment, deployment, development, retention, and performance management of a robust and qualified health workforce to improve access to quality TB, FP, and maternal and child health (MCH) services for vulnerable populations. At the program's conclusion, USAID's HRH2030's significant achievements are:

The DOH's capacity built for using evidence to develop new staffing standards for improved delivery of primary health care. USAID's HRH2030 introduced the evidence-based World Health Organization's (WHO) Workload Indicators of Staffing Need (WISN) method to assist the DOH in determining optimal staffing number and distribution among health facilities and support the development of new national staffing standards for primary health care. A USAID's HRH2030-led WISN study identified staffing maldistribution and differences in service packages between facilities; the need to update scopes of practice and job descriptions, explore task-sharing, and strengthen referral guidelines; and a significant amount of absences due to health workers attending trainings. The DOH is now institutionalizing the WISN methodology and cascading it to all levels of the health system to help guide local government units and partners on optimum numbers of health workers required per cadre and level of care for improved quality primary health care services using a rational and scientific approach. This will greatly support the government efforts to revitalize primary level health facilities and provide UHC for all Filipinos.

A sustainability roadmap is in place to help the DOH prepare for transition of Global Fund-supported HRH for TB. The current Global Fund TB grant supports the Government of the Philippines to fill key gaps in the health workforce needed to achieve the country's ambitious TB targets. Given the estimated 775 health workers deployed through the country on behalf of

the National TB Control Program (NTP), the DOH and NTP requested USAID's HRH2030's assistance to better understand and analyze the health workforce investments being supported through the Global Fund and to begin to lay out a roadmap for how to sustain these investments moving forward. The resulting Sustainability Roadmap with detailed HRH Transition Pathways provides stakeholders with data on the critical donor-supported cadres that may need to be considered in a multi-year, detailed transition plan to local resources should the Global Fund reduce its resources to the Philippines.

Health workers have better opportunities to enhance their professional competencies through a new online learning platform. In partnership with the DOH and local stakeholders, USAID's HRH2030 supported the creation of the national DOH Academy e-Learning portal and an efficient learning management platform which enables public and private sector health workers to flexibly access free-of-charge, practical skills-building courses with continuing education accreditation, so they can deliver TB, FP, and other primary care services according to national standards of care. The DOH Academy helps to reduce the duplication of training and limit the amount of time health workers are away from their post, as all courses must now be offered through this platform. The COVID-19 crisis clearly confirmed USAID's and the DOH's smart investment in e-Learning, because having the online system to quickly orient and train health workers proved to be lifesaving. Development partners including the WHO, UNICEF, and Management Sciences for Health, to name a few, have already started to utilize this platform for their own COVID-related training to quickly reach as many Filipino health workers as possible to stem the pandemic.

The DOH is on track to adopt National Health Workforce Accounts (NHWA) for improved availability, quality, and use of data to inform policy and manage the health workforce. USAID's HRH2030 supported the DOH in the development of processes, procedures, and a roadmap to guide the implementation of the multi-sectoral and integrated NHWA system. NHWA enables the standardization and interoperability of national health workforce data across all agencies and sectors, allowing the Philippines to better collect, analyze, and use comprehensive HRH data to develop evidence-based policies and manage HRH in support of UHC. Overall, NHWA will be the system used to improve data accessibility, availability, and quality in the Philippines, with the goal of responding rapidly to HRH issues and guide the journey towards UHC and progress toward the sustainable development goals.

A new National HRH Master Plan sets the stage for HRH improvements for UHC over the next two decades. The drafting of the National HRH Master Plan 2020-2040 represents the culmination of USAID's HRH2030's technical support to the DOH in terms of evidence-based health workforce policy and planning. Once officially approved, the Master Plan will serve as a guide to the country to meet the HRH component of the UHC Act. The HRH Master Plan defines the current situation of the HRH sector; the short, medium, and long-term strategies to address the issues that impact HRH performance; the governance and accountability mechanism among HRH stakeholders; the plan's monitoring and evaluation approach; and the communication plan to guide its dissemination.

Looking back, USAID's HRH2030 program in the Philippines has made major contributions to address the health challenges mentioned at the beginning of this summary. And critically, the program has also set into motion strategies to ensure the viability and sustainability of USAID's HRH2030 outputs. Most significantly, all project outputs are integrated into the HRH Master Plan. Looking ahead, when the HRH Master Plan is implemented in accordance with the UHC law, the legacy of USAID's HRH2030 program will be sustained and carried forth by all stakeholders.

INTRODUCTION

The Philippines—an archipelagic country made up of more than 7,100 islands—grapples with some major health challenges including significant variations in access to and quality of health services. In recent years, however, the Government of the Philippines has made landmark decisions to strengthen the country's health system for achieving UHC.

Tuberculosis (TB) is a serious public health problem in the country affecting an estimated 2.5 million people, many who are unaware they have the disease. It is the sixth leading cause of death and illness, with at least 70 Filipinos dying every day from TB, and inflicts huge costs to the family household and to the Philippines' economy.

Meeting the population's reproductive health intentions is also a challenge in the Philippines where 49 percent of unmarried, sexually active women and 17 percent of married women have an unmet need for family planning, according to 2017 National Demographic and Health Survey (NDHS) data. Other findings report that among women aged 15 to 49 who are not using contraception, only 14 percent who visited a health facility discussed FP with a health provider.

The fragmented distribution of confident, competent, and motivated health teams across the country compromises health service equities among communities and hampers the fulfillment of government commitments to improve key health outcomes. It is estimated that only a quarter of actively practicing health workers are in primary health care, and about 25 percent of all *barangays* (villages) do not have a dedicated health worker. Across the Philippines, human resources for health (HRH) disparities exist amongst regions, with Bangsamoro Autonomous Region in Muslim Mindanao (BARMM) having the lowest ratio of health workers per population. At the service level, varying degrees of shortages and inequitable distribution of health workers impact the accessibility and quality of care needed to ensure TB patients receive the holistic and consistent course of treatment required to recover. Also, inequities impact the time or care health workers may provide patients to discuss family planning methods and options. Adequate and accurate health worker data is needed to make necessary health system improvements. However, while several information systems with HRH data exist, most are not integrated and have considerable data quality issues such as late or incomplete reporting, and unstandardized HRH data recording, making its use unreliable for decision-making.

To achieve national goals in TB, FP, and other health areas and continue the path to universal health care (UHC), the Philippines Department of Health (DOH) recognizes that increased investments in health workers are needed to save more lives and provide an improved quality of life for its people. The movement to strengthen the health workforce gained further momentum in 2019 with the enactment of Republic Act No. 11223. This UHC law underscored the importance of elevating HRH, not only to ensure adequate numbers of health workers but also to strategically invest in the health workforce to build an optimal health care system that is accessible, accountable, affordable, and reliable.

PURPOSE

As a strategic development partner to the DOH, the United States Agency for International Development (USAID) supports the DOH's goal of having an adequate number and type of HRH at all levels with the needed competencies and skills to deliver UHC through the continuum of preventive, promotive, curative, and rehabilitative health interventions. USAID, through its Human Resources for Health in 2030 (HRH2030) program, is working to strengthen the health workforce to improve TB and FP services, as two of the key health elements for a healthy and prosperous Filipino population.

HRH2030 worked to achieve the following three objectives:

1. Improved health workforce planning and implementation at primary care levels especially for TB, and FP/MCH services

2. Strengthened human resources for health (HRH) performance management and development with a focus on TB, family planning, and maternal and child health

3. Advance the use of data for HRH decision-making at central, regional, and provincial levels (Figure 1)

Figure 1. HRH2030 interventions took place across the three major islands of the Philippines: Luzon, Visayas, and Mindanao

APPROACH

Strengthening the health workforce for improved service delivery requires a comprehensive, multi-pronged strategy which promotes proper planning and use of evidence-based data for decision-making for the right health workers to be in the right places, at the right time, with the right skills and attitudes. Figure 2 illustrates the framework USAID's HRH2030 employed to support the DOH through strategic technical assistance to strengthen recruitment, deployment, development, retention, and performance management of a robust and qualified health workforce to improve access to quality TB, FP, and maternal and child health (MCH) services for vulnerable populations. We focused our collaboration in four result areas. Further details on the achievements from key interventions can be found starting on page 10, following the color-coding shown below:

- Improved health workforce planning and distribution for TB and FP/MCH services

- Strengthened HRH performance management and development with a focus on TB and FP/MCH

- Advanced the use of data for HRH decision-making at central, regional, and provincial levels

- Cross-cutting: Integrated strategic HRH governance, built organizational capacity utilizing organization development and HRH policy development

USAID's HRH2030 LEGACY

Below we summarize the major outcomes USAID's HRH2030 accomplished under each result area over the course of almost three years of technical support to the DOH. Detailed descriptions of these legacy outputs and other results are provided in the next section.

IMPROVED HEALTH WORKFORCE PLANNING AND DISTRIBUTION FOR TB AND FP/MCH SERVICES

Any efforts to produce, develop, and distribute the right numbers and types of health workers must be formed based on a sound foundation of evidence-based planning and decision-making.

The DOH's capacity built for using evidence to develop new staffing standards for improved delivery of primary health care. In order to achieve UHC and provide quality TB detection and treatment, and FP/MCH services as indicated by the Philippine primary care package, it is important to have adequate staffing at the health facilities that take into consideration the workload pressure and health services needs at the facility. Provision of primary health services at the different levels of health care depends on the skill mix of a multidisciplinary team of health workers such as physicians, nurses, midwives, and medical technologists, among other existing cadres. USAID's HRH2030 introduced the evidence-based World Health Organization (WHO) Workload Indicators of Staffing Need (WISN) method to assist the DOH in determining optimal staffing number and distribution among health facilities and support the development of new national staffing standards for primary health care. The WISN study identified staffing maldistribution and differences in service packages between facilities; a need to update scopes of practice and job descriptions, explore task-sharing and strengthen referral guidelines; and interestingly, a significant amount of absences due to health workers attending trainings. The DOH is institutionalizing the WISN methodology for adoption of the process and cascading it to all levels of the health system to help guide the respective local government units (LGUs) and partners on optimum numbers of health workers required per cadre and level of care for improved quality primary health care services using a rational and scientific approach. This will greatly support the current drive of the national and local governments to revitalize primary care services towards and providing UHC for all Filipinos.

A sustainability roadmap is now in place to help the DOH prepare for transition of Global Fund-supported HRH for TB. The current Global Fund TB grant

Figure 2. Infographic of USAID's HRH2030 activity in the Philippines
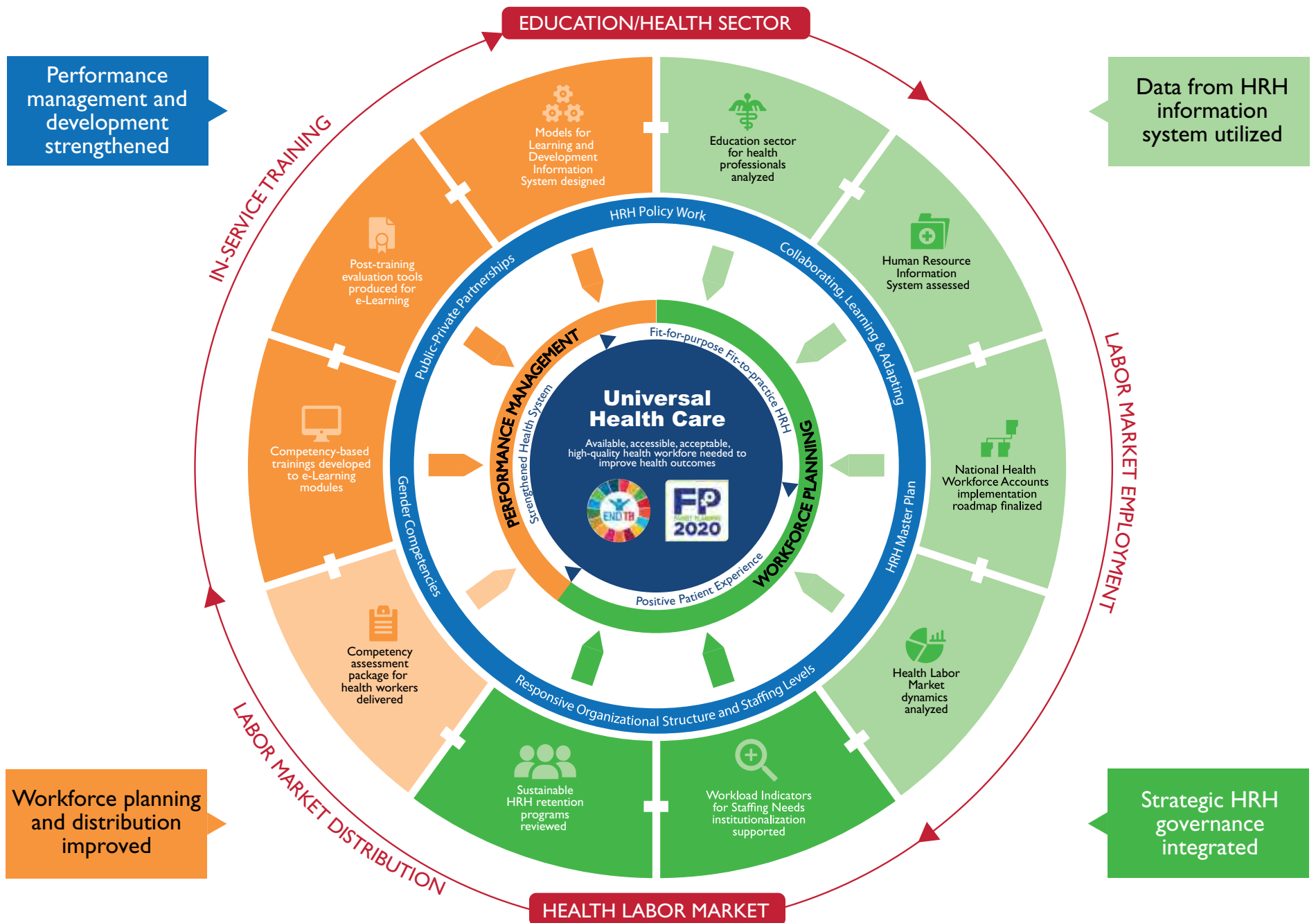
supports the Government of the Philippines to fill key gaps in the health workforce needed to achieve the country's ambitious TB targets. Given the estimated 775 health workers deployed through the country on behalf of the National TB Control Program (NTP), the DOH and NTP requested assistance to better understand and analyze the HRH investments currently being supported through the Global Fund grant and to begin to lay out a roadmap for how to sustain these investments moving forward. The resulting Sustainability Roadmap with detailed HRH Transition Pathways provides stakeholders with data on the critical donor-supported cadres that may need to be considered in a multi-year, detailed transition plan to local resources should the Global Fund reduce its resources to the Philippines. The guidance also considers the implications of emerging health financing, health service delivery, and HRH reforms on the transition pathways for these site-based salaried cadres that provide critical functions to stand up the government's TB response.

STRENGTHENED HRH PERFORMANCE MANAGEMENT AND DEVELOPMENT WITH A FOCUS ON TB AND FP/MCH

Health workers have better opportunities to enhance their professional competencies through a new online learning platform. Reliable healthcare requires skilled health workers. Continuing professional development (CPD) is essential across the health worker life cycle to improve the quality of care by keeping skills and competencies sharp and updated, while also serving to motivate and retain staff. The new and improved national DOH Academy e-Learning portal and learning management platform allow public and private sector health workers to flexibly access free-of-charge, continuing professional education accredited, practical skills-building courses so they can deliver TB, FP, and other primary care services according to national standards of care. Providing CPD through self-paced, blended e-Learning modules allows more health workers, including women and those with caregiving responsibilities, or those living in disadvantaged and isolated areas, to advance their careers and leadership in health. The DOH Academy helps to reduce the duplication of training and limit the amount of time health workers are away from their post, as all courses must now be offered through this platform. As of March 31, 2020, 2,491 health workers had registered on the online platform to take the TB, FP, UHC, and other courses. The COVID-19 crisis clearly confirmed the USAID's and DOH's smart investment in e-Learning, because having the online system to quickly orient and train health workers proved to be lifesaving. Development partners including the WHO, UNICEF, and Management

Sciences for Health, to name a few, have already started to utilize this platform to widely disseminate their COVID-19 related training materials and reach as many Filipino health workers as possible to equip them for necessary COVID-19 services.

ADVANCED THE USE OF DATA FOR HRH DECISION-MAKING AT CENTRAL, REGIONAL, AND PROVINCIAL LEVELS

The DOH is on track to adopt National Health Workforce Accounts (NHWA) for improved availability, quality, and use of data to inform policy and manage the health workforce. Complete, accurate, and up-to-date data on the number, production, skill mix, and budget allocation of health workers are key to increase and maintain the availability, accessibility, acceptability, and quality of HRH, as well as to develop effective, evidence-based HRH policies and strategies. To achieve this, multi-sectoral stakeholders managing HRH data from entry, workforce, exit, and re-entry must work together to set up a system for sharing reliable, standardized, and high-quality health workforce information. USAID's HRH2030 supported the DOH in the development of processes, procedures, and a roadmap to guide the implementation of the multisectoral and integrated NHWA system. NHWA enables the standardization and interoperability of national health workforce data across all agencies and sectors, allowing the Philippines to better collect, analyze, and use comprehensive HRH data to develop evidence-based policies and manage HRH in support of UHC. Overall, NHWA will be the system by which to improve the data accessibility, availability, and quality of data to respond to HRH issues in the Philippines and guide the journey towards a well-trained, well-managed, and optimized health workforce that supports UHC in the Philippines and enables progress toward sustainable development goals.

CROSS-CUTTING: INTEGRATED STRATEGIC HRH GOVERNANCE AND BUILT ORGANIZATIONAL CAPACITY UTILIZING ORGANIZATION DEVELOPMENT AND HRH POLICY DEVELOPMENT APPROACHEs

A new National HRH Master Plan sets the stage for HRH improvements for UHC over the next two decades. The drafting of the National HRH Master Plan 2020-2040 represents the culmination of USAID's HRH2030's technical support to the DOH in terms of evidence-based health workforce policy and planning. Once officially approved, the Master Plan will serve as an overarching document that guides the whole of society and whole of government to meet the HRH component of the UHC Act. The Master Plan shall address the need to improve the country's

health outcomes and achieve universal health care by ensuring sufficient number of 'appropriately skilled and motivated, equitably distributed and well-supported' health workers in the system. As stated in the UHC Act, the goal of the 2020-2040 HRH Master Plan is to provide policies and strategies for the appropriate generation, recruitment, retraining, regulation, retention, and reassessment of the health workforce based on population health needs. The HRH Master Plan defines the current situation of the HRH sector in the Philippines, the short, medium, and long-term strategies that will address the issues that impact the performance of the HRH and the health sector, the governance and accountability mechanism among the HRH stakeholders, the monitoring and evaluation approach that will track the progress of its implementation, and the communication plan to guide its dissemination. The Master Plan is to serve as a progressive, technically, and economically feasible and sustainable document with sufficient details for implementation and operationalization to guide the health sector to achieve better HRH management and development.

1. Improved Health Workforce Planning and Distribution for TB and FP/MCH Services

Health workers are key to any functioning health system and to efficient health service delivery. But the Philippines, like other countries, is faced with health workforce challenges. In 2016, the DOH noted that the country needs 15,000 doctors to meet the population's annual health needs. The Philippine Statistics Authority reports a ratio of one government physician to 33,000 Filipinos (while the WHO globally recommends a 1:1,000 doctor to population ratio and the DOH, a 1:20,000 ratio). To ensure the nation is well-equipped to meet the challenge of universal health care, the gravity of this deficit has encouraged a rethinking of education, deployment, and management of the health workforce. Consideration is being made for adequate skill mix and equitable distribution of health workers across levels of care, and the vital need for access to quality data is being recognized. Currently, of the nearly 750,000 Filipino health professionals thought to be in the country's active health workforce, only about 73 percent are captured by the human resource for health information systems. They are assumed to be in hospitals, private clinics, laboratories, and other similar health service sites. It is in this setting, USAID's HRH2030 supported the DOH to improve health workforce planning by discerning staffing distribution, skills mix, competency development, and deployment practices—to ensure health facilities can address service delivery needs and improve TB and FP/MCH outcomes. With the DOH, USAID's HRH2030 conducted a health labor market analysis, introduced the Workload Indicators of Staffing Needs tool, mapped competencies, reviewed the deployment program, and initiated

donor-supported HRH sustainability planning. USAID's HRH2030 also started to set up mechanisms to build health workforce-based models to enhance patient experience so that patients are motivated to adhere to their TB treatment regimen and pursue their FP service delivery needs.

IMPROVED WORKFORCE DISTRIBUTION, SKILL MIX, STAFFING STANDARDS, AND WORKLOAD PRESSURE

HEALTH LABOR MARKET ANALYIS (HLMA) STUDY

To determine and ensure there are adequate numbers of health workers at all levels, USAID's HRH2030 conducted a health labor market analysis (HLMA). An HLMA allows policy makers and decision-makers to better understand the health labor market of the country, or the forces that drive the supply of and demand for health workers. These shifts may facilitate or impede HRH goals, thereby impacting TB and FP/MCH outcomes. The DOH identified three key questions to guide the activity's development of the HLMA:

1. How can the Philippines improve equitable access to health workers to advance UHC?

2. What is a sustainable HRH migration management policy for the Philippines?

3. What are the cost implications and fund sources for an HRH component of UHC?

USAID's HRH2030 conducted the HLMA through a

Box 1: Summarized responses from the HLMA to three crucial policy questions to inform UHC

1. How can the Philippines improve equitable access to health workers to advance UHC?

Improving equitable access to health workers is a systemic challenge that requires adjustments and calibrations in corollary markets and sectors. A long-term perspective is needed, with short-term strategies to respond to the needs of UHC.

2. What is a sustainable HRH migration management policy for the Philippines?

Evidence demonstrates that health workers are moving from the private sector, to the public sector, to positions abroad due to the remuneration and other opportunities for their dependents. The HLMA provides information on the market that is inherently driving migration and offers insight on what factors need to be considered to lessen the negative impact, namely supply and demand (the production of health workers should be aligned with local needs) and governing bodies (the coordination and collaboration among key health worker migration stakeholders must improve to attain balance between production and demand that includes the effects of actively migrating health workers).

3. What are the cost implications and fund sources for an HRH component of UHC?

The cost implications of the HRH requirements of the UHC range from the training and education of health workers, to considerations of remuneration and strategic leveraging of the private sector to achieve UHC. Fund sources include public and private facility reimbursements and other national and LGU funds identified by the UHC law.

desk review and collection of secondary quantitative data, followed by regional and national consultations to validate and better inform trends seen. The HLMA responded to the above questions discussing trends in economic growth, population health, health expenditures and budget, infrastructure, health workforce production, health worker distribution (by region and cadre), migration, underemployment/ unemployment/ vacancies, and salary. Figure 3 demonstrates the overall findings from the health labor market analysis, while summary responses to the key questions of the HLMA are provided in Box 1.

Overall, the general analysis revealed that the most poignant health workforce challenge facing the Philippines is not a shortage of health workers, but inefficient, even wasteful, production and distribution of health workers, being driven to leave positions or even migrate due to remuneration or other opportunities. While there is an inevitable, ever-growing demand for health services which accentuates the concern of a health worker deficit, a shift of focus to consider accessibility, quality, management, or productivity of the health workforce may open up new and innovative ways to overcome HRH challenge of a human resources shortage. HLMA recommendations will be pragmatic for future investments in the fiscal space for HRH in the country. In recognition of this, the DOH incorporated findings from the HLMA as a basis for its situational diagnosis of the Philippines health labor market and officially adopted the HLMA framework for its National HRH Master Plan to address health workforce issues in the country.

WORKLOAD INDICATORS OF STAFFING NEED (WISN)

The Philippines Health Human Resource Development Bureau (HHRDB) of the DOH, with technical assistance from USAID's HRH2030, introduced the WHO's WISN tool—the approach summarized in Figure 4 — to determine the number of human resources for health required in health care facilities based on facility or cadre workload.

Figure 4. Steps of the WISN approach to discern the nation's HRH needs and next steps.
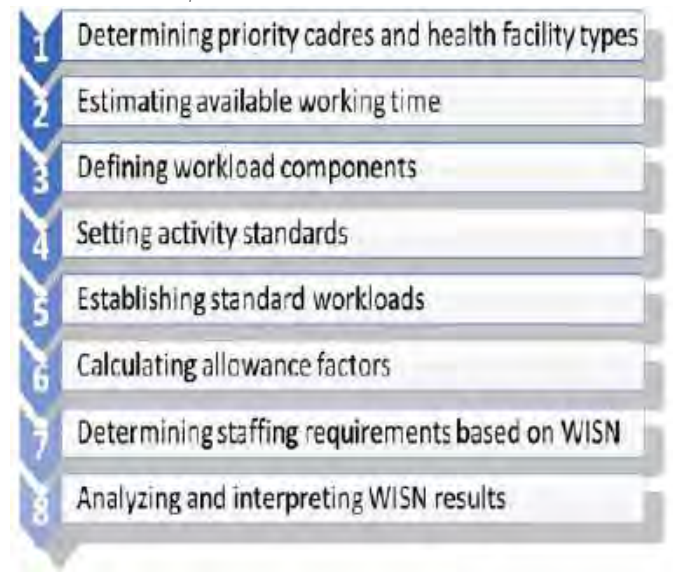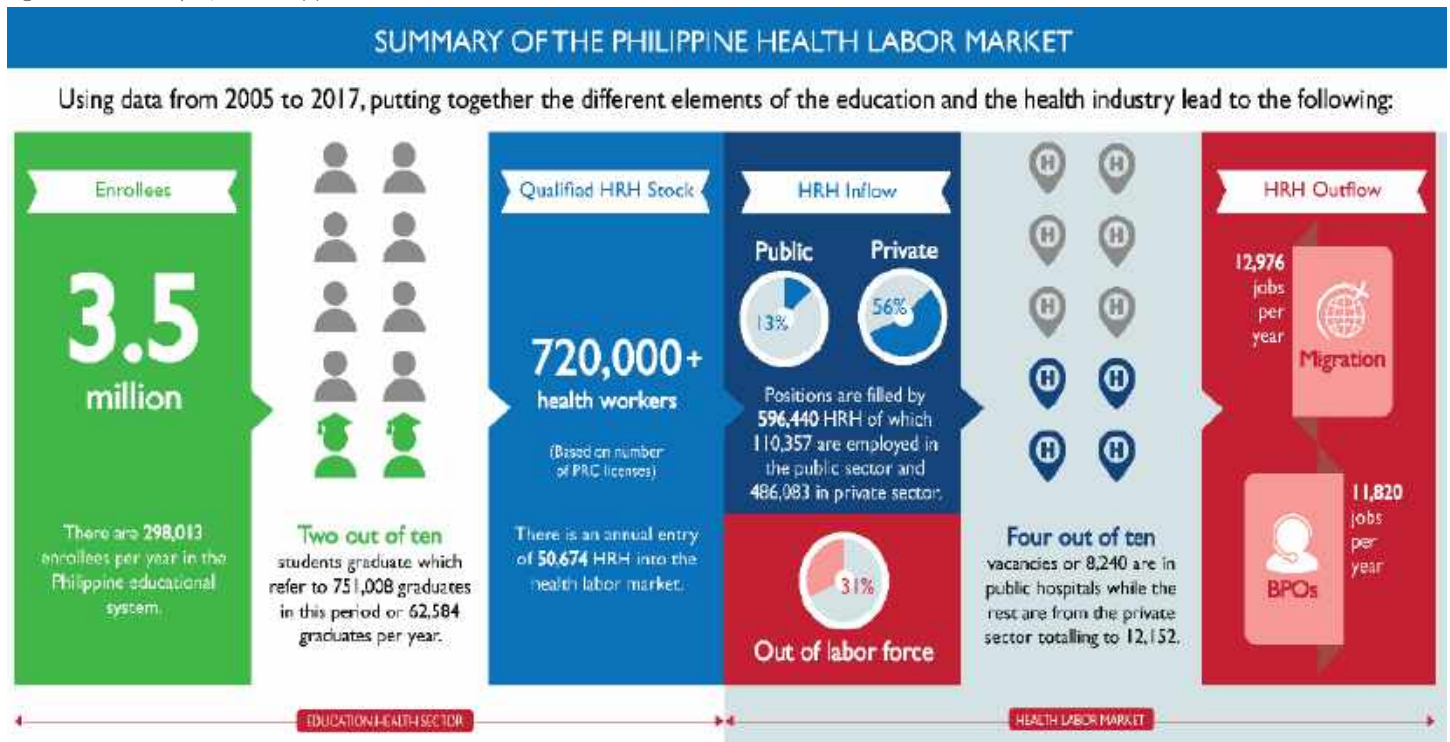

*Figure 3. Summary of the Philippine Health Labor Market*

The WISN tool assesses workload components, including activities and time standards, of health workers at a given facility to provide a complete picture of the daily workload pressures that health workers currently face. This way, adequate numbers of health workers of a particular type can be assigned. This is especially necessary for determining the health workers (namely nurses, physicians, midwives, and medical technologists) required to deliver accessible and high-quality TB and FP services in geographically isolated and disadvantaged areas of the Philippines. Through optimized health worker staffing, health services will improve and so will health outcomes.

Between October 2018 to March 2019, USAID's HRH2030—in close coordination with the DOH-HHRDB, under the guidance of the Steering Committee, and in collaboration with cadre-specific technical task forces (TTFs) and expert working groups— conducted a WISN study on four cadres of health professionals critical for UHC: physicians, nurses, midwifes, and medical technologists.

The team collected and analyzed data from a total of 184 facilities in select regions (see Figure 5), including public and private rural health units, hospitals, barangay health stations, TB detection and treatment centers, and lying-in clinics. In addition to identifying the staffing needs for each of the facilities and serving as the evidence base for developing staffing norms, the findings—while suggesting that services provided are generally of good quality—revealed areas for improvement in management, standardization, and optimization that can be used to inform future policy

Figure 5. In the Philippines, USAID's HRH2030 implemented WISN and analyzed data collected from 184 public and private facilities throughout select regions.
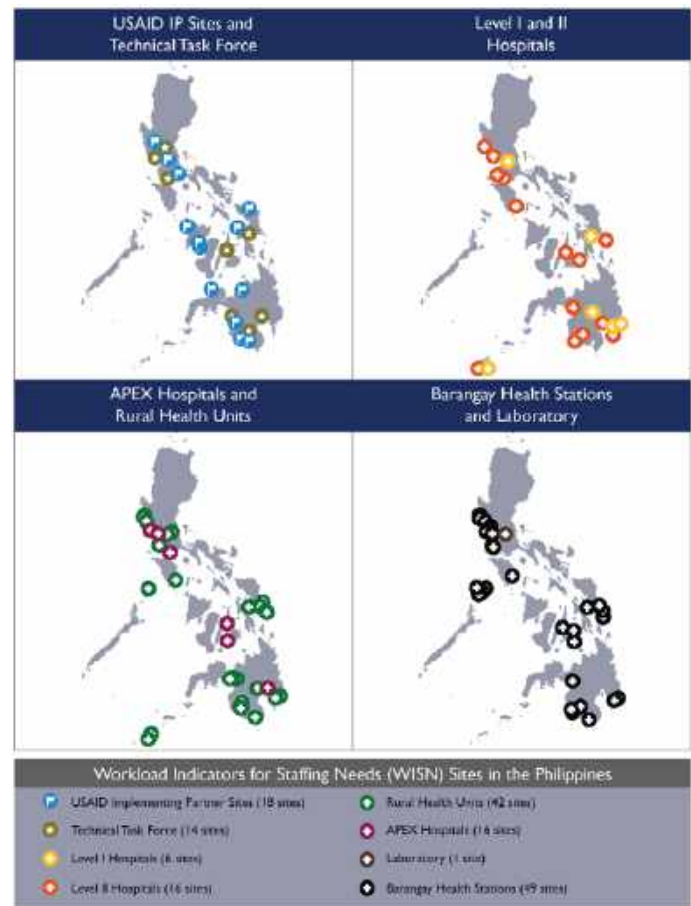
PERSPECTIVE:
CECILLE MUTYA FLORES, NURSE

"I hope to have more opportunities to improve my counseling skills so I can provide better services to TB patients."

Cecille Mutya Flores, a nurse specializing in TB counseling and treatment, has a goal to successfully treat as many patients as possible. Tools like HLMA and WISN will provide an evidence base for the development of more rational national staffing standards. The DOH can utilize these tools to implement stronger capacity building programs for health workers, as well as advocate for HRH funding and policy development.

making or other interventions. For instance, some inefficiencies to be addressed included an inequitable distribution of staff across health facilities; high workload pressure at secondary and tertiary levels of care, with lower workload pressures at barangay health stations and rural health units; inconsistencies in carrying out of or enforcing scopes of practice for various cadres and facility types; and weaknesses in information systems and lacking standardization of data management tools.

The WISN results were presented in the Report on Determining Staffing Levels for Primary Care Services using WISN in Selected Regions of the Philippines and were presented to HRH Network and high-level leadership at DOH to inform staffing standards for primary health care and deployment/return service agreements. The need for a Return Service Agreement (RSA) policy to beef up primary care staff was specified by the UHC law.

Based on the findings, USAID's HRH2030 developed a sustainability action plan outlining the key resources, policies, and actions that are needed to create an enabling environment for sustaining the use of WISN at all levels of the health system. To further institutionalize WISN, the approach used by USAID's HRH2030 emphasized mentorship and capacity building and focused on training staff members of the various WISN regional cadre specific TTFs throughout the country, bringing the total to 105 trained staff. While HRH2030 provided technical assistance, the training of the regional TTFs was entirely led by DOH-HHRDB. (See a summary of achievements in Box 2.)

MAPPED HEALTH WORKFORCE COMPETENCIES AND ALIGNED WITH HEALTH SECTOR NEEDS

As part of the effort to support the DOH to improve health workforce planning, USAID's HRH2030 set out to determine if health workers had the right skills and competencies in place to adequately respond to community health needs. To do this, USAID's HRH2030 conducted a rapid policy scoping of the HRH competency standards and assessment tools. While there were two policies related to competency assessment requirements and standards set, there was little evidence on actual application of the policies, and clinical competency standards did not exist. Working with the DOH, USAID's HRH2030 set forth to complete a clinical competency dictionary and assessment tool. The competency assessment tool, in particular, would be helpful in defining learning needs to ensure that health workers undertaking in-service courses would specifically address a competency gap.

Building on the policy scoping, USAID's HRH2030

Box 2: Sustainability Action Plan Achievements

HRH2030 supported institutionalization of Workload Indicators of Staffing Needs in the Philippines and as part of the Sustainability Action Plan:
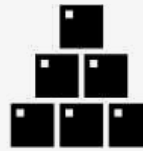
Defined activity standards for doctors, nurses, midwives, and medical technologists; pilot tested and finalized data collection tools; worked with local partner Alliance for Improving Health Outcomes, the DOH, and local government staff to collect data.

Analyzed data from 184 health facilities to propose new national staffing standards for primary health care.

Trained **105 members** of national and regional WISN technical task force members in 11 regions and across 4 expert working groups (doctors, nurses, midwives, and medical technologists).

Developed a **technical resource package** with a policy brief on using WISN for improved health workforce planning and management and a WISN toolkit with training materials, data collection tools, and advocacy documentation.

conducted a more thorough review of TB and FP/MCH clinical competencies and developed the Primary Care Clinical Competency Rubrics for TB and FP/MCH to reflect the primary health care approach outlined in the UHC law, following patient care pathways and aiming to define the behavioral indicators related to TB and FP/MCH of the primary care workforce. USAID's HRH2030 then used the rubric and tool to map competencies to online training modules (described on page 18). This will help to determine whether a training results in real competency development and contributes to outcomes achievement.

The DOH initiated HRH deployment programs throughout the Philippines in an effort to address health worker shortages in marginalized areas. Despite some successes, many areas remain underserved. USAID's HRH2030 determined that further research

was necessary to evaluate the implementation of these deployment programs to provide direction and recommendations for their refinement. Thus, the project team conducted a review of the current DOH Deployment Program with objectives focused on prioritization of marginalized clients, distribution and retention of deployed workforce, training, change in access to health services, and program sustainability.

The findings demonstrated that DOH-deployed HRH and organic (or hired by the local government unit/ LGU) staff were highly satisfied with the program, but it was clear through pathway analysis results that the processes outlined for pre-recruitment, recruitment and selection, application, pre-deployment, deployment, and retention were not always adequately carried out due to a weak monitoring and supervision structure. Several policy recommendations were proposed, such as exploring non-financial incentives, strengthening supervision and monitoring and evaluation practices, and expanding recruitment criteria to include prioritizing the recruitment of health workers who are either from underserved or nearby areas and are willing to serve in primary care services.

GLOBAL FUND INVENTORY AND TRANSITION PLANNING

In addition to the review of the deployment program and providing evidence on DOH staff augmentation, USAID's HRH2030 inventoried Global Fund-supported TB health workers, who fill key gaps in human resources and thus play a vital role in contributing to the Philippine's ambitious TB goals. As the Global Fund is expected to gradually end its country assistance of directly supplying TB health workers over the next couple of years, it was timely for USAID's HRH2030 to assist the DOH and National TB Control Program (NTP) to better understand what is needed to prepare for the sustainable transition of the critical Global Fund-supported human resources for TB to permanent positions of the healthcare system, either through the government or private sector.

USAID's HRH2030 prepared a detailed inventory of 775 Global Fund-supported TB health workers and analyzed the data to develop an HRH Sustainability Roadmap. The roadmap was completed based on an analysis from the HRH Inventory Tool and Mortgage Tool, key informant interviews, a debriefing, and costing of transition pathways. The roadmap consists of HRH transition pathways in relation to four focus areas: mainstreaming service delivery systems for drug resistant-TB cases, finding missing TB cases, expanding TB-HIV collaboration, and supporting the NTP. In addition, cost estimates to the government were identified, as well as key sustainability considerations.

As a key reference for the DOH-HHRDB in revitalizing the National Health Workforce Support System, which is mandated under the UHC law, the Sustainability Roadmap helps key stakeholders to (1) identify the critical cadres that currently receive Global Fund support and that may need to be considered in a multi-year, detailed transition plan, and (2) consider the implications of emerging health financing, health service delivery, and HRH reforms on the transition pathways for these critical cadres.

ENHANCED THE PATIENT

PERSPECTIVE: DR. KENNETH RONQUILLO, DEPARTMENT OF HEALTH

"Currently, the Philippines uses outdated staffing standards based on population density ratios. The Workload Indicators of Staffing Need presents an evidence-based method for determining staffing needs and planning strategies to relieve workload pressure."

— Dr. Kenneth Ronquillo,
Assistant Secretary of the Department of Health (DOH) Policy Planning and Development Cluster and former Director of the DOH Health Human Resources Development Bureau

EXPERIENCE (PX) OF HRH

To provide a better understanding of who the Filipino patient and health provider are and how patient experience is perceived and practiced, USAID's HRH2030 conducted patient experience (PX) case study research involving ten health care institutions which covered the different levels of care in both the private and public sector in Metro Manila.

The cases yielded a contextual PX definition. PX in the Philippines encompasses patient satisfaction and patient-centered care as it involves not only the quality of care given but all the interactions from when a healthy or ill individual enters a health facility until s/he exits or is discharged. It involves individuals, their families, and companions being treated with respect by compassionate health providers and a responsive organization for them to feel valued and safe. USAID's HRH2030 prepared a PX report with an analysis of findings across primary health care facilities and hospitals, highlighting results affecting service delivery networks, TB or FP specific findings, and gender. USAID's HRH2030 developed a proposed Filipino patient experience framework and offered PX assessment tools crafted to determine satisfaction of patients and their families, health care providers and the health care institutions themselves in the process of providing patient care. These tools can be used to launch interventions to improve patient experience towards improving their health outcomes from the aforementioned three perspectives.

PERSPECTIVE:
BERNARD, A FORMER TB PATIENT

"I continued working, but as time passed, the cough showed no indication of letting up. I also started to feel pain on my back whenever I coughed. This lasted for about two weeks. My body was getting weaker and I lost a lot of weight; you could see the bones in my cheeks."

USAID's HRH2030 shared Bernard's story from working as a delivery boy, when he began coughing, to being a TB patient-turned-survivor thanks to his treatment at Canossa Health and Social Center, one of many health facilities in the Philippines engaged in the fight for a TB-free nation.

Bernard's journey showcases a positive health care experience due to access to quality TB services. By strengthening the nation's health workforce to improve access to and quality of TB services, USAID's HRH2030's activity in the Philippines has helped to ensure stories of survival, like Bernard's, will be shared many times over.

II. Strengthened HRH Performance Management and Development with a Focus on TB and FP/MCH

The Philippines faces imbalances in the development and training of health workers to meet the pressing needs of the communities they serve. USAID's HRH2030 found that only half of the country's TB service providers reported that they had received training on TB infection control, and only one in seven received the training in the past two years. To strengthen the health workforce to better address three of the country's key public health needs— TB control, family planning, and maternal and child health—USAID's HRH2030 supported the DOH to develop innovative training delivery for TB and FP/MCH.

## INNOVATIVE IN-SERVICE TRAINING DEVELOPED AND DELIVERED

E-LEARNING PLATFORM FUNCTIONAL AND ALIGNED TO CONTINUING PROFESSIONAL DEVELOPMENT (CPD) ACCREDITATION SYSTEM

For a nation like the Philippines, whose population tops the world internet usage index with an average of 10 hours a day, shifting from traditional in-service training to having online access to health learning is vital to maintaining optimal service delivery. For that reason, USAID's HRH2030 worked with the DOH to redesign the DOH Academy e-Learning platform and implement and scale up an e-Learning initiative. USAID and the DOH, through the USAID's HRH2030 program, officially launched the DOH Academy e-Learning platform in October 2019 with key DOH officers and staff, HRH Network member agencies, and private sector partners. The launch formally introduced the official site of the DOH Academy (www.learn.doh.gov.ph) which standardizes core training courses for health workers into online modules. USAID's HRH2030 created or migrated five online modules: Universal Health Care, Tuberculosis Infection Prevention and Control, Adolescent Health Education and Practical Training for Healthcare Providers, Data Governance, and GeneXpert. The recently updated TB manual of operations and the Family Planning Competency Based Training 1—both of which all field health workers are required to take—will soon be loaded on the e-Learning platform, targeting 26,000 learners in 6 months.

These modules were pilot tested online with USAID

Figure 6. e-Learning infographic. The DOH Academy's e-Learning portal is the first of its kind in the Philippines to streamline and standardize core training content for health workers into online learning modules centralized in one location.
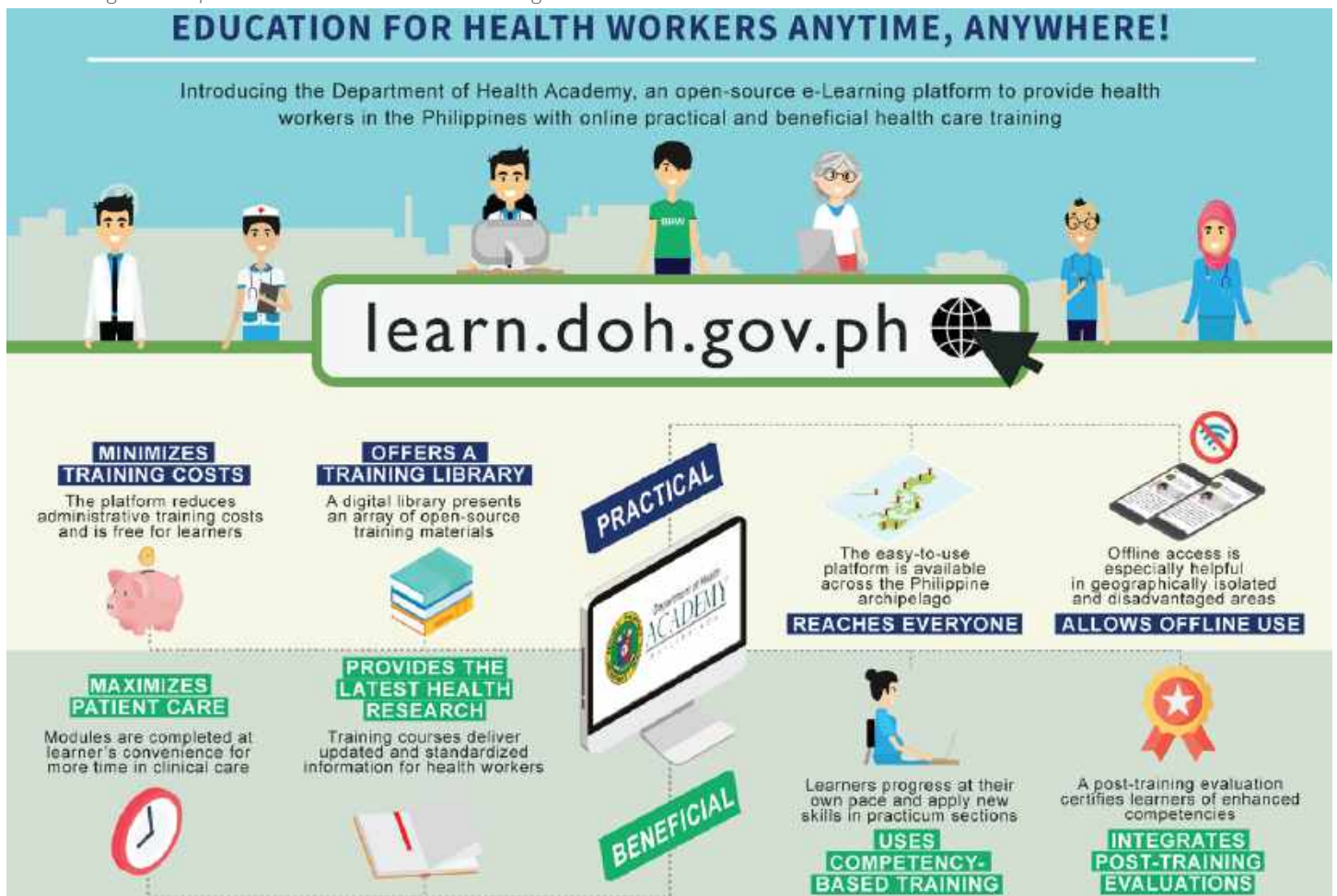
implementing partners (IPs) and select DOH central and regional offices including in geographically isolated and disadvantaged areas (GIDAs). Testing on a prototype of a preloaded offline tablet model and through mobile learning ensured that learning opportunities for GIDA health workers would be accessible and available. Results from the test with partners allowed for a more evidence-based adult learning approach and identified learnings to ensure wide dissemination of the family planning and TB e-Learning training. Figure 6 highlights the benefits the DOH Academy will bring to health workers in the Philippines.

As of March 31, 2020, 2,491 health workers were enrolled on the DOH Academy e-Learning platform, and a total of 963 had completed the training modules. In a follow-up eSurvey, of 74 learners who completed the UHC training, users reported a self-efficacy score of 4.4 out of 5 after completing the module, affirming confidence to apply what they learned to their authentic practice setting. See further information in the indicator table in Annex A.

To assist the DOH in sustaining e-Learning as an alternative long-term approach to in-service training, USAID's HRH2030 facilitated the transfer of the administration of the DOH Academy e-Learning portal to the DOH-HHRDB Learning and Development Division and other USAID IPs through capacity building activities including training on module creation and maintenance of the Learning Management System and portal. USAID's HRH2030 moreover prepared manuals not only on module creation but learning management system set-up and maintenance to assist in future sustainability and expansion to new training materials to support UHC.

POST-TRAINING EVALUATION GUIDELINES AND SUPPORTIVE SUPERVISION SYSTEMS STRENGTHENED

To complement the assistance in improving provision of in-service training, USAID's HRH2030 developed post-training evaluation (PTE) materials to enhance the competencies of trainers and PTE-providers in supportive supervision activities namely: coaching, mentoring, and the provision of constructive feedback. The idea is that this will support skills enhancement and further improve health worker performance and health outcomes. The model utilizes a blended learning approach: e-Learning and face-to-face. The materials include information that can be converted to an e-Learning module entitled Post-Training Evaluation Training of Regional/LGU Trainers to accompany DOH Academy's FP and TB e-Learning modules. And, the materials also include a facilitator's guide for FP and TB programs with background and concepts, performance observation checklists, self-assessment checklists, and suggested PTE process (including procedures and guidelines) for trainers/PTE-providers.

USAID's HRH2030 also drafted a performance management framework aligning PTE, supportive supervision, and competency assessment.

PERSPECTIVE: CARINA MANALO, MIDWIFE

"To attend face-to-face trainings, I have to leave my practice and spend a lot of time traveling. I believe that through the e-Learning platform, I can continue to improve my skills as a midwife from the comfort of my home and for free, especially in handling family planning and tuberculosis cases."

Carina Manalo is a midwife in Caloocan City, a highly urbanized city in metropolitan Manila.

III. Advanced the Use of Data for HRH Decision-Making at Central, Regional, and Provincial Levels

Available, complete, and accurate health workforce data is essential for evidence-based decision-making on HRH recruitment, distribution, skill mix, learning and development, and performance management. Vital health workforce information systems facilitate effective planning to improve equity, access, and quality of TB and FP/MCH services. Within this context, USAID's HRH2030 supported the DOH in adopting information systems to capture and house HRH data (Figure 7). Activities under this objective focused on two key interventions, namely, supporting the implementation of the National Health Workforce Accounts (NHWA) and improving the availability and standardization of HRH data for future interoperability across agencies that produce information and data on HRH.

ENHANCED DATA CHANGING STRUCTURE

INTRODUCED NHWA IMPLEMENTATION STRUCTURE AND USE

To equip policy decision-makers and leaders with the right data to understand the country-level HRH situation and promote better national HRH governance, USAID's HRH2030 enhanced the WHO-formulated National Health Workforce Accounts (NHWA) system. With guidance from three levels of WHO-experts on a joint mission, USAID's HRH2030 conducted the first round of NHWA data collection for 18 priority indicators using an Excel database, and subsequently created the first National HRH Country Profile as proof of concept (an excerpt is provided as Figure 8). This effort targeted building a central repository and creating the capability for collecting, analyzing, and disseminating HRH information to provide evidence for timely policy decision-making and consequently, ensure access of Filipinos to quality

health services. The project team also developed a NHWA Implementation Roadmap to serve as guide for the progressive development and implementation of NHWA in the Philippines. It includes specific activities for conceptualization, operationalization, and monitoring and evaluation of NHWA in the country context. In addition, the roadmap highlights specific areas for capacity building and costing inputs for consideration in the implementation of NHWA. The NHWA Implementation Roadmap also defines a governance structure for NHWA.

IMPROVED HRIS STANDARDS, INTEROPERABILITY, AND DATA COMPLETENESS

In support of the NHWA Implementation Roadmap, to prepare for interoperability and data sharing, USAID's HRH2030 and the DOH reviewed four DOH information systems that collect HRH data in the Philippines to compare their systems' compliance to the proposed data standards set forth in the DOH Administrative Order 2015-0017 (Implementing Guidelines on National Database of Selected HRH Information Systems). USAID's HRH2030 then prepared the HRH Data Dictionary containing definitions of the HRH data agreed to be collected and its possible sources. USAID's HRH2030 co-hosted with DOH-HHRDB a consultative meeting with eight partner government agencies critical to the implementation of NHWA to review the proposed HRH Data Dictionary terms, discuss the data sharing procedure and infrastructure, and ensure adoption of the terminologies by all HRH Network agencies.

Beyond creating the HRH data dictionary and standards for interoperability, USAID's HRH2030 provided technical assistance to the DOH to improve its governance capacity of HRH data by first

Figure 7. Reasons for adopting information systems to capture and house HRH data. Credit: Kaycee Manuel, Department of Health

Figure 8. An excerpt from the National HRH Country Profile: Philippines

2018 Human Resources for Health
Country Profile: Philippines*

Country at a Glance	105,875,245 Population[1]	69.3 Life Expectancy[2]	9,203.11 Gross Domestic Product (Value in PhP in Billion)[3]

Health Worker Stocks

Trends in health worker employment per 10 000 population[4]

Active Health Workforce[5]
64.36

22.8/10 000:
World Health
Report 2006

2011: 11.76 · 2012: 11.91 · 2013: 13.66 · 2014: 12.73 · 2015: 16.07 · 2016: 16.45 · 2017: 16.74 · 2018: 15.14 · 2018

Health workers (Doctors, nurses and Midwives) · Doctors · Nurses · Midwives

Density of practicing health workers (Doctors, Nurses and Midwives) by island group[4]

17.36 Luzon	14.69 Visayas	13.54 Mindanao

Health Worker Distribution

Health worker distribution by facility ownership (Private/Government)[6,7,8,9,10]

	Private	Government	
Doctors	47%	53%	n=30,858 / 76,651[5]
Nurses	36%	64%	n=96,435 / 526,331[5]
Midwives	9%	91%	n=40,882 / 78,455[5]
Medical Technologists	46%	54%	n=13,132 / 12,477[5]
Dentists	15%	85%	n=3,754 / 29,676[5]

Private · Government

Health worker distribution by facility type[6,7,8]

Hospitals: 1%, 7%, 8%, 23%, 61%

Rural Health Units: 3%, 2%, 10%, 34%, 51%

Doctors · Nurses · Midwives · Medical Technologists · Dentists

*based on available data gathered by the Department of Health

completing an assessment of existing systems. USAID's HRH2030 then structured a Human Resource Information System (HRIS) task force, and developed a methodology to guide the assessment of the Integrated Database of Selected Human Resources for Health Information System to serve as the central integrated information system for HRH data in the Philippines, starting with priority NHWA indicators. The assessment set forth to (1) identify gaps that would prevent its use as a central integrated platform, and provide possible recommendations to address the gaps, and (2) if necessary, propose a new system/solution to satisfy the requirements for an integrated HRH information system.

The project team illustrated data conformance by migrating data of 16,532 users (or 94 percent of all users) from the Integrated Tuberculosis Information System (ITIS) to the NTP Personnel Directory.

DEFINED LEARNING AND DEVELOPMENT INFORMATION MANAGEMENT SYSTEM (LDIMS) ROADMAP

At the start of Year 2, USAID's HRH2030 intended to help NTP and FPP improve their respective training information systems. DOH-HHRDB requested that USAID's HRH2030 combine the systems under all

objectives into a comprehensive, integrated Learning and Development Information Management System (LDIMS) to store health worker competency standards and learning and development activities, along with trainings attended by each health worker and PTE results. Data would be populated and updated by interfacing with a variety external information systems of DOH, NTP, and FPP (i.e., iClinicSys, FP Training Registry, National Database of Selected Human Resources for Health, e-Learning management system), as well as with the National Health Facility Registry, the official master list of health facilities in the Philippines.

USAID's HRH2030 developed the LDIMS system architecture by preparing a technical specifications document providing the narrative logic flow of each of the functional components of LDIMS. It includes the system interfaces, the data dictionary, and an Entity-Relationship Diagram for the database design. USAID's HRH2030 also prepared a functional requirements document that provides a high-level overview of the requirements of DOH-HHRDB for LDIMS. The project team also completed an LDIMS Training database acceptance testing and developed an LDIMS implementation roadmap.

PERSPECTIVE: KAYCEE MANUEL, DEPARTMENT OF HEALTH

"Because of the limited scope of our currently available HRH information systems, the data gathered by these systems do not provide a comprehensive picture of the current HRH situation."

— DOH-HHRDB's Kaycee Manuel from her presentation during the USAID's HRH2030-hosted webinar "Health Workers Count: Advancing Availability and Use of Health Workforce Data," on the importance of the Philippines' implementation of NHWA in the context of UHC

WHAT WE HAVE NOW? - HRH DATA GAPS -

865,878 * Active health workforce stock

22% HRH in the health sector (as captured by the DOH information systems) n = 189,084

78% HRH with unspecified practice n = 676,794

Issues
- Limited scope of currently available HRH information systems
- Gathered data are limited and does not provide comprehensive picture of the current HRH situation

Active Health Workforce Stock in the Philippines, 2018
* Based on renewal of professional ID (PRC, 2018)

HIGHLIGHTS OF ACHIEVEMENTS

IV. *Cross-cutting:* Integrated strategic HRH governance and built organizational capacity

The passage of the UHC law in February 2019 provided an opportunity for USAID's HRH2030 to support the national government in crafting the HRH-related Implementing Rules and Regulations. The DOH nominated USAID's HRH2030 Project Director Dr. Fely Marilyn Lorenzo to serve as a member of the Service Delivery Technical Working Group of the UHC IRR to oversee the development and writing of the HRH component. The IRR was adopted in October 2019. Pursuant to Chapter 6, Section 23, of the UHC law, the DOH was assigned to develop a National HRH Master Plan, and HHRDB officially requested USAID's HRH2030 to be a lead partner in its development.

As such, USAID's HRH2030 assisted the government with the development of the HRH Master Plan (2020-2040), which provides a window for optimizing the relevance and sustainability of activity interventions and integrating HRH interventions and strategies in support of UHC. Inspired by the passage of the UHC Act in 2019, the 2020-2040 HRH Master Plan will serve as a long-term strategic plan for the management and development of HRH. The development of this overarching document is guided by the whole of society and whole of government approach to meet the desired HRH outcomes stipulated in the UHC Act. The Master Plan shall address "outcomes pertaining to sustainable production, appropriate skill mix retention in the health sector, equitable distribution, and practice-ready training and education for HRH" and contribute to the achievement of universal health care and the improvement of the country's health outcomes. The law further stipulates that the HRH Master Plan will be implemented through a multi-stakeholder HRH Network, composed of both public and private organizations and agencies, to formulate and oversee the sustainable implementation, monitoring, periodic evaluation, and reformulation of the National Health Human Resource Master Plan.

Consistent with the UHC Act, the goal of the HRH Master Plan is to provide policies and strategies for the appropriate generation, recruitment, retraining, regulation, retention, and reassessment of the health workforce based on population health needs. The HRH Master Plan defines the current situation of HRH in the Philippines, the strategies that will address the issues that impact on the performance of the HRH and the health sector, the governance and accountability mechanism among the HRH stakeholders, the monitoring and evaluation mechanism that will track the progress of its implementation, and the communication plan to guide its dissemination. The Master Plan will be progressive, technically, economically feasible, and sustainable

document with sufficient details for implementation and operationalization to guide the health sector to achieve better HRH management and development.

SUPPORTED ORGANIZATIONAL DEVELOPMENT FOR HHRDB, NTP, AND FPP THROUGH ADMINISTRATIVE WISN

USAID's HRH2030 finalized the HHRDB Organizational Review and Administrative WISN (AWISN) Report, which was customized to the UHC-Implementing Rules and Regulations that significantly impacted the proposed structure, functions, and staffing requirements of HHRDB. The recommendations of the report included restructuring the HHRDB to align with the UHC mandate and proposed increasing its staffing level with appropriate skills and competencies. It will be utilized by HHRDB as they submit their proposed organizational structure for upcoming fiscal years. It will also be shared with the DOH-Executive Committee for their consideration in efficiently executing human resources management and developing strategic initiatives in the implementation of UHC.

USAID's HRH2030 also conducted NTP and FPP Organizational Reviews and AWISN Reports using value chain analysis, proposed structure, and headcount. These reviews resulted in recommended changes in organizational structure and work processes so that these offices can be more capable of fulfilling their avowed missions.

ENHANCED HRH POLICY ENVIRONMENT

USAID's HRH2030 formulated four policy briefs on e-Learning, workforce planning and management (WISN), deployment and return service agreement, and improving health data and evidence to support national policy and planning (NHWA). These briefs provide background on the HRH issues, analyze current policies, and formulate policy goals on equity, efficiency, and effectiveness, outlining options to inform policy dialogue around HRH policies and programs. USAID's HRH2030 staff presented the policy briefs to the HRH Network during their quarterly network meetings. The policy fora increased awareness of the topics among policymakers and stakeholders and generated evidence-based dialogue on how to address the HRH issues. Results and highlights of the discussions were noted and incorporated in the policy briefs as necessary. These briefs are intended to be the backbone of HRH policies that will provide the supportive policy environment to UHC

implementation in the Philippines.

IMPROVED NATIONAL HUMAN RESOURCES FOR HEALTH (HRH) PLANNING

USAID's HRH2030 conducted a series of regional consultations to present the identified key HRH issues and strategies to address them. Representatives from 17 regions determined the relevance and urgency of the issues and provided ratings on the innovativeness, impact, and feasibility of the proposed strategies. The results of the regional consultations, specifically feedback on the strategies, were presented and validated by the HRH Network after which USAID's HRH2030 used the outputs from both national and regional consultations to draft the HRH Master Plan Blueprint. It consists of guiding principles, vision and mission, key HRH issues in the country, strategies to address the key issues, and the proposed monitoring and evaluation plan.

In further support of the development of the 2020-2040 HRH Master Plan, USAID's HRH2030 conducted an omnibus policy review covering 134 HRH and HRH-related policies to identify policies with overlapping and/or opposing intentions and provisions in order to create coherent synergies that will benefit HRH management and development. It employed policy content review using the HLMA framework as basis. The review identified key policy developments and policy issues by assessing the content of existing policies vis-à-vis the provisions of

the UHC law and global standards set by the WHO. The omnibus policy review is designed to address policy gaps and propose a policy agenda that will create a supportive policy environment for HRH development and management.

INCORPORATED GENDER CONSIDERATIONS IN BUILDING HRH CAPACITY

For sustaining gender competencies and building local HRH capacity, gender considerations were integrated into three e-Learning modules in the DOH Academy, specifically in the Family Planning Competency Based Training 1 modules namely : (1) Human Reproductive Anatomy and Physiology, (2) Counseling for Family Planning, and (3) The Philippine Family Planning Program. Gender analysis was incorporated into relevant reports, including six of ten case studies undertaken to inform the PX framework development (with different private and public facilities well represented) integrated with follow-up questions on gender and social inclusion considerations. Lastly, USAID's HRH2030 also incorporated gender analysis to the HLMA, the HRH Master Plan, and the Administrative WISN reports. The analysis revealed HRH issues on gender including stereotypical occupational segregation, pay gap and migration, but also found a need for other sex-disaggregated data and gender-related information for central office organizational re-design to better understand its effect on service delivery at the regional and local government levels.

PERSPECTIVE:
DR. FELY MARILYN LORENZO, USAID's HRH2030

"HRH interventions are geared towards establishing systems to develop and manage human resources for health, so that even when USAID's HRH2030 is not around anymore, these systems will continue so that the right people can be recruited, they can be developed and trained well, and be retained to do the work that they love and contribute to the elimination of TB in the process."

— USAID's HRH2030 Philippines Project Director Dr. Fely Marilyn Lorenzo

CONCLUSIONS AND LESSONS LEARNED

From 2017 to 2020, USAID's HRH2030's research and assessments provided much needed evidence to assist the DOH and local government to develop sound policies and strategic directions related to HRH to meet the Philippines' tuberculosis and family planning goals.

USAID's HRH2030 reviewed HRH-related policies to improve workforce skill mix and staffing levels, identifying gaps with a focus on strengthening return service agreements; assessed health worker competencies, launching e-Learning to deliver training and improve health worker development; established interoperable and standardized human resource data and information systems, introducing National Health Workforce Accounts to improve completeness of TB, FP/MCH data to inform HRH decision-making; and assisted national stakeholders in capacity building, policy development, and implementation strategies for HRH-related areas in the UHC law.

Through these activities and participation on the national taskforce, USAID's HRH2030 played an important role in supporting the management and development of the Philippines' health workforce to increase access to quality health services.

Furthermore, to ensure the viability and sustainability of USAID supported technical assistance, USAID's HRH2030 set into motion several strategies. Most significantly, all project outputs are integrated into the HRH Master Plan, so that when it is implemented in accordance with the UHC law, the health workforce strengthening efforts will continue to be fulfilled by all stakeholders.

The following insights gained through USAID's HRH2030's activity in the Philippines, can be useful for stakeholders carrying forward this work.

1. HRH DEVELOPMENT AND MANAGEMENT MUST INVOLVE ESTABLISHING INTERLOCKING SYSTEMS FROM PLANNING, STAFFING, RECRUITMENT, DEPLOYMENT TO PERFORMANCE MANAGEMENT IN ORDER TO BE EFFECTIVE.

The HRH development and management framework established by USAID's HRH2030 early in the activity identifies all the HRH systems that need to work together in order to produce highly skilled and motivated health workers. The activity selected only a few of the HRH systems to focus on and grouped these into three broad groupings of our deliverables, namely 1) Improving planning and distribution of HRH, 2) Establishing performance management systems and spanning and linking these two, and 3) Improving HRH data to facilitate evidence based decision-making. However, to ensure that the health workforce is fit-for-practice and fit-for-work i.e. highly skilled and highly motivated,

Box 3: Snapshot of results of HRH2030's technical assistance in the Philippines

• Institutionalized WISN, an evidence-based method for determining staffing need based on workload at the DOH, trained 105 task force members in 11 regions, and analyzed data from 184 health facilities to propose new national staffing standards for primary health care

• Proposed new organizational structures and staffing requirements for the DOH's National TB Control Program, Family Planning Program, and Health Human Resource Development Bureau

• Disseminated a sustainability roadmap which analyzes Global Fund-supported human resources for TB data and provides key transition recommendations to government

• Launched the DOH Academy e-Learning platform at https://learn.doh.gov.ph/ with newly created online modules on UHC, TB, and FP and transferred its administration to the DOH through capacity building activities for sustainability including training on module creation

• Prepared implementation roadmaps for National Health Workforce Accounts and a Learning & Development Information Management System to strengthen HRH data at the DOH

• Assessed the health labor market and HRH omnibus policies for development of National HRH Master Plan strategies and a blueprint to further UHC and address key national HRH issues

linked HRH systems must function together. HRH systems building has been pitched to other USAID IPs so that they may incorporate consideration of these HRH systems in their plans as they continue to roll out their interventions in family planning and TB.

2. LOCAL PARTNERS AND STAKEHOLDERS NEED TO BE INVOLVED IN SYSTEMS BUILDING AND IMPLEMENTATION.

Buy-in of HHRDB-DOH as well as HRH Network members was critical to the acceptance of the interventions, tools, and frameworks that were outputs of USAID's HRH2030. The relationships established while working together to craft and validate tools and interventions are important in making sure that the same are well-disseminated and implemented to attain established goals. Sustainability of the crafted changes will not be possible without their buy-in as they need to provide resources and people and integrate these

new interventions and tools into their organizational standard operation procedures (SOPs) and culture. This was demonstrated in our WISN work with DOH when their buy-in was critical in expanding the number of cadres and regions that will be subject to WISN analysis even after the life of the project. WISN analysis has also been accepted by other USAID IPs and they are incorporating this methodology into their interventions when they need to determine optimal staffing.

3. WIDELY COMMUNICATING AVAILABILITY OF QUALITY INTERVENTIONS IS CRITICAL TO ENGAGE TARGETED BENEFICIARIES (POLICY MAKERS, HEALTH WORKERS, AND/ OR PATIENTS) OF THE HRH INTERVENTIONS, TOOLS, AND FRAMEWORKS. In addition to

calling attention to new HRH interventions and tools through high-profile launches and similar activities, directly engaging target beneficiaries through social media and networking increases the likelihood of higher utilization of tools, interventions or training modalities being introduced. This was the case in our introduction of the e-Learning platform and the DOH Academy portal. The measure of its success lay in determining how many of the targeted learners utilized the new system. We found that many of the learners discovered the new e-Learning management system from social media or through word of mouth and, at first, were simply curious to try it. Upon finding that the materials contained therein were well-developed, and that getting in-service training through e-Learning saved them time and money, as well as afforded them with other benefits such as earning CPDs, these individuals then proceeded to take the modules online. In just three months, e-Learning participants were in the thousands already which was much better than participation in previous e-Learning experimentation because these were not 'marketed' well. Strong communications efforts need to be sustained through time to cultivate a critical mass of users of new interventions, tools, and frameworks. DOH HHRDB and the Knowledge Management and Information Technology Service have witnessed the initial success of this undertaking and know now that they must engage their targeted trainees in e-Learning to increase participation rates.

4. EVIDENCE IS CRITICAL TO SUCCESSFULLY ESTABLISH AND SUSTAIN CHANGES THAT WORK. In the early phase of the project, it was

deemed necessary to conduct assessments, extensive literature review, and craft concept notes to establish strong evidence for changes– new interventions, and tools that were going to be introduced, validated, and institutionalized in the field. Some initial opposition or discomfort were expressed from DOH HHRDB in

the early stages of introducing these changes, including new approaches to competency assessments, supportive supervision, and data information systems. USAID's HRH2030 overcame this by being armed with evidence of success in other settings and by demonstrating deep familiarity with the concepts and procedures to manage change and inspire confidence among stakeholders and beneficiaries to try applying the proposed changes. Of course, it is important to show evidence of initial success as well to ensure the viability of the new HRH tool or intervention. These documents were then transformed into technical advisories or policy briefs that may be shared with key stakeholders to pave the way for more widespread acceptance and utilization.

5. ENGAGING WITH EXPERTS IN JOINT MISSIONS, SUB-CONTRACTS, AND COLLABORATIVE PROJECTS SHORTEN THE INCUBATION PROCESS OF VITAL INTERVENTIONS. Since we had a short project

life, the period of designing and acquiring buy-in into new tools, interventions, and frameworks had to be shortened. Otherwise, testing, validating, and localizing these new interventions might not have been possible before they were institutionalized in the targeted project sites. It was discovered that engaging experts, and collaborating with other partners who had experiences developing and testing these new tools and interventions, provided us with a wealth of wisdom and insight. This facilitated the processes of building interventions and tools from existing evidence and efficiently adapting them. Many of our introduced interventions—WISN, e-Learning, NHWA, HLMA, the inventory and transitioning of Global Fund-supported TB HRH—were all products of collaboration with experts. It was necessary to first identify true experts in these areas where local expertise was not available and second, to engage them to introduce the tools and interventions in the Philippines context. USAID funding leveraged this consultation process and allowed the crafting of these interventions and tools to take place, and in the shortest time possible.

6. DEVELOPING CORE TEAMS OF CHAMPIONS ACROSS DIFFERENT AGENCIES AND LEVELS OF IMPLEMENTATION IS CRITICAL FOR INITIATING AND SUSTAINING CHANGE. We discovered

that identifying and engaging champions of certain interventions across different agencies in the public and private sectors is critical. In our experience, these champions were more effective if they were composed of teams of committed people who would champion the change to fruition. This was very apparent in WISN and NHWA. The assigned champions took their responsibilities seriously and organized teams that brought the interventions

forward. These champion teams were the advocates, technical experts, and the campaigners for policy and resource support—all of which are necessary to first ensure the viability of the interventions and tools and, later on, also to ensure these changes are sustained. In the HRH Network where champions across agencies were necessary, these champion teams provided the continuity and institutional memories in their organization to defend and bring these interventions forward, even when the leaders of their agencies changed. Moreover, the work of the HRH Network secretariat was made easier by these champion teams.

7. ENABLING POLICY SUPPORT MUST BE A PART OF THE DESIGN OF ASSESSMENTS AND INTERVENTIONS TO FACILITATE SUSTAINABILITY OF CRITICAL SYSTEMS THAT HAVE BEEN INTRODUCED.

Early assessments of the need for intervention and tools pointed to the importance of creating policy support to create an environment that would bolster and sustain key interventions and tools over time. Programs or interventions without policy support were observed to wane and eventually die out. But this type of policy development had to be deliberate such that from the beginning, one of the expected outputs of new interventions and tools was a recommendation for a policy that would establish and sustain the intervention or tool. If there was policy support, incentives, or sanctions to ensure the utilization or development of the change was much more assured. In the end, even USAID recognized this and suggested that in our reports, instead of simply specifying recommendations, policies or policy directions should be the end point. This was in recognition of the importance of a stable policy environment to ensure interventions or tools are both implementable and sustainable.

8. ORGANIZATIONAL DEVELOPMENT INTERVENTIONS ARE CRITICAL IN SUCCESSFUL MANAGEMENT OF CHANGE.

In the beginning, it was not understood why USAID's HRH2030 had an organizational development component. But it quickly became clear that the activity was going to be involved in the development and management of change. Some of the changes introduced by USAID's HRH2030 involved fundamental modifications, while others were merely incremental. Especially for the contentious changes, such as proposed amendments to competency-based performance management, analyzing organizations' capacity for instituting and sustaining change was very important even before the change was implemented. Our organizational development group also introduced sustainability planning as a concept and practice which bore valuable fruit in creating buy-in when there was none and strengthening buy-in when it was weak. Sustainability planning also identified potential weaknesses in implementing proposed interventions and tools, so that these could be addressed early on. HRH-related changes are often divisive and contentious. Analyzing and improving organizational capacity to cope with fundamental organizational changes is important if the proposed or introduced change will persist over time.

ANNEXES

ANNEX A. PERFORMANCE INDICATOR TRACKING TABLE

NO.	INDICATOR NAME	INDICATOR TYPE	DISAGGREGATION	DATA COLLECTION METHOD/SOURCE	REPORTING FREQUENCY	BASELINE	TARGET (CUMULATIVE)		CUMULATIVE ACCOMPLISHMENTS AS OF MARCH 2020	
Objective 1: Human resources planning and implementation for TB and FP/MCH services improved										
1	DOH plementation of USAID supported HRH tools and approaches to improve health workers' skill mix, distribution, and competencies	Output	HRH tool or approach	Document Review	Quarterly	Stage 0 Baseline Year: 2018	Target by Tool/ Approach:		Accomplishments by Tool/Approach:	
							WISN	3	WISN	3
							HLMA	2	HLMA	2
							NHWA	3	NHWA	3
							Return Service Agreement	2	Return Service Agreement	1
							Deployment Program	2	Deployment Program	1
Result 1.1: Workforce competencies aligned with health sector needs (competency assessment tools/package as a milestone under "USAID Mission support to HRH")										
Result 1.2: Workforce distribution, staffing standards, and workload pressure improved (Key milestones on the Adoption of WISN will be included under Indicator 1)										
Result 1.3: Strategies for staff augmentation improved (Milestone on Proposed DOH Sustainability Plan for Global Fund sponsored HRH included in "Mission Support to Strengthen HRH")										
Result 1.4: Patient experience enhanced (Milestone on "Patient Experience Framework and Tools" included in indicator "USAID Mission Support to Strengthen HRH")										
Objective 2: TB and FP/MCH HRH performance management and development strengthened										
2	Number of USG-assisted DOH regional health offices conducting HRH systems strengthening activities	Output	Region	Activity and DOHRO records, training	Quarterly	0 Baseline Year: 2018	Year 2= 0 Year 3= 3 regions (TA packages to include WISN)		**11 Regions** • 9 USAID-assisted regions (NCR, Region 3, Region 4A, Region 4B, Region 7, Region 8, Region 11, Region 12, BARMM) • 2 DOH-identified regions (Region 6 and Region 10) HRH2030 provided e-Learning and WISN support to 11 regions to rollout the interventions in their corresponding provinces	
Result 2.1: e-Learning platform is functions and aligned to CPD accreditation system										
3	No. of CPD courses available in non-traditional learning platforms	Output	Program and platform, instructional hours	LMS	Quarterly	0 Baseline Year: 2018	Year 2=2 Year 3=5		**5 courses** Available CPD approved online courses (ADEPT, UHC, and Data Governance, GeneXpert, TB Infection Prevention and Control) Completed e-Learning modules: ADEPT, Data Governance, UHC, TB Infection Prevention and Control, GeneXpert, Modules 1 and 2 of FPCBT 1, Patient centered care module of TB MOP, WISN module	

NO.	INDICATOR NAME	INDICATOR TYPE	DISAGGREGATION	DATA COLLECTION METHOD/SOURCE	REPORTING FREQUENCY	BASELINE	TARGET (CUMULATIVE)	CUMULATIVE ACCOMPLISHMENTS AS OF MARCH 2020
4	No. of health workers completing an online module/ course	Output	Geography, sex, urban/rural, cadre (doctors, nurses, midwives, medical technologists), sector, type of training	e-Learning platform	Semi-annual	0 Baseline Year: 2019	500	**963 completed** As of the March 31, 2020 report a total of 2.491 enrollments for various e-Learning courses (ADEPT – 537, Data Governance – 952, UHC – 366, TB Infection Control – 364, and GeneXpert Processing – 272) were reported. Among these, a total of 963 completed the modules (ADEPT – 104, Data Governance – 384, UHC – 158, TB Infection Control – 148, and GeneXpert Processing – 169) It should be noted that these come from preliminary reports that need to be cleaned (e.g., preliminary report shows only UHC module is counted in the total).
5	Average score of learner completers reporting sellf-efficacy (new)	Outcome	By course or module	e-Survey	Quarterly	0 Baseline Year: 2019	4 — (Agree)	**4.4 (Agree) out of 5** Reported figure is average of 74 learners who enrolled for the UHC module.
Result 2.2: Post-training evaluation guidelines and systems strengthened								
Objective 3: Data for HRH decision-making at central, regional, and provincial levels improved								
Result 3.1: HRH data sharing structure enhanced (Milestone included in indicator "USAID Mission Support to Strengthen HRH")								
Result 3.2: HRIS Standards, interoperability and data completeness improved (Milestone on HRIS data dictionary included in indicator "Mission support to strengthen HRH")								
Result 3.3: Training database improved (Milestone included in indicator "USAID Mission Support to Strengthen HRH")								
Result 3.4: Learning and Development Information Management System (LDIMS) Roadmap Defined (Milestone on a proposed Learning and Development Information System Roadmap included in Indicator "Mission support to Strengthen HRH")								
Cross-Cutting Objective: National HRH Planning Improved (Milestone on a draft National HRH Master Plan included in Indicator "Mission Support to Strengthen HRH")								
Cross-Cutting Objective: Organizational Capacity Support for HHRDB, FPP, and NTP through A-WISN								
6	No. of DOH units where A-WISN is applied (new)	Output	DOH units	Technology transfer	Quarterly	Year 2: 1 DOH unit	Year 2: 3 (Cumulative) DOH units	**3 DOH units** A-WISN conducted for HHRDB, NTP, and FPP, final reports completed and approved
7	Presence of the Mission support to Strengthen Human Resources for Health (HRH). HL-2 (USAID)	Output	TA Area	Document Review	Annual	YES Baseline Year:2018	Yes	**Yes** • Advocacy for sustaining and transitioning GFATM supported HRH through the result of the inventory and sustainability planning conducted • Patient experience enhanced through development of a Patient experience framework and tools for the Philippines • Data sharing enhanced through the technical assistance on implementing NHWA and establishing its governance structure • Training data improvement through a technical assistance on enhancing the training database under LDIMS and developing the LDIMS system roadmap • Technical assistance to map and align competencies of the health workforce to health sector needs though the Competency assessment package developed • Policy briefs developed to strengthen HRH systems specifically on e-Learning, data- driven decision-making (NHWA), RSA and deployment, and workforce planning (WISN)

NO.	INDICATOR NAME	INDICATOR TYPE	DISAGGREGATION	DATA COLLECTION METHOD/SOURCE	REPORTING FREQUENCY	BASELINE	TARGET (CUMULATIVE)	CUMULATIVE ACCOMPLISHMENTS AS OF MARCH 2020
8	Number of new interventions implemented in partnership with another project/ external stakeholder per year	Process	TA Area and IP	Activity Reports, workplan	Annual	2 Baseline Year: 2018	At least 3 per year	11 Interventions • e-Learning portal with DOH (2019) • LMS and modules development with DOH (2019) • Enhanced supportive supervision with CMSU in Southern Leyte (2020) • Inventory and sustainability roadmap for GFATM supported HRH with **DOH, PBSP and GFATM (2020)** • WISN for Supply Chain with USAID's MTaPS (2020) • Transfer of e-Learning materials to tablets for offline use in BARMM with USAID's BARMMHealth (2020) • Module development for FPCBT with USAID's ReachHealth and DOH (2020) • Module development for TB-MOP with GFATM and USAID's TB-IHSS (2020) • Participation in quarterly TB TWG reporting on TB harmonized plan with TB TWG (2018) • Validation of HRH inventory tool for GFATM with DOH and PBSP/GFATM (2019) • Assessment of FP e-Learning modules with ReachHealth (2019)
9	Number of joint missions conducted with another project/ external stakeholders per year	Process	TA Area and IP	Activity Reports, workplan	Quarterly	2 Baseline Year: 2018	At least 4 per year	10 joint missions • HLMA Joint Mission with DOH and WHO • NHWA and WISN Joint Mission with DOH and WHO • Gender Competency Assessment with various local government units • GFATM Sustainability Planning with DOH, PBSP and GFATM • Enhanced supervision research study with Leyte Provincial Health Office • NTP review of Sustainability Planning for GFATM sponsored health workers with DOH, PBSP and GFATM • Assessment of supportive supervision models with USAID's CMSU • Joint mission with DOH and WHO on HRH Master Plan • Mid-Year Review with ReachHealth, TB Platforms, TB Innovation, and BARMM Health • ReachHealth baseline data presentation and analysis with ReachHealth Central and Regional
10	Number of knowledge products from another USG-supported project or activity utilized	Process	Type of product and IP	Activity Reports, workplan	Annual	0 Baseline Year: 2018	At least 3 per year	8 knowledge products • Training Information Management System (MindanaoHealth) • Clinical Standards for FP (HPDP, LuzonHealth, VisayasHealth) • Behavioral Engineering Model (HICD) • Monitoring Midwives (CMSU) • Quality of Tuberculosis Services in the Philippines assessment (MEASURE Evaluation) • National Tuberculosis Control Program: Manual of Procedures (6th edition) (TASC, TB Platforms, TB Innovations) • Midwife Quality Assurance Package (PRISM) • Guidelines for Conducting Post-training Supportive Supervision Visits to facilities offering PPFP and PPIUD (MCHIP)

ANNEX B. USAID'S HRH2030 STAKEHOLDERS IN THE PHILIPPINES

The below table provides a description of all entities with whom USAID's HRH2030 worked in the Philippines.

HRH2030/PHILIPPINES STAKEHOLDERS	
Department of Health	Health Human Resource Development Bureau
	Knowledge Management and Information Technology Service
	Disease Prevention and Control Bureau
	Centers for Health Development (11 Regions)
Bangsamoro Autonomous Region in Muslim Mindanao	Ministry of Health
Other Government Agencies	Professional Regulations Commission
	Commission on Higher Education
	National Tuberculosis Reference Laboratory
	National Economic Development Authority
	Department of Labor and Employment
	Department of Interior and Local Government
The HRH Network	HRH-related government agencies and non-governmental organizations
World Health Organization	WHO Philippines
	WHO Regional Office for the Western Pacific
Other USAID-funded Projects	Family Planning / Maternal & Neonatal Health Innovations and Capacity Building Platform (ReachHealth)
	Bangsamoro Autonomous Region in Muslim Mindanao for Health (BARMMHealth)
	Community Maternal, Neonatal, Child Health and Nutrition Scale Up Follow-on (CMSU2)
	TB Innovations and Health Systems Strengthening Project Philippines (TB IHSS)
	TB Platforms for Sustainable Detection, Care and Treatment Project (TB Platforms)
	Medicines, Technologies and Pharmaceutical Services Project (MTaPS)
	Institutionalization of the Health Leadership and Governance Program (IHLGP)
	Health Equity and Financial Protection Platform (ProtectHealth)
	Collaborating, Learning and Adapting for Improved Health (CLAimhealth)
Academia	University of the Philippines Manila
	University of the Philippines Open University
Health Professional Societies	Integrated Midwives Association of the Philippines
	Philippine Association of Medical Technologists, Inc
	Philippine Nursing Association, Inc

HRH2030/PHILIPPINES STAKEHOLDERS	
Non-government Organizations/ Civil Society Organizations	Philippine Hospital Association
	Association of Philippine Schools of Midwifery, Inc
	Philippine Tuberculosis Society, Inc
	Samahang Lusog Baga, Inc
	Population Services Philippines Incorporated
	Philippine Business for Social Progress
Private Sector	MoodLearning, Inc
	Buri Technologies
	Asia Society for Social Improvement and Sustainable Transformation (ASSIST)
	Nephila Web Technology, Inc.

ANNEX C. DELIVERABLES SUBMITTED TO USAID-OFFICE OF HEALTH KNOWLEDGE LIBRARY AND DEVELOPMENT EXPERIENCE CLEARINGHOUSE

No.	Deliverable	Type
1. Health Labor Market Analysis		
1.1	Health Labor Market Analysis (HLMA) of the Philippines	Report
1.2	Technical Advisory: Philippine Health Labor Market Analysis	Technical Advisory
	HLMA Data Set	Dataset given to DOH
2. Workload Indicator of Staffing Needs		
2.1	WISN (SDN) Phase 1 Report: Determining Staffing Levels for Primary Care Services using Workload Indicator of Staffing Need in Selected Regions of the Philippines	Report
2.2	Facility Based Staffing Standards for Primary Care in the Philippines Briefer	Technical Advisory
2.3	Evidence Based Planning and Management: Workload Indicators of Staffing Needs Recommended Governance Structure for WISN in the Philippines	Technical Advisory
2.4	WISN Advocacy Brief	Advocacy Brief
2.5	Policy Brief on Improving the Health Workforce Planning and Management (WISN)	Policy Brief
	WISN Toolkit	Toolkit given to DOH
	WISN e-Learning Module	Module given to DOH
	AWISN Addendum Tools	Tools give to DOH
3. Deployment Program Assessment		
3.1	Final Deployment Program Assessment Report	Report
3.2	Technical Advisory on Findings from the Deployment Review	Technical Advisory
4. Competency Assessment		
4.1	Competency Assessment Package Technical Brief	Technical Brief
4.2	Competency Dictionary & Assessment Tool	Assessment Tools
4.3	Competency Assessment SOP	Assessment SOPs
4.4	Competency Assessment Review Report	Report
4.5	Process Map: Competency Assessment, e-Learning, PTE	Process Map
4.6	Gender Competency Framework for TB Workers	Framework
5. Global Fund HRH Transition		
5.1	Preparing for the Transition of Global Fund's supported HRH: Sustainability Roadmap for the Philippines	Report
6. Patient Experience		
6.1	Patient Experience Case Study Analysis, Framework, and Assessment Tools	Report
	Patient Experience Case Studies	Case studies give to facilities and DOH and incorporated in report
	Patient Experience Facility and Competency Tools	Assessment tool incorporated in report
7. e-Learning		
7.1	Status, Assessment and Recommendation Report on Advancing Human Resources for Health through e-Learning	Report
7.2	Compilation of 12 e-Learning Manuals: - Portal Administrator's Manual - Module Production in the Moodle Classroom - Development Templates, Samples, and Storyboard - Instructions for Segment Building for Online Classroom - Instructions on SCORM for the Online Classroom - Storyboard Templates - Tool for Action Verbs - Review to Standardize and Ensure Quality - Instructions for Tablet Administration - Central Mobile Device Management - Online and Offline to DOH Academy Modules - Evaluation Plan	Manuals

No.	Deliverable	Type
7.3	e-Learning Success Story	Success Story
7.4	e-Learning Infographic Promoting Portal and Modules	Infographic
7.5	Policy brief on Training Primary Health Care Workers: Expanding Learning and Development Opportunities for Universal Health Care (e-Learning)	Policy Brief
	e-Learning Modules: 1. "Introduction to Seven Major Recommendations to Prevent Tuberculosis Transmission" 2. "National Family Planning Program" for FPCBT Course 3. "Human Anatomy" for FPCBT Course 4. "Universal Health Care" 5. "Rapid TB Diagnostics: Xpert MTB/Rif Assay 6. "Patient Centered Care" for TB MOP Course 7. "Workload Indicators Staffing Need" e-Learning Storyboards: 1. "FP Infection and Control" for FPCBT Course 2. "FP Counseling" for FPCBT Course 3. "Latent Tuberculosis Infection" for TB MOP Course	e-Learning modules and storyboards given to DOH or online at learn.doh.gov.ph
	e-Learning Handover and Sustainability Plan	Sustainability plan signed with DOH
	e-Learning Promotional Video	Video on social media and given to DOH
8. Human Resource Information Systems (HRIS)		
8.1	Philippines HRIS Assessment Framework (HAF) Report	Report
8.2	Improving Quality and Use of the National Tuberculosis Program Health Workers Data	Report
8.3	HRH Data Standards across HRH Systems: Comparing conformance to data standards in preparation for interoperability	Report
8.4	PTE Tool aligned with gender equality and social inclusion concepts integrated in e-Learning modules	Tool given to DOH and upload on the Academy classroom
9. Learning & Development Information Management System (LDMIS)		
9.1	LDIMS Function Requirements	Report
9.2	LDIMS Technical Specifications	Report
9.3	LDIMS User Manual	Manual
9.4	LDIMS Data Exchange	Report
10. National Health Workforce Accounts (NHWA)		
10.1	NHWA Implementation Roadmap and Governance Structure	Report
10.2	HRH Integrated Information System Assessment Methodology and Document Review	Report
10.3	HRH Data Dictionary	Report
10.4	Data Collection Guidelines	Guidelines
10.5	NHWA Draft Country Profile	Template
10.6	Policy brief on improving HRH Data and Evidence to Support National Policy and Planning (NHWA)	Policy Brief
11. Organizational Development		
11.1	Assessment and Capacity Building Report on HHRDB Values, Mission and Value Chain	Report
11.2	Application of Organizational Design and WISN on the DOH - Human Health Resource Development Bureau	Report
11.3	Application of Organizational Design and WISN - Family Planning Program (FPP) of DOH	Report
11.4	Application of Organizational Design and WISN - National Tuberculosis Control Program (NTP) of DOH	Report
12. HRH Master Plan		
12.1	Full Philippine 2020-2040 HRH Master Plan	Report
12.2	Human Resources for Health Policy Scoping Report	Report
12.3	Situational Analysis	Report
12.4	Strategy Paper	Report
12.5	Blueprint	Report
12.6	Omnibus Policy Review	Policy Review
12.7	Policy Brief on Retention	Policy Brief

No.	Deliverable	Type
12.8	Policy Brief on Migration	Policy Brief
12.9	Policy Briefs on Investment and Governance	Policy Brief
12.10	HRH Master Plan Process Document	Report
13. Project Reports		
13.1	Year 1 Annual Report	Report
13.2	Year 2 Q1 Report	Report
13.3	Year 2 Q2 Report	Report
13.4	Year 2 Q3 Report	Report
13.5	Year 2 Annual Report	Report
13.6	Year 3 Q1 Report	Report

A nurse at Datu Sakilan Memorial Hospital in Bongao, Tawi-tawi, a USAID pilot site for staffing and workload analysis, administers medication to patients. Photo Credit: Blue Motus, USAID's HRH2030.

Program Partners

- Chemonics International
- American International Health Alliance (AIHA)
- Amref Health Africa
- Open Development
- Palladium
- ThinkWell
- University Research Company (URC

About HRH2030

HRH2030 strives to build the accessible, available, acceptable, and high-quality health workforce needed to improve health outcomes.

Global Program Objectives

1. Improve performance and productivity of the health workforce. Improve service delivery models, strengthen in-service training capacity and continuing professional development programs, and increase the capacity of managers to manage HRH resources more efficiently.

2. Increase the number, skill mix, and competency of the health workforce. Ensure that educational institutions meet students' needs and use curriculum relevant to students' future patients. This objective also addresses management capability of pre-service institutions.

3. Strengthen HRH/HSS leadership and governance capacity. Promote transparency in HRH decisions, strengthen the regulatory environment, improve management capacity, reduce gender disparities, and improve multi-sectoral collaboration for advancing the HRH agenda.

4. Increase sustainability of investment in HRH. Increase the utilization of HRH data for accurate decision-making with the aim of increasing investment in educating, training, and managing a fit-for-purpose and fit-for-practice health workforce.

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